

AGENDA

The next meeting of the
Royal National Hospital of Rheumatic Diseases NHS Foundation Trust Board
to be held in Public
will be on
Thursday 28th February 2013 at
1400 hrs
to be held in the
RNHRD Lecture Hall

		Action	Person	Paper
OPENING BUSINESS				
1.	Training : Mid-Staffordshire Report	For information	Chief Executive	1.1
2.	Apologies for Absence	-	Chair	-
3.	Declaration of Interests	-	Chair	-
4.	Minutes of meeting held in public – 28 th January 2013	For approval	Chair	4.1
5.	Action List / Matters Arising	For information	Chair	5.1
6.	i) Chair's Report - Trust Board Business Cycle 2013 ii) Chief Executive's Report iii) Medical Director's Report	For information For approval For information For information	Chair Chief Executive Medical Director	6.1 6.2 6.3
QUALITY / GOVERNANCE				
7.	i) Patient Safety Walkround - Neuro Rehabilitation	For information	Non-Executive Director	7.1
	ii) Quality Report	For information	Director of Governance	7.2
PERFORMANCE				
8.	Operational Performance & Clinical Practice Report	For information	Director of Operations & Clinical Practice	8.1
9.	Finance Report Month 10 2012/13	For information	Director of Finance	9.1
ANNUAL REPORTS				
10.	Health & Safety Annual Report 2011/12	For information	Director of Finance	10.1
MEETINGS				
11.	Integrated Governance & Quality Minutes – 14 th January 2013	For information	Chief Executive	11.1
CLOSING BUSINESS				
12.	Any Other Business	-	-	-

Title:	Independent Inquiry into care provided by Mid Staffordshire NHS Foundation Trust, Chaired by Robert Francis QC
Author:	Hayley Sewell, Director of Governance
Meeting	Trust Board, February 2013
Action Required:	For review and approval

On 6 February 2013 The Report of the Mid Staffordshire NHS FT Public Inquiry was published. In the report Robert Francis QC states;

“Building on the report of the first inquiry, the story it tells is first and foremost of appalling suffering of many patients. This was primarily caused by a serious failure on the part of a provider Trust Board. It did not listen sufficiently to its patients and staff or ensure the correction of deficiencies brought to the Trust’s attention. Above all it failed to tackle an insidious negative culture involving tolerance of poor standards and a disengagement from managerial and leadership responsibilities. This failure was in part the consequence of allowing a focus on reaching national access targets, achieving financial balance and seeking foundation trust status to be at the cost of delivering acceptable standards of care.”

“..there needs to be a relentless focus on the patient’s interests and the obligation to keep patients safe and protected from substandard care. This means that the patient must be first in everything that is done: there must be no tolerance of substandard care; frontline staff must be empowered with responsibility and freedom to act in this way under strong and stable leadership in stable organisations.”

The purpose of this paper is to;

1. Ensure that all Board members read the summary report prior to the February 2013 Board meeting. <http://www.midstaffspublicinquiry.com/report>.
2. Present a summary of the 2013 Francis report recommendations relating to **governance** in provider organisations. Note; only those recommendations for provider organisations have been included in this paper.
3. Enable the RNHRD NHS FT Board to review the extent to which the RNHRD NHS FT Board accepts these specific recommendations and the implementation of those accepted recommendations and the reporting process regarding its progress in relation to its planned actions.

Next Steps;

- 1 Due to the significant number of recommendations (280) the remaining recommendations for provider organisations e.g. those relating to clinical staff, (e.g. Medical and nursing) recruitment, training and the operational delivery of care, will be reviewed by the Medical Director and Director of Operations/Clinical Practice and presented to the Board at a later date.
- 2 Any changes to the regulatory framework e.g. Monitor’s Risk Assessment Framework will be reviewed by the Board following publication.

#	Recommendation	Controls and Assurance	Gaps in controls and assurance	Actions/ Director Responsible
	Accountability for implementation of the recommendations			
1	All commissioning, service provision regulatory and ancillary organisations in healthcare should consider the findings and recommendations of this report and decide how to apply them to their own work. Each organisation should announce at the earliest practicable time its decision on the extent to which it accepts the recommendations and what it intends to do to implement those accepted, and thereafter on a regular basis but not less than once a year publish in a report information regarding its progress in relation to its planned actions.	Paper presented to Feb 2013 Board and further papers to be presented regarding clinical staff and operational delivery recommendations. Board to review report on actions thereafter once a quarter in year one.	None	
2	The NHS and all who work for it must adopt and demonstrate a shared culture in which the patient is the priority in everything done. This requires: A common set of core values and standards shared throughout the system; Leadership at all levels from ward to the top of the Department of Health, committed to and capable of involving all staff with those values and standards; A system which recognises and applies the values of transparency, honesty and candour; Freely available, useful, reliable and full information on attainment of the values and standards; A tool or methodology such as a cultural barometer to measure the cultural health of all parts of the system.	Refer to the recommendations and controls and assurance. Staff training in NHS Constitution. Quality performance information and results of patient and staff surveys published in the public domain in open board papers and within Annual Report.	None	
	Putting the patient first The patients must be the first priority in all of what the NHS does. Within available resources, they must receive effective services from caring, compassionate and committed staff, working within a common culture, and they must be protected from avoidable harm and any deprivation of their basic rights.			
3	Clarity of values and principles The NHS Constitution should be the first reference point for all NHS patients and staff and should set out the system's common values, as well as the respective rights, legitimate expectations and obligations of patients.	See 4	Applicable NHS Constitution common values to be referenced in all key plans and reports.	All Directors

4	The core values expressed in the NHS Constitution should be given priority of place and the overriding value should be that patients are put first, and everything done by the NHS and everyone associated with it should be informed by this ethos.	All new starters receive a copy of the NHS Constitution at induction. Induction attendance monitoring included in HR reports to IGQAC.	None	
5	In reaching out to patients, consideration should be given to including expectations in the NHS Constitution that: Staff put patients before themselves; They will do everything in their power to protect patients from avoidable harm; They will be honest and open with patients regardless of the consequences for themselves; Where they are unable to provide the assistance a patient needs, they will direct them where possible to those who can do so; They will apply the NHS values in all their work.		See 7	
7	All NHS staff should be required to enter into an express commitment to abide by the NHS values and the Constitution, both of which should be incorporated into the contracts of employment.		Contracts do not currently contain such a clause. Clause to be added to contracts of employment	Director of Operations
12	Reporting of incidents of concern relevant to patient safety, compliance with fundamental standards or some higher requirement of the employer needs to be not only encouraged but insisted upon. Staff are entitled to receive feedback in relation to any report they make, including information about any action taken or reasons for not acting.	Incident and Risk Reporting Policy in place. Incidents rated moderate and above reviewed at Clinical Risk Committee which reports to IGQAC and to commissioner.	All incidents to be reviewed at specialty level to ensure feedback to staff and improvement actions.	Medical Director and Director of Operations
Accountability of providers' directors				
79	There should be a requirement that all directors of all bodies registered by the Care Quality Commission as well as Monitor for foundation trusts are, and remain, fit and proper persons for the role. Such a test should include a requirement to comply with a prescribed code of conduct for directors.	Directors are required to comply with trust constitution, SFOs and SFIs and Code of Governance	Review on publication of a prescribed code of conduct for directors.	Director of Governance
80	A finding that a person is not a fit and proper person on the		To be reviewed in line	Director of Governance

	grounds of serious misconduct or incompetence should be a circumstance added to the list of disqualifications in the standard terms of a foundation trust's constitution.		with Monitors model FT constitution	
81	Consideration should be given to including in the criteria for fitness a minimum level of experience and/or training, while giving appropriate latitude for recognition of equivalence.		Criteria for fitness a minimum level of experience and/or training, while giving appropriate latitude for recognition of equivalence to be included in any Director level job description/person specification.	Chair for NEDs CEO for EDs
84	Where the contract of employment or appointment of an executive or non-executive director is terminated in circumstances in which there are reasonable grounds for believing that he or she is not a fit and proper person to hold such a post, licensed bodies should be obliged by the terms of their licence to report the matter to Monitor, the Care Quality Commission and the NHS Trust Development Authority.	If such circumstances occurred the Chair would report the matter to Monitor, the Care Quality Commission and the NHS Trust Development Authority.	None	
Requirement of training of directors				
86	A requirement should be imposed on foundation trusts to have in place an adequate programme for the training and continued development of directors.	Training for Board in place prior to each Board meeting as well as training specific to individual's roles.	None	
Effective complaints handling				
109	Methods of registering a comment or complaint must be readily accessible and easily understood. Multiple gateways need to be provided to patients, both during their treatment and after its conclusion, although all such methods should trigger a uniform process, generally led by the provider trust.	Multiple gateways in existence e.g. We value your feedback forms, formal written complaints, PALs service, through "Tea with matron" Governors coffee mornings, NHS Choices website and Friends and Family test from 1.4.13. Patient experience	None	

		reports presented to IGQAC quarterly which reports to Board and Board receives Quarterly complaints report in Open Meeting.		
110	Actual or intended litigation should not be a barrier to the processing or investigation of a complaint at any level. It may be prudent for parties in actual or potential litigation to agree to a stay of proceedings pending the outcome of the complaint, but the duties of the system to respond to complaints should be regarded as entirely separate from the considerations of litigation.	Complaints policy describes process for investigation of complaints and process if litigation is instigated. Policy passed external review at NHSLA assessment Nov 2011.	None	
111	Provider organisations must constantly promote to the public their desire to receive and learn from comments and complaints; constant encouragement should be given to patients and other service users, individually and collectively, to share their comments and criticisms with the organisation.	Posters around the trust to promote this. Question in national patient survey reported to board regarding access to complaints reporting.	None	
112	Patient feedback which is not in the form of a complaint but which suggests cause for concern should be the subject of investigation and response of the same quality as a formal complaint, whether or not the informant has indicated a desire to have the matter dealt with as such.	Adverse events policy in place describes how any adverse event should be investigated. Policy passed external review at NHSLA assessment Nov 2011.	None	
113	The recommendations and standards suggested in the Patients Association's peer review into complaints at the Mid Staffordshire NHS Foundation Trust should be reviewed and implemented in the NHS.	Complaints Policy passed external review at NHSLA assessment Nov 2011.	None	
114	Comments or complaints which describe events amounting to an adverse or serious untoward incident should trigger an investigation.	Adverse events policy in place describes how any adverse event should be investigated. Policy passed external review at NHSLA assessment Nov 2011.	None	
115	Arms-length independent investigation of a complaint should be initiated by the provider trust where any one of the following apply: A complaint amounts to an allegation of a serious untoward		Complaints Policy to be revised to include this.	Director of Governance

	<p>incident; Subject matter involving clinically related issues is not capable of resolution without an expert clinical opinion; A complaint raises substantive issues of professional misconduct or the performance of senior managers; A complaint involves issues about the nature and extent of the services commissioned.</p>			
<p>Openness, transparency and candour Openness – enabling concerns and complaints to be raised freely without fear and questions asked to be answered. Transparency – allowing information about the truth about performance and outcomes to be shared with staff, patients, the public and regulators. Candour – any patient harmed by the provision of a healthcare service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it.</p>				
173	<p>Principles of openness, transparency and candour Every healthcare organisation and everyone working for them must be honest, open and truthful in all their dealings with patients and the public, and organisational and personal interests must never be allowed to outweigh the duty to be honest, open and truthful.</p>	<p>Openness Policy in place and externally assessed by NHSLA in Nov 2011.</p>	<p>To be included in staff contract</p>	<p>Director of Operations</p>
174	<p>Candour about harm. Where death or serious harm has been or may have been caused to a patient by an act or omission of the organisation or its staff, the patient (or any lawfully entitled personal representative or other authorised person) should be informed of the incident, given full disclosure of the surrounding circumstances and be offered an appropriate level of support, whether or not the patient or representative has asked for this information.</p>	<p>Openness Policy in place and externally assessed by NHSLA in Nov 2011.</p>	<p>Audit to ensure any patient harmed by the provision of a healthcare service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it.</p>	<p>Medical Director Director of Operations.</p>
175	<p>Full and truthful answers must be given to any question reasonably asked about his or her past or intended treatment by a patient (or, if deceased, to any lawfully entitled personal representative).</p>	<p>Openness Policy in place and externally assessed by NHSLA in Nov 2011.</p>		
176	<p>Openness with regulators. Any statement made to a regulator or a commissioner in the course of its statutory duties must be completely truthful and not misleading by omission.</p>	<p>Board Self certification process in place</p>	<p>None</p>	

177	Openness in public statements. Any public statement made by a healthcare organisation about its performance must be truthful and not misleading by omission.	Board declarations in Annual Report	None	
180	Candour about incidents Guidance and policies should be reviewed to ensure that they will lead to compliance with Being Open, the guidance published by the National Patient Safety Agency.	Openness Policy in place and externally assessed by NHSLA in Nov 2011.	None	
	Information			
245	Each provider organisation should have a board level member with responsibility for information.	Director of Governance is Information Governance lead.	None	
247	Accountability for quality Accounts. Healthcare providers should be required to lodge their quality accounts with all organisations commissioning services from them, Local Healthwatch, and all systems regulators.	As an FT this system in already in place	None	
248	Healthcare providers should be required to have their quality accounts independently audited. Auditors should be given a wider remit enabling them to use their professional judgement in examining the reliability of all statements in the accounts.	As an FT this system in already in place	None	
249	Each quality account should be accompanied by a declaration signed by all directors in office at the date of the account certifying that they believe the contents of the account to be true, or alternatively a statement of explanation as to the reason any such director is unable or has refused to sign such a declaration.	Annual Report currently signed by CEO as Accountable Officer. FTs await Guidelines from Monitor on 2012/13 Annual report and Accounts.	None	
255	Results and analysis of patient feedback including qualitative information need to be made available to all stakeholders in as near "real time" as possible, even if later adjustments have to be made.	Quarterly Quality Reports to Board.	Review of near real time information on trust web site	Director of Governance
256	A proactive system for following up patients shortly after discharge would not only be good "customer service", it would probably provide a wider range of responses and feedback on their care.	Friends and Family test to be introduced 1.4.13 for all inpatients on discharge.	None	
262	All healthcare provider organisations, in conjunction with their healthcare professionals, should develop and maintain systems which give them: Effective real-time information on the performance of each of their	Monthly Compliance report to board and quarterly quality reports including patient safety. National Patient survey	See 255	

	<p>services against patient safety and minimum quality standards; Effective real-time information of the performance of each of their consultants and specialist teams in relation to mortality, morbidity, outcome and patient satisfaction. In doing so, they should have regard, in relation to each service, to best practice for information management of that service as evidenced by recommendations of the Information Centre, and recommendations of specialist organisations such as the medical Royal Colleges. The information derived from such systems should, to the extent practicable, be published and in any event made available in full to commissioners and regulators, on request, and with appropriate explanation, and to the extent that is relevant to individual patients, to assist in choice of treatment.</p>	<p>outcomes reported to Board and in Annual Report published in the public domain. Friends and Family test to be introduced 1.4.13.</p>		
264	<p>In the case of each specialty, a programme of development for statistics on the efficacy of treatment should be prepared, published, and subjected to regular review.</p>	<p>Some efficacy of treatment measures are in place in the trust and published particularly through research</p>	<p>Outcomes measures for all specialties to be published in the public domain.</p>	<p>Medical Director</p>
268	<p>Resources must be allocated to and by provider organisations to enable the relevant data to be collected and forwarded to the relevant central registry.</p>		<p>Resources for relevant data collection to be included in business plans</p>	<p>Director of Operations and Director of Finance</p>
269	<p>Improving and assuring accuracy The only practical way of ensuring reasonable accuracy is vigilant auditing at local level of the data put into the system. This is important work, which must be continued and where possible improved.</p>	<p>External audit of selected data in Quality Report. Local audit against NICE criteria.</p>	<p>Further local audits of data to be built into internal audit scheme.</p>	<p>Directors 2013/14 Audit Plan</p>

Board held in public

Monday 28th January 2013
1400 hrs, Lecture Hall, RNHRD

Members Present

Peter Franklyn	Chair (PF)
Kirsty Matthews	Chief Executive Officer (KM)
Dr Ashok Bhalla	Medical Director (AB)
Rachel Hepworth	Director of Finance (RH)
Rayna McDonald	Director of Operations & Clinical Practice (RM)
Peter Spencer	Non-Executive Director (PS)
Chris Johns	Non-Executive Director (CJ)
Stephen Cole	Non-Executive Director (SC)
Niall Bowen	Non-Executive Director (NTB)

In attendance

Hayley Sewell	Director of Governance (HS)
Caroline Coles	Board secretary (CC)

ITEM	TOPIC	ACTION
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The Chair welcomed all to the RNHRD NHS FT Trust Board of Directors meeting held in public.

It was noted that, by invitation, Capsticks the Trust's legal advisers were in the audience.

PM 01/13/1

Training : Self-Certification Recommendations for Trust Board

The Director of Governance presented on Monitor's recommendations regarding self-certification.

Every Foundation Trust is required to submit to Monitor a quarterly self-certification of performance against the targets set out in Monitor's Compliance Framework. Following completion of Monitor's review of Q2 2012/13 submissions from all foundation trusts, Monitor has issued a summary of recommendations. The purpose of the presentation was to present Monitor's recommendations and review the controls and assurances in place against these recommendations within the Trust.

The Trust did not have controls and assurance in place to meet one of the recommendations; the draft self-certification declarations which should be prepared and scrutinised well in advance of submission deadlines. Therefore, to meet this recommendation the self-certification will in future be presented to the Finance & Activity Committee (F&AC) and Audit Committee prior to final sign off at Board.

The Board **noted** the recommendations and controls put in place.

PM 01/13/2

Apologies for Absence

No apologies were received

PM 01/13/3

Declarations of Interests

No declarations of interests were received.

PM 01/13/4

Minutes of Meeting held in public on 22nd November 2012

The minutes of 20th December 2012 meeting held in public were **approved**.

PM 01/13/5

Action List / Matters Arising

The action list was **noted** with no additional comments.

PM 01/13/6

i) Chair's Report

The Chair presented the report with no additional comments.

The Board **noted** the report.

ii) CEO's Report

The Chief Executive presented the report and highlighted:-

- The update on the neuro rehabilitation service since the decision to close the in-patient service. In particular, the comments received from internal and external stakeholders which have been incorporated into a report and sent to the South West Specialist Commissioning Team (SWSCT) to take into consideration when planning re-provision of this service. Affected staff received their 90-day "at risk" notice on 2nd January 2013. It was also noted that on 9th January 2013 representatives of the SWSCT had met neuro rehabilitation staff.
- The update from Monitor with regard to the published documents on the Mid-Staffordshire NHS FT, together with current consultation documents.
- A letter received from the National Osteoporosis Society underlining the importance of services being provided at the RNHRD
- The meeting planned for the Banes Wellbeing Policy Development & Scrutiny Panel which was cancelled due to adverse weather conditions and rescheduled for today, 28th January 2013 at which the Chief Executive and Medical Director had been invited to attend at 1230 hrs.
- The national update in particular the NHS Commissioning Board planning document for 2013/14; the Payment by Result update for 2013/14 and the new Provider Licence which comes into effect from 1st April 2013.
- The process of consultation for commissioning of specialist services which is now closed. It was noted that the Trust had contributed to this consultation and that the anticipated impact on services will be provided at the February 2013 Board meeting.

Action : Director of Governance

- An update on the communications, marketing and fundraising activity.

HS

The Board **noted** the report.

iii) Medical Director's Report

The Medical Director presented the report and highlighted:-

- Revalidation has started within the Trust. In order to facilitate this process a licence has been purchased to undertake the 360⁰ appraisal and obtain feedback from staff and patients.
- The new Rheumatology Consultant commenced on 7th January 2013.
- The research & development update
- The planned visit from the Deanery has been postponed
- Acknowledgement of the hard work of all staff during the transfer of patients from the RUH due to winter pressures particularly the registrars and SHOs.

The Medical Director added that the consultants have agreed to hold an extra clinic, for no

extra payment, to make up for the cancellations due to the recent adverse weather. The Chair expressed his appreciation to those involved.

The Board **noted** the report.

PM 01/13/7 Future of Outpatient Neuro Rehabilitation Service

The Chief Executive presented a paper for the Board to discuss and consider the proposal to re-provide the Neurological Rehabilitation outpatient service currently provided at the RNHRD, in line with the inpatient closure on 31st March 2013.

The paper describes the background of the decision taken at the Trust's December 2012 Board, held in public, to close the Neurological Rehabilitation inpatient service whilst deferring the decision on Neurological Rehabilitation outpatient service until the January 2013 Board. This had been designed to allow more time to clarify commissioning intentions. As a result of the decision to close inpatient services consultations had commenced with all affected staff including those staff who provide both in-patient and out-patient services. It is important to note that the majority of the Consultants' job plan is the provision of inpatient services. As the out-patient service requires input from the Consultants who provide inpatient services the outpatient service is it was argued no longer viable.

It was noted that an Equality Analysis had been completed (attached as appendix A) which supports the Equality Impact Assessment provided at the December 2012 Board meeting.

It was reiterated that there was no question over the clinical quality or safe delivery of the service and that the service remains in the interim fully operational.

Capsticks confirmed that in their view the process of consultation had addressed all the necessary legal obligations.

The Chair asked for any comments from the floor. No comments were received.

After consideration of all aspects of the Trust's financial position and taking into account specialist and non-specialist intentions for 2013/14 and beyond the following resolution was **agreed** by the RNHRD FT NHS Trust Board:-

“The Board of the RNHRD NHS FT has resolved that the Outpatient Neurological Rehabilitation service should cease being provided from 31st March 2013.”

PM01/13/8 i) Patient Safety Walkround

Two patient safety walkround reports were presented:-

Clinical Measurement : 26th November 2012

This was conducted by the Chair who reported 1 or 2 organisational issues and actions that had not been completed since the last walkround; these were noted.

The Board **noted** the report.

Day Case Unit : 5th December 2012

This was conducted by a Non-Executive Director who reported positive comments from patients with staff being well informed on the current situation within the Trust and confirmed the Unit as being up to date with Performance Development Plans (PDP) in relation to safeguarding and infection control.

The Board **noted** the reports.

ii) Q3 Quality Report

The Director of Governance presented the report and highlighted that in December 2012:-

- The trust met all the applicable national targets and indicators.
- There were no serious incidents, complaints or trends in complaints.

- In terms of the pilot indicators introduced this month by Monitor to reflect the government's priorities for the delivery of NHS care in England, as mentioned earlier in item 1, the Trust was showing compliance in all areas.
- The report on formal written complaints for Q3; there were 2 new written complaints in Q3. Notwithstanding it was noted encouragingly that there had been a decrease in written complaints despite the significant changes that are taking place within the Trust.
- The Executive Directors completed an assessment against the essential standards of quality and safety for Q3 declaring full compliance in all areas. It was noted that in February 2013 internal audit will conduct an audit of the evidence to support the declarations for a sample of standards.

The Board **noted** the report.

iii) Governance Report : Monitor Consultations

The Director of Governance presented the report which provides an introduction to three live Monitor consultations relating to Governance as follows:-

- The draft Risk Assessment Framework
- The draft Enforcement Guidance
- Proposed changes to Quality Report requirements for 2012/13

Any feedback should be sent to the Director of Governance or directly through the links provided.

The Chair of the Audit Committee confirmed that the draft Risk Assessment Framework would be reviewed at the March 2013 Audit Committee meeting.

The Board **noted** the report.

PM 01/13/9

Q3 Operations Report

The Director of Operations & Clinical Practice presented the report and highlighted the key risks:-

- Winter pressures on the Health Community have resulted in 12 patients being transferred from the RUH to the RNHRD.
- Average occupancy in neuro rehabilitation for December 2012 has increased to 10 beds; a number of discharges are planned for January 2013. The unit has experienced significant pressure due to a high number of patients requiring 1:1 nursing.
- Endoscopy activity remains below plan and referrals have reduced significantly.

It was noted that:-

- Pain Management continue to see two significant trends in referrals; an increase in individual in-patient complex treatments and increase in referrals for young people
- The turnover table indicating a decrease in headcount over the year in terms of full time equivalent staff(FTE)
- There were no adverse events in terms of patient safety in December 2012.

Two points of detail were noted as follows:-

- Page 1 reference to OBD and OB for clarity this equates to Occupied Bed Days and Occupied Beds
- Page 3 the figures relating to long term sickness required clarification.

The Board **noted** the report.

PM 01/13/10

i) Finance Report Month 8 2012/13

The Director of Finance explained that following a verbal update at the December 2012 Board meeting the month 8 Finance Report was presented for completeness.

ii) Finance Report Month 9 2012/13

The Director of Finance presented the Month 9 2012/13 Finance Report and highlighted:-

- The Trust income and expenditure position at the end of December 2012 shows a deficit of £(416k) compared to a planned deficit of £(237k). The Trust is therefore £(179k) under plan.
- The cash balance at 31st December 2012 was £2,656k.
- The current forecast for the year-end is an income and expenditure deficit of £(708k).
- The Trust has a Monitor FRR of 1

It was noted that the Audit Committee will be reviewing the proposals for the level of provision for bad debts at the March 2013 Audit Committee meeting.

The Board **noted** the report.

PM 01/13/11 Q3 Monitor Submission

The Director of Finance presented the Q3 Monitor submission for approval by the Board.

The Board **approved** the Q3 Monitor submission.

PM 01/13/12 Integrated Governance, Quality & Assurance Committee (IGQAC) – NED's Report

The Non-Executive Director of IGQAC presented a capping report and highlighted:-

- The Security Management Service work plan will be reviewed at the next Health & Safety meeting on 7th February 2013.
- The CQC quality and risk profile of the Trust for November 2012 was reviewed and there were no risks rated amber or red by CQC
- The annual report from the Severn Deanery was reviewed
- The Information Governance Toolkit was reviewed and the Trust will be compliant at level 2 for all areas by 31st March 2013.
- IGQAC will continue to monitor the HR learning and development reports.

The Board **noted** the report.

PM 01/13/13 Charitable Funds Committee – Chair's Report

The Chair of the Charitable Funds Committee presented a report and highlighted:-

- The Trust's security advisor is content with the security arrangements in place for the Artefacts
- The "Just Giving" website continues to receive donations for a former patient, all parties are happy for this to continue.
- Bath in Fashion will be using the Lecture Hall in April 2013

The Board **noted** the report.

PM 01/13/14 Any Other Business

There were no other items of business discussed.

Resolution to exclude members of the public and press pursuant to the Public Bodies (Admission to Meeting) Act 1960

The Trust Board **approved** the resolution.

The next public meeting will be held on 28th February 2013

Agenda Item : 5.1TRUST BOARD held in Public ACTION LIST – 28th February 2013

Item	Action	Responsible	Action/Update
1.	PM 01/13/6 : Chair's Report The process of consultation for commissioning of specialist services which is now closed. It was noted that the Trust had inputted into this consultation and the anticipated impact on services will be provided at the February 2013 Board meeting.	Director of Governance	On Agenda – closed session

Future Actions

Item	Action	Responsible	Action/Update
-	No current future actions		

DRAFT

RNHRD TRUST BOARD ANNUAL BUSINESS CYCLE 2013

	JAN Q3 28 th Jan	FEB 28 th Feb	MARCH 20 th March	APRIL Q4 25 th April	MAY 24 th May	JUNE 27 th June	JULY Q1 31 st July	AUG 29 th Aug	SEPT 26 th Sept	OCT Q2 24 th Oct	NOV 28 th Nov	DEC 19 th Dec
Standard Items												
Board Training	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chair's Report	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
CEO's Report	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medical Directors Report	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Operational & Clinical Practice Report (incl patient safety indicators)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Quality/Governance Report	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Patient Safety Walkrounds	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Finance Report	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Strategy & Business Planning												
Strategic discussion of forward business and financial plan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Financial Plan and Capital Programme (Budgets)		✓ For discussion	✓ For approval									
R&D Annual Report							✓					
R&D Annual Plan					✓							
Annual Report - Accounts - Statement of Internal Control - Annual Report Narrative - Quality Accounts - Remuneration Report				✓ Draft Annual Report	✓ For approval							
Annual Plan - HR Strategy - Estates Strategy - IM&T Strategy		✓ 2013/14 Key Risks & Assumptions	✓ For discussion		✓ For approval							
Corporate Objectives			✓ For discussion	✓ For approval								
H&S Annual Report 2012/13										✓		
Council of Governor		Bus Plans	Bus Plans Govs involvement in annual report			Annual Plan & Budgets			AGM – Annual Report			

	JAN Q3 28 th Jan	FEB 28 th Feb	MARCH 20 th March	APRIL Q4 25 th April	MAY 24 th May	JUNE 27 th June	JULY Q1 31 st July	AUG 29 th Aug	SEPT 26 th Sept	OCT Q2 24 th Oct	NOV 28 th Nov	DEC 19 th Dec
Operational / Clinical Performance												
Staff Survey Results* ²				Results & Action Plan (tbc)* ³	Results & Action Plan (tbc)* ³							
DIPC Annual Report							✓					
Safeguarding Annual Report							✓					
PLACE (PEAT) Results* ⁴					✓ (tbc)	Action Plan (tbc)						
Winter Planning											✓	
Quality & Governance												
Board Assurance Framework						✓ For approval						✓ For review
In Patient Survey* ²			Results & Action Plan(tbc)* ³	Results & Action Plan (tbc)* ³								
CQC Declaration	✓			✓	Priorities for quality improvement - for approval		✓			✓		
Monitor Submission	✓ Sign off Q3 Monitor Report			✓ Sign off Q4 Monitor Report			✓ Sign off Q1 Monitor Report			✓ Sign off Q2 Monitor Report		
Code of Governance							✓					
Equality & Diversity Report								✓				
Trust Constitution Update											✓	
Board sub committee Reports												
Audit Committee			✓* ¹		✓* ¹		✓* ¹			✓ +TofR * ¹		✓* ¹
F&AC Chair Report	✓* ¹	✓* ¹	✓* ¹	✓* ¹	✓* ¹	✓* ¹	✓* ¹	✓* ¹	✓* ¹	✓* ¹	✓/+ TofR	✓* ¹
IGQAC NED Report	✓			✓				✓			✓ +TofR	
Charitable Funds Committee Chair Report	✓				✓			✓			✓ +TofR	
Remuneration Committee					✓* ¹						+TofR	
EMG (Agenda)	✓	✓	✓+TofR	✓	✓	✓	✓	✓	✓	✓	✓	✓

*1 Closed section

*2 Subsequent monitoring through IGQAC

*3 Dependent on when results published

*4 PEAT replaced by PLACE (Patient-led Assessments of the Care Environment) – publication of results not yet known

Title	CHAIR'S REPORT
Author	Peter Franklyn, Chair
Meeting	Trust Board, 28 th February 2013
Appendices	Appendix 1 – Trust Board Annual Business Cycle 2013
Review	n/a
Action Required	For Information / approval

Meetings

5 February	Monitor - progress review meeting (see Chief Executive's Report)
12 February	Bath Centre for Pain Services Forum - Veterans and Chronic Pain
22 February	Judy Coles - Lead Governor
25 February	Interim Council of Governors
25 February	Nominations Committee
26 February	Brian Stables - Chair RUH NHS FT (update as required at meeting)

Quality/Patient Experience Agenda

22 February	Patient Safety Walkround with Matron – Neuro Rehabilitation (update as required at meeting)
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Appraisals

Annual Appraisals for all Non-Executive Directors have been completed as has the Appraisal of the Chair by the Senior Independent Non-Executive Director (SINED). Full documentation has been forwarded to the Nominations Committee in preparation for their meeting on 25 February. Following the Nominations Committee meeting a short report and recommendations will be made to the Council of Governors in their closed session on 22 March thereby meeting the Governors' particular obligations on appraisals in accordance with the Monitor Code of Governance.

Trust Board Annual Business Cycle 2013

The attached document sets out those matters proposed to be considered by the Board of Directors during 2013. It is intended to capture those items which the Board of Directors can expect to receive over the course of the year to enable it to fulfil its purpose.

Additional specific items may be added to an agenda for a particular meeting as directed by the Board of Directors or as considered appropriate by the Chair.

In year amendments to the cycle may be necessary as the Trust reviews and develops its framework of assurance.

The Trust Board are requested to **approve** the attached Annual Cycle of Business for 2013 (Appendix 1).

Peter Franklyn
Chair RNHRD NHS Foundation Trust
21 February 2013

Title	CHIEF EXECUTIVE REPORT
Author	Kirsty Matthews, Chief Executive
Meeting	Trust Board, 28th February 2013
Appendices	Appendix A : Notification for the neuro rehabilitation public engagement events
Review	n/a
Action Required	For Information

1. Update on Neuro Rehabilitation

The southwest specialised commissioning team are engaging with patients and the public on specialised neuro rehabilitation inpatient services in collaboration with Banes & Wiltshire PCT cluster who are consulting on outpatients. Appendix A is the notification for the public engagement events. Commissioners have been evaluating the options and will be finalising their recommendations shortly. These will then be presented to the Wellbeing Policy Development and Scrutiny Panel for consideration on 22nd March 2013. The Chief Executives of the RNHRD and RUH have been invited to attend for the agenda item as described below:-

“Neuro-Rehabilitation Services (2hrs) – Specialised Commissioning Team. The RNHRD Chief Executive and the RUH Chief Executive are requested to be at the meeting. “

RNHRD is writing to inpatients and outpatients informing them that services will not be continuing at the hospital beyond 31st March 2013. Patients will be informed on future outpatient provision as soon as the new arrangements are confirmed.

2. Monitor Update

2.1 NHS Provider Licence

On 14th February 2013 Monitor published a document on the new NHS Provider Licence which will be the new main tool with which Monitor will regulate providers of NHS services. The link is provided below for the full document.

<http://www.monitor-nhsft.gov.uk/home/news-events-and-publications/our-publications/monitors-new-role/the-new-nhs-provider-licence>

3. RNHRD Update

3.1 Monitor

Peter Franklyn, Chair, Kirsty Matthews, Chief Executive, Rachel Hepworth, Director of Finance and Stephen Cole, Non-Executive Director attended a periodic review meeting between the Trust and Monitor on Tuesday 5th February 2013. This was the latest in a series of review meetings that commenced after Monitor's Board meeting found the Trust in significant breach of its terms of Authorisation on 21st May 2012. The purpose of the meeting was for the Trust to update Monitor on the areas of concern which resulted in the significant breach of condition 2 of the Trust's terms of Authorisation.

3.2 RNHRD Executive Management Group (EMG)

There was no EMG held in February 2013 due to conflicting external meetings.

4. National Update

4.1 Mid Staffordshire NHS FT

On 6th February 2013 the Department of Health published a report on the findings of the Mid Staffordshire NHS FT, a summary of which was presented to the Board earlier in the meeting (agenda item 1). The link to the full report is below.

<http://www.midstaffspublicinquiry.com/report>

5. Communications & Marketing Update

Media Summary mid Jan- Feb 2013

Location	Activity	Content	Date
Bath Chronicle	1 article paper and online	An evening looking at the history of Bath's Mineral Water Hospital raised £750 for a city charity. Mentions RUH and RNHRD to merge	24th Jan 2013
HSJ	1 article paper and online	Jobs at risk as RNHRD closes neuro rehabilitation unit	17th Jan 2013
Wiltshire Times	1 article and online	Min's plan to close neuro rehabilitation unit due to falling numbers	26th Jan 2013
Bath Chronicle	1 article and online	Watchdog fears for rehab rehabilitation service – report on Wellbeing Policy Development and Scrutiny Panel meeting. Quote from Peter Miles (concerns) and Kirsty Matthews (reason behind closure)	29th Jan 2013

GP Newsletter Spring 2013 distributed included information on neuro rehabilitation closure, new services and rheumatology GP support line.

Kirsty Matthews
Chief Executive

Title	MEDICAL DIRECTOR REPORT
Author	Dr Ashok Bhalla, Medical Director
Meeting	Trust Board, 28th February 2013
Appendices	n/a
Review	n/a
Action Required	For Information

1. Senior Medical Staff

The Rheumatology Associate Specialist has been successful in obtaining a consultant post in South Wales and will be leaving the trust as of 1st May 2013. When the Associate Specialist leaves to take up post, the Medical Director will inform GMC Connect that there is no longer a prescribed connection with the RNHRD.

The Locum Consultant will be moved to cover the clinics vacated by the Associate Specialist and capacity planning is being undertaken to identify potential gaps. The Locum is also applying for a substantive post and we need to factor in the impact should the application be successful.

2. Trainee Medical Staff

From April 2013, owing to the closure of the Neuro Rehabilitation Unit, the Trust will receive two SHOs (normally 3) on rotation from the Royal United Hospital. Ward cover and amendments to outpatient clinic templates are being addressed in readiness. There will be an impact on the doctor first on call rota; to keep this in line with the European Working Time Directive (EWTG) alternative arrangements are being assessed.

3. Revalidation

Consultant appraisals are currently taking place, utilising the new Medical Appraisal Guide form (MAG). All consultants, with a prescribed connection to the RNHRD, are undertaking 360° colleague (on line) and patient feedback questionnaires (hard copy) and some outcome data has been received by the Medical Director.

4. Visit to Nuffield Department of Orthopaedics and Musculoskeletal Sciences (NDORMS)

On 31 January 13 senior medical staff from the trust plus senior trainees visited NDORMS. This was the inaugural combined visit and has led to identification of potential areas of collaboration both in research and in training for the StRs. For the latter, the suggestion of a combined training day between trainees from Severn and Oxford Deanery; a meeting will be planned for July 2013 in Oxford.

5. Employer Based Awards (EBA)

The Medical Director has scored 58 applications for the EBA awards for both the RNHRD and RUH. The Medical Director will attend the Decision Making Committee on 25 February 2013.

Dr Ashok Bhalla
Medical Director

A Patient Safety Walkround is a visit to a ward or department by a Senior Manager. The walkround gives staff the opportunity to discuss safety issues and areas of concern. Patients and relatives are also interviewed. Following the walkround a report and an action plan are developed allowing improvements to occur.

PATIENT SAFETY WALKROUND REPORT	
Department: Neuro-rehabilitation	Lead area representative: Matron Walk round carried out by: Non-executive Director, RNHRD; Matron; Patient Safety Co-ordinator
Date: 9 January 2013	Format of walk round: Details of where and discussions with whom: The Neuro-rehabilitation areas, including discussions with colleagues and patients.
Time:	11.00am
Report completed by: Matron	Distribution: The Trust Board

NB Please do not include any patient identifiable information on this form e.g. full name

List 3 most important action points only

No maintenance actions unless significant

#	PATIENT SAFETY ISSUE IDENTIFIED / DISCUSSED	ACTION REQUIRED	ACTION OWNER	PLANNED COMPLETION DATE	ACTION COMPLETE?
1.	<p>No patient safety issues were noted.</p> <p>The NED and Matron were approached by an HCA who raised issues to do with the Neuro-rehabilitation unit and a private room was used for the discussion, which was joined by a second HCA for part. Points raised were:</p> <ul style="list-style-type: none"> ➤ Staff shortages ➤ Low staff morale regarding the closure of the unit ➤ Staffing reduction due to sickness, staff interviews, and staff leaving ➤ Not being able to cover all shifts without bank so staff are having to do extra and 	<p>Non-executive Director to raise with the CEO</p> <p>Nursing levels constantly being reviewed by Director of Operations and Head of Nursing to maintain patient safety levels, bank and agency used as required, no</p>	<p>NED</p> <p>Director of Operations And Head of Nursing</p>	<p>9th Jan 2013</p>	<p>All actions Complete</p>

#	PATIENT SAFETY ISSUE IDENTIFIED / DISCUSSED	ACTION REQUIRED	ACTION OWNER	PLANNED COMPLETION DATE	ACTION COMPLETE?
	<p>longer shifts</p> <p>➤ Opening of Minerva ward on the second floor: grave concerns were expressed as the member of staff felt staff were having to cover Minerva as well as Neuro which they felt was too onerous in the present circumstances.</p> <p>Subsequently the ward manager expressed similar concerns during the walkround.</p>	<p>inpatient clinical staff proved additional support.</p> <p>Time for applying for jobs etc. added to daily rotas</p> <p>Paper presented to Board to demonstrate action taken to maintain patient safety</p> <p>Minerva ward closed and patients moved to VP ward</p> <p>Chief Executive led staff meeting in February Follow up Walkarounds planned for February and March</p>			
	PATIENT'S STORY				
	<p>1. The parents of a patient admitted 2 days earlier who was unable to speak said that they were happy with the patient's treatment in the Trust.</p>				
	SAFEGUARDING QUESTIONS TO ASK STAFF	RESPONSE			

#	PATIENT SAFETY ISSUE IDENTIFIED / DISCUSSED	ACTION REQUIRED	ACTION OWNER	PLANNED COMPLETION DATE	ACTION COMPLETE?
1.	Have you attended Safeguarding Adults training and or Safeguarding Children training?	Training is up to date.			
2.	Can you tell me what you think your responsibilities are with regards to safeguarding patients and members of the public from abuse?	Member of staff is well-aware of responsibility for safeguarding patients and members of the public as these issues are often particularly relevant in Neuro.			
<p>Safeguarding level 1 adults and children training is provided to all staff on Induction to the Trust. This provides general awareness of safeguarding issues to all levels of staff.</p> <p>Safeguarding level 2 training provides more detailed information to staff with face-to-face contact with adults or children and staff are required to attend once every 3 years.</p>					
LEARNING FROM INCIDENTS – QUESTIONS TO ASK STAFF			RESPONSE		
1	Have there been any recent incidents on the ward, for example, a patient fall resulting in harm, or <i>C. difficile</i> infection, and what lessons have been learned from that?	Questions not asked due to nature of discussion during walkround			
2	Are there any patient safety issues you would like to raise?				
3	Would you be happy for a member of your family to be treated in this area?				

Title:	COMPLIANCE FRAMEWORK¹ PERFORMANCE JANUARY 2013
Author:	Hayley Sewell, Director of Governance
Meeting	Trust Board, February 2013
Action Required:	For information

1. Compliance Framework National Targets and Pilot Metrics - In January 2013;

- the trust met all the applicable national targets and indicators for acute trusts detailed in Monitor's Compliance Framework 2012/13¹.
- there were 2 serious untoward incidents in January 2013 – One patient transferred from the RUH and one A.S. patient had fall resulting in a fractured neck of femur as reported verbally at the January 2013 Board. There were no serious complaints or new trends in complaints.

Table 1. Targets and indicators, thresholds and monitoring periods for 2012/13

Targets and indicators, thresholds, and monitoring periods for 2012-13	Threshold	Weighting	Monitoring Period for Monitor	Jan 2013	YTD	RAG YTD
Safety						
Clostridium difficile year on year reduction (to fit the trajectory for the year as agreed with PCT; 6 cases in 6 separate patients – profiled as 1 case in Q1, 2 cases in Q2, 2 cases in Q3 and 1 in Q4)	0	1.0	Quarterly	0	1	
MRSA Bacteraemia – meeting the MRSA objective	0	1.0	Quarterly	0	0	
Patient Experience						
Maximum time of 18 weeks from point of referral to treatment in aggregate admitted	90%	1.0	Quarterly	100%	100%	
Maximum time of 18 weeks from point of referral to treatment in aggregate – non-admitted	95%	1.0	Quarterly	97.53%	97.88%	
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	92%	1.0	Quarterly	97.87%	98.41%	
Certification against compliance with requirements regarding access to healthcare for people with a learning disability	N/A	0.5	Quarterly	Comp- liant	Comp- liant	
Certification of a minimum published CNST Level 1	N/A	2.0	Quarterly	Comp- liant	Comp- liant	
Pilot metrics and standards introduced from Q3 2012-13						
6 weeks referral to diagnostics	Monitor to advise	Monitor to advise	Quarterly	100%	100%	
30 day emergency readmissions	Monitor to advise	Monitor to advise	Quarterly	0%	0.02%	
Pressure ulcers - newly acquired grade 2/3 or 4	Monitor to advise	Monitor to advise	Quarterly	0	0	
Medication errors causing serious harm	Monitor to advise	Monitor to advise	Quarterly	0	0	
Incidence of healthcare-related venous thromboembolism (VTE)	Monitor to advise	Monitor to advise	Quarterly	0	0	

Title: OPERATIONAL PERFORMANCE & CLINICAL PRACTICE REPORT

Author: Rayna McDonald, Director of Operations & Clinical Practice

Meeting: Trust Board Meeting – 28th February 2013

Action Required: For information

Introduction

This report provides the Board with a variance report against key performance indicators in the following areas: patient safety, workforce and activity.

Key Risks

- Potential for below optimum levels of nursing staff due to releasing staff from the Neuro unit to support the redeployment process when the Trust has a higher than usual number of very dependent patients

Staffing Pressures

In order to manage the risk identified above and ensure patient safety a number of actions have been taken, these include reviewing the nursing rotas at every shift and staff are working across areas to meet needs of the patients; bank has been used extensively and the occasional use of agency, annual leave has been reduced and therapy assistants have supported nursing staff.

Neuro-rehabilitation

In January an average of 8 occupied beds was achieved against a plan of 10; the year –to-date position is currently 345 occupied bed days below plan. Currently there are 5 patients with 2 discharges planned for the last week of February and the final 3 patients with discharges planned for mid-March. Occupancy rates for February are higher than predicted as for the majority of the month there will be 5 patients, March occupancy will be lower than predicted and will probably average 1-2 patients.

Transfers from the RUH

Due to the high activity on Violet Prince ward we have not accepted any further transfers from the RUH. There are currently 3 patients who were transferred as a result of winter pressures

Endoscopy

The service delivered its planned activity in January; referrals are significantly higher than the previous 3 months, however the endoscopy service will not be able to recover its year end position and will be below plan by 150-160 scopes.

Rheumatology

Inpatient activity was lower than planned in January this was due to beds in the ward providing capacity for Pain management and Breast Injury Rehabilitation Service (BIRS) inpatients and transfers from the RUH due to winter pressures.

GP outpatient referrals continue at a higher rate than anticipated with an increase compared to this time last year of 17.5%. The number of overdue follow-ups remains at a similar level to last month with approximately 275 patients, additional clinics are continuing.

In depth capacity planning for 2013/14 is underway; there are a number of issues to consider which will require several scenarios to be developed to ensure informed negotiation for next year's contract.

Workforce

Trust Board Meeting 28th February 2013

Destruction date: Permanent

HR KPI's	Target	Dec	Jan	Flag	Rolling YTD*
Induction attendance (%)	100	100	100	Green	100
CRB % completed before start date (%)	100	100	100	Green	100
Sickness rolling year to date (%)*	4	5.61	3.11	Red	5.02
Of which short term absence %*		88.09	80.51		n/a
Of which long term absence %*		11.91	19.49		n/a
Personal development Plans (%)	80	78.11	72.97	Amber	72.97

*Processed one month end in arrears not available/accurate information

Sickness absence continues to be of concern. It is high in both Neurorehabilitation and Clinical support teams, but no higher than the same months in previous years for both areas. Long term and short term absences are being dealt with by managers and HR using the revised Sickness Absence policy (from 1st January 2013).

The fall in appraisal rates is within the Neuro rehabilitation unit.

Patient Safety

There have been two adverse events in January 2013, both of these events were patients falling and sustaining a fractured neck of femur. A root cause analysis (RCA) has been completed for both incidents. Both patients due to their physical conditions would be a high risk for a fracture, a number of recommendations have been implemented to help reduce risk in the future. The Patient Safety Group and Clinical Risk Committee will review the RCAs in detail.

Recommendations

The Board is asked to:

1. Note this report and the key risks identified and to support the actions being taken to meet activity plans and mitigate risk.

Title	: Month 10 2012/13 Finance Report
Author of Document	: Rachel Hepworth, Director of Finance
Meeting	: The Trust Board, 28th February 2013
Action Required	: For information
Summary of Document	: To update the Trust Board on the financial position of the Trust for the first ten months of 2012/13

SUMMARY NOTE

This paper summarises the financial position of the Trust for the ten months to January 2013.

The key points to note are as follows:

- (i) The income and expenditure position for the Trust to January 2013 shows a deficit of £(290k) compared to a planned deficit of £(75k). The Trust is therefore £(214k) under plan year to date. The overall income and expenditure position is provided at Appendix 1.
- (ii) The cash balance at 31st January 2013 was £2,305k.
- (iii) The current forecast for the year-end is an income and expenditure deficit of £(646k) compared with a deficit of (708k) last month.
- (iv) The balance sheet for 31st January 2013 shows net current liabilities of £(827k) compared with the figure of £(946k) at 31st December 2012. The balance sheet is provided at Appendix 4.
- (v) The debtor's position now stands at £1,071k (£881k at 31st December 2012) with creditors at £2,527k (£2,709k at 31st December 2012). The top ten debtors and creditors are provided at Appendices 6 and 7 respectively.
- (vi) The Trust continues to maintain a financial risk rating of 1 after the application of over-riding rules.
- (vii) Capital expenditure for the year to date was £361k, of which £98k was donated. The capital programme is shown at Appendix 5.

The Trust Board is asked to note the report.

1. Summary Income & Expenditure Account

The Trust's income and expenditure position is summarised at [Appendix 1](#).

1.1 Income

1.1.1 PCT Income

PCT activities and income revenues were £(126k) below plan in month. Rheumatology Inpatient, Pain Management, Neuro Rehabilitation and AS Residential Patients show underperformance. These deficits are partially offset by overperformance across other service lines particularly Rheumatology Outpatient Services.

Rheumatology Inpatient activity continues to be below plan (£45k in month) which has been the trend since September 2012.

Pain Management was below plan by £(139k) this month compared with £(52k) in December 2012. The budget profiling incurs a much larger allocation in January compared with the previous two months. This, and the fact the income is charged at the beginning of a programme, contributes to the wide movements in variances between months.

Neuro Rehabilitation was below plan by £(52k) in month compared with £(11k) in December 2012 an increase in monthly deficit as expected due to the closure of the service at the end of this financial year.

Rheumatology Outpatient Services is over plan in month by £86k compared with £14k in December 2012 showing a year to date of £412k over plan.

Risks to future PCT income include:

- The closure of the Neuro service at the end of this financial year continues to place risks on future income for the Trust. The current full year forecast for the service is based on bed occupancy of 4 in February 2013 and 1 in March 2013.

1.1.2 Private Patient Income

Private patient income year to date is below plan by £(46k) a slight recovery on last month where a figure of £(57k) was reported. During the month the allocation of income between service lines has been revised to bring the totals in the year to date actual column in line with the activity report.

1.1.3 Education, Training and Research

Income from education training and research continues to show an over-recovery with an additional £32k in month giving a total of £121k for the year to date. As reported in previous months the overall favourable variance is mainly due to a number of research grants being awarded that were not known about at the time of preparing the budget. It is still envisaged that income for the year will be above plan as provided in Appendix 1.

1.1.3 Other Income

Other income is £(159k) below plan for the year to date as at January 2013, with an in-month improvement of £20k. This category includes the new Late Effects invoice schedule to offset expenditure costs where the budget is phased from September 2012 onwards.

1.2 Expenditure

1.2.1 Pay Expenditure

To January 2013 pay expenditure is £556k underspent, an increase of £44k in month. A breakdown of pay expenditure by service line is provided in Appendix 2.

The £556k underspend includes £152k relating to savings made from vacancies during the development and recruitment process in the Late Effects and MacMillan Step-Up Services.

Neuro Rehab and Pain Management continue to be the main contributors to the in-month favourable variance due to the expected closure of the Neuro Rehab service and continued postponement of recruitment to vacant posts.

With no budget allocated to the Waiting List Initiative all expenditure contributes an overspend, this is £(86k) year to date. In January 2013 other variances are spread across various service lines per Appendix 8.

1.2.2 Non-Pay Expenditure

Per Appendix 3 non-pay expenditure is overspent overall by £(206k) year to date compared with an overspend of £(188k) last month. In month Research and Development shows an adverse variance of £21k. The higher favourable variances in Rheumatology Inpatients and Facilities show £9k and £6k respectively. Other variances are relatively low in month except for Finance with a £(5k) adverse variance in month and £(146k) year to date as the costs of transition and audit fees are allocated to this line.

1.3 Forecast

The full year forecast for the Trust shows deficit of £(646k) as at January 2013 compared to £(708k) as at December 2012.

The forecast assumes the Neuro Rehabilitation service will close on 31st March 2013 with average bed occupancy of 4 in February 2013 and 1 in March 2013.

Activity in Pain Management is assumed to under-perform by £(240k) across the year compared with £(234k) reported last month. This is based on income to date and patients booked for the next two months ie February and March 2013.

Endoscopy forecast forecast continues to be based on a shortfall of 150 in activity.

2. Balance Sheet

The Balance Sheet is provided at Appendix 4.

2.1 Capital Programme

The movement on fixed assets is the net effect of additions as per the capital expenditure shown at Appendix 5 and the year-to-date depreciation charge. The capital programme remains under continual scrutiny with purchases or work approved only as necessary.

The capital expenditure for the period April 2012 to January 2013 totalled £361k, relating to MacMillan Parry ward, roof upgrade and IT equipment.

2.2 Cash

The cash balance at the end of January 2013 was £2,305k.

2.3 Debtors and Creditors

The top ten debtors and creditors are provided at Appendices 6 and 7 respectively.

Appendix 1

INCOME & EXPENDITURE ACCOUNT
FOR THE PERIOD ENDING 31 January 2013

Favourable Variance + \ Adverse Variance (-)

	Month 10 Actual £'000	Month 10 Budget £'000	Month 10 Variance £'000	YTD Actual £'000	YTD Budget £'000	YTD Variance £'000	Month 12 Forecast £'000	Annual Budget £'000	Forecast Variance £'000	Forecast at Month 9 £'000
INCOME										
PCTs	942	1,068	(126)	8,923	9,410	(486)	10,481	11,303	(822)	10,487
Private patient	36	25	11	129	175	(46)	132	200	(68)	122
Education, training & research	144	111	32	1,236	1,115	121	1,459	1,338	121	1,426
Other income	151	131	20	737	896	(159)	840	1,157	(317)	840
Additional funding	173	173	(0)	1,730	1,734	(4)	2,081	2,081	0	2,081
sub total	1,446	1,508	(62)	12,755	13,329	(574)	14,993	16,079	(1,086)	14,957
PBR excluded drugs	489	458	31	4,792	4,583	208	5,491	5,500	(9)	5,491
Total income	1,935	1,967	(31)	17,547	17,912	(366)	20,484	21,579	(1,095)	20,448
EXPENDITURE										
Pay expenditure	933	977	44	9,215	9,770	556	11,069	11,725	656	11,069
Non-pay expenditure	335	317	(18)	3,317	3,111	(206)	3,958	3,726	(232)	3,909
sub total	1,268	1,294	26	12,532	12,882	350	15,027	15,452	425	14,978
PBR excluded drugs	489	458	(31)	4,792	4,583	(208)	5,491	5,500	9	5,491
Total expenditure	1,757	1,752	(5)	17,324	17,465	141	20,518	20,952	434	20,469
EBITDA	178	214	(36)	223	447	(224)	(34)	627	(661)	(21)
Depreciation	(36)	(37)	1	(351)	(367)	16	(422)	(440)	18	(497)
Interest receivable	1	0	1	4	0	4	2	0	2	2
Dividend payments on PDC	(17)	(16)	(1)	(166)	(156)	(10)	(192)	(187)	(5)	(192)
Total surplus/(deficit)	126	162	(36)	(290)	(75)	(214)	(646)	(0)	(646)	(708)

Appendix 2

ANALYSIS OF PAY EXPENDITURE
FOR THE PERIOD ENDING 31 January 2013

	Month 10 Actual £'000	Month 10 Budget £'000	Month 10 Variance £'000	YTD Actual £'000	YTD Budget £'000	YTD Variance £'000	Month 12 Forecast £'000	Annual budget £'000	Forecast Variance £'000	Forecast at Month 9 £'000
Neuro Rehabilitation	175	197	22	1,849	1,973	124	2,165	2,367	202	2,165
Rheumatology Medical Staffing	128	124	(4)	1,183	1,243	60	1,450	1,491	41	1,450
Therapy Outpatients	54	64	9	572	635	63	700	762	62	700
Rheumatology Inpats	44	47	3	525	471	(53)	630	565	(65)	630
Rheumatology Anti-TNF	12	11	(2)	110	108	(2)	133	130	(3)	133
Specialist Nursing	7	8	1	77	79	2	95	95	0	95
Diagnostic Dept	17	17	0	179	174	(6)	214	208	(6)	214
Waiting List Initiative	13	0	(13)	86	0	(86)	94	0	(94)	94
Rheumatology	276	271	(5)	2,733	2,711	(22)	3,316	3,253	(63)	3,316
Pain Management Dept	52	62	10	544	623	79	650	748	98	650
CFS	47	47	0	430	471	41	534	566	32	534
CRPS	38	39	1	274	389	115	354	467	113	354
Clin Measurement Dept	14	15	2	148	154	6	180	185	5	180
Porters/Stores/Switch Dpt	19	22	3	209	221	12	250	265	15	250
Catering Dept	15	16	1	150	164	14	177	196	19	177
Domestic Dept	26	30	5	263	302	39	310	363	53	310
Facilities Dept	9	9	0	89	92	3	107	111	4	107
Human Resources Dept	19	22	3	186	218	33	233	262	29	233
Governance Dept	11	11	0	108	110	2	133	131	(2)	133
Patient Sec.Services	17	22	4	189	218	29	233	262	29	233
Medical Records Dept	8	12	3	100	115	15	120	138	18	120
IT + Computer Dept	19	22	3	230	224	(6)	278	269	(9)	278
Finance Dept	23	25	2	238	245	8	276	295	19	276
Research & Development	45	42	(3)	452	419	(33)	534	503	(31)	534
Other	120	112	(8)	1,023	1,120	98	1,219	1,345	126	1,219
Total expenditure	933	977	44	9,215	9,770	556	11,069	11,725	656	11,069

Appendix 3

**ANALYSIS OF NON-PAY EXPENDITURE
FOR THE PERIOD ENDING 31 January 2013**

	Month 10 Actual £'000	Month 10 Budget £'000	Month 10 Variance £'000	YTD Actual £'000	YTD Budget £'000	YTD Variance £'000	Month 12 Forecast £'000	Annual budget £'000	Forecast Variance £'000	Forecast at Month 9 £'000
Neurology Inpatients	15	11	(3)	129	113	(15)	150	136	(14)	143
Rheumatology Inpats	5	11	6	56	113	57	70	136	66	70
Rheumatology - Orthotics	4	6	2	56	59	3	67	70	3	70
Diagnostic Dept	7	8	1	78	78	0	94	93	(1)	94
Pain Management Dept	2	2	0	11	19	8	14	22	8	14
Rheumatology Services	51	49	(2)	497	468	(30)	595	559	(36)	595
Medical Contracts	48	49	1	526	487	(39)	635	584	(51)	635
Facilities Dept	47	47	0	473	462	(11)	558	553	(5)	558
Human Resources Dept	3	5	2	29	48	19	34	57	23	34
Patient Transport	6	6	0	47	59	12	55	70	15	55
Executive	4	5	1	47	47	0	55	57	2	55
IT + Computer Dept	5	14	9	122	141	19	146	169	23	146
Finance Dept	27	21	(5)	360	214	(146)	402	256	(146)	396
Total R&D	44	23	(21)	262	231	(31)	312	278	(35)	282
Total Other	67	59	(8)	625	573	(52)	771	686	(85)	762
Non Pay	335	317	(18)	3,318	3,111	(206)	3,958	3,726	(232)	3,909

Appendix 4

BALANCE SHEET AS AT 31 January 2013

	31 Mar 2012	31 Jan 2013	Movement	31 Dec 2012	31 Mar 2013 Forecast
	£'000	£'000	£'000	£'000	£'000
Fixed Assets					
Intangible	126	84	(4)	88	82
Tangible	7,162	7,213	11	7,202	7,256
Total Fixed Assets	7,288	7,297	7	7,290	7,338
Current Assets					
Stock	44	44	1	43	44
NHS Trade Debtors	1,589	680	176	504	533
Provision for Irrecoverable Debt	(138)	(194)	0	(194)	(194)
Other Prepayments and Accrued Income	204	1,156	392	764	1,112
Other Debtors	208	390	13	377	287
Cash at Bank *	690	2,305	(351)	2,656	237
Total Current Assets	2,597	4,381	231	4,150	2,019
Total Assets	9,885	11,678	238	11,440	9,357
Current Liabilities					
NHS Trade Creditors	(1,307)	(809)	(122)	(687)	(609)
Non-NHS Trade Creditors - Revenue	(1,212)	(1,239)	360	(1,599)	(786)
Non-NHS Trade Creditors - Capital	(27)	0	0	0	0
PDC Dividend Creditor	(9)	(66)	(16)	(50)	(3)
Other Creditors	(249)	(479)	(56)	(423)	(1,015)
Payments Received on Account	(0)	(739)	(299)	(440)	0
Accruals and Deferred Income - transitional support	0	(1,070)	173	(1,243)	0
Accruals and Deferred Income	(299)	(806)	(152)	(654)	(646)
Total Current Liabilities	(3,103)	(5,208)	(112)	(5,096)	(3,059)
Non Current Liabilities					
Trade and other payables	(22)	0	0	0	(15)
Provisions	(15)	(15)	0	(15)	(32)
Deferred Income	(32)	(32)	0	(32)	0
Total Non Current Liabilities	(69)	(47)	0	(47)	(47)
TOTAL ASSETS EMPLOYED	6,713	6,423	126	6,297	6,250
TAXPAYERS' EQUITY					
PDC	6,015	6,015	0	6,015	6,015
Retained I & E Surplus	(249)	(249)	0	(249)	(249)
YTD I & E Surplus	0	(290)	126	(416)	(463)
Revaluation Reserve	947	947	0	947	947
TOTAL TAXPAYERS' EQUITY	6,713	6,423	126	6,297	6,250

Appendix 5

2012-13 Capital Plan

CAPITAL FUNDING AVAILABLE

	2012/13 £000	2012/13 £000	Variance	2012/13 £000
- From Depreciation	220.0	440.0	220.0	440.0
- NHS South West Project Funding	17.0	0.0	-17.0	0.0
- Macmillan	17.0	54.0	37.0	54.0
- Charitable Funds	64.0	268.0	204.0	268.0
	318.0	762.0	444.0	762.0

CAPITAL EXPENDITURE

	M10 YTD			Future in Year Commitme £000	Year End Forecast		
	Actual	Budget	Variance		Actual	Budget	Variance
	£000	£000	£000		£000	£000	£000
General IM&T							
Replacement PC's	69.4	45.0	-24.4	2.6	72.0	45.0	-27.0
Windows Upgrade	0.0	24.0	24.0	5.3	5.3	30.0	24.7
EPR Developments	0.0	16.0	16.0	18.3	18.3	20.0	1.7
Back-up servers	0.0	12.0	12.0	15.0	15.0	15.0	0.0
Printers	0.0	4.0	4.0	5.0	5.0	5.0	0.0
Server	4.4	4.0	-0.4	5.0	9.4	5.0	-4.4
DATIX upgrade	0.0	4.0	4.0	0.0	0.0	5.0	5.0
	73.8	109.0	35.2	51.2	125.0	125.0	0.0
Building & Maintenance							
Refresh	0.0	0.0	0.0	25.0	25.0	250.0	225.0
Macmillan Step Down Service / Parry Ward	110.4	0.0	-110.4	0.0	110.4	54.0	-56.4
Lightening Conductor	1.1	50.0	48.9	0.0	1.1	50.0	48.9
Refridgerant (R22)	0.0	10.8	10.8	0.0	0.0	13.0	13.0
Medical Air Plant	0.0	15.0	15.0	0.0	0.0	15.0	15.0
Legionella	0.0	20.5	20.5	10.0	10.0	25.0	15.0
HTM Compliance (Sink Replacement)	0.0	8.3	8.3	9.2	9.2	10.0	0.8
Fire Precautions	0.0	10.0	10.0	5.0	5.0	10.0	5.0
Hydro Pool Maintenance	21.9	8.4	-13.5	0.0	21.9	10.0	-11.9
Roof	89.9	33.3	-56.6	6.9	96.8	20.0	-76.8
CFS	33.0	0.0	-33.0	0.0	33.0	20.0	-13.0
	256.3	156.3	-67.0	56.1	312.4	477.0	164.6
Medical Equipment							
Bladder Scanner	8.7	0.0	-8.7	0.0	8.7	9.0	0.3
Endoscopy Equipment	0.0	0.0	0.0	0.0	0.0	75.0	75.0
X-Ray	0.0	82.0	82.0	0.0	0.0	82.0	82.0
	8.7	82.0	73.3	0.0	8.7	166.0	157.3
Other Schemes							
Nurse Call System	0.0	41.7	41.7	0.0	0.0	50.0	50.0
PACS replacement (10% contribution to RUH)	0.0	41.7	41.7	5.0	5.0	50.0	45.0
Contingency	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Furniture from Charitable funds	21.7	0.0	-21.7	0.0	21.7	0.0	-21.7
	21.7	83.3	61.6	5.0	26.7	100.0	73.3
TOTAL	360.5	430.6	103.1	112.3	472.8	868.0	395.2

Appendix 6

Top Ten Debtors as at 31-01-13

Customer	0 - 30	31 - 60	61 - 90	91 - 180	181 - 360	361+	Total Debtors
1 NATIONAL SPECIALISED COMMISSIONING TEAM (LOND)	167.5	0.0	0.0	0.0	0.0	0.0	167.5
2 WILTSHIRE PCT	0.0	0.0	102.5	54.5	0.0	0.0	157.0
3 WELSH ORGANISATIONS	12.8	2.5	1.0	8.0	52.7	21.7	98.8
4 BATH AND NORTH EAST SOMERSET PCT	0.6	0.0	11.6	66.8	0.0	0.0	79.0
5 NHS HEALTH SCOTLAND	0.1	0.0	0.0	10.2	30.8	-5.9	35.2
6 ROYAL UNITED HOSPITAL BATH NHS TRUST	5.6	0.0	2.3	9.0	13.5	0.0	30.4
7 BRISTOL PCT	0.0	0.0	0.0	20.2	0.0	2.2	22.4
8 SURREY PCT	20.3	0.0	0.0	0.0	0.0	0.0	20.3
9 NORTHERN HEALTH AND SOCIAL SERVICES	4.6	0.0	11.4	0.0	0.0	3.4	19.4
10 HEREFORDSHIRE PCT	1.7	5.3	8.7	1.6	0.0	0.0	17.3
	213.3	7.9	137.4	170.3	97.0	21.3	647.2
Others							
NHS	137.6	8.6	-6.1	22.8	4.5	10.9	178.3
NON NHS	205.1	1.3	-0.7	7.5	17.2	15.1	245.4
TOTAL at 31-01-13	556.0	17.8	130.7	200.6	118.7	47.3	1071.0
% at 31-01-13	52%	2%	12%	19%	11%	4%	100%
TOTAL at 31-12-12	332.1	156.2	61.9	175.7	115.2	40.1	881.2
% at 30-12-12	38%	18%	7%	20%	13%	5%	100%
TOTAL at 30-11-12	485.0	140.9	137.7	164.0	113.9	13.5	1055.0
% at 30-11-12	46%	13%	13%	16%	11%	1%	100%
TOTAL at 31-10-12	690.0	196.5	80.4	169.0	108.7	-0.6	1244.0
% at 31-10-12	55%	16%	6%	14%	9%	0%	100%
TOTAL at 30-09-12	666.4	87.9	78.2	175.9	100.1	-13.5	1095.0
% at 30-09-12	61%	8%	7%	16%	9%	-1%	100%
TOTAL at 31-08-12	710.6	94.8	36.4	134.6	96.5	-4.5	1068.4
% at 31-08-12	67%	9%	3%	13%	9%	0%	100%
TOTAL at 31-07-12	2155.1	134.2	60.7	72.4	109.1	129.1	2660.6
% at 31-07-12	81%	5%	2%	3%	4%	5%	100%
TOTAL at 30-06-12	624.7	228.1	42.5	64.4	109.7	99.1	1168.5
% at 30-06-12	53%	20%	4%	6%	9%	8%	100%
TOTAL at 31-05-12	1039.5	59.3	26.1	138.1	129.6	102.5	1495.1
% at 31-05-12	70%	4%	2%	9%	9%	7%	100%
TOTAL at 30-04-12	383.0	101.0	82.0	84.1	126.1	93.8	870.0
% at 30-04-12	44%	12%	9%	10%	14%	11%	100%

Appendix 7

Top 10 Creditors as at 31-01-2013

	Supplier	0 - 30	31 - 60	61 - 90	91 - 180	181 - 360	361+	Total Creditors
1	ROYAL UNITED HOSPITAL BATH NHS TRUST	175.0	218.9	18.5	24.3	10.0	0.0	446.8
2	HEALTHCARE AT HOME LTD	0.0	372.2	0.0	0.0	0.0	0.0	372.2
3	HAMPSHIRE PCT	204.9	0.0	0.0	0.0	0.0	0.0	204.9
4	GREAT WESTERN AMBULANCE SERVICE NHS TRUST	24.8	0.0	0.0	32.7	0.0	0.0	57.5
5	UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST	7.9	27.8	18.5	0.0	0.0	0.0	54.2
6	BATH INSTITUTE FOR RHEUMATIC DISEASES TRADING LTD	13.7	33.8	0.0	1.7	2.3	0.0	51.5
7	HEALTH COMMISSION FOR WALES	0.0	0.0	0.0	0.0	0.0	41.7	41.7
8	BUPA HOME HEALTHCARE LTD	4.3	12.1	14.9	0.0	0.0	0.0	31.4
9	IONET SYSTEMS LTD	26.2	0.0	0.0	0.0	0.0	0.0	26.2
10	ROYAL COLLEGE OF ART	0.0	0.0	23.6	0.0	0.0	0.0	23.6
		456.9	664.9	75.4	58.8	12.3	41.7	1310.0
	OTHERS	124.1	39.3	40.0	23.2	6.3	-0.3	232.5
	PAY EXPENDITURE	342.0	0.0	0.0	0.0	0.0	0.0	342.0
	ACCRUED EXPENDITURE	642.6	0.0	0.0	0.0	0.0	0.0	642.6
	TOTAL at 31/01/2013	1565.5	704.1	115.4	82.0	18.6	41.4	2527.0
	% at 31-01-13	62%	28%	5%	3%	1%	2%	100%
	TOTAL at 31/12/2012	1137.5	758.9	104.5	193.2	468.7	46.1	2709.0
	% at 31-12-12	42%	28%	4%	7%	17%	2%	100%
	TOTAL at 30/11/2012	994.3	157.9	130.6	181.5	467.1	45.5	1977.0
	% at 30-11-12	50%	8%	7%	9%	24%	2%	100%
	TOTAL at 31/10/2012	966.2	199.7	96.4	157.7	445.5	45.5	1911.0
	% at 31-10-12	51%	10%	5%	8%	23%	2%	100%
	TOTAL at 30/09/2012	1666.7	104.0	559.6	98.2	44.7	43.9	2517.2
	% at 30-09-12	66%	4%	22%	4%	2%	2%	100%
	TOTAL at 31/08/2012	1045.7	638.2	70.4	78.4	40.5	53.6	1926.9
	% at 31-08-12	54%	33%	4%	4%	2%	3%	100%
	TOTAL at 31/07/2012	743.3	296.5	64.1	168.5	24.5	61.7	1358.5
	% at 31-07-12	55%	22%	5%	12%	2%	5%	100%
	TOTAL at 30/06/2012	1312.7	279.4	83.8	402.7	21.5	70.9	2171.0
	% at 30-06-12	60%	13%	4%	19%	1%	3%	100%
	TOTAL at 31/05/2012	923.0	404.4	368.4	66.1	27.1	65.9	1855.0
	% at 31-05-12	50%	22%	20%	4%	1%	4%	100%
	TOTAL at 30/04/2012	1273.0	326.3	77.2	21.1	32.5	59.9	1790.0
	% at 30-04-12	71%	18%	4%	1%	2%	3%	100%
	TOTAL at 31/03/2012	1184.4	666.1	172.6	56.4	14.2	59.9	2153.5
	% at 31-03-12	55%	31%	8%	3%	1%	3%	100%
	TOTAL at 29/02/2012	1752.2	302.5	66.9	42.4	12.3	57.3	2233.6
	% at 29-02-12	78%	14%	3%	2%	1%	3%	100%
	TOTAL at 31/01/2012	848.2	578.1	74.6	23.5	20.0	57.4	1601.8
	% at 31-01-12	53%	36%	5%	1%	1%	4%	100%
	TOTAL at 31/12/2011	1170.5	815.1	78.3	54.1	5.6	57.4	2181.0
	% at 31-12-11	54%	37%	4%	2%	0%	3%	100%
	TOTAL at 30/11/2011	1720.3	73.8	210.2	20.0	2.8	57.0	2084.0
	% at 30-11-11	83%	4%	10%	1%	0%	3%	100%

Title:	ANNUAL HEALTH & SAFETY REPORT 2011/12
Author:	Deborah Calland, H&S Advisor
Meeting	Trust Board
Sponsor:	Rachel Hepworth
Appendices:	n/a
Review:	n/a
Action Required:	For Information

Royal National Hospital for Rheumatic Diseases NHSFT Annual Health and Safety Report 2011/12

Introduction and background

This annual report covers the period from April 2011 to March 2012. The purpose of the report is to provide key information regarding the trust's health and safety arrangements to protect its employees, patients, contractors and members of the public.

The trust's health and safety framework is based on the 1997 Health and Safety Executive publication titled 'Successful health and safety management' (HSG 65). This is the over-arching guide on the essential philosophy of good health and safety: what it means; how to achieve it; and how to maintain it.

The Health and Safety Executive [HSE] set out key health and safety issues relating to healthcare provision and the trust has measures in place to limit the impact of these on patients, employees and members of the public.

Under safety the areas of concern are

- Slips and trips
- Falls from windows
- Moving and handling
- Safe use of Bed rails
- Electric profiling Beds
- Scalding and Burning

Under Health the key areas of concern to the trust are

- Sharps injuries
- Legionella
- Skin care [Dermatitis & latex allergy]

The status of these initiatives will be discussed in more detail later in the report.

Management Responsibilities

Responsibility for Health and Safety at board level lies with the Director of Finance, who is supported by a dedicated Health and Safety advisor and the Estates Manager. Managers and staff at all levels are encouraged to act within the risk management framework where risks are identified.

The Health and Safety Committee is chaired by the Director of Finance, with representation from both staff and management across a wide range of departments and meets quarterly. The minutes of its meetings are reviewed by the Clinical Risk Committee [CRC].

Risks

The trust undertakes a broad range of activities, and so there are a wide variety of risks to manage - the list below represents only some of the most common of these. The trust's risk management strategy is well embedded and includes a risk assessment process for use by managers and staff that is underpinned by a suite of policies and procedures which can be found on the trust's intranet.

The types of health and safety risks experienced within the trust are varied, but include:

- Slips, Trips and Falls
- Lone Working

- Security
- Violence and Aggression, including Managing Difficult Behaviour
- Manual Handling
- Infection Control, including waste management and needle stick injuries
- Work related ill health, and injuries, including work related stress
- Environmental, including structural and equipment
- Fire safety

Performance 2011/12 and 2010/11

The table below shows the number of incidents recorded on the Trust's incident reporting System (Datix) for each of the two financial years. When reviewing the incidents for each period it should be noted that at times a particular individual may be responsible for generating more than one incident report. This was the case for violence and aggression incidents reported during late 2010 and early 2011 and some of the patient falls reported on Bath Neuro Rehabilitation Services

Health and safety training relates to Fire, Basic life support, Conflict resolution /Managing difficult behaviour and Manual Handling training

	2011/12	2010/2011
Total number of reported H&S incidents	109	112
Number of RIDDOR incidents (over 7 day absence)*	2	2
Number of near miss incidents reported	1	2
Number of manual handling incidents	3	3
Number of slips, trips and fall incidents (staff)	2	5
Number of slips, trips and fall incidents (patient)	59	60
Days lost due to work related stress	4 episodes of stress	28*
Number of lone working incidents	0	0
Number of security incidents	3	4
Number of violence and aggression incidents	6	30
% completion of H&S training	77	82

Note

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

* Figure relates to all types of stress, not just work related

Summary of work undertaken 2011/12

Fire safety

Following an incident where concerns were raised about the competence of fire marshals a series of training sessions were held which increased the number of fire marshals available in the trust as well as ensuring adequate cover for out of hour periods. Compartmentalisation plans were finalised and Fire Marshals made aware of them in relation to evacuation procedures. Work will continue to increase the number of fire marshals available in Nursing teams and to support Non Clinical fire Marshals to carry out departmental fire training using a prepared checklist.

Legionella

In December 2011 the HSE approved the Legionella action plan. Remedial works have been completed and the focus will be on maintaining the regimes put in place for maintenance, flushing and water sampling. The HSE are due to return in June 2012.

Security

The trust now employs a Local Security Management Specialist [LSMS] from Dorset PCT. An audit and annual work-plan have been developed and will form the focus for the work undertaken by the LSMS.

Current projects include

- Finalisation of Lock Down profiles [Security policy]
- Review of CCTV system
- Training for porters in managing conflict at a level higher than currently provided

Safety risks

Slips and trips- The Falls group set a target for the year that the number of falls did not exceed the 2010/11 figures of 60 falls with no adverse events and one fall with adverse event. The final figures were 59 and 0 respectively.

Falls from windows- Window restrictors are now checked regularly and any deficiencies rectified.

Moving and handling- RIDDOR reportable incident submitted in December 2011 as a Nurse injured her shoulder whilst hoisting a bariatric patient. A second employee also sustained an injury with this patient but did not go off sick or change duties. Specialist equipment had to be brought in on rental twice to manage patients whose weight has been close to the Safe working limit of our equipment.

Safe use of Bed rails – Policy to be developed to allow for the use of bed rails now that the bed frames are supplied with manufacturer specific integrated rails.

Scalding and Burning- This is a NPSA never event, there were no reported incidents during 2010/11. Water temperatures have to be maintained above 50°C for legionella management, therefore thermal mixing valves are fitted to all taps in areas used by patients.

Health Risks

Sharps injuries- all reported incidents are dealt with in line with policy. No employee has suffered adversely from a sharps incident.

Legionella- On going management of risk in line with action plan and water management strategy.

Skin care [Dermatitis & latex allergy]- Latex gloves still in use for sterile procedures but all other latex gloves have been removed. Employees are taught how to inspect their own skin for changes and when to report concerns.

Risk register

The Health and Safety committee review all risks at their quarterly and request updates as required. At present there are 2 risks still open, one is the Legionella risk assessment and the other relates to Mandatory /statutory Health and Safety training targets.

Health and Safety Inspections

Audit of the hospital tool place in February / March 2012 and the results will form the basis of a wider gap analysis being undertaken by the health and Safety Advisor. The final results will be reported at the end of 2012.

Auditing of contractors will move from the annual audit to random audits undertaken by Facilities. The minimum number per year shall be 4 and include large construction projects as well as individual service contractors.

PROGRESS UPDATE - APRIL 2012 TO FEBRUARY 2013.

The following report provides an update to the 'work undertaken' section of the main report. It has been compiled to provide the Trust board with an up to date explanation of the progress made in relation to Health and Safety at the RNHRD.

Fire safety

Fire risk assessment was carried out in October 2012, remedial works as a result of agreed action plan are in progress. The planned completion date for these works is 31 March 2013.

Additional Fire marshal training was provided in October /November 2012 to increase the number of fire marshals within nursing teams. Non Clinical fire Marshals were provided with additional assistance to ensure they are able to carry out departmental fire training using a prepared checklist.

Legionella

In December 2011 the HSE approved the Legionella action plan. Remedial works have been completed and the focus will be on maintaining the regimes put in place for maintenance, flushing, water sampling and further investigation / rectification of deadlegs and areas of poor water circulation. The HSE were due to return in June 2012. An up to date progress report and amended action plan were forwarded to the HSE in September 2012. A reminder was sent in January 2013; as yet the Trust has had no response from the HSE.

Security

The update of the current projects undertaken from the annual work plan is:-

- Finalisation of Lock Down profiles [Security policy], Action Completed
- Review of CCTV system, Action Completed,
- The CCTV policy has been amended and was reviewed by the H&S committee at their Feb 2013 committee meeting. Additional guidance was required to clarify the position on recordings being released and used by the Trust in disciplinary hearings. John Rawlings [LSMS] has made these amendments.
- Training for porters in managing conflict at a level higher than currently provided with Conflict Resolution Training - A trainer has been identified and funding is in place. There is a problem in ensuring we have sufficient staff members available for each course as it is not possible to allow all the porters to attend on one day. The RUH have been approached to see if they can utilise the additional spaces. We are currently waiting to finalise training date.

Safety risks

- Falls from windows- Following a further CAS, Estates & Facilities Alert issued 23rd January 2013 all existing window restrictors have to be risk assessed and upgraded in line with the requirements of the alert. The alert has asked the Trust to inspect all installed window restrictors and consider replacing single restrictors for more substantial or robust devices, and or a second restrictor to better resist determined efforts to open the window beyond 100mm.

All the windows in the Trust have been assessed. As a result all existing restrictors currently installed to 'at risk windows' will be removed and replaced with 2 No restrictors per window that meet the requirements of the alert.

- Sash window restrictors / stops specifically manufactured for sash windows have been sourced and ordered. This action will be completed by 31 March 2013.
- Safe use of Bed rails – A policy has been developed to allow for the use of bed rails now that the bed frames are supplied with manufacturer specific integrated rails. A Risk assessment pro forma is in place as part of the falls prevention information pack. Training has been provided and each ward area now has a resource pack outlining the falls prevention /management strategies and associated documentation.
- NPSA Never Event, Scalding and Burning- There have been no reported incidents to date. Circulation water temperatures have to be maintained above 50°C for legionella management therefore thermostatic mixing valves (TMV) should be fitted to all sink taps and bath / shower mixers in all areas used by patients in order to provide safe water temperatures at the point of use. All patient / visitor accessible sinks, showers and baths within the Hospital are fitted with TMV's, and are maintained on a 6 monthly basis.

Health and Safety Inspections

Auditing of contractors was removed from the annual audit to be replaced with random audits undertaken by Facilities. The minimum number per year was agreed as 4 and will include large construction projects as well as individual service contractors. This will commence from April 2013. No adverse issues have been raised in relation to contractors on site. All contractors, without exception now report to reception then Facilities office before commencing work on site.

Health and Safety Advisor role

In December 2012 the Trust's Health and Safety Advisor left to take up the post of Health and Safety Manager at the RUH. Provision of a 1 day a week Health & Safety manager service from the RUH has been discussed and agreed in principle with the RUH's Head of Health and Safety and Director of Estates & Facilities. A Service Level Agreement (SLA) has been developed and was sent to the RUH's head of Health & Safety on the 21st January 2013 for approval and signature. As yet we have not received accepted SLA from the RUH.

The current Health & safety provision consists of ad hoc 1 day a week visits to the RNHRD by Deb Boyce (previous RNHRD Health & Safety Advisor) plus remote advice as required.

Updated 21 Feb 2013 by Malcolm Sommerville and Deb Boyce.