

The next meeting of the  
Royal National Hospital of Rheumatic Diseases NHS Foundation Trust Board  
to be held in Public  
will be on  
Wednesday 20<sup>th</sup> March 2013 at  
1400 hrs  
to be held in the  
RNHRD Lecture Hall

		Action	Person	Paper
<b>OPENING BUSINESS</b>				
1.	Apologies for Absence	-	Chair	-
2.	Declaration of Interests	-	Chair	-
3.	Minutes of meeting held in public – 28 <sup>th</sup> February 2013	For approval	Chair	3.1
4.	Action List / Matters Arising	For information	Chair	4.1
5.	i) Chair's Report ii) Chief Executive's Report iii) Medical Director's Report	For information For information For information	Chair Chief Executive Medical Director	5.1 5.2 5.3
<b>QUALITY / GOVERNANCE</b>				
6.	i) Patient Safety Walkround - Rheumatology	For information	Director of Finance	6.1
	ii) Quality Report	For information	Director of Governance	6.2
<b>PERFORMANCE</b>				
7.	Operational Performance & Clinical Practice Report	For information	Director of Operations & Clinical Practice	7.1
8.	Finance Report Month 11 2012/13	For information	Director of Finance	8.1
<b>CLOSING BUSINESS</b>				
9.	Any Other Business	-	-	-

## Board held in public

Thursday 28<sup>th</sup> February 2013  
1400 hrs, Lecture Hall, RNHRD

### Members Present

Peter Franklyn	Chair (PF)
Kirsty Matthews	Chief Executive Officer (KM)
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
	<b>The Chair welcomed all to the RNHRD NHS FT Trust Board of Directors meeting held in public.</b>	
<b>PM 02/13/1</b>	<p><b>Training : Mid Staffordshire Report</b></p> <p>The Chief Executive presented on the report on the Mid-Staffordshire NHS FT Public Enquiry chaired by Robert Francis QC published on 6<sup>th</sup> February 2013. This final report, building on the initial independent report published in February 2010, is extensive and makes 290 recommendations for change in the NHS as a whole.</p> <p>The Chief Executive presented a summary of the recommendations of the “Francis Report” and outlined the proposals on the initial actions to be taken by the trust in response to the report.</p> <p>The Director of Governance presented a document relating to governance in provider organisations. It focussed on the Trust Board’s responsibilities and enabled the RNHRD NHS FT Board to review the reporting process by which it receives assurance of high quality care together with recommendations to strengthen this assurance.</p> <p>The Chief Executive added that the next steps would be for the Director of Operations &amp; Clinical Care and the Medical Director to consider those recommendations relating to clinical staff, recruitment, training and the operational delivery of care and present a course of action to implement as required. Both internal and external responses to the recommendations will be presented to the Board.</p> <p><b>Action : Director of Operations &amp; Clinical Practice /Medical Director</b></p> <p>The Board <u>noted</u> the report and initial recommendations.</p>	<b>RM/AB</b>

**PM 02/13/2**

**Apologies for Absence**

Apologies were received from Dr A Bhalla, Medical Director.

**PM 02/13/3**

**Declarations of Interests**

No declarations of interests were received.

**PM 02/13/4**

**Minutes of Meeting held in public on 28<sup>th</sup> January 2013**

The minutes of 28<sup>th</sup> January 2013 meeting held in public were **approved**.

**PM 02/13/5**

**Action List / Matters Arising**

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

**PM 02/13/6**

**i) Chair's Report**

The Chair presented the report which included one item for approval:-

**Trust Board Annual Business Cycle 2013**

The Trust Board annual business cycle for 2013 was **approved**.

The Board **noted** the report.

**ii) CEO's Report**

The Chief Executive presented the report and highlighted:-

- The current position with regard to the closure of the neuro rehabilitation unit. The South West Specialist Commissioning Group have arranged to hold two public engagement consultation events where they will be describing the options for in and outpatient services after 1<sup>st</sup> April 2013.
- The link to the New Provider Licence document which describes the new tool with which Monitor will regulate providers of NHS services from 1<sup>st</sup> April 2013
- The regular Progress Review Meeting with Monitor which was held on 5<sup>th</sup> February 2013, part of a planned series of review meetings that commenced after the Trust was found to be in significant breach of its terms of Authorisation in May 2012
- The link to the full document on the Mid-Staffordshire enquiry published on 6<sup>th</sup> February 2013 which was referred to earlier in the meeting (agenda item 1)
- An update on the media exposure since the last Board meeting.

The Chief Executive added that the Acting Director of the South West Specialist Commissioning Group had attended the Council of Governors meeting on 25<sup>th</sup> February 2013 to describe the process that the specialist commissioning group were going through to re-provide the neuro rehabilitation services.

The Board **noted** the report.

**iii) Medical Director's Report**

The Board **noted** the report.

**PM 02/13/7**

**i) Patient Safety Walkround**

The Non-Executive Director presented the report. This had been discussed in detail at the January 2013 Board meeting due to the issues that had been flagged as a result of winter pressures and deemed to require immediate attention. The report was being presented for completeness and all the issues had been addressed.

It was noted on one point of accuracy that on page 2/2<sup>nd</sup> column/1<sup>st</sup> line replace no with non.

A Non-Executive Director wondered why the whistleblowing policy had not been used on this occasion. The Director of Governance explained that at the time an escalation process was in place and staff were comfortable in reporting their grievances through the incident reporting process which is noted and recorded in the Integrated Governance, Quality and Assurance

Committee meeting minutes presented later in the agenda (agenda item 11.1).

## ii) Quality Report

The Director of Governance presented the report and highlighted that for January 2013:-

- The trust met all the applicable national targets and indicators
- There were 2 serious untoward incidents in January 2013
- There were no serious complaints or new trends in complaints

The Chair questioned why there was no red RAG rating for the two serious untoward incidents that had occurred. The Director of Governance replied that this was due to the process of reporting to specific targets, targets which this particular incident did not relate to. It was further questioned as to why the incidents were classed differently in the Quality Report and the Operations Report. The Director of Operations & Clinical Practice explained that as a result of discussions with the PCT the Trust had been requested to reclassify the incidents in line with a revised reporting policy. In her view there was no underlying question over the Trust's high level of safe quality of care to all patients. A full root cause analysis had been completed on the incidents involving falls by patients and a number of recommendations had been implemented to help reduce the risk in the future.

The Board **noted** the report.

PM 02/13/8

## Operational Performance & Clinical Practice

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

- The staffing pressures which were identified and discussed in detail at the January 2013 Board meeting and the measures that have been implemented to manage the potential risk.
- The current position for average occupied beds in neuro rehabilitation
- No further transfers will be accepted from the RUH as a result of winter pressures
- Endoscopy delivered its planned activity in January 2013, however will not be able to recover its year end position
- An update on Rheumatology activity. In depth capacity planning is currently taking place.
- Sickness absence continues to be high and is being managed by managers and HR using the revised Sickness Absence policy
- As discussed earlier in the meeting, there were 2 falls in January 2013.

A Non-Executive Director raised a concern in relation to the decision taken at the January 2013 Board meeting with reference to the VACS report being monitored through the Integrated Governance, Quality and Assurance Committee (IGQAC) meetings. These meetings only take place once per quarter and it was felt that there was a potential timing issue. After discussion it was agreed that the Board will, once again, receive the VACS report every month.

### Action : Director of Operations & Clinical Practice

Discussions followed on follow up clinics and whether these should be continued throughout March 2013 as there was a potential risk of over performance which could result in financial penalty. The Chief Executive commented that although there is a significant financial exposure it is felt that such initiatives should continue to allow maximum patient benefit and experience. The Board **agreed** with this conclusion.

PM 02/13/9

## Finance Report Month 10 2012/13

The Director of Finance presented the report and highlighted the key points:-

- 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 cash balance at 31st January 2013 was £2,305k.
- The current forecast for the year-end is an income and expenditure deficit of £(646k) compared with a deficit of (708k) last month.
- The balance sheet for 31st January 2013 shows net current liabilities of £(827k) compared with the figure of £(946k) at 31st December 2012.
- The Trust continues to maintain a financial risk rating of 1 after the application of over-riding rules.

- Capital expenditure for the year to date was £361k.

One additional comment was noted in that the Q3 Monitor submission, approved at the January 2013 Board meeting, had had to be subsequently amended to reflect that the capital expenditure at that stage was in fact less than 75% of budgetary provision.

The Board **noted** the report and amendment to the Q3 Monitor submission.

**PM 02/13/10 Health & Safety Annual Report 2011/12**

The Director of Finance presented the report, which reflects the activity during 2011/12 which for various reasons had not been presented to the Board earlier. An extra section had been added to reflect progress since .

The Non-Executive Director for Health & Safety highlighted key points:-

- Fire and safety work continues with further training and appointments of fire marshals and wardens.
- Security is being reviewed regularly as the LSMS representative now attends the Health & Safety Committee meetings
- Legionella tests are carried out on a quarterly basis

The Board **noted** the report however commented on the timeliness of reporting to the Board in future

**PM 02/13/11 Integrated Governance, Assurance & Quality Minutes – 14<sup>th</sup> January 2013**

The Chair of the IGQAC meeting presented the minutes, however these were attached for completeness of reporting as a capping brief had been submitted by the responsible Non-Executive Director at the January 2013 Board meeting.

The Board **noted** the report.

**PM 02/13/12 Any Other Business**

The Chief Executive requested that the Board consider how best to acknowledge the closure of the neuro rehabilitation unit in a formal way. The options available were outlined and it was **agreed**, in conjunction with the governor representative, to hold an event with light refreshments, jointly hosted by the Trust Board and Governors. The Chief Executive will organise the arrangements.

**Action : Chief Executive**

**The next public meeting will be held on 20<sup>th</sup> March 2013**

**Agenda Item : 4.1**

TRUST BOARD held in Public ACTION LIST – 20<sup>th</sup> March 2013

Item	Action	Responsible	Action/Update
1.	<b>PM 02/13/8 : Operational Performance &amp; Clinical Practice</b> Board to receive the VACS report every month.	<b>Director of Operations &amp; Clinical Practice</b>	<b>Completed. Included in the Operational report</b>
2.	<b>PM 02/13/12 : Any Other Business</b> To arrange an event to acknowledge the closure of the neuro rehabilitation unit in a formal way.	<b>Chief Executive</b>	<b>Completed. Date of event 19<sup>th</sup> March 2013</b>

**Future Actions**

Item	Action	Responsible	Action/Update
1.	<b>PM 02/13/1 : Francis Report</b> Next steps to consider those recommendations relating to clinical staff, recruitment, training and the operational delivery of care and present a course of action to implement as required.	<b>Director of Operations &amp; Clinical Practice / Medical Director</b>	<b>June 2013</b>

<b>Title</b>	<b>CHAIR'S REPORT</b>
<b>Author</b>	<b>Peter Franklyn, Chair</b>
<b>Meeting</b>	<b>Trust Board, 20<sup>th</sup> March 2013</b>
<b>Appendices</b>	<b>Appendix 1 – Department of Health letter re Mid-Staffordshire Enquiry Report to Chairs Appendix 2 – Monitor Letter dated 11<sup>th</sup> March 2013 re Provider Licence</b>
<b>Review</b>	<b>n/a</b>
<b>Action Required</b>	<b>For Information</b>

### 1. Meetings

11 March      Lead Governor & 3 Council Sub-Committee Chairs  
12 March      Bath University Annual Court and Founder's Day Lecture

### 2. Quality/Patient Experience Agenda

14 March      Governors' Coffee Morning

### 3. Ensuring an Open NHS Culture

The attached letter (appendix 1) has been received from the Secretary of state for Health. Whilst addressed specifically to Chairs of all NHS and Foundation Trusts in England, his message is an important one and one on which I ask the Board to reflect carefully however well we may feel that the RNHRD already embraces the sentiments expressed.

### 4. Monitor's Regulatory Approach under the Provider Licence

Monitor has identified how they will address the granting of provider licences from 1 April 2013. Recognising that these will replace the current Trust terms of Authorisation, they outline in their attached letter (appendix 2) the particular arrangements they will be making for those Foundation Trusts which are expected to be in breach of their current terms of Authorisation on that date. Further specific details relating to the RNHRD are expected as outlined in the letter.

### 5. Council of Governors

There is currently an imbalance within the different constituencies that make up the Council of Governors, in particular the current shortfall in the number of Patient Governors means that the combination of Patient and Public Governors does not form a majority. Following advice from Monitor, the process of seeking candidates for the 5 vacant posts has commenced under the oversight of Electoral Reform Services (ERS). It is expected to complete in mid-May.

Peter Franklyn  
Chair RNHRD NHS Foundation Trust

**A G E N D A**

**EMG  
THURSDAY 7<sup>th</sup> March 2013  
1400 hrs  
In the  
BOARD ROOM**

			Paper
1.	Apologies	-	-
2.	Declarations of Interests	KM	-
3.	Minutes of the 24 <sup>th</sup> January 2013	KM	✓
4.	Action List and Matters Arising	KM	✓
5.	CEO Update		
	5.1 Transition	KM	-
	5.2 Mid Staffordshire Enquiry Presentation	KM	-
	5.3 Future of Outpatient Rehabilitation	KM	-
6.	Business Planning 2013/14	RM/RH	-
	6.1 Corporate Objectives 2013/14 – for comments		✓
	6.2 Business Process Timetable		✓
7.	Financial Update	RH	-
8.	Monthly Activity Report	RM	✓
9.	Contracts Update	RH	-
	9.1 Specialist Commissioning Update	HS/RH	-
10.	Workforce Report	MSp	✓
11.	Governance Report	HS	-
	11.1 Friends and Family Test Update	HS	✓
12.	Annual Report 2012/13 & Annual Report 2013/14 Process	HS	✓
13.	Commissioning Board Update	RM	-
14.	R&D Update	JC	✓
15.	EMG Terms of Reference for approval	KM	✓
16.	Any Other Business	-	-



**Executive Management Group  
Terms of Reference**

**1. Purpose**

To ensure co-ordination and oversight of the operational delivery of the organisation within the framework of an integrated governance structure, to be a forum for cross-trust challenge and debate regarding strategic and operational planning and performance.

**2. Objectives**

- To prepare the annual Business Plan, budget and organisational objectives for agreement by the Board of Directors.
- To implement the agreed plans and objectives as agreed by the Board of Directors.
- To develop the organisation's strategy in conjunction with the Board of Directors and take operational decisions to deliver the strategy.
- To ensure the implementation of a sound integrated governance framework throughout the organisation including clinical, corporate & information governance.
- To provide assurance to the Board of Directors, including developing and reviewing the assurance framework.
- To approve business cases and service developments.
- To make decisions regarding the corporate response to perceived and actual risks to the organisations.
- To ensure information from external meetings and organisations is cascaded and communicated appropriately.
- To ratify policies and procedures

**3. Authority**

The Executive Management Group is authorised by the Trust Board, to which it is accountable, to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Executive Management Group.

**4. Reporting and Assurance framework**

The agenda will include monthly reports as requested by the Chair on operational performance for the previous month from Finance, Human resources, Rheumatology, Neuro-rehabilitation, Pain and Chronic Fatigue, Clinical Support and Estates, Research & Development, Marketing & Communications and Clinical Measurement & Imaging.

**5. Membership**

**Core membership:**

Chief Executive (Chair)  
Director of Operations and Clinical Practice  
Finance Director  
Medical Director  
Director of Governance  
Clinical Leads  
General Managers  
Head of Human Resources  
Estates Manager  
Research & Development Manager  
Communications & Marketing Manager

If an invited member cannot attend, a suitable deputy may be nominated if agreed by the Chair.

Others may be invited to attend for relevant agenda items

#### **6. Attendance and Quorum**

A quorum shall be 4 core members, including 2 Directors.

The Chief Executive's PA will provide administrative support to the meeting.

An annual audit will be carried out to monitor attendance and reporting arrangements and effectiveness of the group

#### **7. Meetings**

The meeting will be held on a monthly basis on a Thursday afternoon 2 weeks prior to the Board meeting.

The meeting will last approximately 3 hours

Agenda items and papers must be forwarded to the Chief Executive's PA by the Monday prior to the meeting.

#### **8. Inputs**

Updates as required from: Operational/Professional meetings, Departmental Management meetings. Capital Planning Group and Emergency Preparedness group, updates from Board and Council of Governors.

#### **9. Outputs**

Agenda of monthly EMG to be attached to CEO Board report

#### **10. Review**

As Chair of the committee, the Chief Executive is ultimately responsible for ensuring that the committee carries out its responsibilities as outlined in the terms of reference.

The Terms of Reference shall be reviewed annually and ratified by the Trust Board.

Date Terms of Reference agreed : 7<sup>th</sup> March 2013

Date ratified by Trust Board :

**Date to be reviewed : March 2014**

<b>Title</b>	<b>CHIEF EXECUTIVE REPORT</b>
<b>Author</b>	<b>Kirsty Matthews, Chief Executive</b>
<b>Meeting</b>	<b>Trust Board, 20<sup>th</sup> March 2013</b>
<b>Appendices</b>	<b>Appendix 1 : EMG Agenda – 7<sup>th</sup> March 2013</b> <b>Appendix 2 : EMG Terms of Reference</b>
<b>Review</b>	<b>n/a</b>
<b>Action Required</b>	<b>For Information / For approval</b>

### 1. Update on Neuro Rehabilitation

- Chief Executive attended the commissioners engagement events held on Friday 8<sup>th</sup> March in Bath and Friday 15<sup>th</sup> March 2013 in Taunton.
- A document has been submitted to the Wellbeing Policy & Development Scrutiny Panel to support the agenda item “Neuro-Rehabilitation Services (2hrs) – Specialised Commissioning Team. The RNHRD Chief Executive and the RUH Chief Executive are requested to be at the meeting” being held on 22nd March 2013

### 2. RNHRD Update

#### **2.1 RNHRD Executive Management Group (EMG)**

The agenda for the March 2013 EMG meeting is attached as appendix 1. The terms of reference were discussed and agreed at this meeting and are attached as appendix 2 for approval by the Board.

### 3. National Update

#### **3.1 Results of the 2012 NHS Staff Survey Published**

The results of the 2012 NHS staff survey were published at the end of February 2013. A total of 202,000 NHS staff were invited to participate by postal questionnaire. Responses were received from 101,000 staff, a response rate of 50 percent (compared to 53.7 percent in 2010). Our local report was received on 13<sup>th</sup> March 2013 and an update will be provided the April 2013 Board.

For further information go to: <http://www.dh.gov.uk/health/2013/02/staff-survey-2012/>

#### **3.2 Building a Culture of Compassionate Care – the Friends and Family Test**

Seeking and acting on patient feedback is key to improving the quality of healthcare services and putting patients at the centre of everything we do. From 1 April 2013, all patients in acute inpatient hospital wards and A&E departments across the country must be offered the opportunity to complete a Friends and Family Test (FFT). The test supports the 6Cs of ‘Compassionate Care’ – the three-year vision and strategy for nursing, midwifery and care staff.

The Director of Governance presented a paper at the March 2013 Executive Management Group and will provide an update to the Board in April 2013.

For more information, go to: <http://cno.dh.gov.uk/2013/02/27/building-a-culture-of-compassionate-care-the-friends-and-family-test-2/>

#### 4. Communications, Marketing & Fundraising Update

##### Media Summary 20<sup>th</sup> Feb – Mid March 2013

Location	Activity	Content	Date
Bath Chronicle	1 article paper and online	Two meetings to be held to allow people to have their say on neuro rehab changes at the RNHRD. Findings to be presented to council scrutiny on March 22 <sup>nd</sup> .	26 <sup>th</sup> Feb
Bath Chronicle	1 article online*	People had their say on RNHRD neuro changes at a public meeting held by B&NES/commissioners. Findings to be presented to scrutiny on 22 <sup>nd</sup> March. Spokesperson quoted – views will inform preferred options.	7 <sup>th</sup> March

- Staff e-newsletter distributed

#### Neuro

- Letters re service closure and next steps distributed to
  - Current inpatients
  - Existing outpatients
  - Referrers
- Following clinical review -preparing PCT/service specific letters to distribute to
  - Outpatients
  - GPs

Kirsty Matthews  
Chief Executive  
13/03/2013

<b>Title</b>	<b>Medical Director's Report</b>
<b>Author</b>	<b>Dr Ashok Bhalla, Medical Director</b>
<b>Meeting</b>	<b>Trust Board Meeting – 20<sup>th</sup> March 2013</b>
<b>Sponsor</b>	<b>n/a</b>
<b>Appendices</b>	<b>None</b>
<b>Review</b>	<b>n/a</b>
<b>Action Required</b>	<b>For information</b>

### **1. Senior Medical Staff**

As both the Associate Specialist and Consultant in Neuro Rehabilitation will shortly be leaving the Trust, the Locum Consultant has agreed to join the consultants on call rota as of 01<sup>st</sup> April 2013, to maintain the rota at 1:7.

### **2. Revalidation**

The Medical Director and Lead for Education attended a Medical Appraisal Training day, arranged by the Royal United Hospital, on 26<sup>th</sup> February 2013. Medical Appraisers play an important role within the revalidation process and to support consultants in this key role the RUH commissioned training to ensure the national requirements to undertake the role are met.

From April 2013, future Responsible Officer networking meetings will be combined with the NHS Medical Directors Forum, led by Nigel Acheson as Regional Medical Director for NHS Commissioning Board (South).

A new guide has been published by the GMC. 'Effective Governance to Support Medical Revalidation' is a handbook for Boards and governing bodies to help them assess if their organisations have strong enough systems in place to support quality patient care and revalidation. A copy of the handbook is available on request.

### **3. Employer Based Awards (EBA)**

The MD attended the Decision Making Committee being held 25 February 2013. There were no RNHRD awards allocated, but a further call will be made shortly to launch the 2012 round.

### **4. Additional clinics to replace those lost due to adverse weather conditions**

The MD would like to formally record his thanks to the consultants and trainees who have undertaken additional outpatient clinics enabling those patients, who were unable to travel due to the snow, to be reviewed.

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: <b>Rheumatology</b>	<b>Lead area representative: Ward Manager</b> Walk round carried out by: <b>Director of Finance</b>
Date: 13 February	Format of walk round: Details of where and discussions with whom: <b>The Rheumatology ward areas, including discussions with colleagues and patients.</b>
Time: 10:30 -11:30	
Report completed by: Ward Manager	Distribution: <b>Matron, Operational General Manager, and the Trust Board</b>

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.	No actions from 2 July walkabout.				
2.	The wards and corridors areas appeared cluttered with equipment and wheelchairs. Equipment needs to be on the ward and plugged in, the patients' wheelchairs need to be accessible. There does not seem to be an area where these can be stored away from the patient area.	<b>To identify an area where equipment and wheelchairs can be stored away from patients, staff and visitors</b>	<b>Band 6 nurse and Patient Safety Co-ordinator</b>	<b>31/03/2013</b>	

#	PATIENT SAFETY ISSUE IDENTIFIED / DISCUSSED	ACTION REQUIRED	ACTION OWNER	PLANNED COMPLETION DATE	ACTION COMPLETE?
3.	Dirty Linen trolley observed to have been temporarily left in patient wash area.	To remind staff to keep dirty linen trolley in sluice.	Band 6 nurse, Infection Control Coordinator, and Patient Safety Co-ordinator	31/03/2013	
	PATIENT'S STORY				
	<p>1. Talked to a female patient who has spent 3 days on the ward under the care of Rheumatologists. She stated that the care was very good and the ward very clean, and that having a clean ward was very important to her. No complaints or concerns.</p> <p>2. Patient who has been on the ward since January 13: She was settled on the ward but was very tearful after telling us she had missed an assessment appointment because of miscommunication. This patient had been moved around the inpatient ward areas x 3 and this has been unsettling. She was happy with her general care.</p>	<p>The assessment appointment has been re-arranged.</p> <p>The 3 moves were investigated to be for patient safety reasons.</p>			
	SAFEGUARDING QUESTIONS TO ASK STAFF	RESPONSE			
1.	Have you attended Safeguarding Adults training and or Safeguarding Children training?	<p>1 x HCA asked: yes she is up to date with both Adult and Child safeguarding, face to face and e-learning.</p> <p>1 x Staff Nurse: yes up to date although she is due for an update; has been informed by the Learning &amp; Development team.</p>			

#	PATIENT SAFETY ISSUE IDENTIFIED / DISCUSSED	ACTION REQUIRED	ACTION OWNER	PLANNED COMPLETION DATE	ACTION COMPLETE?
2.	Can you tell me what you think your responsibilities are with regards to safeguarding patients and members of the public from abuse?	<b>1 x HCA: to identify concerns and escalate to team and safeguarding team.</b> <b>1 x Staff Nurse: assessments should identify concerns, then she would escalate through the team and safeguarding team.</b>			
<p><b>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.</b></p> <p><b>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.</b></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?	<b>2 x falls with harm resulting in January 2013, fractured neck of femur. Root cause analysis completed and lessons learnt which focussed on communications from referring hospital.</b> <b>1 x fall no adverse event recorded, investigation undertaken and staff reminded of 1:1 specialising requirements</b>			
2	Are there any patient safety issues you would like to raise?	No			
3	Would you be happy for a member of your family to be treated in this area?	Yes			



**Title:** Compliance Framework<sup>1</sup> Performance February 2013.

**Author:** Hayley Sewell, Director of Governance

**Meeting:** Trust Board, March 2013

**Action Required:** For information

- 1. Compliance Framework National Targets and Pilot Metrics - In February 2013;**
- the trust met all the applicable national targets and indicators for acute trusts detailed in Monitor's Compliance Framework 2012/13<sup>1</sup>.
  - there were no serious untoward incidents, serious complaints or new trends in complaints in February 2013.

**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	Feb 2013	YTD	RAG YTD
<b>Safety</b>						
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	
<b>Patient Experience</b>						
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	98.17%	97.90%	
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	92%	1.0	Quarterly	96.84%	98.26%	
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	
<b>Pilot metrics and standards introduced from Q3 2012-13</b>						
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	

**References:** 1. Compliance Framework, Monitor, March 2012

**Title:** OPERATIONAL PERFORMANCE & CLINICAL PRACTICE REPORT  
**Author:** Rayna McDonald, Director of Operations & Clinical Practice  
**Meeting:** Trust Board Meeting – 20<sup>th</sup> March 2013  
**Appendix:** Appendix 1 : Vital Aspects of Care 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.

## Neuro-rehabilitation

In February an average of 5 occupied beds was achieved against an original plan of 10 and a revised plan to take into account the anticipated impact of closure of 4; the year-to-date position is currently 485 occupied bed-days below plan.

Currently there are 2 patients with 1 discharge confirmed for the 11<sup>th</sup> March. The final patient does not have a confirmed discharge date at time of writing, however, a number of meetings are in place to determine discharge prior to closure of the unit.

48% of staff have been redeployed (13/03/13), many staff are still having interviews and the HR team continues to support individuals in the redeployment process.

## Endoscopy

Referrals have returned to the previous levels; however, two sessions were cancelled due to a failure of mains water and with three sessions cancelled for annual leave the activity for February was below plan. The endoscopy service will not be able to recover its year-end position and will be below plan by approximately 200 scopes.

## Rheumatology

Outpatient activity has been above plan for February. The number of overdue follow-ups remains constant at approximately 300 patients; additional clinics are continuing.

Capacity planning for 2013/14 has been undertaken and information is required from the PCT/CCG regarding the proposed impact of demand management schemes to ensure appropriate planning to meet any potential capacity gaps.

## Workforce

### HR KPIs (Feb)

HR KPI's	Target	Jan	Feb	Flag	Rolling YTD*
Induction attendance (%)	100	100	50	Green	100
CRB % completed before start date (%)	100	100	100	Green	100
Sickness rolling year to date (%)	4	5.02	4.98*	Red	4.98
Of which short term absence %		85.71	100*		n/a
Of which long term absence %		14.29	0*		n/a
Personal development Plans (%)	80	72.97	72.46	Amber	72.97

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

Induction attendance – Only two new employees were scheduled to attend, Finance have requested that their new employee attends at a later date due to financial year end. Employee asked to provide evidence of Mand/Stat training from previous NHS Trust and Manager to complete Induction Card.

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

Information has now been received from NHS employers advising of a number of changes to Agenda for Change that will be implemented from April 1<sup>st</sup> 2013. The key changes are:

- Incremental pay increases to be linked to achievement of objectives
- Alternative pay arrangements for senior staff (band 8C and above)
- Reducing the costs of sickness absences by ensuring that pay during sickness absence is paid at basic salary level for the majority of staff.

Implementation of these initial changes should contribute to ensuring that the national pay and conditions will remain sustainable for the future, fit for purpose, fair to staff and will continue to be used by NHS organisations.

### **Patient Safety**

There have been no patient safety adverse events in February 2013; in addition there have been no concerns in maintaining appropriate staffing levels.

### **Clinical Practice**

The VACS report for quarter 4 second month (February) is attached as appendix 1.

The action plan which is updated monthly details actions for February 2013. March 2013 data have not been verified at the time of this report as this is a live audit. Neuro VAPs report for February has not been included in this report.

During the first 2/3 of quarter 4 (January and February 2013) the VACS data have shown that the domain overall scores are above targets for nursing. The results are within target for the quarter. There have been no issues for Learning Disabilities, Dementia, or Safeguarding detected through the audit. No patients were sectioned for mental health reasons in this quarter.

Following the closure of the Neuro-rehabilitation Unit there will be no further VAPs, HDU, YPNR or Cambridge ward reports and the audit will reflect this.

### **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.

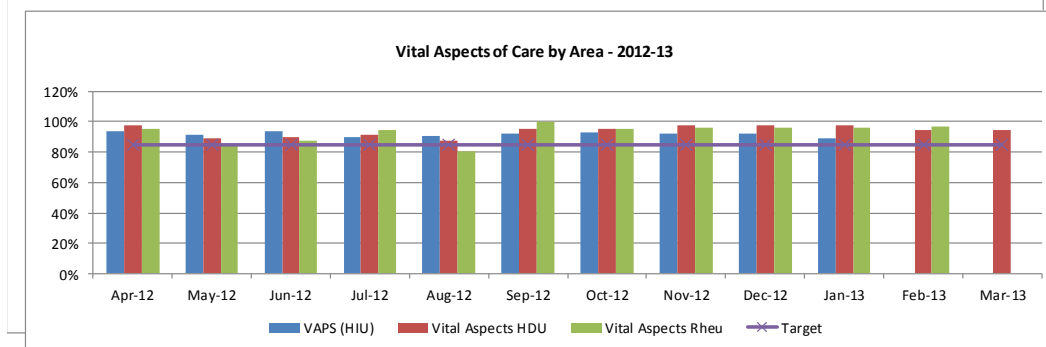
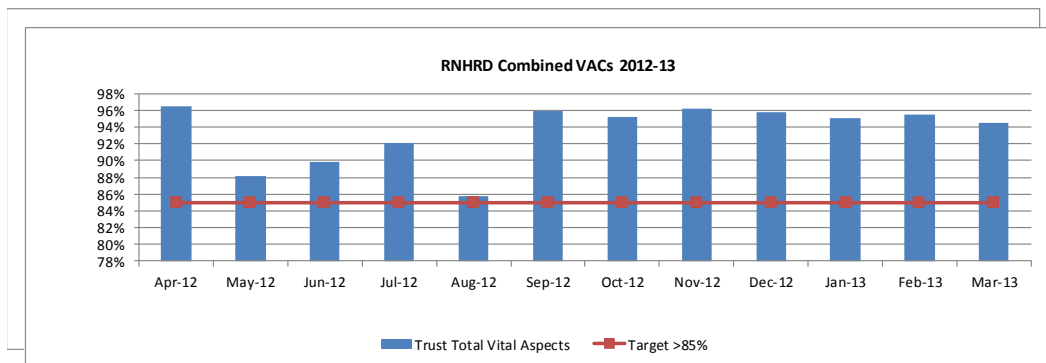
## Appendix 1

### Vital Aspects of Care

March 2013 Action Plan				
Domain	Areas	Action	Responsible person	Completion Date
Outstanding actions from February 2013				
Communication	VAP	The recent changes to the unit and announcement of its closure in March has resulted in reduced requirement for formal ward meetings. This is expected to continue to be the case until closure therefore no action is to be taken. The Physios have participated in liaising with commissioners regarding referrals to OPD and inpatient referrals.	Head of Nursing	Not applicable.
Assessment of patient needs	VAP	To ensure that there is a verbal handover of care for all new patients from the referring team to BNRS staff.	Head of Nursing	Not applicable.
Peripheral Venous Cannula (PVC)	YPNR	No blood transfusions or IV cannulas in situ. Action: Continue to monitor monthly.	Ward Manager	Completed
Communication	Rheumatology and Neuro-rehab	The Neuro unit will be closed from end of March 2013. Therefore staff are being redeployed and there have been extra service demands on staff with extra patients from the RUH on VP ward. The wards have not been able to undertake ward meetings at least every 8 weeks. Currently, important information is being communicated to staff following handover sessions. Also, in light of developments, Neuro-rehab is undergoing 1:1 consultations in Feb 2013.	Ward Manager	31/03/2013
Management	Nursing staff	Nurses have been given their skills/ competency passports.	Ward Manager	Completed
Challenging Behaviour	YPNR and VP	1 patient requires 1:1 specialising for behavioural issues, aggression and impulsivity and patient safety. 1 patient on VP requires specialising for patient safety.	Ward Manager	Completed
Mental Health	YPNR and VP	Neuro: 1 patient possibly has dementia. VP: 1 patient has dementia. No Deprivation of Liberty orders on patients or sections under the Mental Health Act.	Ward Manager	Completed
Medicines	YPNR and VP	Patients' charts are being monitored and actions completed via the consultant. VP requires a prescription audit. This is in process.	Ward Manager and Consultant and 6 nurse for VP, Matron for VP	31/03/2013

**Trust Overall Summary - Vital Aspects of Care**

	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
<b>RNHRD Vital Aspects</b>	97%	88%	90%	92%	86%	96%	95%	96%	96%	95%	96%	94%
<b>HDU Combined</b>	100%	95%	97%	96%	96%	96%	98%	99%	Ward not in use	Ward not in use	Ward not in use	Ward not in use
<b>HDU Questionnaires</b>	100%	86%	86%	83%	85%	86%	90%	95%	Ward not in use	Ward not in use	Ward not in use	Ward not in use
<b>YPNR Combined</b>	96%	95%	92%	93%	93%	99%	99%	99%	99%	99%	98%	98%
<b>YPNR Questionnaires</b>	95%	81%	86%	94%	76%	100%	95%	95%	95%	95%	90%	90%
<b>HDU Vital Aspects</b>	98%	89%	90%	92%	87%	95%	96%	97%	97%	97%	94%	94%
<b>VAPS (HIU)</b>	93%	92%	94%	90%	90%	92%	93%	92%	92%	89%		
<b>VP Combined</b>	96%	88%	89%	94%	84%	99%	96%	97%	97%	97%	97%	
<b>VP Questionnaires</b>	95%	81%	86%	94%	76%	100%	95%	95%	95%	95%	96%	
<b>Rheu Vital Aspects</b>	96%	84%	87%	94%	80%	100%	95%	96%	96%	96%	97%	



Risk Rating	VACs (Nursing)	VAPs (Physio Neuro)
Low	85%+	85%+
Medium	75-84%	75-84%
High	Below 75%	Below 75%

Trust Scorecard

Domain	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	YTD (avge)
<b>Matrons</b>													
Questions	97%	83%	86%	90%	79%	95%	93%	95%	95%	95%	93%	90%	91%
<b>Record Keeping</b>													
	99%	100%	99%	100%	96%	99%	99%	100%	100%	95%	100%	100%	99%
<b>Self Care</b>													
	84%	78%	78%	78%	100%	100%	99%	100%	98%	100%	100%	100%	93%
<b>Privacy &amp; Dignity</b>													
	98%	100%	91%	99%	100%	99%	99%	98%	98%	95%	100%	100%	98%
<b>Elimination</b>													
	90%	100%	83%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%
<b>Personal</b>													
	100%	100%	95%	98%	100%	100%	100%	100%	100%	100%	100%	100%	99%
<b>Safety</b>													
	100%	100%	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Infection Control</b>													
	94%	100%	94%	97%	97%	99%	99%	98%	99%	100%	100%	100%	98%
<b>Tissue Viability</b>													
	100%	96%	100%	96%	100%	100%	100%	100%	100%	100%	100%	100%	99%
<b>Nutrition</b>													
	100%	96%	96%	82%	96%	100%	100%	100%	98%	100%	100%	100%	97%
<b>Communication</b>													
	100%	94%	97%	100%	97%	83%	97%	97%	96%	96%	92%	92%	95%
<b>Mental Health</b>													
		100%	100%				100%	100%	100%	100%	100%	100%	100%
<b>Medicines</b>													
	99%	100%	93%	92%	94%	95%	96%	100%	100%	99%	98%	100%	97%
<b>Challenging Behaviour</b>													
	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%
<b>Safeguarding Adults</b>													
	80%	77%	83%	87%	80%	100%	100%	100%	100%	99%	100%	100%	92%
<b>Falls</b>													
	100%	100%	100%	100%	88%	100%	100%	100%	100%	100%	100%	100%	99%
<b>Tracheostomy</b>													
<b>Record Keeping on Admission</b>													
	93%	95%	100%	99%	100%	99%	100%	100%	99%	100%	100%	100%	99%
<b>VTE</b>													
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>EWS</b>													
	99%	100%	77%	100%	73%	100%	100%	100%	100%	100%	100%	100%	96%
<b>Safeguarding Children</b>													
	100%	67%	89%	100%	100%	100%	100%	100%	100%	100%	100%	100%	96%
<b>Learning Disabilities</b>													
			100%						100%	100%			100%
<b>Training</b>													
	92%	55%	62%	78%	67%	95%	92%	98%	96%	100%	100%	100%	86%
<b>Lead Roles</b>													
	100%	96%	96%	96%	96%	96%	96%	100%	100%	100%	100%	100%	98%
<b>Combined</b>													
	97%	93%	93%	94%	91%	98%	98%	98%	98%	98%	98%	98%	96%
<b>HDU Vital Aspects</b>													
	98%	89%	90%	92%	87%	95%	96%	97%	97%	97%	94%	94%	94%
<b>Rheu Vital Aspects</b>													
	96%	84%	87%	94%	80%	100%	95%	96%	96%	96%	97%		93%
<b>VAPs (HIU)</b>													
	93%	92%	94%	90%	90%	92%	93%	92%	92%	89%			92%
<b>Vital Aspects</b>													
<b>Total</b>	97%	88%	90%	92%	86%	96%	95%	96%	96%	95%	96%	94%	93%

Risk Rating	VACs (Nursing)	VAPs (Physio Neuro)
Low	85%+	85%+
Medium	75-84%	75-84%
High	Below 75%	Below 75%

**Adverse Harm Events 2012-13**

Event	Info. Source	Total for Year 2011/12	No. of days since last incidence	Total for Q1	Total for Q2	Total for Q3	Total for Q4	Feb 2013	YTD 12/13 total
<b>Total no. events</b>	Adverse events tool	<b>18</b>	<b>15</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>8</b>
<b>Adverse Events Summary</b>									
MRSA bloodstream infections	Audit	0	2066	0	0	0	0	0	0
C Diff infection	Audit	4	23	1	0	0	0	0	1
No. patients with catheter	Audit	34	15	14	11	11	7	2	43
No. patients with catheter infection		9		2	0	0	1	1	3
Pressure Ulcers Grade 2-4 RNHRD acquired	Audit	1	577	0	0	0	0	0	0
Patient Falls with adverse event	DATIX reports	0	38	1	0	0	2	0	3
Medication errors with adverse events	DATIX reports	0	1328	0	0	0	0	0	0
Blood transfusion adverse event	DATIX reports	0	1328	0	0	0	0	0	0
Transfer to acute care within 72 hours admission	WebTrak	4	268	1	0	0	0	0	1
DVT or PE following admission	DATIX reports	0	367	0	0	0	0	0	0
Unexpected deaths	WebTrak	0	638	0	0	0	0	0	0

<b>Title</b>	<b>: Month 11 2012/13 Finance Report</b>
<b>Author of Document</b>	<b>: Rachel Hepworth, Director of Finance</b>
<b>Meeting</b>	<b>: The Finance &amp; Activity Committee, 18<sup>th</sup> March 2013</b>
<b>Action Required</b>	<b>: For information</b>
<b>Summary of Document</b>	<b>: To update the Finance &amp; Activity Committee on the financial position of the Trust for the year to February 2013.</b>

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## **SUMMARY NOTE**

This paper summarises the financial position of the Trust for the eleven months to February 2013.

The key points to note are as follows:

- (i) The income and expenditure position for the Trust to February 2013 shows a deficit of £(357k) compared to a planned deficit of £(31k) giving a year to date variance of £(326k) under plan.
- (ii) The cash balance at 28<sup>th</sup> February 2013 was £2,154k.
- (iii) The forecast for the year-end deficit is the same as reported last month £(646k).
- (iv) The balance sheet for 28<sup>th</sup> February 2013 shows net current liabilities of £(839k) compared with the figure of £(827k) at 31<sup>st</sup> January 2013. The balance sheet is provided at Appendix 4.
- (v) The debtor's position now stands at £941k (£1,070k at 31<sup>st</sup> January 2013) with creditors at £2,030k (£2,527k at 31<sup>st</sup> January 2013). 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 £342k, of which £113k was donated. The capital programme is shown at Appendix 6.

The Finance & Activity Committee 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 £(102k) below plan in month. Pain Management, Neuro Rehabilitation and AS Residential Patients continue to show an underperformance.

Overall Rheumatology is £54k above plan in month. Although the majority of the services are under plan this is offset by a significant overperformance in Outpatients of £105k in month.

Rheumatology Inpatient activity includes £19k income relating to the non-recurring Winter Pressures for February. The total income included to date for these Winter Pressures is £51k, this figure is not included in the budget.

Pain Management was below plan by £(90k) this month compared with £(139k) in January 2013.

Neuro Rehabilitation was below plan by £(86k) in month compared with £(52k) last month as expected the adverse variance is increasing due to the closure of the service at the end of this financial year.

#### **1.1.2 Private Patient Income**

Private patient income (Appendix 7) year to date is below plan by £(56k). The in month activity for Pain Management was £7k but has been reduced to £(2k) due to an adjustment for a sales ledger credit note relating to 2011-12 income.

#### **1.1.3 Education, Training and Research**

Continuing to show an over-recovery of income giving a favourable variance of £129k to date. It is still envisaged that income for the year will be above plan as provided in Appendix 1.

#### **1.1.3 Other Income**

As at February 2013 other income is £(179k) below plan for the year to date. This category includes the new Late Effects invoice schedule to offset expenditure costs where the budget is phased from September 2012 onwards. Appendix 2 reflects the current position but does not include a reduction in income for underperformance on inpatient beddays. We are in negotiation with Christies and Barts to reduce their allocation to offset this credit.

## **1.2 Expenditure**

### **1.2.1 Pay Expenditure**

A service line breakdown is provided in Appendix 2.

The £580k underspend includes £153k relating to savings made from vacancies during the development and recruitment process in the Late Effects and MacMillan Step-Up Services.

The other main contributors to the under spend are Neuro Rehab £155k, Pain Management £88k and CRPS £115k.

As the Waiting List Initiative has no budget allocation all expenditure contributes to the overspend, £(100k) year to date.

Other variances are spread across various service lines the highest over spends relating to Rheumatology £(32k) and Research & Development £63k.

### **1.2.2 Non-Pay Expenditure**

Non-pay expenditure has moved £(13k) in month to show a year to date overspend of £(219k). Trends continue with Rheumatology Inpatients showing £63k favourable variance year to date and higher adverse variances in Research and Development £(30k) and Other £(58k). Finance includes the consultancy fees for transition contributing to the £(155k) year to date adverse variance to date.

## **1.3 Forecast**

As at February 2013 the full year forecast for the Trust continues to show a deficit of £(646k).

The Private Patient income forecast includes a reduction against pain management of £9k relating to a credit note we have raised in March 2013 against prior year activity.

The forecast assumes the Neuro Rehabilitation service will close on 31<sup>st</sup> March 2013 with an average bed occupancy of 1 in March 2013.

In Rheumatology the forecast includes Inpatient activity of 15 against planned 22 for March 2013 and AS Residential Patients activity of 6 instead of 15 planned for the same period.

Activity in Pain Management is assumed to under-perform by £(263k) across the year compared with £(240k) reported last month. This is based on income to date and patients booked in March 2013.

Endoscopy forecast is 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 12 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 February 2013 totalled £342k, relating to MacMillan Parry ward, roof upgrade and IT equipment. An adjustment was made in month to revise the total expenditure on Parry Ward which had been overaccrued.

## **2.2 Cash**

The cash balance at the end of February 2013 was £2,154k.

## **2.3 Debtors and Creditors**

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

NHS Trade debtors decreased by £123k in February, mainly due to the payment by the National Specialised Commissioning Team (London) of a debt of £168k. Overall the Welsh NHS debt stands at £116k at February 2013, a small increase of £17k. Aneurin Bevan Trust is still investigating the post-June 2011 balance £(45k).

NHS Trade creditors decreased by £339k, mainly due to a reduction in month on in the balance owed to the RUH and Non-NHS Trade creditors decreased by £111k.

Appendix 1

**INCOME & EXPENDITURE ACCOUNT**  
FOR THE PERIOD ENDING 28 February 2013

Favourable Variance + \ Adverse Variance (-)

	Month 11 Actual £'000	Month 11 Budget £'000	Month 11 Variance £'000	YTD Actual £'000	YTD Budget £'000	YTD Variance £'000	Month 12 Forecast £'000	Annual Budget £'000	Forecast Variance £'000	Forecast at Month 10 £'000
<b>INCOME</b>										
PCTs	844	946	( 102)	9,767	10,355	( 589)	10,470	11,303	( 833)	10,481
Private patient	10	20	( 10)	139	194	( 56)	139	200	( 61)	132
Education, training & research	120	111	9	1,356	1,226	129	1,467	1,338	129	1,459
Other income	111	131	( 20)	848	1,026	( 179)	877	1,157	( 280)	840
Additional funding	173	173	( 0)	1,903	1,908	( 5)	2,081	2,081	0	2,081
sub total	<b>1,257</b>	<b>1,381</b>	<b>( 124)</b>	<b>14,012</b>	<b>14,710</b>	<b>( 698)</b>	<b>15,035</b>	<b>16,079</b>	<b>( 1,044)</b>	<b>14,993</b>
PBR excluded drugs	459	458	1	5,251	5,042	209	5,491	5,500	( 9)	5,491
<b>Total income</b>	<b>1,716</b>	<b>1,840</b>	<b>( 124)</b>	<b>19,263</b>	<b>19,752</b>	<b>( 489)</b>	<b>20,525</b>	<b>21,579</b>	<b>( 1,053)</b>	<b>20,484</b>
<b>EXPENDITURE</b>										
Pay expenditure	953	977	24	10,168	10,747	580	11,102	11,725	624	11,069
Non-pay expenditure	320	307	( 13)	3,637	3,419	( 219)	3,967	3,726	( 240)	3,958
sub total	<b>1,273</b>	<b>1,284</b>	<b>11</b>	<b>13,805</b>	<b>14,166</b>	<b>361</b>	<b>15,069</b>	<b>15,452</b>	<b>383</b>	<b>15,027</b>
PBR excluded drugs	459	458	( 1)	5,251	5,042	( 209)	5,491	5,500	9	5,491
<b>Total expenditure</b>	<b>1,732</b>	<b>1,743</b>	<b>10</b>	<b>19,056</b>	<b>19,208</b>	<b>152</b>	<b>20,559</b>	<b>20,952</b>	<b>392</b>	<b>20,518</b>
EBITDA	( 16)	97	( 113)	207	544	( 337)	( 34)	627	( 661)	( 34)
Depreciation	( 36)	( 37)	1	( 387)	( 403)	17	( 422)	( 440)	18	( 422)
Interest receivable	1	0	1	5	0	5	2	0	2	2
Dividend payments on PDC	( 16)	( 16)	( 0)	( 182)	( 171)	( 11)	( 192)	( 187)	( 5)	( 192)
<b>Total surplus/(deficit)</b>	<b>( 67)</b>	<b>45</b>	<b>( 112)</b>	<b>( 357)</b>	<b>( 31)</b>	<b>( 326)</b>	<b>( 646)</b>	<b>( 0)</b>	<b>( 646)</b>	<b>( 646)</b>

Appendix 2

ANALYSIS OF PAY EXPENDITURE  
FOR THE PERIOD ENDING 28 February 2013

	Month 11 Actual £'000	Month 11 Budget £'000	Month 11 Variance £'000	YTD Actual £'000	YTD Budget £'000	YTD Variance £'000	Month 12 Forecast £'000	Annual budget £'000	Forecast Variance £'000	Forecast at Month 10 £'000
Neuro Rehabilitation	166	197	32	2,015	2,170	155	2,180	2,367	187	2,165
Rheumatology	281	271	(10)	3,013	2,982	(32)	3,294	3,253	(50)	3,316
Pain Management Dept	53	62	9	597	685	88	650	748	98	650
CFS Adults	15	14	(2)	171	149	(22)	186	162	(24)	190
Macmillan Step Up Services	9	8	(2)	63	83	20	72	91	19	69
CFS Paeds	26	26	0	247	287	40	272	313	40	275
CFS	50	47	(3)	480	519	38	531	566	35	534
CRPS	19	15	(3)	187	169	(18)	205	185	(21)	204
Late Effects	20	24	3	126	259	133	150	282	132	150
CRPS	39	39	0	313	428	115	355	467	112	354
Clin Measurement Dept	9	15	6	157	169	12	171	185	14	180
Porters/Stores/Switch Dpt	19	22	3	228	243	15	247	265	18	250
Catering Dept	15	16	1	165	180	15	180	196	16	177
Domestic Dept	25	30	5	289	333	44	315	363	48	310
Facilities Dept	9	9	0	98	102	3	107	111	4	107
Human Resources Dept	22	22	(1)	208	240	32	230	262	32	233
Governance Dept	11	11	0	119	120	2	130	131	1	133
Patient Sec.Services	18	22	4	207	240	33	225	262	37	233
Medical Records Dept	9	12	3	109	127	18	120	138	18	120
IT + Computer Dept	20	22	2	250	247	(3)	278	269	(9)	278
Finance Dept	18	25	7	256	270	14	276	295	19	276
Research & Development	72	42	(30)	524	461	(63)	567	503	(64)	534
Other	117	112	(5)	1,140	1,232	93	1,245	1,345	100	1,219
<b>Total expenditure</b>	<b>953</b>	<b>977</b>	<b>24</b>	<b>10,168</b>	<b>10,747</b>	<b>580</b>	<b>11,102</b>	<b>11,725</b>	<b>616</b>	<b>11,069</b>

Appendix 3

**ANALYSIS OF NON-PAY EXPENDITURE  
FOR THE PERIOD ENDING 28 February 2013**

	Month 11 Actual £'000	Month 11 Budget £'000	Month 11 Variance £'000	YTD Actual £'000	YTD Budget £'000	YTD Variance £'000	Month 12 Forecast £'000	Annual budget £'000	Forecast Variance £'000	Forecast at Month 10 £'000
Neurology Inpatients	8	11	2	137	124	(13)	150	136	(14)	150
Rheumatology Inpats	5	11	6	62	125	63	70	136	66	70
Rheumatology - Orthotics	7	6	(2)	63	65	2	67	70	3	67
Diagnostic Dept	7	7	0	85	85	0	94	93	(1)	94
Pain Management Dept	1	2	1	12	21	9	14	22	8	14
Rheumatology Services	55	46	(9)	552	513	(39)	595	559	(36)	595
Medical Contracts	53	49	(4)	579	536	(44)	635	584	(51)	635
Facilities Dept	46	46	0	519	508	(11)	558	553	(5)	558
Human Resources Dept	4	5	1	33	53	19	34	57	23	34
Patient Transport	5	6	0	52	64	12	55	70	15	55
Executive	3	5	2	50	52	2	55	57	2	55
IT + Computer Dept	9	14	5	131	155	24	146	169	23	146
Finance Dept	30	21	(9)	390	235	(155)	402	256	(146)	402
Total Other	62	56	(6)	687	630	(58)	775	686	(88)	771
<b>Non Pay</b>	<b>320</b>	<b>307</b>	<b>(13)</b>	<b>3,637</b>	<b>3,419</b>	<b>(219)</b>	<b>3,967</b>	<b>3,726</b>	<b>(240)</b>	<b>3,958</b>

## Appendix 4

### BALANCE SHEET AS AT 28 February 2013

	31 Mar 2012	28 Feb 2013	Movement	31 Jan 2013	31 Mar 2013 Forecast
	£'000	£'000	£'000	£'000	£'000
<b>Fixed Assets</b>					
Intangible	126	81	(3)	84	82
Tangible	7,162	7,161	(52)	7,213	7,256
<b>Total Fixed Assets</b>	<b>7,288</b>	<b>7,242</b>	<b>(55)</b>	<b>7,297</b>	<b>7,338</b>
<b>Current Assets</b>					
Stock	44	44	0	44	44
NHS Trade Debtors	1,589	557	(123)	680	533
Provision for Irrecoverable Debt	(138)	(194)	0	(194)	(194)
Other Prepayments and Accrued Income	204	921	(235)	1,156	1,112
Other Debtors	208	384	(6)	390	287
Cash at Bank *	690	2,154	(151)	2,305	461
<b>Total Current Assets</b>	<b>2,597</b>	<b>3,866</b>	<b>(515)</b>	<b>4,381</b>	<b>2,243</b>
<b>Total Assets</b>	<b>9,885</b>	<b>11,108</b>	<b>(570)</b>	<b>11,678</b>	<b>9,581</b>
<b>Current Liabilities</b>					
NHS Trade Creditors	(1,307)	(470)	339	(809)	(609)
Non-NHS Trade Creditors - Revenue	(1,212)	(1,128)	111	(1,239)	(786)
Non-NHS Trade Creditors - Capital	(27)	0	0	0	0
PDC Dividend Creditor	(9)	(82)	(16)	(66)	(3)
Other Creditors	(249)	(432)	47	(479)	(1,239)
Payments Received on Account	(0)	(739)	0	(739)	0
Accruals and Deferred Income - transitional support	0	(897)	173	(1,070)	0
Accruals and Deferred Income	(299)	(957)	(151)	(806)	(646)
<b>Total Current Liabilities</b>	<b>(3,103)</b>	<b>(4,705)</b>	<b>503</b>	<b>(5,208)</b>	<b>(3,283)</b>
<b>Non Current Liabilities</b>					
Trade and other payables	(22)	0	0	0	(15)
Provisions	(15)	(15)	0	(15)	(32)
Deferred Income	(32)	(32)	0	(32)	0
<b>Total Non Current Liabilities</b>	<b>(69)</b>	<b>(47)</b>	<b>0</b>	<b>(47)</b>	<b>(47)</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>6,713</b>	<b>6,356</b>	<b>(67)</b>	<b>6,423</b>	<b>6,250</b>
<b>TAXPAYERS' EQUITY</b>					
PDC	6,015	6,015	0	6,015	6,015
Retained I & E Surplus	(249)	(249)	0	(249)	(249)
YTD I & E Surplus	0	(357)	(67)	(290)	(463)
Revaluation Reserve	947	947	0	947	947
<b>TOTAL TAXPAYERS' EQUITY</b>	<b>6,713</b>	<b>6,356</b>	<b>(67)</b>	<b>6,423</b>	<b>6,250</b>

## Appendix 5

### 2012-13 Capital Plan

#### CAPITAL FUNDING AVAILABLE

	2012/13 £000	2012/13 £000	Variance	2012/13 £000
	Actual	Budget		
- From Depreciation	229.0	440.0	211.0	440.0
- NHS South West Project Funding	17.0	0.0	-17.0	0.0
- Macmillan	32.0	54.0	22.0	54.0
- Charitable Funds	64.0	268.0	204.0	268.0
	342.0	762.0	420.0	762.0

#### CAPITAL EXPENDITURE

	M11 YTD			Future in Year	Year End Forecast			
	Actual £000	Budget £000	Variance £000		Commitme £000	Actual £000	Budget £000	Variance £000
<b>General IM&amp;T</b>								
Replacement PC's	69.4	45.0	-24.4	2.6	72.0	45.0	-27.0	
Windows Upgrade	0.0	27.0	27.0	5.3	5.3	30.0	24.7	
EPR Developments	0.0	18.0	18.0	18.3	18.3	20.0	1.7	
Back-up servers	0.0	13.5	13.5	15.0	15.0	15.0	0.0	
Printers	0.0	4.5	4.5	5.0	5.0	5.0	0.0	
Server	4.4	4.5	0.1	5.0	9.4	5.0	-4.4	
DATIX upgrade	0.0	4.5	4.5	0.0	0.0	5.0	5.0	
	<b>73.8</b>	<b>117.0</b>	<b>43.2</b>	<b>51.2</b>	<b>125.0</b>	<b>125.0</b>	<b>0.0</b>	
<b>Building &amp; Maintenance</b>								
Refresh	0.0	0.0	0.0	25.0	25.0	250.0	225.0	
Macmillan Step Down Service / Parry Ward	75.4	0.0	-75.4	0.0	75.4	54.0	-21.4	
Lightening Conductor	1.1	50.0	48.9	0.0	1.1	50.0	48.9	
Refridgerant (R22)	0.0	11.9	11.9	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	22.7	22.7	10.0	10.0	25.0	15.0	
HTM Compliance (Sink Replacement)	0.0	9.2	9.2	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	9.2	-12.7	0.0	21.9	10.0	-11.9	
Roof	90.4	35.0	-55.4	6.9	97.3	20.0	-77.3	
CFS	33.0	0.0	-33.0	0.0	33.0	20.0	-13.0	
	<b>221.8</b>	<b>163.0</b>	<b>-25.8</b>	<b>56.1</b>	<b>277.9</b>	<b>477.0</b>	<b>199.1</b>	
<b>Medical Equipment</b>								
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	
	<b>8.7</b>	<b>82.0</b>	<b>73.3</b>	<b>0.0</b>	<b>8.7</b>	<b>166.0</b>	<b>157.3</b>	
<b>Other Schemes</b>								
Nurse Call System	0.0	45.8	45.8	0.0	0.0	50.0	50.0	
PACS replacement (10% contribution to RUH)	0.0	45.8	45.8	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	37.7	0.0	-37.7	0.0	37.7	0.0	-37.7	
	<b>37.7</b>	<b>91.7</b>	<b>54.0</b>	<b>5.0</b>	<b>42.7</b>	<b>100.0</b>	<b>57.3</b>	
<b>TOTAL</b>	<b>342.0</b>	<b>453.7</b>	<b>144.7</b>	<b>112.3</b>	<b>454.3</b>	<b>868.0</b>	<b>413.7</b>	



## Appendix 6

### Top Ten Debtors as at 28-02-13

Customer	0 - 30	31 - 60	61 - 90	91 - 180	181 - 360	361+	Total Debtors
1 WILTSHIRE PCT	0.0	0.0	0.0	157.0	0.0	0.0	157.0
2 WELSH ORGANISATIONS	31.3	0.2	1.1	7.2	51.8	24.3	115.9
3 BATH AND NORTH EAST SOMERSET PCT	3.6	0.5	0.0	78.4	0.0	0.0	82.5
4 NHS HEALTH SCOTLAND	13.7	0.0	0.0	9.5	30.8	-5.9	48.1
5 PFIZER LTD 5500	37.7	0.0	0.0	0.0	0.0	0.0	37.7
6 BRISTOL PCT	32.1	0.0	0.0	0.0	0.0	1.8	34.0
7 ROYAL UNITED HOSPITAL BATH NHS TRUST	4.1	0.0	0.0	11.3	13.5	0.0	28.9
8 NATIONAL SPECIALISED COMMISSIONING TEAM (LOND)	27.9	0.0	0.0	0.0	0.0	0.0	27.9
9 HEREFORDSHIRE PCT	7.5	0.0	5.3	10.3	0.0	0.0	23.1
10 RAYNAUDS&SCLERODERMA ASSOCIATION	21.9	0.0	0.0	0.0	0.0	0.0	21.9
	179.8	0.7	6.5	273.6	96.2	20.2	576.9
<b>Others</b>							
NHS	174.7	1.8	4.5	-3.7	7.5	10.9	195.7
NON NHS	94.1	19.2	1.2	18.4	16.9	18.4	168.4
<b>TOTAL at 28-02-13</b>	<b>448.7</b>	<b>21.7</b>	<b>12.2</b>	<b>288.4</b>	<b>120.6</b>	<b>49.5</b>	<b>941.0</b>
% at 28-02-13	48%	2%	1%	31%	13%	5%	100%
<b>TOTAL at 31-01-13</b>	<b>556.0</b>	<b>17.8</b>	<b>130.7</b>	<b>200.6</b>	<b>118.7</b>	<b>47.3</b>	<b>1071.0</b>
% at 31-01-13	52%	2%	12%	19%	11%	4%	100%
<b>TOTAL at 31-12-12</b>	<b>332.1</b>	<b>156.2</b>	<b>61.9</b>	<b>175.7</b>	<b>115.2</b>	<b>40.1</b>	<b>881.2</b>
% at 30-12-12	38%	18%	7%	20%	13%	5%	100%
<b>TOTAL at 30-11-12</b>	<b>485.0</b>	<b>140.9</b>	<b>137.7</b>	<b>164.0</b>	<b>113.9</b>	<b>13.5</b>	<b>1055.0</b>
% at 30-11-12	46%	13%	13%	16%	11%	1%	100%
<b>TOTAL at 31-10-12</b>	<b>690.0</b>	<b>196.5</b>	<b>80.4</b>	<b>169.0</b>	<b>108.7</b>	<b>-0.6</b>	<b>1244.0</b>
% at 31-10-12	55%	16%	6%	14%	9%	0%	100%
<b>TOTAL at 30-09-12</b>	<b>666.4</b>	<b>87.9</b>	<b>78.2</b>	<b>175.9</b>	<b>100.1</b>	<b>-13.5</b>	<b>1095.0</b>
% at 30-09-12	61%	8%	7%	16%	9%	-1%	100%
<b>TOTAL at 31-08-12</b>	<b>710.6</b>	<b>94.8</b>	<b>36.4</b>	<b>134.6</b>	<b>96.5</b>	<b>-4.5</b>	<b>1068.4</b>
% at 31-08-12	67%	9%	3%	13%	9%	0%	100%
<b>TOTAL at 31-07-12</b>	<b>2155.1</b>	<b>134.2</b>	<b>60.7</b>	<b>72.4</b>	<b>109.1</b>	<b>129.1</b>	<b>2660.6</b>
% at 31-07-12	81%	5%	2%	3%	4%	5%	100%
<b>TOTAL at 30-06-12</b>	<b>624.7</b>	<b>228.1</b>	<b>42.5</b>	<b>64.4</b>	<b>109.7</b>	<b>99.1</b>	<b>1168.5</b>
% at 30-06-12	53%	20%	4%	6%	9%	8%	100%
<b>TOTAL at 31-05-12</b>	<b>1039.5</b>	<b>59.3</b>	<b>26.1</b>	<b>138.1</b>	<b>129.6</b>	<b>102.5</b>	<b>1495.1</b>
% at 31-05-12	70%	4%	2%	9%	9%	7%	100%
<b>TOTAL at 30-04-12</b>	<b>383.0</b>	<b>101.0</b>	<b>82.0</b>	<b>84.1</b>	<b>126.1</b>	<b>93.8</b>	<b>870.0</b>
% at 30-04-12	44%	12%	9%	10%	14%	11%	100%

## Appendix 7

### Top 10 Creditors as at 28-02-2013

	Supplier	0 - 30	31 - 60	61 - 90	91 - 180	181 - 360	361+	Total Creditors
1	HEALTHCARE AT HOME LTD	375.3	0.0	0.0	0.0	0.0	0.0	375.3
2	ROYAL UNITED HOSPITAL BATH NHS TRUST	65.0	175.2	39.2	28.3	10.0	0.0	317.8
3	BUPA HOME HEALTHCARE LTD	20.6	4.3	0.1	42.2	0.0	0.0	67.3
4	BATH INSTITUTE FOR RHEUMATIC DISEASES TRADING LTD	13.8	43.4	1.4	1.7	0.0	0.4	60.7
5	GREAT WESTERN AMBULANCE SERVICE NHS TRUST	0.0	20.7	0.0	32.7	0.0	0.0	53.4
6	UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST	7.9	7.9	7.9	18.5	0.0	0.0	42.2
7	HEALTH COMMISSION FOR WALES	0.0	0.0	0.0	0.0	0.0	41.7	41.7
8	IONET SYSTEMS LTD	0.1	26.2	0.0	0.0	0.0	0.0	26.3
9	SOMERSET PARTNERSHIP NHS FOUNDATION TRUST	24.9	0.0	0.0	0.0	0.0	0.0	24.9
10	UNIVERSITY OF BATH	0.0	4.1	0.0	20.3	0.0	0.0	24.4
		507.6	281.9	48.6	143.8	10.0	42.0	1034.0
	OTHERS	96.3	59.1	-2.3	35.5	-4.8	2.3	185.9
	PAY EXPENDITURE	365.6	0.0	0.0	0.0	0.0	0.0	365.6
	ACCRUED EXPENDITURE	444.4	0.0	0.0	0.0	0.0	0.0	444.4
	<b>TOTAL at 28/02/2013</b>	<b>1413.9</b>	<b>341.0</b>	<b>46.3</b>	<b>179.2</b>	<b>5.2</b>	<b>44.3</b>	<b>2030.0</b>
	% at 28-02-13	70%	17%	2%	9%	0%	2%	100%
	<b>TOTAL at 31/01/2013</b>	<b>1565.5</b>	<b>704.1</b>	<b>115.4</b>	<b>82.0</b>	<b>18.6</b>	<b>41.4</b>	<b>2527.0</b>
	% 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%
	<b>TOTAL at 30/11/2012</b>	<b>994.3</b>	<b>157.9</b>	<b>130.6</b>	<b>181.5</b>	<b>467.1</b>	<b>45.5</b>	<b>1977.0</b>
	% 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%
	<b>TOTAL at 30/09/2012</b>	<b>1666.7</b>	<b>104.0</b>	<b>559.6</b>	<b>98.2</b>	<b>44.7</b>	<b>43.9</b>	<b>2517.2</b>
	% at 30-09-12	66%	4%	22%	4%	2%	2%	100%
	<b>TOTAL at 31/08/2012</b>	<b>1045.7</b>	<b>638.2</b>	<b>70.4</b>	<b>78.4</b>	<b>40.5</b>	<b>53.6</b>	<b>1926.9</b>
	% at 31-08-12	54%	33%	4%	4%	2%	3%	100%
	<b>TOTAL at 31/07/2012</b>	<b>743.3</b>	<b>296.5</b>	<b>64.1</b>	<b>168.5</b>	<b>24.5</b>	<b>61.7</b>	<b>1358.5</b>
	% at 31-07-12	55%	22%	5%	12%	2%	5%	100%
	<b>TOTAL at 30/06/2012</b>	<b>1312.7</b>	<b>279.4</b>	<b>83.8</b>	<b>402.7</b>	<b>21.5</b>	<b>70.9</b>	<b>2171.0</b>
	% at 30-06-12	60%	13%	4%	19%	1%	3%	100%
	<b>TOTAL at 31/05/2012</b>	<b>923.0</b>	<b>404.4</b>	<b>368.4</b>	<b>66.1</b>	<b>27.1</b>	<b>65.9</b>	<b>1855.0</b>
	% at 31-05-12	50%	22%	20%	4%	1%	4%	100%
	<b>TOTAL at 30/04/2012</b>	<b>1273.0</b>	<b>326.3</b>	<b>77.2</b>	<b>21.1</b>	<b>32.5</b>	<b>59.9</b>	<b>1790.0</b>
	% at 30-04-12	71%	18%	4%	1%	2%	3%	100%