AGENDA

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

The next meeting of the Royal National Hospital of Rheumatic Diseases NHS Foundation Trust Board to be held in Public will be on Friday 24th May 2013 at 1030 hrs to be held in the RNHRD Lecture Hall

		Action	Person	Paper
OPENING BUSINESS				
1.	Training : Infection Control	-	Infection Control Co-ordinator / DIPC	-
2.	Apologies for Absence	-	Chair	-
3.	Declaration of Interests	-	Chair	-
4.	Minutes of meeting held in public – 25th April 2013	For approval	Chair	4.1
5.	Action List / Matters Arising	For information	Chair	5.1
6.	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	6.1 6.2 6.3
QUALITY / GOVERNANCE				
7.	i) Patient Safety Walkround – Outpatients ii) Quality Report	For information For information	Director of Operations & Clinical Practice Director of Governance	7.1 7.2
PERFORMANCE				
8.	Operational Performance & Clinical Practice Report	For information	Director of Operations & Clinical Practice	8.1
9.	Finance Report Month 01 2013/14	For information	Director of Finance	9.1
CORPORATE / REGULATORY				
10.	HR Strategy 2013/14	For information	Head of HR	10.1
11.	IM&T Strategy 2013/14	For information	Director of Finance	11.1
12.	Estates Strategy 2013/14	For information	Direcotor of Finance	12.1
13.	Integrated Governance, Quality & Assurance Committee Minutes and Capping Report – 18th April 2013	For information	Chair of IGQAC / NED	13.1
14.	Remuneration Committee Annual Report	For information	Chair Remuneration Committee	14.1
CLOSING BUSINESS				
15.	Any Other Business	-	-	-
	CONFIDENTIAL ISSUES : The Foundation Trust Board of Directors will be asked to consider the following resolution: 'That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest' (Section 1(2) Public Bodies (Admission to Meetings) Act 1960). Items in the private part of the meeting are either commercial in confidence or relate to individual staff and patients.			

Agenda Item : 4.1

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

Minutes of the Trust Board

Board held in public

Thursday 25th April 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

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

PM 04/13/1 **Training - 15 Step Guidance to Walkrounds**

The Director of Operations & Clinical Practice presented a new initiative developed by the NHS Institute for Innovation and Improvement. The 15 Steps Challenge is a toolkit to help trusts gain a better understanding of how patients feel about the care they provide. The Challenge focuses on seeing the ward through a patient's eyes. A 15 Steps Challenge Team, consisting of a patient/carer, a staff member and a Board member, walk onto the ward and take note of their first impressions.

Although this will not replace the current walkrounds in place within the Trust, a degree of flexibility will be maintained to be able to incorporate parts of the initiative.

The next steps were described; these would include a first visit.

PM 04/13/2 **Apologies for Absence**

No apologies were received.

PM 04/13/3 **Declarations of Interests**

There were no declarations of interests.

PM 04/13/4 **Minutes of Meeting Held in Public – 20th March 2013**

The minutes of 20th March 2013 meeting held in public were **approved** subject to a slight amendment to page 2, 2nd bullet change "where" to "were".

PM 04/13/5 **Action List / Matters Arising**

The action list was **noted**.

PM 04/13/6 **i) Chair's Report**

The Chair presented the report and highlighted:-

- The outcome of the dialogue with Monitor over enforcement undertakings in connection with the granting of the Trust's Provider Licence. Action is now complete and undertakings have been agreed.
- The process in train to elect a new Lead Governor
- The outcome of the Remuneration Committee's report to the Council of Governors on Non-Executive Directors remuneration; to remain unchanged.

The Board **noted** the report.

ii) Chief Executive's Report
The Chief Executive presented the report and highlighted:-

- Confirmation of the closure date of the neuro rehabilitation unit and reference to the discussions at the Wellbeing Policy Development and Scrutiny Committee on 22nd March 2013. A copy of the letter sent to the Secretary of State published in the local media is attached together with a link to the full minutes of the meeting
- The Executive Management Group agenda.
- The current activity within NHS England including links to all documents mentioned
- The current activity within Monitor including the issue of Provider Licences to all foundation trust hospitals
- The Department of Health document "Patients First and Foremost" which is an initial response to the Mid-Staffordshire Enquiry.
- The communications update describing the media activity from 23rd March 2013 to 21st April 2013.

Noting this, the Chair indicated that it would be helpful to provide a plan diagram to help better understand the new NHS structure that had come into effect from 1st April 2013. **KM**
Action : Chief Executive

A Non-Executive Director requested a process for media articles to be circulated to those Board members that live outside the local area. The Chief Executive took the action to organise a system to keep the Board updated. **KM**
Action : Chief Executive

The Chair asked if the Trust was considering a voluntary audit in relation to organisational compliance with the Data Protection Act 1998. The Director of Governance advised that this will be discussed at the next Information Governance & Strategy Committee, however pointed out that the Trust already has external audits from NHSLA and CQC inspections regarding records management and that to date no incident of significant information loss had occurred.

The Board **noted** the report.

iii) Medical Director's Report
The Medical Director presented the report and highlighted:-

- Acknowledgment of the senior medical staff who had received awards
- The progress in job planning review
- The Trust is on track in the revalidation process.

The Chair commented that it was good news regarding the medical staff awards and well done to those concerned.

The Board **noted** the report.

PM 04/13/7 **i) Patient Safety Walkround**

Adult Chronic Fatigue Services (CFS) – 17th April 2013

This walkround was conducted by the Chief Executive. A revised document was tabled which included the patient story. It was noted that to reflect the reduction in in-patient beds and to recognise a different model of working the patient walkround now embraces other areas of the trust that had not been included before. Adult CFS is not a physical ward inspection and as a result time was spent with the CFS team who provide the service. The specific point raised on the nurse call system is being managed by the Patient Safety Co-ordinator. The patient group spoke positively in terms of the service being provided, however one issue that was identified was signage. In terms of safeguarding, all training was up to date and there was a clear awareness of responsibilities.

A Non-Executive Director highlighted the fact that signage had been identified in other walkround reports as an issue within the Trust. The Chief Executive explained that in CFS this issue had now been rectified.

The Board **noted** the report.

ii) Q4 Quality Report

The Director of Governance presented the report and highlighted:-

- In Q4 the Trust met all the applicable national targets and indicators
- There were no serious incidents, complaints or trends in complaints in March 2013
- The Patient Experience report captures all formal written complaints for Q4; there were 7 new written complaints across all areas of the Trust. In PALS there was an increase in complaints due to patients not being able to access the appointments office by telephone.
- The Executive Directors completed an assessment against the CQC essential standards of quality and safety for Q4 declaring full compliance in all areas.
- The graph that compares the number of written complaints in 2012/13 compared to 2011/12. In total this year the Trust had 17 complaints which were all responded to within the timescale.

The Chair commented that the issue of not being able to access appointments continues to come up. The Medical Director pointed out that there was a new problem created by a new system to reduce the number of those who did not attend appointments (DNAs) which in turn had created more telephone calls. The Director of Governance reported that this issue had been discussed at the Integrated Governance, Quality and Assurance Committee.

HS

A Non-Executive Director pointed out that there appears to be a spike in complaints in Q4 of 2012/13 and it would be more appropriate to categorise the complaints by risk grade. The Director of Governance agreed with this approach.

Action : Director of Governance

The Chair was encouraged to see that an Internal Audit had endorsed the evidence submitted for the self-assessed compliance CQC Essential Standards of Quality and Safety.

The Board **noted** the report.

iii) Inpatient Survey 2012 Results

The Director of Governance presented the report which outlines the results for the 2012 Inpatient Survey. This survey was conducted on patients from late summer/early autumn of 2012. Overall the Trust performed better than last year. All areas performed well, however an action plan will be developed to

address priority areas identified for improvement. These will be monitored by the Integrated Governance, Quality & Assurance Committee.

The results were shared with senior managers through the Executive Management Group and with staff through the CEO briefing as well as being communicated with Governors through the draft 2012/13 Quality Report.

The Board **noted** the report.

iv) Changes to the Constitution

The Director of Governance presented the report which outlined a summary of the changes to the Trust's Model Constitution. This was as a result of Monitor publishing an updated Model Core Constitution which reflects the legislative changes to be implemented by the Health & Social Care Act 2012, effective from 1st October 2012. The Board were asked to approve these changes as described in the report.

The Board **approved** the changes to the RNHRD's Model Constitution.

v) Provider Licence Update

The Director of Governance presented a report that describes the new Provider Licence for all foundation trusts that came into effect from 1st April 2013. Any trust that was in significant breach of their terms of authorisation are now likely to be in breach of their licence. As discussed earlier in the meeting the Chair had agreed certain enforcement undertakings with the Regulator on behalf of the Board to reflect the RNHRD's current position. A copy of the licence is displayed in the hospital's entrance hall.

The Board **noted** the report.

PM 04/13/8 **Operational Performance & Clinical Practice Report**

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

- The closure of the neuro rehabilitation unit with inpatients and outpatients being discharged appropriately. A review of the space on the 2nd floor is currently underway.
- In terms of activity Rheumatology outpatients significantly exceeded plan for follow ups and were slightly below for new appointments
- Sickness rates have improved in March 2013, however the year end figure is significantly higher than anticipated. The Trust has volunteered to be part of a Department of Health and NHS employers project for 2013/14 to reduce sickness levels, and this will be a priority for 2013/14.
- There were no adverse events in March 2013. There has been a significant decrease in the year in terms of adverse events which reflects the on-going development in the work the clinical teams have done in relation to minimising risks to patients
- The VACs report indicates no area showing red or amber however an action plan has still been developed to focus on improved communications.

The Chief Executive wished to highlight a point of clarity in the report in terms of the neuro rehabilitation unit; the outpatients and GPs receiving a letter are patients in current care pathways. A second phase review is underway incorporating those patients who had contact with the service in the past but were not awaiting appointments or follow up.

The Non-Executive Director representing R&D reported that at the last R&D Committee meeting concern was raised on the distribution of the equipment/furniture from the neuro rehabilitation unit as R&D would like to put forward a proposal on both space and equipment. The Chief Executive

confirmed that a robust and fair process was in place to redistribute the equipment and this had also been noted at the last Executive Management Group.

The Chair commented that the follow up appointments in Rheumatology had increased. The Director of Operations & Clinical Practice replied that the waiting list initiative was on-going and demand capacity planning is underway.

A Non-Executive Director acknowledged and congratulated the clinical team for the improvement in adverse events and the considerable amount of hard work that takes place to achieve this result.

A Non-Executive Director asked if there was an underlying factor in the number of patient falls reported. The Director of Operations & Clinical Practice assured the Board that these occurred in different circumstances and were unrelated, involving high risk patients. Root Cause Analysis had taken place and recommendations implemented following the falls.

The Board **noted** the report.

PM 04/13/9 Finance Report Month 12 2012/13

The Director of Finance presented the report and highlighted:-

- This report is based on the draft accounts which will be audited over the course of May 2013
- On the above basis the year end position will be a surplus of £923k; this included additional income received from the PCT.
- The cash balance at 31st March 2013 was £2.1m with a high level of debtors and creditors

The Board **noted** the report.

PM 04/13/10 Corporate Objectives 2013/14

The Chief Executive presented the proposed 2013/14 corporate objectives which will form part of developing the Annual Plan for 2013/14. It was noted that a significant addition to this year's objectives was R&D. The Board were asked to approve the Trust's corporate objectives for 2013/14.

The Board **approved** the Corporate Objectives for 2013/14 with two slight amendments:-

- Under Governance change last bullet to read "Comply with…"
- Under Finance add to 1st bullet, 3rd point "and accurate" forecasting.

PM 04/13/11 Monitor Q4 Submission

This document had been reviewed at the recent Finance & Activity Committee meeting where clarification was sought in relation to the governance declaration. The Director of Governance advised, that as a result of a conversation with Monitor, the declaration had been amended and a revised document tabled.

The Board **approved** the Monitor Q4 submission with the amendment as discussed.

PM 04/13/12 Any Other Business

Governors – Lead Governor

The Governors and Board wished to express their appreciation and thanks for all the hard work that Judy Coles, Lead Governor had done during a most difficult and challenging time. The process to recruit a successor was underway.

The next public meeting will be held on 24th May 2013

Agenda Item : 5.1

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

TRUST BOARD held in Public ACTION LIST – 24th May 2013

Item	Action	Responsible	Action/Update
1.	**PM 04/13/6 : Chief Executive's Report** Provide a plan diagram to help better understand the new NHS structure that had come into effect from 1st April 2013	**Chief Executive**	**To be circulated to the Board outside of meeting.**
2.	**PM 04/13/6 : Chief Executive's Report** Organise a system to keep the Board updated on media articles.	**Chief Executive**	**Completed. Head of Communications to issue media articles ahead of publication**
3.	**PM 04/13/7 : Quality Report** Complaints report category word "risk" to be added to title grade in table.	**Director of Governance**	**To be incorporated into the next quarterly report.**

Future Actions

Item	Action	Responsible	Action/Update
1.	**PM 02/13/1 : Francis Report** 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.	**Director of Operations & Clinical Practice / Medical Director**	**June 2013**
2.	**PM 03/13/9 : Any Other Business** Presentation on Risk Assesment Framework	**Non-Executive Director / Director of Governance**	**TBC. Monitor have advised "The Revised Compliance Framework for 2013/14 will apply for Foundation Trusts up until the Risk Assessment Framework comes into effect later this year"**

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

Title	**CHAIR'S REPORT**
Author	**Peter Franklyn, Chair**
Meeting	**Trust Board, 24th May 2013**
Appendices	**n/a**
Review	**n/a**
Action Required	**For Information**

1. Meetings

29 April	Brian Stables – Chair RUH
7 May	Don Foster MP
7 May	Council of Governors sub-committee Chairs
23 May	Council of Governors - Meeting and Seminar

2. Monitor's Regulatory Approach under the provider licence

Monitor has identified how they will address the granting of provider licences from 1 April 2013. Monitor's view is that the circumstances which gave rise to the Trust's status of being in significant breach of its terms of Authorisation could give rise also to breaches of its Provider Licence. After representations the Trust has agreed certain formal Proposed Enforcement Undertakings in relation to the relevant licence conditions. The first step is that the Trust will by 30 June 2013 develop and submit to Monitor a Statement of Strategic Intent (SSI) for addressing the financial issues leading to the Trust's non-compliance with its Licence. In developing the SSI the Trust will engage with and take into account fully the views of key stakeholders including its commissioners and ensure that it considers all credible options identifying a preferred strategic option.

3. Council of Governors

Lead Governor
Following the Lead Governor indicating her wish to step down from the duties of Lead Governor after 2 years in the post a process has been underway to elect a successor. One nomination has been received and this will be put to the Council of Governors for ratification at their meeting on 23 May.

4. Patient Governors

The recruitment process to enlist up to 5 more Patient Governors has resulted in the nomination of one candidate who, subject to the required checks will join the Council. A second recruiting round is underway, has been widely publicised, will run for longer under outside scrutiny and is hoped to yield more candidates.

5. Remuneration

The Remuneration committee met to consider the remuneration of the Chief Executive and other Directors on 25 April. A separate report has been provided to the Board.

Peter Franklyn
Chair RNHRD NHS Foundation Trust

16 May 2013

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

AGENDA

EMG
THURSDAY 16th May 2013
1400 hrs
In the
BOARD ROOM

			Paper
1.	Apologies	-	-
2.	Declarations of Interests	KM	-
3.	Minutes of meeting on 18th April 2013	KM	√
4.	Action List and Matters Arising	KM	√
5.	CEO Update 5.1 Strategic Update 5.2 New meeting Structure 5.3 Health Education Funding 5.4 Specialised Commissioning Update	KM	 - √ - -
6.	Finance 6.1 Financial Update 6.2 Description of financial position of Trust 6.3 Contracts Update	RH	 - - -
7.	Operational Report 7.1 Monthly Activity Report 7.2 X-Ray Machine 7.3 Space Review – 2nd Phase 7.4 Major incident Event Training 7.5 Resourcing over Xmas and New Year Period 7.6 NHS Leadership Academy Programme Launch 7.1 Independent Oversight of NHS and DofH Investigations into matters relating to Jimmy Savile	RM	 To follow - - - - - -
8.	HR Strategy	MSp	√
9.	IM&T Strategy	RH	To follow
10.	Estates Strategy	MSo	To follow
11.	Fire Action Cards Update	MSo	√
12.	Governance 12.1 CQC Essential Standards Evidence Files	HS	 √
13.	Annual Report 2012/13 & Annual Report 2013/14 Process Update	HS/EM	-
14.	Any Other Business	-	-

Agenda Item : 6.3

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

Title	**MEDICAL DIRECTOR'S REPORT**
Author	**Dr Ashok Bhalla, Medical Director**
Meeting	**Trust Board Meeting – 24th May 2013**
Sponsor	**n/a**
Appendices	**None**
Review	**n/a**
Action Required	**For information**

1. Organisational Readiness for the Revalidation of Doctors

All the doctors have been appraised and the Revalidation Support Team (RST) has been provided with the ORSA (organisational readiness self-assessment) end of year questionnaire. A copy of this report is available on request. All appraises will be asked to complete a questionnaire about their appraisal; the results of which will be anonymised and made available to the Responsible Officer and the Medical Director. This is a requirement from the RST.

The Responsible Officer and the Medical Director are satisfied that processes and procedures are in place to ensure that all medical practitioners providing care on behalf of the Trust have met the relevant registration and revalidation requirements.

2. Locum Consultant Rheumatologist

Due to the departure of the Associate Specialist, and the cost of waiting list initiative clinics, it was decided that a Locum Consultant appointment could be made for six months with possibility of further extension. The job description has been approved and HR is in the process of advertising the post. It is anticipated that the appointment will significantly help with activity to enable us to discontinue waiting list initiative clinics.

3. Outcome Measures

From June 2013 we will be trialling ipads in the Outpatient Waiting Area which will allow patients to complete questionnaires designed to examine outcomes in rheumatology. This process is currently undergoing a trial at Swindon. This is at no cost to the Trust as funding was sought externally.

Dr Ashok Bhalla
Medical Director

Agenda Item : 7.1

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: Out-patients	**Lead area representative:** Senior Nurse and Team Leader **Walk round carried out by:** Director of Operations & Clinical Practice, Matron and area lead
Date: 10 May 2013	**Format of walk round: Details of where and discussions with whom**: The Outpatients areas, including discussions with colleagues and patients.
Time: 10.00am	
Report completed by: Director of Operations & Clinical Practice	**Distribution:** The Director of Operations & Clinical Practice, the Operational General Manager, and 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.	**Confidentiality issues in the main waiting area; a clinic room is not always available. Blood pressure is checked in the waiting room as there is no other area. Staff do not speak the result, it is written on paper for the patient.**	Room 5 to be used when possible, Redesign of area discussed, to help increase confidentiality	Team Leader OPD	July 2013	
	Clutter in the foyer is a safety issue. There are a number of stands, a book trolley, wheelchairs, a large board with out-of-date information, display boards on the table which are probably unsafe.	De clutter entrance area, meeting to review options	Team Leader OPD	31st May 2013	

#	PATIENT SAFETY ISSUE IDENTIFIED / DISCUSSED	ACTION REQUIRED	ACTION OWNER	PLANNED COMPLETION DATE	ACTION COMPLETE?
3.	**A number of cleaning issues were raised including** • **Waste bin in the sluice needs changing to a closed bin** • **Lamp shades are dirty**	Acquire a closed waste bin, review cleaning schedules	Team Leader OPD	31st May	
	Lack of children friendly area, toys not easily available	Re-design of waiting area, source appropriate toys	Team Leader OPD	30th June 2013	
	PATIENT'S STORY				
	The patient is very happy with the care and the processes of OPD appointments and the speed with which she is seen. When asked about telephone access she said she had not experienced any problems. However, once when trying to get through to our emergency advice line it was constantly engaged. She commented that there is nowhere to leave dirty cups after use so the patient left hers on a display in the foyer, she described the waiting areas as depressing and needing decorating. Where to go is clearly labelled and there is no problem at reception, staff in the out-patient department were described as very nice and are helpful. The patient thought that a self-check-in would be a good idea and she was familiar with the using the system at her GP surgery.	See above Review use of Trak care to monitor implementation of protocol regarding	Outpatient Manager	30th June 2013	

#	PATIENT SAFETY ISSUE IDENTIFIED / DISCUSSED	ACTION REQUIRED	ACTION OWNER	PLANNED COMPLETION DATE	ACTION COMPLETE?
	The patient's main area of concern and frustration was that she very rarely sees the same doctor in the department.	seeing consultant on every fourth visit.			
	Another patient and her husband had recently made a complaint whilst an inpatient. The Director of Operations was familiar with the content of the complaint and was able to discuss the issues in detail and offer further apology. The patient's husband had offered to come in and meet with staff and discuss the issues , the PALs team said this wasn't necessary as a letter had been sent. The gentlemen wanted to speak to somebody and it would have been useful for the staff to have been involved in the meeting and could have resulted in a more satisfactory outcome for the patient and her husband.	All patients who complain to be offered the opportunity of a meeting.	PALs team	Immediate	yes
	SAFEGUARDING QUESTIONS TO ASK STAFF	**RESPONSE**			
1.	Have you attended Safeguarding Adults training and or Safeguarding Children training?	Out-patient staff have all attended training; the Team Leader is yet to do her advanced training.			
2.	Can you tell me what you think your responsibilities are with regards to safeguarding patients and members of the public from abuse?	Following the hospital protocol on the Mintranet.			

#	PATIENT SAFETY ISSUE IDENTIFIED / DISCUSSED	ACTION REQUIRED	ACTION OWNER	PLANNED COMPLETION DATE	ACTION COMPLETE?
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. 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.					

	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 *C. difficile* infection, and what lessons have been learned from that?	No recent incidents
2	Are there any patient safety issues you would like to raise?	No further issues
3	Would you be happy for a member of your family to be treated in this area?	Yes

Paper number:	**7.2**
Title:	**Compliance Framework 2013/14 and Compliance Framework Performance April 2013**
Author:	**Hayley Sewell, Director of Governance**
Meeting	**Trust Board, May 2013**
Action Required:	**For information**

1. Compliance Framework version 2013/14

Monitor's role is to protect and promote patients' interests. This guidance describes Monitor's approach to ensuring NHS foundation trusts are well led, from a quality, service delivery and financial perspective.

On 1 April 2013, the provider licence came into effect for all NHS foundation trusts. The licence replaces the terms of Authorisation as Monitor's primary tool for overseeing NHS foundation trusts. It incorporates a set of requirements covering governance and financial viability as well as other areas reflecting Monitor's expanded role within the health sector.

Monitor's *Compliance Framework* has historically set out the approach Monitor takes to assess the compliance of NHS foundation trusts with their terms of Authorisation, with a particular focus on financial and governance risk. Monitor intends that the *Risk Assessment Framework* will replace the C*ompliance Framework* in the areas of the financial oversight of providers of key NHS services – not just foundation trusts – and the governance of NHS foundation trusts. To provide an appropriate amount of time to consider the response to the consultation, as well as a degree of continuity with NHS foundation trusts' regulatory framework before licensing, Monitor intends using this revised *Compliance Framework* in the first half of 2013/14.

This guidance will reflect the risk that NHS foundation trusts are in breach of the financial and governance requirements of their licence, specifically:

(i) the Continuity of Service risk condition (CoS 3); and
(ii) the NHS foundation trust governance condition (FT4).

The key risk indicators, and how Monitor derives them, are unchanged from those in the *Compliance Framework 2012/13*, and Monitor will use these to trigger consideration as to whether further information or investigation is necessary. Monitor's *Enforcement Guidance* sets out Monitor's approach to prioritising and taking regulatory action where a breach of a licence condition is likely or has occurred.

While the calculation of Monitor's risk ratings – and hence the triggers for potential investigation - have not changed, a number of necessary changes have been made in the revised *Compliance Framework*, including:

-**Appendix C** includes the new Corporate Governance Statement, which is a requirement of NHS foundation trust licence condition 4;

-References to the Prudential Borrowing Code and Prudential Borrowing Limit have been removed as they are legally no longer in force;

-The licence replaces references to the terms of Authorisation; and

-Monitor's approach to taking regulatory action is now covered in the *Enforcement Guidance*.

The *Compliance Framework 2013/14* serves as guidance as to how Monitor will assess governance and financial risk at NHS foundation trusts as reflected by compliance with the Continuity of Services and governance conditions. NHS foundation trusts are required by their licence to have regard to this guidance.

Monitor considers that this specially adapted version of the *Compliance Framework* will meet Monitor's purposes for overseeing governance and financial matters at NHS foundation trusts while they finalise the development of the new *Risk Assessment Framework*. It will also ensure continuity of Monitor's regulatory approach following the introduction of the licence. Monitor intends to introduce the *Risk Assessment Framework* as a replacement for the *Compliance Framework* from October 2013.

Monitor intends, where possible, to carry forward incidents of failures and breaches under this Compliance Framework into their oversight under the Risk Assessment Framework.

Appendix C3 – Corporate Governance statement 2013/14

Under NHS foundation trust condition 4 (the governance condition), boards of trusts are required to make a corporate governance statement outlining anticipated compliance (or otherwise) with the governance condition and risks to this.

Compliance Framework National Targets and Pilot Metrics - In April 2013;

- the trust met all the applicable national targets and indicators for acute trusts detailed in Monitor's Compliance Framework 2013/14[1].
- there were no serious untoward incidents, serious complaints or new trends in complaints in April 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	April 2013	RAG YTD
Outcomes					
Clostridium (C) difficile meeting the *C. difficile* objective. (trajectory for the year; 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	
MRSA Bacteraemia – meeting the MRSA objective	0	1.0	Quarterly	0	
Certification against compliance with requirements regarding access to health care for people with a learning disability	N/A	0.5	Quarterly	Comp -liant	
Access					
Maximum time of 18 weeks from point of referral to treatment in aggregate - admitted	90%	1.0	Quarterly	99.21%	
Maximum time of 18 weeks from point of referral to treatment in aggregate – non-admitted	95%	1.0	Quarterly	100%	
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	92%	1.0	Quarterly	99.85%	

References: 1. Compliance Framework 2013/14, Monitor, March 2013

Title: **Operational Performance & Clinical Practice Report**

Author: **Rayna McDonald, Director of Operations & Clinical Practice**
Meeting: **Trust Board Meeting – 24th May 2013**
Appendices: **Vital Aspects of Care April 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.

Performance and Activity

Referrals when compared to April 2012-13 have increased in every speciality in the Trust except endoscopy where there was a small reduction of 3 referrals. Activity has been largely to plan.

Neuro Rehabilitation Service

All patients under the care of the Neuro Rehabilitation out patient service have been contacted regarding on-going responsibility for their care and have either been returned to their GP, or transferred to an alternative provider as identified by commissioners.

Workforce

HR KPI's	Target	Mar	Apr	Flag	Year to date	Financial year
Induction attendance	100%	50%	100%	Green	n/a	100%
CRB completed before start date	100%	100%	100%	Green	100	100%
Sickness rolling (Month)	3%	3.67%	1.68%	Green	4.82%	1.68%
Of which short term absence %		92.12%	92.18%	n/a	n/a	92.18%
Of which long term absence %		7.88%	7.82%	n/a	n/a	7.82%
Turnover (Month)	n/a	2.18%	12.34%	n/a	25.73%	12.34%
Personal development Plans	80%	73%	69%	Red	69%	69%

*Information processed in arrears and as such may not be available/accurate information

Sickness levels year to date for both short term and long term remain constant however the overall figure for April is only 1.54% at the time reporting this appears to be very low and is likely to increase once payroll have received further information and updated April figures. A marked reduction in future sickness absenteeism is expected as managers continue to implement the new policy. The Head of HR is working with NHS Employers DH Managing Sickness initiative resulting in an action plan surrounding 'five key impacts' on health management and sickness absenteeism as per the HR strategic plan 2013-2016.

Turnover figures for April reflect the closure of the Neurorehabilitation Service.

The Appraisal percentage for April is reduced due to the changes in Agenda for Change which has meant all appraisal dates have been moved to being 6 months prior to incremental dates, this has given rise to additional appraisals being required within the year resulting in a reduced completion rate. This should resolve and the target improve over the next couple of months. A new Appraisal policy to reflect this amendment and other changes is prepared for EMG ratification in June 2013. The resulting training is booked from June 2013 onwards.

Patient Safety
There have been no adverse events in April. We have begun recording readmissions within 28 days of discharge as an adverse event.

Clinical Practice
The VACS report for April is attached as appendix 1. There were no areas that scored as red and one area scored as amber which relates to link nurses not being identified for nutrition, infection control and continence, the roles are in the process of being allocated.

Work is on-going in ensuring appraisals are up-to-date and supporting nursing staff in demonstrating evidence of their continuous professional development via a portfolio. Plans are in place for regular weekly training for nursing, the training will be delivered by specialist staff within the Trust from all areas. These actions will be addressed by the Team Leader and monitored by the Matron and are due for completion by the start of June 2013.

Reconfiguration of Space
Due to the closure of Neuro rehabilitation service consideration has been given to the use of the vacated space. To ensure it is utilised to achieve maximum advantage, the following guiding principles have been used to underpin any decisions:

- Improving Patient experience
- Meeting Privacy and Dignity needs of patients
- Increasing efficiency
- Ensuring appropriate and adequate clinical space
- Creating an improved environment for staff

Initial plans include the following:

1. Relocate the Violet Prince ward to 2nd Floor
    - Improved flexibility of space to allow improved management for infection control issues
    - Improved bathroom and toilet facilities
    - Increased single rooms

2. Relocate Day Case unit to High Dependency Unit
    - More appropriate space in terms of facilities
    - Larger area
    - Separate office space
    - Allows space for further development of clinical trials

3. Relocate Paediatric CFS to second floor
    - Priority due to space constraints for team on top floor of Trim street

A small amount of maintenance work is required to facilitate the moves, the cost and timescales are being assessed at present.

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

Title	**: Month 1 2013/14 Finance Report**
Author of Document	**: Rachel Hepworth, Director of Finance**
Meeting	**: The Trust Board**
Action Required	**: For information**
Summary of Document	**: To update the Trust Board on the financial position of the Trust for the first month of 2013/14.**

SUMMARY NOTE

This paper summarises the financial position of the Trust for April 2013.

The key points to note are as follows:

(i) The income and expenditure position for the Trust is a deficit of £(251k) compared to an expected deficit of £(311k). The income and expenditure statement is provided at Appendix 1.

(ii) The cash balance at 30th April 2013 was £2,493k.

(iii) The balance sheet for 30th April 2013 shows a net current asset of £309k compared to £524k in the draft March 2013 balance sheet. (At the time of writing, the 2012/13 annual accounts audit was not yet complete). The balance sheet is provided at Appendix 4.

(iv) The debtor's position now stands at £799k (£2,022k at 31st March 2013) with creditors at £2,555k (£3,902k at 31st March 2013). The top ten debtors and creditors are provided at Appendices 5 and 6 respectively.

(v) The Trust did not incur any capital expenditure during the month.

(vi) The Trust continues to maintain a financial risk rating of 1 after the application of over-riding rules.

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. The favourable variance to expectation is driven by underspends on pay and non-pay expenditure.

1.1 Income

Income overall was broadly in line with expectations in April 2013, not including high cost drugs which are charged to the commissioners at cost and are effectively a pass-through cost to the Trust.

1.1.1 CCG / Trust income

Commissioning responsibility transferred to Clinical Commissioning Groups (CCGs) from 1st April 2013, when Primary Care Trust's ceased to exist.

CCG/NHS Trust income for the first month of the year was £658k, broadly in line with the expectation of £654k.

1.1.2 Private Patient Income

Private patient income of £9k was received in April 2013, £(6k) below plan.

1.1.3 Education, Training and Research

Education, Training and Research Income was £(14k) below plan for this month.

1.1.4 Other Income

Other income was ahead of plan in month, by £11k.

1.2 Expenditure

1.2.1 Pay Expenditure

Pay expenditure was underspent by £29k in April 2013. A service line breakdown is provided in Appendix 2.

The total underspend includes £17k from Therapy Outpatients, £35k in back office and estates functions, and £5k in the BRIRS service. These were offset by overspends in Rheumatology Inpatients, waiting list initiatives and research & development.

1.2.2 Non-Pay Expenditure

Non-pay expenditure was underspent in month by £34k. This was predominantly in research & development £16k and on the training budgets £4k. A service line breakdown is provided in Appendix 3.

2. Balance Sheet

The Balance Sheet is provided at Appendix 4.

2.1 Capital Programme

There was no capital expenditure in April 2013.

2.2 Cash

The cash balance at the 30th April 2013 was £2,493k.

2.3 Debtors and Creditors

The top ten debtors and creditors are provided at Appendices 5 and 6 respectively.

Appendix 1

INCOME & EXPENDITURE ACCOUNT

FOR THE PERIOD ENDING 30 April 2013

Favourable Variance + \ Adverse Variance (-)

	Month 1 Actual £'000	Month 1 Budget £'000	Month 1 Variance £'000
INCOME			
CCG & Trust	658	654	5
Private patient	9	15	(6)
Education, training & research	100	113	(14)
Other income	91	80	11
sub total	**858**	**862**	**(4)**
PBR excluded drugs	415	458	(43)
Total income	**1,273**	**1,320**	**(47)**
EXPENDITURE			
Pay expenditure	782	810	29
Non-pay expenditure	278	311	34
sub total	**1,060**	**1,122**	**62**
PBR excluded drugs	415	458	43
Total expenditure	**1,475**	**1,580**	**105**
EBITDA	**(202)**	**(260)**	**58**
Depreciation	(34)	(35)	1
Impairment	0	0	0
Interest receivable	1	0	1
Dividend payments on PDC	(16)	(16)	0
Total surplus/(deficit)	**(251)**	**(311)**	**60**

Appendix 2

ANALYSIS OF PAY EXPENDITURE
FOR THE PERIOD ENDING 30 April 2013

	Month 1 Actual £'000	Month 1 Budget £'000	Month 1 Variance £'000
Rheumatology	308	301	(8)
Pain Management Dept	55	57	1
CFS Adults	15	15	(0)
Macmillan Step Up Services	9	8	(1)
CFS Paeds	25	25	0
CRPS	21	24	4
BRIRS	16	22	6
Clin Measurement Dept	14	15	1
Porters/Stores/Switch Dpt	19	19	0
Catering Dept	14	16	2
Domestic Dept	24	27	3
Facilities Dept	9	9	(0)
Human Resources Dept	20	21	1
Governance Dept	10	11	1
Patient Sec.Services	18	22	4
Medical Records Dept	10	10	0
IT + Computer Dept	19	25	6
Finance Dept	22	23	1
Research & Development	51	42	(9)
Other	103	118	16
Total expenditure	**782**	**810**	**29**

Appendix 3

ANALYSIS OF NON-PAY EXPENDITURE
FOR THE PERIOD ENDING 30 April 2013

	Month 1 Actual £'000	Month 1 Budget £'000	Month 1 Variance £'000
Rheumatology Inpats	4	5	1
Rheumatology - Orthotics	6	6	(1)
Diagnostic Dept	6	8	2
Pain Management Dept	1	2	0
Rheumatology Services	47	48	1
Medical Contracts	56	53	(2)
Facilities Dept	52	48	(4)
Human Resources Dept	3	5	2
Patient Transport	4	5	0
Executive	0	5	5
IT + Computer Dept	9	11	2
Finance Dept	23	24	1
Total Other	60	69	9
Non Pay	**278**	**311**	**34**

Appendix 4

BALANCE SHEET AS AT 30 April 2013

	31 Mar 2013	30 Apr 2013	Movement	31 Mar 2013
Fixed Assets	**£'000**	**£'000**	**£'000**	**£'000**
Intangible	78	75	(3)	78
Tangible	6,604	6,573	(31)	6,604
Total Fixed Assets	**6,682**	**6,648**	**(34)**	**6,682**
Current Assets				
Stock	81	10	(71)	81
NHS Trade Debtors	1,461	326	(1,135)	1,461
Provision for Irrecoverable Debt	(235)	(235)	0	(235)
Other Prepayments and Accrued Income	767	544	(223)	767
Other Debtors	561	473	(88)	561
Cash at Bank *	2,130	2,493	363	2,130
Total Current Assets	**4,765**	**3,611**	**(1,154)**	**4,765**
Total Assets	**11,447**	**10,259**	**(1,188)**	**11,447**
Current Liabilities				
NHS Trade Creditors	(659)	(404)	255	(659)
Non-NHS Trade Creditors - Revenue	(733)	(1,335)	(602)	(733)
PDC Dividend Creditor	7	(9)	(16)	7
Other Creditors	(2,510)	(816)	1,694	(2,510)
Accruals and Deferred Income	(345)	(738)	(393)	(345)
Total Current Liabilities	**(4,241)**	**(3,302)**	**939**	**(4,241)**
Non Current Liabilities				
Trade and other payables	0	0	0	0
Provisions	(10)	(13)	(3)	(10)
Deferred Income	(27)	(27)	0	(27)
Total Non Current Liabilities	**(37)**	**(40)**	**(3)**	**(37)**
TOTAL ASSETS EMPLOYED	**7,169**	**6,917**	**(252)**	**7,169**
TAXPAYERS' EQUITY				
PDC	6,015	6,015	0	6,015
Retained I & E Surplus	(249)	673	922	(249)
YTD I & E Surplus	923	(251)	(1,174)	923
Revaluation Reserve	480	480	0	480
TOTAL TAXPAYERS' EQUITY	**7,169**	**6,917**	**(252)**	**7,169**

Appendix 5

Top Ten Debtors as at 30-04-13

	Customer	0 - 30	31 - 60	61 - 90	91 - 180	181 - 360	361+	Total Debtors
1	WELSH ORGANISATIONS	31.8	9.8	5.5	2.9	42.8	37.9	130.6
2	NHS HEALTH SCOTLAND	17.2	36.1	0.0	0.0	30.3	4.0	87.6
3	ROYAL UNITED HOSPITAL BATH NHS TRUST	34.3	2.1	2.0	2.3	18.8	3.7	63.2
4	RNHRD DONATED FUNDS	32.9	0.0	0.0	0.0	0.0	0.0	32.9
5	NORTHERN HEALTH AND SOCIAL SERVICES	3.8	10.0	0.0	11.4	0.0	3.4	28.5
6	SOUTH GLOUCESTERSHIRE PCT	2.3	25.7	0.0	0.0	0.0	0.0	28.0
7	NHS SOUTH GLOUCESTERSHIRE CCG	26.2	0.0	0.0	0.0	0.0	0.0	26.2
8	BATH AND NORTH EAST SOMERSET PCT	26.1	0.0	0.0	0.0	0.0	0.0	26.1
9	NHS BRISTOL CCG	20.1	0.0	0.0	0.0	0.0	0.0	20.1
10	BATH INSTITUTE FOR RHEUMATIC DISEASES TRADING	17.1	0.0	0.0	2.5	0.0	0.0	19.6
		211.8	83.8	7.5	19.0	91.9	49.0	463.0
	Others							
	NHS	92.6	26.0	3.8	-2.6	0.5	11.3	131.6
	NON NHS	196.5	-25.9	3.7	0.8	11.7	17.6	204.5
	TOTAL at 30-04-13	**501.0**	**83.9**	**15.0**	**17.3**	**104.1**	**77.9**	**799.1**
	% at 30-04-13	63%	10%	2%	2%	13%	10%	100%
	TOTAL at 31-03-13	**1768.6**	**18.1**	**17.7**	**51.8**	**104.1**	**61.7**	**2022.0**
	% at 31-03-13	87%	1%	1%	3%	5%	3%	100%

Appendix 6

Top 10 Creditors as at 30-04-2013

	Supplier	0 - 30	31 - 60	61 - 90	91 - 180	181 - 360	361+	Total Creditors
1	HEALTHCARE AT HOME LTD	347.6	0.0	0.0	0.0	0.0	0.0	347.6
2	ROYAL UNITED HOSPITAL BATH NHS TRUST	0.1	142.6	13.5	3.8	19.2	0.0	179.2
3	ROYAL COLLEGE OF ART	0.0	108.0	0.0	0.0	0.0	0.0	108.0
4	BATH INSTITUTE FOR RHEUMATIC DISEASES TRADING LTD	13.7	33.1	0.0	36.0	0.0	0.4	83.1
5	BARTS HEALTH NHS TRUST	0.0	73.9	0.0	0.0	0.0	0.0	73.9
6	NATIONAL SPECIALIST COMMISSIONING TEAM	54.6	0.0	0.0	0.0	0.0	0.0	54.6
7	HEALTH COMMISSION FOR WALES	0.0	0.0	0.0	0.0	0.0	41.7	41.7
8	GREAT WESTERN AMBULANCE SERVICE NHS TRUST	0.0	0.0	0.0	0.0	32.7	0.0	32.7
9	UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST	0.0	27.8	0.0	0.0	0.0	0.0	27.8
10	BATH&NORTH EAST SOMERSET COUNCIL	0.0	22.0	0.0	1.6	0.0	0.0	23.6
		415.9	407.3	13.5	41.4	51.9	42.0	972.1

OTHERS	51.6	98.2	8.1	-4.0	11.0	-0.2	164.7
PAY EXPENDITURE	381.9	0.0	0.0	0.0	0.0	0.0	381.9
ACCRUED EXPENDITURE	1036.3	0.0	0.0	0.0	0.0	0.0	1036.3

TOTAL at 30/04/2013	**1885.7**	**505.5**	**21.6**	**37.4**	**62.9**	**41.9**	**2555.0**
% at 30-04-13	74%	20%	1%	1%	2%	2%	100%

TOTAL at 31/03/2013	**3028.5**	**610.7**	**63.7**	**92.0**	**29.7**	**43.3**	**3868.0**
% at 31-03-13	78%	16%	2%	2%	1%	1%	100%

Title: **HR Strategic Plan 2013-2016**

Author: **Marianne Spaans, Head of HR**
Sponsor: **Rayna McDonald, Director of Operations & Clinical Practice**
Meeting: **Trust Board, 24th May 2013**
Action Required: **For information**

Executive summary
The HR strategic plan 2013-2016 consists of two parts, a narrative providing background information on the chosen strategic direction and a plan of actions for 2013-2014.

The complexity of national and local NHS reforms, increasing public and employee expectations, coupled with significant economic challenges and a pending acquisition whilst maintaining a 'business as usual approach' prescribe the 2013/2014 organisational HR focus. This can be ordered using the following headlines;

- Employee engagement
- Leadership and management development
- Change management at management and individual level
- Competent workforce and development

The Trust's five lowest scores in the National Staff survey are;
- staff agreeing that their role makes a difference to patients,
- staff receiving job-relevant training,
- staff motivation at work
- support from immediate managers,
- effective team working.

The results of the National Staff Survey underpin the reasons for focussing on the four categories above. It is envisaged that by doing so, the recommendations of the Francis report and the pledges made in the NHS Constitution will also be addressed.

In addition, a review of the redeployment process as a result of the closure of the Neurorehabilitation service, highlights that there is an organisational need to invest in the continuous professional development of its employees to aid future redeployment opportunities.

There is also a strong need to retain the expertise of both clinical and non-clinical employees, required to maintain quality outcomes for patients and the Trust's business as usual approach in between now and the forthcoming proposed acquisition of the RNHRDs services by the RUH.

To ensure fair and equitable treatment of all Trust employees, the RNHRD NHS FT will continue to monitor its performance against the Trust's Equality Delivery system through incorporating the equality and diversity standard in all employee initiatives.

Introduction
The RNHRD NHS FT HR strategic plan covers the financial years 2013/16 and is based on the findings of the National Staff Survey report, Francis enquiry recommendations including the 6C's, NHS Employers five key impacts on health management and sickness absence and the need for leadership and management development in an ever-changing NHS arena and preparing for a potential acquisition.

The RNHRD NHS Foundation Trust's vision is;
To transform the lives of people affected by complex, long-term conditions.

The principal aims of the Trust are:

- To consistently deliver high quality clinical services
- To create a research and development culture across all services to support the development of services and demonstrate the value of outcomes
- To be the provider of choice for rheumatology and complex rehabilitation for the local population
- To consolidate a national specialist positioning for rheumatology and complex rehabilitation services as appropriate
- To be an exemplary employer who is known for the development of employees

Our values

In 2010, the Trust developed a set of values which it felt would contribute to the successful achievements of its objectives. These values define our culture i.e. “the way things are done around here” including the way we lead/manage our employees and how we engage with our employees.

The HR and Learning and development team plan to evolve these values further by suggesting ways in which we can more firmly embed these values throughout the organisation. In tandem with this work, we will use the values/behaviours to assess individuals through appraisal and as part of the recruitment process and induction programme. The national NHS initiative named 6C’s mirrors the work we have done with the Trust’s organisational values. We will ensure that our internal communications take every opportunity to promote these values and create a culture where we hold each other to account to consistently behave in a way that reflects our values.

For information, the 6 C’s stand for;

- care
- compassion
- courage
- communication
- competence
- commitment

Employee engagement

Delivery of the Trust’s objectives in particular, the Trust’s commitment to be an exemplary employer would require the development of a dynamic culture of employee engagement supported by an effective two way communication model at department level, and horizontally across the Trust.

Employee engagement describes what happens when people think and act in a positive way about the work they do, the people they work with and the organisation they work for.

Research has shown that when employees are engaged they feel positive about the organisation and this can lead to improvements in the quality of working lives and enhanced performance. However, employee engagement goes beyond job satisfaction and is not simply motivation. Employee engagement is everyone’s responsibility and positive contributions can be made throughout the organisation to enhance it.

The recommendations of the Francis report speak of a workforce that is more engaged and the need to create an organisational culture free from blame and open to feedback from its personnel.

The National Staff Survey results inform us that, on employee engagement, our Trust performs worse than average against trusts of a similar type. The overall indicator of staff engagement was calculated using key findings related to the extent which employees are able to make suggestions to improve the work of their team, have frequent opportunities to show initiative in their role and are able to make improvements at work. In addition, it indicates the extent, to which employees’ care of patients/service users is the trust’s top priority, would recommend this trust to others as a place to work and would be happy with the standard of care provided by the Trust if a friend or relative needed treatment. The extent to which employees look forward to going to work, and are enthusiastic about and absorbed in their jobs is also included in the staff engagement indicator.

To aid our work on employee engagement and the implementation of the National NHS recruiting against the 6 C's, the HR strategic plan and associated work proposes to slightly rework the values to accomplish the addition of a value: Respect.

Success
We will achieve the optimal, most appropriate, patient journey and patient-led outcomes for our patients, relatives and carers

Respect
We treat people with respect and genuine interest. We listen carefully, value different opinions, and give honest and constructive feedback.

Integrity
We are open, honest and ethical and take responsibility for our actions

Learning
To learn and encourage new ideas, demonstrate evidence-based practice, value feedback and continue to strengthen our reputation for expertise.

Creativity
To seek new solutions, welcome constructive challenge and be open to new ideas; to drive change and be flexible and bold in our approach to new initiatives

Empowerment
To create and sustain an environment where people are engaged in all we do and they can maximise their contribution.

Management and Leadership development
The staff survey report highlighted management support as one of the five bottom scores. Apart from the reported lack of management support, the Staff Survey 'staff engagement' results highlight the way the leadership and management of the Trust is perceived by its employees.

In addition, a review of the recent closure of the Neurorehabilitation service, has highlighted pockets of management where change was less effective than in others.

This coupled with the need to maintain a 'business as usual' approach, the implementation of 'competence', 'care & compassion' and 'communication' (part of the 6 C's) provide a platform from which to build a management development programme for those in people management/supervisory positions and those new to management. It will include change management and coping strategies, dealing with health management and sickness absence, performing appraisals – against the RNHRD value set and objectives and training in objective setting.

Health Education England has an improved focus on leadership development with leadership schemes being offered to senior management, Director level and HR professionals. The purpose of Health Education England (HEE) will be to ensure the delivery of an appropriate workforce to support the delivery of excellent healthcare. It is apparent there is a national move towards increased leadership techniques to help build and sustain an engaged workforce in a culture free from blame and persecution.

Employee Health and well-being
The monthly sickness absence figure for the financial year 2012-13, performed consistently above the 4%, ending the year on 5%. The HR Team have reviewed the Trust's health management and sickness absence policy and procedure in January 2013. Training for supervisors, managers and those new to management will continue throughout 2013/14. In addition, the Head of HR will work with NHS Employers organisation, part of the Department of Health five impacts on health management, to do an audit to highlight issues such as process, long term sickness absence management and health promotion

initiatives. A workshop for managers/supervisors and staff side should lead to improved health management and sickness absence management for our employees.

The role of the Occupational Health team will also be reviewed as part of their SLA with the Trust. A greater role in the management of long-term absence is anticipated.

Health promotion

Implementation of the five High Impact Changes will assist NHS organisations in improving the health and well-being of personnel, reducing sickness absence levels, improving line manager capability and delivering improved patient care and outcomes.

All NHS organisations are expected to shape a culture that reflects the NHS values in line with the National Leadership Council 'The Healthy NHS Board' (2010). To support this we should have a named executive board member with responsibility for employee health and wellbeing.

The board should review progress against their improvement plan at least twice per annum. The RNHRD's health audit will commence in May 2013 and a workshop with 'staff and management side' (LINKS) is anticipated at the end of May. The results of which will feed into the RNHRD Health and wellbeing improvement plan.

All NHS organisations should work to four key health and wellbeing initiatives:

- Public Health Responsibility Deal
- Healthier Food Mark
- Safe Effective Quality Occupational Health Standards
- NICE Public Health guidelines

All NHS organisations should promote awareness of the importance of employee health and wellbeing among managers. In working together with NHS Employers, we will develop and promote information to help managers to support their personnel including:

- building resilience
- effective return to work interviews
- recognising and supporting employees who show signs of stress
- addressing health and wellbeing in appraisal

Competent workforce and development

Appraisal

The Appraisal process is a critical element within the Trust's corporate and clinical governance processes and is an integral part of Agenda for Change, the Care Quality Commission essential standards of quality and safety and the NHS Constitution for England.

As a result of amendments to the Agenda for Change terms of employment, the appraisal process now also forms part of the employee's progression through the pay band.

In order to ensure there is time to address any performance issues arising, appraisals must take place 6 months before the incremental date.
All employees are required to participate in the annual Appraisal process, as a condition of their employment contract, with their immediate manager or supervisor. This should be a positive process which reviews performance, sets objectives and creates a personal development plan to support the achievement of these. As such, Appraisals form a crucial part of the on-going performance management process.

It is vital that everyone involved in Appraisal understands that an effective Appraisal can boost employee motivation and ability and therefore ensure employees are well equipped to perform to the highest possible standard. This in turn will enable the Trust to deliver its objectives and help address the three key findings regarding this topic of the staff survey.

The new Appraisal Policy will set out the mandatory requirements for Appraisal to ensure compliance with local and national standards. Further best practice guidance on completing Appraisals will be included in the Appraisal Handbook. Training will be provided.

Revalidation

Medical revalidation is the process by which all doctors with a license to practise will need to satisfy the General Medical Council (GMC) at regular intervals that they are fit to practise and they should retain a license. The regulations that will make revalidation a legal requirement came into operation late 2012. The main purpose of revalidation is to:

- support organisations in their continuous improvement of the quality and safety of healthcare for patients
- help doctors meet their professional commitment to keep up to date and improve their practise through meeting specialty standards and identifying development needs where appropriate
- help organisations identify issues early and put processes in place to support doctors.

It will be essential for the HR Medical staffing officer to work closely with the Responsible Officer (RO) Medical Director for Revalidation to be a success. Doctors will be required to maintain a portfolio of supporting information which spans several years and must cover work for every employer and contracting organisation with which the doctor has worked. The RNHRD will need to support doctors in accessing this information.

Case Management (Medical Director) and Case Investigator (Medical staffing officer) training will be arranged to address any problems highlighted in a doctor's performance.

HR policies for study leave, managing poor performance and revalidation (appraisals) specifically for Medical staffing will be drafted in line with national guidelines, employment legislation and the Trust values framework.

Competency framework

Competencies are a collective name for skills, knowledge, experience, attitude and behaviour.

As a result of the Nursing consultation, the end of 2012 witnessed the launch of a competency framework for RNHRD nurses and healthcare assistants. It is envisaged that a further review of skills mix on the wards and outpatient departments is required to satisfy local changes to the number of inpatients and the Francis report recommendations on appropriate skill mix.

The 6Cs framework, and the RNHRD values, do not sit with the Nursing teams alone. They are applicable to all employees of the organisation including Board members and Medical staffing. All HR policies and procedures will start to reflect the work on competencies for all professional groups. Competency standards for the RNHRD values and the NHS Key Skills Framework will form the basis of this.

Recruitment and selection processes, appraisals and performance related issues will be addressed using the appropriate policies and procedures with the addition of the trust values which, like the national NHS 6C initiative, will drive the improvement of competency standards across all professions.

The Trust's five bottom scores in the National Staff Survey, such as staff agreeing that their role makes a difference to patients, staff receiving job-relevant training, staff motivation at work, support from immediate managers and effective team working underpin the reasons for focussing on the four categories. It is envisaged that by doing so, the recommendations of the Francis report and the pledges made in the NHS Constitution will also be addressed.

Equality Delivery System

The actions in the Trust's work on values, the delivery of the actions brought forth out of the National Staff survey results, the local implementation of the Francis report recommendations, health promotion and sickness absence management and continuous development of Trust employees will be monitored through the annual audit of the Trust Equality Delivery system.

HR plan 2013/14
The actions in the 13/14 HR plan can be linked back to the following local and national initiatives;

1. The RNHRD NHS FT strategic plan 2013 – 2016.

2. 2012 National staff survey results; Staff Engagement worse than average score. In addition, the Trust's five bottom scores in the National Staff survey are;
   - staff agreeing that their role makes a difference to patients,
   - staff receiving job-relevant training,
   - staff motivation at work
   - support from immediate managers,
   - effective team working.

3. Recommendations of the Francis report including skills mix (competent workforce), 6C's (values driven culture) and Whistle-blowing awareness.

4. Boorman and Nice Guidelines on Healthy workforce and health promotion as well as the National NHS initiative called 'Five key impacts on health management and sickness absence'.

5. The National Leadership Academy launch of a new set of programmes with value based leadership at the heart. This is designed for people from all backgrounds and with different experience levels, who want to create a more capable and compassionate healthcare system, the programmes focus on developing skills, knowledge and behaviours (which links back to our values) to help deliver greater compassionate, high-quality, innovative and efficient health care for patients. The focus of the programmes is to support leaders in creating an environment (=culture) where employees feel supported and encouraged (=engaged) to focus on providing high-quality health care.

6. The areas highlighted by RNHRD NHS FT audit of its Equality Delivery Scheme.

7. The pledges of the NHS Constitution;
   Pledge 1: to provide all staff with clear roles, responsibilities and rewarding jobs.
   Pledge 2: to provide all staff with personal development, access to appropriate training for their jobs, and line management support to succeed.
   Pledge 3: to provide support and opportunities for staff to maintain their health, well-being and safety
   Pledge 4: to engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safe services.

8. The amendments to Agenda for Change from 1st April 2013.

9. Increased local requirement for improved management reporting and monitoring of associated management activities including people management training at all levels of management.

10. Local requirements to continue best practice and up to date HR Policies and processes in line with NHSLA level 1 and NHS safer recruitment practice.

Actions

Employee engagement	**KPIs**	**Cost**	**By**	**Timeline**
Development and cascade of competencies for organisational values	Staff survey results (annual)	0	MS/EM	July ratification
Adaptation of competencies in HR systems and tools	Percentage of appraisal conducted (monthly) Audit of recruitment related activities (half yearly) Staff Survey results (annual)	0	HR and L&D	July
Continued communication of	Percentage of induction attendees (monthly)	0	HR and L&D and int	Commence June; ongoing

Whistle-blowing policy and procedure	Number of quality communications to existing personnel on whistle-blowing (half yearly)		comms	
Management of leadership development				
Develop Leadership and management development scheme	Staff survey results (annual) Employee turnover statistics (monthly) Exit questionnaire analysis (monthly) Number of attendees at associated training (monthly)	Within approved training budget	HR and L&D Leadership academy and Health education England	Implementation July 2013
Improved management information and monitoring associated actions	Staff survey results (annual) Board/EMG/management feedback (monthly)	0	ES	From July 2013
Employee health and well-being				
DoH audit of trust health and wellbeing initiatives and sickness absence procedures	Associated action plan to the Board for approval Sickness absence reduction (monthly) Staff Survey (annual)	0	DoH NHS Employers HR and L&D Staff side Management side	July 2013
Competent workforce and development				
Develop and implement new appraisal scheme and associated training	Percentage of quality appraisals received (monthly) Percentage of people managers trained (monthly) Staff survey results (annual) Number of individuals on performance management scheme	Within approved training budget	HR and L&D RUH L&D	Policy to EMG June 2013
Revalidation	Percentage of revalidations carried out (monthly)	0	AKB/HR and L&D	Commenced April 2013
Equality delivery system				
Action plan as a result of annual audit	Results and actions agreed/EMG/LINKS Published on website (annual)	0	LD/ES	June 2013

Risks

Management capacity

As a direct result of the Francis recommendations, the national NHS HR agenda on employee engagement is top priority of the DoH and CQC . This HR strategic plan seeks to provide the tools to address this. However, the delivery of 'the tools' at service, department and team level is dependent on management capacity. To mitigate the risk it is essential for the entire organisational agenda to be aligned and the agenda to be led at Board and Executive level.

HR and Learning & Development team capacity

Loss of personnel in the HR and L&D team poses a substantial risk to the attainment of the tools required for delivery against the national HR agenda and legislative agenda. Succession and business continuity planning will mitigate against this risk.

Unique circumstances

There is a risk in securing employee engagement due to the unique circumstances under which we currently operate. Uncertainty about the future of job roles in the organisation will be a substantial factor this year in view of the retention of specialist skills and achieving peoples' buy-in on employee engagement exercises. Heightened levels of employee engagement through continuous professional

development and the leadership and management development offerings as well as strong and decisive vacancy management will be key.

Dissemination
After approval, this plan will be presented to members of the Executive Management Meeting, LINKS (staff and management side) and Managers and supervisors meeting. A briefing pack will be provided for all managers, supervisors and staff side representatives for use at local level.

Recommendations
For the Trust Board to approve the contents of this strategy and to support the implementation of the action plan and actions required to mitigate the risks identified.

In particular to:-

- Agree the named executive board member with responsibility for employee health and wellbeing
- To plan to review progress against the health improvement plan

Equality & Diversity Impact Assessment

	INITIAL SCREENING	Yes/No	Comments (use the back of this form if you require more space)
1.	**Does the service/ policy/procedure affect one group less or more favourably than another on the basis of:**		
	Race	No	
	Disability	No	
	Gender	No	
	Age	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation (including lesbian, gay and bisexual people)	no	

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

Title:	**RNHRD IM&T Outline Plan & Objectives 2013-14**
Author:	**K Daley, Head of IM&T**
Sponsor	**Rachel Hepworth, Director of Finance**
Meeting	**Trust Board, 24 May 2013**
Appendices:	**n/a**
Review:	**n/a**
Action Required:	**For Approval**

1. Background & Introduction

2013-14 will be a challenging year for the Royal National Hospital for Rheumatic Diseases IM&T Department. Given the financial position of the Trust, and the proposed acquisition by the Royal United Hospital Bath, (RUH), the main goal of the department will be to maintain a 'lights-on' IT service for the Trust, preparation work for the proposed integration, and a the successful delivery of a small number of business critical projects.

With respect to Information and Data Quality the Trust are progressing with plans to implement an in house data warehouse and online reporting. This is being implemented within existing resources to improve the quality, timeliness and accessibility of activity and quality information for the Trust. The benefits of doing this will include improved decision making and more efficient processes.

2. Governance

2.1 Information and Performance Group, (IPG).
The Information and Performance Group comprises Information and Finance colleagues, with Service Leads, broadly, the objective of the group is to be a monitoring and action taking group. Principally in relation to:

- Finance and Contracting
- Activity and Performance
- Data quality & training needs
- New services & service changes
- Service reporting requirements / needs

2.2 The IPG reports to the Information Governance and Strategy Committee.

3. Objectives

3.1 Information

3.1.1 Business Intelligence and Reporting - In House Development

The major development pathway for 2013-14 will see the introduction of online reporting as an in house development to provide information to the Trust and commissioners in the areas below:

- Finance and Activity reporting the view of F&A is that we have very good information now?
- Information required to support the commissioning process examples?
- Data quality including clinical coding reports
- Waiting list monitoring
- Service performance KPIs
- Capacity planning
- Secondary use data, (pseudonymised and / or de-identified).
- Bespoke service oriented reporting according to needs.
- Production of Service, or User, Specific Dashboards
- Production of Executive Dashboard(s) who has asked for this?

3.1.2 TrakCare Training

It is also the aim of the department to implement modular based training, (and re-training), for TrakCare users based on user roles. This will be done in cooperation with the Trust Training department.

3.1.3 Information Governance
The department will continue to support the Trusts Information Governance agenda, with the development and implementation of an Information Governance action plan.

3.2 IT
3.2.1 PACS and RIS Replacement replace headings with proper descriptions i.e. PACS, RIS etc
With the expiry of the LSP contract for PACS and RIS in June 2013 the Trust have been working with the RUH to procure a joint replacement. This will be implemented during June 2013.

3.2.2 Electronic Patient Questionnaires (Outcomes)
Electronic Patient Questionnaires (Outcomes)
2013-14 will see the introduction of the electronic capture of patient questionnaires results for patients with Ankylosing Spondylitis via the use of iPads. This will enable (delete instant) reporting of outcomes to clinicians in clinic on an individual patient basis and analysis of historical data.
Further to this the department will seek to support the development of a Trustwide solution for the capturing and reporting of outcomes.

3.2.3TrakCare Spine Compliance and Direct Booking
One of the major projects will be implementing Spine Compliance and Direct Booking on TrakCare. This will be carried out with the support of InterSystems, (the TrakCare supplier).

3.2.4 Patient Self Check-In
A pilot project will be undertaken in Rheumatology to introduce patient self-check-in booths.

3.2.5 NHSMail
As part of the preparation work for the RUH acquisition the department will explore the implementation of NHSMail as the primary source of email services for Trust users. This will align the Trust with the same service used in the RUH and should provide a smoother transition pathway.

4. Risks

Work has recently been done to strengthen the Trust's IT access controls, including recertification of system users and changes to procedures with regard to re-setting passwords. The IT disaster recovery plan will be subject to testing, to provide assurance on business continuity, in the event of system failure.

A key risk for the delivery of the IM&T strategy is capacity within the IM&T team. This will be mitigated through regular review of priorities, skills and resources.

5. Recommendation

The Board is asked to approve the RNHRD IM&T Strategy 2013-2014.

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

Agenda Item : 12.1

Title:	**RNHRD Estates Strategy 2013 -2014**
Author:	**Malcolm Sommerville, Estates & Facilities Manager**
Meeting	**Trust Board, 24 May 2013**
Sponsor:	**Rachel Hepworth, Director of Finance**
Action Required:	**For Approval**

The Purpose of the Estates Strategy

The Estates Strategy provides the Trust with a short term strategy for ensuring that its Estate is managed, maintained and configured to meet current service needs.

It should be noted that the Estates Strategy is a constantly developing document, and as such will be regularly updated to reflect changes to the Trust's organisational aspirations and goals, and developed to incorporate additional information as plans evolve.

Whilst this Estate Strategy is an important document in itself, it should be recognised that it is one of a suite of strategies that will support the Trust in its proposed strategic intent to join with the Royal United Hospital, Bath (RUH)

The Format of the Estates Strategy

The Estates Strategy is structured in accordance with the guidance laid out in NHS ESTATECODE and as such describes:-

Where we are now – our current estate;

Where we need to be – what are our aspirations are for the coming year;

How we intend to get there – what do we need to do to meet our Estate aspirations?

Where are we now?

This initial stage is aimed at developing a comprehensive analysis of the current position and performance of the Trust in relation to the service it provides and how it uses the estate. This stage establishes a baseline against which the development of the strategy can be measured.

There should be recognition that this report will be required to be further modified in relation to the proposed acquisition process and be updated to reflect service / estate changes.

The estate, consisting of 3 main buildings (II* listed) and a small number of single story ancillary buildings are sat on a 3000m^2 footprint (this figure excludes the leased properties at Bath Heights) within the centre of Bath. The buildings provide 7571m^2 of gross internal area (figure excludes the leased properties at Bath Heights) and are predominately multi storey. Whilst the RNHRD is a seen as a national centre of excellence for Rheumatology Diseases and complex rehabilitation for Pain and Chronic Fatigue, it is

recognised that the existing estate fails to meet current and future operational demands of service provision and patient care as detailed in RNHRD estates condition survey, January 2013.

Despite the fact that the Trust has invested in a number of refurbishment projects, including,

- Major roof repair and upgrade works,
- Provision of CFS/ McMillan therapy and treatment area
- Provision of CFS office accommodation
- Window replacement to Hydro Therapy pool
- General upgrade of inpatient wards sanitary accommodation on both first and second floors

the condition of the site remains little changed. The recently commissioned condition survey of the Trust's estate highlighted a number issues. These are presented as Key Risks

The current backlog maintenance figure required to bring the Hospital's estate up to condition Level B stands at circa £1.8 million.

Key Risks

Condition survey

Main defects/ Key Recommendations:

- Due to the nature of the building's construction the basement is subject to some areas of damp.
- There are some areas where exposed pipework was noted. It is recommended that insulation is fitted.
- There are some areas where sanitaryware is in a poor condition and does not comply with current healthcare standards. e.g. Violet Prince, Ladies Ward

Impact of delaying the implementation of the £1.8 million backlog maintenance plan

Limited investment in backlog maintenance over a numbers of years has directly contributed to decline in the estates condition and as a result many elements of the building fall below the target NHS Estatecode, physical condition B – Sound, operationally safe and exhibits only minor deterioration.

A significant number of the elements currently below level B are centred on the estates general building elements. i.e. external and internal fabric, roofs, flooring, decoration and walls and finishes. Many of these elements are condition B/C – Currently B but will fall below B within 5 years.
Delaying the implementation of the backlog plan for a year would not have an immediate detrimental effect on the buildings general condition but would further delay the commencement of improving the hospital's shabby appearance.

Where do we need to be?

The following sets out a number of guiding principles which will provide the direction of travel of the Estate Strategy over the next year.

- Compliance with statutory and mandatory obligations remains the highest priorities for the delivery of a safe and viable estate. This is the baseline.

- To maintain the existing quality of the estate so ensuring a positive experience of care, in the right place which treats patients and their families with respect, dignity and care.

- Improve space utilisation to deliver financial and carbon savings to create a more sustainable organisation.

- To further reduce the cost of operating the Trust's estate whist still supporting the deliver patient services;

How do we get there?

This outline plan represents the main proposals. The plan is designed to help everyone involved to understand the issues facing the Hospital's estate.

- Continued work in relation to mandatory and statutory compliance as detailed within the 2013 Condition survey.
- Commencement of a space utilisation exercise.
- Review existing pipeline medical gas systems with a view to part or whole system decommission.
- Explore further opportunities for operational cost reduction with Estates & Facilities.
- Supporting the Trust in the development and delivery of its strategic plan to be acquired by the RUH.
- Explore possible opportunities to utilise charitable funds to make cosmetic improvements
- Agreement to hold a capital planning meeting as soon as practical to review the capital planning budget and allocation for 2013-2014

Further supporting work for the proposals detailed above is on-going, in partnership with clinical services, addressing deliverability; impact on clinical services, cost implications and option analysis.

Conclusion

Essentially, the strategy is to sustain and where necessary improve mandatory and statutory compliance and the environment within limited capital and revenue budgets over the next year in readiness for the anticipated acquisition by the RUH.

The key conclusions from this Estates Strategy are:

- The Trust is facing a challenging external agenda for change, from changes to the NHS and commissioning structures and the financial strictures on the NHS;
- The Trust needs to ensure the efficiency and cost effectiveness of its Estate, whilst still providing its existing patient services;
- The Estates Strategy will focus on making the most effective and efficient use of our hospital sites, enable clinical staff to work in the right place and to provide the best, safest and most seamless care for our patients.

Recommendation
The Board is asked to approve the RNHRD Estates Strategy 2013-2014.

Malcolm Sommerville
Estates & Facilities Manager
May 2013.

Agenda Item: 13.1

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

Title	**INTEGRATED GOVERNANCE AND QUALITY ASSURANCE COMMITTEE (IGQAC) CHAIR REPORT – 18th April 2013**
Author	**Chris Johns, Non-Executive Director/Chair of IGQAC**
Meeting	**Trust Board, 25th April 2013**
Appendices	**n/a**
Review	**n/a**
Action Required	**For Information**

1. Fire Safety

1.1 Department of Health "Dear Colleague" letter to all CEOs dated March 2013 following a serious fire in another NHS hospital setting out a review criteria. A full review against the criteria was carried out by the Estates Manager and presented to the Health and Safety Committee at its meeting on 11th April. The report reviewed each element and the Trust is well placed to respond to the issues raised by Department of Health.

1.2 Fire safety Policy and Procedures. The revised Policy was discussed at H&S Committee but the linked Procedures were not all attached to the policy. This will now be completed outside committee and revised documents will be presented to the Clinical Risk Committee. Both documents will return to IGQAC for ratification.

2. Health and Safety Policy

2.1 Policy approved at the H&S committee and ratified by IGQAC subject to a small addition re staff training.

3. Draft Quality Report

3.1 The Draft Report was presented to IGQAC by the Director of Governance and the rationale for the structure described. The following key points emerged:-

- The Director of Operations has reviewed the priorities for 2013/14 and a paper was circulated for discussion. Priorities were agreed subject to a full discussion with Consultants and lead managers.
- CQC registration – no issues following the successful unannounced inspection.
- CQC Essential standards Quarterly report (4)–the trust has declared itself fully compliant. Re CQC March 2013 Quality and Risk profile - No risks rated red or amber. The ratings are mainly low yellow to low green as at 31st March 2013. Director of Governance was contacted by CQC re RUH position.
- New "Recommendation to family and friends"- IGQAC discussed first results. An action plan is in place. An external visit on behalf of HMG has taken place and the report confirms that the Trust has met the test.
- Reporting of incidents by staff – very good response indicator by staff and this validated by external trainer at recent event.
- Falls – following two falls resulting in fractures in January 2013, root cause analysis was completed and an action plan is in place.
- Complaints – all 17 complaints in 2012/13 were responded to within the statutory time lines.
- National In-Patients survey – overall the Trust performed better than last year.
- Staff Survey results – staff engagement proposals will be developed into the HR Action Plan around the bottom 4 ranked scores. IGQAC felt that this was appropriate given the Trusts current position and would be a positive response which can be delivered by managers.
- Regulation Rating – Quarter 4 letter from Monitor awaited.
- PEAT Action Plan – was discussed by IGQAC particularly to find a solution to ensure that any outstanding issues are responded to in year. PEAT is being replaced by PLACE (Patient led Assessments of the Care Environment). Director of Finance will prepare a report for a future Board meeting.

4. Francis report Recommendations

Director of Governance presented a report and a schedule of actions and monitoring of implementation by IGQAC at its quarterly meeting.

5. RSM Tenon Internal Audit Report CQC Registration –26th March 2013

Director of Governance presented the report and a full discussion followed with a note of a very good outcome and full Board assurance.

6. Safeguarding Children and adults

Director of Operations reported that staff training issues remain but actions are in place to remedy difficulties in securing external provision.

7. Complaint and PALS

Director of Governance presented a report for Qtr. 4 –7 new written complaints—a total of 17 in full year. All issues raised have been responded to and actions in place.
Verbal complaints – 2 in Qtr. 3—to total of 36 in Qtr. 4. Director of Operations is reviewing the new process of letters to out patients reminding them of their appointment. IGQAC discussed the issue and suggestions noted by the Director of Operations.

8. Patient Safety

Director of Operations presented a performance report which showed that overall the Trust`s performance was very good and met its targets. The detail is contained within the Draft Quality report

9. Clinical Risk Committee

Director of Governance reported on the agenda of this committee :-.

- The Trust reviewed its policy regarding "Duty of Candour" in Qtr. 4
- High percentage of Clinical Audits completed within year.
- Risks remain re mandatory statutory training –as mentioned above in the Dir. Of Ops report.

10. Clinical Effectiveness and Audit

10.1 Director of Governance has reviewed national guidance from NICE and actions re quarterly audits will be carried out by the Medical Director --re Consultants and Doctors and the Director of Operations re Nurses and Therapists.

10.2 Clinical Audit -- A high level of Audits carried out and documented. A review is underway to ensure all are completed and documented with in the timeline.

10.3 Policy review – An annual plan of review is in place. Sponsoring Directors will take this forward.

10.4 Annual Clinical Audit Plan – This has been agreed and is with all sponsoring Directors and committees

11. Information Governance

Director of Governance presented a report which showed that at 31st March 2013 the Information Governance Toolkit was completed and that the Trust was 82% compliant –Green rating.

12. IGQAC Work plan 2013/14

Director of Governance reviewed the Work plan with two additional proposals. This was discussed and agreed. The Work plan was approved and will be monitored and reviewed at each quarterly meeting.

Chris Johns
Non-Executive Director

Agenda Item : 13.1

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

Integrated Governance and Quality Assurance Committee - MINUTES

Minutes of the
INTEGRATED GOVERNANCE AND QUALITY ASSURANCE COMMITTEE
Held on **Thursday 18th April 2013**
9.30 – 12.30 Board Room
Papers available at Data 1/Governance and Performance/IGQAC 18.04.2013

Members present	Initial	Position
Kirsty Matthews	KM	Chief Executive Officer (Chair)
Hayley Sewell	HS	Director of Governance
Chris Johns	CJ	Non Executive Director
Rayna McDonald	RMcD	Director of Operations and Clinical Practice
Bernice Statton	BS	Clinical Governance Manager
Malcolm Sommerville	MSom	Estates Manager
Dr Ashok Bhalla	AKB	Medical Director
Lori Criddle	LC	PA to Hayley Sewell and Tim Jenkinson (Minutes)
Agenda item 1 Apologies		
Val Janson	VJ	Assistant Director of Performance and Operations B&NES PCT
The minutes are written in the order of the agenda.		

Item	Minute	Action
2	**The Minutes** of the Integrated Governance and Quality Assurance committee meeting held on **Monday 14Th January 2013** were reviewed for accuracy and content. There were no corrections or amendments and the minutes were accepted as a true record. (The approved minutes are available for members to view on Data 1/Governance and Performance/IGQAC/approved minutes for 2012/13 14.01.2013)	
3	**Review of Action List 14.01.2013.** CEO KM reviewed with the committee the Action List from the IGQAC meeting held on the 14.01.2013. **Actions brought forward from meetings held *prior* to 14.01.2013:** 1. *NED CJ expressed the need to hold a fire evacuation practice ahead of 09.05.12 IGQAC meeting and to have a written external assurance of the Fire Safety at the RNHRD…Head of Finance RH to submit a report covering above by 31.08.12…,.NED CJ to write to the Board expressing his strong disappointment that the report requested in brought forward Action Point 1 has not been provided. Capping report to Board complete and submitted for meeting held on 22.11.2012. Updated fire risk assessment completed by Fire Safety advisor in November 2012. No significant risks identified. Progress to actions to be reported to H&S meeting 07.02.13. NED CJ advised that he has discussed Fire Safety with RH and he is content with progress. Estates Manager MSom advised that the Fire Safety report from the November 2012 agreed the compartmentation of the hospital, however there is physical work to be completed to be able to further improve horizontal compartmentation. Training is also to be completed. The designation of Fire Marshalls has been updated and Action Cards will be updated by the end of January 2013. These issues will be addressed at the Health and Safety meeting to be held on the 7th February 2013 and a report will come back to IGQAC for the April 18th 2013 meeting*. **Fire Policy submitted last week to H&S Committee – approval deferred until all associated procedures are attached. This will be presented at next**	

	H& S meeting. **Changes have been made to the Action Cards due to the closure of the Neurorehabilitation Unit. These will be ready within the month and presented at the next EMG.** 3. *NED CJ queried that the Board had reviewed a Health and Safety report for 2011/2012. RH to confirm.* **The Health and Safety report was taken to board and approved.** <u>Actions from meeting dated 15.11.2012</u> **3. Q3 2012/2013 Quality Improvement priorities** update RMcD also highlighted the reduction in delays to follow up appointments in Q3 (approximately 300 appointments) and a continuation of monitoring of the discharge rate currently 15.9%. This will continue to be monitored by the relevant Consultant. The Trust has a high DNA rate of 9% which is above a target rate of 4%. The policy on DNA's is to be reviewed. The referral rate has increased to a level of 19% which partly reflects an aging population within the BANES area. Estates Manager MSom to provide information to RMcD on the rate of unanswered phone calls in appts. RMcD reported that **letters are being sent to patients reminding them of their appointments. This started a month and a half ago and is on-going. To measure the number of calls there is a system in place but** **MS is investigating the need for new call logging software, which costs £2000+VAT.** **Actions: 4, 5,6,7,8, 9 and 11 are all for discussion on the Agenda.**	MSom MSom
Policies and Terms of Reference for Ratification		
4.1	**Health and Safety Policy** This was approved at the Health and Safety Meeting. It was noted to be a good report, covered all areas and was approved. 7.2 of policy to be changed to "all staff" IGQAC ratified the Policy	 BS
5.1	**Draft Quality Report 2012/2013** HS went through the Quality Report with IGQAC. There were a number of items still to be updated. Page 4 – KM to make an updated statement. Page 5 – RMcD has circulated paper to replace. Page 10 – Reviewed each quarter – updated. Page 11 – Waiting from update from RH. Page 12 – this is a positive statement – no issues Page 13 – Updated quality overview. Page 14 – New requirement – Core Indicators *core 1- no action *core 3 – improvements – Do more action through staff survey action plan Patient Safety Incidents – continue to encourage staff. Page 20 – Update information on highlighted sections Page 21 – National results were published on 16/4 – RNHRD did very well. Staff Survey – To look at providing a summary to support the bottom 4 ranked scores. Regulatory Ratings – waiting for Q4 rating from Monitor.	 KM RH RMcD

	Public Interest – Statement from Rayna. Page 30 – All information updated. Page 31-33 – All highlighted bits to be updated. Page 33 – MS and RH to look at the pink paragraph. Page 34-37 – Updated all (sections highlighted on pages 36 and 37 are staying the same, but could be subject to change). HS to make amendments. **Priorities for improvement in 2013/14** **Patient Safety** To take out the sickness absence and add Root Cause Analysis – falls to patient's safety. Changes made to third one -*graded as moderate and above* **Clinical Effectiveness** Changes to be made to first one *to develop GP Training* Changes to third one *for Rheumatology in AS* **Patient Experience** Changes to be made to first one *to eliminate delays to follow ups* Changes to be made to last one *because it has never been measured before* To see if Pain/CFS have any targets they would like to put in. This report is going to EMG on the 18th April.	RMcD MS and RH HS
5.1.1	**Q4 2012/13 CQC Essential Standards of Quality and Safety Declaration** The Director of Governance presented the report which states that Executive Directors completed assessment – declaring full compliance in all areas for Q4 of 2012/13..	
5.1.2	**CQC Quality and Risk Profile 28.02.2013** The Director of Governance presented a paper on the CQC QRP dated 28.02.13 There is improvement compared to last time. No risks where we were rated high, red or amber. The report included a summary on actions for improvement. The Director of Governance advised the committee that a further version of the QRP was published in March 2013 and there are still no risks rated red or amber for the trust.	
5.2	**News from the CQC –, February and March 2013. Please follow the links:** **February 2013 :** **http://cqcnews.org.uk/?o5W2Zlqe1RLD1ZlQRq2nqEYf5TQSViYJo** **March 2013:** http://cqcnews.org.uk/?o5W9ZtUDYNd2wO1Usq2nocI7STw3V4YJo	
5.3	**Q4 Progress on PEAT Action plan** The Estates and Facilities Manager presented the report which showed progress against actions. The Chair requested a review of those actions which are low risk but require significant capital investment.	Msom
5.3.1	**PLACE (Patient-Led Assessments of the Care Environment)** The PLACE programme commenced on the 2nd April 2013. This replaces the former PEAT programme. There are many similarities to the PEAT, however, there are a	

	number of significant changes which are yet to be detailed in full.	
5.4	**Review of Francis Report Recommendations regarding Governance** The Director of Governance presented a paper which had been approved by the board in February 2013 reviewing the recommendations in the final Francis Report and presenting assurance regarding recommendations relating to Governance and any resulting improvement actions . The recommendations relating to clinical care and any resulting improvement actions are To be presented at board by the Medical Director and Director of Operations in June 2013. This will continually be monitored by IGQAC on a quarterly basis.	RMcD, AKB
5.5	**Internal Audit Report – CQC Registration 2013** An audit of CQC Registration was undertaken as part of the approved internal audit plan for 2012/2013. The conclusion showed that we had received Green status. One recommendation was accepted regarding storing evidence files in electronic format and providing adequate guidance on where evidence in practice can be reviewed. Lead Directors to brief their teams on this to ensure compliance with the recommendation. RMcD and HS to discuss with KM a draft to the relevant people in recognition of their hard-work in achieving this audit result.	RMcD/RH/HS RMcD/Hs/KM
Quality and Safety		
6.1	**Q4 Patient Quality and Safety Forum meeting 26.03.13 report** RMcD reported verbally that a recent meeting had occurred – final report yet to be completed.	RMcD attach to minutes
6.2	**Q4 Safeguarding Children and Adults report** This report was presented verbally. There have not been any alerts in the last quarter. Training issues are still on-going as the requirements keep changing. Work is being done with RUH r.e. Adult Safe-Guarding. On-line training is now available. Jackie Cooke will be taking on the Safe-Guarding role. RMcD to forward written Report to IGQAC.	RMcD attach to minutes RMcD
6.3	**Q4 2012/13 Complaints and PAL's report** The Director of Governance presented the report. There have been 7 new written complaints in Q4 – total of 17 for this year. All 17 have been responded to within time frame. There has been a significant increase in verbal complaints during Q4 with regards to access to the appointments department. RMcD is going to check that the reminder letters to patients provide adequate information to avoid the need to telephone the appointments department. KM has asked RMcD to look into a texting option and the cost.	RMcD RMcD
	Q4 2012/13 Quality Improvement priorities update (to include the Annual Plan) The committee reviewed progress against the 2012/13 priorities and noted the positive progress to achieve all the priorities for improvement..	RMcD

	Clinical Risk	
	Report from Clinical Risk meeting 15.04.2013	
6.4	The Being Open Policy was reviewed to incorporate Duty of Candour . There were fewer incidents reported in Q4 compared to Q3 and no new trends in incidents and no new clinical risks reported in Q4.	
7	**Clinical Effectiveness and Audit Q4 2012/13 National Guidance NICE**	
	Guidance/interventional procedures & NCE's.	
7.1	The Director of Governance presented the report which includes a review of all NICE Guidance and national guidance. The NICE guidance published in Q4 relevant to services provided by this trust was; Diagnosis and management of venous thromboembolic diseases. These Quality standards are to be reviewed by Patient safety forum and Medical Staff Meeting to ensure that an assessment against the standard is completed and any required actions monitored to completion.	
	Consent Policy – Annual audit of process.	
8	Policy reviewed through audit process which demonstrated all processes in place and no actions to complete.	
	Clinical Audit Policy - Annual audit of process.	
8.1	The policy was reviewed through audit process . Actions identified; sub-committees to ensure that they are reviewing clinical audit plans and monitoring actions to completion	
	Claims Policy - Annual Audit of process	RMcD and AKB
8.2	As there had been no claims during 2012/13 it was not possible to complete all aspects of the audit but the policy remains up to date.	
	Procedural documents development and management policy – Annual Audit of process	
8.3	There are 76 policies in date which is an improvement on the last review of policies. The annual audit actions agreed were that the sub committees are to monitor against an annual plan of policy review.	
	External Agency Visits Inspections and Accreditations – Annual audit of process	Chairs of sub committees
8.4	The audit demonstrated that all actions were in place	
	2013/14 Clinical Audit Plan..\..\Audit Spreadsheet\Copy of Clinical Audit Plan v2 2013-14.xls	
8.5	The Annual Clinical Audit Plan consists of all audits required to meet national clinical audits and contractual requirements as well as trust local clinical audits. The committee approved the 2013/14 Annual Clinical Audit Plan. Each sub committee to review progress against the clinical audits relevant to them	
	External Visits	Chairs of sub committees
	Fr3dom Health FFT readiness results.	
9.0	The Friends and Family Test is a national initiative and will be introduced in all trusts from 1.4.13. The purpose is to identify both good and bad performance and	
9.1	encourage staff to make improvements where services do not live up to expectations.	
	An external agency came to review the trust's preparedness and confirmed that the trust was 100% prepared to implement the Friends and Family test from April 2013.	

Information Governance		
10	**Report from Information Governance & Strategy Committee meeting** At the end of March 2013 the information governance toolkit assessment was submitted. The trust was rated in the Green category and achieved a score of 82% compliance.	
Human Resources		
11	**Q4 HR 2012/13 Report** Report seen by IGAQC - Turnover rate is a lot higher than previous and is expected to be higher in April 2013 due to neuro rehabilitation closure. Learning and Development - E-Learning Platform is now available on the Mintranet. This is intended to provide a range of development opportunities to all staff. - Exceptional Customer Care – On-going coaching and performance management by the team managers. Benefits continue to be reported and certificates are being awarded on achievement of objectives. - IT Training – New training delivered during Q4. Some 1:1 sessions have been very well received. - Root Cause Analysis Training – Held on 10th April 2013, delivered by a national expert in this subject who commented on the good level of knowledge of trust staff. - Project Management Training is scheduled for May 2013. It was noted that the Clinical Risk Committee recommended that all training is to be reviewed to ensure that it is delivered in the most time efficient way i.e. only needing to be half a day instead of a full day.	
Meetings		
12.1	**BANES PCT Quality Meeting** The Director of Governance presented the minutes of the above meeting which took place in February 2013 to review Q3 performance . Jackie Cooke did a very well received presentation r.e. bladder scanner. No high risk issues were identified.	
12.2	**BANES PCT 2012/13 Contract CQUIN and Quality Schedules and Q4 Report** The Director of Governance presented the draft CQUIN and quality schedules for the 2013/14 contract which had been agreed by trust staff but the Final version of the contract is awaited from BANES CCG.	
Closing Business		
13 13.1	**Q4 Monitor Declaration** IGQAC reviewed and approved the draft Q4 Monitor declaration prior to presentation to the Board in April 2013. **IGQAC work plan** The changes agreed at the Jan 2013 IGQAC meeting have been incorporated into the plan and were approved by IGQAC.One amendment is to add the 6-monthly review of the trust policy database and an Annual review of patient safety plan	
13.2	**Any Other Business** NHS England 5th April 2013 briefing Noted updated NHS constitution has been published. HS to present new version of NHS constitution next IGQAC Meeting.	HS
	Date of next IGQAC meeting: Tuesday July 30 2013 10:00 – 13:00 Board Room **Future meetings: Tuesday October 22 2013 10:00 – 13:00 Board Room**	

Agenda Item : 14.1

REMUNERATION COMMITTEE
Annual Report to the Board May 2013
A paper by the Chair

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

Title:	**Remuneration Committee Annual Report 2012/13**
Author:	**Peter Franklyn, Chair**
Meeting	**Trust Board, 24th May 2013**
Appendices:	**n/a**
Review:	**n/a**
Action Required:	**For Information**

Introduction

The Remuneration Committee is a sub-committee of the Board of the RNHRD NHS FT formed under the Chairmanship of the Chair of the Board of the Trust. The membership consists of the Chair and Non Executive Directors of the Trust. The Committee is convened as required to consider terms and conditions, pay and allowances of the Chief Executive, and Executive Directors of the Trust whose terms are outside those otherwise established under Agenda for Change. The Committee reports annually to the Board on the outcome of its deliberations.

Aim

The aim of this brief report is to record the Remuneration Committee's activities under my chairmanship since May 2012.

Activities

The Committee has been convened on one occasion since May 2012; on 25 April 2013. All members were present and the meeting was supported by the Head of Human Resources (Ms Marianne Spaans). The Chief Executive (Ms Kirsty Matthews) joined the meeting for those aspects not directly associated with her own terms and conditions.

The meeting opened with a brief from the Head of HR covering:

- The present situation within the NHS as a whole
- Feedback from other NHS organisations in the South West on likely pay settlements for the purpose of market comparison
- Comparison of Directors' remuneration with other Trusts
- Additional Agenda for Change proposals

The committee noted the comparative data and after discussion on the final point determined that individuals in band 8c and 8d should continue to be considered under Agenda for Change rather than assessed under separate arrangements by the Remuneration Committee.

The meeting was then briefed by the Chief Executive on the outcome of her appraisal meetings with Executive Directors, together with any aspects that she felt it appropriate to bring to the attention of the Committee.

The Chief Executive withdrew whilst further discussion took place on arrangements for the Chief Executive.

Outcomes

After careful consideration, taking into account current levels of remuneration; market conditions; the need for restraint within the public sector and finally the particular conditions that apply within the RNHRD, the Committee were unanimous in concluding that it would be appropriate to raise the remuneration levels for the Chief Executive

and Executive Directors on this occasion and that the increase should amount to 1% of basic pay effective from 1 April 2013.

In the case of the Chief Executive it was further agreed to fund a request for specific professional accreditation judged to be of individual benefit and wider Trust interests. The Medical Director receives no additional remuneration as a Director, his remuneration as a Consultant being determined separately and in line with national arrangements.

The outcome of the meeting was conveyed to those concerned by letter dated 30 April 2013 and subsequent personal interviews conducted by the Chair, or Chief Executive, as appropriate.

Terms of Reference for the Remuneration committee were reviewed without any change being recommended.

Recommendation

The Board is recommended to note this report for the record.

P M Franklyn
Chair RNHRD NHS FT

7 May 2013