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
Thursday 19th December 2013
at 1030 hrs
to be held in
the RNHRD Board Room

		Action	Person	Paper
OPENING BUSINESS				
1.	Training : Fire Training	-	Estates Manager	-
2.	Apologies for Absence	-	Chair	-
3.	Declaration of Interests	-	Chair	-
4.	Minutes of meeting held in public 28th November 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	For information For information	Chair Chief Executive	6.1 6.2
QUALITY / GOVERNANCE				
7.	i) Patient Safety Walkround ii) Quality Report	For information For information	Director of Finance Director of Governance	7.1 7.2
PERFORMANCE				
8.	i) Executive Update ii) Financial Report Month 8 2013/14	For information For information	Director of Finance Director of Operations & Clinical Practice / Medical Director	8.1 To follow 8.2
CLOSING BUSINESS				
9.	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 RNHRD NHS FT Trust Board

RNHRD NHS FT Trust Board held in public
Thursday 28th November 2013
1030 hrs, RNHRD Board Room

Members Present

Eugene Sullivan	Chair (ES)
Kirsty Matthews	Chief Executive Officer (KM)
Tracey Cotterill	Director of Finance (TC)
Rayna McDonald	Director of Operations & Clinical Practice (RM)
Peter Spencer	Non-Executive Director (PS)
Chris Johns	Non-Executive Director (CJ)
Niall Bowen	Non-Executive Director (NTB)
Mike Attenborough-Cox	Non-Executive Director (MA-C)

In attendance

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

Governor Representatives
Vivienne Pozo (VP)
Yvonne Glenn (YG)

ITEM	TOPIC	ACTION
	The Chair welcomed all to the RNHRD NHS FT Trust Board of Directors meeting held in public in particular the governor representatives. **The Chair updated the Board on the Chief Executive recruitment process. Although interviews had taken place no decision had been made as yet.**	
PM 11/13/1	**Fire Training** Due to the absence of the Estates Manager, Fire training was deferred.	
PM 11/13/2	**Apologies for Absence** Apologies were received from Dr Ashok Bhalla, Medical Director (AKB).	
PM 11/13/3	**Declarations of Interests** There were no declarations of interest.	
PM 11/13/4	**Minutes of Board Meeting Held in Public – 24th October 2013** The minutes of the Board meeting held in public on 24th October 2013 were **approved**.	
PM 11/13/5	**Action List / Matters Arising** The action list was **noted**. **Matters Arising** **Care Quality Commission (CQC) Intelligent Monitoring Report October 2013** The Chair asked when the data from the CQC intelligent reporting would be revised as the Trust's result included a one off event resulting in high staff turnover score. The Director of Governance responded that the CQC had advised that they anticipated refreshing data in January 2014. **Friends & Family Test** The Chair asked when the next national review of the Friends and Family test was due. The Director of Governance replied that it is anticipated the results will be published nationally again during Q4, however the exact date has not been confirmed.	

The Board **noted** the report.

Chris Johns, Non-Executive Director joined the meeting at 1050 hrs.

PM 11/13/6 **i) Chair's Report**
The Chair presented the report and highlighted the meetings listed on the schedule, and the item for approval:-

Trust Board Annual Business Cycle 2014/15
The Trust Board annual business cycle for 2014/15 was discussed and **approved**.

The Chair added that a new Lead Governor had been nominated for the Council of Governors, this appointment will be formally approved by the Governors at the next meeting, planned in January 2014 (date to be confirmed).

The Board **noted** the report.

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

- Attendance of the Chair and Chief Executive at the recent Banes Wellbeing Policy Development & Scrutiny Committee held on 22nd November 2013 to update the Committee on the "Future of the RNHRD". A supporting paper was provided attached as appendix 2.
- The Executive Management Group (EMG) agenda as appendix 1
- The Monitor update, in particular the Taking Action to Improve Care for Patients which outlined the number of foundation trusts under investigation, and, the engagement on the future of the NHS landscape in the next 10 years
- NHS England's letter (sent on 4th November not December as stated in the report) and guidance to shape the planning framework for organisations in terms of meeting Monitor's requirements in respect of long term strategies and plans; appendix 3 outlines the RNHRD's timetable to meet these deadlines.
- The media update, in particular the award won by the Breast Radiation Injury Rehabilitation Service (BRIRS) at the Breast Cancer Care Nursing Network Awards.

The Chair asked if the successful award presented to the BRIRS was a joint collaboration with our partners. The Director of Operations & Clinical Practice responded that the award was presented solely to the RNHRD as recognition for the innovation of a new service in recognising a need. The Board congratulated all those concerned with such an excellent award.

A Non-Executive Director asked if the Banes Wellbeing Policy Development & Scrutiny Committee had approached any stakeholder on behalf of the Trust. The Chief Executive replied that after the last meeting the panel offered assistance in seeking a solution and a letter had been sent to the Chair to outline any possible assistance.

The Board **noted** the report.

iii) Medical Director's Report
The Medical Director's report was presented with no additional comments.

The Board congratulated the Medical Director on the excellent record for the Trust's appraisal rates for doctors in particular those on short term contract who have also achieved revalidation.

It was agreed that the Chair would send a congratulatory letter to the Chair of Research & Development (R&D) and Consultant Rheumatologist on his new appointment.
Action : Chair **ES**

A Non-Executive Director asked who will replace the Chair of the R&D. The Director of Operations & Clinical Practice reported that a succession planning process is currently

underway.
The Board **noted** the report.

PM 11/13/7 **i) Quality Report**

The Director of Governance presented the report and confirmed that the trust met all the applicable national targets and indicators in October 2013 and there were no serious incidents, serious complaints or trends in complaints.

It was noted that there were 3 complaints/concerns regarding pain services in 2013/14 therefore the Medical Director has initiated a peer review to provide an independent assessment of the service.

The Chair asked if there was a forward programme for peer reviews. The Director of Operations & Clinical Practice replied that some of the RNHRD services are subject to regular peer reviews through national bodies however the services that do not fall within this regime will be part of an internal rolling programme throughout the year. The Chair requested that this rolling programme be presented to the December 2013 Board which should include the list of peer reviews that have already been completed in recent years.

Action : Director of Operations & Clinical Practice **RM**

The Board **noted** the report.

ii) Specialist Commissioning Update

The Director of Governance presented the report which updated on specialised commissioning arrangements.

A specialist commissioning provider engagement event had taken place on 12th November 2013 organised by the local area team responsible for specialist commissioning in the South West which the Director of Governance had attended. The meeting included a summary of the commissioning process to date. There will be further meetings each quarter for providers to receive information and feedback issues regarding specialist commissioning.

A discussion followed on the risks and benefits of the hub and spoke model that is being proposed for commissioning where a “hub” provider will commission other providers to deliver parts of the care pathway. A national meeting will be arranged in December 2013 to discuss the development of a 5 year strategy for specialised commissioning; the Director of Governance has been invited to attend the meeting.

Further discussions to clarify the services included within specialist commissioning and the impact, if any, on activity/income followed.

The Board **noted** the report.

iii) Monitor Consultation – Code of Governance

The Director of Governance presented the report which describes Monitor’s consultation on the update on the Code of Governance with a summary of the key changes proposed. The consultation deadline is 29th November 2012.

A Non-Executive asked if the Trust should complete a self-assessed governance review. The Director of Governance replied that the Board completed a self-assessment against the Code of Governance which was presented to the Board in July 2013 and as the revised Code of Governance had not been finalised yet it would be prudent to wait until the final document was published when it would be clearer on what would be expected.

A Governor queried the formal way in which governors are able to feedback. The Chair explained the process for governor feedback however recognised that not all governors may be aware of the formal process that is in place and will address this concern. **ES**

Action : Chair

The Board **noted** the report.

PM 11/13/8 Operational Performance & Clinical Practice Report

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

- Performance continues on a similar trend to previous months with the only areas to underperform being Rheumatology outpatients' procedures which reflects the shift of this activity to the community and endoscopy referrals.
- A number of actions have been implemented to improve the performance within the appointments office in terms of access to telephone calls.
- All areas of Vital Aspects of Clinical Care (VACCS) scored green rating
- There were no adverse events in October 2013
- The "Guide to Establishing Nursing, Midwifery and Care Staffing Capacity and Capability" was published by the National Quality Board (NQB) as a response to the Francis Report. From April 2014 organisations will be required to publish the ratio of nurses to patients. A more detailed paper will be presented to the December 2013 Board outlining the requirements and responsibilities of the Board.
  Action : Director of Operations & Clinical Practice **RM**
- The second 15 step challenge took place in October 2013 in the Therapy Outpatient department. Actions have been incorporated into other plans and will be monitored by the Integrated Governance, Quality & Assurance Committee.
- In terms of workforce; turnover is low, sickness is at 2% and appraisals, as at 28th November 2013, at 83%. There has been a very high uptake in the flu vaccinations; 48% or 132 employees.

A Non-Executive Director asked if the Trust was already monitoring the nurse to patient ratios and whether the figures had been reported to the Board before. The Director of Operations & Clinical Practice replied that the Trust was already monitoring this which currently is between 1-4 and 1-6 depending on the dependency and numbers of patients. In terms of reporting historically all patient safety issues or incidences of concern were reported to the Board.

A discussion followed on the level and timeliness of reporting of patient safety indicators to the Board in particular on the appropriate level of scrutiny beneath the top line reporting. The Chief Executive described the role of the Board sub committees in particular Integrated Governance, Quality and Assurance Committee (IGQAC) in providing the appropriate level of scrutiny and feedback to the Board by the Non-Executive representative. It was agreed that future reports would include a narrative explaining the methodology underpinning the safety indicators and any caveats regarding sample sizes.
Action : Director of Operations & Clinical Practice **RM**

The Board **noted** the report.

PM 11/13/9 Financial Report Month 7 2013/14

The Director of Finance presented the report and highlighted:-

- The income and expenditure position for the Trust is a deficit of £(807k) compared to an expected deficit of £(1,827k) year to date.
- The favourable position was driven by pay where reserves have been released, some vacancies and savings released to the Cost Improvement Plan; non-pay expenditure in support services
- Debtors increased during October 2013 but work continues on aged debt.
- The budget and contract negotiations for 2014/15 setting process has started
- The cash position is being monitored closely.

A Non-Executive Director asked for further clarification on the increased position of debtors whether there was an underlying trend. The Director of Finance explained that this was primarily driven by the CCG not having patient level data, however this issue is being addressed and anticipated reimbursement will occur by end December 2013.

The Board **noted** the report.

PM 11/13/10

i) Integrated Governance, Quality and Assurance Committee (IGQAC) – 22nd October 2013 – NED Capping Brief

Chris Johns, Non-Executive Director representative for IGQAC presented the report and highlighted:-

- The Intellectural Property Rights policy has now been agreed by the Finance & Activity Committee.
- The points raised earlier in the meeting have been noted in terms of robust scrutiny process of top line reporting.

The Director of Governance added, that in response to an earlier comment made by a governor present (VP), governors are invited to join the 15 step challenge walkrounds, and receive the IGQAC minutes within the Board papers.

The Board **noted** the report.

ii) Minutes of Integrated Governance, Quality and Assurance Committee (IGQAC) – 22nd October 2013

The Chair of the IGQAC presented the minutes of 22nd October 2013. There were no further comments.

The Board **noted** the minutes.

PM 10/13/9

Any Other Business

There were no further matters of business.

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

The Trust Board **approved** the resolution.

The next public meeting will be held on **19th December 2013**

Agenda Item : 5.1

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

TRUST BOARD held in Public ACTION LIST – 19th December 2013

Item	Action	Responsible	Action/Update
1.	**PM 11/13/7 : Quality Report** Produce a rolling programme of past and future peer reviews	**Director of Operations & Clinical Practice**	**On Agenda : contained within the Executive Summary Update**
2.	**PM 11/13/7 : Monitor Consultation – Code of Governance** Explanation to governors on formal process of feedback.	**Chair**	**This will be addressed at the next Council of Governors meeting**
3.	**PM 11/13/6 : Medical Director Report** Write letter to Professor Neil McHugh	**Chair**	**Completed**
4.	**PM 11/13/8 : Operational Performance & Clinical Practice Report** A detailed report on the "Guide to Establishing Nursing, Midwifery and Care Staffing Capacity and Capability".	**Director of Operations & Clinical Practice**	**On Agenda : contained within the Executive Summary Update**
5.	**PM 11/13/8 : Operational Performance & Clinical Practice Report** Future reports would include a narrative explaining the methodology underpinning the safety indicators ad any caveats regarding sample sizes.	**Director of Operations & Clinical Practice**	**To be included in future reports.**

Future Actions

Item	Action	Responsible	Action/Update
1.	**PM 10/13/7 : Operational Performance & Clinical Practice Report** Benchmark data to be included in a patient experience report to the Board the next time the information is published nationally.	**Director of Governance**	**April 2014**

Agenda Item : 6.1

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

Title	**CHAIR'S REPORT**
Author	**Eugene Sullivan, Chair**
Meeting	**Trust Board, 19th December 2013**
Appendices	**n/a**
Action Required	**For Information**

1. Meetings

5th December	:	Friends Christmas Fayre
11th December	:	Met with Lead Governor designate
11th December	:	Telephone call with Monitor with Chief Executive and Director of Finance
12th December	:	AGM/AMD

2. Chief Executive Recruitment

Verbal update will be given at the meeting.

Eugene Sullivan
Chair
RNHRD FT NHS

Paper number:	**7.2**
Title:	**Quality Report - Risk Assessment Framework 2013/14 Performance November 2013**
Author:	**Hayley Sewell, Director of Governance**
Meeting	**Trust Board, December 2013**
Action Required:	**For information**

1. Risk Assessment Framework – performance in November 2013;

- the trust met all the applicable national targets and indicators for acute trusts detailed in Monitor's Risk Assessment Framework 2013/14[1].
- there were no serious untoward incidents, serious complaints or concerns in November 2013.

Table 1. Targets and indicators, thresholds and monitoring periods for 2013/14

Targets and indicators, thresholds, and monitoring periods for 2013-14	Threshold	Weighting	Monitoring Period for Monitor	Nov 2013	YTD	RAG
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, 1 case in Q2, 2 cases in Q3 and 2 cases in Q4)	0	1.0	Quarterly	0	0	
MRSA Bacteraemia – meeting the MRSA objective	0	1.0	Quarterly	0	0	
Certification against compliance with requirements regarding access to health care for people with a learning disability	N/A	0.5	Quarterly	Comp -liant	Comp -liant	
Access						
Maximum time of 18 weeks from point of referral to treatment in aggregate – admitted*	90%	1.0	Quarterly	100%	100%	
Maximum time of 18 weeks from point of referral to treatment in aggregate – non-admitted**	95%	1.0	Quarterly	97.29%	98.6%	
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway***	92%	1.0	Quarterly	97.74%	98.53%	

Access definitions;
*admitted - patients whose referral to treatment (RTT) clock stopped during the month with an inpatient or day case admission.
**non-admitted - patients whose RTT clock stopped during the month for reasons other than an inpatient or day case admission.
***incomplete pathway - patients whose RTT clock is still running at the end of the reporting month. This is a "snapshot" on the last day of the reporting period.

References: 1. Risk Assessment Framework 2013/14, Monitor, August 2013

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: Therapy Outpatients	**Lead area representative: Occupational Therapist, Rheumatology Therapies** **Walk round carried out by: Director of Finance**
Date: 11/12/2013	**Format of walk round: Details of where and discussions with whom**: Visited: Reception, hydrotherapy, Physio, OT, Bodyshop. Spoke to clinical staff in Bodyshop and physio. Met Physio patient.
Time: 11.30	
Report completed by: Director of Finance	**Distribution:** The OP Therapy team, the Integrated Governance & Quality Assurance Committee, 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.	**OT Assessment Bathroom – Inaccessible due to amount of equipment being stored**	Remove unnecessary equipment	Occupational Therapist /OT Clinical Specialist	31.12.2013	

#	PATIENT SAFETY ISSUE IDENTIFIED / DISCUSSED	ACTION REQUIRED	ACTION OWNER	PLANNED COMPLETION DATE	ACTION COMPLETE?
2.	**Room GE23 patient treatment room – has equipment which may pose danger to patients. Currently only closed when patient being treated. Should be kept closed when not in use to prevent access.**	Fit sliding panel to door to advise whether vacant or engaged, and ensure door closed at all times	Occupational Therapist /Out-patient Service Lead	31.01.2014	
3.	**New children's area in reception has play-mat that has a kink and needs straightening: trip risk.**	Affix grippers to mat to keep it secured in place	Occupational Therapist / Out-patient Service Lead	31.01.2014	
PATIENT'S STORY					
1.	**Met physio patient, a direct access referral. Problems with hip, muscle spasms in legs. Was receiving wax treatment for arthritic hands. Full of praise for every aspect of care. "Staff are brilliant". Concerned about prospect of closure, less keen on RUH. Not aware of current strategic plan. Worked nearby for 11 years, and had frequently met national patients of the Min. Always had positive feedback from people she met.**				

#	PATIENT SAFETY ISSUE IDENTIFIED / DISCUSSED	ACTION REQUIRED	ACTION OWNER	PLANNED COMPLETION DATE	ACTION COMPLETE?
SAFEGUARDING		**RESPONSE**			
	Q – Would you know what to do if you had a safeguarding concern?	Advised that a folder is available containing all policy documents. Knew who to contact for safeguarding lead, executive lead, doctor and security. Referred to reporting incidents in DATIX. Aware of mood measure tests etc. Discussed PREVENT, and how all the same protocols apply.			

#	6 Cs – QUESTIONS TO ASK STAFF	RESPONSE
1	Can you give me an example of when you have observed compassionate care in the actions/behaviour of a colleague or in your own practice?	New AS course arrived on Sunday. Therapist spent time with each patient individually, talking to them about the course, trying to ease all of their concerns. Took time to do this 1:1 to enable them to be more open.
2	Are there any patient safety issues you would like to raise?	No, everything is fine. Lots of recent changes have been beneficial – eg lowering desk in reception, new child treatment area. Lockers and cupboards to create more space.
3	Would you be happy for a member of your family to be treated in this area?	Yes

Title:	**Combined Medical & Operational Performance & Clinical Practice Report**
Author:	**Rayna McDonald, Director of Operations & Clinical Practice**
Meeting:	**Trust Board Meeting – 19 December 2013**
Action Required:	**For information**

Introduction

This report is combined with the Medical Director's report and is a shortened report due to the timings of the December Board and therefore does not report against the usual medical, workforce, patient safety and clinical practice metrics; these will be covered in the January reports. Performance and activity will be discussed the Finance and Activity committee on the 19th December 2013.

There have been no adverse events resulting in harm to patients in November; there have been no other areas for concern or of exception relating to the medical, clinical or operational activity of the Trust in November.

This report includes information as requested at the previous board meeting.

Ensuring Safe Nursing Care

The National Quality Board (NQB), sponsored by Jane Cummings, Chief Nursing Officer in England, has published "*A guide to establishing nursing, midwifery and care staffing capacity and capability"* which aims to support providers and commissioners in making the right decisions about nursing, midwifery and care staffing capacity and capability.

This guide sets out 10 expectations for NHS providers and commissioners, a gap analysis for the RNHRD against these expectations is underway and an action plan will be prepared to ensure that where additional processes and systems are required to meet the expectations they will be put in place. This will be presented to the board at the January meeting.

The expectations within the guidance are

1. Boards take full responsibility for the quality of care provided to patients, and as a key determinant of quality, take full and collective responsibility for nursing, midwifery and care staffing capacity and capability
2. Processes are in place to enable staffing establishments to be met on a shift-to-shift basis.
3. Evidence-based tools are used to inform nursing, midwifery and care staffing capacity and capability.

4. Clinical and managerial leaders foster a culture of professionalism and responsiveness, where staff feel able to raise concerns.
5. A multi-professional approach is taken when setting nursing, midwifery and care staffing establishments.
6. Nurses, midwives and care staff have sufficient time to fulfil responsibilities that are additional to their direct caring duties.
7. Boards receive monthly updates on workforce information, and staffing capacity and capability is discussed at a public Board meeting at least every six months on the basis of a full nursing and midwifery establishment review.
8. NHS providers clearly display information about the nurses, midwives and care staff present on each ward, clinical setting, department or service on each shift.
9. Providers of NHS services take an active role in securing staff in line with their workforce requirements.
10. Commissioners actively seek assurance that the right people, with the right skills, are in the right place at the right time within the providers with whom they contract.

In the longer term, this guidance will be supplemented by the work of the National Institute for Health and Care Excellence (NICE). NICE will be reviewing the evidence in this area, and will produce guidance, and accredit tools to support staffing capacity and capability that is commensurate with high quality care.

There is no 'one size fits all' approach to establishing nursing, midwifery and care staffing capacity and capability, and this guide does not prescribe the 'right way', or a single approach, to doing so, it does not recommend a minimum nurse-to-patient ratio. The document is clear that it is the role of the provider organisation to make decisions about nursing and care staffing requirements, working in partnership with their commissioners, based on the needs of their patients, their expertise, and knowledge of the local context.

Peer Reviews

All speciality departments have been contacted requesting information regarding if a peer review process or similar has taken place in the last five years, a summary and action plan will be prepared for the January board meeting.

Refresh Project

At the last Board meeting clarification was requested on the process regarding the procurement process undertaken to appoint a contractor for the Refresh project.

The Official Journal of the European Union (OJEU) directives set out detailed procedures for the award of contracts whose value equals or exceeds specific thresholds. The Threshold for works contracts is currently €5,000,000 (£4,348,350). As such there is no need to procure the works through OJEU as our estimated scheme cost (£250,000 to £300,000) falls well below the current OJEU works threshold. The format used for a tender for building works below this threshold is a Joint Contracts Tribunal (JCT) Intermediate Building Contract (ICT). This type of contract is designed for construction projects involving all recognised trades and skills of the industry, where fairly detailed contract provisions are needed, but without complex building service installations or other specialist work. Intermediate Building Contracts are suitable for projects procured via the traditional or conventional method.

Features of projects using the Intermediate Building Contract:

- The employer is responsible for the design, and this is usually supplied to the contractor by the architect or design team working on the employer's behalf. If the appointed contractor is to be responsible for designing specific parts of the works, then an Intermediate Building Contract with contractor's design must be used.
- The employer (through its advisers) will also need to provide drawings and bills of quantities, a specification or work schedules to specify the quantity and quality of work at tender stage.
- Intermediate Building Contracts are normally administered either by the architect, quantity surveyor, or a contract administrator. The architect for the project John Page has significant experience as an architect and contract administrator within healthcare and has provided these services to numerous organisations within the region.

Selection of Contractors and contractor's competency

Selection of contractors to be invited to respond to the tender was based on the following criteria

- Contractors who have previously tendered and carried out work at the Hospital of an expected standard.
- Contractors recommend by the Architect who have carried out works of a similar nature within Healthcare organisations in the region.
- Contractors who have significant experience in delivering the types of works detailed within the specification. i.e. general building, mechanical, electrical and decoration works
- Contractors who are known to be financially sound

The architect has spoken to 6 perspective contractors in advance of issuing tender packs in an effort to see if the contractors where keen to tender for the works and also if they could meet the trusts suggested timescales and programme. As a result of this process all 6 of the selected contractors have been sent out tender documentation.

Timescales and programme

The tender documentation clearly details the Trusts expected construction start date, outline programme of works and also expected completion dates.

Tender evaluation process

The Tenders will be evaluated on a range of criteria including the following the following criteria

- Costs
- Timescales
- Compliance with specification
- Return of Tender without conditions
- Potential disruption to "business as usual"

The initial evaluation will be carried out by Malcom Sommerville, Head of Estates and Facilities, John Page, Architect for the project and Tim Purnell, M&E Consultant. The tenders and initial recommendation will also be evaluated at the Directors meeting in mid-January. A recommendation on the contractor to appoint with supporting evidence will be tabled at the January F&A committee for detailed review and then submitted to the board for approval to appoint the proposed contractor.

The processes described above demonstrate that compliance with procurement rules and regulations relating to the appointment of a contractor to deliver work of this type have been adhered to to-date.

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

Title	**: Month 8 2013/14 Finance Report**
Author of Document	**: Tracey Cotterill, Director of Finance**
Meeting	**: The Trust Board meeting, 19th December 2013**
Action Required	**: For information**
Summary of Document	**: To update the Trust Board on the financial position of the Trust for the eight months to end November 2013/14.**

SUMMARY NOTE

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

The key points to note are as follows:

(i) The income and expenditure position for the Trust is a deficit of £(973k) compared to an expected deficit of £(2,113k) year to date. The income and expenditure statement is provided at Appendix 1.

(ii) Appendices 6 and 7 detail service line performance to date, and forecast to the year end.

(iii) The cash balance at 30th November 13 was £923k (1,238k at 31st October 2013).

(iv) The balance sheet for 30th November 2013 shows net current liabilities of £(179)k compared to net current liabilities of £(43)k in the October 2013 balance sheet. The balance sheet is provided at Appendix 4.

(v) The debtor's position now stands at £1,108k (£1,182k at 31st October 2013) with creditors at £2,180k including accruals (£2,406k at 31st October 2013). The top ten debtors and creditors are provided at Appendices 8 and 9 respectively.

(vi) The Trust incurred £1k of capital expenditure during the month, being professional fees (£21k year to date).

(vii) 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

Appendix 1 summarises the Trust's income and expenditure position to November 2013 against budget.

The favourable variance to expectation continues to be driven by:

- Pay where reserves have been released, some vacancies and savings released to the Cost Improvement Plan.
- Non-Pay expenditure in in support services including Finance, Training, Estates and IM&T all below budget, as is spend in R&D.
- Income overperformance in Rheumatology, offset by underperformance in Pain and R&D

Appendix 2 shows the monthly Income and Expenditure for the year to March 2014.

1.1 Income

Year to date Income shows a favourable variance of 594k.

1.1.1 CCG / Trust income

CCG/NHS Trust income to November 2013 was £6,528k compared with a year to date budget of £6,223k, generating a year to date favourable variance of £305k. (£236k at Month 7). The key variances are in Rheumatology (F), CRPS (U), Clinical Measurement (F), CFS (F), Diagnostics (U), BRIRS (U).

A large part of the ytd favourable variance relates to Rheumatology activity in outpatients and daycases.

1.1.2 Education, Training and Research

Education, Training and Research Income continues to be below plan in R&D. This is due to slippage on the R&D programme, which was reforecast in month 7 to reflect the likely outturn and the slippage to future year. This is being offset by positive variances on PGMDE.

1.1.3 Private Patient Income

Year to date income is above budget. This is being led by Pain Management and CRPS. The forecast outturn is a continued favourable variance of £6k, anticipating that income will match budget in the remaining months.

1.1.4 Other Income

Other income is ahead of budget in month due to staff recharges, and is forecast to finish the year £58k ahead of budget with over performance in RTA, CFS and Macmillan Step up.

1.2 Expenditure

1.2.1 Pay Expenditure

Pay expenditure was underspent by £105k in November 2013 and by £699k ytd.

Current month variance consists of savings against reserves (£75k), Savings due to vacancies in corporate services, some of which have been given up to CIP, also contribute.

The key contributing factors in the ytd position of £699k (F) include release of a prior year accrual (£36k), recognition that certain elements of reserves may not be required (£333k), Rhematology vacancies being recruited to (£105k), vacancies in support services (£122k), and an underspend in R&D (£40k), in line with the under recovery on income. Smaller favourable and adverse variances across the other services account for the remainder of the underspend.

The forecast outturn for pay is favourable £677k. No forecast commitment is made against certain elements of the reserves based on current information, thus £392k underspend on pay is projected on this cost centre, contributing to an overall underspend on pay of £677k. Other key elements to this underspend are Clinical Services £56k (£36k being a reversing accrual from the prior year) and Rheumatology £78k (relating to vacancies to date, offset by overspends in remaining months) Support Services £91k including the management restructure savings given up to CIP, R&D £51k.

1.2.2 Non-Pay Expenditure

Non-pay expenditure was overspent by £13k in month mainly due to legal fees charged to reserves, where all the budget is included in Pay. There were overspends in some Estates areas due to utilities and building maintenance, but these were offset by underspends in R&D and Rheumatology.

The year to date figures show an underspend of £234k against the £2,523k budget. R&D accounts for £59k, which is due to slippage on projects. Estates underspend on provisions and building contracts £53k. As previously reported there is an underspend in Rheumatology of £70k, mostly on drugs, which continues. There is also an underspend of £69k in Corporate which includes a favourable movement on bad debt provision of £19k. Small overspend in Clinical Services re unfunded contract.

The forecast outturn position shows a favourable variance of £74k. This is a worsening in the favourable position to the year end, to account for specific maintenance that has been deferred until later in the year, plus a commitment against BRIRS relating to the partner contracts. Prudent forecasts against other non-pay budgets remain.

1.3 Cost Improvement Programme (CIP)

The schemes included in CIP have generated a saving of £13k in month, bringing the year to date saving to £45k, with a forecast full year delivery of £136k.

1.4 Reserves

A number of reserves have been released, creating a forecast underspend on pay. In the month the decision was taken to reduce commitment against the project costs reserve, which had been budgeted for the final six months. This brings the total release of reserves to £358k.

1.5 Forecast

The full year forecasts have improved in month by £63k. The Rheumatology service has generated higher than anticipated income in month, and release of some of the project cost reserve contributes. The figure now stands at £(2,620k) compared with a budgeted deficit of £(3,589k).

2. Balance Sheet

The Balance Sheet is provided at Appendix 4.

2.1 Capital Programme

As previously reported a budget of £250k was included in the Annual Plan for Capital. No specific projects were identified within the capital programme, and the budget was set as a contingency to cover in year bids. A reforecast of the requirement was approved at September Board, reducing the budget to £169k, and submitted to Monitor. Per Board direction, the Executive team have considered an allocation for upgrade to facilities on VP ward £30-£40k, and £20k for IT which is being used to purchase new PCs and a server. The balance to be kept as contingency until later in the year.

£1k of capital expenditure (being retention on 1213 roofworks in excess of accrual) was incurred during November 2013 (£21k year to date).

2.2 Cash

The cash balance at the 30th November 2013 was £923k. A cashflow forecast for the year is included at Appendix 3.

2.3 Debtors and Creditors

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

Debtors decreased by £74k during November from £1,182k to £1,108k. Althought this represents a small reduction, the balance is anticipated to fall further by the next report, as much of the CCG debt related to M6 true up was collected early in November. Work

continues on aged debt and some of the older debts were written off during October as agreed at Audit Committee. These had all been previously provided for.

Creditors decreased by £226k from £2,406k to £2,180k in November 2013, as creditors invoices are being processed more efficiently to improve creditor balances.

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

Appendix 1

INCOME & EXPENDITURE ACCOUNT
FOR THE PERIOD ENDING 30 November 2013

Favourable Variance + \ Adverse Variance (-)

	Month 8 Actual £'000	Month 8 Budget £'000	Month 8 Variance £'000	YTD Actual £'000	YTD Budget £'000	YTD Variance £'000	Month 12 Forecast £'000	Annual Budget £'000	Forecast Variance £'000	FYE Forecast at Month 7 £'000
INCOME										
CCG & Trust	862	793	68	6,528	6,223	305	9,359	9,037	321	9,294
Private patient	7	15	(8)	127	120	6	187	181	6	195
Education, training & research	80	128	(48)	860	1,022	(163)	1,360	1,534	(173)	1,392
Other income	48	35	12	334	283	51	483	425	58	472
Additional funding										
sub total	**996**	**971**	**24**	**7,848**	**7,648**	**199**	**11,388**	**11,176**	**213**	**11,353**
PBR excluded drugs	399	458	(59)	4,061	3,667	394	5,894	5,500	394	5,954
Total income	**1,395**	**1,430**	**(35)**	**11,909**	**11,315**	**594**	**17,283**	**16,676**	**607**	**17,307**
EXPENDITURE										
Pay expenditure	778	883	105	6,130	6,829	699	9,703	10,380	677	9,730
Non-pay expenditure	336	323	(13)	2,289	2,523	234	3,699	3,773	74	3,695
sub total	**1,115**	**1,206**	**92**	**8,419**	**9,352**	**934**	**13,401**	**14,152**	**751**	**13,425**
PBR excluded drugs	399	458	59	4,061	3,667	(394)	5,894	5,500	(394)	5,954
Total expenditure	**1,514**	**1,665**	**151**	**12,479**	**13,019**	**539**	**19,296**	**19,652**	**356**	**19,379**
EBITDA	**(119)**	**(235)**	**116**	**(571)**	**(1,704)**	**1,133**	**(2,013)**	**(2,976)**	**963**	**(2,072)**
Depreciation	(34)	(35)	1	(301)	(281)	(20)	(442)	(422)	(20)	(443)
Impairment	0	0	0	0	0	0	0	0	0	0
Interest receivable	0	0	0	5	0	5	5	0	5	5
Dividend payments on PDC	(13)	(16)	3	(107)	(128)	22	(171)	(192)	22	(173)
Total surplus/(deficit)	**(166)**	**(286)**	**120**	**(973)**	**(2,113)**	**1,140**	**(2,620)**	**(3,590)**	**970**	**(2,683)**

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

Appendix 2

Monthly Income & Expenditure at 30 November 2013

	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	TOTAL 201314
Income A PCT		658	892	796	915	704	874	826	862	614	785	732	699	9,359
Income B PP		9	(3)	33	(3)	52	42	(9)	7	15	15	15	15	187
Income C Ed Tr & R&D		100	96	94	110	106	165	109	80	153	123	112	113	1,360
Income Drugs		415	543	577	609	510	448	560	399	458	458	458	458	5,894
Income E Other		91	(11)	34	46	42	30	54	48	38	37	37	38	483
Operating Income, Total		**1,273**	**1,518**	**1,533**	**1,677**	**1,413**	**1,559**	**1,540**	**1,395**	**1,279**	**1,418**	**1,354**	**1,323**	**17,283**
Operating Expenses														
Medical Pay		159	148	154	151	149	140	127	135	159	164	159	157	1,802
Nursing Pay		148	139	103	133	135	130	130	148	140	140	139	137	1,622
AHP Pay		162	163	173	178	176	184	177	186	189	186	185	185	2,145
Non Clinical Pay		302	295	310	309	299	295	297	300	369	402	402	403	3,983
Agency Costs		11	12	10	19	13	7	13	10	14	14	14	14	152
Total Pay		**782**	**756**	**751**	**789**	**772**	**757**	**744**	**778**	**870**	**906**	**901**	**896**	**9,703**
Non-Pay		283	261	324	266	281	283	254	336	330	345	343	392	3,699
HCD		410	539	586	609	510	448	560	399	458	458	458	458	5,894
Operating Expenses, Total		**1,475**	**1,556**	**1,661**	**1,664**	**1,564**	**1,488**	**1,558**	**1,514**	**1,658**	**1,709**	**1,702**	**1,747**	**19,296**
EBITDA		**(202)**	**(39)**	**(128)**	**13**	**(151)**	**72**	**(18)**	**(119)**	**(380)**	**(291)**	**(348)**	**(424)**	**(2,013)**
Interest Income		(1)	(1)	(0)	(0)	(2)	(0)	(0)	(0)	0	0	0	0	(5)
Depreciation and Amortisation - owned assets		34	34	34	34	34	66	33	34	35	35	35	35	442
PDC dividend expense		16	16	16	16	16	(7)	20	13	16	16	16	16	171
Non Operating Other		**49**	**49**	**50**	**49**	**47**	**58**	**53**	**47**	**51**	**51**	**51**	**51**	**607**
Surplus (Deficit) After Tax		**(251)**	**(88)**	**(178)**	**(36)**	**(198)**	**14**	**(71)**	**(166)**	**(431)**	**(342)**	**(399)**	**(475)**	**(2,620)**
FA Purchases			16			1	1	2	1	25	25	25	26	**122**
FA Sales														**0**

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

Appendix 3

Monthly Cashflow Forecast at 30 November 2013

	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	TOTAL 201314
Income														
Income A PCT		2,758	1,626	1,022	2,059	1,441	1,493	1,551	1,473	729	748	756	715	16,370
Income B PP										7	15	15	15	52
Income C Ed Tr & R&D										153	123	112	113	501
Income Drugs										458	458	458	458	1,833
Income E Other										38	37	37	38	149
Interest		1								0	0	0	0	1
DH Funding - PDC Drawdown										500		500	500	1,500
Total Cash Inflows		**2,758**	**1,626**	**1,022**	**2,059**	**1,441**	**1,493**	**1,551**	**1,473**	**1,885**	**1,381**	**1,878**	**1,839**	**20,405**
Expenditure														
Pay		805	862	741	749	772	759	748	735	850	891	882	880	**9,674**
Non-Pay		404	486	337	420	326	362	441	335	496	332	332	332	**4,603**
Creditor Flex														**0**
Drugs		452	411	667	615	895	155	607	717	399	458	458	458	**6,293**
Redundancy		734												**734**
Dividend							73						82	**155**
Capital			16	0	0	1	1	2	1	25	25	25	26	**122**
Total Cash Outflows		**2,395**	**1,775**	**1,745**	**1,784**	**1,994**	**1,350**	**1,798**	**1,788**	**1,770**	**1,706**	**1,698**	**1,778**	**21,582**
Balance bf	2,130	2,130	2,493	2,343	1,621	1,896	1,342	1,485	1,238	923	1,038	712	892	**2,130**
Movement in Month		363	(150)	(722)	275	(553)	143	(247)	(315)	115	(326)	180	61	**(1,177)**
Balance cf	**2,130**	**2,493**	**2,343**	**1,621**	**1,896**	**1,342**	**1,485**	**1,238**	**923**	**1,038**	**712**	**892**	**953**	**953**

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

Appendix 4

Monthly Balance Sheet at 30 November 2013

	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	TOTAL 201314
Total Fixed Assets Tang	6,604	6,573	6,558	6,527	6,494	6,465	6,399	6,371	6,340	6,333	6,326	6,319	6,312	6,312
Total Fixed Assets Intang	78	75	72	69	67	65	60	58	58	55	52	49	46	46
PFI Residual interest														
PFI Deferred Assets														
Total Fixed Assets	**6,682**	**6,648**	**6,630**	**6,596**	**6,561**	**6,530**	**6,459**	**6,429**	**6,398**	**6,388**	**6,378**	**6,368**	**6,358**	**6,358**
Stocks & Work in Progress	81	10	155	69	30	60	34	44	55	55	55	55	55	55
NHS Trade Debtors	1,822	326	343	868	420	415	500	867	857	751	788	765	749	749
Prov for Irrecoverable Debt	(235)	(235)	(235)	(235)	(230)	(216)	(216)	(180)	(180)	(180)	(180)	(180)	(180)	(180)
Other Debtors	662	473	261	142	323	447	419	315	251	251	251	251	251	251
Prepayments		310	96	123	165	178	241	122	174	174	174	174	174	174
Accrued Income	304	234	439	642	604	613	655	522	536	536	536	536	536	536
Cash at bank and in hand	2,130	2,493	2,343	1,621	1,896	1,341	1,486	1,238	923	1,038	712	892	953	953
Total Current Assets	**4,764**	**3,610**	**3,402**	**3,229**	**3,208**	**2,838**	**3,119**	**2,928**	**2,616**	**2,625**	**2,336**	**2,493**	**2,538**	**2,538**
Trade Creditors	3,136	1,739	1,857	1,999	1,744	1,269	811	823	718	631	659	688	765	765
Other Creditors	698	816	550	460	510	534	351	347	370	370	370	370	370	370
PDC dividend creditor	(8)	8	24	40	57	73	0	13	27	43	59	75	9	9
Capital Creditors	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accruals		309	313	202	409	532	1,412	1,236	1,092	1,092	1,092	1,092	1,092	1,092
Deferred Income	411	429	425	436	407	518	544	552	588	588	588	588	588	588
Total Current Liabilities	**4,237**	**3,301**	**3,169**	**3,138**	**3,127**	**2,926**	**3,118**	**2,971**	**2,795**	**2,724**	**2,768**	**2,813**	**2,824**	**2,824**
Net Current Assets	**527**	**309**	**233**	**91**	**81**	**(88)**	**1**	**(43)**	**(179)**	**(99)**	**(431)**	**(321)**	**(286)**	**(286)**
Provisions	14	13	8	9	0	0	0	0	0	0	0	0	0	0
Deferred Income	27	27	27	27	27	27	26	25	24	24	24	24	24	24
Total Non Current Liabilities	**41**	**40**	**35**	**36**	**27**	**27**	**26**	**25**	**24**	**24**	**24**	**24**	**24**	**24**
TOTAL ASSETS EMPLOYED	**7,168**	**6,917**	**6,828**	**6,651**	**6,615**	**6,415**	**6,434**	**6,361**	**6,195**	**6,264**	**5,922**	**6,023**	**6,048**	**6,048**
Public dividend capital	6,015	6,015	6,015	6,015	6,015	6,015	6,015	6,015	6,015	6,515	6,515	7,015	7,515	7,515
Retained I&E Surplus/(Deficit)	673	422	334	156	120	(80)	(61)	(134)	(300)	(730)	(1,073)	(1,472)	(1,947)	(1,947)
Revaluation reserve	480	480	480	480	480	480	480	480	480	480	480	480	480	480
Donated asset reserve	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL TAXPAYERS EQUITY	**7,168**	**6,917**	**6,829**	**6,651**	**6,615**	**6,415**	**6,434**	**6,361**	**6,195**	**6,265**	**5,922**	**6,023**	**6,048**	**6,048**

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

Appendix 5

Monthly Working Capital Movement at 30 November 2013

	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	TOTAL 201314
EBITDA		**785**	**(39)**	**(128)**	**13**	**(151)**	**72**	**(18)**	**(119)**	**(380)**	**(291)**	**(348)**	**(424)**	**(1,026)**
Less Redundancy Payments		(987)												
Less Capital Expenditure		0	(16)	0	0	(1)	(1)	(2)	(1)	(25)	(25)	(25)	(26)	**(122)**
PDC Dividend Paid		0	0	0	0	0	(73)	0	0	0	0	0	(82)	**(155)**
Movement in Current Assets (excl Cash)		1,517	58	(549)	296	(185)	(121)	(57)	(3)	106	(37)	24	16	**1,064**
Movement in Current Liabilities (excl PDC Div)		(952)	(148)	(48)	(28)	(217)	265	(167)	(190)	(87)	27	30	77	**(1,437)**
PDC Drawdown		0	0	0	0	0	0	0	0	500	0	500	500	**1,500**
Movement in L/T Liabilities		1	(5)	1	(9)	0	(1)	(1)	(1)	0	0	0	0	**(15)**
Interest Received		1	1	0	0	2	0	0	0	0	0	0	0	**5**
Roundings		(2)	(1)	1	2	(2)	2	(3)	(2)					**(5)**
Cashflow generated in month/ytd		**363**	**(150)**	**(722)**	**275**	**(553)**	**143**	**(248)**	**(316)**	**115**	**(326)**	**180**	**61**	**(1,177)**
Cash B/F		2,130	2,493	2,343	1,621	1,896	1,343	1,486	1,238	923	1,037	712	892	2,130
Cash C/F	**2,130**	**2,493**	**2,343**	**1,621**	**1,896**	**1,343**	**1,486**	**1,238**	**923**	**1,037**	**712**	**892**	**953**	**953**

Royal National Hospital
for Rheumatic Diseases
NHS Foundation Trust

Appendix 6

In Month Service Line Summary	Month 8 Actual £'000	Month 8 Budget £'000	Month 8 Variance £'000	YTD Actual £'000	YTD Budget £'000	YTD Variance £'000
Rheumatology - Income	646	590	(56)	4,705	4,365	(340)
Pay	(313)	(313)	1	(2,413)	(2,517)	(105)
Non-Pay	(62)	(72)	(10)	(497)	(567)	(70)
Rheumatology Total	271	206	(66)	1,795	1,281	(515)
Pain Management - Income	79	83	4	821	892	72
Pay	(59)	(57)	2	(460)	(453)	7
Non-Pay	(4)	(2)	2	(9)	(15)	(6)
Pain Management Total	16	24	8	352	424	72
BRIRS - Income	39	45	5	332	358	26
Pay	(19)	(22)	(3)	(146)	(177)	(32)
Non-Pay	(17)	(17)	(0)	(126)	(135)	(9)
BRIRS Total	3	6	3	60	46	(14)
CFS Adult - Income	39	27	(12)	217	191	(25)
Pay	(12)	(15)	(2)	(107)	(117)	(10)
Non-Pay	(4)	(0)	4	(7)	(2)	5
CFS Adult Total	23	12	(10)	102	73	(30)
CFS Paeds - Income	43	35	(8)	322	288	(34)
Pay	(25)	(25)	(0)	(200)	(199)	1
Non-Pay	(2)	(2)	(0)	(10)	(14)	(4)
CFS Paeds Total	17	8	(9)	112	75	(37)
Step Up - Income	11	8	(3)	75	66	(9)
Pay	(9)	(8)	1	(70)	(60)	10
Non-Pay	(1)	(1)	1	(3)	(5)	(2)
Step Up Total	1	0	(1)	1	0	(1)
Clinical Msmt - Income	26	18	(8)	202	138	(64)
Pay	(24)	(24)	0	(182)	(189)	(7)
Non-Pay	(4)	(3)	0	(18)	(27)	(8)
Clinical Msmt Total	(1)	(9)	(8)	1	(77)	(79)
Endoscopy - Income	27	33	6	239	286	47
Pay	(18)	(19)	(1)	(141)	(151)	(10)
Non-Pay	(11)	(8)	3	(63)	(62)	1
Endoscopy Total	(1)	7	8	34	73	38
Drugs - Income	399	458	59	4,061	3,667	(394)
Non-Pay	(399)	(458)	(59)	(4,061)	(3,667)	394
Drugs Total	(0)	0	0	(0)	0	0
R&D - Income	54	101	47	609	806	197
Pay	(48)	(58)	(10)	(420)	(460)	(40)
Non-Pay	(3)	(21)	(18)	(111)	(170)	(59)
R&D Total	4	22	18	78	176	98
Clin Svcs - Income	0	6	6	66	52	(15)
Pay	(52)	(53)	(0)	(361)	(420)	(59)
Non-Pay	(57)	(55)	3	(444)	(438)	5
Clin Svcs Total	(109)	(101)	8	(739)	(807)	(68)
Estates - Income	7	7	(0)	53	55	1
Pay	(63)	(72)	(9)	(531)	(573)	(43)
Non-Pay	(81)	(67)	14	(484)	(537)	(53)
Estates Total	(137)	(132)	4	(962)	(1,056)	(94)
Corp Svcs - Income	24	19	(5)	213	152	(62)
Pay	(138)	(145)	(7)	(1,099)	(1,178)	(79)
Non-Pay	(80)	(76)	4	(483)	(552)	(69)
IDA	(47)	(51)	(4)	(408)	(409)	(1)
Corp Svcs Total	(242)	(253)	(12)	(1,776)	(1,987)	(211)
Reserves - Pay	(0)	(75)	(75)	0	(333)	(333)
Non-Pay	(11)	0	11	(34)	0	34
Reserves Total	(11)	(75)	(64)	(34)	(333)	(300)
Surplus/(Deficit)	**(166)**	**(286)**	**(120)**	**(973)**	**(2,113)**	**(1,140)**

Royal National Hospital
for Rheumatic Diseases
NHS Foundation Trust

Appendix 7

Forecast Service Line Summary	F'cast at Month 8 £'000	Full Year Budget £'000	F'cast Variance £'000	F'cast at Month 8 £'000	F'cast at Month 7 £'000	Change to Forecast £'000
Rheumatology - Income	6,789	6,391	(399)	6,789	6,728	(61)
Pay	(3,690)	(3,768)	(78)	(3,690)	(3,692)	(2)
Non-Pay	(776)	(836)	(60)	(776)	(783)	(8)
Rheumatology Total	2,324	1,787	(536)	2,324	2,253	(71)
Pain Management - Income	1,133	1,185	52	1,133	1,152	19
Pay	(698)	(680)	18	(698)	(691)	7
Non-Pay	(19)	(22)	(3)	(19)	(16)	3
Pain Management Total	416	483	67	416	445	29
BRIRS - Income	495	536	42	495	496	2
Pay	(256)	(266)	(10)	(256)	(264)	(8)
Non-Pay	(239)	(202)	37	(239)	(239)	0
BRIRS Total	0	69	69	0	(7)	(7)
CFS Adult - Income	307	281	(25)	307	294	(12)
Pay	(159)	(175)	(16)	(159)	(160)	(1)
Non-Pay	(10)	(3)	7	(10)	(6)	4
CFS Adult Total	138	103	(35)	138	129	(9)
CFS Paeds - Income	470	446	(23)	470	464	(6)
Pay	(305)	(301)	4	(305)	(300)	6
Non-Pay	(20)	(21)	(0)	(20)	(18)	2
CFS Paeds Total	144	125	(20)	144	146	2
Step Up - Income	115	99	(16)	115	113	(2)
Pay	(106)	(90)	15	(106)	(106)	(0)
Non-Pay	(10)	(8)	1	(10)	(9)	0
Step Up Total	(0)	1	1	(0)	(2)	(2)
Clinical Msmt - Income	267	204	(64)	267	259	(8)
Pay	(278)	(283)	(5)	(278)	(278)	(0)
Non-Pay	(32)	(40)	(8)	(32)	(32)	0
Clinical Msmt Total	(43)	(119)	(76)	(43)	(51)	(8)
Endoscopy - Income	340	437	96	340	339	(2)
Pay	(213)	(227)	(15)	(213)	(213)	(0)
Non-Pay	(94)	(93)	1	(94)	(91)	3
Endoscopy Total	33	117	83	33	34	1
Drugs - Income	5,894	5,500	(394)	5,894	5,954	59
Non-Pay	(5,894)	(5,500)	394	(5,894)	(5,954)	(59)
Drugs Total	0	0	0	0	0	0
R&D - Income	998	1,209	212	998	1,026	29
Pay	(639)	(690)	(51)	(639)	(629)	11
Non-Pay	(184)	(255)	(71)	(184)	(192)	(9)
R&D Total	175	264	90	175	205	31
Clin Svcs - Income	92	77	(15)	92	98	6
Pay	(574)	(631)	(56)	(574)	(573)	1
Non-Pay	(666)	(657)	9	(666)	(664)	2
Clin Svcs Total	(1,149)	(1,211)	(62)	(1,149)	(1,139)	9
Estates - Income	81	82	1	81	80	(0)
Pay	(807)	(860)	(53)	(807)	(814)	(6)
Non-Pay	(797)	(803)	(6)	(797)	(789)	8
Estates Total	(1,524)	(1,581)	(58)	(1,524)	(1,522)	2
Corp Svcs - Income	308	228	(80)	308	308	(0)
Pay	(1,720)	(1,758)	(38)	(1,720)	(1,720)	(1)
Non-Pay	(818)	(833)	(15)	(818)	(833)	(15)
IDA	(613)	(614)	(1)	(613)	(617)	(4)
Corp Svcs Total	(2,843)	(2,977)	(134)	(2,843)	(2,862)	(19)
Reserves - Pay	(258)	(650)	(392)	(258)	(291)	(32)
Non-Pay	(34)	0	34	(34)	(22)	11
Reserves Total	(292)	(650)	(359)	(292)	(313)	(21)
Surplus/(Deficit)	**(2,620)**	**(3,590)**	**(970)**	**(2,620)**	**(2,683)**	**(63)**

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

Appendix 8

Top Ten Debtors as at 30-11-13

	Customer	Current	1 - 30	31 - 60	61 - 90	91 - 120	121 - 180	181 - 360	361+	Total Debtors
1	NHS COMMISSIONING BOARD	0.0	273.7	0.0	76.7	131.9	0.0	0.0	0.0	482.3
2	WELSH ORGANISATIONS	3.7	2.9	2.7	4.5	-0.3	1.4	11.2	64.6	90.6
3	NHS BATH AND NORTH EAST SOMERSET CCG	0.0	41.0	15.1	0.0	0.0	0.0	0.0	0.0	56.1
4	BATH INSTITUTE FOR RHEUMATIC DISEASES TRADING	15.1	6.0	0.0	-0.1	12.8	0.4	17.1	0.0	51.4
5	PFIZER LTD 5500	0.0	0.0	37.7	0.0	0.0	0.0	-2.5	0.0	35.2
6	NHS BRISTOL CCG	0.0	20.1	0.0	1.3	0.0	0.0	0.0	0.0	21.4
7	NHS WEST HAMPSHIRE CCG	0.0	1.0	4.5	1.2	4.9	5.9	3.5	0.0	20.9
8	MERCK SHARP & DOHME LIMITED	0.0	18.2	0.0	0.0	0.0	0.0	0.0	0.0	18.2
9	NHS SOUTH GLOUCESTERSHIRE CCG	0.0	12.7	0.0	2.8	-0.7	0.0	0.0	0.0	14.8
10	NHS HEALTH SCOTLAND	1.3	0.0	0.0	0.0	0.0	0.9	0.0	12.0	14.2
		20.2	**375.6**	**60.0**	**86.4**	**148.6**	**8.6**	**29.3**	**76.5**	**805.2**
	NHS	24.7	54.1	85.7	1.0	66.7	24.7	17.4	-4.1	270.2
	NON NHS	52.1	17.0	2.2	0.7	4.1	2.6	17.9	40.0	136.6
	RECEIPTS NOT MATCHED TO INVOICES	0.0	0.0	-0.8	0.0	-2.7	-0.2	-5.2	-45.6	-54.5
	CREDIT NOTES NOT MATCHED TO INVOICES	0.0	0.0	-13.4	0.0	-0.7	0.0	-1.2	-34.1	-49.4
	TOTAL at 30-11-13	**97.1**	**446.7**	**133.7**	**88.1**	**215.9**	**35.6**	**58.2**	**32.7**	**1108.0**
	% at 30-11-13	9%	40%	12%	8%	19%	3%	5%	3%	100%
	TOTAL at 31-10-13	**463.8**	**259.3**	**120.2**	**173.1**	**29.0**	**42.3**	**43.2**	**51.1**	**1182.0**
	% at 31-10-13	39%	22%	10%	15%	2%	4%	4%	4%	100%
	TOTAL at 30-09-13	**227.8**	**269.4**	**180.2**	**44.9**	**24.9**	**60.8**	**30.0**	**80.8**	**918.7**
	% at 30-09-13	25%	29%	20%	5%	3%	7%	3%	9%	100%
	TOTAL at 30-06-13	**167.6**	**698.3**	**-82.9**	**121.8**	**-25.7**	**14.8**	**22.8**	**94.3**	**1011.0**
	% at 30-06-13	17%	69%	-8%	12%	-3%	1%	2%	9%	100%
	TOTAL at 31-03-13	**920.6**	**848.0**	**18.1**	**17.7**	**3.9**	**47.9**	**104.1**	**61.7**	**2022.0**
	% at 31-03-13	46%	42%	1%	1%	0%	2%	5%	3%	100%

Total Debtor balance as above	Current	1 - 30	31 - 60	61 - 90	91 - 120	121 - 180	181 - 360	361+	Total Debtors
31-Oct-13	463.8	259.3	120.2	173.1	29.0	42.3	43.2	51.1	1182.0
Payments received in month	-87.1	-124.1	-32.1	45.5	-8.7	-4.2	-4.4	-10.4	-225.5
Aging of invoices in month	-376.7	218.9	45.6	-130.5	195.7	-2.5	19.4	-8.0	-38.2
New invoices in month	97.1	92.6							189.7
30-Nov-13	97.1	446.7	133.7	88.1	215.9	35.6	58.2	32.7	1108.0

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

Appendix 9

Top 10 Creditors as at 30-11-2013

	Supplier	0 - 30	31 - 60	61 - 90	91 - 180	181 - 360	361+	Total Creditors
1	HEALTHCARE AT HOME LTD	82.9	0.0	0.0	0.0	0.0	0.0	82.9
2	ROYAL UNITED HOSPITAL BATH NHS TRUST	43.9	7.8	0.9	0.0	0.0	0.0	52.7
3	HEALTH COMMISSION FOR WALES	0.0	0.0	0.0	0.0	0.0	41.7	41.7
4	UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST	7.9	11.7	0.0	20.8	0.0	0.0	40.5
5	MEDCO HEALTH SOLUTIONS LTD	27.2	0.0	0.0	0.0	0.8	0.0	27.9
6	BUPA HOME HEALTHCARE LTD	13.1	0.0	0.0	6.4	0.0	0.0	19.5
7	BATH&NORTH EAST SOMERSET COUNCIL	0.0	0.7	15.8	0.0	0.0	0.0	16.5
8	NHS BUSINESS SERVICES AUTHORITY	0.0	0.0	0.0	6.1	5.7	3.4	15.2
9	BATH INSTITUTE FOR RHEUMATIC DISEASES	0.0	13.7	0.7	0.0	0.0	0.0	14.5
10	MANNINGS FACILITIES MANAGEMENT LTD	11.4	0.0	0.0	0.0	0.0	0.0	11.4
		186.4	34.0	17.4	33.4	6.4	45.1	322.7
	OTHERS AP LEDGER	114.5	14.6	9.9	17.8	-0.8	-12.0	144.0
	PAYROLL AND OTHER CREDITORS	620.3	0.0	0.0	0.0	0.0	0.0	620.3
	ACCRUED INVOICES	1093.0	0.0	0.0	0.0	0.0	0.0	1093.0
	TOTAL at 30/11/2013	**2014.2**	**48.6**	**27.3**	**51.3**	**5.6**	**33.1**	**2180.0**
	% at 30-11-13	92%	2%	1%	2%	0%	2%	100%
	TOTAL at 31/10/2013	**1950.1**	**337.9**	**12.0**	**72.2**	**5.0**	**28.7**	**2406.0**
	% at 31-10-13	81%	14%	0%	3%	0%	1%	100%
	TOTAL at 30/09/2013	**2386.2**	**49.9**	**52.9**	**27.8**	**24.3**	**32.6**	**2573.7**
	% at 30-09-13	93%	2%	2%	1%	1%	1%	100%
	TOTAL at 30/06/2013	**1775.5**	**235.3**	**57.0**	**90.4**	**61.3**	**30.7**	**2250.2**
	% at 30-06-13	79%	10%	3%	4%	3%	1%	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%

ACCRUED INVOICES INCLUDE

HEALTHCARE AT HOME	352.7
ROYAL UNITED HOSPITAL BATH NHS TRUST	66.2
MEDCO HEALTH SOLUTIONS LTD	0

TOTAL BALANCE OUTSTANDING (CREDITORS LEDGER + ACCRUALS)

HEALTHCARE AT HOME	435.6
ROYAL UNITED HOSPITAL BATH NHS TRUST	118.9
MEDCO HEALTH SOLUTIONS LTD	40.5