Royal Berkshire NHS
NHS Foundation Trust

Agenda

Board of Directors

Tuesday 2 October 2012
9.00am – 1.00pm
Boardroom, Level 4, Royal Berkshire Hospital

Open Board Meeting – Part 1

Item			Lead	Time
		The meeting will commence with a patient story.	Emma Vaux	9.00 – 9.05
1.		Apologies for Absence	Stephen Billingham	-
2.		Minutes for Approval: 31 July 2012 (Attached)	Stephen Billingham	9.05 – 9.10
3.		Matters Arising and Outstanding Actions Schedules (Attached)	Stephen Billingham	9.10 – 9.15
Performance Monitoring Items				
4.	a)	Integrated Performance Report (Attached)	Ian Stoneham	9.15 – 10.15
	b)	Quality and Patient Safety Report (Attached)	Emma Vaux/ Caroline Ainslie	
	c)	Director of Finance's Report (Attached)	Craig Anderson	
	d)	Chief Executive's Report (Attached)	Ed Donald	
Strategy/Major Items				
5.		Royal Berkshire Bracknell Clinic (To follow)	Ian Stoneham/ Lindsey Barker	10.15 – 10.45

Governance Items

6.	Corporate Risk Register and Board Assurance Framework (Attached)	Keith Eales	10.45– 11.00
7.	Minutes of Meetings: (Attached)		11.00 – 11.15
	a) Nominations Committee – 25 July 2012	Stephen Billingham	
	b) Nominations Committee – 27 July 2012	Stephen Billingham	
	c) Council of Governors – 26 July 2012	Stephen Billingham	
	d) Remuneration Committee – 31 July 2012	John Barrett	
	e) Risk Management Committee – 3 Sept 2012	Tim Caiger	
	f) Audit Committee – 11 Sept 2012	Brian Hendon	
	g) Clinical Governance Committee – 13 Sept 2012	Janet Rutherford	
	h) Joint Constitution Working Group – 21 Sept 2012	Janet Rutherford	
	i) Council of Governors – 27 September 2012 (Verbal Update)	Stephen Billingham	
8.	Information Items (Attached)		-
	a) Workforce and Organisational Development	Janine Brennan	
	b) Board Agenda Plan	Keith Eales	
	c) HFMS Board minutes – 6 August 2012	Keith Eales	
9.	Dates of Future Meetings *To agree whether to move the scheduled Board dates forward a week to the first Tuesday of each month*	Stephen Billingham	11.15 – 11.20
10.	Exclusion of the Press and Public (Verbal)	Stephen Billingham	-

Closed Board Meeting - Part 2

The following section of the meeting will be closed to the press and public as the material to be discussed discloses exempt information as defined by the Freedom of Information Act.

11.	Pathology Partnership - Exempt (Section 43 FOI Act) (Attached)	Ian Stoneham/ Craig Anderson	11.20 – 11.30
12.	Quality and Patient Safety Report – Exempt Appendices (Section 40 FOI Act) (Attached)	Emma Vaux/ Caroline Ainslie	-
	Close		11.30

Royal Berkshire NHS
NHS Foundation Trust

Minutes of the Board

Board

Tuesday, 31 July 2012
9.00am – 12.35pm, Boardroom, Royal Berkshire Hospital, Reading

Members Present

Mr Stephen Billingham	(Chairman and Non-Executive Director)
Mr. Edward Donald	(Chief Executive)
Ms. Caroline Ainslie	(Director of Nursing)
Mr. Craig Anderson	(Director of Finance)
Mr. John Barrett	(Non-Executive Director)
Mr. Tim Caiger	(Non-Executive Director)
Mr. Brian Hendon	(Non-Executive Director)
Mr. Peter Malone	(Care Group Director, Planned Care)
Mrs. Janet Rutherford	(Non-Executive Director)
Mr. Michael Winslow	(Interim Non-Executive Director)
Dr. Emma Vaux	(Interim Medical Director)

In attendance

Dr. Lindsey Barker	(Care Group Director, Networked Care)
Ms. Janine Clarke	(Director of Workforce Development & Human Resources)
Mr. Keith Eales	(Director of Corporate Affairs & Secretary)
Dr. Sue Edees	(Care Group Director, Urgent Care)
Dr. John Swinburn	(Associate Medical Director, Informatics) (for minute 118/12)
Ms. Elizabeth White	(Head of Informatics) (for minute 118/12)

Apologies

Mr. Ian Stoneham	(Commercial Director)

The meeting commenced with a patient story from the Director of Nursing on the positive experience of a patient who had attended the Hospital for a hip replacement operation. The patient was very complimentary about his outpatient experience, a seminar by the physiotherapy department that he had attended which enabled him to rehearse what would happen and the post operative nursing care. He had been so impressed with his experience of the NHS that he had cancelled his private health insurance.

116/12 Minutes: 26 June 2012

The minutes of the meeting held on 26 June 2012 were approved as a correct record and signed by the Chairman.

117/12 Matters Arising

Minute 96/12 Chief Executive's Report (EPR Business Case)

The Director of Finance advised that the revised EPR business case would be submitted to the September Board meeting.

Minute 110/12: Engineering Contract

The Chief Executive advised that Norland had been appointed to provide mechanical, electrical and building maintenance services to the Trust.

118/12 Chief Executive's Report

The Chief Executive introduced a report giving a strategic context to developments in the health economy, setting out progress on the annual plan themes and commenting on the overall performance of the Trust.

The Chief Executive advised that the Trust response to the Shaping the Future pre-consultation exercise had been submitted. A partnership approach was now being developed with Frimley Park Hospital NHS Foundation Trust to cover the delivery of services at the Bracknell Clinic. This approach would be extended to include Heatherwood and Wexham Park NHS Foundation Trust if they wished to participate at the Bracknell Clinic. A business case setting out the partnership approach and the financial implications for the Trust would be submitted to the September Board meeting.

Clarification was sought on the Shaping the Future decision making process. The Chief Executive advised that the NHS Berkshire Board was the decision making body. However, if the decision was challenged it could rest ultimately with the Secretary of State for Health.

The Chief Executive advised that the Ascot and Bracknell Clinical Commissioning Group had asked the Board to consider changing the name of the Bracknell Clinic to the HealthSpace. The Board considered that it could be comfortable with changing the name of the Bracknell Clinic to the Healthspace. However, this should be on the basis of a recommendation to the Board as part of the overall solution for the future of the Clinic.

The Chief Executive advised that the development of specialist centre services at the Trust continued to make good progress with the opening, on time and in budget, of the fifth radiotherapy treatment suite. Consideration was being given to an official opening for the suite.

The Chief Executive advised that a working group had been established to develop the use of the Trust facilities at the West Berkshire Community Hospital (WBCH). A report on progress would be submitted to the Board in the autumn. Similar groups had been established for the Bracknell Clinic and Townlands sites.

The Care Group Director Networked care reported on the integrated approach being taken towards the development a diabetes service. This was based on a pathway rather than centre based approach with funding being based on outcomes. The Chief Executive commented that, if successful, the model could be applied to other long-term conditions. Board Directors commented that an integral part of this approach would be to ensure appropriate funding for the care of those patients not responding to treatment.

The Chief Executive forecast that the governance rating for the Trust at the end of quarter 1 would be amber-green. This was a significant achievement given the impact of the Cerner Millennium 'go-live' and the high levels of delayed discharges in the Trust. The Chief Executive advised that, to maintain and build upon this performance, plans were being developed to ensure sufficient capacity to assure the delivery of the A&E, cancer and 18 week targets.

The Chief Executive advised that Monitor had commissioned a stage two review of the Trust annual plan. The focus of the review would be on the quality and financial stability elements of the plan. Monitor had emphasised that the review was intended to support the Board through its transition and should be viewed positively.

The Chief Executive reported that the Cerner Millennium system was in its sixth week of implementation. Dr. John Swinburn and Ms Elizabeth White gave a presentation on progress with implementation, covering

- A comparison with the 'go-live' experience of other trusts
- The impact on patient experience
- Key actions being taken to support implementation

Further information was sought on when it was anticipated that implementation would reach a 'steady-state' position. The Head of Informatics advised that by September a more stable position should have been reached.

The Chief Executive advised that it was becoming clear that the level of administrative support required to underpin the system was high. The level of additional support for 'go-live, and then on an ongoing basis was being quantified. However, there were 24 additional staff in post at present. He explained that he would be discussing this further with the Managing Director of Cerner with a view to being reimbursed for this additional cost.

Clarification was sought as to whether the Trust was aware of the additional costs prior to purchasing the system. The Chief Executive advised that the business cases submitted to the Board had assumed that administrative costs following implementation would be lower.

The Chief Executive undertook to distribute a briefing note to the Board on the additional costs.

Further information was sought as to whether or not the additional administrative costs had been included in the revised financial forecast for the Trust. The Director of Finance advised that this was not the case. However, the additional costs had been included as a potential risk to the achievement of the forecast position.

Clarification was sought on the impact of the 'go-live' on patient experience. The Chief Executive advised that there had been an inevitable impact with, for example, patients attending for clinics that did not exist, receiving multiple requests to attend clinics and not receiving follow-up appointments. The Chief Executive advised that patients affected would be receiving a personal letter from the Trust. The Chief Executive emphasised that, despite these challenges, the 'go-live' at the Trust had been more successful than in other Cerner Millennium sites.

The Chief Executive advised that Ms Caroline Ainslie had been appointed as Director of Nursing. A verbal offer of appointment had been made and accepted for the post of Medical Director. Dr Emma Vaux would continue as interim Medical Director until the appointee could commence work with the Trust.

Resolved: that

(a) the report be noted

(b) the Chief Executive distribute a briefing note on the additional short and long term administrative costs to support Cerner Millennium.

119/12 Quality and Safety Report

The interim Medical Director and the Director of Nursing introduced the monthly quality and safety report.

The interim Medical Director advised that the format of the report would change in future, with a greater focus on the issues that needed to be brought to the attention of the Board and the actions proposed. The interim Medical Director undertook to provide an example of the revised format in advance of the next Board meeting.

In noting the information in respect of complaints, serious incidents, the Hospital Standardised Mortality Ratio (HSMR), infection control VTE risk assessments and falls, the Board asked the interim Medical Director and the Director of Nursing to draw attention to significant issues and concerns.

The interim Medical Director drew attention to the performance in answering complaints. Whilst the number of complaints was falling in the year to date only 76% of complaints had been responded to within 20 working days, against a target of 90%. In June, only 24% of complaints had received a response within 25 working days. The interim Medical Director advised that she was reviewing the distribution of resources between the Care Groups to

address this. In response to a question, the Director of Nursing commented that there were a number of reasons why complaints could take longer to respond to than the target timescale. Some were highly complex, medical notes were often required and others required legal advice. The Director of Nursing advised that all complaints were acknowledged. The interim Medical Director undertook to report to the next meeting on the action being taken to improve performance.

The interim Medical Director drew attention to the performance of the Trust against the venous thromboembolism risk assessment target in June. The performance of 63% was against a target of 90%. Whilst audits had confirmed that clinical practice was good and that assessments were undertaken, the required documentation had not been completed. The interim Medical Director advised that she would be giving consideration to the action necessary to improve performance.

The Director of Nursing advised that the number of pressure ulcers in the Trust had increased in the last six months. Attention would be refocused on the issue, including through a summit of senior nursing staff in September.

Clarification was sought on the merit in adopting a zero tolerance approach to pressure ulcers. The Director of Nursing commented that whilst a zero tolerance mindset was an important element in the Trust response, a number of patients came to the Trust with a pressure ulcer. The Director of Nursing commented that one approach might be to separate pressure ulcers into avoidable and unavoidable categories. A zero tolerance approach would be appropriate in respect of the former. The Director of Nursing undertook to consider this.

The Board noted that there have been 2 Maternity unit diversions in the month.

The interim Medical Director commented on the number of falls in the Trust. There had been 117 falls in June, which was an increase. This would receive a particular focus, following reinstatement of the Falls Steering Group.

Resolved: that

(a) the report be noted

(b) the interim Medical Director report to the next meeting on the action taken to improve the timescale for responding to complaints

(c) the Director of Nursing consider the merit in differentiating between avoidable and unavoidable pressure ulcers and implementing a zero tolerance approach to the former.

120/12 Integrated Performance Report

The Commercial Director submitted the integrated performance report for June 2012.

The Commercial Director advised that the Trust had met all its CQC quality registration standards in the month and would achieve an amber-green governance rating for the quarter. This was an improvement on the amber-red rating for the last quarter.

The Board noted that the impact of the implementation of the Cerner Millennium system on the ability to deliver performance standards had been considerable. In particular, it had been necessary to undertake high volumes of manual data validation to assure accurate reporting. Given this, Monitor had agreed to accept the final validated performance of the Trust at the end of each quarter as the basis for the Trust's governance rating.

It was noted that the outpatient appointment cancellation rate was high. It was confirmed that the implementation of Cener Millennium would have a positive impact on the cancellation rate.

Clarification was sought on the completion rate for mandatory training in the Trust. The Director of Workforce Development & Human Resources undertook to provide information on this in future integrated performance reports.

Further information was sought on the appraisal completion rate and the issues preventing achievement of the target. The Director of Workforce Development & Human Resources explained that, culturally, less importance had been attached to appraisals within the Trust. In addition, the implementation of Cerner Millennium had taken attention away from undertaking appraisals. Changes had been made to the appraisal process to make it more user-friendly. The target was for each directorate to have completed 90% of appraisals by December.

Resolved: that

(a) the Director of Workforce Development & Human Resources provide additional information on mandatory training completion rates in future integrated performance reports

(b) the report be noted.

121/12 Director of Finance Report

The Director of Finance submitted a report on the financial performance of the Trust to June 2012.

The Director of Finance advised that the year to date deficit was £1.5m versus a budget deficit of £1.575m. Commissioners had agreed to provide additional funding of £1.5m to cover incremental cost incurred and year on year loss of Neonatal level 3 income.

The Director of Finance explained that

- income for the year, at £78.m, was £0.8m ahead of budget. This position benefited from incremental income from the PCT to cover costs and reduced neonatal

income, one time carbon management income and higher drug charges which compensated for underlying activity being £950,000 below plan.

- Expenditure for the year was £80.3m, which was £0.7m above plan. This reflected higher than planned escalations costs, higher drugs recharges to commissioners and lower cost improvement programmes (cips) savings offset by one time benefits such as the delay in implementing Cerner Millennium

- Within the month, pay was £0.2m more than in May, reflecting the five week month. Year to date pay was on budget. Drug expenditure within the month was below budget. Non-pay costs were above plan, reflecting non-delivery of cips.

The Director of Finance advised that cash, at £32.25m, was £2.25m better than budget.

The Director of Finance advised that the Financial Risk Rating for the year to date was 2.7, which, under Monitor methodology, would be rounded to a 3.

Clarification was sought on the activity validating process agreed with commissioners. The Director of Finance advised that, following the implementation of Cerner Millennium, a large number of episodes were based on estimated tariffs. A three month window had been negotiated for a validation process to take place. An assurance was sought that the number of episodes based on estimated tariffs was not increasing. The Director of Finance advised that he was not able to give the assurance for July as the data was not yet available from the Cerner Millennium system to be quality checked. He had confidence in the data for June. However, if there were concerns about the quality of the data, the Trust was able to revert to the payment schedules within the contract. In response to a question, the Director of Finance advised that he did not require additional resources in his team to complete the exercise. The Chief Executive commented that the Executive had, however, made the decision to code from notes, which would require an estimated further 15 coding staff.

Clarification was sought in respect of the continuing support from commissioners to reimburse the costs of the medically fit for discharge patients remaining within the Trust. The Director of Finance advised that this would be discussed with commissioners at a meeting on the following day.

Resolved: that

(a) the report be noted

(b) the following purchase requisition be approved (figures excluding VAT)

Requisition number	Details	Amount £
	UPMC; final payment for Cerner Millennium licences	**841,500**

122/12 Quality of Earnings Report

The Director of Finance submitted a report on the outcome of the PwC quality of earnings review undertaken in June 2012.

The Director of Finance explained that PwC had been commissioned to undertake a review of the financial performance of the Trust from 2008/09 to 2011/12. The aim was to remove material one-off items, arrive at an underlying financial performance, to identify trends and to compare the outcome with a set of comparator trusts.

The Director of Finance explained that, whilst the report was in draft and subject to further analysis, a number of key points had been identified

- Normalised EBIT and EBITDA margins declined marginally between 2008/09 and 2010/11 before recovering in 2010/11
- Normalised EBIT and EBITDA margins remained higher than the comparator group over the period. However, the comparator group increased its margins a year ahead of the Trust in 2010/11
- Expenditure on the major investments had placed significant additional pressure on the Trust cash flow since 2008/09 and had reduced liquidity

The Director of Finance advised that the draft report identified a number of key opportunities for the Trust to consider

- Payroll costs were significantly higher than the comparator in 2008/09, with a closer position in 2009/10 and 2010/11 followed by another higher result in 2011/12
- Premises costs were increasing in relation to overall expenses incurred by the Trust and the increase was greater than for most of the comparator trusts
- The Trust had, compared to the comparator group, the highest proportion of spending on clinical supplies and the highest proportional increase in spend between 2009/10 and 2010/11.

The Director of Finance advised that the report would be developed further to; identify areas of greatest variance and potential opportunity in payroll, premises and clinical supplies costs. A further report would be made to the Board in November on action taken.

Clarification was sought on the extent and value of the clinical efficiency benchmarking undertaken by PwC. The Director of Finance advised that PwC had not addressed this area in depth as the Trust would not be using the company for the analysis of clinical efficiency.

The Director of Finance advised that PwC would be updating the report making use of 2011/12 data. The report would then be submitted to the Board in November. The Director

of Finance confirmed that action would be taken now on the areas already identified for further work.

Clarification was sought as to whether the Audit Committee had a role in reviewing the report. The Director of Finance undertook to consider this.

Resolved: that

(a) the report be noted

(b) the Director of Finance give consideration as to whether it would be appropriate for the Audit Committee to review the report.

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123/12 West Berkshire Community Hospital (WBCH) Utilisation

The Care Group Director, Planned Care, gave a presentation on the utilisation of the theatre and outpatient facilities at WBCH.

The presentation covered

- changes since December 2011, including additional clinics underway and being considered, monthly GP education sessions and closer working with commissioners
- current theatre utilisation, including the specialities operating at WBCH, the current theatre schedule and utilisation in the period July 2011-June 2012 and the reasons for the cancellation of lists
- the scope of outpatient activity at WBCH, including the specialities with a presence at the site, the number of referrals, the 8% reduction in the number of patients being seen between 2010/11 and 2011/12, the specialities where there had been changes in patient numbers and indicative waiting times
- areas for developing services at the site

Clarification was sought on the impact on the Trust of not having the facilities at WBCH. The Care Group Director, Planned Care advised that another trust would take advantage of the site, which would impact on the referrals to the Trust. The Director of Finance commented that the services at WBCH made an annual contribution of £1.2m to Trust overheads.

Clarification was sought on the ownership of WBCH following the abolition of NHS Berkshire West. The Chief Executive commented that discussions would need to take place with NHS Berkshire West, the Trustees of the Hospital and the Clinical Commissioning Group lead to clarify this.

Resolved: that the presentation be noted.

124/12 Impact of Delays from Patients Medically Fit for Transfer and Whole System Response

The Director of Nursing submitted a report updating the Board on the actions being taken in respect of delayed transfers of care and patients medically fit for discharge in the Trust.

The Director of Nursing advised that there had been a steady increase in delayed transfers of care over the last year. In addition the numbers of patients medically fit for transfer had risen from 50 in September 2011 to 72 in May 2012. This had impacted on the operational, quality and financial performance of the Trust. The Director of Nursing explained that one consequence of this was the fact that 41 escalation beds remained open with no plans for their closure.

The Director of Nursing explained the actions being taken within the health economy and the Trust to address the situation. In particular, a community health and social care services integrated review was being led by the West Berkshire health and Wellbeing Board, a transitional care project was underway, fortnightly review meetings were being held between relevant chief executives, the Trust was liaising with commissioners regarding funding issues and the Care Groups were focusing on causes of internal delays that were within their control.

The Board noted the actions being taken and the timescales involved. Clarification was sought on the actions being taken to address the position in advance of winter pressures.

The Chief Executive commented that the key short-term solution was ensuring the availability of capacity within the community to support patients leaving the Trust. It would be important for there to be clarity about the use of the additional £5m made available to local authorities to support the provision of capacity in the community. It would also be important to ensure that commissioners purchased sufficient capacity within the community to meet the current level of need.

Resolved: that

(a) the report be noted

(b) the Director of Nursing submit a report to the next meeting on the action being taken to address the provision of capacity in the shorter-term.

125/12 Monitor Return Quarter 1 2012/13

The Director of Finance, the Commercial Director and the Director of Corporate Affairs & Secretary submitted the quarter 1 return to Monitor.

The Director of Finance explained that the Compliance Framework required the submission of a quarterly financial and governance combined return, comprising a number of declarations.

The Director of Finance commented that the performance of the Trust in quarter 1 should be reviewed against the context of the launch of EPR in June and the impact of the additional time required to undertake administration, to learn the new system and to undertake data extraction and validation.

In respect of the Declaration of Performance against Healthcare Targets, the Board noted that the Trust had failed to achieve the targets in respect of cancer 62 day waits for first treatment and cancer two week from referral to first seen for all urgent cancers. This would result in an amber-green Governance Risk Rating, compared to the annual plan assessment of green.

The Board noted that the Finance Declaration would result in a Financial Risk Rating of 3 to the Trust.

The Director of Finance advised that the quarterly return required the Board to certify confirmed or not confirmed in respect of three statements

- That the Board anticipated the Trust would maintain a financial risk rating of at least 3 over the next 12 months

- That the Board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds); and a commitment to comply with all known targets going forwards

- The Board confirms that there are no matters arising in the quarter requiring an exception report to Monitor which have not already been reported

In respect of the finance statement that Director of Finance explained that the most recent financial forecast and the annual plan demonstrated both plans and an intent to achieve an FRR of 3. However, the key dependency in 2013/14 was the ability of commissioners to fund the Trust at the level anticipated in the plan. It was recommended that the Board confirmed this statement but highlighted the key dependency.

In respect of the governance statement, it was recommended that the Board confirm this on the basis of the monthly Board level assurances in place.

With regard to exception reporting, the Board was recommended to confirm this on the basis of there being no material issues requiring exception reporting.

Resolved: that

(a) the Chief Executive and Director of Finance be authorised to sign the quarter 1 Monitor return

(b) Confirmation of the statement be given that the Board anticipated that the Trust would maintain a financial risk rating of at least 3 over the next 12 months be approved

(c) Confirmation of the statement be given that the Board was satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds); and a commitment to comply with all known targets going forwards.

(d) Confirmation of the statement be given that the Board confirms that there are no matters arising in the quarter requiring an exception report to Monitor which have not already been reported

(e) The submission of the full return to Monitor be approved

(f) The Director of Finance be authorised to submit a profiled reforecast of 2012/13 capital expenditure based upon the capital reforecast submitted to the Board.

126/12 Committee Annual Reports

The Board received the annual reports from the Clinical Governance and Charity Committees. The Chairman of the two Committees drew attention to key points in the reports.

The Director of Corporate Affairs & Secretary advised that the reports summarised the work of the Committees over the last financial year. They were produced for the Board and indicated how each Committee had discharged its responsibilities.

Resolved: that the Annual reports be received.

127/12 Revised Board and Council Protocols

The Director of Corporate Affairs and Secretary submitted a report setting out proposed changes to two of the governance protocols between the Board and the Council of Governors.

The Director of Corporate Affairs and Secretary explained that the protocols had been updated to reflect changes agreed at the previous meetings of the Council of Governors and Board of Directors in respect of new working arrangements.

Resolved: that the amended communications protocol and the protocol for the appraisal of the Chairman and Non-Executive Directors be approved.

128/12 Minutes of Meetings

The Board received the draft minutes of the following meetings

Special Council of Governors	25 June and 11 July 2012
Clinical Governance Committee	5 July 2012
EPR Governance Committee	9 July 2012
Charity Committee	12 July 2012
Joint Constitution Working Group	13 July 2012

The Chairman gave a verbal report on the meeting of the Council of Governors meeting held on 26 July 2012.

The Chairmen drew attention to significant issues discussed at the meetings.

Resolved: that the minutes be received and the recommendations contained therein approved.

129/12 Information Items

The Board received, for information, the following reports

- schedule of outstanding items
- Board agenda plan

130/12 Date of Next Meeting

Resolved: that the next meeting be held at 9am on Tuesday, 25 September 2012.

131/12 Vote of Thanks

The Board recorded its thanks to Michael Winslow for his work and contribution as an Interim Non-Executive Director.

132/12 Exclusion of the Press and Public

The Board noted that, had the meeting been in public, the press and public would have been excluded at this stage given the exempt nature of the remaining business, as defined by the Freedom of Information Act. The Governor present left the meeting at this stage.

133/12 Financial Forecast Report

[Section 43, Freedom of Information Act]

The Director of Finance submitted a report setting out the financial forecast for the Trust for the year ended March 2013.

The Director of Finance explained that the surplus for the year remained at the budgeted figure of £3.16m. The cash forecast also remained the same as the budgeted plan. This would result in a Financial Risk Rating of 3.

The Director of Finance explained that underlying these figures were a number of changes in the budgeted position. Income from commissioners had increased by £1.25m in quarter 1, from drugs (£2.13m) and other income (£1.8m). This had offset reduced activity, increased pay and non-pay costs.

The Director of Finance drew attention to proposed changes in the allocation of capital expenditure, with greater provision proposed for medical equipment purchases and reduced funding on IT.

The Board noted the risks and opportunities underpinning the forecast, which had been assessed as a net risk of £1.48m. The Board sought an assurance that budget holders owned their budgets and believed that cips were realistic. The Director of Finance advised that each cost improvement programme was led by an Executive Director. However, there remained a risk to the Trust that planned cost savings might not be achieved. The Trust also had income cips which could balance this position. The Board asked for clarification on the cips considered to be most at risk. The Director of Finance commented that he considered these to be those in respect of workforce and IT.

Resolved: that the report be noted and the reallocation of forecast capital expenditure approved.

134/12 Shaping the Future Consultation Response

[Section 43, Freedom of Information Act]

The Chief Executive advised that the Trust response to the pre-consultation exercise, which had been distributed to Board members, had now been submitted to NHS Berkshire West.

135/12 Managed Staff Bank Service

[Section 43, Freedom of Information Act]

The Director of Finance submitted a report setting out the outcome of a tendering exercise for the managed staff bank service and recommending the signing of a contract with NHS Professionals.

The Director of Finance explained that one supplier, NHS Professionals, had formally responded to the tender. On the basis of the tender, the contract would amount to £7.5m a year, including pay and operating fees.

The Board noted that two options had been offered by NHS Professionals for the payment of annual management and agency fees. The recommended approach was to adopt the option based on a lower annual management fee with transaction fees payable for staff.

The Director of Finance explained that NHS Professionals had agreed to the Trust selecting its preferred operating model on an annual basis.

Confirmation was sought that the contract included key performance indicators. The Director of Finance confirmed that this was the case.

Resolved: that approval be given to the signing of a three year contract with NHS professionals, with the option to extend for a further two years.

136/12 Mass Prophylaxis Centre

[Section 31, Freedom of Information Act]

The Chief Executive submitted a report on the planning undertaken within the Trust for a mass prophylaxis incident response.

The Board noted that, whilst the plan was in draft, it would provide the basis of a Trust response in the event of an incident.

Resolved: that the plan be noted.

137/12 Quality and Safety Report Exempt Appendix

[Section 40, Freedom of Information Act]

The Board received a confidential appendix setting out details of serious incidents reported in June.

There had been nine serious incidents reported in the month. The Board noted the details of each.

The Board noted the schedule of open serious incidents as at 30 June 2012.

Resolved: that the report be noted.

Chairman

Date 2 October 2012

Board Schedule of Matters Arising **Agenda Item 3 a)**

Board Date	Board Minute Ref	Subject	Decision	Owner	Update
July 2012	118/12	East Berkshire collaboration business case	A business case setting out the partnership approach and the financial implications for the Trust would be submitted to the September Board meeting.	Ian Stoneham	Scheduled for the November Board
July 2012	118/12	West Berkshire utilisation	The Chief Executive advised that a working group had been established to develop the use of the Trust facilities at the West Berkshire Community Hospital (WBCH). A report on progress would be submitted to the Board in the autumn.	Peter Malone	Update to be provided
July 2012	118/12	EPR costs	A briefing note on the additional short and long term administrative costs to support Cerner Millennium be distributed	Elizabeth White	Update to be provided
July 2012	119/12	Complaints	The interim Medical Director report to the next meeting on the action taken to improve the timescale for responding to complaints	Emma Vaux	Update in the IPR elsewhere on this agenda
July 2012	119/12	Pressure Ulcers	The Director of Nursing consider the merit in differentiating between avoidable and unavoidable pressure ulcers and implementing a zero tolerance approach to the former	Caroline Ainslie	Update to be provided
July 2012	120/12	Mandatory Training	The Director of Workforce Development & Human Resources provide additional information on mandatory training completion rates in future integrated performance reports	Janine Brennan	Completed – see IPR on this agenda
July 2012	122/12	Quality of Earnings Report	The Director of Finance give consideration as to whether it would be appropriate for the Audit Committee to review the report	Craig Anderson	Update to be provided Update report coming to the Board in November
July 2012	124/12	Delayed Discharges	The Director of Nursing submit a report to the next meeting on the action being taken to address the provision of capacity in the shorter-term	Caroline Ainslie	See IPR on this agenda

Board Schedule of Outstanding Decisions **Agenda Item 3 b)**

Board Date	Board Minute Ref	Subject	Decision	Owner	Report Due
May 2010	89/10	Monitor Code of Governance	The term of office of non-executive directors be considered as part of the first review of the Trust Constitution	Keith Eales	Joint Constitution Review Working Group to recommend three year terms of office for NEDs
November 2011	162/11	East Berkshire – collaborative approach	The Chief Executive advised that he had agreed to work with the Chief Executives of Heatherwood & Wexham and Frimley Park to assess the feasibility of making a collaborative response to the commissioning intentions of the Ascot and Bracknell clinical commissioning group. He would submit the case to the January 2012 Board for review.	Ed Donald (Ian Stoneham)	Update provided to June board. Final business case now planned for November. 2012 Board.
November 2011	167/11	Real Estate Strategy (RES)	The final strategy be submitted to the Board in February 2012	Philip Holmes	Real estate strategy is paused, awaiting the final clinical strategy.
May 2012	74/12	Performance monitoring	Board members be advised of the performance against the cancer targets following completion of the validation exercise	Ian Stoneham	Update to be provided.
May 2012	77/12	Clinical Services Strategy	The Commercial Director meet with the Non-executive Directors and the Care Group Directors to discuss the draft strategy.	Ian Stoneham	Update to be provided.
June 2012	111/12	Bracknell Clinic Update	The Chief Executive commented that it would be appropriate for the Board to meet the Board of Frimley Park Hospital NHS Foundation Trust and for a similar meeting to take place at Executive level to discuss joint working	Ed Donald (Ian Stoneham)	Chairman and CEO meeting scheduled for Sept. 2012. Update to be provided.
June 2012	112/12	Pathology Services	The Chief Executive commented that it would be appropriate for the Board to meet the Board of Heatherwood & Wexham Park Hospitals NHS Foundation Trust and for a similar meeting to take place at Executive level, to discuss the development of the joint approach. This was endorsed by the Board.	Ed Donald (Ian Stoneham)	Date being arranged with HWP. Update to be provided.

Royal Berkshire NHS
NHS Foundation Trust

Agenda Item 4a)

Trust Board Integrated Performance Report September 2012

Reporting Period: August 2012 (Month 5)

Ian Stoneham – Commercial Director

Trust Board Integrated Performance Report

Executive Summary

Governance

The Integrated Performance Report identifies the key performance risks highlighted for this month and the forecasted impact on Quarter 2. It details the action being taken to ensure the governance rating does not deteriorate from amber/ red and moving forwards seeking the assurance that the Trust achieves at least an Amber – Green rating.

Electronic Patient Record (EPR) implementation continues to have a significant impact on the Trusts ability to deliver these standards for patients, although the position is stabilising. The Safety and Quality report shows the progress being made in relation to the Quality Account objectives. The Trust remains in the expected range for the Standardised Hospital Mortality Indicator, with upper quartile performance in clinical efficiency, clinical effectiveness and infection rates for our case-mix.

Although the current performance suggests a red rating for August, the performance targets for 18 weeks and cancer are still undergoing validation. The expectation is that post validation, only the 4 hour A+E target and the 2 week wait suspected cancer targets will not achieve in August which will deliver an Amber-Green governance rating. Both of these targets are forecast not to be delivered in Q2 with plans in place to ensure the targets are achieving again by the end of Q3. It should be noted that the A+E target will remain a significant risk through the remainder of 2012/13 as it is dependent on the Urgent Care Network's agreement to fund and open an additional 50 community beds to rapidly, and the team are working closely with the network and Clinical Commissioning Groups to achieve this.

Finance

The financial position at the end of August was a FRR 2.6 and a year to date deficit of £2.8m compared to a planned deficit of £0.1m. The key issues driving this position are the cost of delayed discharges, under performance on elective activity, cost savings behind plan and increasing costs associated with stabilising EPR.

Immediate actions are in place to deliver the recovery plan on activity, and a QIPP Programme Board has been implemented this month to drive forward delivery of CIPs and to develop our transformation programme going forwards.

The Integrated Performance Report and Finance Directors report sets out the actions being taken to address these issues by the executive team. The forecast for 2012/13 remains a FRR 3.

Financial Risk Rating

Monitor Equivalent Risk Rating

Criteria	Metrics	Actual
Achievement of Plan	EBITDA achieved (Actual as % of plan)	3
Underlying Performance	EBITDA margin (EBITDA as % of income).	3
Financial Efficiency	Return on assets excluding dividend (surplus as a % of average assets employed); I&E surplus margin net of dividend (surplus as a % of income).	2
Liquidity	Liquidity ratio (days)	3
Rating after overriding rules		**2.6**

Over-riding rules - Monitor
One financial criteria scored at 1 or 2 - max 2 or 3 respectively
Two financial criteria scored 1 or 2 - max 1 or 2 respectively
PDC dividend not paid in full - max 2

Aim for 2012/13 is FRR of 3 through:

- Surplus of £3.2m (1% of Income)
- Maintaining cash balance of £20m
- CIPs savings of £12.5m – plus c£5m of income opportunities

Key risks at end month 5

- PCT outpatient follow-up and elective activity is behind plan by £2m
- CIPs behind plan by c£1m year to date as at August
- Non-pay expenditure overspent by £1m year to date
- EPR costs £1m overspent but offset by delayed implementation
- Pay £0.5m over budget

Key Actions

Planned care group activity recovery plan agreed and being tracked at weekly performance meetings to assure delivery by the end of Q3

QIPP Programme Board (RBFT Transformation Programme) established to drive CIPs – see CIP section

PWC to analyse non-pay spend and agree recovery programme with the executive team by 31 October. Immediate benchmarking with Frimley and Basingstoke to identify areas for price reductions with suppliers

EPR operational recovery programme being finalised and costed by 1 October, with immediate action being taken on skill-mix and identification of targets to clear backlogs where extra administration staff have been employed

Conclude PCT discussions regarding radiotherapy and chemotherapy PbR funding, valued at £2m to £5m additional income and transitional investment for RBFT transformation programme and RBBC as part of Shaping the Future strategy

Forecast

FRR3 in Q2 based on the planned care group delivering their activity recovery plan and PbR funding for cancer treatments along with PCT investment in RBFT transformation programme

Monitor & CQC Target - Summary

MONITOR Target or Indicator (per Compliance Framework 12/13)	Scoring	Target QTR	Q1	July	August
18 Weeks: admitted patients	1.0	90%	93.1%	90.1%	86.8%
18 Weeks: non-admitted patients	1.0	95%	99.3%	98.4%	98.8%
18 Weeks: patients on incomplete pathways monthly target (See Note*)	1.0	92%	91.7%	92.3%	91.3%
A&E: 4hr Limit	1.0	95%	95.1%	95.7%	93.6%
Meeting the C.Diff objective	1.0	19	7	-	4
Cancer 31 day wait: surgery	1.0	94%	98.4%	100.0%	100.0%
Cancer 31 day wait: anti cancer drug treatments	1.0	98%	99.1%	100.0%	100.0%
Cancer 31 day wait: radiotherapy	1.0	94%	94.4%	95.1%	96.1%
Cancer 62 day wait: GP Referral	1.0	85%	85.2%	87.6%	86.8%
Cancer 62 day wait: NHS cancer screening service referral)	1.0	90%	87.2%	94.4%	90.9%
Cancer 31 day wait: to first treatment	0.5	96%	96.9%	98.6%	97.8%
Cancer 2 week wait: cancer suspected	0.5	93%	91.8%	90.5%	88.3%
Cancer 2 week wait: breast patients	0.5	93%	93.1%	94.9%	87.1%
Meeting the MRSA objective	1.0	0	0.0%	0.0%	-
Score			2.50	0.50	4.00

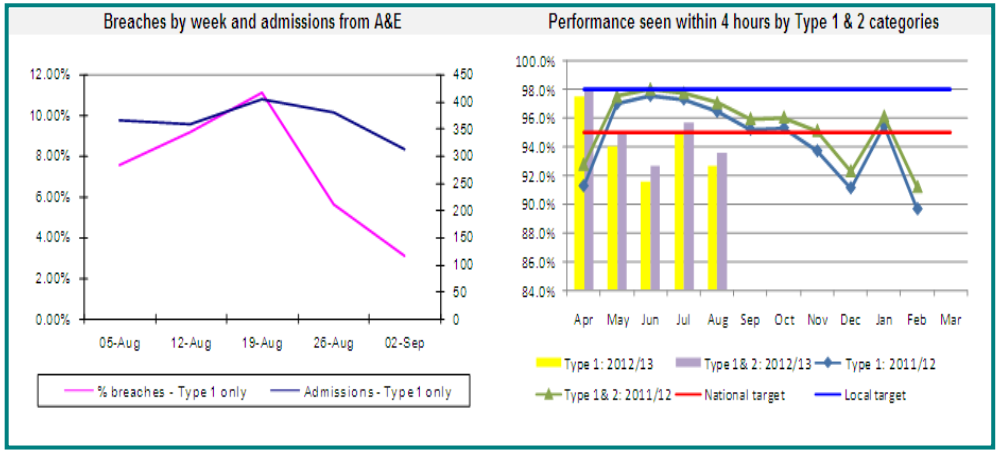
Care Quality Commissions - Annual Targets	Scoring		Q1	July	August
Compliance with requirements regarding access to healthcare for people with a learning disability	0.5	ANNUAL TARGET	Yes	Yes	Yes
Risk of, or actual, failure to deliver mandatory services	4.0		No	No	No
CQC compliance action outstanding (as at 30 Jun 2012)	special		No	No	No
CQC enforcement action within last 12 months (up to 30 Jun 2012)	special		No	No	No
CQC enforcement notice currently in effect (as at 30 Jun 2012)	4.0		No	No	No
Minor CQC concerns or impacts regarding the safety of healthcare provision (as at 30 Jun 2012)	special		No	No	No
Moderate CQC concerns or impacts regarding the safety of healthcare provision (as at 30 Jun 2012)	special		No	No	No
Major CQC concerns or impacts regarding the safety of healthcare provision (as at 30 Jun 2012)	2.0		No	No	No
Unable to maintain, or certify, a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements	2.0		No	No	No
Trust unable to declare ongoing compliance with minimum standards of CQC registration	special		No	No	No
Has the Trust has been inspected by CQC (in the quarter ending 30 Jun 2012)	special		No	No	No
If so, did the CQC inspection find non compliance with 1 or more essential standards	special		Not relevant	Not relevant	Not relevant
	Results left to complete				
RISK DECLARED AT ANNUAL PLAN: NONE	Total Score		2.50	0.50	4.00
	Indicative Governance risk rating		AMBER-RED	GREEN	RED

Note*: Performance across quarter 1 for the Incomplete Pathways target was 88% in April, 95% in May and 92% in June and the breach of this target in April has resulted in the service performance score being re-evaluated to 2.5 in Q1 and, therefore, Amber-Red. Performance for Q2 is predicted to improve to 1.5 and amber-green.

Please note; the August results have not been validated and are subject to change. The expectation is that the only targets not achieved in August will be the A&E 4 hour target & the Cancer 2 week wait target.

A & E Targets

	Target	Apr-12	May-12	Jun-12	Jul-12	Aug-12	YTD
A&E attendances - Type 1 only	N/A	6,339	8,695	6,857	6,540	8,108	36,539
Seen within 4 hours - RBBH site Type 1 only	95%	97.54%	94.0%	91.6%	95.1%	92.7%	94.2%
Seen within 4 hours - RBH site Type 1 & 2 only	95%	97.9%	94.9%	92.7%	95.7%	93.6%	94.7%
Unplanned re-attendance rate	<5%	2.3%	1.9%	2.2%	2.2%	2.7%	2.3%
Total time spent in A&E (95th percentile)	<4 hours	239	239	239	239	239	239
Left department without being seen	<5%	3.1%	4.2%	3.4%	3.7%	4.2%	3.7%
Time to initial assessment (95th percentile)	<15 mins	0	0	0	0	0	0
Time to treatment in department (median)	<60 mins	66	75	77	64	58	68



Context

ED attendances continue to be higher than for the same period last year, with NEL admissions being significantly above plan. The year to date position at 16.09.12 was 94.29% and it is unlikely that the standard will be achieved for Q2. National best practice has identified the most common cause of failure to deliver this standard is bed capacity in hospitals or in the community.

Action

Internal reconfiguration of the Emergency Department has taken place to provide a safer environment for patients, increased capacity for majors patients and an ENP led service.

Triage bays reintroduced into CDU to provide capacity for the 'medical take' at the beginning of the day and avoid the 'take' being in ED, achievement of 4 hour standard and recover position for ambulance handover times in line with trajectory agreed with Commissioners.

Agreed to recruit 2 additional consultants, 3 extra ENPs and 2 extra HCAs to support delivery of consultant led service 0800 to 0000 hours, which will further improve safety, admission prevention, waiting times in the department and for SCAS. In year cost £330k to be funded from additional urgent care income or Berkshire West PCT Urgent Care Network investment funds.

Review of acute take for physicians and surgeons to identify further opportunities, although length of stay and readmission rates already upper quartile.

Urgent Care Network to identify 50+ additional community places for patients medically fit for transfer to reduce level of delayed discharges and improve patient flow.

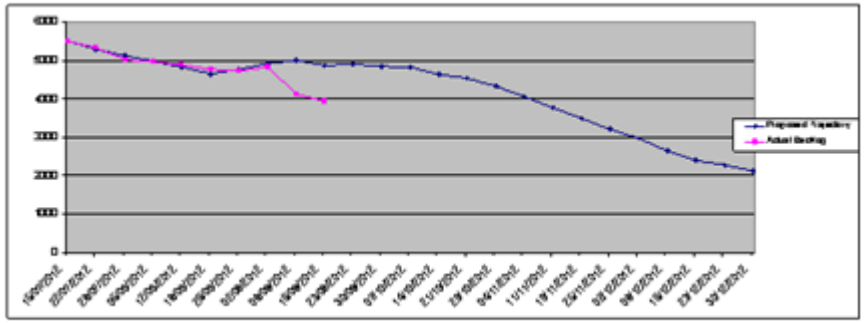
Forecast

Significant risk of failure to achieve this target in Q3 and Q4 without additional community capacity.

18 Weeks Targets – Trust Wide Summary

	Target		Jul-12	Aug-12
Admitted in 18 weeks percentage	90%		90.50%	86.8%
Non admitted in 18 weeks percentage	95%		98.42%	98.76%
18 weeks Incomplete pathways	92%		92.32%	91.32%
18 weeks - Admitted 95th percentile	<=23		20-21	22-23
18 weeks - Admitted Median Wait	tba		9-10	10-11
18 weeks - Admitted backlog	350		1138	1138
18 weeks - Non - admitted 95th percentile	<=18.3		13-14	13-15
18 weeks - Non admitted Median Wait	tba		2-3	1-2
Audiology - Non Admitted in 18 weeks	95%		99.6%	99.6%
Audiology - Incomplete pathways			99.6%	99.6%
Diagnostics in 6 weeks %	tba		97.3%	97.3%

Chart 1 – Progress against trajectory – Ophthalmology Backlog



Context

The 18 weeks figures shown are un-validated and will be re-submitted week commencing 24th September, when the admitted target of 90% is expected to be achieved based on the experience of previous months validation activity. The target for incomplete pathways (particularly in orthopaedics) is being impacted by the current rules in the new Cerner Millennium system which is not pausing and stopping patient pathways correctly, leading to an unnecessary increase in open pathways. Reduction in planned activity year to date has led to an increase in waiting times in all surgical specialities which will impact sustainable delivery of 18 ww standards if not addressed.

Action

Planned care group activity recovery plan being performance managed on a weekly basis to assure delivery of activity to the budget plan. Theatre capacity is full in September at RBH and PCEU and additional lists have been added at week-ends.

Orthopaedics backlog for spinal surgery, specifically ACLs will continue to be outsourced, along with any other specialities facing capacity constraints while plans are developed to repatriate this work back to RBFT, which will improve EBITDA.

Gynaecology theatres have been closed for estate safety work since xx and will be project managed to achieve a faster handover date, now scheduled for xx compared to the original date of xx (Director of Estates to advise).

Head of Informatics to resolve clock stop issues in Cerner Millennium software with Cerner within the next 4 – 6 weeks.

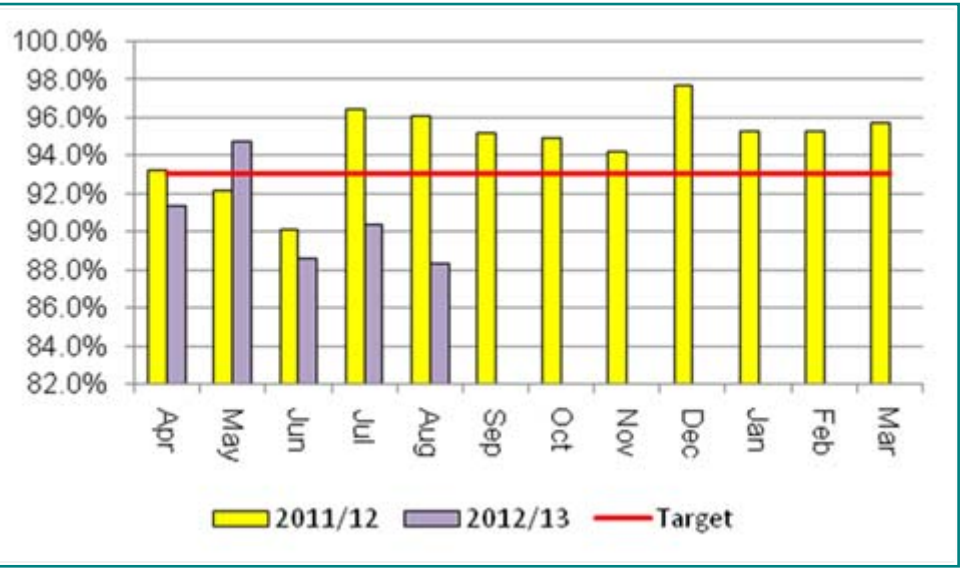
Ophthalmology follow up recovery plan has been implemented and is on trajectory to achieve the planned reduction agreed with the PCT (see chart opposite).

Forecast

All 18 ww targets achieved in August and Q2 with forecast achievement for 2012/13 on basis that planned care bed capacity is not blocked by delayed discharges or urgent care patients over the winter period and there are no further unplanned theatre closures.

Cancer Targets – Trust Wide Summary

	Target	May-12	Jun-12	Jul-12	Aug-12	YTD
Two Week Wait suspected	93%	94.7%	88.6%	90.4%	88.3%	90.8%
2 week wait breast symptom	93%	97.4%	93.3%	94.9%	87.1%	92.2%
31 day 1st treated	96%	94.9%	96.6%	98.6%	97.8%	97.3%
31 day Chemo.	98%	97.4%	100%	100%	100%	99.4%
31 day Surgery	94%	100%	95.2%	100%	100%	98.8%
31 day Radiotherapy	94%	91.7%	100.0%	95.1%	96.1%	94.4%
Other	94%	100%	100%	100%	100%	100%
62 day (2ww)	85%	82.4%	85.4%	87.6%	86.8%	85.6%
62 day upgrade	notpub	66.7%	100%	100%	100%	91.7%
62 day screening	90%	90.9%	83.3%	94.4%	90.9%	89.4%



Context

In Q1 the Trust failed to achieve the 2ww suspected and 62 day screening standards. Failure to achieve these targets for a further 2 consecutive quarters will lead to an automatic governance score of RED.

The results for August are still being validated and all are expected to be achieved based on previous experience with the exception of 2ww suspected.

At the start of the year the national bowel screening campaign led to a 50% increase in two week referrals. Another campaign is due to launch shortly and the expectation is that this may lead to a further 30% increase in referrals.

Actions

Additional 2ww suspected cancer clinics at weekends in dermatology and respiratory where lack of consultant capacity is the driver.

The Urgent Care Group is reviewing capacity and demand to identify options going forward in gastroenterology, as recruitment of a locum in this area has proved difficult to date, including coming off the POD rota.

Endoscopy scheme at WBCH now being project managed to completion by RBFT to bring additional capacity back in use by 1 December. Supporting sustainable delivery of the 2ww suspected cancer standard in gastroenterology.

Thames Valley Cancer Network to provide external assurance that there is sufficient capacity to match current and forecast demand across all cancer standards.

Forecast

All cancer standards with the exception of the 2ww suspected cancer achieved by the end of Q3. All cancer standards forecast to be achieved for 2012/13 overall.

Maternity Dashboard

		RAG rating parameters		Apr-12	May-12	Jun-12	Jul-12	Aug-12
		Goal/ Green	Red Flag					
Births	Benchmarked to 5900 per annum	< 466/ month	> 520 / month	491	491	473	504	518
Normal Vaginal Delivery	Spontaneous vaginal delivery (proportion of total)	63%	<60%	56%	61%	59%	56%	60%
Marsh Midwifery led Unit	Number of Deliveries (proportion of total)	10%	< 7%	15%	14%	14%	14%	14%
Homebirths	Number of deliveries (proportion of total)	> 5%	< 3%	3%	4%	3%	3%	2%
C. Section	Elective Rate	10%	> 11.34 %	11%	12%	12%	13%	11%
	Emergency Rate	< 15%	> 18%	16%	15%	12%	14%	13%
Staffing	Hours per week of dedicated consultant time on delivery suite	60 hrs.	< 60 hrs.	68.6	70.5	65	65	90
	Midwife : birth ratio	1 : 35	> 1 : 41	01:33	01:36	01:35	01:36	01:37
	No. midwifery vacancies	< 5%	> 10%	4.40%	6%	5%	7%	10.5%
Complaints	No. of Complaints	< 3	> 7	5	5	2	2	4
	Number of times unit diversion policy implemented	< 1	> 3	2	2	2	8	5

Commentary & Actions:
In August the maternity unit had cause to implement the diversion policy on 5 occasions. 80% of these diversions were due to inadequate midwifery staffing for the workload. In addition there were 3 occasions where we attempted to suspend services but were unable to as no other maternity unit in the area was able to accept women. To enable us to monitor the details of unit diversions and attempted diversions in more detail a template is to be developed in conjunction with the clinical quality improvement unit.

The maternity service is currently experiencing low midwifery staffing levels. As at the end of August there is a 10% vacancy rate. There are 23 midwives (21.2 WTE) midwives who have been offered posts who are waiting for completion of pre employment checks. This includes 17.8 WTE who are newly qualified and will not be completing their courses until end of September and October. We anticipate having these midwives in post and fully orientated by the end of December 2012. In the interim period we have employed 4 agency midwives on long term placements with another 3 to be interviewed. In addition we are utilising midwives on zero hours contracts (there are 16) and staff are working extra hours and overtime to help fill the shortfall.

Activity and Income – Recovery Plan

Planned Care Recovery Plan

The activity on the theatre lists for September has been analysed. Each list has been assessed for the efficiency of proposed utilisation. Additional cases have been placed where the theatre team have assessed a shortfall. This level of rigour will continue going forward for all lists.

The table below shows the activity for September comparing July and August average activity (first quarter activity was on plan).

Total Activity September	1644
Monthly average July/Aug	1285
Variance	359
% difference	28%
July/Aug average Ip & DC income (excluding Endoscopy)	£3,596,573
28% increase	£4,603,614
Variance	£1,007,041.00

The operating lists utilisation has increased from 60% to 85% at PCEU.

Pooling of Waiting Lists in Orthopaedics

The consultants have agreed to pool their waiting lists. This will impact on the services for shoulders, knee arthroscopies and foot and ankles. The Directorate Manager is working in conjunction with the Consultants to identify patients that are suitable to be moved to WBCH. This will allow the maximum use of WBCH.

Caudal epidurals will be undertaken at WBCH. The additional instrumentation that is required is currently being reviewed.

Endoscopy

The locum Consultant post has been advertised and the Fellow agreed. The appointments will be made in line with the planned re-opening of the endoscopy suite at WBCH mid November. This will provide an additional 15 to 20 colonoscopies per week.10 new outpatient appointments will also be provided.

Additional endoscopy lists are running on every Thursday through October providing an additional 20 endoscopies.

Saturday lists

Saturday lists are running throughout October. Urology have 4 lists with 8-9 cases per list. Gynaecology lists are running and General Surgery to undertake laparoscopic cholecystectomies.

PCEU

The lists at PCEU are at 87% utilisation. The department is working to fill the remaining lists in October. The number of cataracts per lists has been increased to a minimum of 7.

Remedial Work in Maternity Theatres

Fire compliance work continues within the maternity theatre suite. This has resulted in a 10% reduction in theatre capacity. The actual usage of the theatres on the RBH site has been running at 99.5% utilisation. The intention will be to continue at this level when the maternity theatres are re-opened. The current loss in income attributable to this project is running at £250k per month.

Cost Improvement Programmes (CIPs)

Summary CIP Position:

CIP target for 2012/13 **= £12.5m**

Current full year opportunities identified **= £15.1m**

Actual cost savings delivered year to date **= £2.9m**

Current PMO risk rated forecast **= £9.0m**

Delivery by Care Group / Corporate / Trust Wide:

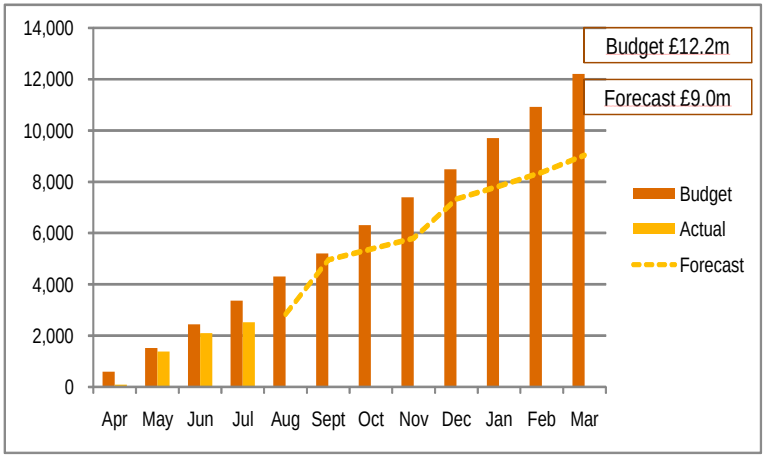
Urgent Care risk rated forecast:£0.886m

Planned Care risk rated forecast:£1.75m

Networked Care risk rated forecast:£1.04m

Corporates /Trust Wide risk rated forecast:£5.4m

CIP Phasing - Cumulative Budget and Latest Forecast £'000



Context:

The delivery of the £12.5m CIP cost savings is a key risk for the Trust. Based on progress to date, currently the PMO are forecasting delivery of £9.0m by year end.

Actions:

To ensure there is dedicated focus on delivery of CIPs at Exec level, a new Quality, Innovation, Productivity & Prevention (QIPP) Programme Board has been implemented this month. This will meet monthly and will be chaired by the CEO. The key purpose of the group will be to seek assurance that projects are being achieved in line with plan and that new initiatives proposed through out the year have robust and deliverable plans in place. The group will also identify and review other opportunities to reduce costs.

In recognition of the gap of £3.5m, each Care Group and the Corporate areas have been asked to review how they could deliver an additional £1m of cost savings each, or what it would require in order to do so.

A CIP network has been set up by the PMO to work with other local Trusts to share ideas and opportunities for collaboration. Work is underway already with Frimley & Bucks Hospitals to review theatre utilisation and workforce initiatives.

A benchmarking review of Trust wide headcount has been commissioned by Deloittes in addition to a review by the NHS Institute of opportunities within the back office functions – opportunities will be reviewed over the next couple of weeks.

A review of non pay clinical spend is underway with PwC (the Trust is currently shown as an outlier benchmarked against other local Trusts). Meetings are also being set up with Frimley & Basingstoke to identify areas of opportunity.

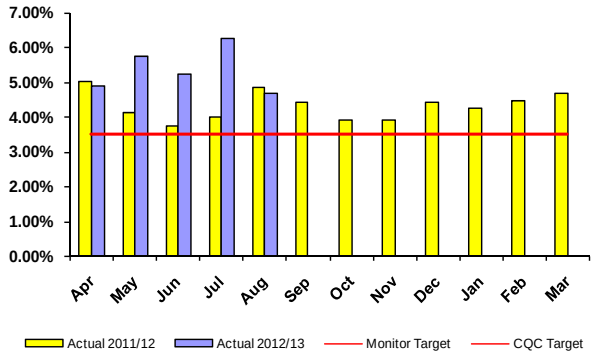
A CIP recovery plan and quality impact assessment will be developed in the next few weeks for discussion & sign off at the Board.

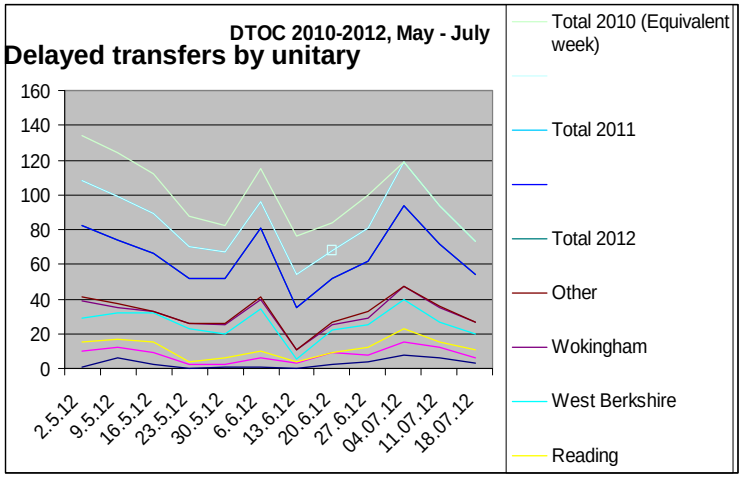
In addition to £12.5m cost savings, the Trust is driving delivery of c£5m income CIPs which will provide some mitigation. and sign-off at the next

Delayed Transfers of Care

	Apr-12	May -12	Jun-12	Jul-12	Aug-12	YTD
3.5% (CQC Target)	4.90 %	5.74 %	5.27 %	6.28 %	4.71 %	5.38 %

Delayed transfers by month





Actions

Internal
On a daily basis the discharge team are reviewing delays and working with West Berkshire and CHC to reduce them. A review of transitional care to date is taking place to establish the benefit of continuing this work.
In addition, we are working with the newly independent version of Wokingham social services to explore more virtual ward models.
Discussions in place to run seven day working at specialty level including cardiology and respiratory.

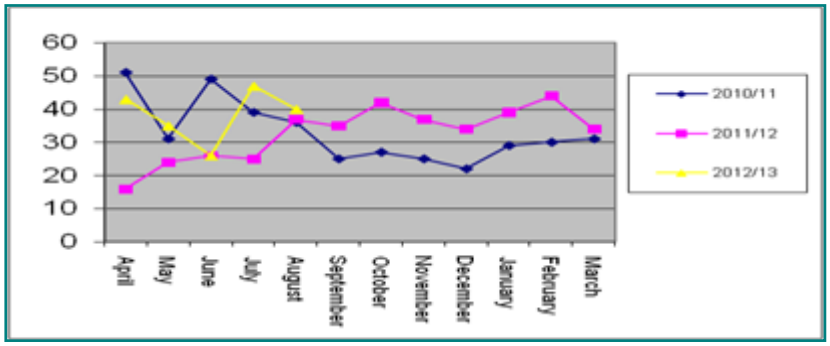
External
A pan-Health Economy winter capacity working group has been established. This is being led by the PCT and reports to the urgent care programme board.

The health system has agreed to provide 50 additional beds in the community over the winter period to support the Trust. This will be monitored at Joint Senior Governance meetings with the PCT, which will also include BHT.

Initiatives include:
Opening of 15 escalation beds at BHFT
Opening of 10 Wills beds to seven day working
Opening of 11 additional dementia beds West Berks Council
Opening of Beacher Manor Wokingham Borough Council
Investment in non urgent patient transport to create discharge capacity
Potential additional capacity at Riverview

Patient Experience – Complaints and Feedback

NHS Choices Feedback	No. responses	%Recommendations
Frimley Park Hospital	101	87%
Great Western Swindon	46	80%
Royal Berkshire Hospital	66	71%
Hampshire Hospitals	36	75%
Oxford University Hospitals	46	69%
Wexham Park	48	66%



June - August 2012	Complaints	% response in 25 days	% response in 25 days OR extension agreed"	PALS	Local Resolution Meetings	Compliments
June	26	24%	76%	202	5	26
July	47	30%	65%	375	5	28
August	40	30%	77%	374	2	13

Actions

The number of new complaints fell slightly this month from 47 to 40. The number of PALS concerns remains high following the introduction of EPR.

Care Group and trust wide action plans are in place to address the key themes: Attitude and communication; Drugs ready at discharge; Patient transport; Car parking; EPR recovery plan; Cancelled appointments; Appointments centre

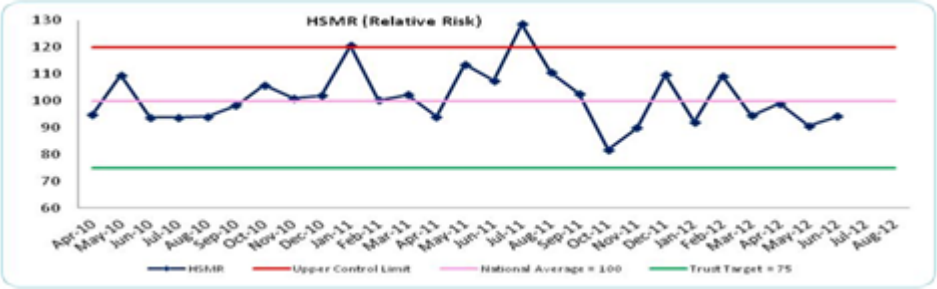
There has been little or no improvement in response times. This has prompted a trust wide review of complaints to be carried out by the Director of Nursing, Clinical Director for Specialist Surgery and the Director of Nursing for Planned Care. This review will look at the process for managing complaints across the Trust, as well as working with staff to ensure they understand the process, the timescales in which they need to work, and the approach to resolving the complaints.

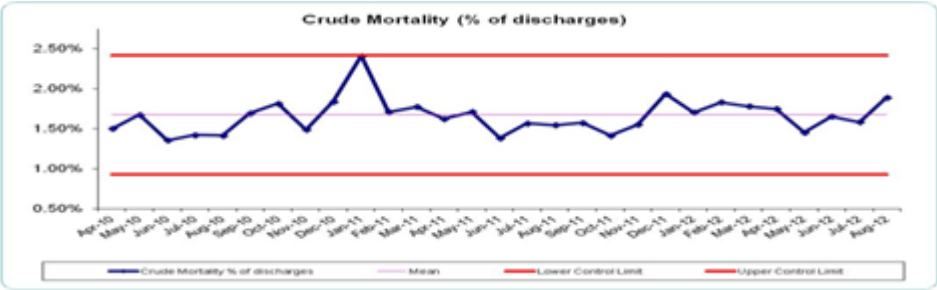
Complaints referred to Ombudsman

No new referrals to the Ombudsman this month. The Ombudsman have asked us to further investigate the complaint that was referred to them last month (Paeds General Surgery and Colposcopy). We are still awaiting the Ombudsman report for a Networked Care complaint that they have been investigating.

Patient satisfaction survey results	April	May	June	July	Aug
Overall rating recommendation rate	93%	96%	91%	97%	97%

Crude Mortality, HSMR & Clinical Effectiveness





RBFT compared to best 12 Trusts

Indicator	Mar 2012	Apr 2012	May 2012	Jun 2012	Jul 2012	Aug 2012
Average Length of Stay (Spell)	2.6	2.5	2.5	2.5	2.6	2.8
Complication Rate - Attributed (Spell) %	1.0	1.0	0.9	0.9	0.7	0.4
Complication Rate - Treated (Spell) %	2.1	2.5	2.2	2.2	2.4	1.9
Data Quality (FCE)	93.8	92.5	92.6	86.5	80.9	74.4
Day Cases (Spell) %	76.1	77.5	78.7	78.8	78.6	78.9
Day Cases - Basket of 25 (Spell) %	84.5	85.7	86.4	84.4	85.3	83.3
Misadventure Rate (Spell) %	0.14	0.11	0.15	0.09	0.08	0.10

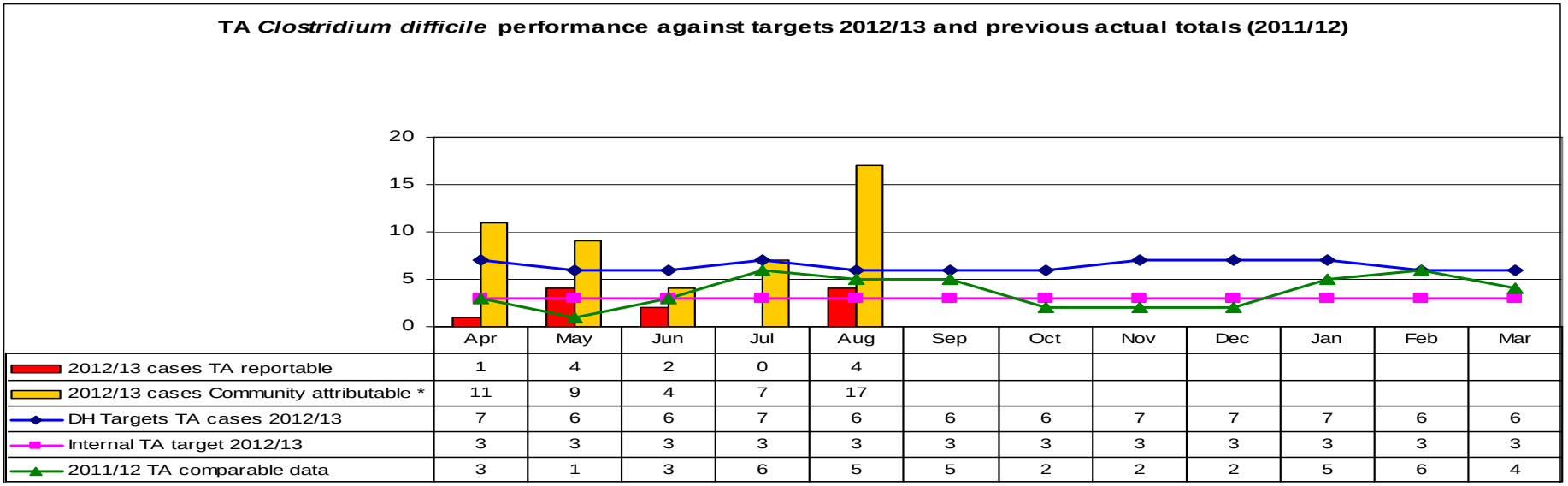
> 5% better
>0% < 5% better
<5% > 10% worse
<5% > 0% worse
<1% > 5% worse

Context
In comparison to the best 12 trusts (peer 3), we are within or better than expected for the majority of indicators. However, we are worse than expected for data quality and misadventure rate. Data quality issues include Diagnosis non-specific and Deaths with Palliative care code Z515 and are predominantly found in Urgent Care. Misadventure rate includes accidental punctures which only occur in Planned and Urgent care.

Action
Coding reviews from notes
•All elderly care patients
•Patients who have had a therapeutic endoscopic procedures on biliary tract
•All deceased patients
Outliers
•Reviewed monthly - To date no areas of patient safety concern have been identified
•Quality Improvement
•Surgical high dependency unit to be in place by Dec 2012
•Improved co-morbidity coding directly from notes
•Bi-annual audit of 50 patients used to identify learning
•Joint project with GPs initiated to review deaths 30 days after discharge

Impact
Quality impact assessment needed if further budget reductions are to be made

Infection Prevention & Control



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2012/13 cases TA reportable	1	4	2	0	4							
2012/13 cases Community attributable *	11	9	4	7	17							
DH Targets TA cases 2012/13	7	6	6	7	6	6	6	7	7	7	6	6
Internal TA target 2012/13	3	3	3	3	3	3	3	3	3	3	3	3
2011/12 TA comparable data	3	1	3	6	5	5	2	2	2	5	6	4

	Target	Apr	May	Jun	Jul	Aug
MRSA BSI cases (post 48hrs)	0	0	0	0	0	0
Clostridium difficile cases (post 48 hours)	77	1	4	2	0	4
MRSA screening elective (DoH)	100%		No data	No data		
MSSA post 48 hrs specimens		0	0	0	1	0
E coli BSI post 48 hr specimens		0	6	2	2	3
Hand hygiene compliance	95%		96%	98%	96%	No data
Bare below the elbows compliance	100%		99%	99%	99%	No data

Context:
Performance on Clostridium difficile infections is below average for NHS south central acute hospital trusts. There were 4 cases of *Clostridium difficile* in August which is above the internal monthly target of 3. Historically the Trust has an increased incidence in August.

Actions:
Robust attention is being placed on a zero tolerance approach to avoidable Clostridium difficile infections. Detailed actions are outlined in the quality paper together with benchmarking information.

Forecast
MRSA free for the third year running and to surpass the *Chlostridium difficile* target and stretch target for 2012/13.

Stroke

	Targets	May	June	July	August
Proportion of people with high risk TIA fully investigated and treated within 24 hrs	60% by April 2011	100%	89%	87.5%	100%
Proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	90% by April 2011	60.3%	64.9%	46.4%	52.4%
Proportion of stroke patients scanned within 24 hours of hospital arrival	100% by April 2011	96%	85.7%	90.9%	85.4%
Proportion of patients spending 90% of their inpatient stay on a specialist stroke unit	80% by April 2011	84.3%	93%	80.4%	83.3%

Context
In 2009/10 only 35% of stroke patients spent 90% of their inpatient stay on the specialist stroke unit at the RBFT and <40% at high risk of TIA were investigated and treated within 48 hours. The stroke team delivers amongst the best results nationally in these 2 areas and is working to do better in the other key areas that make a difference to the outcome and experience of patients. There has been an increase in the number of east Berkshire patients above the projected figure in the original business case for the hyper cute stroke centre. This means that the bed base is too small for the actual activity and the radiology department has not been able to cope with the additional scanning demands. Early supported discharge is working well in west Berkshire for less complex stroke patients.

Action
Business case for more early supported discharge and community capacity is being prepared by the PCT for funding approval by the CCGs by the end of October.

Discussions between the interim Medical Director, the lead stroke consultant, the lead A&E consultant and junior doctors are taking place to address the timely clerking of patients.

Plan to increase stroke beds by 12 as part of the care group bed reconfiguration plans.

Review of current performance and impact on best practice tariff being undertaken to assure full payment is achieved by the end of Q3.

Peer review of RBFT stroke centre by the network is planned for xx which will provide assurance that the trust has plans in place to sustainably achieve the stroke standards and therefore the best practice tariffs.

Forecast – achievement of all stroke standards by end of 2012/13, which will place the RBFT as one of the top performers in the NHS in this area.

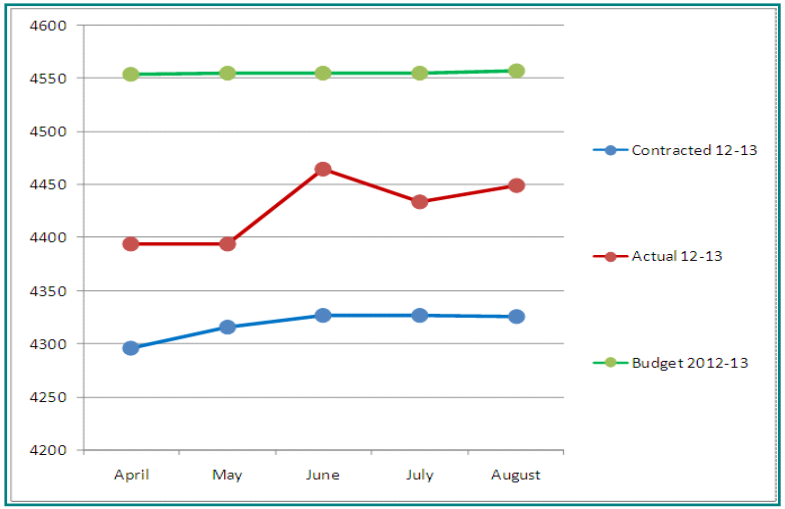
Workforce – Care Group & Corporate Summary

Table 1. Workforce KPIs

	Month Target / Limit	Aug-12				
		Trust	Urgent	Planned	Networked	Corporate
Workforce turnover %	1.0	1.2	1.2	1.7	1.1	0.4
Vacancy rate %	5.0	5.7	7.7	6.3	2.9	5.1
Sickness rate % (previous month)	2.8	3.2	3.6	3.1	2.6	3.4
Agency spend % of total staff cost	5.3	5.7	7.7	6.3	2.9	0.0
Appraisal rate %	95.0	65.4	72.0	53.6	70.7	66.7
Medics EWTD compliance %	100.0					

	12M Target / Limit	Rolling 12 Months to Aug 12				
		Trust	Urgent	Planned	Networked	Corporate
Workforce turnover %	12.0	13.0	12.1	13.6	15.2	10.8
Vacancy rate %	5.0					
Sickness rate % (previous month)	2.8	3.3	3.5	3.3	2.8	3.9
Agency spend % of total staff cost	5.3					
Appraisal rate %	95.0	65.4	72.0	53.6	70.7	66.7
Medics EWTD compliance %	100.0					

Table 2. Headcount



Commentary:

In UCG, July has seen a rise in Short Term Sickness Absence. The UCG Appraisal expectation for the end of August 2012 is 78%.
In NCG, the budgeted WTE has been reduced to apply a vacancy factor and contribute towards Trust CIPS. It should be noted that the NCG pay bill is currently under spent by £202,556 (end of Month 4).
In August PCG has seen an increase in turnover, analysis indicates this may be due to 5 staff returning to education along with the ending of FTCs and the external rotation of a member of medical staff. Appraisal completion rates within PCG continue to be of concern and whilst they have not decreased further they are still tracking below trajectory.

Actions:

In UCG HR Advice is being provided to line managers in Emergency Medicine to review STS cases.

All vacancies recruited to in NCG are signed off by the CG Board and financial impact closely monitored by the Finance Director to ensure pay remains within budget.

In PCG, a further review of turnover will be undertaken to establish if the increase in turnover was an anomaly or the beginning of a trend. HR provides details of appraisal completion rates to Managers on a weekly basis along with details of staff who will be due an appraisal in the next eight weeks to assist with appraisal planning. Meetings are being set up with the respective Business Managers and Matrons to discuss their plans to achieve the 95% completion rate by year end and to enable the tracking of progress against their plan.

Table 2 (opposite) – Trust headcount
Contracted wte is the sum of contracted hours of all permanent and temporary staff who have a contract of employment with the Trust
Budget is the wte attached to the maximum budgeted expenditure in all cost centres. The money attached to any unfilled posts can be used to cover agency backfill.
Actual wte is the contracted hours worked, plus any additional hours and overtime, plus the wte posted to the accounts against agency and NHSP expenditure.

Appendices

Key Performance Indicators
Cost Improvement Programme

Key Performance Indicators

	Target 2012/13	Out-turn 2011/12	Q1	Jul-12	Aug-12	YTD	Organisation requiring data				
							Monitor	DOH	CQC	PCT	Board
Patient Experience (1) Board Responsibility: Director of Nursing Caroline Ainslie											
Complaints - % timely response	90%	93%	77%	65%	77%	75%				x	x
Number of formal complaints received	-	393	104	47	40	191				x	x
Complaints received relating to behaviour and attitude	4.3	4.76	14	1	4	19					x
Patient Survey - Overall rating	-	94%	94%	97%	97%	95%		x		x	x
Inpatient survey question: "Involved as much as desired in decisions about care and treatment"	85	83	84	89	86	86					x
Inpatient survey question: "Informed about medication side effects"	70	65	69	76	86	74					x
Patients (in ED or CDU) with a diagnosis of sepsis receive antibiotics within an hour	>70%	Not measured	Apr: 0% May: 17% Jun: 60%	40%	43%						x
Participation in NHS Choices online feedback	62	31	23	5	5	33		x			x
Mixed sex accommodation - breaches	0	1	0	0	0	0		x		x	x
Patient Experience (2) Board Responsibility: Planned Care Group Director Peter Malone											
Admitted in 18 weeks percentage	90%	94.9%	93.1%	90.50%	86.8%	tbc	x	x		x	
Non admitted in 18 weeks percentage	95%	99.5%	99.3%	98.42%	98.76%	tbc	x	x		x	
18 weeks Incomplete pathways	92%	no data	95.9%	92.3%	91.32%	tbc		x		x	
18 weeks - Admitted 95th percentile	<=23	19-20		20-21	22-23			x		x	
18 weeks - Admitted Median Wait	tba	7-8		9-10	10-11			x		x	
18 weeks - Admitted backlog	350	415		1138	1138			x			
18 weeks - Non - admitted 95th percentile	<=18.3	10-11		13-14	13-15			x		x	
18 weeks - Non admitted Median Wait	tba	1-2		2-3	1-2			x		x	
13 week outpatient waits	99.97%	99.9%	99.8%	98.9%	tbc	tbc		x		x	
26 week inpatient waits	99.97%	99.6%	99.4%	96.4%	tbc	tbc		x		x	
Audiology - Non Admitted in 18 weeks	95%		100%	99.8%	99.6%	99.9%		x		x	
Audiology - Incomplete pathways				97.7%	99.6%	tbc					
Diagnostics in 6 weeks %	tba		100%	99.8%	97.3%	99.4%		x		x	
2 week wait for suspected cancer	93%	94.7%	91.8%	90.4%	88.3%	90.8%	x	x		x	
31 day first treatment: all cancers	96%	96.5%	96.9%	98.6%	97.8%	97.3%	x	x		x	
31 day subsequent treatment - Drugs	98%	99.5%	99.1%	100%	100%	99.4%	x	x		x	
31 day subsequent treatment - Surgery	94%	96.3%	98.4%	100%	100%	98.8%	x	x		x	
31 day subsequent treatment Radiotherapy	94%	96.7%	94.4%	95.1%	96.1%	94.4%	x	x		x	
62 day standard: all cancers	85%	85.0%	85.2%	87.6%	86.8%	85.6%	x	x		x	
62 day consultant upgrade: all cancers	not pub	91.7%	88.9%	100%	100%	91.7%	x	x		x	
62 day screening standard: all cancers	90%	90.1%	87.2%	94.4%	90.9%	89.4%	x	x		x	
2 week wait breast symptoms	93%	93.1%	93.1%	94.9%	87.1%	92.2%	x	x		x	
C&B direct booking as % of total referrals	60%	56%	62.00%	60%	59%	61%		x		x	
C&B slots unavailable	0.04	0.06	0.06	0.03	0.04	0.05		x		x	
PROMS		Report to be developed						x			

Key Performance Indicators

	Target 2012/13	Out-turn 2011/12	Q1	Jul-12	Aug-12	YTD	Organisation requiring data				
							Monitor	DOH	CQC	PCT	Board
Patient Experience (3) Board Responsibility: Urgent Care Group Director - Sue Edees											
A&E attendance within 4 hours Types 1 & 2	95%	95.7%	95.2%	95.7%	93.6%	94.7%	x	x		x	
Seen within 4 hours - RBH site Type 1 only	95%	TBC	94.3%	95.1%	92.7%	94.2%					
A&E Unplanned re-attendance rate	<5%	2.3%	2.1%	2.2%	2.7%	2.3%				x	
Total time spent in A&E - 4 hr wait (95th percentile) Non Admitted	240 mins	246	239	239	239	239				x	
A&E Left department without being seen	<5%	3.3%	3.6%	3.7%	4.2%	3.7%				x	
A&E Time to initial assessment (95th percentile)	<15 mins	0	0	0	0	0				x	
A&E Time to treatment in department (median)	<60 mins	70	73	64	58	68				x	
Mothers booked < 13 weeks	tba	89.3%	88.0%	88.7%	89.9%	88.5%		x		x	
Learning disability target (multiple questions)	tba	pass		pass	pass	pass		x			
Patient Experience (4) Board Responsibility: Interim Medical Director Emma Vaux											
Electronic Discharge letters in 24 hours	tba	93%	93.0%	94.8%	94.4%	93.8%				x	
Never Events	tba	1	0	1	0	1					
Best Healthcare Outcomes (1) Board Responsibility: Interim Medical Director Emma Vaux											
HSMR (56 diagnoses) rolling year	75	94.9		91.6	99.3			x			x
(SHMI) Statistical (OD) banding	2 (as expected)	2 (as expected)	Report to be developed					x			x
SHMI Percentage of admitted patients whose treatment included palliative care	0.93%	1.10%	Report to be developed					x			x
SHMI Percentage of admitted patients whose deaths were included in the SHMI and whose treatment included palliative care	16.60%	22.50%	Report to be developed					x			x
30 day emergency re-admission rate	tba	6.8%	7.3%	7.7%	6.8%	7.3%				x	
30 day elective re-admission rate	tba	2.9%	3.6%	7.1%	5.4%	4.6%				x	
Emergency readmissions of patients aged over 16 to hospital within 28 days of discharge	11.6%	2.9%	2.9%	3.7%	3.3%	3.1%		x			x
Emergency readmissions of patients aged 0-15 to hospital within 28 days of discharge	10.3%	5.4%	6.2%	6.6%	6.6%	6.4%		x			x
Rate of Patient Safety Incidents per 100 Amissions	5.9	4.7	Report to be developed					x			x
Percentage of incidents resulting in severe harm and death	0.70%	1.00%	Report to be developed					x			x
Unplanned return to theatre in 48 hrs	n/a	0.0%	0.0%	0.2%	next month					x	
Risk Assessment VTE	90%	83.8%	81.7%	82.5%	86.2%	82.8%		x		x	x

Key Performance Indicators

	Target 2012/13	Out-turn 2011/12	Q1	Jul-12	Aug-12	YTD	Organisation requiring data: Monitor	DOH	CQC	PCT	Board
Best Healthcare Outcomes (2): Board Responsibility: Director of Nursing Caroline Ainslie											
MRSA bacteraemias	1	0	0	0	0	0	x	x		x	
Clostridium Difficile post 48 hours	77	107	7	0	4	11	x	x		x	
MSSA surveillance	tba	16	0	1	0	1		x		x	
Patient falls	5.6/ 1,000 bed days	5.8	6.8	5.1	5.9	6.3				x	
Incident (Red clinical reported)	0	51	17	7	3	27				x	
Serious falls (i.e. Severe Injury/Death)	0	18	4	3	2	9		x		x	
Pressure Ulcer Incidence	1.42	1.47	Report to be developed							x	
Appropriate VTE Prophylaxis for adult IP	85%	TBC	89.9%	80.7%						x	
Adverse events that happen to pts with dementia	98		10	4	4	18				x	
Best Healthcare Outcomes (3) Board Responsibility: Urgent Care Group Director Sue Edees											
Caesarean Section rate	24%	26%	26%	27%	24%	26%				x	
Normal Births	63%	58%	59%	56%	60%	59%				x	
% Vaginal births following C Section	70%	58%	67%	71%	67%	67%				x	
Mothers breast feeding	nat av	78.7%	77.6%	79.4%	81.1%	79.1%		x		x	
Mothers smoking at the time of delivery	8%	8.2%	7.6%	6.5%	6.8%	7.2%		x		x	
# Neck of Femur Surgery in 36 hours	75%	73.32%	84.4%	63.33%	79.48%	76.0%				x	
Stroke pts spend 90% time in stroke unit	80%	80.98%	83.8%	80.4%	83.3%	83.0%		x		x	
TIA pts scanned and treated in 24 hours	75%	89.5%	93.9%	87.5%	data	data		x		x	
Neonatal BCG	tbc		Report to be developed							x	
Maternity smoking cessation	tbc		Report to be developed							x	
Stroke: patients presenting with AF , anti-coagulated on discharge	60%			61.5%	60%			x		x	
Stroke: High-risk TIA pts fully investigated and treated within 24 hours	80%			87.5%	100%			x		x	
Stroke: patients admitted directly to an acute stroke unit within 4 hours	90%			46.4%	52.4%			x		x	
Stroke: patients scanned within one hour of hospital arrival	50%			43.6%	41.5%			x		x	
Stroke: patients scanned within 24 hours	100%			90.9%	85.4%			x		x	
Stroke: patients supported by a stroke skilled Early Supported Discharge team	40%			16.7%	27.8%			x		x	
Stroke: patients and carers with joint care plans on discharge from hospital to final place of residence	85%			no data	no data			x		x	
Stroke: Physiotherapist assessments < 72 hrs	95%			96.4%	98%			x		x	

Key Performance Indicators

	Target 2012/13	Out-turn 2011/12	Q1	Jul-12	Aug-12	YTD	Organisation requiring data				
							Monitor	DOH	CQC	PCT	Board
Stroke: Occupational Therapist assessments < 72 hours	95%			96.4%	95%			x		x	
Stroke: MDT goal settings < 5 days	95.0%			98.2%	95%			x		x	
Average Length of Stay (LOS) from admission to discharge (days)				18.1	17.4			x		x	
Stroke: patients Swallow screened < 24 hours	95%			96.2%	100%			x		x	
Stroke: Door to needle time <60mins	95%			87.5%	87.5%			x		x	
Stroke: Patients discharged to pre-admission address				100%	93%			x		x	
Stroke: patients with 30 day mortality from stroke onset				1.8%	10%			x		x	
Best Healthcare Outcomes (4) Board Responsibility: Networked Care Group Director Lindsey Barker											
Think Glucose: Diabetes Assessment	83%	91.35%	94.0%	90.5%	98.8%	94.3%				x	
Diabetes Discharge Plan of Care	90%	99.77%	100%	100%	98.6%	100%				x	
Diabetic admitted LOS	2.6	>5	2.52	3.71	2.25	2.70				x	
Diabetes self medication	90%		54.3%	68.0%	53.0%	55.0%				x	
Trust Membership											
Total		23,278		23,295	23,410		x				
Public		18,123		18,297	18,422		x				
Staff		5,155		4,998	4,988		x				
Media coverage by tone:	Positive	58%		74%	79%						x
	Negative	19%		4%	15%						x
	Neutral	23%		22%	5%						x

Key Performance Indicators

	Target 2012/13	Out-turn 2011/12	Q1	Jul-12	Aug-12	YTD	Organisation requiring data				
							Monitor	DOH	CQC	PCT	Board
Value for Money (1)	Board Responsibility: Director of Finance Craig Anderson										
	(£m)										
Income	£315.63	317.41	78.80	27.46	26.89	133.15	x				x
Direct costs	-£289.66	(303.74)	(74.82)	(25.27)	(26.24)	(126.32)	x				x
EBIDTA	£25.97	13.68	3.98	2.20	0.65	6.83	x				x
Other costs	-£22.80	(22.53)	(5.49)	(2.01)	(1.98)	(9.48)	x				x
Net surplus/deficit	£3.16	(8.85)	(1.51)	0.19	(1.33)	(2.65)	x				x
Cost improvement Programme	£12.50	18.20	2.10	414	313		x				x
Value for Money (2)	Board Responsibility: Care Group Directors Peter Malone, Lindsey Barker &Sue Edees										
Average elective length of stay	2.0	2.80	2.7	2.7	2.7	2.7		x			x
Average non-elective length of stay	5.0	4.40	4.49	4.2	4.53	4.44		x			x
Elective inpatients *	3,873	9,646	2,160	673	603	3,436		x		x	x
Non-elective inpatients*	18,604	43,206	11,074	4,258	3,929	19,261		x		x	x
Day cases*	14,214	33,344	7,821	2,462	22-23	12,550		x		x	x
New attended outpatients*	73,518	170,362	40,608	14,371	41,223	69,864		x		x	x
Outpatient DNA rate	5.0%	6.9%	6.7%	6.1%	6.9%	6.6%					x
Outpatient cancellation rate	TBC	26.6%	27.6%	21.1%	21.1%	25.7%					x
Delayed discharges	3.5%	4.31%	5.34%	6.28%	4.71%	5.40%	x	x		x	x
Theatre utilisation rate	98%	98.3%	98.6%	98.4%	100.0%	98.7%					x
Last minute non-clinical cancelled operations	A:<=0.8%	0.53%	0.33%	1.06%	0.78%	0.55%		x		x	x
Cancelled Operations not re-booked in 28 days	A:<=5%	2.20%	9.4%	6.45%	18.18%	10.59%		x		x	x
Coding completeness	100%	99.4	95.0%	89.8%	87.9%	92.3%				x	x
Ethnic coding	85%	89.8%	89.1%	89.2%	88.9%	89.1%		x			x
NHS number coding (IP)	99%	99.6%	99.4%	98.8%	98.7%	99.1%		x			x
Value for Money (3)	Board Responsibility: Director for Corporate Affairs Keith Eales										
FOI's requests received	TBC	328	85	31	25	141					x
FOI breaches of statutory deadline	TBC	15%	16%	32%	4%	17%					x
Best Place to Work, Train & Learn	Board Responsibility: Director of HR Janine Brennan										
Staff in post	12%	4,224	4,313	4,327	4,326	4,318					x
Workforce turnover	1%	11.95%	3.0%	1.1%	1.2%	5.5%					x
Vacancy rate	5%	4.17%	5.2%	4.9%	5.7%	5.2%					x
Sickness and absence rate (previous month)	2.8%	3.10%	3.3%	3.2%	next mth	3.3%					x
Agency spend % of total staff cost	5.3%	5.81%	4.5%	4.6%	5.7%	4.7%					x
Appraisal rate	95%	63.3%	54%	62%	65%	58%					x
Medics EWTD compliance %	tbc	100%									x
Staff costs as a % of income	tbc	59.05%	59%	56%	60%	59%					x

Cost Improvement Programme

Project Description	Exec Sponsor	In Year Annual Plan Target (000's)	Mth 5 Actual 12/13 (£000's)	YTD Actual (000's)	RAG (based on CIP delivery)	Current Risk Rated Forecast (000's)	Comments
Efficient Resource Planning, including: Trust wide skill mix review Corporate function review Active Management of vacancies Stopping of EPR PAs	Director of Workforce & OD	£1,000	£214	£828	Green	£1,342	The nursing skill mix CIP is on target to deliver £500k alongside urgent care's active management of vacancies. The back office review work wil be presented to the Exec in September. A piece of work to review corporate overheads has also commenced.
Efficient Capacity Planning, including: Review of Outpatients Review of theatre utilisation Decontamination contract & services Pathology shared services Bed base review	Commercial Director	£2,500	£0	£0	Red	£673	The decontaminaton contract will be presented to the October Board for signature, with savings tracked from 1 April 2012 and delivering £550k in year. The joint Pathology business case was presented to the Sep12 Board of both Trusts with the joint venture rejected. The work to revise the allocation of the current bed base is concluding, however, given the increased activity during summer months, the anticipated savings will not deliver. Opportunities to deliver cost savings within outpatient clinics is now being reviewed.
Efficient Procurement & Stock Control	Finance Director	£3,000	£118	£735	Amber	£2,912	Procurement continue to work across all functions of the Trust to deliver a further £3m of in year savings. A significant programme of projects has been identified and this is being developed alongside Care Groups.
Drugs Spend, including: Review of Trust formulary Policing of non formulary Reduction in FP10 usage Review of cancer regimes	Networked care Group Director	£1,000	£46	£324	Amber	£536	Several drugs have now been identified as offering savings with work underway to identify the value of these savings. A separate piece of work to review the cancer regimes has also commenced. A longer term major project to review the options availabile to the Trust for the aseptics service has commenced. This will compare an in-house option with tendering the service.
Efficient Infrastructure & IT, including: Review of EPR contract with Cerner De-scoping of CSC contract Various individual estates & facilities projects	Finance Director & Director Estates & Facilities	£2,000	£5	£14	Red	£769	Estates & Facilities are building their project plans to incorporate transport savings, new ways of working within the Trust and reviewing the use of space within the Reading site. The plans are in development, with the majority of schemes commencing in mth 6. However, there is significant risk that the target savings for Estates will not be delivered in full, as most of the opportunities identified are income generation schemes. Negotiations with Cerner and CSC are ongoing to ensure delivery of savings against these projects.
Carry Forward projects from FY11/12	Finance Director	£3,000	£0	£1,000	Green	£3,000	The carry forward value is £3m - this will be phased to show £1m achieved in each of the first 3 quarters in line with the budget.
TOTAL CIPs FY 12/13		**£12,500**	**£383**	**£2,900**		**£9,232**	

Commentary:

As at the end of August, the PMO forecast for CIP delivery at year end was £9.2m, although this has reduced further during September to £9.0m.

To manage performance in delivery and to ensure all actions are being taken to realise savings as soon as possible, a QIPP Programme Board has been implemented (first meeting week com 24th September) which will be chaired by the CEO and include all Executive leads.

In recognition of the gap, each Care Group and the Corporate departments have been asked to review what actions they could take in order to deliver an additional £1m saving each above what is currently being delivered, without impacting safety and quality.

Royal Berkshire NHS Foundation Trust

Board of Directors

Title: **Quality and Patient Safety Report**

Date: **2 October 2012**

Lead: **Emma Vaux, Interim Medical Director**
Caroline Ainslie, Executive Director of Nursing

Purpose: This paper is to update the Board on significant issues related to clinical quality, patient safety, infection prevention and control, clinical standards and patients' experience. The paper relates to issues occurring during August 2012.

The Quality and Patient Safety report is currently in a development phase, with the aim of producing a new format enabling a clear focus on what the Board needs to pay attention to, who owns the issue and how the issues are being addressed with a clear timeline. In addition, progress on targeted improvement initiatives would be reported monthly with both visual representation and narrative. Best practice, including the "Preparing for the Francis report" published by The King's Fund and other Trusts reports are being considered. Janet Rutherford, Non-Executive Director and Chair of the Clinical Governance Committee are involved in this work.

Key Points:

Sepsis
In the August point prevalence audit 40% of patients with suspected sepsis were given antibiotics within 1 hour of recognition. See Slide 4 for further detail.

Clostridium difficile
In August RBFT reported four *Clostridium difficile* cases. This brings the total to date to seven trust attributed cases against our internal stretch target of twelve. See Slide 3 of Quality Report and IPR for further detail.

VTE

- The Trust is not meeting the 90% CQUIN target. In July 82.46% of patients were assessed, this is a 19% increase on June (63%). The August data were submitted at 86.24%, meeting the PCT action target.
- The number of patients who develop VTE post-admission is based on coding, it is therefore a proxy measure that is used to quickly identify whether there are any potential concerns. In July 2012, 8 patients were identified in this way. Their healthcare records have been reviewed and none of these patients developed VTE post-admission. Therefore, the coding for these patients needs to be amended to reflect this. In August, 6 patients were coded with VTE post-admission, these are being reviewed.
- See Slide 8 of Quality report for further detail.

Decision required: **NOTE:** the issues and actions contained within this report and **AGREE w**hether to hold a forum to explore key documents and issues relating to Quality Improvement and Patient Safety

Freedom of Information (FOI) Status Appendix 1 to this report contains confidential information which falls within the Freedom of information Exemptions guidance Section 40 – Personal information; as it contains detailed information on incidents that could be associated to the personal data (name) of patients, staff and public.

1 ATTACHMENTS

The following are attached to this report:

- Appendix 1 : Incident Report (FOI Exemption Section 40)
- Appendix 2 CQC Location Compliance Report (Jul 11 - Mar 12)

2 CONTACT

Emma Vaux, Interim Medical Director (0118 322 7227)
Caroline Ainslie, Executive Director of Nursing (0118 322 7445)

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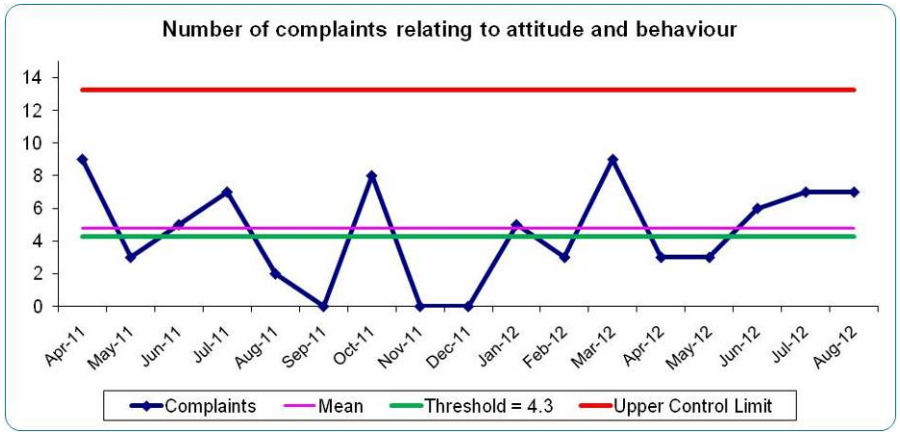
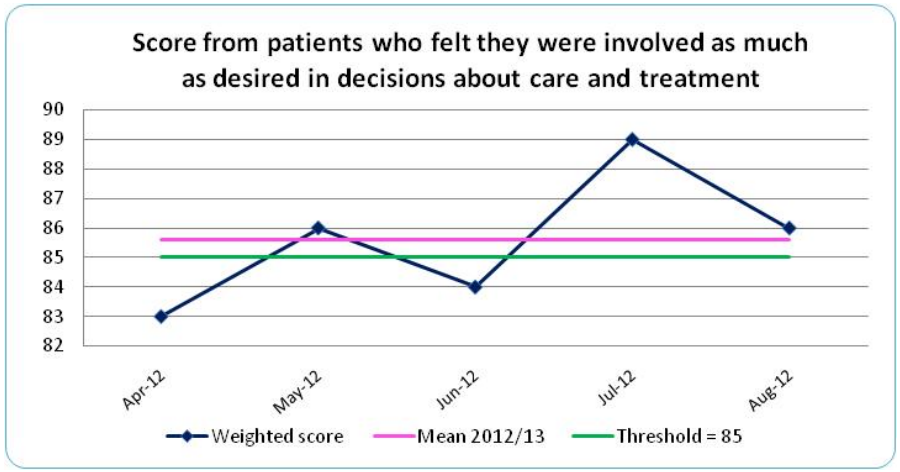
Staff courtesy and communication

Quality Accounts priority 1: Providing a positive patient experience by improving staff courtesy and communication, measured by reducing the average (mean) number of complaints received relating to behaviour and attitude from 4.76 to 4.3 and by increasing the weighted score from the rolling inpatient survey for the question: "Involved as much as desired in decisions about care and treatment" from an average of 83 to an average of 85 for April 2012-March 2013.





We want to exceed our patient and customer expectations and part of this includes providing a positive patient experience. Therefore, once again we have chosen this as our number 1 priority for improvement this year (Quality Accounts). We recognise that staff courtesy and communication is a significant part of this process and this has been identified by the Trust Governors as a key issue.

Complaints relating to attitude and behaviour have increased above the threshold since June.
On average patients feel that they are more involved with decisions about their care and treatment

Actions in progress

Urgent Care

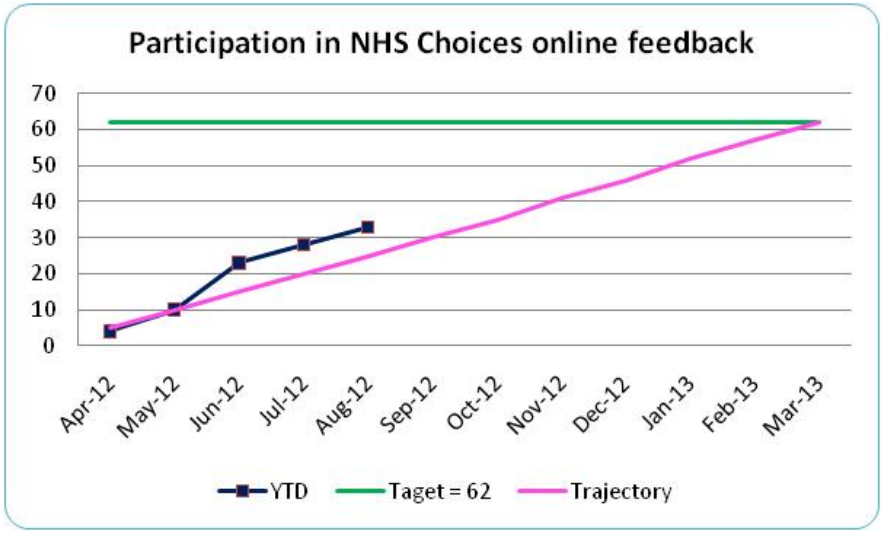
- Clinical staff to receive training regarding communicating DNACPR decisions, specifically with the families of patients who lack capacity
- Practice Educators to work with clinical staff regarding improving communication with families of patients who are being placed on the Liverpool Care Pathway
- Practice Educators to provide one hour customer care/communication training for ward and outpatient staff (including all nurses and administration staff)

Planned Care

Rolling out model excellent practice and challenge poor practice
Focus on improving experience of women in miscarriage

Outpatient experience

Quality Accounts priority 2: Improving the Outpatient Experience by doubling patient participation in the online NHS Choices feedback (from 31 to 62 responses per year) by March 2013.



We are above trajectory for improving our patient participation rates in NHS Choices. While this is an improvement, we are aiming to go beyond the target.

To improve participation in NHS Choices we have added his Quick Response Code, which can be scanned by any smart phone and will instantly connect you to the NHS Choices webpage to our "How was your experience?" poster.

The National Outpatient Survey 2011 showed that across the NHS there have been improvements, such as being seen on time or early for an appointment, in the cleanliness of the outpatient department and toilets, the ratings of overall care received at the outpatient department, and in being treated with respect and dignity. However, nationally a number of findings have indicated a decline in performance.

In order to gather and respond to more timely feedback about Outpatients, we are focussing our efforts on the feedback on the independent NHS Choices website.

Actions in progress

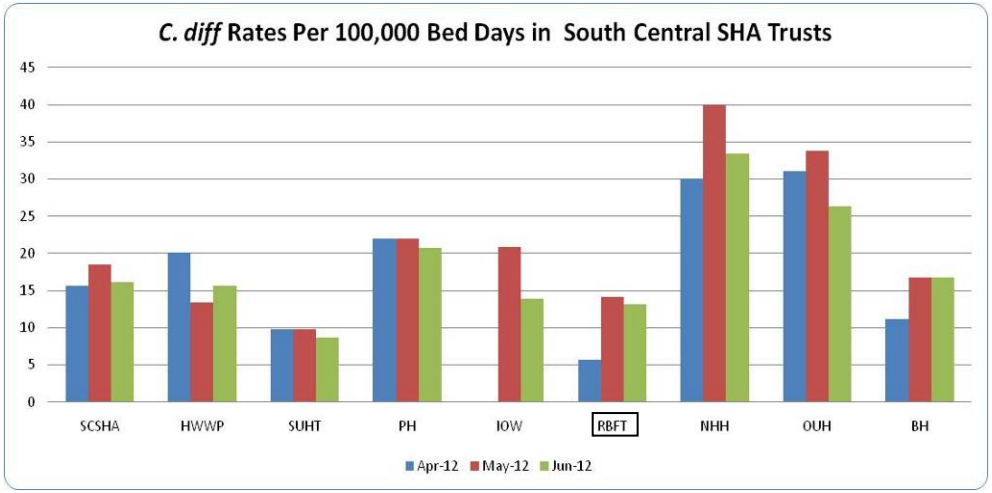
- Ophthalomology outpatients: A development strategy has been put in place with additional community clinics planned to improve capacity and improvements in the area are beginning.
- Patient Experience Executive Walkarounds: Physiotherapy was visited on 17 August 2012
- The patient relations team continue to encourage patients to add positive feedback to NHS Choices

Infection Control

The trust takes a zero tolerance approach to avoidable infections.

Quality Accounts priority 3: Decreasing hospital-associated infections by reducing the numbers of patients who are infected with Clostridium difficile while in hospital to less than 77 patients by March 2013.

The integrated performance report identifies that the trust is on trajectory for reducing hospital associated *Clostridium difficile* In line with the priority above. The chart below highlights that our performance is well below the average for South Central Acute hospital trusts. Our challenges will be to maintain this run rate with winter pressures, bed occupancy and norovirus.

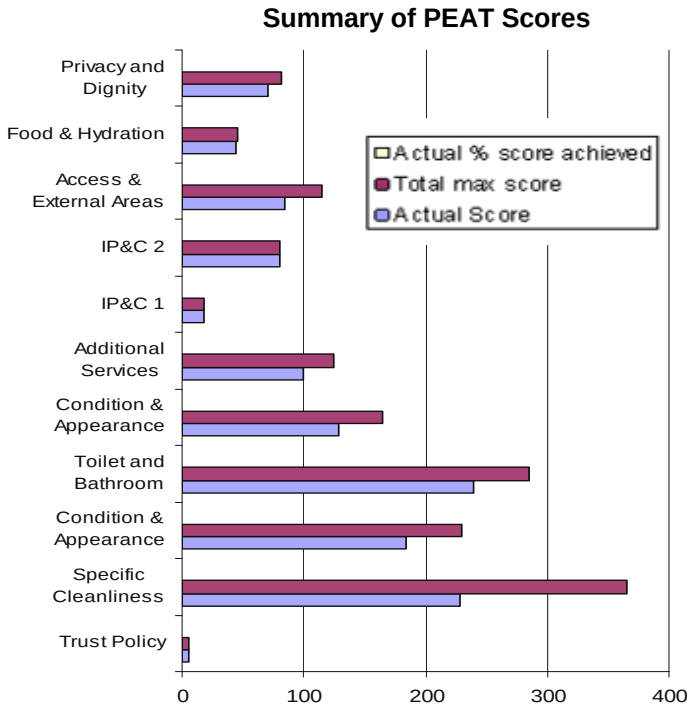


Actions in progress to maintain current C diff trajectory

- Evaluation of the introduction of the new Drug Chart
- Participation in a Berkshire wide improvement program for C diff
- Implementation of a trust wide C diff action plan
- Implementation of an action plan to address specific cleaning issues identified in this year PEAT inspection.

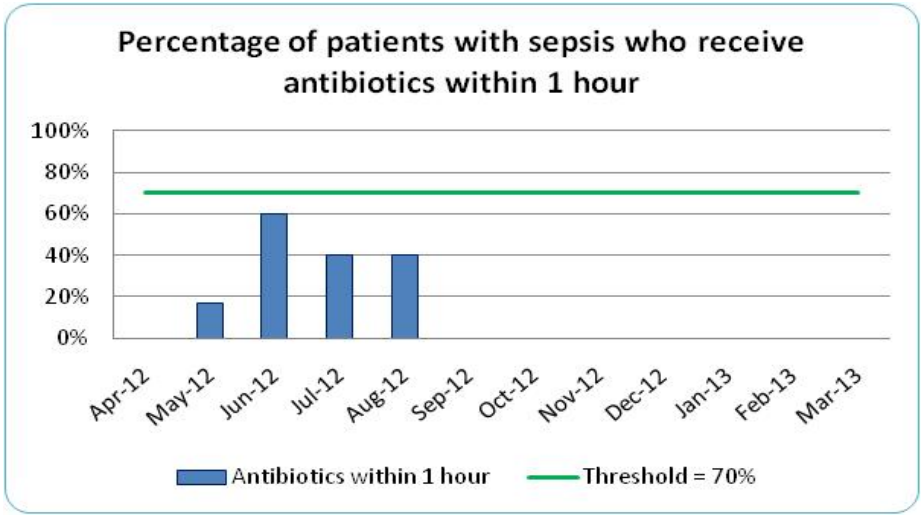
Assiduous cleaning is needed to remove *C. diff* spores. The trust participated in the annual PEAT inspection. The results for 2012 are outlined in the chart.

The PEAT inspection reviews an exceptionally broad range of issues, includes patients nutrition & hydration, infection control, privacy & dignity and cleanliness.



Reducing Harm from Sepsis

Quality Accounts Priority 4: Reducing harm from sepsis by ensuring that at least 70% of patients (in the Emergency Department and Clinical Decision Unit) with a diagnosis of sepsis receive antibiotics within an hour by March 2013. This is also a CQUIN for 2012/13.



With the PCT we have agreed a local CQUIN target based on the percentage of adult patients admitted to the Emergency Department and CDU with a diagnosis of sepsis who receive intravenous antibiotics within one hour of medical assessment. This is measured by a monthly point prevalence audit on a single day of on average 25 patients.

The September point prevalence audit showed that 0% of patients with suspected sepsis were given antibiotics within 1 hour. It should be noted that this was an audit of 28 patients, only 1 of whom had sepsis which is an unusually low number.

	Apr	May	Jun	Jul	Aug	Sep
Number of patients receiving timely antibiotics	0	2	3	2	6	0
Number of patients with suspected sepsis	3	12	5	5	15	1
Number of patients reviewed	16	24	28	18	38	28

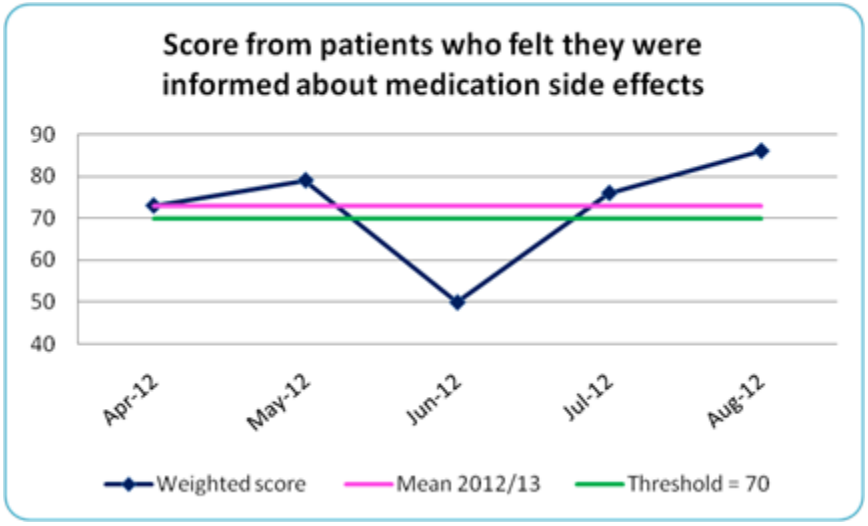
It was World Sepsis Day on Thursday 13 September. This was used as an opportunity to alert staff to the dangers of sepsis and why it is so important to spot it early and treat it effectively.

Actions in progress

- Develop a system of prioritising all patients including those with possible sepsis in ED and CDU. An RCA as a Serious Learning Event, is currently being undertaken following a patient with delayed antibiotics associated with lack of prioritisation in ED
- Patients admitted with RIF pain and SIRS signs. 10 set of notes pulled through Dr Foster are being reviewed by Phil Conaghan to follow up clinical management (Hester Wain)
- Work on possible sepsis stations and a pilot for training of Junior Doctors to give first dose of antibiotics is being taken forward by Chris Baker.
- Sepsis week was held in May with a focus on teaching for both doctors and nurses and patient awareness.
- Work with SCAS and patient representative to produce 4 x 5 minute Podcasts on sepsis in September (Karin Gerber and Gill Leaver)
- Shadowing of 5 patients in CDU/ ED to elicit possible reasons for delays to antibiotic administration
- Work with Clinical Engineering for wards to have own pumps for first dose antibiotic administration (Anne McDonald)

Timely Informed Discharge

Quality Accounts priority 5: Ensuring timely informed discharge by increasing the numbers of patients who are "Informed about medication side effects" measured by the rolling patient survey weighted score for that question, from 65 to 70 by March 2013.



Our 2011 Inpatient Survey results showed that we have significantly improved in giving enough information to families: our 2010 score of 41%, improved to 55% in 2011; and in telling patients who to contact if they are worried: our 2010 score of 76%, improved to 82% in 2011. Alongside this we scored 76% in giving copies of discharge letters to patients, significantly better than other trusts (66%). However, we still need to make improvements in the information given by us about medications during the discharge process.

On average our patients feel that they are more informed about medication side effects

Actions in progress

- New nursing discharge letter training.
- This document is on the intranet and training has been given to wards. Feedback from stakeholders indicates that usage of the document is widespread and there have been no complaints to this team since the introduction of the form that DNs have not been informed of relevant discharges.

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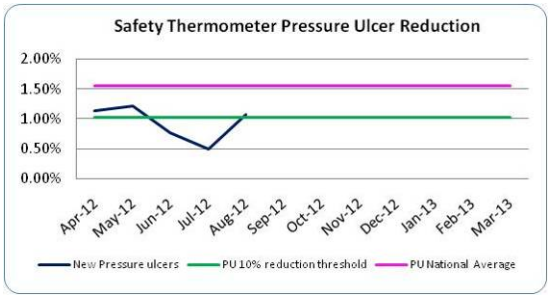
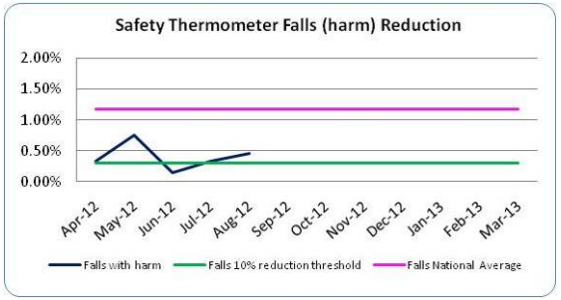
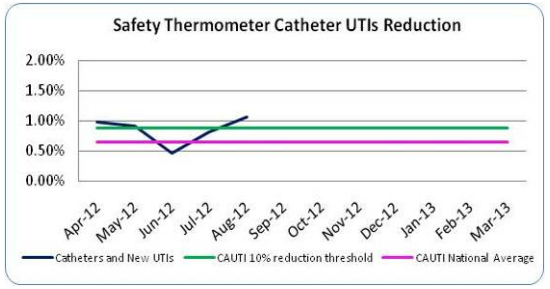
Safety Thermometer (CQUIN)

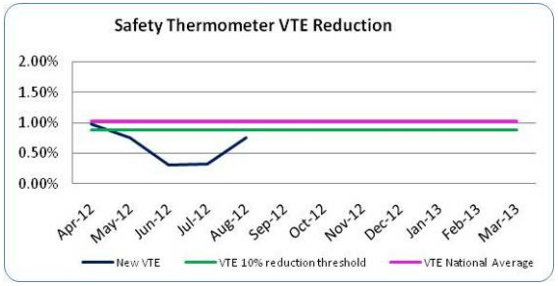
Supporting harm free care

Data are generated by a monthly point prevalence audit of all inpatients (as defined in the NHS Safety Thermometer guidance) on a specified date for four outcomes. Data collection is defined in a CQUIN target, and improvement of 10% harm reduction via the Annual Plan.









The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harm from Venous Thromboembolism (VTE) , pressure ulcers, catheter associated urinary tract infection (UTI) and falls. These four areas of harm are measured across the patient pathway of both primary and secondary care through a point prevalence study on one designated day each month. NHS-wide data are available for download from:
http://www.ic.nhs.uk/services/nhs-safety-thermometer

Pressure ulcers: RBFT is below the National average and on target for the 10% reduction threshold. Though across the Trust as a whole grade 3 and 4 hospital-acquired pressure ulcers have increased.
Falls Harm: RBFT is below the National average, but not on target for the 10% reduction threshold
Catheter UTI: RBFT is above the National average, but not on target for the 10% reduction threshold
VTE: RBFT is below the National average and on target for 10% reduction threshold

Actions in progress

Pressure ulcers

- Re-launch of the Pressure Ulcer Prevention Group
- Pressure Ulcer Summit led by Caroline Ainslie
- Implementation of a new Pressure Ulcer Prevention and Management Care Bundle
- Nursing accountability for documenting care delivered to patients
- Continuing Implementation of education and training programme

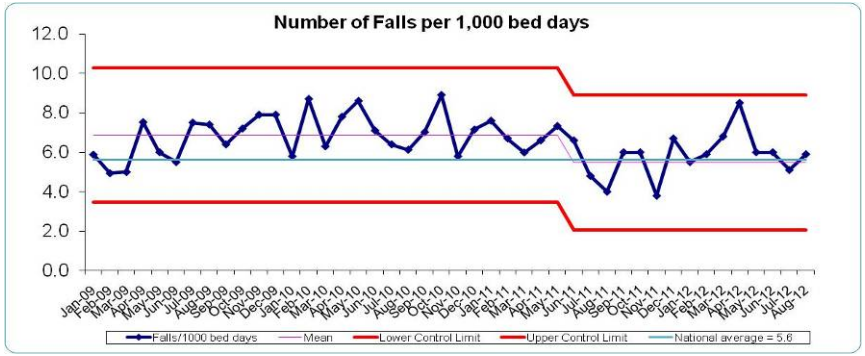
VTE – see VTE section
Falls – see Falls section

Falls

Reducing Falls is a key patient safety priority for the Trust

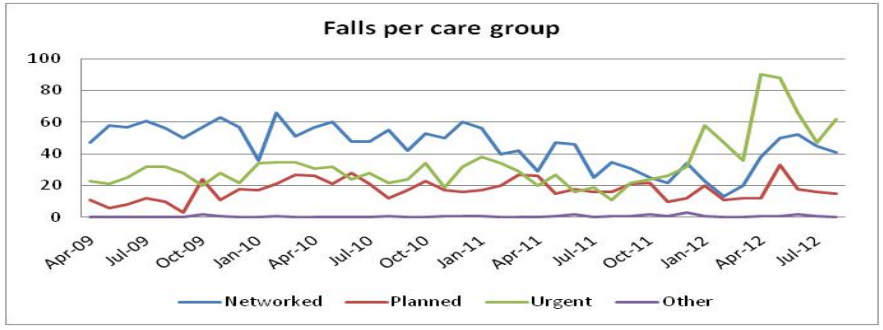
Number of falls per 1,000 bed days

The number of falls data per 1,000 bed days for July is 5.9 more than the National average (5.6 per 1,000 bed days), though it is within the expected range.



There were 109 falls in August with 84% Care bundle completion.

NB: The falls/1,000 bed days decreases retrospectively, as more patients are added to the denominator. Therefore, please view the data for the current month with caution, and the assumption that the number will decrease from that quoted.



Falls Strategy Group

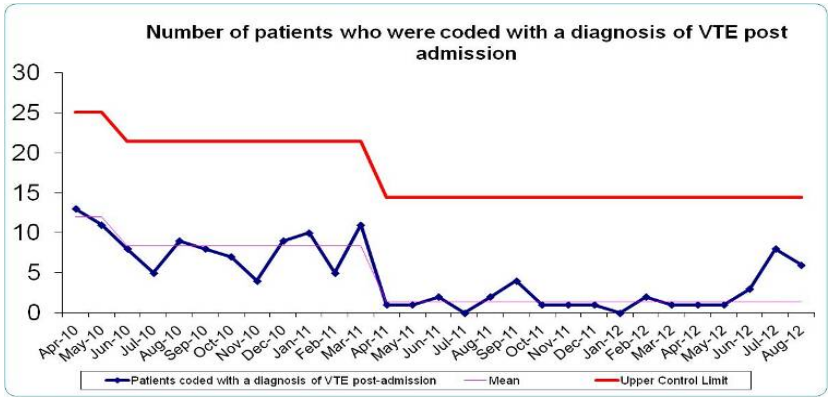
The Falls Strategy Group has met monthly and is focussing on the actions including amendment of 'Post Falls Management' flow chart; review of National successful initiatives within the FallSafe Project to identify ideas for further improvement; re-structure current process for serious incident root cause analyses for falls; review of training plan, production of 'Hot Topic'; review of local ward/department induction; presentation of serious incident Medical Grand Round for Consultant, Nursing Grand Round and Trainee learning

Actions in progress

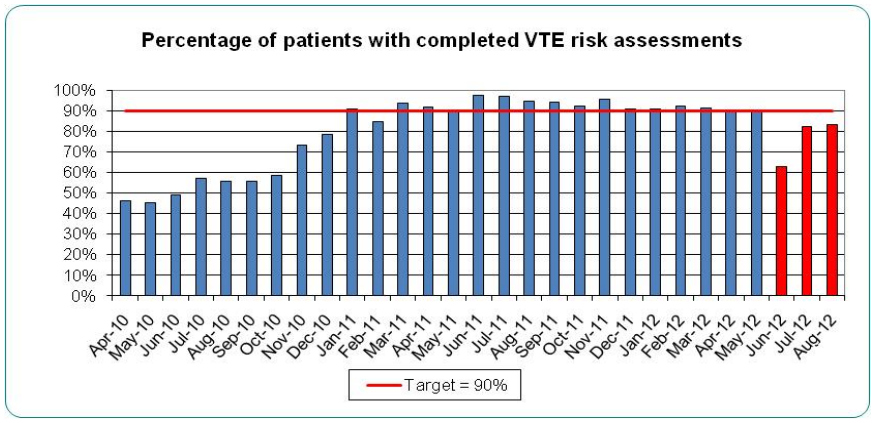
- 'Post Falls Management' flow chart to amended to make explicit the consideration of neck as well as head injury
- Review of National successful initiatives within the FallSafe Project to identify ideas for further improvement
- Re-structure current process for serious incident root cause analyses for falls to enable identification of more robust actions
- Falls Strategy Group (FSG) to review training plan re initial falls management including photographs of equipment to be used (Hovermatt, collars etc) FSG to produce 'Hot Topic' surrounding this for Trust wide October local Clinical Governance meetings
- Ward Sisters and Nurses to review local ward / dept induction to ensure immediate post falls management is covered along with clarification of falls risk assessments and care bundles use
- Present Serious incident 2012/11782 at Medical Grand Round for Consultant and Trainee learning
- Present Serious incident 2012/11782 at Medical Grand Round Nurse learning
- Serious incident 2012/11782 to be added to annual Trust Memory Check 2012 ('Head in Hands Moment- Lest we forget')

Venous Thromboembolism (VTE)

For 2012/13 the Trust has a CQUIN target worth £241,000 for undertaking a VTE risk assessment on admission to hospital in at least 90% of patients.



The number of patients who develop VTE post-admission is based on coding, it is therefore a proxy measure that is used to quickly identify whether there are any potential concerns. In July 2012, 8 patients were identified in this way. Their healthcare records have been reviewed and none of these patients developed VTE post-admission. Therefore, the coding for these patients needs to be amended to reflect this. In August, 6 patients were coded with VTE post-admission, these are being reviewed.



Since the introduction of EPR the percentage of risk assessments showing as completed has fallen. VTE Risk assessments should now be undertaken on the electronic system. In July did not reach the VTE risk assessment target. In July 82.46% of patients were assessed, this is a 19% increase on June (63%). August data is not yet finalised.

A remedial action plan has been put to the PCT to work towards achieving the 90% target as soon as possible, to mitigate against losing funding for the CQUIN payment worth approximately £20k per month. The action plan now has a 4 month timeframe to regain the 90% assessment, having been extended by one month to from September to October 2012

Actions in progress

- VTE risk assessments undertaken in the Emergency Department need to be carried across so they can be viewed by the Clinical Decision Unit / Wards so they are included in the Unify report
- Ward staff require educating as to how to view VTE risk assessments undertaken in the pre-op assessment clinic. SOP to be developed by Sarah Cherrill.
- More computer tablets to be obtained to enable efficient data capture.
- New drug chart to contain prompt to complete VTE risk assessment
- Consultants to ensure that VTE risk assessments are completed electronically.
- New intake of junior doctors to undertake training on EPR and electronic VTE risk assessments
- Report on number of VTE risk assessments captured electronically to be ran weekly for weekly review and dissemination to clinical teams
- Wards to use outcome of Safety thermometer VTE prophylaxis to identify where standards are not met and develop action plans appropriately

Royal Berkshire NHS
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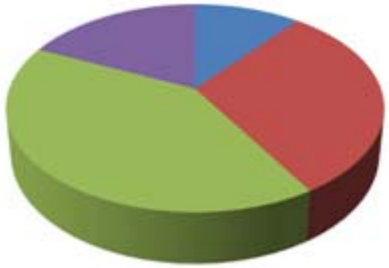
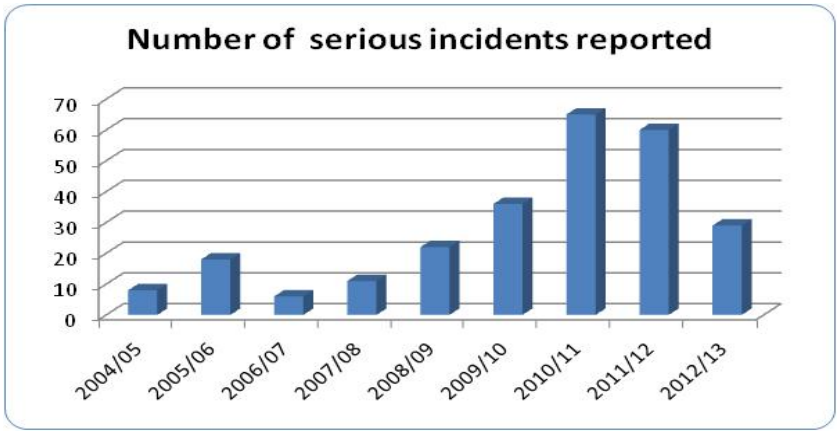
Incidents

Incidents
Following the decrease in reporting noted in the last two quarters, and the dissemination of this information Trustwide, incident reporting increased dramatically in May 2012, with a return to the average in June and July 2012.

Incidents overdue for approval on Datix
Urgent = 15 / 138
Networked = 42/ 138
Planned = 56 / 138





Serious incidents
There were 4 serious incidents (no Never Events) reported to the PCT in August: 1 x disclosure of very confidential and personal sensitive information, 2 x fall, 1 x neonatal death. Full details will be discussed at the Clinical Governance Committee. Route Cause Analysis are being undertaken to enable to the Trust to learn from these incidents.

There were 3 Amber incidents reported, all now undergoing local Route Cause Analysis.

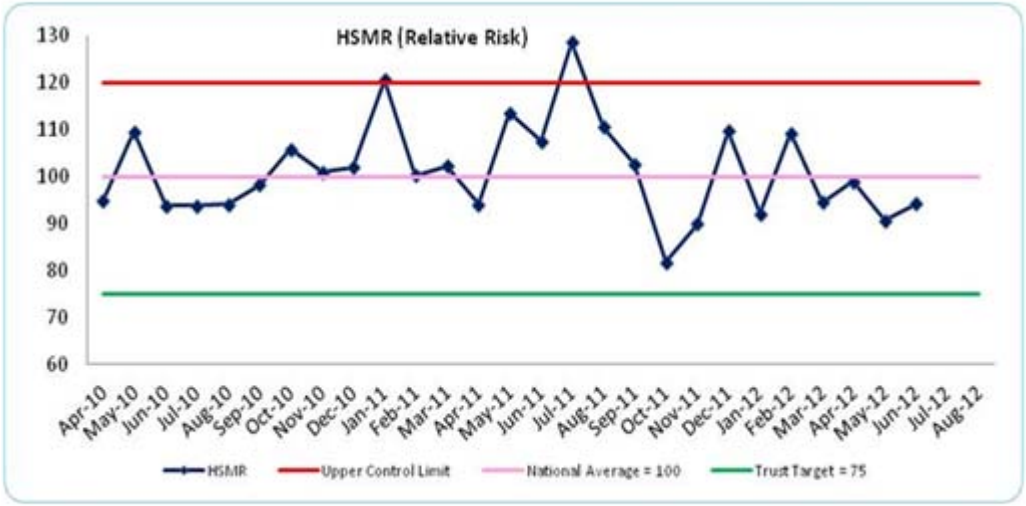
Serious Incident Closure Overdue with PCT
Our contract states that serious incidents must be investigated and final reports received by the PCT within 45 working days.

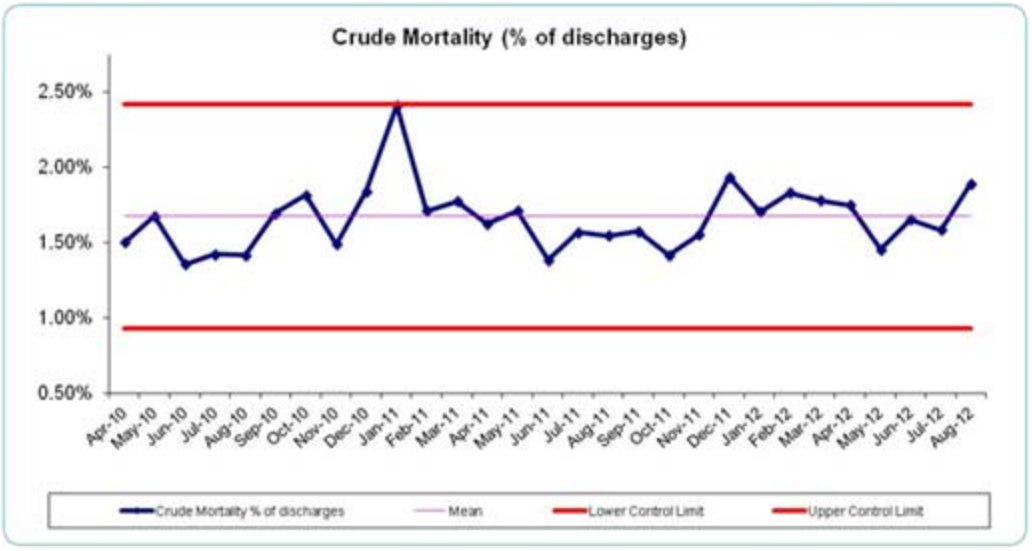
- Planned and Networked Care have no overdue serious incidents.
- Urgent Care have 2 and one that has a Clock Stop (due to external agency involvement)

Incident Date	SI Number	Care Group	Category	Days overdue
15-Jul-12	2012/17271	Urgent	Unexpected death	3
19-Jun-12	2012/14960	Urgent	Pressure ulcer	28
27-Mar-11	2011/5788	Urgent	Fall	Clock Stop agreed

Action Progress
Urgent Care Group Director has been made aware.

HSMR and Crude Mortality





Summary

- HSMR has been rebenchmarked against the 2011/12 data year
- The HSMR for 2012/13 (Apr 2012-Jun 2012) is 94.6 (within expected range)
- The Trust's rebenched Hospital Standardised Mortality Ratio (HSMR) for 2011/12 is 102 (within expected range)
- The HSMR 12 months rolling (Jul-11 to Jun -12) is 99.3 (within expected range)
- The HSMR for elective admissions 12 months rolling (Jul-11 to Jun -12) is 149.8 (32 patient deaths out of an expected 21) – this is above the expected range
- The Trust's monthly HSMR for Jun 12 (most recent validated monthly data) is 94.3 (above the Trust's target of 75)
- The crude mortality rate for Aug-12 is 1.89% (128 patient deaths). This is higher than usual for August, but within normal 'control limits' for the year.
- The SHMI for Jan11 to Dec11 is 1.07 (within expected range) – the next SHMI update is due at the end of Oct-12

Areas of concern

The HSMR is above the target of 75, though still within expected range.
The HSMR for elective admissions is above the expected range
The crude mortality rate for Aug-12 is higher than usual for August, though still within expected range.

Action Progress

Reported in the Integrated Performance Report

7th Mortality Review

Mortality review

•The 7th mortality review undertaken by 28 Consultants at the Royal Berkshire NHS Foundation Trust. This review was targeted at 46 patient deaths in January 2012, as the HSMR was under 100.

•There were no probably avoidable deaths, though there were 3 possibly avoidable deaths and 7 patients were found to have had sub-optimal care. 7 patients were referred to the Coroner and 3 had post mortems.

•No patients developed VTE or grade 3/4 pressure ulcers; however, other harms were identified that included: C. diff, hospital-acquired pneumonia, catheter-associated UTI and a patient fall. The estimated cost of these adverse events was £21,629.37.

THE MID STAFFORDSHIRE NHS FOUNDATION TRUST
PUBLIC INQUIRY – Chaired by Robert Francis QC

Robert Francis QC, Chairman of the Mid Staffordshire NHS Foundation Trust Public Inquiry, on 19 September announced an update to his expected timetable.

The Chairman now hopes to deliver his final report to the Secretary of State for Health by early January 2013, when Parliament returns from its recess.

Notable good practice included:

Reducing Mortality (SHMI and HSMR)

- The strategy for reducing SHMI and HSMR continues: firstly putting in place quality improvements in areas identified by mortality reviews, incidents, complaints and audits and secondly by reviewing patient level details from mortality "red alerts" and identifying changes to coding. To date these alerts have been generated from Dr Foster data that do not include patients who die out of hospital.
- Using the CHKS data has now meant that we can start to review those areas that are flagged within SHMI, such as pneumonia 30 day mortality. These patient level data can now help us to identify areas for improvement in either patient care or coding that may lead to a reduction in the SHMI mortality.

Trigger Tool

Aim to reduce harm by 50% by December 2012

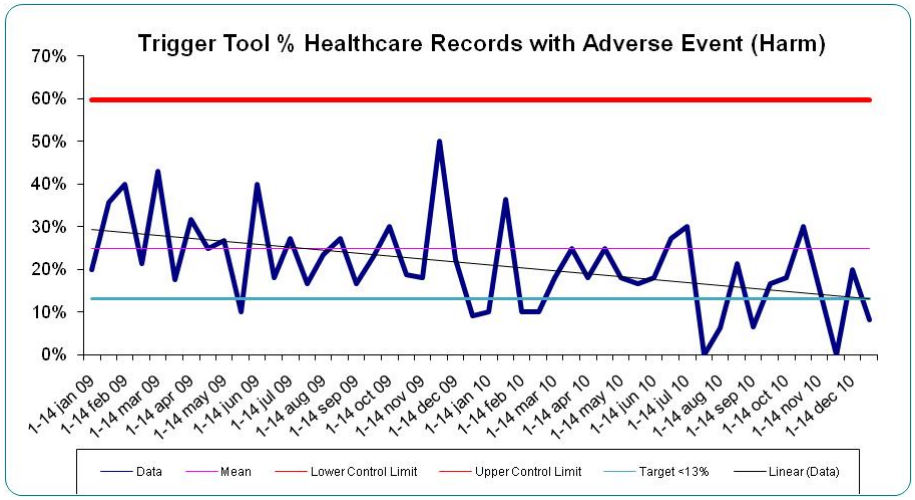
Review

The healthcare records of 282 patients admitted to the Trust between January and December 2010 were reviewed using the Trigger Tool. 69 harms were identified in 47 patient admissions.

G7 described as “Complication of Procedure or Treatment ”was the cause of almost a third (29%) of adverse events (harm) identified.

The percentage of patients who were admitted to the Royal Berkshire NHS Foundation Trust and suffered harm during 2010 was is 17%, a decrease of 35% from 2009. This is heading towards our Patient Safety aim, to reduce harm by 50% by December 2012.

In 2008, as part of our commitment to increasing patient safety, the Trust signed up to both National and Regional patient safety initiatives: the Patient Safety First Campaign and the Patient Safety Federation. These two initiatives set out a variety of goals that have been incorporated into our strategy and included implementing reviews with the Trigger Tool.



The SPC chart shows natural variation at this stage, although the linear regression line is indicating a downward trend but this is not yet statistically significant.

The Patient Safety Council decided that Trigger Tool reviews will no longer be undertaken as real time data are obtained via the Safety Thermometer on four key harms and compared Nationally, the biannual Mortality Reviews have identified similar issues and provide more robust information and the Aggregated Quarterly Complaints, Incidents and Claims Report analyses immediate trends.

Vulnerable people

Safeguarding
PricewaterhouseCoopers are continuing to working with the Safeguarding team to complete a trust-wide internal audit, this will develop the 2012/13 plan and Trust's future strategy; this work is due to be completed by October.

Adults
There was 1 adult safeguarding incidents reported in August (see appendix 1a for details).

Children
There were no child safeguarding incidents reported in August. There have been no serious case reviews.
A joint CQC/Ofsted Inspection of Children's Safeguarding and LAC services in West Berkshire Local Authority Area took place 9-20 July 2012. The CQC report has been received to check for factual accuracy. The final Ofsted Report following the West Berkshire Children's Inspection has been published and reported the following:

Safeguarding Services: The contribution of health agencies to keeping children and young people safe Grade 2 (Good)
Services for looked after children: Overall effectiveness Grade 2 (Good). This was an improvement on February 2012's finding of inadequate. An action plan to address Ofsted and CQC's recommendations will be developed, coordinated by the PCT.

Learning Disability
A Mencap "coffee morning" patient engagement group requested by the Chief Executives of Mencap in West Berkshire for parents, carers and adults with learning disabilities was held on 24 August. The focus was care and experience of patients attending the Emergency Department.

Mental Health
The Mental Health Working Group has been resurrected. The Group will be expanded so there is cross-Trust representation. The group will review the gap between current service provision in the Emergency Department, for Older People and Paediatrics/Self Harm and what is required by national/best practice guidance. Three areas will be focussed upon: recognition (staff training and patient assessment), information and referral.
The group will also review the Interagency Joint Working Protocol for the Management of Mental Health in the Thames Valley Area and implications for the Trust.

Exception Report

NICE Technology Appraisals
There are two NICE Technology Appraisals guidance that have breached the 3 month implementation deadline, the guidance is in the process of being implemented:

•TA241 Leukaemia (chronic myeloid) - dasatinib, nilotinib, imatinib (intolerant, resistant) – Haematology / TA251 Leukaemia (chronic myeloid, first line) - dasatinib, nilotinib and standard-dose – Haematology: this guidance is partially implemented, new patients are being offered drugs as appropriate. Existing patients are in the process of being reviewed.

•The Trust is now compliant with NICE Technology Appraisals guidance TA245 Venous thromboembolism - apixaban (hip and knee surgery) – Trauma and Orthopaedics.

Committees
Research and Development
The RBFT, under the direction of the Urgent Care research team, is the 3rd highest recruiting site in the UK (highest in Thames Valley) for the ProMISe study, an important study looking at the protocolised management of severe sepsis. 44 hospitals are currently participating in total.

Innovation scorecards will highlight availability of NICE-approved drugs
•Patients and the public will soon be able to see information on how quickly their local hospitals and primary care organisations are providing NICE-approved treatments and drugs. There is as yet no date for when this will happen.

•This will be linked to the National drive by the NICE Medicines and Prescribing Centre encouraging action in Trusts to review local formulary processes to begin implementation of the Innovation Health and Wealth scheme.

•Government proposals are for an 'innovation scorecard' to display this information. Hospitals and commissioning bodies will be automatically added to publicly available lists that show which latest NICE-approved treatments and drugs are available in their local areas.

Quality Improvement and Patient Safety

There have been two relevant publications aimed at Boards:

•"Quality Improvement Made Simple – What every Board should know about healthcare quality improvement" published by the Health Foundation

•"Board Assurance – Patient Safety" published by the Good Governance Institute

It is proposed that there is a Forum held for Board members to enable further discussion around these publications. This would be hosted by the Medical Director.

Action Required: Board to AGREE whether a Quality Improvement / Patient Safety Forum is held

Appendix 2

Title: **Internal Assessment of Care Quality Commission Outcome compliance at CQC Registered Trust Locations**

Lead: **Keith Eales, Director of Corporate Affairs**

Purpose: The purpose of this paper is to inform the Trust Board of the results of an internal assessment of compliance with CQC regulations at the Trust's five CQC Registered locations.

Key Points:

- Every six months, an internal review of compliance is carried out by Executive Leads for all CQC Outcomes for each of the Trust's locations.
- This paper refers to a nine month compliance period July 2011 to March 2012, extended from six months due to Care Group changes.
- The Trust's internal assessment of Outcome compliance remains largely unchanged since the last reported position at June 30th 2011.
- The majority of Outcomes are either scored as 'no risk' or 'minor' risk with only one attracting moderate risk, Outcome 10 Safety & Suitability of Premises at the Royal Berkshire Hospital site.
- The internal assessment aligns with the CQC external assessment of Trust compliance in its Quality and Risk profile in which all Outcomes currently attract either no risk or low risk scores.
- A compliance position is absent for 4 of the 25 Outcomes monitored by the CQC as information is being awaited from the Executive Lead.
- From April 2012 the CQC will judge Outcomes to be either compliant or non-compliant following annual inspections at each registered locations.

Decision required: To INFORM the Trust Board of the latest internal assessment of CQC compliance.

Compliance Committee CQC Location Compliance update: September 4th, 2012

I Background

1) Assurance process

Every six months, Executive Leads are expected to assure the Board of the compliance status of their Outcomes at each of the five registered Trust Locations (below) based on an internal assessment of compliance. This involves reviewing relevant assurance evidence and making a judgement about compliance.

- Royal Berkshire Hospital
- West Berkshire Hospital
- Royal Bracknell Clinic
- Windsor Dialysis Unit
- Prince Charles Eye Unit

Within the CQC Judgement Framework, the following risk definitions were set out as the basis for risk rating within the Provider Compliance Assessment and have been adopted for internal purposes by the Trust for the period until March 2012.

Internal assessment	**Compliance status**	**Outcome rating**	**Impact on patients, visitors or staff**	**Action required**
	No concern	Met	None	None
	Minor concern	Mostly met or insufficient evidence to demonstrate the outcome is met	Low	Minimal
	Moderate concern	Mostly met or insufficient evidence to demonstrate the outcome is met	Medium	Moderate
	Major concern	Not met or no available evidence to demonstrate that the outcome is met	High	Quick

In the table below, the compliance status per outcome is given for the period July 2011 – March 2012. A note within each box indicates whether the status has 'improved' had 'no change' or become 'worse' since the previous assessment. Where boxes are blank, compliance information in the form of completed Provider Compliance Assessments and Executive Lead sign-off forms has not been provided by Executive Leads.

Outcome which has worsened are:

- Outcome 16 WBCH: As at March 31st, a Clinical Governance Committee was not operating at that site representing a gap in governance arrangements. A meeting of the new committee was subsequently held in June 2012.

Outcomes attracting moderate concern:

- Outcome 10: Some gaps still remain in certification and documentation around testing and maintenance across a range of engineering services. Cleaning and waste management standards will benefit from being reviewed during the 2012-13 period. A three year strategy is in place to achieve full compliance.

Outcomes where compliance information/status by location has not been supplied and reason:

- Outcomes 1 & 4: Following the Care Group reorganisation, the nursing posts which had carried out the Outcome Lead roles for these standards were made redundant and not reallocated by the outgoing Chief Nurse. The interim Director of Nursing has identified a new Outcome Lead for both, Sharon Herring, Director of Nursing for Networked Care. A verbal update will be given by the Director of Nursing to the Board.
- Outcome 7 and 8: The Director of Nursing will give a verbal update to the meeting.

Compliance Committee CQC Location Compliance update: September 4th, 2012

Core Outcomes	Outcome Lead	Executive Lead	Bracknell	PCEU	Windsor Dialysis	RBH	WBCH
			Mar 12	Mar 12	Mar 12	Mar 12	Mar 12
1 - Respecting and involving people who use services	Vacant from 1.1.12 Sharon Herring from 18.7.12	DNS					
2 - Consent to care and treatment	Stephanie Seigne	CMO	Improved	Improved	Improved	Improved	Improved
4 - Care & welfare of people who use services	Anne McDonald until 1.1.12 Sharon Herring from 18.7.12	DNS					
5 -Meeting nutritional needs	Joan Potterton	DNS	No change	No change	No change	No change	No change
6 -Co-operating with other providers	Mary Wells	COO now Div Dir Urgent Care	Improved	No change	No change	No change	Improved
7 – Safeguarding (Adults & Children)	Tricia Pease	DNS					
8 -Cleanliness and infection control	Clair Honnor	DNS					
9 -Management of medicines	Bill O'Donnell	CMO	No change	No change	No change	No change	No change
10 -Safety & suitability of premises	Terry Morris	Dir EFM	No change	No change	No change	No change	No change
11 -Safety & suitability of equipment	Andy Smith	COO now Div Dir Urgent Care	No change	Improved	No change	No change	Improved
12 -Requirements relating to workers	Suzanne Emerson-Dam	Dir HR	No change	No change	No change	No change	No change
13 -Staffing	Suzanne Emerson-Dam	Dir HR	No change	No change	No change	No change	No change
14 -Supporting staff	Stephanie Hayward	Dir HR	No change	No change	No change	No change	No change
16 -Assessing and monitoring the quality of service provision	Hester Wain	CMO	No change	No change	No change	No change	Worse
17 -Complaints	Kirsty Ward from 1.1.12	DNS	No change	No change	No change	No change	No change
21 -Records	Jesse James	Dir CA	No change	No change	No change	No change	No change

Non-Core Trust wide Outcomes	Outcome Lead	Executive Lead	Trust-wide
3 – Fees	Bryan Beadsworth	CFO	Improved
15 - Statement of purpose	Mike Robinson	Dir CA	No change
18 - Notification of death of a person who uses services	Hester Wain	CMO	No change
19 - Notification of death or unauthorised absence of a person who is detained or liable to be detained under the Mental Heath Act 1983	Hester Wain	CMO	No change
20 - Notification of other incidents	Hester Wain	CMO	No change
23 - Requirement where the service body is a body other than a	Mike Robinson	Dir CA	No change

partnership			
25 - Registered person: Training	Mike Robinson	Dir CA	**No change**
27 - Notifications: Notice of absence	Mike Robinson	Dir CA	**No change**
28 - Notifications: Notice of changes	Mike Robinson	Dir CA	**No change**

III Summary

This paper represents a summary of the current status of internally assessed CQC compliance at the Trust's locations and identifies where compliance information is outstanding. It was presented to the Executive Committee on September 24th, 2012.

1 Recommendations

The Trust Board is asked to NOTE the compliance status provided either within the paper of via verbal update at the meeting.

2 Contacts

Keith Eales Director of Corporate Affairs
Alex Baker Healthcare Standards Manager
Phone: 0118 322 7788 / 0118 322 6906

September 24th, 2012

Board of Directors

Title: **Director of Finance Report**

Date:

Lead: **Craig Anderson**

Purpose: **To update the Trust Executive and Board on the financial results of the Trust for August 2012**

Decision Required: **To NOTE the contents of this report**

Executive Summary

Financial Targets

- The key financial aim for 2012/13 is to maintain our FRR of 3 through:
  - Surplus of £3.2m (1% of Income)
  - Maintaining cash balance of £20m – can mitigate some slippage in surplus and maintain FRR 3 (as in 2011/12)
- Current surplus £2.7m adverse to budget driven by reduced PCT activity, non delivery of cips and pay and non pay overspends
- FRR of 3 maintained but only by the smallest of margins
- Greatest risk to maintaining FRR of 3 in Q2 is ongoing EPR spend and lower than planned PCT activity levels
- Looking further ahead key risks are ; ongoing EPR spend, delivery of cips, and non pay in clinical supplies and estates
- Key opportunities are ; recovery of PCT activity levels, income cips, and transitional funding from the PCT

Area of Review	Key Highlights	Month Rating	Projected Year End Rating
FRR	August YTD FRR 2.6 which rounds to a 3 for Monitor reporting purposes		
Financial Position	YTD deficit of £(2.6)m vs budget £0.1m driven by		
Activity/Income	YTD income of £133.0m, +£1.7m vs Budget. However, underlying PCT activity some £2m behind plan, predominantly in daycase and outpatient areas. In order to maintain our FRR of 3 PCT activity needs to £1m+ higher than the £24.2m recorded in August, that is nearer the £26m seen in May and July.		
Expenditure	YTD expenditure of £135.8m, £(4.4)m adverse vs Budget driven by pay £0.5m, drugs £0.9m, non delivery cips £1.3m, clinical supplies £0.6m and estates £0.4m and phasing of non pay budget £0.5m		
EBITDA	YTD 5.1% vs Budget 7.2%		
Cash	Cash of £26.3m, vs Budget of £27.0m		
Capital	YTD expenditure of £8.0m vs Budget of £6.2m driven by timing of medical equipment and estates regulatory spending		
Cost CIPs	YTD delivery £2.8m (Mar-Jul Act, Aug Fcst), £(1.3)m behind plan. BUT largely offset by income CIPs outside of budget		

1. Financial Position

Overall Financial Performance is being impacted by overspends in Non-Pay and Pay which are the key contributors to the YTD deficit of £(2.7)m vs budget

Results for Month 5

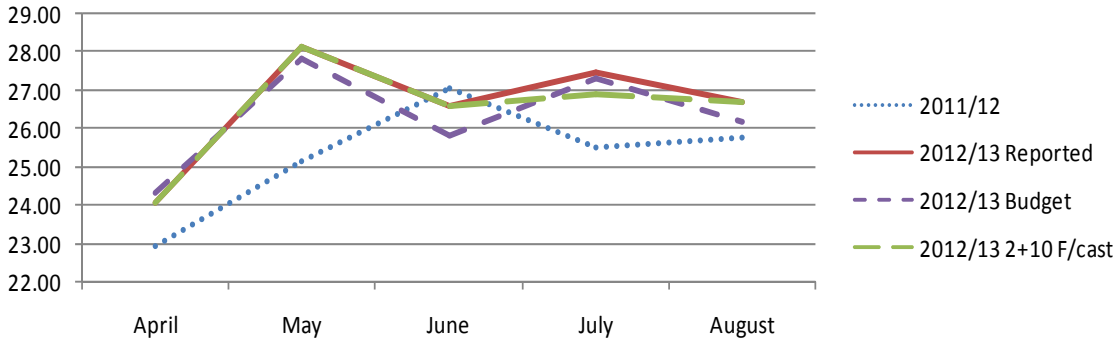
£m	Period			YTD		
	Actual	Vs Budget	Index PY	Actual	Vs Budget	Index PY
Income	26.9	0.7	104	133.1	1.7	105
Pay	(15.6)	(0.3)	102	(77.4)	(0.5)	102
Drugs	(2.7)	(0.3)	115	(13.3)	(0.9)	116
Non Pay ex Drugs	(9.3)	(1.9)	117	(42.1)	(2.9)	111
Other	(0.6)	0.0	73	(3.0)	(0.1)	87
Exceptional Items	(0.0)	(0.0)	55	(0.0)	(0.0)	(692)
Surplus/(Deficit)	**(1.3)**	**(1.8)**	**199**	**(2.6)**	**(2.7)**	**139**
FRR	**2.6**					

	Period		YTD	
	Actual	Budget	Actual	Budget
Cashflow from Operations	**(2.7)**	**(1.0)**	**(10.5)**	**(9.8)**
Cash	**26.3**	**27.0**	**26.3**	**27.0**
EBITDA	**0.6**	**2.4**	**6.8**	**9.5**
EBDITDA margin	**2.4%**	**9.0%**	**5.1%**	**7.2%**

- FRR of 2.6 vs 2.7 last month. This will round up to a 3 in Monitor's Analysis
- Whilst overall income is running ahead of plan underlying PCT activity is some £2m down versus plan year to date.
- In September we will need to review the position on contract penalties such as NEL readmits and a provision is likely to be required
- Non-Pay continues to be the key driver of the adverse Deficit vs Budget driven primarily by non pay overruns and non-delivery/delay of CIPs
- Ongoing EPR costs will become a major adverse variance in September
- Drugs costs are 6% above budget YTD (10% in the month) and 16% ahead of PY but recovery % remains on target at 64%
- Pay costs have been impacted by Holidays in August leading to an increase in Agency staff
- Cashflow was behind budget in the month taking YTD to £(0.7)m adverse
- See individual sheets for actions being taken.

Income was down 2% in the month driven by activity, but continues to grow at around 5% vs Prior Year

Income	MONTH			YTD		
	Actual £m	Vs Budget £m	Index PY	Actual £m	Vs Budget £m	Index PY
Urgent Care	8.1	0.1	100	42.0	2.1	107
Planned Care	9.9	(0.2)	101	50.9	(0.2)	111
Networked Care	6.2	(0.2)	88	32.7	0.6	101
E&F	0.2	(0.0)	113	1.3	0.3	129
Corporate Services	2.4	1.0	427	6.2	(1.2)	77
Total Income	**26.9**	**0.7**	**104**	**133.1**	**1.7**	**105**



Analysis :

- EPR issues continue which has resulted in estimates being used where deemed appropriate
- Drugs income has increased to £2.5m in August from £1.6m in July, offset by a corresponding increase in Drugs cost (64% recovery YTD)
- An additional £288k was added to Transitional Funding taking the total to £1.9m YTD

Action :

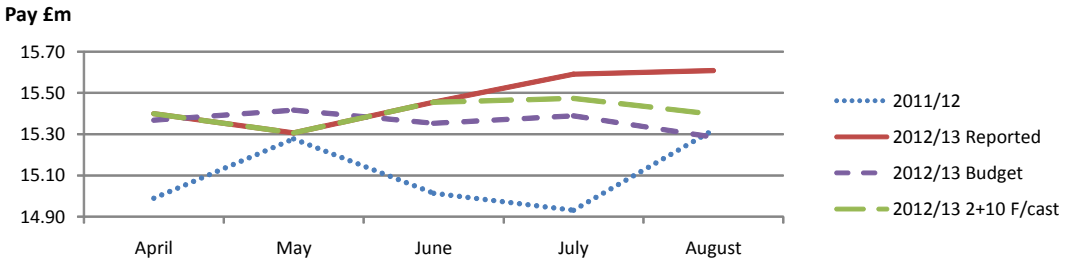
- Planned Care recovery schedule being established to recover impatient and daycase activity
- Discussions with PCT continue to ensure we are paid appropriately for all activity, eg Chemo and radio spells
- Income CIPs monitored monthly to maximise CQUINs
- Ongoing transition funding being sought form PCT to cover both incremental costs and potential transformation programmes

Pay costs in the month are £(0.3)m vs budget and £(0.5)m YTD (2% above PY). The key drivers are Medical and Nursing, predominantly in Urgent Care which have seen an increase in Agency costs during August.

Pay Costs £K						VS BUDGET		INDEX VS PY	
Group Description	M01	M02	M03	M04	M05	Month vs Budget	YTD vs Budget	Month vs Budget	YTD vs Budget
Medical Staff	(4.3)	(4.5)	(4.4)	(4.4)	(4.6)	(0.1)	(0.1)	104	104
Nursing	(6.2)	(6.0)	(6.3)	(6.3)	(6.2)	(0.2)	(0.6)	100	102
PAMs	(0.9)	(0.9)	(0.9)	(0.9)	(0.8)	0.1	0.2	102	105
Scientist and PTBs	(1.0)	(1.0)	(1.0)	(1.0)	(1.0)	0.1	0.4	99	101
Pharmacists	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	0.0	0.1	95	100
Admin & Management	(2.1)	(2.1)	(2.0)	(2.1)	(2.1)	(0.0)	0.2	106	102
Ancillary & Maintenance	(0.7)	(0.7)	(0.7)	(0.7)	(0.7)	0.0	(0.0)	106	100
Other Pay	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.1)	(0.7)	59	158
Pay	**(15.4)**	**(15.3)**	**(15.5)**	**(15.6)**	**(15.6)**	**(0.3)**	**(0.5)**	**102**	**102**
Bank as a % of Total Agency	**82%**	**85%**	**72%**	**83%**	**67%**				

Pay as % of Income

Actuals				Budget	
This Month	Last Month	YTD	PY YTD	This Month	YTD
58.4%	56.8%	58.2%	59.7%	58.4%	58.4%



Analysis :

- Care Group pay is £(0.3)m vs Budget in August driven by Urgent Care – when CIPs are included the deficit is nearer to £(0.5)m. This equates to an increase of 8% YTD vs PY driven by +6% WTE and +2% Rate
- Agency costs are down about 30% vs PY, however there was an increase in Agency nurses in August due to holidays which has led to YTD ratio of Bank to Agency being behind the target of 80% at 76% - YTD impact on cost c. £0.2m
- YTD overspend vs budget of £(0.3)m largely driven by non-delivery of centrally-budgeted CIPs.

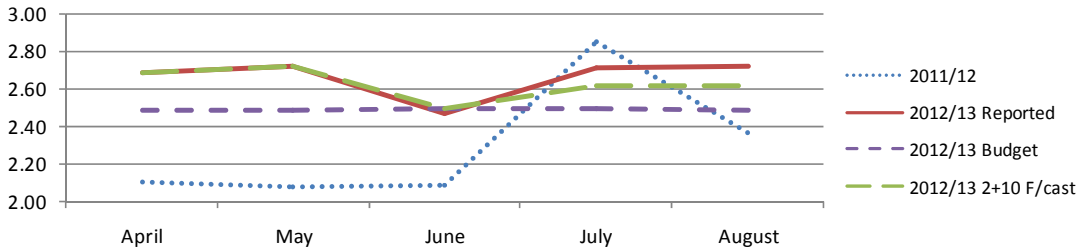
Action :

- Need to complete whole trust benchmarking exercise with Delloites and NHS Institute (initial feedback suggests limited opportunities)
- Review of medic resource plans underway to assess value for SPA cost
- Review of holiday planning underway to better manage main holiday periods

Non Pay Costs - Drugs is currently running 7% ahead of Budget and 16% ahead of PY driven by Networked Care. This is largely offset by a corresponding increase in Drugs income.

Non Pay - Drugs	MONTH			YTD		
	Actual £m	Vs Budget £m	Index PY	Actual £m	Vs Budget £m	Index PY
Urgent Care	(0.5)	(0.1)	128	(2.1)	(0.3)	114
Planned Care	(0.9)	0.1	96	(5.1)	0.0	116
Networked Care	(1.3)	(0.3)	132	(6.0)	(0.7)	118
Total Drugs	**(2.7)**	**(0.3)**	**115**	**(13.3)**	**(0.9)**	**116**

	Apr	May	June	July	August	YTD
Drugs Income % Cost	59%	65%	74%	61%	60%	64%



Analysis :

- Drugs costs were £(0.3)m adverse vs Budget in August but flat vs July
- Key driver of variance is Networked Care (Rheumatology) - this is offset by increased Drugs income so net impact is negligible
- There have also been stock adjustments with the introduction of JACs which require further investigation
- Drugs recovery % dropped slightly to 60% in August but remains broadly in line with target at 64% YTD

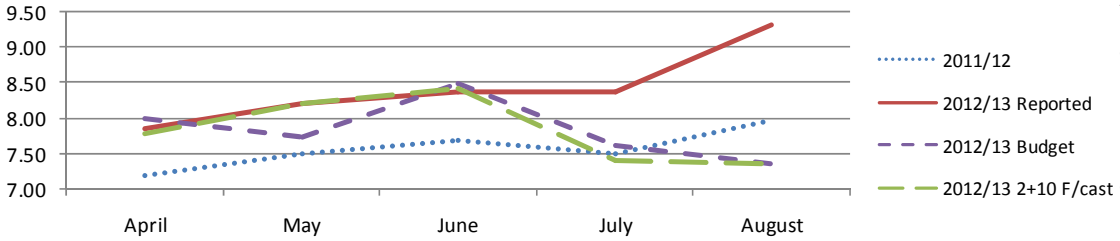
Action :

- Review of formulary by Drugs and Theraputics Group
- Conclude review of stock adjustments with new system
- Ensure ongoing links with Pharmacy experts in ProCure as ProCure is due to close in February
- Continue to drive maximum recharge of 64%

Non Pay Costs – Excluding Drugs is currently £2.9m adverse to budget year to date driven by driven by non delivery of CIPs (some £1m), clinical supplies spend (£0.6m), estates (£0.4m) and budget phasing (£0.5m).

Non Pay ex Drugs	MONTH			YTD		
	Actual £m	Vs Budget £m	Index PY	Actual £m	Vs Budget £m	Index PY
Clinical Service & Supplies	(3.1)	(0.1)	91	(15.7)	(0.6)	94
General Supplies & Services	(0.5)	0.0	144	(2.8)	(0.1)	109
Establishment Expenses	(0.3)	0.0	118	(1.4)	0.1	113
Other Establishment Expenses	(0.6)	0.3	105	(3.4)	1.2	112
Prem, Trans & Fixed Plant	(1.5)	(0.5)	131	(6.8)	(1.3)	136
Depreciation	(1.4)	(0.1)	130	(6.5)	0.0	121
Leases	(0.1)	0.0	108	(0.7)	0.2	84
Miscellaneous Services	(1.7)	(1.6)	173	(4.9)	(2.3)	155
Total Non Pay ex Drugs	**(9.3)**	**(1.9)**	**117**	**(42.1)**	**(2.9)**	**111**

Non Pay ex Drugs	MONTH			YTD		
	Actual £m	Vs Budget £m	Index PY	Actual £m	Vs Budget £m	Index PY
Urgent Care	(0.8)	0.0	91	(4.2)	0.1	95
Planned Care	(1.9)	0.2	92	(9.7)	0.8	93
Networked Care	(1.2)	0.0	73	(5.6)	0.1	76
Estates & Facilities	(1.4)	(0.3)	153	(6.7)	(0.9)	124
HFMS	0.3	0.0	106	1.4	0.0	120
Other Corporate	(4.3)	(1.9)	154	(17.4)	(3.0)	151
Total Non Pay ex Drugs	**(9.3)**	**(1.9)**	**117**	**(42.1)**	**(2.9)**	**111**



Analysis :

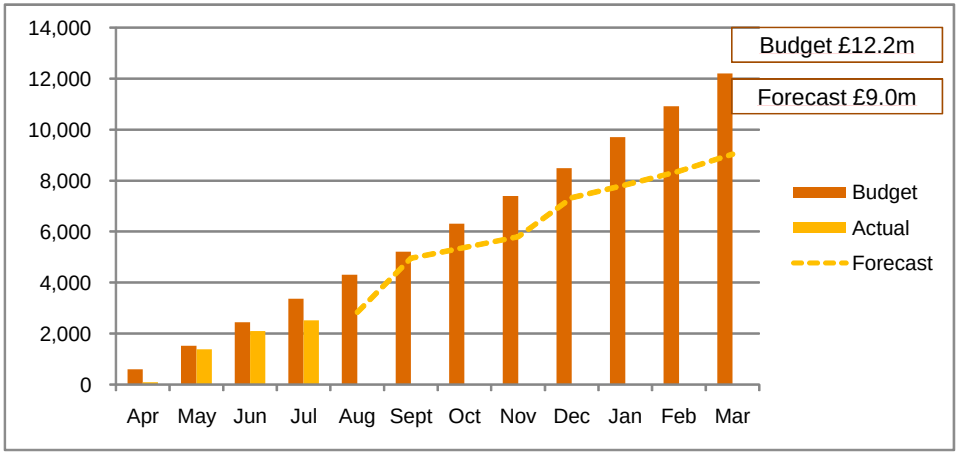
- Non-Pay ex Drugs was £(1.9)m vs budget in August, an increase of 17% vs PY and £1.0m higher than July
- Key driver is £(1.0)m of EPR consultancy costs relating to July and August (within Other Corporate Misc Services) but broadly on budget year to date due to delay in EPR launch. Adverse variance to budget will crystalise in September and October
- Care Groups were +£0.2m but offsetting this are £(0.7)m of CIPs held within Corporate
- Estates & Facilities were £(0.3)m overspent driven by £(0.1)m of non-delivery of CIPs and £(0.1)m Flushing & Filtering
- YTD spend is £(2.9)mm vs Budget and +11% vs PY driven by non delivery of CIPs, clinical supplies, estates and budget phasing

Action :

- Benchmarking of clinical supplies spend underway, to be assisted by use of third party
- Monthly review of estates to control spend
- Discussion with PCT to support EPR costs
- For CIPs actions see next sheet

Cost CIPs are £(1.3)m vs Budget as of YTD August (YTD July Act, Aug Forecast), however income CIPs of £0.9m have been booked in Auguts year to date

CIP Phasing - Cumulative Budget and Latest Forecast £'000



Analysis :

- Cost CIPs are circa £1.3m adverse to budget at August, predominantly non pay
- Income CIPSs of £0.9m have been booked not in the original budget
- Latest PMO full year assessment is for cost cips is £9.0m versus full year budget £12.2m
- Main variances are estates, IT, capacity planning and drugs (see IPR)
- Full year income CIPs assessed at circa £5m

Action :

- QIPP Programme Board implemented, chaired by CEO, to monitor delivery of major CIPs
- Bi-weekly review of major projects by Commercial Director, FD and Head of PMO of major projects
- Actions plans to deliver cips being improved following PwC review
- Looking ahead focus on transformation programmes critical

2. Contractual Position with Commissioners for 2012/13

Activity plans for 2012/13 have been agreed with all Commissioners with some contractual and pricing issues to be resolved with a few PCTs.

We have signed the contract with our main Commissioner, Berkshire West PCT. The financial risks on this contract from the PCTs QIPPS coming to fruition and emergency readmission penalties are being offset by agreements on transition funding. Such additional funding has been agreed in principle for stranded costs for lost income from QIPPS, costs arising on Neonatal care, the high levels of patients medically fit for transfer, rationalisation of estate and other service developments. Together this extra funding is expected to be in the region of £4.5m of which £2.0m has been recognised in the YTD reported income.

Contractual conversations are being pursued following the implementation of EPR to ensure that the specific data reporting issues that have arisen will not result in penalties being imposed due to data errors or delayed reporting of activity. The PCT has indicated its support of the implementation although the detail needs to be worked through at a contractual level.

With respect to Berkshire East, Oxfordshire and Bucks PCTs the remaining negotiations on marginal rates and thresholds are planned to be completed in the next few weeks.
Monthly payments on account are being received from all PCT and so the outstanding issues are only having a negligible impact on the Trust's cashflow.

3. Other Information / Contracts and requisitions over £500k for approval

We have included in Appendix (ix) our first draft of a Patient Level Costing Report for 20011/12 and 2012/13 first quarter. This report identifies margins at a speciality level. The report is subject to ongoing development and validation with the Care Groups and is hence included here for information. It is proposed that this report will be updated on a quarterly basis.

There are no contracts or requisitions over £500k requiring approval.

4. Appendices

The following reports are included as Appendices:

Appendix (i)	Statement of Comprehensive Income (SOCI): Month and Ytd Actual vs Budget
Appendix (ii)	Statement of Comprehensive Income (SOCI): July forecast vs Budget
Appendix (iii)	Income by Point of Delivery
Appendix (iv)	Care Group Financial Reports
Appendix (v)	Statement of Financial Position (SOFP)
Appendix (vi)	Cash Flow Statement
Appendix (vii)	Capital Expenditure Summary
Appendix (viii)	Financial Risk Rating
Appendix (ix)	Patient Level Reporting – 2011/12 FY, 2012/13 Q1

Appendix (i): Statement of Comprehensive Income (SOCI) – Month and YTD Actual vs Budget

	Month of August 2012 (£'000)				Year to August 2012 (£'000)			
Detail	**Actual**	**Budget**	**Variance Budget**	**Last Year**	**Actual**	**Budget**	**Variance Budget**	**Last Year**
Income from Activities	24,751	24,357	394	23,716	123,286	122,331	954	117,124
Other Patient Care Income	300	292	8	260	1,385	1,460	(75)	1,333
Other Operating Income	1,838	1,541	297	1,799	8,478	7,707	772	7,961
Income	**26,889**	**26,191**	**698**	**25,774**	**133,149**	**131,498**	**1,651**	**126,419**
Medical Staff	(4,563)	(4,421)	(142)	(4,390)	(22,185)	(22,134)	(51)	(21,361)
Nursing	(6,198)	(5,951)	(248)	(6,228)	(30,994)	(30,377)	(618)	(30,474)
PAMs	(838)	(896)	59	(821)	(4,266)	(4,456)	190	(4,053)
Scientist and PTBs	(989)	(1,082)	94	(999)	(4,991)	(5,410)	419	(4,937)
Pharmacists	(178)	(200)	22	(188)	(892)	(999)	107	(890)
Admin & Management	(2,119)	(2,099)	(20)	(2,005)	(10,424)	(10,581)	157	(10,235)
Ancillary & Maintenance	(712)	(751)	40	(669)	(3,561)	(3,523)	(37)	(3,553)
Other Pay	(12)	113	(126)	(21)	(47)	666	(713)	(30)
Pay	**(15,608)**	**(15,287)**	**(321)**	**(15,321)**	**(77,360)**	**(76,815)**	**(546)**	**(75,533)**
Drugs	(2,721)	(2,465)	(256)	(2,360)	(13,305)	(12,422)	(884)	(11,466)
Clinical Service & Supplies	(3,113)	(3,043)	(70)	(3,417)	(15,725)	(15,120)	(604)	(16,762)
General Supplies & Services	(532)	(540)	8	(369)	(2,792)	(2,675)	(117)	(2,550)
Establishment Expenses	(288)	(294)	6	(244)	(1,390)	(1,460)	69	(1,234)
Other Establishment Expenses	(639)	(925)	286	(609)	(3,413)	(4,621)	1,209	(3,055)
Prem, Trans & Fixed Plant	(1,532)	(996)	(536)	(1,172)	(6,798)	(5,480)	(1,318)	(5,012)
Depreciation	(1,405)	(1,317)	(88)	(1,078)	(6,466)	(6,496)	30	(5,331)
Leases	(141)	(176)	34	(131)	(677)	(878)	201	(808)
Miscellaneous Services	(1,665)	(100)	(1,566)	(960)	(4,860)	(2,513)	(2,346)	(3,140)
Non Pay	**(12,036)**	**(9,855)**	**(2,182)**	**(10,341)**	**(55,427)**	**(51,666)**	**(3,761)**	**(49,358)**
PDC Dividend	(482)	(482)	0	(621)	(2,409)	(2,409)	0	(2,892)
Interest Receiveable	(88)	(115)	26	(156)	(575)	(504)	(71)	(531)
Other	**(570)**	**(597)**	**26**	**(777)**	**(2,984)**	**(2,913)**	**(71)**	**(3,423)**
Total before exceptional items	**(1,326)**	**452**	**(1,778)**	**(664)**	**(2,623)**	**104**	**(2,727)**	**(1,896)**
Disposal of Assets	0	0	0	0	0	0	0	0
Exceptional Items	(1)	0	(1)	(2)	(19)	0	(19)	4
Exceptional	**(1)**	**0**	**(1)**	**(2)**	**(19)**	**0**	**(19)**	**4**
Total	**(1,327)**	**452**	**(1,779)**	**(666)**	**(2,642)**	**104**	**(2,746)**	**(1,893)**

Appendix (ii): Statement of Comprehensive Income (SOCI) – July Forecast vs Budget

	Quarter 1			Quarter 2			Quarter 3			Quarter 4			Full Year		
	Actual	Budget	Var.	F/cast	Budget	Var.	F/cast	Budget	Var.	F/cast	Budget	Var.	F/cast	Budget	Var.
Income :															
PCT Activity	67.49	68.03	(0.54)	69.47	69.47	0.00	68.91	69.47	(0.56)	69.16	68.87	0.28	275.02	275.84	(0.82)
Drugs	5.17	4.45	0.72	4.92	4.45	0.47	4.92	4.45	0.47	4.92	4.45	0.47	19.92	17.79	2.13
Other	6.14	5.50	0.64	5.84	5.50	0.34	5.91	5.50	0.40	5.91	5.50	0.41	23.80	22.00	1.80
Total Income	**78.80**	**77.98**	**0.82**	**80.23**	**79.41**	**0.82**	**79.73**	**79.41**	**0.32**	**79.98**	**78.82**	**1.16**	**318.74**	**315.63**	**3.11**
Pay	(46.16)	(46.14)	(0.02)	(46.35)	(46.00)	(0.34)	(46.33)	(45.97)	(0.36)	(46.61)	(46.34)	(0.27)	(185.45)	(184.45)	(1.00)
%age income	58.6%	59.2%		57.8%	57.9%		58.1%	57.9%		58.3%	58.8%		58.2%	58.4%	
Drugs	(7.87)	(7.46)	(0.41)	(7.84)	(7.47)	(0.36)	(7.82)	(7.46)	(0.37)	(7.86)	(7.46)	(0.40)	(31.39)	(29.84)	(1.55)
%age recovery	65.6%	59.6%		62.8%	59.5%		62.9%	59.7%		62.6%	59.6%		63.5%	59.6%	
Other Non Pay (excl depn)	(20.78)	(20.38)	(0.41)	(18.10)	(17.89)	(0.21)	(19.38)	(19.01)	(0.37)	(17.90)	(18.09)	0.19	(76.16)	(75.36)	(0.80)
%age income	26.4%	26.1%		22.6%	22.5%		24.3%	23.9%		22.4%	22.9%		23.9%	23.9%	
EBITDA	**3.99**	**4.01**	**(0.02)**	**7.95**	**8.05**	**(0.10)**	**6.19**	**6.97**	**(0.78)**	**7.62**	**6.94**	**0.67**	**25.74**	**25.97**	**(0.23)**
%age income	5.1%	5.1%		9.9%	10.1%		7.8%	8.8%		9.5%	8.8%		8.1%	8.2%	
Depreciation	(3.65)	(3.86)	0.22	(3.95)	(3.95)	0.00	(3.95)	(3.95)	0.00	(3.95)	(3.95)	0.00	(15.50)	(15.72)	0.22
PDC/Other	(1.82)	(1.72)	(0.10)	(1.73)	(1.79)	0.05	(1.73)	(1.79)	0.06	(1.80)	(1.80)	0.00	(7.08)	(7.09)	0.01
Surplus/Deficit	**(1.48)**	**(1.57)**	**0.09**	**2.27**	**2.31**	**(0.04)**	**0.51**	**1.23**	**(0.72)**	**1.87**	**1.20**	**0.68**	**3.16**	**3.16**	**(0.00)**
%age	-1.9%	-2.0%		2.8%	2.9%		0.6%	1.6%		2.3%	1.5%		1.0%	1.0%	

£m	£m	£m	Notes :
Risks :			
Urgent Care income risk	(1.50)		
Contract penalties	(2.00)		Predominantly readmissions
Drugs inflation	(1.00)		Original assessed risk £2.5m, £1.5m in forecast
Non Pay inflation	(2.10)		Original assessment
Non delivery CIPs	(2.50)		Residual PMO assessment net of Q1 miss
EPR Cost Risk	(2.00)		Incremental staff required
Estates Non Pay	(0.30)	**(11.40)**	Backlog mainenance and new contractor risk
Opportunities :			
Income CIPS	2.50		Verify if CQUINs figure in forecast
PCT activity income	1.00		Recovery of budget PCT income
Chemo/Radiotherapy pricing	1.25		Move to indicative national tariff
PCT non recurrent funding	3.00		Residual of £4.5m quoted less £1.5m taken Q1
Drugs inflation income	0.60		
Manage non pay inflation	1.58	**9.93**	
Net Opportunity/(Risk)		**(1.48)**	
NB : potential to recharge incremental EPR costs to Cerner			

Appendix (iii): Income from Activities by Point of Delivery – month

Agenda Item 4c)

All PCTs (including NCAs) August 2012

POD Group	POD Detail	Annual Contract (Activity)	Annual Contract (£'000)	Mth 05 Only Contract (Activity)	Mth 05 Only Contract (£'000)	Mth 05 Only Actual (Activity)	Mth 05 Only Actual (£'000)	Mth 05 Var (Activity)	Mth 05 Var (£'000)
A&E	Accident & Emergency	105,016	10,750	8,919	913	8,218	838	(701)	(75)
A&E Total			**10,750**		**913**		**838**		**(75)**
Outpatient	Outpatient FA Multi Prof Cons Led	3,392	670	275	54	197	46	(78)	(8)
	Outpatient FA Single Prof Cons Led	130,899	21,377	10,642	1,738	8,176	1,333	(2,466)	(405)
	Add Back PCT QIPPs - Outpatient FA Single Prof Cons Led		(58)		(24)		0		24
	Outpatient FA Single Prof Non-Cons Led	9,700	1,151	789	94	867	104	78	10
	Outpatient FUP Multi Prof Cons Led	6,447	620	524	50	217	28	(307)	(22)
	Add Back PCT QIPPs - Outpatient FUP Multi Prof Cons Led		37		15		0		(15)
	Outpatient FUP Single Prof Cons Led	230,856	23,813	18,769	1,936	10,252	1,130	(8,517)	(806)
	Add Back PCT QIPPs - Outpatient FUP Single Prof Cons Led		356		148		0		(148)
	Outpatient FUP Single Prof Non-Cons Led	59,458	3,281	4,834	267	5,626	318	792	51
	Non Face to Face	1,204	31	98	3	66	2	(32)	(1)
	Outpatient Procedures	22,457	5,817	1,825	473	2,053	497	228	24
	Add Back PCT QIPPs - Outpatient Procedures		(625)		(260)		0		260
Outpatient Total			**56,470**		**4,494**		**3,458**		**(1,036)**
Inpatient	Elective Inpatients	8,957	26,405	728	2,147	626	1,988	(102)	(159)
	Add Back PCT QIPPs - Elective		26		11		0		(11)
	Elective Excess Bed Days	2,381	638	193	52	(34)	(16)	(227)	(68)
	Day Cases	31,541	29,786	2,564	2,422	2,148	2,138	(416)	(284)
	Add Back PCT QIPPs - Day Cases		1,075		448		0		(448)
	Regular Day Admission	3,393	1,059	276	86	472	148	196	62
	Emergency Inpatients (Excluding Maternity)	27,784	61,178	2,359	5,196	2,499	5,736	140	540
	Add Back PCT QIPPs - Emergency Inpatients (Excluding Maternity)		2,484		1,035		0		(1,035)
	Maternity Inpatients	11,980	15,375	1,018	1,306	1,312	1,787	294	481
	Emergency Same Day	923	831	78	71	54	52	(24)	(19)
	Emergency Short Stay	2,721	2,030	232	172	214	213	(18)	41
	Emergency Excess Bed Days	15,332	3,938	1,302	334	1,550	405	248	71
	Maternity Excess Bed Days	1,319	595	112	51	50	22	(62)	(29)
	Rehab Bed Days	5,607	1,777	456	144	201	64	(255)	(80)
Inpatient Total			**147,197**		**13,474**		**12,537**		**(937)**
Critical Care	Adult Critical Care	3,365	4,774	286	405	310	389	24	(16)
	Neonatal Critical Care	5,807	3,521	493	299	366	226	(127)	(73)
Critical Care Total		**9,172**	**8,295**	**779**	**705**		**615**		**(90)**
Renal	Renal	76,249	10,630	6,354	886	(25,836)	910		24
	Renal EPO Drugs		457		38		45		7
Renal Total			**11,087**		**924**		**955**		**31**
Drugs	PbR Excluded Drugs		17,788		1,482		1,625		143
	PbR Excluded Devices		1,984		166		209		43
Drugs Total			**19,772**		**1,648**		**1,834**		**186**
Other	Orthotics Direct Access	3,773	935	306	76	292	67	(14)	(9)
	Pathology Direct Access	2,722,543	6,330	221,345	515	237,942	550	16,597	35
	Add Back PCT QIPPs - Pathology Direct Access		247		103		0		(103)
	Radiology Direct Access	32,496	1,257	2,642	102	3,076	117	434	15
	Add Back PCT QIPPs - Radiology Direct Access		116		48		0		(48)
	Radiotherapy		4,499		366	(308)	377		11
	Radiotherapy IMRT		32		3	(10)	13		10
	Chemotherapy		2,837		231	(184)	197		(34)
	Pre-op Assessments	23,995	984	1,951	80	817	34	(1,134)	(46)
	Unbundled Activity		56		5	(4,272)	0		(5)
	Post Discharge Rehab	822	504	67	41	69	42	2	1
	Non PbR Block Items		7,358		613		620		7
	Other	50,397	1,400	4,164	116	3,192	142	(972)	26
Other Total			**26,555**		**2,297**		**2,159**		**(138)**
Adjustments	ESD Discount		(150)		(13)		(13)		(1)
	Audiology Hearing Aid Assessment Discount (re Pathway Tariff)		0		0		(19)		(19)
	SCAS Delays Penalties		0		0		(10)		(10)
	Best Practice Top Ups		0		0		100		100
	Non Elective Threshold		0		0		0		0
	Non Elective Readmissions		0		0		0		0
	Outpatient New to Follow Up Ratio		0		0		167		167
	OP Procedure to Daycase Ratio		0		0		0		0
	Contract Income Provision		0		0		(52)		(52)
	Contract Income Provision Release re 2011/12		0		0		73		73
	Add Back PCT QIPPs		0		(1,221)		0		1,221
	CQUINs		6,414		532		518		(14)
	PCT Transitional Funding		0		0		288		288
	Adjust re EPR Activity Errors		0		0		569		569
	Adjust re missing activity		0		0		500		500
	Adjust Budget to Top-Down Total		4,210		351		0		(351)
Adjustments Total			**10,474**		**(350)**		**2,121**		**2,471**
Other Income from Activites	TVIC Dermatology		1,923		160		140		(20)
	Change re Spells in Progress (vs M12 11-12)		0		0		8		8
	Oxford Morbid Obesity Service		328		27		30		3
	Bowel Screening		537		45		46		1
	Others		237		20		11		(9)
Other Income from Activities Total			**3,025**		**252**		**235**		**(18)**
TOTAL (= 'Income from Activities' per MARS)			**293,625**		**24,357**		**24,752**		**395**

Appendix (iii): Income from Activities by Point of Delivery – ytd

Agenda Item 4c)

All PCTs (including NCAs) April to August 2012

POD Group	POD Detail	Annual Contract (Activity)	Annual Contract (£'000)	YTD Mth 05 Contract (Activity)	YTD Mth 05 Contract (£'000)	YTD Mth 05 Actual (Activity)	YTD Mth 05 Actual (£'000)	YTD Var (Activity)	YTD Var (£'000)
A&E	Accident & Emergency	105,016	10,750	44,020	4,506	41,045	4,286	(2,975)	(220)
A&E Total			**10,750**		**4,506**		**4,286**		**(220)**
Outpatient	Outpatient FA Multi Prof Cons Led	3,392	670	1,406	278	1,545	324	139	46
	Outpatient FA Single Prof Cons Led	130,899	21,377	54,275	8,864	55,245	9,059	970	195
	Add Back PCT QIPPs - Outpatient FA Single Prof Cons Led		(58)		(24)		0		24
	Outpatient FA Single Prof Non-Cons Led	9,700	1,151	4,022	477	4,131	501	109	24
	Outpatient FUP Multi Prof Cons Led	6,447	620	2,673	257	2,779	289	106	32
	Add Back PCT QIPPs - Outpatient FUP Multi Prof Cons Led		37		15		0		(15)
	Outpatient FUP Single Prof Cons Led	230,856	23,813	95,721	9,874	90,815	9,465	(4,906)	(409)
	Add Back PCT QIPPs - Outpatient FUP Single Prof Cons Led		356		148		0		(148)
	Outpatient FUP Single Prof Non-Cons Led	59,458	3,281	24,653	1,360	26,831	1,518	2,178	158
	Non Face to Face	1,204	31	499	13	585	15	86	2
	Outpatient Procedures	22,457	5,817	9,311	2,412	8,504	2,082	(807)	(330)
	Add Back PCT QIPPs - Outpatient Procedures		(625)		(260)				260
Outpatient Total			**56,470**		**23,414**		**23,253**		**(161)**
Inpatient	Elective Inpatients	8,957	26,405	3,714	10,948	3,389	10,428	(325)	(520)
	Add Back PCT QIPPs - Elective		26		11		0		(11)
	Elective Excess Bed Days	2,381	638	987	265	503	130	(484)	(135)
	Day Cases	31,541	29,786	13,078	12,350	12,465	11,537	(613)	(813)
	Add Back PCT QIPPs - Day Cases		1,075		448		0		(448)
	Regular Day Admission	3,393	1,059	1,407	439	1,512	472	105	33
	Emergency Inpatients (Excluding Maternity)	27,784	61,178	11,646	25,644	12,229	27,967	583	2,323
	Add Back PCT QIPPs - Emergency Inpatients (Excluding Maternity)		2,484		1,035		0		(1,035)
	Maternity Inpatients	11,980	15,375	5,022	6,445	5,411	7,113	389	668
	Emergency Same Day	923	831	387	348	327	302	(60)	(46)
	Emergency Short Stay	2,721	2,030	1,141	851	1,155	830	14	(21)
	Emergency Excess Bed Days	15,332	3,938	6,427	1,651	7,189	1,849	762	198
	Maternity Excess Bed Days	1,319	595	553	249	358	161	(195)	(88)
	Rehab Bed Days	5,607	1,777	2,325	737	1,583	502	(742)	(235)
Inpatient Total			**147,197**		**61,421**		**61,291**		**(130)**
Critical Care	Adult Critical Care	3,365	4,774	1,411	2,001	1,636	2,232	225	231
	Neonatal Critical Care	5,807	3,521	2,434	1,476	2,223	1,438	(211)	(38)
Critical Care Total		**9,172**	**8,295**	**3,845**	**3,477**		**3,670**		**193**
Renal	Renal	76,249	10,630	31,770	4,429		4,487		58
	Renal EPO Drugs		457		190		201		11
Renal Total			**11,087**		**4,620**		**4,688**		**68**
Drugs	PbR Excluded Drugs		17,788		7,412		8,450		1,038
	PbR Excluded Devices		1,984		829		900		71
Drugs Total			**19,772**		**8,240**		**9,350**		**1,110**
Other	Orthotics Direct Access	3,773	935	1,564	388	1,523	351	(41)	(37)
	Pathology Direct Access	2,722,543	6,330	1,128,859	2,625	1,239,207	2,873	110,348	248
	Add Back PCT QIPPs - Pathology Direct Access		247		103		0		(103)
	Radiology Direct Access	32,496	1,257	13,474	521	15,885	596	2,411	75
	Add Back PCT QIPPs - Radiology Direct Access		116		48		0		(48)
	Radiotherapy		4,499		1,865		1,934		69
	Radiotherapy IMRT		32		13		13		(0)
	Chemotherapy		2,837		1,176		984		(192)
	Pre-op Assessments	23,995	984	9,949	408	7,291	299	(2,658)	(109)
	Unbundled Activity		56		23		0		(23)
	Post Discharge Rehab	822	504	341	209	69	42	(272)	(167)
	Non PbR Block Items		7,358		3,066		3,101		35
	Other	50,397	1,400	20,963	582	20,199	531	(764)	(51)
Other Total			**26,555**		**11,028**		**10,724**		**(304)**
Adjustments	ESD Discount		(150)		(63)		(63)		(1)
	Audiology Hearing Aid Assessment Discount (re Pathway Tariff)		0		0		(94)		(94)
	SCAS Delays Penalties		0		0		(52)		(52)
	Best Practice Top Ups		0		0		500		500
	Non Elective Threshold		0		0		0		0
	Non Elective Readmissions		0		0		0		0
	Outpatient Follow Up Activity Penalty		0		0		0		0
	OP Procedure to Daycase Ratio		0		0		0		0
	Contract Income Provision		0		0		(269)		(269)
	Contract Income Provision Release re 2011/12		0		0		73		73
	Add Back PCT QIPPs		0		0		0		0
	CQUINs		6,414		2,672		2,588		(84)
	PCT Transitional Funding		0		0		1,971		1,971
	Adjust re EPR Activity Errors		0		0		0		0
	Adjust re missing activity		0		0		500		500
	Adjust Budget to Top-Down Total		4,210		1,754		0		(1,754)
Adjustments Total			**10,474**		**4,364**		**5,154**		**790**
Other Income from Activites	TVIC Dermatology		1,923		801		778		(23)
	Change re Spells in Progress (vs M12 11-12)		0		0		(444)		(444)
	Oxford Morbid Obesity Service		328		137		126		(11)
	Bowel Screening		537		224		228		4
	Others		237		99		182		83
Other Income from Activities Total			**3,025**		**1,260**		**870**		**(390)**
TOTAL (= 'Income from Activities' per MARS)			**293,625**		**122,331**		**123,286**		**956**

Appendix (iv): Care Group Financial Reports

Month 05 2013 CFO

Urgent Care Group M05 2013

	Month			Year to Date		
	2013 Actual	2013 Budget	2013 Variance	2013 Actual	2013 Budget	2013 Variance
Income from activities (excl d&d)	7,528,125	7,727,683	(199,558)	40,393,956	38,481,699	1,912,257
Drugs Income	458,930	140,785	318,145	1,012,666	703,925	308,741
Other Patient Care Income	46,112	67,882	(21,770)	257,123	339,410	(82,287)
Other Operating Income	68,171	83,550	(15,379)	381,765	417,750	(35,985)
Other income	114,283	151,432	(37,149)	638,888	757,160	(118,272)
Total income	8,101,337	8,019,900	81,437	42,045,511	39,942,784	2,102,727
Pay	(5,209,537)	(4,903,227)	(306,310)	(25,933,383)	(24,927,978)	(1,005,405)
Pay as % of income	*-64%*	*-61%*	*-376%*	*-62%*	*-62%*	*-48%*
Drugs	(460,107)	(361,934)	(98,174)	(2,086,102)	(1,833,668)	(252,434)
Clinical Services and Supplies	(699,608)	(673,008)	(26,600)	(3,436,973)	(3,365,042)	(71,931)
General Services and Supplies	(62,730)	(62,111)	(619)	(380,742)	(310,556)	(70,186)
Establishment Expenses	(31,091)	(57,259)	26,168	(203,791)	(286,293)	82,503
Other Establishment Expenses	(1,942)	(3,433)	1,491	(14,561)	(17,165)	2,604
Prem, Trans & Fixed Plant	(9,211)	(14,720)	5,509	(36,394)	(73,598)	37,204
Leases	166	401	(235)	212	2,003	(1,791)
Miscellaneous Services	(41,450)	(38,069)	(3,381)	(135,053)	(220,574)	85,521
Other Non Pay (excl dep'n)	(83,528)	(113,080)	29,552	(389,587)	(595,627)	206,040
Total Non Pay (excl dep'n)	(1,305,973)	(1,210,133)	(95,840)	(6,293,404)	(6,104,893)	(188,511)
EBITDA	1,585,827	1,906,540	(320,713)	9,818,724	8,909,913	908,811
EBITDA margin	*20%*	*24%*	*-394%*	*23%*	*22%*	*43%*
Surplus/deficit	1,585,827	1,906,540	(320,713)	9,818,724	8,909,913	908,811

Income and Activity :

Income was £81k above target for August representing a decrease of £1,187k against July's favourable variance. This is mainly due to a correction of CDU income(for M3-M5) which has been re-allocated to the correct specialties in Month 5. Hence, Income from Activities is £200k below budget in August. Drugs Income shows a favourable variance of £318k in August offsetting the adverse variance in Income from Activities. However, this is caused by Devices Income now being recorded under Drugs Income rather than Income from Activities.

Pay :

Pay was £5.21m in August against a budget of £4.90m resulting in an adverse month 5 variance of £306k. This is primarily as a result of NHSP and agency nursing spend, which was £120k and £174k respectively, driven by the costs of staffing escalated beds supporting high admissions to the Trust. This represents an increase in temporary staff costs of £77k compared to July. Agency spend, in particular rose significantly as NHSP shifts could not be filled due to the holiday season. Nursing, running £349k over budget in month 5, remains the staff group with the highest overspend, this also has a significant proportion of the Urgent Care CIPs target within it. Other staff groups, such as PAMs, Scientists & PTBs and Admin & Management remain under budget, continuing the positive trend of the previous months.

Non Pay:

Non pay was £1.31m against a budget of £1.21m resulting in an adverse variance of £96k in August. Drugs are overspent by £98k in August, mainly in Gastroenterology due to an significant increase of PbR excluded drugs being dispensed on the wards, there is a backlog in invoicing for Infliximab of approximately £30k. In addition, the current drugs run rate in ICU is significantly over budget, accounting for £155k of the YTD overspent of £252k. Clinical Services and Supplies are overspent by £27k which is mainly due to one off repair expenditure in Radiology and the correction of a stock adjustment which is being released over the remainder of the Financial Year. These overspends are partly offset by underspend in Establishment Expenses (£26k) and Prem, Trans & Fixed Plant (£6k).

Action Points:

Continuing to link pay spend trends with activity and escalation beds and non pay with activity/daily admittance rates.
Ongoing monitoring of weekly available nursing staff budgets for temporary staffing, in line with driving down the temporary staffing costs.
Continuing to identify where pay and non pay expenditure is higher than Month 8 and Month 11 (of 2011/12) respectively.

Working with Cardiology to fully understand non pay issues and actions required.
Reconciling drugs income and PbR excluded drugs costs on a monthly basis.

Appendix (iv): Care Group Financial Reports

Month 05 CFO

Planned Care Group M05

	Month	Month		Year to date		
	2013 Actual	2013 Budget	2013 Variance	2013 Actual	2013 Budget	2013 Variance
Income from activities (excl d&d)	8,489,481	9,291,293	(801,812)	45,399,549	47,062,171	(1,662,622)
Drugs and devices income	1,102,035	633,345	468,690	3,991,888	3,166,725	825,163
Other Patient Care Income	222,932	74,977	147,955	1,002,689	374,885	627,804
Other Operating Income	108,076	106,242	1,834	521,645	471,327	50,318
Other income	331,008	181,219	149,789	1,524,333	846,212	678,121
Total income	9,922,524	10,105,857	(183,333)	50,915,770	51,075,108	(159,338)
Pay	(5,227,163)	(5,135,453)	(91,711)	(25,254,270)	(25,731,958)	477,688
Pay as % of income	*-53%*	*-51%*	*50%*	*-50%*	*-50%*	*-300%*
Drugs	(919,902)	(1,019,600)	99,699	(5,105,408)	(5,137,357)	31,949
Clinical Services and Supplies	(1,424,594)	(1,616,463)	191,869	(7,430,825)	(8,082,313)	651,488
General Services and Supplies	(51,575)	(75,753)	24,178	(389,028)	(378,764)	(10,265)
Establishment Expenses	(48,022)	(69,816)	21,794	(230,888)	(349,079)	118,191
Other Establishment Expenses	(332)	(6,048)	5,716	(5,180)	(30,241)	25,061
Prem, Trans & Fixed Plant	(80,833)	(31,243)	(49,590)	(180,614)	(156,213)	(24,400)
Leases	(43,369)	(43,650)	280	(206,798)	(218,249)	11,451
Miscellaneous Services	(224,810)	(231,411)	6,601	(1,245,920)	(1,240,116)	(5,805)
Other Non Pay (excl dep'n)	(397,366)	(382,167)	(15,199)	(1,869,399)	(1,993,897)	124,498
Total Non Pay (excl depn)	(2,793,436)	(3,093,983)	300,547	(14,794,660)	(15,592,331)	797,671
Surplus / deficit	1,901,925	1,876,421	25,503	10,866,840	9,750,819	1,116,020

Income and Activity :

Income is £802k behind plan for this month, most significantly in Head & Neck (£563k) and in the Berkshire Cancer Centre (£661k). Over performance in both private patient income drugs and devices is helping to offset this. In August factors such as Consultant annual leave and uncoded activity are significant factors in the drop in PCT income. Private patient income is ahead of target by £136k in August & £627k year to date, the majority of this over performance is in the Berkshire Cancer Centre.

Pay :

Pay was £5.23m in June against a budget of £5.15m resulting in an in month adverse variance of £92k. This is a significant change from the previous months favourable variance of £74k. The increase in costs in comparison to last month is in the Medical staffing and Admin & Clerical pay bands. A&C costs have increased by £29k compared to July, the majority of this relates to agency spend. Medical staffing costs have increased by £142k, the breakdown of this is as follows: £44k Consultants & £90k Specialist Registrars. The increase in consultant costs can be attributed to an R&D pay adjustment for M1-4 as well as payments for additional sessions. In August the number of Specialist Registrars increased and consequently their salary costs. EPR continues to be a pay pressure in Admin & Management pay lines.

Non Pay:

Non pay was £2.79m against a budget of £3.1m resulting in an in month favourable variance of £301k. There were three key reasons for this; Lucentis credit note received (£90k), lower outsourcing to private hospitals (£54k) and a reduction in spend in medical & Surgical equipment (£94k). Outsourcing costs are forecast to increase once the rolling program of theatre maintenance commences next year in addition to the Gynae theatres refurbishment extending timescale.

Action Points :

Resolving the recording of activity in EPR & clinic rebuilds
Moving away from the block contract in Chemotherapy towards PbR.
Monitoring of high cost non-rechargeable drugs especially Pegfilgrastim, Lenograstim & Ratiograstim
Monitoring of costs relating to the Decontamination project and theatres build
Monitoring of Agency & overtime costs in Medical Records against business case forecast

Appendix (iv): Care Group Financial Reports

Networked Care Group

	Month			Year to date		
	5 2013 Actual	5 2013 Budget	5 2013 Variance	YTD_M05 2013 Actual	YTD_M05 2013 Budget	YTD_M05 2013 Variance
Income from activities (excl drugs)	5,030,595	5,497,880	(467,285)	27,218,060	27,585,240	(367,180)
Drugs Income	963,903	708,129	255,774	4,345,324	3,540,645	804,679
Other Patient Care Income	51,646	61,783	(10,137)	305,094	308,915	(3,821)
Other Operating Income	180,859	114,250	66,609	833,078	631,133	201,945
Total Income	**6,227,002**	**6,382,042**	(155,040)	**32,701,555**	**32,065,933**	635,622
Medical Staff	(851,823)	(884,736)	32,913	(4,196,769)	(4,453,206)	256,437
Nursing	(898,864)	(931,546)	32,681	(4,504,655)	(4,691,589)	186,934
PAMs	(300,271)	(319,303)	19,032	(1,545,228)	(1,570,875)	25,647
Scientist and PTBs	(627,193)	(693,638)	66,445	(3,215,230)	(3,464,718)	249,488
Pharmacists	(173,107)	(189,817)	16,709	(862,513)	(947,761)	85,248
Admin & Management	(231,629)	(246,798)	15,168	(1,175,448)	(1,274,746)	99,298
Ancillary & Maintenance	(10,206)	(8,538)	(1,668)	(52,744)	(42,688)	(10,056)
Other Pay	15,637	145,653	(130,016)	86,278	725,452	(639,175)
Total Pay	**(3,077,456)**	**(3,128,721)**	51,265	**(15,466,309)**	**(15,720,130)**	253,821
Pay as % of income	*49%*	*49%*	*33%*	*47%*	*49%*	*-40%*
Contracted wte	*-931.73*	*-906.60*	(25)	*-931.58*	*-905.27*	(26)
Drugs	(1,330,135)	(1,022,495)	(307,640)	(5,976,717)	(5,250,677)	(726,040)
Clinical Services and Supplies	(972,280)	(926,189)	(46,090)	(4,793,631)	(4,635,493)	(158,138)
General Services and Supplies	(30,166)	(22,855)	(7,311)	(145,028)	(114,274)	(30,754)
Establishment Expenses	(43,004)	(38,942)	(4,062)	(204,998)	(194,709)	(10,289)
Other Establishment Expenses	(1,008)	(4,689)	3,681	(12,712)	(21,597)	8,885
Prem, Trans & Fixed Plant	(1,354)	(47,537)	46,183	(161,518)	(239,630)	78,112
Leases	(0)	(3,403)	3,402	(349)	(17,013)	16,663
Miscellaneous Services (Excl Internal Recharges)	(109,614)	(112,606)	2,992	(163,536)	(343,186)	179,651
Internal Recharges	5,051	(24,265)	29,317	(85,397)	(121,388)	35,991
Total Non Pay (excl depn)	**(2,482,509)**	**(2,202,981)**	**(279,528)**	**(11,543,886)**	**(10,937,967)**	**(605,919)**
Total Surplus (Loss)	**667,038**	**1,050,341**	**(383,302)**	**5,691,360**	**5,407,836**	**283,525**
Margin (Surplus/ Loss as a % income)	*11%*	*17%*	*247%*	*17%*	*17%*	*45%*

Income and Activity	Actions
The income figures this month continue to be affected by the activity reporting on the Cerner Millenium system.	
Renal Central Income from Activities: Was a discrepancy between pricing basis and activity measurement basis (per week vs per month). This issue has been rectified in month, with 4 months income being retrospectively corrected (a between month reduction in income of £1.3m).	
NCG Nursing Income from Activities: month 05 income in adult nursing medicine is £911k, and overall increase of £1.2m compared to last month. There has been a catch up this month in respect of NEL General Medicine activity income. Last month July activity was recorded as 4 episodes, this has since been updated and the July activity level is now reported at 104 episodes.	
Drugs Income Is £805k above target at year to date month 05. £131k represents year to date devices income that was previously coded to PCT income in previous months.	
Pay	
Medical Staff: Consultant locum costs were £29k for the month (£8k each in Endocrinology & Microbiology, £5k in Dermatology & £8k in Elderly Care).	
Nursing: the costs remain under budget as we have seen each month. This under-spend will decrease as we escalate in the next months and we account for invoices for one to one care.	
Pharmacists: Four ward based pharmacists have been appointed, with the timescale of being fully functioning on the wards by mid-Sept.	
Admin: There has been a slight increase in admin Band 2and agency costs reflecting the additional admin support for inputting records to EPR (£6k). The ASM vacancy was filled and employment started the last week in August.	
Non Pay	
Drugs: Drugs expenditure is the highest it has been throughout 2012 at £1.330m. Correspondingly there is the highest income for rechargeable drugs at £964k (72%).	With the introduction of JAC, there have been significant stock adjustments due to incorrect Unit of measure and order prices. JAC is set to default all the price queries and stock adjustments to the Pharmacy depart. This will have a cost pressure on Pharmacy. Only by resolving the unpaid pharmaceutical invoices will this cost pressure reduce. (£136k)
Clinical Services & Supplies: £46k over-spent against budget in August, driven in the main by: £88k of consumable products receipted in the Windsor dialysis Unit, which will be/have been used over a longer time period and a backlog of invoices re wig purchases (Est £32k).	The Ambulatory care team have discovered that we are supplying wigs above the NHS guidelines, which cost £32k from Feb until August. The process of the Trust supplying wigs is being re-written by the Matron & DM, and this needs to approved and adopted in the next month.
Miscellaneous Services: The lab tests for GUM include charges incurred for CD4 tests at the Churchill (£24k) and pathology (£59k). These fluctuate due to timing of ordering but this is an area we are actively trying to reduce spend.	
Key Actions for 2012-13	**Key Actions for 2013-14**
Working with Assura and the RBFT contracts team to tender for the TVIC dermatology contract in Sept 2012.	Oxfordshire PCT/CCG have commissioned a new weight loss service to start form 1st September to 31st August 2013 (£60k income and £28k Band 4 & £10k office hire, plus £2.6k office costs) [not in current forecast].
Ensure the Windsor renal unit is on target to achieve the forecast savings. This includes reconfiguring the staffing shifts and filling the substantive posts to reduce overtime costs by Sept.	
Measurement of the financial impact of the Audiology AQP in September 2012 and the mitigating actions.	

Appendix (v): Statement of Financial Position

	June 12	July 12	August 12	BUDGET August 12
Assets	£000	£m	£m	£000
Assets, Non-Current				
Intangible Assets, Net	22,897	25,564	25,411	30,008
Property, Plant and Equipment, Net	209,461	206,439	206,251	201,838
Other Receivables, Non-Current	1,217	1,188	1,147	1,100
Assets, Non-Current, Total	**233,575**	**233,191**	**232,809**	**232,946**
Assets, Current				
Inventories	4,681	4,808	4,672	4,500
NHS Trade Receivables, Current	3,249	1,874	1,540	2,750
Non-NHS Trade Receivables, Current	2,481	2,463	2,440	2,900
Other Receivables, Current	2,164	1,042	2,283	1,100
Accrued Income	4,577	7,927	9,738	2,300
Prepayments, Current, non-PFI related	4,018	3,894	4,920	3,200
Cash and Cash Equivalents, **Total**	32,253	28,984	26,307	27,000
Assets held for sale	0	0	2,494	0
Assets, Current, Total	**53,423**	**50,992**	**54,394**	**43,750**
ASSETS, TOTAL	**286,998**	**284,183**	**287,203**	**276,696**
Liabilities				
Loans, non-commercial, Current (DH, FTFF, NLF, etc)	(3,669)	(3,669)	(3,669)	(2,818)
Provisions, Current	(7,086)	(8,655)	(8,635)	(500)
Current Tax Payables	(3,827)	(3,887)	(3,820)	(3,850)
Trade Creditors, Current	(6,094)	(4,405)	(5,770)	(6,500)
Other Creditors, Current	(2,385)	(2,351)	(2,328)	(2,300)
Capital Creditors, Current	(5,237)	(5,215)	(4,298)	(5,995)
Accruals, Current	(19,563)	(16,232)	(19,935)	(12,796)
Payments on Account	(2,695)	(2,524)	(2,159)	(2,600)
Finance Leases, Current	(4)	0	0	(6)
PDC dividend creditor, Current	(1,445)	(1,927)	(2,409)	(2,394)
Interest payable on non-commercial interest bearing borrowings, current	(61)	(182)	(304)	(300)
Liabilities Current, Total	**(52,066)**	**(49,047)**	**(53,327)**	**(40,059)**
NET CURRENT ASSETS (LIABILITIES)	**1,357**	**1,945**	**1,067**	**3,691**
Loans, Non-Current non-commercial (DH, FTFF, NLF, etc)	(36,078)	(36,078)	(36,078)	(36,929)
Deferred Government Grant Income, Non-Current	0	0	0	
Provisions, Non-Current	(467)	(467)	(467)	(480)
Trade and Other Payables, Non-Current	(2,732)	(2,732)	(2,800)	(2,460)
Finance Leases, Non-current	(24)	(29)	(29)	(22)
Liabilities Non-Current, Total	**(39,301)**	**(39,306)**	**(39,374)**	**(39,891)**
TOTAL ASSETS EMPLOYED	**195,631**	**195,830**	**194,502**	**196,746**
Taxpayers' and Others' Equity				
Taxpayers' Equity				
Public Dividend Capital	156,534	156,548	156,548	156,534
Retained Earnings (Accumulated Losses)	12,063	12,249	10,922	13,177
Donated Asset Reserve	0	0	0	
Other Reserves				
Revaluation Reserve	26,545	26,545	26,545	26,545
Miscellaneous Other Reserves	490	490	490	490
TAXPAYERS' EQUITY, TOTAL	**195,632**	**195,832**	**194,505**	**196,746**
TOTAL ASSETS EMPLOYED	**195,631**	**195,830**	**194,502**	**196,746**
Other information				
Working Capital Facility				
Committed Working Capital facility in place	**20,000**	**20,000**	**20,000**	**20,000**

Appendix (vi): Cash Flow Statement

Cash Flow for Board - August 2012

	YTD July 2012 Actual £000	Aug 2012 Actual £000	YTD Aug 2012 Actual £000	YTD Aug 2012 Budget £000
Opening cash Balance	**36,797**	**28,984**	**36,797**	**36,797**
Income	106,260	26,889	133,149	**130,980**
Expenditure (excluding depreciation)	(100,081)	(26,240)	(126,321)	**(121,993)**
Cash generated	**6,178**	**649**	**6,828**	**8,987**
Working Capital				
(Increase)/decrease in inventories	(197)	136	(61)	**111**
(Increase)/decrease in receivables	(8,509)	(3,680)	(12,189)	**(3,456)**
(Increase)/decrease in asssets held for sale				
Increase/(decrease) in payables	(587)	4,713	4,126	**(9,957)**
	(9,293)	**1,168**	**(8,124)**	**(13,302)**
Capex (Capital expenditure)	**(6,078)**	**(4,474)**	**(10,552)**	**(6,178)**
PDC paid	**0**	**0**	**0**	**0**
Financial Activity				
Interest income/ Expense	(469)	(88)	(556)	**(430)**
Other	933	67	1,000	**210**
	464	**(20)**	**444**	**(220)**
Loan Drawdown	**2,000**	**0**	**2,000**	**2,000**
Loan (Repayment)	**(1,084)**	**0**	**(1,084)**	**(1,084)**
Net increase / (decrease) in cash	**(7,813)**	**(2,677)**	**(10,490)**	**(9,797)**
Closing Cash Balance	**28,984**	**26,307**	**26,307**	**27,000**

Appendix (vii): Capital Expenditure Summary

August 12 Performance against capital budgets is shown in

	2012/13 Original Plan	2012/13 Revised Forecast	Year to Date Budget	Spend to Date	Commit-ments	Orders to be raised
	£m	£m	£m	£m	£m	£m
Medical Equipment	1.50	2.04	0.53	(0.54)	(0.51)	(0.99)
Safety, regulatory , sustainability projects	4.60	4.60	0.80	(0.95)	(0.59)	(3.06)
Rushey Birthing Centre	1.05	1.05	0.90	(0.95)	(0.01)	(0.09)
EPR / IT	7.90	5.62	3.30	(5.33)	(0.07)	(0.22)
Other smaller projects	1.85	1.85	0.65	(0.24)	(0.26)	(1.35)
IT Infrastructure	2.40	4.40	0.00	0.00	0.00	(4.40)
Target Reduction	0.00	(0.26)	0.00	0.00	0.00	0.26
Sub Total	**19.30**	**19.30**	**6.18**	**(8.01)**	**(1.44)**	**(9.85)**

Appendix (viii): Financial Risk Rating

Risk Ratings August 2012

		Weighting in FRR calculation	Period to date
Underlying performance			
	EBITDA Margin metric		5.1%
	EBITDA Margin rating	25%	**3**
Achievement of plan			
	EBITDA % of plan achived metric		75.3%
	EBITDA % of plan achieved rating	10%	**3**
Financial Efficiency			
	Net return after Financing metric		-2.7%
	Net return after financing rating	20%	**2**
	IS Surplus margin metric		-2.0%
	IS Surplus margin rating	20%	**2**
	Financial Efficiency		**2**
Liquidity			
	Liquidity days metric (WCF limited to 30 days)		16.5
	Liquidity days rating	25%	**3**
Weighted Average Rating			**2.6**

	Last Month	Current
Quick Ratio	**0.94**	**0.93**

Appendix (ix): Patient Level Reporting

- Patient level reporting excluding all impairments and exceptional items
- Indirect costs allocated on the basis of conversations with budget holders and reference to HFMA guidelines
- More details on allocation basis to be made available – next step is to identify owners for these to enable future management of changes

Patient Level Reporting £

		Full Yr 2011/12				Q1 2012/13				
Care group	Specialty	Total Income	Total Cost - All Impairment	Total Profit / (Loss) - All Impairments	Margin	Total Income	Total Cost	Total Profit / (Loss)	Margin	YoY Margin Variance
Networked	Audiological Medicine	3,458,704	(2,587,591)	871,113	25.2%	878,350	(724,293)	154,058	18%	-8%
Networked	Clinical Haematology	7,376,892	(7,356,438)	20,454	0.3%	1,867,556	(2,078,053)	(210,498)	-11%	-12%
Networked	Clinical Oncology	19,745,937	(23,095,244)	(3,349,308)	-17.0%	5,204,981	(6,063,311)	(858,329)	-16%	0%
Networked	Dermatology	2,457,704	(2,495,108)	(37,404)	-1.5%	693,115	(606,352)	86,764	13%	14%
Networked	Endocrinology	2,027,178	(2,384,868)	(357,690)	-17.6%	401,947	(486,940)	(84,993)	-21%	-4%
Networked	Geriatric Medicine	15,019,371	(15,662,611)	(643,240)	-4.3%	3,843,720	(3,930,087)	(86,367)	-2%	2%
Networked	GUM	4,992,559	(4,138,684)	853,874	17.1%	1,081,586	(1,078,654)	2,932	0%	-17%
Networked	Neurology	4,688,008	(4,261,267)	426,741	9.1%	892,406	(998,125)	(105,719)	-12%	-21%
Networked	Pain Management	725,591	(668,905)	56,686	7.8%	206,132	(214,612)	(8,480)	-4%	-12%
Networked	Rehabilitation	2,341,249	(2,774,488)	(433,240)	-18.5%	574,740	(677,687)	(102,947)	-18%	1%
Networked	Renal	15,965,271	(15,928,127)	37,144	0.2%	3,951,844	(4,031,189)	(79,345)	-2%	-2%
Networked	Rheumatology	5,683,661	(6,080,123)	(396,463)	-7.0%	1,562,859	(1,620,921)	(58,062)	-4%	3%
Networked	Wheel Chair Clinic	863,550	(942,194)	(78,644)	-9.1%	269,082	(259,173)	9,909	4%	13%
Networked	Sue Ryder	378,957	(400,702)	(21,745)	-5.7%	126,110	(106,380)	19,730	16%	21%
Networked total		**85,724,630**	**(88,776,351)**	**(3,051,722)**	-3.6%	**21,554,429**	**(22,875,776)**	**(1,321,347)**	-6%	-3%
Planned	Anaesthetics	135,127	(155,965)	(20,838)	-15.4%	54,515	(98,938)	(44,423)	-81%	-66%
Planned	ENT	5,793,515	(6,738,376)	(944,861)	-16.3%	1,415,466	(1,704,677)	(289,211)	-20%	-4%
Planned	General Surgery	23,173,720	(23,301,254)	(127,534)	-0.6%	5,556,541	(5,615,899)	(59,358)	-1%	-1%
Planned	Gynaecology	7,572,633	(7,551,831)	20,802	0.3%	1,760,207	(1,876,968)	(116,760)	-7%	-7%
Planned	Ophthalmology	21,206,675	(19,588,794)	1,617,881	7.6%	4,917,580	(4,866,260)	51,319	1%	-7%
Planned	Oral Surgery	2,978,062	(3,084,429)	(106,368)	-3.6%	701,764	(726,321)	(24,557)	-3%	0%
Planned	Plastic Surgery	484,093	(520,272)	(36,179)	-7.5%	124,178	(130,224)	(6,047)	-5%	3%
Planned	Thoracic Medicine	6,167,728	(6,123,503)	44,226	0.7%	1,708,249	(1,664,894)	43,356	3%	2%
Planned	Urology	10,403,867	(9,179,326)	1,224,541	11.8%	2,447,828	(2,361,463)	86,364	4%	-8%
Planned total		**77,915,421**	**(76,243,750)**	**1,671,671**	2.1%	**18,686,327**	**(19,045,644)**	**(359,317)**	-2%	-4%
Urgent	Accident & Emergency	10,840,106	(13,726,834)	(2,886,728)	-26.6%	2,839,450	(3,810,280)	(970,830)	-34%	-8%
Urgent	Breast Screening	1,264,702	(1,186,330)	78,373	6.2%	444,390	(318,032)	126,358	28%	22%
Urgent	Cardiology	13,886,625	(10,476,109)	3,410,516	24.6%	3,625,839	(2,945,302)	680,537	19%	-6%
Urgent	Critical Care Medicine	6,693,032	(7,348,457)	(655,425)	-9.8%	1,802,068	(1,861,806)	(59,738)	-3%	6%
Urgent	Gastroenterology	9,821,245	(9,102,894)	718,351	7.3%	2,680,252	(2,571,419)	108,833	4%	-3%
Urgent	Obstetrics	25,741,133	(26,695,466)	(954,333)	-3.7%	6,103,600	(6,856,567)	(752,967)	-12%	-9%
Urgent	Paediatric Community Nursing	552,973	(618,793)	(65,820)	-11.9%	133,322	(171,900)	(38,579)	-29%	-17%
Urgent	Paediatric Medicine	16,656,575	(16,635,488)	21,087	0.1%	3,649,917	(4,031,898)	(381,981)	-10%	-11%
Urgent	Radiology	1,997,391	(663,770)	1,333,622	66.8%	374,370	(152,063)	222,307	59%	-7%
Urgent total		**87,453,783**	**(86,454,141)**	**999,642**	1.1%	**21,653,208**	**(22,719,266)**	**(1,066,058)**	-5%	-6%
Other	Non Specialty Specific	593,580	0	593,580	100.0%	1,404,558	(79,563)	1,324,995	94%	-6%
Other	Trauma & Orthopaedics	40,981,425	(40,431,830)	549,595	1.3%	9,732,252	(10,070,145)	(337,894)	-3%	-5%
Other	Direct Access	10,233,374	(11,782,893)	(1,549,519)	-15.1%	2,539,225	(3,312,536)	(773,311)	-30%	-15%
Other	General Medicine	13,901,042	(12,092,118)	1,808,924	13.0%	3,442,681	(2,392,785)	1,049,896	30%	17%
Other total		**65,709,421**	**(64,306,841)**	**1,402,580**	2.1%	**17,118,716**	**(15,855,029)**	**1,263,686**	7%	5%
Total		**316,803,254**	**(315,781,083)**	**1,022,171**	0.3%	**79,012,679**	**(80,495,715)**	**(1,483,036)**	-2%	-2%

Royal Berkshire NHS Foundation Trust **Agenda Item 4 d)**

Board of Directors

Title: **Chief Executive's Report**

Date: **2 October 2012**

Lead: **Ed Donald**

Purpose: **To report on the key issues and action being taken to deliver the Trust's strategic objectives, governance and financial risk ratings in support of the Trusts vision to deliver the best healthcare in the UK for patients in our community.**

Key Points:

- **Strategic issues** – the cabinet re-shuffle is not expected to result in a change of health policy prior to the next election. There is commissioner support to find an alternative solution for Royal Berkshire Bracknell Clinic (RBBC) which complements the Shaping the Future strategy and is financially sustainable. The Trust continues to play its part in the development of new employer led organisations such as the academic health science network and the local education and training board.
- **Governance issues** – the Integrated Performance Report identifies the key risks and action being taken to ensure the governance rating does not deteriorate from amber/ red. Electronic Patient Record (EPR) implementation continues to have a significant impact on the Trust's ability to deliver these standards for patients, although the position is stabilising. The Safety and Quality report shows the progress being made in relation to the Quality Account objectives. The Trust remains in the expected range for the Standardised Hospital Mortality Indicator, with upper quartile performance in clinical efficiency, clinical effectiveness and infection rates for our case-mix.
- **Financial issues** – the financial position at the end of August was a FRR 2.7 and a year to date deficit of £2.8m compared to a planned deficit of £0.1m. The key issues driving this position are the cost of delayed discharges, under performance on elective activity, cost savings behind plan and increasing costs associated with stabilising EPR. The Integrated Performance Report and Finance Directors report sets out the action being taken to address these issues by the executive team. The forecast for 2012/13 remains a FRR 3.
- **Trust news** – the Trust received top marks for its cancer services from patients. The midwifery-led birthing unit has opened on Rushey ward to time, budget and positive feedback from the local media.

Decision required: The Board is asked to NOTE the report.

FOI Status This report will be made available on request

1.0 Context

1.1 The Audit Commission published its report into the finances of the NHS for 2011/12 and identified that a surplus of £1.6b had been achieved nationally whilst more FTs in London, outer London and the south east had gone into deficit or were struggling to cope financially. The NHS is estimated to make a £2-4b surplus in 2012/13.

1.2 The final report of the Mid Staffordshire Francis Inquiry has been delayed until Parliament returns in January 2013.

1.3 The Royal College of Physicians published *'Hospitals on the Edge'* which identified that hospitals across the NHS are struggling to cope with the challenge of an aging population and increasing emergency admissions when a third of all hospital and community beds have been closed in the past 20 years. Bed capacity is the key issue locally limiting the Trusts ability to deliver the emergency care standards. The Urgent Care Network is addressing this by commissioning an additional 50 community placements.

2.0 Strategic issues

2.1 **Cabinet re-shuffle** – Jermey Hunt has been appointed Secretary of State for Health and Rob Wilson MP has been appointed as his Permanent Private Secretary. Alok Sharma MP has been appointed as one of the Conservative party vice Chairman. It is not expected that these changes signal a significant change in health policy. Andy Burnham MP remains as the opposition spokesman for the NHS.

2.2 **Shaping the Future** – Clinical Commissioning Groups (CCGs) in east Berkshire have made it clear that they will not support day surgery at the RBBC. This means that the partnership model with Frimley, which included a £5m to £8m capital contribution will not proceed. The executive is discussing alternative solutions with commissioners on 26 September. There is a joint commitment to find alternative uses for the RBBC that better fit the Shaping the Future strategy and funding arrangements that reduce the current £4m per annum losses.

2.3 **RBFT 5 year strategy** – the executive has started this work with a market assessment away day. The timetable and plan will be shared at the Board and Council of Governors seminar scheduled for 16 October to receive feedback and agree how to effectively engage staff and key stakeholders. The Care Groups are developing strategic options that follow from this assessment and will present these to the Board at a workshop to be scheduled for late October/ early November 2012.

2.4 **Pathology partnership** – the steering board met on 14 September and agreed not to proceed with the commercial partner IPP. The basis of this decision, next steps and a recommended way forward are covered in a separate report to the Board.

2.5 **Employer led organisations** – the Trust and partners from across Berkshire are founder members of the Oxford Academic Health Science Network. The network is seeking formal designation, which will be a requirement for CQUIN funding in the future, worth £6.5m to the Trust this year. The aim of the network is to create a community of common interest that seeks to achieve health and wealth creation across Thames valley by deploying the latest research breakthroughs through a highly skilled and motivated workforce, for the benefit of patients and the local economy. The Thames Valley Local Education and Training Board is also being formally established, with a budget of £150m, 4 000 students and responsibility for funding continuing professional development.

3.0 Operating environment

3.1 The Trust has faced an extremely challenging first 5 months of the year. There has been a 3% increase in the number of emergency admissions year on year, which has been challenging operationally and reduces the Trusts EBITDA. Patients medically fit for transfer have continued to be delayed in their transfer of care. This represents 8% of the Trusts bed capacity or 60 beds. This is the second highest rate in the region, with 20 patients per 100,000 population officially delayed in their discharge. In addition the EPR launch plus reduced theatre and endoscopy capacity have combined to negatively impact the Trusts governance and financial performance.

4.0 Governance issues

4.1 **Stage 2 review** - of the annual plan is focussing on financial stability and quality governance and is nearing completion. PWC, who are undertaking the review on behalf of Monitor, will be attending the October Board meeting. The final report is expected during October 2012.

4.2 The 4 hour A+E target and the 2 week wait suspected cancer target are forecast not to be delivered in Q2 with plans in place to get back on track by the end of Q3 in these areas. It should be noted that the A+E target will remain a significant risk through the remainder of 2012/13 as it is dependent on the Urgent Care Networks agreement to fund and open an additional 50 community beds rapidly. We continue to work closely with the network and Clinical Commissioning Groups to achieve this.

5.0 Finance issues

5.1 At the end of quarter 1 the Trust was rated FRR3 with the extra cost of significant patients delayed in their discharge, underlying issues in lower than planned activity and CIPs behind plan. These pressures continued in August along with EPR costs above budget as every effort was made to stabilise the system post go-live, to maintain safety and the normal running of the Trust. As a consequence, the Trust is £2.7m behind the budget plan year to date.

5.2 Immediate action has been taken with an activity and income recovery plan being finalised by the Planned Care Group which will be performance managed weekly. An EPR plan is being finalised which aims to restore the Trust to business as usual as quickly as possible and minimise the risk of an escalating overspend in this area. PWC will be conducting a review of clinical non-pay as the basis for a programme of work that aims to reduce costs back in line with peers.

5.3 In relation to CIPs, since 2010/11 a £30m QIPP contribution has been delivered by the Trust with quality as our organising principle. This has resulted in upper quartile clinical efficiency and effectiveness for existing models of care (see attachment 1). The challenge for the remainder of this year will be to drive further efficiency savings while developing a clinical services transformation programme that re-designs care pathways and models of care with partners.

5.4 To lead this work, a QIPP Programme Board, chaired by the Chief Executive, met on 27 September. The group will focus on delivery of the in year cost savings programme, which is currently forecast to be £3m behind plan at year end. A service transformation programme will also be developed and 'pump priming funds' will be discussed with the CCGs who have indicated their support of such an approach – recognising that there is limited scope for the Trust to make further efficiency savings of the scale needed in the years ahead.

5.5 A CIP recovery plan and quality impact assessment will be developed in the next few weeks for discussion and sign-off at the next Board meeting.

5. Trust News

5.1 Sadly Peter Phillips passed away in September. Peter was Chairman of the Royal Berks in the 1990s, when he was very much involved in the early planning of the consolidation of RBH and Battle Hospital onto one site.

5.2 Over 400 of our cancer patients completed the 2011/12 national cancer patient experience survey – we were rated in the top 20% for 22 of the questions. The story received positive coverage in the local press and on regional radio.

5.3 The Trust received positive news coverage across the board following the opening of the new Rushey Midwifery-led Unit. Journalists from the local press and regional radio and TV attended the media event showcasing the new facility. The maternity team also retained a level 2 insurance rating, which provides a solid platform to achieve a level 3 rating in the next 2 years.

5.4 Our staff have so far received three nominations for the Pride of Reading Awards. ICU has been nominated in the Healthcare Team of the Year category for its fundraising efforts over the last year. Staff on West Ward have also been nominated in this category. Nurse, Dean Linzey, is up for an award in the Health Worker category for his pioneering work tackling hepatitis C. The awards ceremony will take place on Friday 23 November.

Contact: Ed Donald, Chief Executive.

Phone: 0118 322 7230

RBFT clinical efficiency and effectiveness compared to similar size and case-mix Peer group

Table 1: Elective LoS March to August – 2012 (excluding 0 Los)

Division	Spells	Royal Berkshire	Peer
Total	3,683	3.1	4.1
CG1 - Urgent	152	3.6	3.3
CG3 - Networked	84	6.9	16.4
CG2 - Planned	3,447	3.0	3.7

Table 2: Non-elective LoS March 2012 to August 2012 (excluding 0 Los)

Division	Spells	Royal Berkshire	Peer
Total	16,243	6.1	6.9
CG1 - Urgent	8,355	4.5	4.3
CG3 - Networked	2,996	10.5	13.8
CG2 - Planned	4,892	6.3	7.3

Table 3: New to Follow Up March 2012 to August 2012

Division	Total Attendances	Royal Berkshire	Peer	HES National peer
Total	223,229	1 : 1.9	1 : 2.3	1.2.2
CG2 - Planned	122,254	1 : 2.2	1 : 2.0	
CG1 - Urgent	56,470	1 : 1.8	1 : 2.1	
CG3 - Networked	44,505	1 : 1.5	1 : 3.4	

Table 4: Readmissions March 2012 to August 2012

Division	Discharges Subsequently Readmitted	Royal Berkshire	Peer	Hes national peer
Total	2,364	5.5%	6.0%	5.8%
CG3 - Networked	432	9.0%	6.0%	
CG1 - Urgent	863	4.9%	5.4%	
CG2 - Planned	1,069	5.3%	6.2%	

Royal Berkshire NHS Foundation Trust

Board of Directors

Title: **Trust Board Assurance Framework and Corporate Risk Register**

Date: **2 October 2012**

Lead: **Keith Eales**

Purpose: To propose a revised system for the reporting of the Board Assurance Framework and Corporate risk register.

Key Points:

- A new approach is proposed for the preparation of the Board Assurance Framework and Corporate risk register.
- It is proposed that the Board Assurance Framework draws together risks associated with the delivery of the annual plan objectives and corporate and strategic risks escalated by the Executive
- A Corporate Risk Register is proposed which will comprise risks escalated from Care Group/Core Directorate risk registers
- The Corporate Risk Register will be reviewed by the Executive at monthly performance meetings with each of the Care Group Boards.
- The Corporate risk register and the BAF will also be reviewed monthly by the Executive Committee and quarterly by the Board.
- Using this approach, which has been endorsed by the Risk Management Committee, the Board Assurance Framework has been updated with identified gaps in controls/assurances where appropriate. Actions to address identified gaps have also been updated.
- The summary sheet, which draws together and ranks risks in the Board Assurance Framework highlights the following as being the most significant risks:
    - EPR and IT contract
    - National Access standards
    - Financial stability

Decision required The Board is asked to approve the revised processes for the Corporate Risk Register and Board Assurance Framework.

FOI Status This report will be made available on request.

1 Introduction

1.1 In response to a Board request, the system for reporting risk at a corporate level has been reviewed. This has drawn on the views of a Board workshop held since the last meeting.

1.2 It is suggested, in the light of this, that the the Board Assurance Framework (BAF) and the Corporate Risk Register (CRR) be separated.

1.3 It is proposed that the BAF is populated from two sources:

- Risks to Trust strategic objectives which are taken from Trust Annual Plan objectives.

- Risks of a strategic or key nature (those that impact upon the strategic objectives) that are identified by the Executive Committee from the Corporate Risk Register.

1.4 A summary page in the BAF ranks the risks by the current risk rating. It also maps the risks in the BAF.

1.5 The revised BAF has been developed taking into account recommendations made by the Trust's internal auditor, Price Waterhouse Cooper (PwC) report of June 2012.

1.6 The Board Assurance Framework and Corporate Risk Register, developed on the basis of this approach, were presented to and endorsed by the Risk Management Committee 3rd September 2012.

2 Progress

2.1 Since the meting of the Risk Management Committee, the content of the BAF has been developed particularly in respect of identifying the management controls in place to address those risks and where assurance is obtained for those controls. Where gaps in management controls or gaps in assurance were identified these have also been updated in the template document.

2.2 The. top risks in the BAF are:

- EPR and IT contract

- National Access standards
- Financial stability

Actions for each of these risks have been identified by the Executive owner.

2.3 There have been no risks escalated onto the BAF from the Corporate Risk Register.

2.4 The Corporate Risk Register has been updated by the Risk Manager following meetings with Care Group/Core Directors. A number of red risks have been escalated from the Care Group/Core Directorate risk registers onto the Corporate Risk Register and these will be discussed further at the monthly Executive performance review meetings.

2.5 The Corporate risk register will be reviewed monthly by the Executive Committee and quarterly by the Board.

3 Next steps

3.1 The Board Assurance Framework is a dynamic process. This requires continuous updating to ensure that all the information requirements are appropriately mapped, actions plans are developed and assigned where required.

3.2 Monthly meetings will be held with Care Group/Core Directors to ensure that further updates are made to the Board Assurance Framework and Corporate Risk Register.

4 Recommendations

4.1 The Board is asked to approve the revised processes for the Corporate Risk Register and Board Assurance Framework.

5 Attachment

5.1 The following is attached to this report:

(a) Appendix 1 - Board Assurance Framework

(b) Appendix 2 – Corporate Risk Register

Contact: Keith Eales, Director of Corporate Affairs
Phone: 0118 322 7788

Board Assurance Framework 2012/13

Appendix 1.

This report highlights the principle risks from the BAF and identified strategic risks from the Corporate risk register (none at September 2012). The summary risk profile is presented in two parts:

a) The chart below shows the Impact and Likelihood scores for each of the risks and displays these in a risk matrix format with their source (CRR/BAF). The references correspond to the chart references in the table to the right.

b) The table to the right gives a further summary of each risk, together with its current score (Sept 12) and trend data (3-month and 6-month). A direction of travel over the last 3 months is also displayed. More in-depth information on each risk can be viewed in the Trust-wide Board Assurance Framework document (BAF).

Likelihood \ Severity/Impact					
5	5	10	15	20	25
4	4	8	12	16 **BAF 2**	20 **BAF 7**
3	3	6	9	12	15 **BAF 8**
2	2	4	6 **BAF 1 BAF 10 BAF 11**	8 **BAF 3, BAF 5, BAF 6, BAF 9**	10
1	1	2	3 **BAF 12**	4	5 **BAF 4**

		Current score			Score trend				
Ref.	**Risk name**	**I**	**L**	**R**	**Prev. Month**	**3M ago**	**6M ago**	**3M Direction of travel**	**Date risk added**
BAF 7	EPR & IT contract	5	4	20				↔	Apr 12
BAF 2	National Access Standards	4	4	16				↑	Ap 12
BAF 8	Financial stability	5	3	15				↑	Apr 12
BAF 3	Operational losses from under utilisation of spokes	4	2	8				↔	Apr 12
BAF 5	Quality Account objectives	4	2	8				↔	Apr 12
BAF 6	Harm free care	4	2	8				↔	Apr 12
BAF 9	Clinical Services Strategy	4	2	8				↔	Apr 12
BAF 1	In-patient recommendation rate – 95%	3	2	6				↔	Apr 12
BAF 10	Real Estate Strategy -disposals	3	2	6				↔	Apr 12
BAF 11	Appraisal rate – 95%	3	2	6				↓	Apr 12
BAF 4	SHMI is 'as expected'	5	1	5				↓	Apr 12
BAF 12	Staff satisfaction and engagement	3	1	3				↓	Apr 12

BAF No.	Principle risks	Risk Owner
1	Failure to improve in-patient recommendation rate to 95%	DoN
2	Failure to deliver the national access standards set out in the NHS Constitution	CG Dir's
3	Risk of exposure to operational losses relating to utilisation at each of the Trust's spokes	Com. Dir.
4	Reduce morbidity and mortality rates in the Trust so that SHMI is 'as expected' by the end of Q2	MD
5	Quality Account objectives not met	MD
6	Failure to improve harm free care indicators by 10% for: a) Category 3&4 pressure ulcers developed in hospital b) Severe harm & death from falls in hospital c) UTI infections in patients with in-dwelling catheters d) Venus thrombo-embolism acquired in hospital	DoN
7	Continued implementation of EPR system and develop IT contract to ensure affordability and fitness for purpose.	DoF
8	Ensuring financial stability through: a) delivering a surplus of £3.2m b) achieving an FRR of 3 in 2012/13 c) maintaining a cash balance of £20m d) delivering sustainable efficiencies through a total CIPs programme of £12.5m	DoF
9	Clinical Services Strategy year 1	MD
10	Fail to deliver first year of Real Estate Strategy and reduce the size of the occupied floor are by 5% or 5,000 square metres.	DoE
11	Staff Compliance with the current appraisal system is inadequate. Failure to achieve an appraisal rate of 95%	DoW&OD
12	Fail to improve staff satisfaction scores from 3.46 to 3.5 & staff engagement scores from 3.71 to 3.75	DoW&OD

DoN – Director of Nursing
CG Dir's – Care Group Directors
Com. Dir. – Commercial Director
MD – Medical Director
DoF – Director of Finance
DoE – Director of Estates
DoW&OD – Director of Workforce and Organisational Development

Board Assurance Framework Template – 2012/13

Principle Risk: BAF 1. Failure to improve the in-patient recommendation rate to 95%
Lead Risk Owner: Director of Nursing

Date last reviewed: Sept 2012

Risk Rating	Initial	Current	Target (residual net risk score)	Target Date: Mar 2013		Current status: YTD indicator – 94%	
Impact	3	3	3				
Likelihood	2	2	2				
Rating	6	6	6				

Management Controls			Assurance specifically mapped to the management controls	
C1	➢ Leadership – Dir. of Nursing Planned Care		A2	➢ Regular monitoring of feedback on performance reported to Executive Committee/Trust Board through Integrated Performance Report
C2	➢ Co-ordination – Patient Experience Facilitator		A3	➢ Trust Governor representation on the Patient Experience Group
C3	➢ Patient Experience Committee - quarterly meetings		A4	➢ Patient Experience & Patient Safety Executive walk around (Every two weeks) – reports and actions if required
C4	➢ Patient Experience and Patient Safety Boards		A7	➢ Patient Partner Volunteers
C5	➢ Suggestion Box Meridian Patient Experience survey			
C6	➢ Kiosks located in public areas of RBH			
C7	➢ Feedback encouraged from patients through contact cards, Trust website – Tell us your views.			
C8	➢ Links with Complaints and PAL services			
Gaps in Control			Gaps in Assurance	

Action Plan

Action Description	Ref.	Date Due	By whom	Progress to date	Date Completed
No actions identified					

Principle Risk: BAF 2. Failure to deliver the national access standards set out in the NHS Constitution
Lead Risk Owner: Care Group Directors

Date last reviewed: Sept 2012

Risk Rating	Initial	Current	Target (residual net risk score)	Target Date: Mar 2013		16 access standard target indicators per 2012/13 Compliance Framework.	
Impact	4	4	4			Performance Q1 re-evaluated to 2.5 and now amber/red. Performance Q2 expected to improve to 1.5 and amber/green.	Cancer 62 day wait (1) 18w Incomplete pathways (1) Cancer 2 week (0.5)
Likelihood	2	4	2			**Note:** Where Monitor Governance rating score is 2 or more then risk will move to red.	
Rating	8	16	8				

Management Controls			Assurance specifically mapped to the management controls	
C1 C2 C3 C4 C5 C6	➢ Informatics Team ➢ Access Policy and Administration process ➢ Choose and Book process ➢ Weekly monitoring of information ➢ Data quality validation process ➢ Care Group Performance Review meetings with Executive Team		A1 - A6	➢ Performance reported to Board through IPR. ➢ Minutes of performance review meetings
Gaps in Control			**Gaps in Assurance**	
GC 2 Access Policy and Administration Process requires review and approval.				

Action Plan

Action Description	**Ref.**	**Date Due**	**By whom**	**Progress to date**	**Date Completed**
Review Access and Administration Policy	GC2	Nov 12	Dir. Ops. PCG	Policy currently being drafted.	

Principle Risk: BAF 3. Risk of exposure to operational losses relating to utilisation at each of the Trust's spokes (RBBC/WBCH)
Lead Risk Owner: Commercial Director

Date last reviewed: Sept 2012

Risk Rating	Initial	Current	Target (residual net risk score)	Target Date: Mar 2013		Current Status:	
Impact	4	4	4				
Likelihood	2	2	2				
Rating	8	8	8				

Management Controls			Assurance specifically mapped to the management controls	
C1 C2 C3	➢ Established Project Steering Group for RBBC Chaired by Director of Network Care. ➢ Monitor of market share data and % of patients seen at community sites ➢ Monitoring utilisation and profitability analysis		A2 - A3	➢ Monthly reporting of performance to Executive Committee and Board
Gaps in Control			Gaps in Assurance	

Action Plan

Action Description	Ref.	Date Due	By whom	Progress to date	Date Completed
Develop Marketing Plan		Mar 13	IS	Initial Project Plan developed. Market analysis of Bracknell/Ascot complete.	
Develop and maintain relationships with CCGs to promote quality of services at our community sites		Mar 13	IS	Developing Project Plan and pursuing colobaration with SHA and PCT for new business.	

Principle Risk: BAF 4. Reduce morbidity and mortality rates in the Trust so that SHMI is 'as expected' by the end of Q2
Lead Risk Owner: Medical Director

Date last reviewed: Sept 2012

Risk Rating	Initial	Current	Target (residual net risk score)	Target Date: Mar 2013		Current status: The SHMI for period Jan11-Dec11 is 1.07 (within expected range). Next update Oct 12.	
Impact	5	5	5				
Likelihood	1	1	1				
Rating	5	5	5				

Management Controls			Assurance specifically mapped to the management controls	
C1	Leadership: Medical Director & Head of Patient Safety		A1-A10	➢ Monthly reporting of performance to Board through Quality and Patient Safety Report and Integrated Performance Report ➢ Monthly internal monitoring crude mortality rate ➢ Patient Safety Council reports ➢ Trust Clinical Governance reports ➢ Trust Governor and Non Executive representation ➢ Patient representation Patient Safety Council and Clinical Governance Board ➢ Patient Safety Executive Walk around reports
C2	Coordination: Clinical Quality Unit Managers			
C3	Monthly monitoring HSMR/SHMI and flag to Care Group and Clinical Governance Leads			
C4	Dr Foster Outlier Review Group with patient level review			
C5				
C6	Continued monitoring of previous CQC alerts			
C7	CHKS top alert reviews			
C8	Biannual Mortality Template case note reviews			
C9	Trigger Tool			
C10	Patient Safety Team actions eg monthly hot topics Improvement Actions eg ABCDE, Better Training Better Care, Prevention Hospital Acquired Pneumonia Quality Improvement programme			
Gaps in Control			Gaps in Assurance	

Action Plan

Action Description	Ref.	Date Due	By whom	Progress to date	Date Completed
Continued monitoring of clinical effectiveness metrics outliers on a monthly basis		monthly	Head of Patient Safety	Report presented to Sept 2012 Executive Committee.	

Principle Risk: BAF 5. Quality Account objectives not met
Risk Owner: Medical Director

Date last reviewed: Sept 2012

Risk Rating	Initial	Current	Target (residual net risk score)	Target Date: Mar 2013		Complaints received relating to behaviour and attitude – target 4.3 – Inpatient survey question – involved in decisions about care and treatment – target average of 85 – YTD average is 86 Participation in NHS Choices online feedback – target 62 – YTD is 33	
Impact	4	4	4			Sepsis target 80% - July status 40%	
Likelihood	2	2	2			C Diff. July stretch target is 12 – YTD status is 7 reported cases.	
Rating	8	8	8			SHMI – As expected	

Management Controls			Assurance specifically mapped to the management controls	
C1	➢ Priorities for improvement o Providing a positive patient experience by improving staff courtesy and communication o Improving the outpatient experience o Reducing the number of patients who are infected with C Diff. while in hospital o Reducing harm from sepsis o Ensuring timely informed discharge		A1	➢ Monthly reporting to the Board through Integrated Performance report ➢ Patient survey ➢ Staff survey ➢ Patient experience and Patient Safety Executive walk around (alternate each week) ➢ Trust Infection Prevention & Control Committee reports ➢ Patient Safety Council reports
Gaps in Control			Gaps in Assurance	
GC 1 Little or no improvement in response times relating to complaints			GA1 Delay in antibiotic administration.	

Action Plan

Action Description	Ref.	Date Due	By whom	Progress to date	Date Completed
Develop a system for prioritising all patients including those with possible sepsis in ED and CDU.	GA1	Oct 12	MD	Action initiated	
Trustwide review of complaints process to be undertaken	GC1	Dec 12	DoN	Action initiated	

Principle Risk: BAF 6. Failure to improve harm free care indicators by 10% for:

a) Category 3&4 pressure ulcers developed in hospital
b) Severe harm & death from falls in hospital
c) UTI infections in patients with in-dwelling catheters
d) Venus thrombo-embolism acquired in hospital

Lead Risk Owner: Director of Nursing

Date last reviewed: Sept 2012

Risk Rating	Initial	Current	Target (residual net risk score)	Target Date: Mar 2013		Current status: Overall 'harm free' indicator Aug 12 is 93% - ref: nhs safety thermometer	
Impact	4	4	4				
Likelihood	2	2	2				
Rating	8	8	8				

Management Controls			Assurance specifically mapped to the management controls	
C1	➢ Designated Tissue Viability Nurse Consultant		A1 – A5	➢ Minutes of Steering Group meetings
C2	➢ Pressure Ulcer Steering Group		A5	➢ Internal Audit of Infection Control Monitoring – Sept 2011
C3	➢ Designated Falls Prevention Lead			
C4	➢ Falls Prevention Steering Group		A6, A7	➢ Monthly reporting of performance to Board through Quality and Patient Safety Report.
C5	➢ Infection Prevention and Control Team			➢ NHS Safety Thermometer – Supporting 'harm free' care
C6	➢ Quality Improvement Team			
C7	➢ Care Bundle Assessment protocols, PU, Falls, VTE			

Gaps in Control		Gaps in Assurance
GC1 Pressure Ulcer Prevention Group meetings GC2 Pressure Ulcer Prevention and Management Care bundle to be updated.		

Action Plan

Action Description	Ref.	Date Due	By whom	Progress to date	Date Completed
Re-launch Pressure Ulcer Prevention Group	GC1	Oct 12	DoN	Action initiated	
Implement new Pressure Ulcer Prevention and Management Care Bundle and continuation of education and training programme	GC2	Oct 12	DoN	Action initiated	

Principle Risk: BAF 7. Continued implementation of EPR system and develop IT contract to ensure affordability and fitness for purpose. EPR implemented June 2012, risk now focused on post-implementation risks and mitigation

Lead Risk Owner: Director of Finance/Head of Informatics

Date last reviewed: Sept 2012

Risk Rating	Initial	Current	Target (residual net risk score)	Target Date: Mar 2013		Current status: Significant impact on clinic delays and waiting times. Trust wide action plan being finalised to mitigate the associated reputational, performance and financial risks	
Impact	5	5	5				
Likelihood	4	4	2				
Rating	20	20	10				

Management Controls			Assurance specifically mapped to the management controls	
C1 C2 C3 C4 C5	➢ Head of Informatics ➢ EPR Governance Committee ➢ Project Board ➢ Project risk register ➢ Project Plan		A3 A2 A3,A4, A5	➢ Regular monitoring of performance reported to Executive Committee by Head of Informatics – weekly ➢ Monthly reports by EPR Governance Committee to Executive Committee ➢ Internal Audit of project by PWC
Gaps in Control			**Gaps in Assurance**	
			GA3 Backlog of patient appointments and data corrections reported. GA2 Affordability of current contract with CSC.	

Action Plan

Action Description	Ref.	Date Due	By whom	Progress to date	Date Completed
Resolving the recording of activity in EPR and clinic rebuilds	GA3	March 2013	Care Groups	Revalidation of data process ongoing	
Renegotiate CSC Contract	GA2	October 2012	DoF	Initial scoping of services undertaken.	

Principle Risk: BAF 8. Ensuring financial stability through:

a) delivering a surplus of £3.2m
b) achieving an FRR of 3 in 2012/13
c) maintaining a cash balance of £20m
d) delivering sustainable efficiencies through a total CIPs programme of £12.5m

Lead Risk Owner: Director of Finance

Date last reviewed: Sept 2012

Risk Rating	Initial	Current	Target (residual net risk score)	Target Date: Mar 2013		Current status: Year to date deficit of £1.3m versus budget deficit of £0.4m; Year to date income of £106.3m, £1.0m better than budget;	
Impact	5	5	5			July year to date FRR 2.7 which rounds to a 3 for reporting purposes to Monitor;	
Likelihood	2	3	1			Cash of £28.9m, £1.0m better than budget;	
Rating	10	15	5			Year to date delivered CIPs total £2.1m, £0.5m behind plan, predominantly non pay	

Management Controls			Assurance specifically mapped to the management controls	
C1 C2 C3 C4	➢ Director of Finance ➢ Annual budget setting process ➢ Quarterly forecasting reviews ➢ Monthly performance reviews		A1 A4 A3,A4 A2,A3,A4	➢ Monthly reporting to the Board – Director of Finance Report ➢ Monthly Integrated Performance Report ➢ Quarterly return to Monitor ➢ Internal Audit work programme
Gaps in Control			**Gaps in Assurance**	
GC3 Management and forecasting of EPR costs.			GA4 Level of activity GA4 Income and CiP performance GA1 Transition funding from PCT	

Action Plan

Action Description	Ref.	Date Due	By whom	Progress to date	Date Completed
Assurance around level of activity	GA4	Dec 12	DOF	Action initiated	
Transition funding from PCT	GA1	Dec 12	DOF	Action initiated	
Delivery of income and CIPs	GA4	Mar 13	DOF	Action initiated	

Management of EPR support costs	GC3	Dec 12	DOF	Action initiated	

Principle Risk: BAF 9. Clinical Services Strategy Year 1
Lead Risk Owner: Medical Director

Date last reviewed: Sept 2012

Risk Rating	Initial	Current	Target (residual net risk score)	Target Date: Mar 2013			
Impact	4	4	4				
Likelihood	2	2	2				
Rating	8	8	8				

Management Controls			Assurance specifically mapped to the management controls	
C1	➢ Board approved Clinical Service Strategy		A1	➢ Board approval of Clinical Services Strategy
C2	➢ Established year 1 of Care Group Boards		A2	➢ Progress reporting to Executive Committee
C3	➢ Development of Care Group Board Annual Plans		A3	➢ Care Group Reports to Clinical Governance Committee
C4	➢ Engagement of Clinical specialities in forward developments		A4	➢ Trust Clinical Governance Board reports
C5	➢ Monthly performance reviews of Care Groups		A5	
Gaps in Control			**Gaps in Assurance**	
➢ Link to Quality accounts objectives			➢ Links to Quality Accounts Objectives ➢ Monthly performance reviews of care groups	

Action Plan

Action Description	**Ref.**	**Date Due**	**By whom**	**Progress to date**	**Date Completed**
Clinical Service Strategy to be approved by Board		May 12	MD	Completed	May 12
Quality Accounts, Clinical Services Strategy and Annual Plan mapping exercise	C4, A4	October 2012	CD, Head of Patient Safety, Care Group Boards		
CMO and CNO Quality and Safety Board Report incorporating Care Group specific reports	A5	October 2012	CMO, CNO		

Principle Risk: BAF 10. Fail to deliver first year of Real Estate Strategy and reduce the size of the occupied floor are by 5% or 5,000 square
Lead Risk Owner: Director of Estates

Date last reviewed: Sept 2012

Risk Rating	Initial	Current	Target (residual net risk score)	Target Date: Mar 2013		Current Status: Progressing with negotiations for disposals at Battle site.	
Impact	3	3	3				
Likelihood	2	2	2				
Rating	6	6	6				

Management Controls			Assurance specifically mapped to the management controls	
C1	➢	Director of Estates	A3	➢ Update reports to Executive Committee
C2	➢	Estates & Facilities Management Department	A3	➢ Internal Audit of Estates Strategy (July 12)
C3	➢	Real Estate Strategy and Disposals Plan		

Gaps in Control	Gaps in Assurance
	GA3 Recommendations identified from Internal Audit of Estates Strategy

Action Plan

Action Description	Ref.	Date Due	By whom	Progress to date	Date Completed
Management response to Internal Audit report recommendations	GA3	Sept 12	Dir. of Estates		

Principle Risk: BAF 11. Staff Compliance with the current appraisal system is inadequate. Failure to achieve an appraisal rate of 95%
Lead Risk Owner: Director of Workforce and Organisational Development

Date last reviewed: Sept 2012

Risk Rating	Initial	Current	Target (residual net risk score)	Target Date: Mar 2013 - 95%		Aug 12 appraisal rate – 65%	
Impact	3	3	3				
Likelihood	3	2	2				
Rating	9	6	6				

Management Controls			Assurance specifically mapped to the management controls	
C1	➢ Lead Director - Director of Workforce and Organisational Development		A2	➢ Weekly reports to managers/Directors
C2	➢ Appraisal Policy and Procedure		A2	➢ Monthly Integrated Performance report
C3	➢ Training for all appraisers			➢ National staff survey report
C4	➢ E-learning training for appraisers			➢ Training records of appraisers
C5	➢ Annual departmental action plans for completion			➢ Notes of HR Director meetings
	➢ Weekly monitoring with Care Group Directors of HR and Director of Organisational Development.			
Gaps in Control			**Gaps in Assurance**	
GC1 Appraisal completion rates within Planned Care Group continue to be of concern				

Action Plan

Action Description	Ref.	Date Due	By whom	Progress to date	Date Completed
Meetings being set up with respective Business Managers and Matrons to discuss plans to achieve the 95% completion rate by year end and to enable the tracking of progress against their plans	GC1	Oct 12	PCG Directors	Action initiated	

Principle Risk: BAF 12. Fail to improve staff satisfaction scores from 3.46 to 3.5 & staff engagement scores from 3.71 to 3.75
Lead Risk Owner: Director of Workforce and Organisational Development

Date last reviewed: Sept 2012

Risk Rating	Initial	Current	Target (residual net risk score)	Target Date: Mar 2013		Current scores; 3.46 (satisfaction) and 3.71 (engagement)	
Impact	3	3	3				
Likelihood	2	1	1				
Rating	6	3	3				

Management Controls			Assurance specifically mapped to the management controls	
C1 C2 C3 C4 C5 C6	➢ Lead Director - Director of Workforce and Organisational Development ➢ Appointment of Organisational Development and Employee Engagement Officer ➢ Clinically led structure ➢ Management Development Programme linked to new care groups ➢ Benefits package including child care and EAP support		A	➢ National Staff Survey report ➢ Monitoring of key staff metrics (Grievance, appraisal, sickness, exit interviews)
Gaps in Control			Gaps in Assurance	

Action Plan

Action Description	Ref.	Date Due	By whom	Progress to date	Date Completed
No actions identified					

RISK RATING MATRIX

Impact: Likelihood:	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Rare 1	Very Low 1	Very Low 2	Low 3	Low 4	Low 5
Unlikely 2	Very Low 2	Low 4	Low 6	Moderate 8	Moderate 10
Possible 3	Low 3	Low 6	Moderate 9	Moderate 12	High15
Highly likely 4	Low 4	Moderate 8	Moderate 12	High 16	High 20
Certain 5	Low 5	Moderate 10	High 15	High 20	High 25

ID/Cross Ref.	Source of risk (including, but not limited to, incident reports, risk assessments, local risk registers, and external recommendations)	Description of risk	Care Group/ Directorate	Date raised	Risk Category	Impact	Likelihood	Current risk rating	Summary risk treatment plan and progress update.	Expected date of Completion	Date of review	Risk owner	Residual risk rating
CRR 19	Risk Assessment	Patients queuing in corridors poor patient experience and clinical risk	Urgent Care Group/ Emergency Care	Feb-12	Clinical Quality & Patient Experience	5	4	20	Internal escalation plan pilot to queue patients on wards from 20th Feb 2012 and look to fund building of 4-6 extra bays to accommodate patients for assessment and triage	TBC	Sep-12	Clinical Director Matron and Urgent Care Board	5x2=10
CRR 11	NCG risk register	Financial risk from AQP commissioning - likely case (716k)	NCG	Jun-12	Financial	4	5	20	Business case submitted for mobile service unit to (a) meet mobilisation deadlines for surrounding AQP tenders (b) service hard to reach populations in Berks. Business case approved. AQP tender submitted with initial approval.	01/03/2013	Sep-12	Dir. Planned Care	4x3=12
CRR 16	Risk Assessment	Under-performance on NEL activity plan, in paediatrics and cardiology (£2.5M)	Urgent Care Group	Jul-12	Financial - Income Risk	4	5	20	Rigorous cost control in line with activity	Mar-13	Sep-12	Care Group Director / Care Group Director of Finance	4x2=8
CRR 17	Risk Assessment	Inability to close down winter escalation wards and inability to open in line with phased budget due to high level of activity.	Urgent/ Networked Care Group	Jul-12	Financial - Expenditure Risk	4	5	20	Discuss with PCT	Mar-13	Sep-12	CEO / Care Group Director / CFO	4x2=8
CRR 18	Risk Assessment	Operational impact on the management of patient services following EPR go-live	Urgent Care Group	Jul-12	EPR	4	5	20	Daily monitoring of backlogs through EPR dashboard	Sep-12	Sep-12	Care Group Director of Ops / Head of Informatics	4x2=8
CRR 22	Risk Assessment	System not supported by CSC, in-house support has been withdrawn, no contract with Cerner for on-going support or development. Risk of service failure.	Urgent Care Group/ Radiology	Jan-12	IT	4	5	20	Robust and appropriately resources system support to be in place	Sep 12	Sep-12	Elizabeth White, Director of information	4x1=4

ID/Cross Ref.	Source of risk (including, but not limited to, incident reports, risk assessments, local risk registers, and external recommendations)	Description of risk	Care Group/ Directorate	Date raised	Risk Category	Impact	Likelihood	Current risk rating	Summary risk treatment plan and progress update.	Expected date of Completion	Date of review	Risk owner	Residual risk rating
CRR 23	Risk Assessment	Table tilt non-functional (end-of-life issued by manufacturer), image quality unacceptable for diagnostic purposes, investigations now performed in Rooms 18 & 20. Risks include capacity issues, extended waiting times, delayed treatment, possible financial loss.	Urgent Care Group/ Radiology	Feb-12	Clinical care	4	5	20	Replacement of equipment in room 17	August 2012	Sep-12	Julie Cameron (Interim RSM), Medical Lead, Procurement Department	4x1=4
CRR 15	EFM risk register	Statutory engineering compliance risks	EFM	Aug-12	Engineering compliance	4	4	16	3 year capital replacement programme aimed specifically at Electrical, Medical gases and pressure systems. Immediate actions taken for electrical risk - Norland advised of immediate risk with electrical systems and safety following electrical survey report outcomes. - Developing interim plan to address high risk areas from electrical survey report. Further surveys are due for completion by 31 Oct 12 namely: Steam distribution Mains, Legionella risk assessment, Asbestos Containing Materials.	2014/15 Sept 2012	Sep-12	Dir. of EFM	4x2=8
CRR 20	Risk Assessment	Resus not adequately staffed for 4 patients, Current corridor queue not staffed, Observation bay not staffed and not staffed for mental health one to ones	Urgent Care Group/ Emergency Care	Feb-12	Workforce	5	3	15	Nursing Skill mix review required	Jun-12	Sep-12	Matron, Director of Nursing Clinical Director	5x2=10

ID/Cross Ref.	Source of risk (including, but not limited to, incident reports, risk assessments, local risk registers, and external recommendations)	Description of risk	Care Group/ Directorate	Date raised	Risk Category	Impact	Likelihood	Current risk rating	Summary risk treatment plan and progress update.	Expected date of Completion	Date of review	Risk owner	Residual risk rating
CRR 1	Risk assessment	Water Hygiene, control risks from Legionella	EFM	2010	Health & Safety	4	3	12	Monitoring regime ongoing with removal of filters in North Block and Maternity, except showers. Water system schematics being updated - review of risk assessment expected completion June 2012. No change in risk rating as further improvements are still necessary. Item on Executive, Risk Management Committee and Board agenda. Monthly Water Hygiene meetings, Independent External Advisor appointed, Mid term action plan being implemented with final actions almost complete, Long term strategic action plan being drafted. Further works necessary to reduce number of dead legs following survey and development of longer term strategic plan.	2013/14	Sep-12	Dir. of EFM	4x1=4
CRR 2	Risk assessment	Insufficient ICU capacity	Urgent Care	Jan-12	Clinical care	4	3	12	Case for change in principle agreed by Board. Included as part of Clinical Services Strategy.	2013/14	Sep-12	Dir. Urgent Care	4x2=8
CRR 4	HR risk register	Inability for ESR to provide reports on stat/mandatory training.	Workforce & OD	2010	Corporate information	4	3	12	Monitored by Executive Committee and Compliance Committee. Bi-monthly reports being produced and sent to managers/Directors for action.	Mar-13	Sep-12	Dir. Workforce & OD	4x2=8
CRR 5	Risk assessment	Non compliance with Firecode/RRO requirements	EFM	2008	Health & Safety	4	3	12	Confirmation received from Berkshire Fire Brigade of Trust wide agreed Fire action plan has been achieved. 2011 Annual Fire Safety Report presented to the Risk Management Committee - Feb 2012. Programme to review and update 2010 Fire risk assessments. Continued focus on improvements over 3 to 4 years required.	Ongoing process	Sep-12	Dir. of EFM	4x2=8

ID/Cross Ref.	Source of risk (including, but not limited to, incident reports, risk assessments, local risk registers, and external recommendations)	Description of risk	Care Group/ Directorate	Date raised	Risk Category	Impact	Likelihood	Current risk rating	Summary risk treatment plan and progress update.	Expected date of Completion	Date of review	Risk owner	Residual risk rating
CRR 7	Care Group CG report	Non-Emergency Patient transport service (SCAS) - reported incidents involving serious delays or miscommunications concerning patients transport to and from dialysis. Impacts on Patient Experience.	EFM	May-12	Clinical Quality & Patient Experience	4	3	12	Service commissioned by Berkshire shared service. Regular meetings with SCAS to discuss ongoing issues with the service but this seems to have deteriorated over recent months. Considering options to provide service outside current contract.	Sep-13	Sep-12	Dir. EFM	4x1=4
CRR 12	UCG risk register	Operational pressures in ED - high levels of activity - impact of EPR on patient care services	UCG/ED	Aug-12	Clinical care	4	3	12	In discussion with PCT on funding (£855k) - working with EPR team on improvements to Bedview, daily monitoring of backlogs through EPR dashboard	2012/13	Sep-12	Dir. Urgent Care	4x1=4
CRR 13	Risk assessment	Reputational risk arising from the release of investigation reports	Trust wide	Aug-12	Reputation	4	3	12	risk assessment of impact on trust to be undertaken prior to release of reports.	2012/13	Sep-12	Dir. Corporate Affairs	4x1=4
CRR 14	EFM risk register	High level of backlog maintenance liabilities	EFM	Aug-12	Engineering compliance	4	3	12	New engineering service provider - Norland Managed Services commenced Aug 12 - Backlog maintenance not expected to reduce until 2013/14	2013/14	Sep-12	Dir. of EFM	4x1=4
CRR 21	Risk Assessment	Due to capacity issues and also SCAS data issues we are not meeting the 15 minute hand over time and stand to be penalised £2.44 per minute over 30 minutes	Urgent Care Group/ Emergency Care	Feb-12	Clinical Quality & Patient Experience	4	3	12	Action plan in place Issues with SCAS data not fully addressed	ongoing	Sep-12	Clinical Director Urgent Care Board Matron and Directorate Manager	4x2=8
CRR 6	Risk assessment	Loss of bulk oxygen supply via VIE	EFM/Networked Care		Clinical care	3	4	12	Project specifications completed and received costing estimate from supplier. Progressing conservational area planning application and submission for 2012/13 capital program. Awaiting local authority planning decision following further justifications being submitted.	Mar-13	Sep-12	Dir. EFM or Networked Care	3x2=6

ID/Cross Ref.	Source of risk (including, but not limited to, incident reports, risk assessments, local risk registers, and external recommendations)	Description of risk	Care Group/ Directorate	Date raised	Risk Category	Impact	Likelihood	Current risk rating	Summary risk treatment plan and progress update.	Expected date of Completion	Date of review	Risk owner	Residual risk rating
CRR 3	Capacity review	Delay in Ophthalmology follow-up appointments	Planned Care	May-12	Clinical care	3	3	9	Business case approved, backlog has reduced in size. Ahead of planned trajectory. Monitored monthly by Care Group Board.	Mar-13	Sep-12	Dir. Planned Care	3x2=6
CRR 8	Review of NPSA Patient safety alert	Non-compliance with recommendations: We have declared non-compliance with both these NPSA alerts ·NPSA/2011/RRR003 Minimising Risks of Mismatching Spinal, Epidural and Regional Devices with Incompatible Connectors ·NPSA/2011/PSA001 Safer spinal (intrathecal), epidural and regional devices	Medical - Patient Safety	Jan-12	Clinical care	3	3	9	The Anaesthetic Department will not support the introduction of any non-luer neuraxial connection system until a new industry standard has been agreed on and is available at a national level. The Association of Anaesthetists and Royal Colleges have issued a position statement of the same view. Discussions are ongoing with related agencies on this issue.	Ongoing	Sep-12	Medical Dir.	3x2=6
CRR 9	Risk assessment	Staff continuity	Finance	2012	Workforce	3	3	9	Appraisal /PDP reviews. Staff survey feedback. Exit interview feedback.	Mar-13	Sep-12	Dir of Finance	3x1=3
CRR 10	Annual Plan	risk of market share loss through competition from Circle	Commercial	Aug-12	Commercial	4	2	8	Redesign of pathways of services at risk of competition. Relocation of services to community locations to increase access. Focus on improving the patient experience as a key strategic objective.	2012/13	Sep-12	Commercial Dir.	4x1=4

Royal Berkshire NHS
NHS Foundation Trust

Wednesday, 25 July 2012

Board Nominations Committee

3.00-3.30pm, Boardroom, Royal Berkshire Hospital

Present

Mr. Stephen Billingham	(Chairman and Non-Executive Director)
Mr. Ed Donald	(Chief Executive)

In attendance

Ms. Janine Clarke	(Director of Workforce Development & Human Resources)

08/12 Appointment of a Director of Nursing

The Chief Executive reported on the deliberations of the selection panel which had considered five applicants for the post of Director of Nursing.

The Chief Executive advised that the unanimous recommendation of the selection panel was that Caroline Ainslie be offered the post.

Resolved: that Caroline Ainslie be appointed as Director of Nursing.

Chairman

Date

Royal Berkshire NHS
NHS Foundation Trust

Friday, 27 July 2012

Board Nominations Committee

3.00-3.30pm, Boardroom, Royal Berkshire Hospital

Present

Mrs. Janet Rutherford	(Chair and Non-Executive Director)
Mr. Ed Donald	(Chief Executive)

In attendance

Ms. Janine Clarke	(Director of Workforce Development & Human Resources)

09/12 Appointment of a Medical Director

The Chief Executive reported on the deliberations of the selection panel which had considered five applicants for the post of Medical Director.

The Chief Executive advised that the unanimous recommendation of the selection panel was that Dr. Alistair Flowerdew be offered the post.

Resolved: that Dr. Alistair Flowerdew be appointed as Medical Director.

Chairman

Date

Royal Berkshire NHS
NHS Foundation Trust

Council of Governors

Council of Governors

Thursday, 26 July 2012
6:00 pm – 8:10 pm
Seminar Room, TEC, Royal Berkshire Hospital

Present

Mr. Stephen Billingham	(Chairman)
Mrs. Vera Doe	(Public Governor, Wokingham) (Vice-Chair)
Dr. Muhammad Abid	(Public Governor, Reading)
Mrs. Aileen Blackley	(Public Governor, West Berkshire)
Ms. Lola Blissett	(Staff Governor, HCA/ Ancillary)
Mr. Jeremy Butler	(Public Governor, East Berkshire)
Mrs. Caroline Bowder	(Public Governor, Southern Oxfordshire)
Mrs. Rebecca Corre	(Staff Governor, Nursing and Midwifery)
Ms. Margie Cutts	(Public Governor, Reading)
Dr. Warren Fisher	(Staff Governor, Medical & Dental)
Miss Jana Hunter	(Partner Governor, Youth MP)
Mrs. Sally Kemp	(Partner Governor, NHS South Central)
Cllr. Alan Law	(Partner Governor, West Berkshire Council)
Mr. David Mihell	(Public Governor, East Berkshire)
Cllr. Bob Pitts	(Partner Governor, Wokingham Borough Council)
Mr. John Shaw	(Partner Governor, Princess Royal Carers Trust)
Cllr. Bet Tickner	(Partner Governor, Reading Borough Council) (for part)
Ms. Maria Walker	(Staff Governor, Admin/ Management)

In attendance

Ms. Caroline Ainslie	(Interim Nursing Director)
Mr. Craig Anderson	(Director of Finance)
Dr. Lindsey Barker	(Networked Care Group Director)
Mrs. Janine Clarke	(Director of HR and Workforce Development)
Dr. Keith Eales	(Director of Corporate Affairs & Secretary)
Mr. Ed Donald	(Chief Executive)
Mr. Brian Hendon	(Non Executive Director)
Mr. Philip Holmes	(Director of Estates and Facilities) (for part)
Ms. Janet Rutherford	(Non Executive Director)
Mr. Peter Malone	(Planned Care Group Director
Mr. Mike Robinson	(Head of Governance)
Mr. Ian Stoneham	(Commercial Director)
Dr. Emma Vaux	(Interim Medical Director
Mr. Michael Winslow	(Interim Non Executive Director)

Apologies

Mr. Carl Bruce	(Public Governor, Reading)
Mr. David Cooper	(Public Governor, Reading)
Mr. Ross Carroll	(Public Governor, East Berkshire)
Mr. Ian Clay	(Public Governor, West Berkshire)
Mr Sanusi Koroma	(Partner Governor, Reading CRE)

Mr. Colin Lee MBE	(Public Governor, West Berkshire)
Mr Jonathan Mason	(Staff Governor, Allied Health Professionals / Scientific)
Mr. John McKenzie	(Public Governor, Wokingham)
Mr. Tony Skuse	(Public Governor, Wokingham)
Dr. Rod Smith	(Partner Governor, NHS Berkshire West)
Mr. John Barrett	(Non-Executive Director)
Mr. Tim Caiger	(Non Executive Director)

61/12 Apologies for Absence and Welcome

The Council noted the apologies for absence and the Vice-Chair of Governors took the opportunity to welcome the new Trust Chairman, Mr. Stephen Billingham, to his first full meeting of the Council of Governors.

62/12 Minutes for Approval

The Minutes of the meetings held on 31 May 2012, 25 June 2012 and 11 July 2012 were approved as a correct record and signed by the Chairman. There were no matters arising.

63/12 Public Questions

No questions were raised from the members of the public present.

64/12 Items from the Governors

There were no issues raised by Governors.

65/12 Council Meeting Arrangements

The Director of Corporate Affairs and Secretary introduced the report which set out proposals from a meeting of the Committee Chairs and the previous Acting Chairman of the Board. As agreed, the meeting had met to plan the agenda for the Council meeting and had moved on to discuss the role of the Council itself. Those present had felt that the increasing tendency to work through Committees, informal meetings with the Board and seminars had been successful. It was considered that the formal Council meeting was not a suitable body for detailed discussions and was more helpful in providing high-level assurance and in providing information. On that basis, the group wished to recommend to the Council that a reduction in the number of Council meetings be considered. The Director of Corporate Affairs and Secretary highlighted that some Governors had less involvement in subgroups than others and reducing the number of Council meetings could potentially lessen their involvement.

Given that the Council of Governors was open to the press and public it was queried whether reducing the numbers of meetings would restrict opportunities for public participation. It was recognised that this was an issue but it was felt this should be considered in the context of Board meetings which would soon be open to the public. Additionally, it was commented that there was ample opportunity for the public to contact Governors, Committee Chairs and the Vice-Chair of Governors with issues. Minutes of meetings were available and published. The Director of Corporate Affairs and Secretary commented that there was no reason why the Council subgroups could not consider being open meetings themselves. This would further increase the opportunity for public

engagement and it was agreed that each group would consider whether it wished to meet in public. **Action: Keith Eales/Mike Robinson**

In the context of having fewer Council meetings, it was queried whether the minutes of Council Committees should be more detailed. The consensus view was that minutes should be comprehensive without being lengthy verbatim accounts. The style of minutes would be reviewed to ensure this was considered. **Action: Mike Robinson**

Following discussion, it was confirmed that a reduction in the number of Council meetings should be taken forward and the current cycle of six meetings per year would be reduced to four. It was confirmed that one of the Council meetings would continue to be held in advance of the November Annual Members' Meeting.

The Council noted and welcomed the remaining suggestions from the meeting of Chairs in respect of minutes of subgroups being circulated to all Governors as soon as they had been agreed rather than waiting for the next Council agenda. Additionally, it was noted that the agenda front sheet for all subgroups would be emailed to the Council with full copies of the agenda pack placed on the Governors' secure website. It was reiterated that all Governors were welcome to attend all subgroup meetings and were encouraged to contact the Chairs of the meetings with issues and queries.

Resolved:

a) that the number of Council meetings be reduced from 6 to 4 per year
b) that each Council committee consider if it wishes to meet in public
c) that the minutes for committees be sent direct to all governors once cleared
d) that all governors receive the agenda front sheet for all meetings

66/12 Carbon Management Presentation

The Director of Estates and Facilities gave a presentation on efforts to improve energy efficiency and reduce carbon emissions across the Trust. It was noted that some initiatives such as installing solar panels and heat recovery from boreholes had not been progressed. However, the main element of the strategy was being taken forward - this was to build a combined heat and power (CHP) electricity generation unit which would result in significant reductions in carbon emissions, utility bills and carbon tax liabilities. The overall carbon reduction strategy was also assisted by ongoing changes to improve energy efficiency such as upgrading lighting systems. A network of "carbon champions" was also in place.

In response to a query, it was explained that the payback from installing solar panels had not proved to be as beneficial as alternative investments given the costs of installation.

The nature of the contractual commitment to the CHP supplier, Dalkia, was outlined. The company would be investing significant capital and would be repaid from the resulting energy efficiency savings. It was explained that the savings generated would be independently verified and that there had been significant efforts to rigorously access the appropriateness of the contract.

It was explained that construction of the new CHP plant had already been the subject of detailed planning and there should be minimal disruption given the location of the site and the fact that connections would coincide with existing planned works.

67/12 Year-End Accounts 2011/2012

The Director of Finance presented the year-end accounts for the Trust. The document incorporated the quality accounts and been approved by the Board and Audit Committee as well as been subject to audit scrutiny. The accounts would be formally presented to the Annual Members' Meeting and had been laid before Parliament.

Resolved: that the year-end accounts for 2011/2012 be received.

68/12 Chief Executive's Briefing

The Chief Executive outlined the proposals within the "Shaping the Future" pre-consultation by East Berkshire Commissioners. One of the key proposals was to incorporate a surgical site at the current Heatherwood Hospital as well as confirming "health space" services at the Royal Berkshire Bracknell Clinic. The Trust would be formally responding and it was suggested that a future seminar for Governors could be held to explain the detail. Sally Kemp, as Chair of NHS East Berkshire, encouraged Governors to complete and return the consultation questionnaire and advised that further consultation would be launched in October 2012.

It was reported that the number of delayed discharges had reduced from its peak of 105 to approximately 50. Although progress had been made, efforts continued across the health economy to reduce the number of patients in the Trust who were medically fit for discharge.

The Chief Executive outlined the structural changes that would be taking place within the NHS following the abolition of Strategic Health Authorities and Primary Care Trusts. There would be further briefings in due course on new structures.

The Chief Executive reported that the new linear accelerator had been installed on time and on budget and would provide patients with excellent care as well as improving resilience and waiting times within the Berkshire Cancer Centre. The excellent performance of the hyper-acute stroke service was also praised with 90% of patients being seen on the specialist unit and the Trust offering the second fastest thrombolysis times in the country.

It was noted that the regulator, Monitor, would be undertaking a second stage review of the Trust's annual plan. This would assure both the regulator and the Trust on the robustness of plans and reflected their wish to be supportive to the Trust. It was noted that the first quarter Governance rating would be amber/green based on a failure to achieve required cancer waiting time targets. Progress had been made on reducing the incidents of C. difficile infections and the Trust had maintained a financial risk rating of 3. This had been achieved with the support of Commissioners for costs associated with delayed discharges.

The Chief Executive confirmed that the new electronic patient record system had gone live and emphasised the significance for the Trust. Although there had been teething problems with the system, the spirit and responsiveness of staff had been tremendous. Compared to other implementations of the Cerner Millennium Product the Trust had seen a relatively smooth transition. However, it was recognised that there had been implications for patients with errors in appointment letters and clinic lists. The team was working hard to resolve all issues and it was anticipated that within 3 to 6 months all snags would be resolved. The staff Governors present expressed their support for the system which was increasingly being seen to work as initial data migration issues were resolved. It was noted that there would be further work to improve the integration of the system and reduce the number of input screens. The Chief Executive explained that the reason for the previous short delay

to the roll-out resulted from concerns at the Connecting for Health team over the capacity on the national N3 Network. These concerns had proved unfounded.

Resolved: that the Chief Executive's update be noted.

69/12 Revised Governance Protocols

The Director of Corporate Affairs and Secretary introduced the report which presented revised Governance protocols for approval. The protocols had been updated to reflect changes agreed at the previous meetings of the Council of Governors and Board of Directors in respect of new working arrangement.

Resolved: that the updated communications protocol and the updated protocol for the appraisal of the Chairman and Non-Executive Directors be approved.

70/12 Minutes of Committees and Groups

Business Assurance Committee – 19 June 2012

In the absence of the Committee's Chair, Mr. David Mihell confirmed that the meeting had provided a good insight into the financial position of the Trust.

Patient Experience Group – 20 June 2012

The Chair of the group explained that the meeting had been held to provide a detailed overview of issues in relation to car parking and patient transport. In respect of car parking, the Planned Care Group Director explained that an audit had been undertaken of Level 3 of the car park which had confirmed that the majority of those parking there were staff. This was contrary to the decision to open up space for patient use and was being addressed by moving staff to additional space at Queens Road car park.

It was hoped that the League of Friends would provide funding to purchase pagers to alert patients when transport services were available. Additionally, it was emphasised that there was a strong wish to implement Wi-Fi Internet access for patients across the Trust.

Nominations Committee – 25 June 2012

The Council noted the Minutes which had recommended the appointment of Mr. Stephen Billingham as Trust Chairman.

Strategy Committee – 5 July 2012

The Chair of the Committee highlighted that a useful discussion had been held on the content of the Clinical Services Strategy.

Nominations Committee – 11 July 2012

The Chairman explained that the meeting had recommended the appointment of new Non-Executive Directors and emphasised that an extremely strong field of candidates had been seen. The Vice-Chair of Governors thanked Michael Winslow for his support as an Interim Non-Executive Director.

Joint Constitution Working Group – 13 July 2012

The Chair of the Committee explained the proposal to seek the authority of the Annual Members' Meeting to amend the constitution. The change would be such that most future amendments to the constitution would not necessarily need formal AMM approval. The group had also discussed the issues which should be considered in subsequent revisions to the constitution.

Membership Committee – 18 July 2012

The Chair of the Committee highlighted that a successful open day had been held and he thanked participating Governors and staff for their assistance in making the day a success.

Governors were encouraged to complete a questionnaire which would be circulated seeking views how to engage with members of the Trust. Several Governors commented that this was an important issue and looked forward to considering the matter further.

Resolved: that the minutes of sub-groups be received and the recommendations therein endorsed.

77/12 Questions from the Public

A member of the public commented that although it was important to ensure that there was close cooperation between the Council and Board it was important to ensure that there was public scrutiny at open meetings of the Council.

The Vice-Chair of Governors agreed and commented that although there would on occasions be issues which should be discussed in Part 2 sections of the meeting, the Council was keen to be open and transparent.

78/12 Date of Next Meeting

The next meeting would be held on 27 September 2012 at 6:00 pm.

79/12 Exclusion of the Press and Public

Resolved: that the press and public be excluded from the meeting for the remaining items of business.

80/12 Part 2 Minutes of the Council – 31 May 2012

The Part 2 Minutes of the meeting held on 31 May 2012 were approved as a correct record and signed by the Chairman.

81/12 Current Financial Position

The Director of Finance gave a detailed presentation to the Council on the current financial position. Copies of the slides would be circulated to the Council. **Action: Mike Robinson**

The Council noted the key financial issues including that there had been a large increase in income negotiated with the PCT to cover additional work undertaken. In addition, the Trust had delivered a savings programme of £18m against a planned target of £21m for 2011/2012. The Trust had a healthy cash balance and had maintained a financial risk

rating of 3 an underlying year end financial surplus. However, it was noted that the formal accounts would show a deficit as a result of the agreed impairment of assets. In particular, it was noted that the accounting rules provided for the Bracknell Clinic be accounted for against a modern equivalent asset valuation (MEAV). This was not an unusual position within the NHS when bringing new buildings into service and it was felt that the MEAV valuation did not reflect the realistic position facing Trusts when redeveloping existing buildings. It was noted that the Trust's auditors had been complimentary of the Trust's approach to valuing the asset and the detailed rationale for the impairment was outlined. A primary reason for the impairment had been the cost of conversion and reductions in land values since the asset had been acquired.

In respect of the budget for 2012/2013, the Trust was seeking to maintain its financial risk rating of 3 and was targeting a 1% surplus of £3.3m and to maintain cash balances of £20m. Quarterly forecasts with care groups were being undertaken and it was noted that the first quarter deficit was marginally better than budget. There would be efforts to ensure that underlying activity, particularly in planned care, would be increased during the summer period to compensate for expected reductions during winter escalation. The risks associated with the budget were outlined including opportunities to improve income and reduce costs. In addition, it was explained that the Trust's borrowings were repayable over a lengthy period at reasonable rates and it would be important to ensure that the cash position continued to be managed to provide for repayments.

It was confirmed that the impairments in respect of Bracknell and other assets would not have a significant impact on the current year's budget and in fact would lower depreciation charges in future years.

The Chief Executive explained that the Trust was unlikely to see any significant investment in assets on the scale of these such as the Bracknell Clinic for the foreseeable future and the Commercial Director explained that business cases for new investments were being undertaken to Treasury standards.

SIGNED

DATE

Royal Berkshire NHS
NHS Foundation Trust

Minutes of Remuneration Committee

Remuneration Committee

Tuesday, 31 July 2012
12.45-1.10pm, Boardroom, Level 4, Royal Berkshire Hospital.

Present

Mr. John Barrett	(Non-Executive Director and Chair)
Mr. Stephen Billingham	(Chairman of the Trust)
Mr. Brian Hendon	(Non-Executive Director)

In attendance

Mr. Ed Donald	(Chief Executive)
Ms. Janine Brennan	(Director of Workforce Development & Human Resources)
Mr. Keith Eales	(Director of Corporate Affairs & Secretary)

Apologies

15/12 Minutes: 24 April, 11 May and 29 June 2012

The minutes of the meetings held on 24 April, 11 May and 29 June were approved as correct records and signed by the Chairman.

16/12 Matters Arising

There were no matters arising.

17/12 Executive Director Remuneration: Benchmarking Review 2012/13

The Director of Workforce Development and Human Resources explained that a benchmarking review of director salaries had been undertaken earlier in the year and reported to the Committee in April. This had confirmed that, with one exception, director salaries in the Trust were in line with the benchmarks. Action had been taken to address exception to this.

The Chief Executive explained that the policy of the Committee had been to set director salaries in the Trust within the top quartile of the benchmark comparators.

The Director of Workforce Development and Human Resources advised that the Committee also considered whether or not to award an annual inflation uplift to director salaries. This generally matched the national pay award for NHS staff. As no award had been made nationally, it was proposed that no inflation uplift be made to director salaries.

Resolved: that no inflation uplift be awarded to directors for 2012/13.

18/12 Executive Director Remuneration: Performance Related Awards 2011/12

The Chief Executive submitted a report setting out performance against the Executive Directors awards scheme for 2011/12.

The Chief Executive reminded the Committee of the elements of the awards scheme agreed for 2011/12, which involved two gateway targets and a process, should these be achieved, for the payment of individual awards.

The Chief Executive advised that the gateway target in respect of achieving a Monitor financial risk rating of 4 had not been achieved. Therefore, on the basis of the scheme agreed by the Committee, no bonus awards were payable for 2011/12.

The Chief Executive reminded the Committee that a decision had already been made to suspend the scheme in 2012/13.

Resolved: that no bonus awards be made to Executive Directors for the 2011/12 financial year.

19/12 Relocation Expenses for the Medical Director

The Director of Workforce Development and Human Resources advised that the recently appointed Medical Director had asked that consideration be given to increasing the relocation expenses that he would be eligible to claim given that he would be relocating from Scotland.

The Director of Workforce Development and Human Resources advised that the current policy was to reimburse relocation expenses of up to £8000. The Committee was, under the terms of the policy, able to increase the amount payable.

Resolved: that the Chief Executive be authorised to reimburse the Medical Director for additional relocation expenses, supported by appropriate receipts. [The limit for such expenses is detailed in the confidential minutes to the Committee]

SIGNED

DATE

Royal Berkshire NHS
NHS Foundation Trust

Minutes of the Risk Management Committee

Risk Management Committee

Monday 3 September
9.00am – 10.30am
Boardroom, Level 4, Royal Berkshire Hospital

Members Present

Mr. Tim Caiger	(Chairman)
Ms. Caroline Ainslie	(Nursing Director)
Mr. Craig Anderson	(Director of Finance)
Mr. Ian Stoneham	(Commercial Director) (from minute 44/12)

In attendance

Mr. Keith Eales	(Director of Corporate Affairs)
Ms. Lisa Glynn	(Urgent Care Group Director of Operations)
Mr. Steve Green	(Planned Care Group Director of Operations)
Ms. Steph Hayward	(Head of Learning & Development)
Mr. Philip Holmes	(Director of Estates and Facilities)
Mrs. Caroline Lynch	(Governance Officer)
Ms. Stephanie Seigne	(Deputy Director of Corporate Affairs)
Mr. Niall Smyth	(Risk Manager)

Apologies

Dr. Emma Vaux	(Interim Medical Director)
Mr. Mark Robson	(Networked Care Group Director of Operations)

37/12 Minutes: 18 May 2012

The minutes of the meeting held on 6 February 2012 were approved as a correct record and signed by the Chair.

38/12 Matters Arising

The Committee received the matters arising schedule and noted that all actions had been completed.

Resolved: that the matters arising schedule be noted.

39/12 Schedule of Outstanding Actions

The Committee received the schedule of outstanding actions and noted that all actions from previous meetings had been completed.

Resolved: that the schedule be noted.

40/12 Compliance with Terms of Authorisation

The Director of Corporate Affairs & Secretary introduced the report. It was noted that following an external audit the auditors had recommended that a named Committee should be responsible for oversight in respect of the Trust's compliance with its Terms of Authorisation. It had been agreed that the Committee would assume this responsibility and the terms of reference would be updated to incorporate this. **Action: C Lynch**

The Governance Officer advised that the report had been compiled with input from relevant directors and demonstrated that the Trust was compliant with its Terms of Authorisation. Further reviews would be carried out every six months and updates would then be submitted to the Committee.

Resolved: that

(a) the terms of reference be updated to incorporate the changes to the Committee's responsibility for oversight in respect of the Trust's compliance with its Terms of Authorisation.

(b) the report be noted.

41/12 Corporate Risk Register

The Risk Manager introduced the report.

A review of the Board Assurance Framework (BAF) and the Corporate Risk Register had been carried out following a request from the Board and a revised process had been developed. The revised approach was being submitted to the Committee for consideration prior to discussion at the Board.

A Board Assurance Framework template had been developed and would include risks to the Trust's strategic objectives, as set out in the Annual Plan. In addition risks from the Corporate Risk Register would be added to the BAF as and when requested by the Executive.

The Corporate Risk Register detailed risks from Care Groups and Core Directorates. The Risk Manager would meet monthly with Care Group and Core Directors in order to agree risk grading and actions taken in order to mitigate risks on the Corporate Risk Register.

The Board and the Risk Management Committee would review the BAF on a quarterly basis however further work was required in order to ensure that all information was appropriately mapped and actions plans developed where required. The Corporate Risk Register would be reviewed by the Executive at monthly performance meetings with each of the Care Group Boards.

The Committee noted that further meetings with Executive leads were planned in order to develop and agree the process outlined. **Action: N Smyth**

The Committee recommended that the Board Assurance Framework template should be amended to ensure that risks were ordered on the basis of risk rating with the highest risk being listed at the top of the document.

Resolved: that the Board Assurance Framework template be amended to ensure that red risks were detailed at the top of the document.

42/12 Assurance Framework Audit Action Plan

The Risk Manager introduced the report.

The Committee noted that following an audit of the Trust Assurance Framework an action had been developed. The actions needed to respond to the audit report had been clearly identified and were in the process of being implemented. Implementation needed to be completed during the current work in order to prepare the register for the Board in early October. **Action: N Smyth**

Resolved: that the report be noted.

43/12 Risk Manager's Report

The Risk Manager introduced the report and drew attention to key issues.

The Committee noted that the Health and Safety Executive were proposing new regulations in order to implement to the EU Council Directive 2010/32/EU. The new regulations, provisionally titled Health and Safety Regulations 2013, would require employers in the healthcare sector to ensure they had appropriate arrangements in place for the safe use and disposal of medical sharps, including recording, investigating and taking action following sharps injuries. The Risk Manager advised that work was in progress with the Occupational Health Consultant in order to review the Trust's needle stick policy to ensure compliance with these regulations.

The Risk Manager advised that the Health and Safety Executive had recently confirmed its cost recovery scheme, Fee for Intervention (FFI) which would come into effect on 1 October 2012 following Parliamentary approval. The cost recovery scheme would enable the Health and Safety Executive to recover their costs for time and effort spent working with organisations which breached health and safety laws.

The Risk Manager reported that visits to a number of wards and departments had taken place in order to review and update risk assessments. Follow up visits to these areas were scheduled and an update would be provided to the next meeting. **Action: N Smyth**

The Committee noted that the Trust had received a complaint from the Health and Safety Executive in respect of the condition and working environment of the engineering offices and workshops on Craven Road. Interim improvements to the building had been made and a subsequent plan to relocate the occupiers of the building had been developed. It was anticipated that the building would be vacated during September. A response to the complaint had been submitted to the Health and Safety Executive. The Risk Manager confirmed that no response had been received to date.

The Risk Manager advised that risk management and risk assessment training was ongoing.

The Risk Manager reported that following a review of policies which required reports to be made to the Committee had been undertaken. The Committee noted the list of policies and the frequency of reporting.

Resolved: that the report be noted.

44/12 Aggregated Incidents, Complaints and Claims

The Risk Manager introduced the report and drew attention to key points.

The Committee noted that reporting of incidents for April to June 2012 had shown average levels. There had been an increase in non-clinical incidents during May and slightly above average levels in June. These variations however were within the expected normal range.

The Risk Manager advised that the increase in non-clinical incidents reported by the Urgent and Networked Care Groups had been reviewed and this related to issues in the Pathology and Renal unit areas.

The Committee noted that the appendix to the report was discussed in depth at both the Patient Safety Council and the Clinical Governance Committee.

Resolved: that the report be noted.

45/12 Review of Assurance Committees

The Director of Corporate Affairs & Secretary reported that a review of assurance committees had been undertaken. A proposal had been developed however as this would impact on the role of the Committee and other committees, further discussions would need to be held with the Chairs of the relevant committees and the Executive. A further report would be submitted to the next meeting. **Action: K Eales**

46/12 Directorate Risk Register – Finance

The Director of Finance introduced the register.

The Committee noted that the risk relating to failure to deliver on cost improvements plans related to a current assessment indicating a saving of £9m against a target of £12.5m. No plans were yet in place to address this however the risk would be mitigated by opportunities for additional income.

The Director of Finance advised that the risk relating to loss of information used to monitor activity on go live of EPR related to concerns in respect of data quality. The impact of this on income was being monitored.

The Committee noted that recruitment plans were in place in order to mitigate the risks relating to use of contract staff in clinical coding.

Resolved: that the risk register be noted.

47/12 Directorate Risk Register – Urgent Care

The Urgent Care Director of Operations introduced the risk register and advised that further work was required to develop the care group register.

The Committee noted the two financial risks related to under-performance on non-elective activity in paediatrics and cardiology and the inability to close down winter escalation wards due to high level of activity.

The Urgent Care Director of Operations drew attention to risk relating to the operational impact on the management of outpatient services following EPR go-live. Work was ongoing with the EPR to address this however it was anticipated that this would take time to resolve.

The Committee noted that the risk relating to issues with RADNET solution for radiology had been discussed with the Head of Informatics and it had been agreed that the EPR team would review the issue as a priority.

The Urgent Care Director of Operations advised that business cases had been submitted to the Executive in order to address the risks relating to lack of capacity in the emergency department to deal with the 10% increase in attendances during 2011/12 and to meet to the 15 minute hand over time from ambulance staff.

The risk relating to vacancy levels and skill mix would be added to the risk register.

Action: L Glynn

Resolved: that the register be noted.

48/12 Directorate Risk Register – HR

The Head of Learning and Development introduced the risk register and advised that the register would be amended to ensure it was in the correct format **Action: J Brennan**

The Head of Learning and Development advised that a new appraisal process had been introduced in order to address the risk relating to staff compliance.

The Committee noted the risk relating to the fire escape ladder in occupational health. The Head of Learning and Development advised that a new ladder had been ordered. It was agreed that the Director of Estates and Facilities would establish the current position and advise the Committee urgently. **Action: P Holmes**

The Committee recommended that failure to complete mandatory training should be added to the risk register. **Action: J Brennan**

Resolved: that the register be noted.

49/12 Waste Policy

The Director of Estates and Facilities introduced the policy which had been submitted to the Health and Safety Committee.

The Committee noted that the policy had been amended to reflect changes in the organisational structure and in order to comply with HTM 07-01 which related to requirements for clinical waste streams.

It was noted that the section relating to responsibilities would require amendment to state that the Director of Estates and Facilities had delegated responsibility from the Chief Executive.

The Committee recommended that a statement be included in the policy to capture whether there were any financial implications following the HTM 07-01 requirements.

Resolved: that subject to the agreed amendments the policy be approved.

50/12 Asbestos Management Policy

The Director of Estates and Facilities introduced the policy.

The Committee noted that the policy had been reviewed to including changes to the Control of Asbestos Regulations 2012. These changes related to persons managing the handling of asbestos.

It was noted that the section relating to responsibilities would require amendment to state that the Director of Estates and Facilities had delegated responsibility from the Chief Executive.

Resolved: that subject to agreed amendments the policy be approved.

51/12 Fire Safety, Prevention and Compliance Policy

The Director of Estates and Facilities introduced the policy.

The Committee noted that the policy had been amended to include minor updates such as changes to the organisational structure however no changes had been made to responsibilities.

It was noted that the section relating to responsibilities would require amendment to state that the Director of Estates and Facilities had delegated responsibility from the Chief Executive.

Resolved: subject to the agreed amendments the policy be approved.

52/12 Slips, Trips and Falls Policy (Staff and Others)

The Risk Manager introduced the policy.

The Committee noted that the policy had been reviewed as part of the normal review process. Minor amendments only had been made to the policy.

The Committee discussed the process for advising third parties of the Trust's policy. The Director of Estates and Facilities advised that he would ensure that third parties were advised accordingly. **Action: P Holmes**

Resolved: that the policy be approved.

53/12 Summary of Issues Arising from RMC Sub Groups

The Health and Safety Committee Chairman advised that the Committee had met and there were no major issues to report.

The Director of Estates and Facilities advised that the fire safety management group had reviewed and discussed its six year strategy. The focus would be on inpatient areas. Fire safety management training was ongoing. An e-learning package had also been introduced for mandatory training.

The Engineering Management Assurance Group was focussing on issues such as medical gases and steam distribution. The Group had identified priorities which included electrical safety following receipt of a safety report.

The Planned Care Group Director of Operations advised that the Radiation Protection Committee had discussed two incidents of incorrect dosages in radiotherapy. Both incidents were being investigated and root cause analyses were being developed.

54/12 Risk Management Committee Timetable 2012/13

The Director of Corporate Affairs introduced the timetable for 2012/13.

Resolved: that the timetable be noted.

55/12 Date of Next Meeting

The next meeting would be held on Monday 3 December at 9.00am

Resolved: that the next meeting be held on Monday 3 December at 9.00am.

SIGNED

DATE

Royal Berkshire NHS
NHS Foundation Trust

Audit Committee Minutes

Audit Committee

Tuesday 11 September 2012
9.00am – 12.00pm
Boardroom, Level 4, Royal Berkshire Hospital

Members

Mr. Brian Hendon	(Non-Executive Director) (Chair)
Mr. John Barrett	(Non-Executive Director)

In attendance

Advisors

Ms. Debbie Coffey	(Local Counter Fraud Specialist) (up to minute 87/12)
Mr. Clive Everest	(Partner, PWC)
Mr. Neil Thomas	(Partner, KPMG)

Trust Staff

Mr. Craig Anderson	(Director of Finance)
Mr. Graham Butler	(Deputy Director of Finance)
Mr. Ed Donald	(Chief Executive) (up to minute 86/12)
Mrs. Angela Gardiner	(Group Financial Controller)
Mrs. Caroline Lynch	(Governance Officer)

Apologies

Mr. Tim Caiger	(Non-Executive Director)
Dr. Keith Eales	(Director of Corporate Affairs and Secretary)
Ms. Sheila O'Donovan	(Senior Manager, KPMG)
Ms. Harriet Aldridge	(Senior Manager, PWC)

80/12 Welcome

The Chairman welcomed those present to his first meeting as Chair of the Audit Committee. He advised that he was considering the scope of the Committee's work and discussions and advice would be sought from external advisors as well as members of the Executive.

81/12 Minutes – 22 May 2012

The minutes of the meeting held on 22 May 2012 were approved as a correct record and signed by the Chairman subject to the amendment of "Dr. Jonathan Fielden" instead of Mr Jonathan Fielden to the list of attendees.

82/12 Matters Arising Schedule

The Committee received the matters arising schedule.

Minute 53/12 (28/12): Matters Arising: Counter Fraud Progress Report

The Director of Finance confirmed that awareness of counter fraud had being raised with the Care Groups. Targets to receive training had been set for the Care Groups and future reports would include details of training received. **Action: C Anderson/D Coffey**

Minute 58/12 (36/12): Matters Arising: Corporate Risk Register

The Director of Finance advised that business cases had not been formally added to the Corporate Risk Register. However, business cases would be reviewed six months post implementation for performance against the business case which would result in their being added to the risk register on a specific basis if warranted. There had however been no material business cases in the last six months.

The Committee recommended that the review should also include any material business cases in addition those being reviewed six months post implementation.

Action: C Anderson

Minute 56/12: ISA 260

The Director of Finance advised that the review of IT assets was in progress however there had been some delay due to the implementation of EPR.

The issue of the a review of the robustness of IT assets would be discussed with the Executive and a detailed action plan to include timescales and any resources required to carry out the review would be circulated to the Committee in the next two weeks.

Action: C Anderson

The Committee queried whether business continuity plans were included on the corporate risk register. The Director of Finance undertook to confirm this. **Action: C Anderson**

It was agreed that review of progress against the action plan would be included in the internal audit plan and the timing of the audit would be agreed with the Director of Finance.

Action: C Anderson/C Everest

It was noted that all other matters arising had been completed.

Resolved: that the matters arising schedule be noted.

83/12 Schedule of Outstanding Actions

The Committee received the schedule of outstanding actions and noted that all actions from previous meetings had been completed.

Resolved: that the schedule be noted.

84/12 Internal Audit Progress Report

The Partner, PwC, introduced the report and drew attention to the four audit reports which had been completed.

The Senior Manager, PwC, advised that audits had commenced in respect of delivery of the 2012/13 internal audit plan and three draft reports had been issued on occupational health, estates strategy and serious incident reporting.

The Committee noted that PwC had been appointed by Monitor to undertake work in relation to the Stage 2 Annual Plan Review.

The Committee discussed the final report in relation to the audit of Bracknell Clinic Benefits Realisation Review. It was noted that there was one high level and four medium level risk findings. The high level risk finding related to the lack of an approved business plan for Bracknell Clinic. The Committee noted that an updated business case for Bracknell was due to be submitted to the Board in October. **Action: C Anderson**

The Committee noted that a Committee had been established, chaired by the Networked Care Group Director, in order to strengthen governance arrangements.

The Committee noted that following the final report in respect of the audit of the Assurance framework the medium and low level risk findings the recommendations were being implemented as part of the ongoing review of the assurance framework.

The Committee discussed the audit in respect of Clinical Data Quality Procedures and noted one medium recommendation. The Director of Finance advised that significant work was ongoing in respect of coding issues including a recruitment plan for additional coding staff as well as the introduction of a feedback cycle at care group level to ensure that un-coded activity was addressed. Monthly reports would also be submitted to the Executive to ensure progress was monitored and results would be included in the integrated performance report to the Board. Due to the implementation of EPR and the subsequent impact on coding an extension of contract reporting had been agreed with the PCT.

A report would be submitted to the next meeting in respect of progress on coding issues.
Action: C Anderson

Resolved: that that report be noted.

85/12 External Audit Progress Report

The Partner, KPMG, introduced the report and advised that a clean limited assurance opinion had been issued in respect of the findings on the Quality Accounts.

The Partner, KPMG drew attention to the recommendation that work on the quality accounts could be staggered throughout the year in order to avoid a heavy workload at the

year end. The Committee noted that would be taken into consideration as part of the ongoing review of quality and governance.

The Committee noted that many examples of good practice were identified as part of the review of the Trust's quality accounts and this demonstrated how the Trust had performed well in its approach to the production of the Quality Accounts.

Resolved: that the report be noted.

86/12 Audit Recommendations Update

The Director of Finance introduced the report which summarised the current status of implementation of the 2011/12 internal and external audit recommendations.

The Committee noted that in order to ensure outstanding audit actions were addressed the finance team chased up responses. An update had been provided to the Executive recently to ensure that recommendations were implemented. Any new recommendations would be added to future reports and any outstanding recommendations would be flagged as overdue. **Action: C Anderson**

The Director of Finance drew attention to the audit recommendations which had been completed. It was agreed that monthly reports to the Executive would be circulated to members of the Committee by email. **Action: C Anderson**

Resolved: that the report be noted.

87/12 Counter Fraud Progress Report

The Local Counter Fraud Specialist (LCFS) introduced the report and drew attention to the changes to the Counter Fraud function.

A pilot scheme of testing was ongoing in relation to the new standards implemented for providers which organises counter fraud and security management work into four main themes; Strategic Governance, Inform and Involve, Prevent and Deter, and Hold to Account. The pilot review process involves the completion of a self review against the new standards to provide a RAG rating. Following this, NHS Protect, the governing body for counter fraud, would decide on one of three assessment types; full, focused or thematic assessment.

The LCFS had completed the self review for the Trust and reviewed the results with the Director of Finance. NHS Protect had consequently determined that a focused assessment would be carried out based on the review submitted and this would take place at the end of September 2012. **Action: D Coffey/C Anderson**

Resolved: that the report be noted.

88/12 Charity Accounts 2011/12

The Director of Finance introduced the charitable accounts prior to submission to the Charity Committee for approval. The Committee noted that there were no concerns and KPMG had issued a standard letter of representation.

It was agreed that Brian Hendon would be added to the list of members appointed in July 2012. **Action: C Anderson**

Resolved: that subject to the agreed amendment the charity accounts be recommended for approval by the Charity Committee.

89/12 Planning for An Evaluation of the Effectiveness of External Audit

The Partner, PwC, advised that following a recent effectiveness review of the Committee it had been agreed that reviews of internal and external audit would be carried out at staggered intervals throughout the year and sought the view of the Committee as to the appropriate timing for the review of external audit.

The Committee recommended that the review of external audit should be carried out as soon as possible with the aim of the results being made available for the November meeting. It was agreed that PwC would develop the questionnaire in conjunction with external audit and ensure that respondents were encouraged to provide commentary as well responses to questions. The questionnaire would be circulated and results collated by the Director of Corporate Affairs & Secretary. **Action: C Everest/K Eales**

Resolved: that the results of effectiveness review of external audit be made available for the November meeting.

90/12 Review of the Work of Other Risk Committees

Clinical Governance

The Committee received the minutes of the meeting held on 5 July 2012.

The Committee recommended that a covering report from the relevant Executive lead of each risk committee should be submitted with the minutes in order to highlight any key issues to the Committee. **Action: K Eales**

Risk Management Committee

The Committee received the minutes of the meeting held on 3 September 2012.

The Committee noted that risk related to failure to deliver on cost improvement plans. The Director of Finance advised that the issue would be raised for discussion with the Board. **Action: C Anderson**

The Committee noted that the Risk Management Committee had discussed the review of the Board Assurance Framework and Corporate Risk Register and the revised process for reporting risks. A report would be submitted to the next meeting of the Board and once the revised process had been agreed the Committee would receive a regular report at each meeting. **Action: K Eales**

91/12 Bank Account Authorisations

The Committee noted there had been one bank account authorisation, newly appointed to financial management team for the Trust and the Charity since the last meeting of the Committee.

The Director of Finance advised the Committee that there had been one breach of the Trust's treasury policy in July and in August which related to more than £35m held in a single institution. It was not considered however that the treasury policy required amendment.

Resolved: that the report be noted.

92/12 Non-NHS Debtors

The Director of Finance introduced the report.

The Committee noted the total value of non-NHS debt was £127,762 as at 31 July 2012.

The Director of Finance advised that the total non-NHS debt was not inclusive of amounts due from CSC. Due to the current contract renegotiations payments due to the Trust from CSC and vice versa were on hold.

The Committee discussed the non-NHS debt related to overseas patients. The Deputy Director of Finance advised that it had been agreed that the use of chip and pin machines to obtain payments from patients admitted in emergencies was inappropriate however the system was being used for patients presenting for planned care admissions.

Resolved: that the report be noted.

93/12 Losses and Special Payments

The Director of Finance introduced the report.

The Director of Finance advised that since the last meeting, two special payments had been made for employer liability damages, to the value of £6,368.75.

The Committee noted that there had been fourteen payments for loss of property. A total of £35,696.38 had been written off as bad debt.

The Director of Finance would ascertain the dental agent/s in relation to the losses of property relating to dentures. **Action: C Anderson**

Resolved: that the report be noted.

94/12 Use of Single Tenders

The Committee noted that there had been no single tenders since the last meeting of the Committee.

Resolved: that the report be noted.

95/12 Schedule of Significant Contracts

The Director of Finance advised that there had been one significant contract awarded since the last meeting. This related to a five year contract for hard facilities management services to the value of £2.35m. Contract had been approved by the Board.

The Director of Finance would confirm if the contract included a break clause.

Action: C Anderson

Resolved: that the report be noted.

96/12 Non-Audit Services

The Director of Finance advised that there was one non-audit service currently being provided by KPMG which related to the provision of assistance in the preparation of the 2011/12 HFMS Corporation Tax return.

Resolved: that the report be noted.

97/12 Technical Update

The Partner, KPMG, introduced the report and drew attention to Monitor's role under the Health Act which would include a duty to support commissioners to ensure health services were continued uninterrupted should a provider experience financial difficulties. Monitor had suggested that a charge would be levied on income in order to create an insurance pool for failing trusts.

The Partner, KPMG, advised that Monitor had updated its model core constitution in line with the requirements of the Health and Social Care Act. The revised constitution included important provisions around the role of governors and their duties to hold non executive directors to account individually and collectively. Governors would be responsible for approving significant decisions such as any planned increase of over 5% of private patient income or merges and acquisitions. The Committee noted that the Trust would need to consider income from HFMS as this could be counted as private income.

A copy of the KPMG publication "Acute or chronic: the impact of economic crisis on healthcare and health" would be provided to the Director of Corporate Affairs & Secretary for circulation to members of the Committee. **Action: N Thomas**

Resolved: that the technical update be noted.

98/12 Audit Committee Timetable 2012/13

The Committee noted that the timetable for 2012/13.

Resolved: that the timetable be noted.

99/12 Date of Next Meeting

Resolved: that the next meeting would be held on Wednesday 7 November at 9am.

100/12 Private Meeting with External Audit

A meeting was held with KPMG.

101/12 Private Meeting with the Internal Auditors

A meeting was held with PwC.

102/12 Private Meeting of the Committee

A meeting of the Committee was held.

SIGNED
DATE

Royal Berkshire NHS
NHS Foundation Trust

Minutes of Clinical Governance Committee

Thursday, 13 September 2012
10:30 am – 12:45 pm
Boardroom, Level 4, Royal Berkshire Hospital

Members

Ms Janet Rutherford	(Non-Executive Director) (Chair)
Mr. Ed Donald	(Chief Executive)
Dr. Emma Vaux	(Interim Chief Medical Officer)
Dr. Lindsey Barker	(Networked Care Group Director)
Dr. Sue Edees	(Urgent Care Group Director)

In Attendance

Mr. Steve Green	(Planned Care Group Director of Operations) (for Peter Malone)
Mr. Sharon Herring	(Networked Care Group Director of Nursing)
Ms. Karen Hampton	(Quality Improvement Lead, Berkshire West PCT)
Mr. Bill O'Donnell	(Chief Pharmacist)
Mr. Mark McBurney	(PWC Observer)
Mr. Mike Robinson	(Head of Governance)
Ms. Stephanie Seigne	(Deputy Director of Corporate Affairs)
Mr. David Shepherd	(Reading LiNK Representative)
Dr. Prem Sharma	(Patient Panel Representative)
Ms. Kirsty Ward	(Planned Care Group Director of Nursing)
Ms. Katharine Young	(Clinical Governance Manager)
Ms. Gill Valentine	(Director of Midwifery)
Dr. Hester Wain	(Patient Safety Representative)

Apologies

Ms. Caroline Ainslie	(Nursing Director)
Dr. Helen Hegarty	(Berkshire West PCT)
Mr. Peter Malone	(Planned Care Group Director)
Ms. Patricia Pease	(Urgent Care Group Director of Nursing)

81/12 Apologies for Absence and Welcome

The Committee received the apologies for absence and welcomed the representative from PWC. PWC was undertaking a review of clinical governance across the Trust.

82/12 Minutes – 5 July 2012

The minutes of the meeting held on 5 July 2012 were approved as a correct record and signed by the Chair subject to:

(a) Minute 68/12, First Paragraph. Second sentence be amended to read "despite it being the summer period, the Trust was still fully escalated and this was causing pressure across **all care groups**."

(b) Minute 71/12, Quality Report. The addition of an action point for Hester Wain at the end of the fourth paragraph.

83/12 Matters Arising

The following matters arising were raised:

(a) Minute 65/12 (48/12) Mandatory Training
It was confirmed that mandatory training figures would feature in the Board Integrated Performance Report.

(b) Minute 65/12 (53/12) Delayed Discharges
It was confirmed that delayed discharges had reduced but still remained high at 56. The most significant problems still related to West Berkshire Council.

(c) Minute 67/12 (47/12, 31/12, 03/12, 98/11) Neurological Nurse Provision
An update to the meeting had been required in respect of support for the neurological pathway and the provision of nurses. The Networked Care Group Director reported that the planned meeting had not yet taken place. A further update would be provided in due course. **Action: Lindsey Barker**

(d) Minute 69/12 Histology Specimen Labelling
The Networked Care Group Director confirmed that the implementation of WHO checklists and theatre procedures had been discussed with a view to reducing the likelihood of further incidents of mislabelling.

(e) Electronic Patient Record Issues
A concern was raised in regard to the implications of the new Electronic Patient Record (EPR) system which had been discussed at the previous meeting and appeared as a concern throughout the papers for the meeting. The Chief Executive confirmed that although the Trust was experiencing the best ever launch of the Cerner Millennium product, there were nevertheless continuing issues which did have an impact on the services provided to patients. For example, there had been considerable disruption to patients' appointments and the administration of clinics. A Trust-wide action plan had been developed and the issues were being pursued rigorously at all levels from the Board downwards. Priorities for resolution included the way the system was viewed and utilised within A&E, CDU and the Trust-wide use of the bedview system.

The Chief Executive confirmed that where the system highlighted gaps in patient visibility, these were individually followed through and tracked to resolution.

(f) Minute 73/12 Liquid Oxygen
The Interim Medical Director confirmed that capital funding had been approved for the scheme to ensure continuity of liquid oxygen provision.

(g) Minute 79/12 Policies for Approval

The Head of Governance confirmed that the policies submitted to the previous meeting had subsequently been confirmed by the members of the committee by email exchange. The Committee agreed to endorse that decision.

Resolved:

a) That the matters arising schedule and further updates received be noted.

b) That the approval of the following policies be endorsed:

- **a. Safe storage and preparation of drugs policy.**
- **b. Non-medical prescribing policy.**
- **c. Cytotoxic policy.**
- **d. IV drug administration policy.**
- **e. Medical gas policy.**
- **f. Domestic abuse policy.**
- **g. Hepatitis B policy.**
- **h. Maternity records policy.**
- **i. Infant feeding policy.**
- **j. Syphilis policy.**
- **k. Labour Ward staffing policy.**
- **l. Sickle cell and Thalassaemia policy.**
- **m. Maternity training needs analysis policy.**
- **n. Maternal deaths policy.**
- **o. Maternal mental health policy.**

84/12 Schedule of Outstanding Actions

The Committee considered the outstanding actions schedule and noted those issues which had been completed, were elsewhere on the agenda or scheduled for future meetings. Other points to note were as follows:

(a) Minute 30/12 Medical Records

The Planned Care Director of Operations explained that there had been an increase in the availability of medical records before the implementation of the EPR system. However, that had since significantly reduced, albeit some recent improvement had been seen. It was confirmed that the availability of notes was around 85% which would result in 2 to 3 patients per clinic being seen without their notes. A key issue was successfully tracking the notes via the EPR system as at present it was difficult for staff to identify locations. The EPR team would shortly be working on a resolution to this issue.

The Chief Executive requested that that the next meeting receive a detailed report setting out the context to the issue and the improvement seen, current position and steps being taken to address the issue. **Action: Peter Malone/Steve Green**

(b) Minute 47/12 (30/12) Ophthalmology Backlog

The Planned Care Director of Operations explained that around 1000 patients have been removed from the backlog with a significant number discharged following a review and reduction of unnecessary follow-up appointments. The action plan agreed with the PCT continued to be progressed with performance significantly above trajectory.

Resolved: that the outstanding actions schedule be noted.

85/12 Non-Emergency Patient Transport Service Update

The Director of Estates and Facilities gave an update on discussions with South Central Ambulance Service (SCAS) regarding the improvements required to the non-emergency patient transport service. It was noted the Chief Executive had written to the PCT on the issue and the Trust was considering assuming responsibility for the contract given the importance of improving the service for patients. Following a recent meeting, it was noted that they had agreed to invest an additional £713,000 into the service. The Trust was working to obtain further details on the investment and ensure it obtained its pro rata share based on the activity split with Heatherwood and Wexham NHS Foundation Trust.

The Director of Estates and Facilities explained that he would be working with care group colleagues to seek their input on where and how the additional investment should be targeted. Additionally, there were issues for the Trust to take forward, for example, in respect of appointment DNAs which would improve the efficiency of the service.

The Committee concurred with the suggested approach that a letter be written by the Chief Executive to SCAS and the PCT welcoming the increased investment but stressing the need for improvements, which would be closely monitored. The view of the Trust was that if significant improvements were not seen by Christmas, then the Trust would be looking to assume responsibility for the service. It was felt there was a strong case for the providers to manage the contract given that this may not be a strong priority for the emerging clinical commissioning groups. It was recognised that the Trust had no legal right to assume responsibility but that it could be awarded.

It was confirmed that better monitoring of performance was being pressed for, including following up where the targets had been missed.

Resolved: that the report be noted and that the release of a further letter to the PCT and South Central Ambulance Service be supported.

86/12 Urgent Care Group Report

The Urgent Care Group Director introduced her report and highlighted the key issues. There continued to be a problem with unscheduled care flows and patients being outliers across the Trust. This stemmed from the continuing high levels of admissions and problems with delayed discharge which was placing additional pressure on the Emergency Department, Clinical Decision Unit and across the Trust. This pressure had fed into ambulance wait times and other emergency targets and standards. However, additional consultant and emergency nurse practitioner posts had been approved for the Emergency Department to assist.

It was also noted that there was:

- to be a renegotiation of the contract with the Healthcare Trust for support to mentally ill patients
- to be a review of the management of the Hospital at Night
- a significant issue with the Intensive Care Unit ventilation system which would require the temporary relocation of the unit.

The Director of Midwifery outlined continuing estates problems within the maternity block in respect of maintenance and confirmed that an estates review examining options for

expansion would soon be available for the Board. There had been eight diversions within July with 75% of these due to staffing shortages. However, it was noted that a number of midwives were now recruited and would be joining the Trust in December/January. Agency midwives had been employed in the interim to assist with maintaining standards.

It was noted that the Maternity Department had successfully maintained its level 2 CNST assessment from the NHSLA. Although the Trust had been aiming for a level 3 score, this was nevertheless considered to be a successful achievement and represented a significant amount of work. The Committee congratulated the staff involved.

Resolved: that the report be noted.

87/12 Network Care Group Report

The Networked Care Group Director highlighted that the number of complaints received had increased by more than 50%, due in part to administration problems with the new EPR system, but also due to the need to be better at providing information and be more considerate in the way staff spoke to patients. This was being targeted with increases in training.

There remained capacity problems in the Trust and across the healthcare economy. Discussions with community colleagues had been positive and other organisations were looking to escalate their capacity early.

It was noted that the Urgent and the Networked Care Group reports had been jointly prepared to make them more consistent. It was felt that the inclusion of the ward metric dashboards was useful and it was explained that reporting on the identified red issues would be developed within the report itself. The Chief Executive welcomed the increased openness and challenge this would bring.

It was noted there were some nutrition issues to address following the recent CQC inspection which were also covered in the report elsewhere on the agenda from the Nutrition Committee.

Resolved: that the report be noted.

88/12 Planned Care Group Report

The Planned Care Group Director of Nursing introduced the report. The key issues for the care group were embedding the Electronic Patient Record system and following through on a serious incident in relation to radiotherapy.

Resolved: that the report be noted.

89/12 Quality Report

The Interim Medical Director introduced the report and explained that its format was in transition but had already been updated following reviews of best practice.

The Trust was focusing on making further improvements to the handling of patients with sepsis and further work on triage assessment, training and liaison with South Central Ambulance Service was underway.

Following a rise in patient falls, there had been a renewed focus on attempts to reduce the number which were now back at 5.2 falls per 1000 bed days and below the national average. Significant action had been put in place across all care groups and the previous rise seen emphasised the need to maintain a continual focus on the issue.

In respect of C. Difficile infections, it was confirmed that the Trust was below its stretch target. Following agreement on standardised reporting processes the Trust was now the third best in the region. The Chief Executive commented that further adjustments for case complexity and mix should be considered as it was likely this would show the Trust performance in an even better light.

It was noted that there had been a substantial reported fall in a number of VTE assessments. This had been due to problems with the implementation of EPR and had required a focus on staff training and technical issues to ensure that assessments were reported. It was noted that audits had been swiftly undertaken to check whether assessments were still being undertaken and whether there were any safety issues. This had shown that practices remained safe. Although there had been an increase in the number of cases, following investigation it was confirmed that these patients had already suffered from VTE prior to admission.

In respect of mortality reviews, the Interim Medical Director explained that action plans from previous cases and confirmation that lessons had been learned would be featured in future reports.

The Clinical Governance Manager outlined the performance of specialty based clinical governance committees and reported that some areas were still either not meeting or submitting their minutes. It was considered this was a serious matter which should be taken forward outside of the meeting by Care Group Directors. The Clinical Quality Improvement Unit would continue to chase progress. **Action: Emma Vaux**

Resolved: that the report be noted next.

90/12 Reporting to the Clinical Governance Committee

The Chair explained that it had been decided not to hold the planned seminar in advance of the committee to discuss reporting that it might be slightly premature. It was considered preferable to wait for the format of the performance reports to the Board and committee to stabilise. In addition, the Interim Chief Medical Officer and the Director of Nursing were making substantial changes to their joint Quality Report to the Board.

The Chair thanked those who had been involved in providing her with briefing and induction meetings. She had found all her sessions very useful and proposed to continue to gain assurance by attending Care Group Board Clinical Governance meetings from time to time plus a sample of individual Clinical Governance meetings. She also intended to continue to join some Patient Safety Walkabouts and to attend the Governors' Patient Experience and Clinical Assurance Committees. She would also welcome invitations from Matrons and others to visit their areas. Finally, she would continue to ask the Clinical Governance Manager to provide her with briefings on the overall performance of the Clinical

Governance system. The Chief Executive welcomed the leadership shown and felt the visits would help the Chair and Committee triangulate the data before them. There was also a case for other members of the Board to undertake a similar development programme.

The Chair referred to the current care group report template and the decision of the committee in January in relation to its agenda management. It was confirmed that the changes to the agenda agreed would be continued and that there should be some further development of the reporting template. Suggestions included the use of the ward KPIs and it was noted the committee had previously agreed that risk registers would be included. There would be continuing efforts to reduce any duplication between the care group reports and the quality report and it was concluded that the care groups would work together to determine a consistent and comprehensive template which could be used and further developed. **Action: Care Group Directors**

91/12 Critical Care Committee Annual Report

It was noted that the report on the critical care committee also contained details of the work of a number of related and feeder committees including the Trauma Committee, Resuscitation Committee, Sepsis Group and Organ Donation Committee.

The Urgent Care Group Director of Nursing highlighted the key issues within the annual report including the Paediatric High Dependency Unit and additional Emergency Department staffing. The development of a surgical HDU was now moving forward and the Intensive Care Unit continued to show very good outcomes.

The Committee welcomed the positive news and also recognised the continuing desire for increased critical care capacity across the Trust.

Resolved: that the report be noted.

92/12 Nutrition Committee Report

The Interim Medical Director introduced the report and highlighted that in relation to CQC outcome 5, 75% of patients were now screened for malnutrition within 24 hours of admission. The figure had not improved for sometime although it was noted that 88% of patients were screened within 48 hours. It was felt there was a need to further progress in this area and that executive representation on the Nutritional Committee would be welcomed. It was felt that compliance with NICE guidance for outpatients was a priority for clinical care. It was probable that a CQUIN for improvement in this area could be developed with the Primary Care Trust for 2013/14.

It was noted there continued to be concerns regarding the lack of dietetic service capacity within the Trust. The Networked Care Group Director felt that the bought-in-services might be provided inhouse going forward and this was an issue subject to review.

It was noted that nutrition would feature as a KPI on the care group dashboard and also that increased joint working in relation to fluid management issues would be taken forward.

The Chief Pharmacist explained that nutrition supplements would still be available to the wards but would be provided through NHS supplies. Supplies would be cheaper and this had been a planned process.

The Chief Executive confirmed that the issues would be owned and taken forward by the existing Committee Chairman in conjunction with additional executive support.

Resolved: that the report and areas of concern outlined be noted.

93/12 Emergency Department Incident

The Patient Panel Representative, Dr Prem Sharma outlined an incident within the Emergency Department that he had been aware of where a patient with a bleeding finger had been required to wait a considerable period. The Urgent Care Group Director would take up the issue with Dr Sharma outside the meeting. It was noted that the additional recruitment of emergency nurse practitioners to the minors unit would assist going forward.

Action: Sue Edees

94/12 Health Prevention Scheme

The Patient Panel Representative, Dr Prem Sharma, explained that a meeting had been held with the former Chief Medical Officer and Bulmershe School to discuss a health education campaign. This had not yet been followed through and the Interim Medical Director agreed to take up the issue outside of the meeting. **Action: Emma Vaux**

95/12 Legal Services Report

The Deputy Director of Corporate Affairs introduced the report and highlighted that future changes to cost recovery procedures had led to a significant increase in the number of claims notified to the Trust. A significant number were being submitted in advance of the rule change in April 2013. It was felt that a good number of the cases would not proceed but this provided context to the increases seen.

Resolved: that the report be noted.

96/12 NHS Berkshire West Report

The Quality Improvement Lead for NHS Berkshire West confirmed that the PCT was continuing to work closely with the Trust on a number of issues. She outlined the development of regional Commissioning Support Units which would assist local Clinical Commissioning Groups going forward. There would be a Berkshire, Buckinghamshire and Oxfordshire Thames Valley hub within the southern regional commissioning support unit.

Resolved: that the update be noted.

97/12 Deteriorating Patient Policy

The LINK Representative commented that from his perspective it was important to ensure there was proper authorisation of the form, there were prompt communications to the patient and that forms were reviewed on discharge.

The following items of business were discussed by committee members only.

98/12 Infection Prevention and Committee Minutes – 12th July 2012

Resolved: that the minute be received.

99/12 Deteriorating Patient and Resuscitation Policy

It was noted that a revised policy had been circulated after the main dispatch incorporating the new SHA wide Unified Do Not Attempt Cardiopulmonary Resuscitation policy.

The Clinical Governance Manager explained that there had been issues regarding communication of decisions in relation to DNACPR to patients and relatives. This was being followed up more closely and related to a desire to see an increased use of medical advance plans.

The Interim Medical Director confirmed that DNACPR decisions and forms did not require dual signature, although this may be regarded as preferable. It was confirmed that issues in relation to DNACPR had been discussed at length across the SHA and were dealt with appropriately in the policy.

Resolved: that the deteriorating patient and resuscitation (incorporating do not attempt cardiopulmonary resuscitation and medical advance planning) policy be approved.

100/12 Maternity Policies for Approval

It was confirmed that the two policies had received detailed consideration and had been ratified at the maternity clinical governance committee.

Resolved:

a) That the escalation and unit diversion policy for maternity be approved.

b) That the multi-professional policy for newborn and blood spot screening in West Berkshire be approved.

SIGNED

DATE

Royal Berkshire NHS
NHS Foundation Trust

Minutes of the Joint Constitution Working Group

Friday 21 September 2012
2.05pm – 3.35pm
Boardroom, Level 4, Royal Berkshire Hospital

Present

Mrs. Sally Kemp	(Partner Governor, South Central SHA) (Chair)
Mr. Ian Clay	(Public Governor, West Berkshire)
Mrs. Janet Rutherford	(Interim Non Executive Director)
Mr. Ian Stoneham	(Commercial Director)
Ms. Maria Walker	(Staff Governor, Admin. and Management)

In attendance

Dr. Keith Eales	(Director of Corporate Affairs and Secretary
Mr. Mike Robinson	(Head of Governance)

Apologies

Mrs. Vera Doe	(Public Governor, Wokingham)
Cllr. Bet Tickner	(Partner Governor, Reading Borough Council)

04/12 Election of Chair

In the absence of Vera Doe, the Group elected a chair for the meeting

Resolved: that Sally Kemp be elected Chair for the meeting.

05/12 Minutes – 13 July 2012

Resolved: that the minutes of the meeting held on 13 July 2012 be approved as a correct record and signed by the Chair.

06/12 Review of the Constitution

The Director of Corporate Affairs and Secretary introduced the report and explained that the recommendations of the last meeting had been agreed by the Board and Council. The situation had changed somewhat in that the advice from Monitor was that it now expected constitutions to incorporate the changes required under the Health and Social Care Act as soon as possible. The appointed legal advisors would be able to undertake the necessary work and incorporate the Trust's local requirements into the Monitor model constitution. Subject to the contentiousness of any decisions made, the Group felt it would be preferable to incorporate all the required changes at the next AMM.

The Group considered in detail the issues and implications of each of the highlighted areas for review.

Terms of Office of Non Executive Directors (NEDs)

The Group agreed to recommend that the Trust adopt the Monitor guidance of three year terms of office for NEDs. This term mirrored that in the private sector 'combined code' of UK Corporate Governance and was considered to be best practice. It was noted this would not be applied retrospectively.

It was also agreed that the constitution should mirror the Monitor Code guidance on two three year terms being the norm with increasingly high thresholds for annual appointments thereafter. It was noted that appointments beyond 6 years were generally rare.

Overall Numbers of Governors and Public Constituencies

It was noted that changes to the number of Governors or to the public constituencies would require AMM approval even if the process for changing the constitution was streamlined..

The Group considered that the overall number of 29 Governors on the Council should be maintained. However, in discussing the breakdown of partner governors it was considered that there should be an additional elected staff governor to represent the Trust's volunteers. It was therefore recommended that the breakdown of governors be amended to fifteen public, 6 staff and 8 partner.

The Group discussed the breakdown of public governor constituencies in detail. It was noted that there were a number of ways of determining an appropriate split between the constituencies such as membership and population. However, it was felt that the existing method of basing representation on patient numbers remained sound. It was noted that the breakdown of patient flows and membership were substantially aligned and that patient flows had not significantly changed. Despite a shift in flows such that it could be argued East Berkshire was over-represented compared to Wokingham, it was felt that the shift had not been significant and nothing had materially altered from when the original makeup of the Council was agreed. Given the strategic importance of service delivery decisions in East Berkshire it was not considered sensible to reduce the number of governors from that area at this time.

It was noted that patient flows around the public constituency borders had not altered significantly and it was agreed that there was no need to review boundaries at this point.

It was considered prudent to build into the constitution a regular three yearly review of patient flows to ensure that the public constituency breakdown and constituency boundaries remained valid.

Partner Governors

The Group discussed in detail the breakdown of partner governors and the options for change. The attendance records of the appointing organisations were noted.

The Group considered that there should be a balance between partner governors who represented users, the public and patients and partner governors from organisations with whom the Trust had a relationship. The increasing focus on holding the Board to account was important in this respect.

It was noted that legal advice was that appointments needed to be made by a defined organisation. There could however be flexibility over the individual appointed.

The group concluded that:

- There was a strong case for including representation from commissioning bodies on the Council. It was felt that representatives from both the Berkshire West and Berkshire East Clinical Commissioning Group Federations should be appointed. The NHS Berkshire West and South Central SHA posts should be used for these appointments.
- Representation from the Princes Royal Carers Trust and Reading commission for Racial Equality should be maintained to represent carers and the ethnic minority communities.
- That there was less value to the Council from the Reading / Thames Valley University post and this could be removed in favour of a governor post for volunteers. It was considered that the volunteer governor post would be an elected one.
- There was a strong basis for maintaining the representation from Reading, Wokingham and West Berkshire unitary authorities, particularly given their increasing roles in public health and Health and Wellbeing Boards.
- Youth representation was important and should be maintained. However, it had proved difficult to appoint a youth MP and this appointment should be broader based, albeit still made by Wokingham Borough Council.

Quorum of the Council

It was noted that the quorum of the Council had been difficult to achieve on a number of occasions and it was considered to be too onerous. There was no specific guidance centrally and a variety of approaches were adopted by Trusts. Following discussion, it was recommended that the quorum of the Council be altered to be a third, but to be specified as '10 governors, five of whom must be public governors'.

Voting Methods

The Group noted the merits of the two voting systems – first past the post (FPTP) and single transferable vote (STV). It was noted that a small majority of Trusts used FPTP and that on reviewing their constitutions, most Trusts were remaining with their current system. It was considered that the stated advantages of the STV were of benefit in large multi seat constituencies and where large numbers of candidates were seen; neither case applied to the Trust. The Group considered there was no clear benefit to moving away from the FPTP system and decided to recommend the status quo.

Nest Steps

It was noted the minutes and recommendations of the Group would be submitted to the next Board and Council meetings.

The Group confirmed that, given the hopefully non-contentious nature of the changes proposed, it was felt appropriate to recommend that the next AMM be asked to agree all the required changes rather than adopting a phased approach.

Subject to the approval, it was considered unlikely that a special meeting of the Council would be needed to consider the constitution. The legal advisors would prepare the draft which would be circulated to the Group and all Board / Governors in advance of regular meetings of the Board and Council.

It was noted there would need to be some careful communication to members in advance of the AMM making it clear what was being changed and why.

RESOLVED: that the Board of Directors and Council of Governors be recommended to agree that a revised constitution, based on the Monitor Model Constitution, be prepared for approval at the Board of Directors, Council of Governors and Annual Members' Meeting, incorporating the following decisions:

a) that the constitution specify that the length of term for Non Executive Directors be three years. The usual term would be two three year terms with thresholds for possible annual appointments thereafter.

b) that the number of governors on the Council be maintained at 29 but that the breakdown be changed to 15 public, 6 staff and 8 partner, to include an additional staff governor post for a volunteer representative

c) that the breakdown of public governor constituencies remain unaltered

d) that there be no change to public constituency boundaries

e) that the constitution feature a requirement for three yearly reviews of the public constituency breakdown and public constituency boundaries against patient flows

f) that the partner governor constituencies be updated to:

- **a. change the Berkshire West PCT post to 'Berkshire West Clinical Commissioning Group Federation'**
- **b. change the South Central SHA post to 'Berkshire East Clinical Commissioning Group Federation'**
- **c. remove the Reading University / Thames Valley University post in favour of a staff governor position for a volunteer**
- **d. change the Youth MP post to a 'youth representative', still to be appointed by Wokingham Borough Council**

g) that the quorum of the Council be updated to: '10 governors, 5 of whom must be public governors'

h) that there be no change to the first past the post voting method for governor elections

07/12 Next Steps and Date of Next Meeting

The Group would decide whether to meet again in light of the forthcoming discussions at the Board and Council.

SIGNED

DATE

Royal Berkshire NHS Foundation Trust **Agenda item 8 a)**

Board of Directors

Title: **Workforce Report**

Date: **2 October 2012**

Lead: **Janine Brennan (Director of HR)**

Purpose: To present an overview of key activities and achievements relating to the trust's workforce.

Key Points:

- The Department of Health has published: Liberating the NHS: Developing the Healthcare Workforce: from design to delivery. This reform will have a significant impact on the trust in terms of Workforce planning, education & training. This report highlights the key changes.
- To support the new clinically led structure, a management and leadership programme has been developed to support managers in achieving the trusts 4 simple aims. The first module of that program is now complete.
- To inform the board of the development of a new initiative aimed at helping young people with a learning disability to secure employment via a structured internship program at the trust.
- To inform the board of a new agency partnership programme launched to raise standards of compliance and reduce costs for the supply of temporary staff.
- The trust ranks first nationally for rates of e-learning undertaken by staff.
- Progress against the Annual Plan objectives are set out in this report.
- A brief overview and progress status against medical revalidation is provided.

1. Education, Training & Workforce planning.

Liberating the NHS: Developing the healthcare workforce, sets out a new framework for education and training which will move from being led by strategic health authorities to being led by healthcare providers. The focus will be on delivering value for money and effectively linking pre and post registration education and training to better healthcare outcomes.

There will also be a new mechanism for workforce planning and ensuring security of supply to meet demand, with better integration between service development, financial planning and workforce planning.

The infrastructure supporting this will move to wards the establishment of Local Education & training Boards, which are currently operating in shadow form. This will mean that providers will be responsible for:

- Planning (providing data on current & future workforce needs and skills) and commissioning (through education providers), the whole workforce to achieve long term sustainability
- Maintaining and raising standards of education and training.

The structure, accountabilities and form that LETBs might take has been the subject of much debate, in particular their ability to deliver versus the 'representational' make up of the stakeholders together with the educational, operational and financial governance and accountabilities they will have.

At a national level health Education England (HEE) will:

- Provide national leadership on planning & developing the workforce
- Support, develop and hold to account LETBs via a quality Assurance Framework
- Promote high quality training and education in response to changing needs of patients & local communities
- Allocating and accounting for NHS education and training resources

Significantly this change will also mean a change to the way funding flows, based on the concept of tariffs for education & training, with central budgets only funding educational and training for the future workforce. Providers will be responsible for funding development of their existing workforce.

The Trust lead Director for this is Caroline Ainslie, Director of Nursing.

2. Organisational Development: Leadership & Management Development.

To support the introduction of the new clinically led structure in 2011, a leadership and management development programme, entitled ***'Compass'*** has been developed. This programme is designed around the Trust's 4 simple aims:

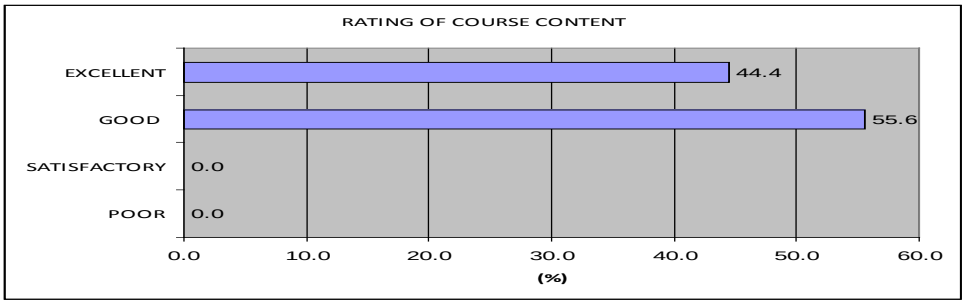
Best value for money: Financial Excellence programme

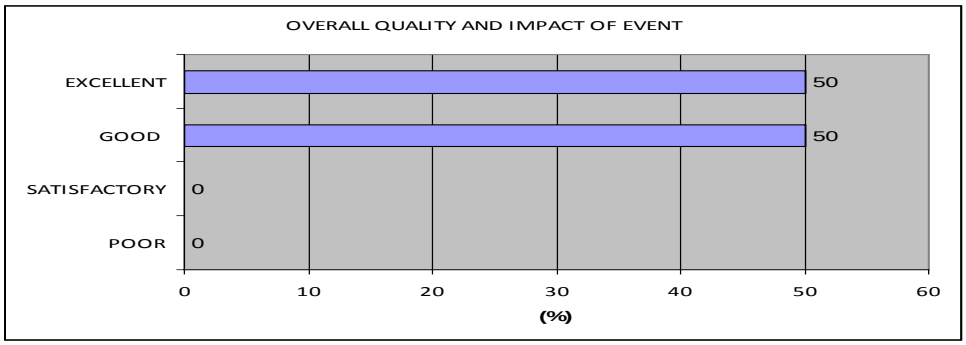
Best healthcare outcomes & Best patient experience: Clinical & Patient Excellence programme.

Best place to work, train and learn: People Excellence programme.

The first programme that ran was Financial Excellence. 60 of the Trusts Senior Manager (appointed as part of the new clinically led structure) took part in a 2 day programme aimed at developing Financial and Commercial Excellence. The course developed delegate understanding of the dynamism of the Regional and National health economy and was designed to enable the development of a Financial and Commercial mindset to help leaders navigate the choppy economic waters ahead.

Of the evaluation forms received, the following findings are drawn.





The same group have embarked on the People Excellence, Patient Excellence & Clinical Excellence modules which run through to 2013.

3. Best Place to Work, Train & Learn

3.1 Equality & Diversity

Project SEARCH is an internship programme for young people with learning disabilities to help them develop skills and experience to increase their chances of employability in the labour market. It was started at the Cincinnati Children's Hospital Medical Centre, Ohio USA in 1998, as the result of a need to recruit and retain staff for relatively routine jobs which had high staff turnover levels, which, combined with regular requests from disability organisations for supported employment opportunities, led to the launch of Project SEARCH.

The UK national unemployment rate for adults with learning disabilities is 96% and the majority of these individuals want to work. On average 30 – 40% of Project SEARCH students have gained permanent employment with their host employer and another 30 – 40% have gone on to gain employment elsewhere in the community.

RBFT will be the first employer in Berkshire to take part in the scheme, which has 230 projects of its kind operating world wide, including 16 in the UK. Project SEARCH is a collaborative effort between Brookfields School and Reading College as education providers and Hemingway Enterprises.

Working with us, staff and patients will see people with learning disabilities performing well in a variety of roles –the benefits to the Trust include:

- Enhanced reputation locally as an employer of choice.

- Potential new applicants for roles following completion of the academic year, all fully trained and committed to the organisation.
- Increased positive local media coverage (already seen in Plymouth and Bristol)
- Patients with disabilities and their families will see positive role models related to employment opportunities.
- As an employer we will be seen as more representative of our local community and patients, in line with our equality & diversity objectives and the requirements of the Equality Act 2010
- Free disability related training will be delivered to staff supporting students

12 students have been selected to be part of Project SEARCH and commenced their internship programme on 5th September.

3.2 Temporary staff: Agency Partnership Scheme

In the past the trust relied heavily on agency staff, with many of the employment agencies used not being on an appropriate procurement framework.

The trust has been involved in piloting a new Agency Partnership Programme; whereby Agencies have to go through a rigorous process to demonstrate their quality, governance and "best value" rates in order to be recognised by the trust. Their employment processes are validated against NHS recruitment standards, with successfully selected agencies becoming a programme partner. All successful agencies agree to a code of conduct covering the key areas of recruitment practices, compliance, placement and invoicing.

We are now in a position where we have fewer agencies to deal with, can be confident that they are all vetted as to the quality of their systems and processes and of course we benefit from more competitive agency rates.

3.3 E-Learning

E-earning take up rates are recorded nationally. In May 2012 there were 10,432 completions of e-learning modules in this Trust, which placed the trust at the top of the national league tables for the number of e-learning completions. We had been second or third in the three previous months.

Obviously EPR gave a huge boost to these numbers but if people continue with e-learning by doing as much of their statutory and mandatory training in this way then we will improve our compliance against NHSLA standards and remain amongst the Trusts with the highest number of completions.

3.4 Terms and Conditions of Employment: On-Call Harmonisation

All NHS Trust's are required to negotiate local agreements with Trade Unions relating to arrangements and payments for all staff, employed on Agenda for Change terms and conditions of service, who undertake on-call duties. Within the Trust there are currently 4 different types of on call system, covering approximately 400 Staff (excluding medical staff).

A working group was established within the Trust to develop an On-Call Framework Agreement. A number payment options were considered and presented to the Executive Remuneration Committee recently. The Executive Remuneration Committee gave approval for the project to move into implementation based on a payment option that included an inconvenience payment together with payment for actual work undertaken. The criterion applied was that the arrangement negotiated had to be cost neutral or reduce costs. The option selected costs marginally less (based on activity assumptions) albeit that pay protection will apply which means that no savings will be accrued until pay protection expires.

Consultation with the staff groups affected is currently in progress.

4. Annual Plan progress

Progress against the 2012/13 Annual Plan workforce objectives is set out below:

Objective	**Progress**
Achieve an appraisal rate of 95%	The rate as at end August 2012 is 67% trust wide with progress in areas as follows: • Planned Care: 55% • Networked Care 76% • Urgent Care: 72% • Estates & Facilities: 72% • Medical Directorate: 45% • Nursing Directorate:76% • Chief Executive:50% • Commercial Directorate: 28% • Corporate Affairs Directorate: 90% • Human Resources: 97% • Finance: 30% • IT: 0%
Improve Staff satisfaction scores from 3.46 to 3.5 and staff engagement from 3.71 to 3.75.	A key aspect this year has been the implementation of the Compass leadership and management development programme, based on evidence that shows the relationship between leaders' effectiveness and staff satisfaction. We are in the process of preparing the annual staff satisfaction survey that will be implemented during October and November. We have refined this to include questions relating to the Trusts' new leadership model and the new Care Group structure.

5. Revalidation

Appendix 1 sets out an overview of the national scheme for the revalidation of medical staff, together with a progress report on the Trust's current status.

Appendix 1

Revalidation: A Brief Background.

"Revalidation will be our new way of regulating licensed doctors that will give extra confidence to patients that their doctors are up to date and fit to practise."

General Medical Council: http://www.gmc-uk.org/doctors/revalidation.asp

Revalidation is a new way of regulating licensed doctors that will give further assurance to patients that they're up to date and fit to practise. All doctors who have a licence to practise will have to revalidate every 5 years by having regular appraisals that are based on the GMC's core guidance for doctors.

The GMC are getting ready to introduce revalidation across the UK in early December 2012 and the majority of licensed doctors will be revalidated for the first time by the end of March 2016.

At the point that a doctor needs to revalidate, their Responsible Officer (RO) can make one of three recommendations:

- make a positive recommendation that the doctor is up to date, fit to practise and should be revalidated
- request a deferral because they need more information to make a recommendation about the doctor. This might happen if the doctor has taken a break from their practice (for example, maternity or sick leave).
- or notify us that the doctor has failed to engage with any of the local systems or processes (such as appraisal) that support revalidation.

Revalidation aims to give patients greater confidence that doctors are up to date in the area of their medicine. It also aims to support doctors in maintaining and improving practice throughout their career by ensuring that they have the opportunity to reflect regularly.

Over time, revalidation should help to improve the quality of care that patients receive by driving improvements in clinical governance.

Revalidation at the Royal Berkshire NHS Foundation Trust:

Our Team:

Mr. Richard Dodds – Responsible Officer for the Royal Berkshire NHS Foundation Trust. Mr. Dodds is responsible for making recommendations to the GMC regarding all doctors with a prescribed connection to the RBH; carries out RO appraisal checks to quality assure all appraisals; chairs a monthly Revalidation meeting and oversees all revalidation decisions.

Dr. Debbie Rosenorn-Lanng – Revalidation Lead. Dr. Rosenorn-Lanng is responsible for the successful implementation of Revalidation in to the Trust.

Sarah Anderson – Revalidation Administrator. Sarah supports the team and ensures that all doctors employed at the Royal Berkshire NHS Foundation Trust have annual appraisals.

Our Implementation Plan – key dates.

April 2012 – The final Organisational Readiness Self-Assessment tool (ORSA) [Appendix 1] is sent to the Revalidation Support Team (RST) – a Department of Health funded body which exists to support the implementation of revalidation. The Royal Berkshire NHS Foundation Trust achieved a **green RAG** rating meaning the Trust is ready for revalidation and on target. **ACHIEVED**

November 2012 – Alistair Flowerdew scheduled to become the new Chief Medical Officer of the RBH. It is expected that Mr. Flowerdew will take the place of RO and Mr. Dodds will become the 2nd RO (in place to deal with any conflict of interests with RO).

Monthly – A monthly report is sent out to Anne Younger – Revalidation Project Manager at South Central SHA – to inform them of monthly progress, appraisal rates and any risks/issues that will impact on the achievement of readiness.

December 2012: Revalidation goes LIVE. Revalidation will be implemented in all Trusts across the UK and all licensed doctors will be revalidated on a 5 year basis from now on.

Scheduling dates for doctors to be revalidated for the first time:

- **4th Quarter 2012/13:** Responsible Officer (RO) to be revalidated by March 2013 **ON TARGET**
- **4th Quarter 2013/14:** 45% of doctors, with a prescribed connection to the Trust, to be revalidated by March 2014. Doctors have been chosen through random selection. **ON TARGET**
- **4th Quarter 2014/15:** 45% of doctors, with a prescribed connection to the Trust, to be revalidated by March 2014. Doctors have been chosen through random selection. **ON TARGET**
- **2nd Quarter 2015/16:** Remaining 10% of doctors, with a prescribed connection to the Trust, to be revalidated by March 2014. Doctors have been chosen through random selection. **ON TARGET**
- By **4th quarter of 2015/16**, the Royal Berkshire NHS Foundation Trust aims to have **100%** of doctors revalidated. **ON TARGET**

Our Progress to date:

Current Overall Appraisal Rates:

Below are the Royal Berkshire NHS Foundation Trust's appraisal rates to date. This runs from the start to the end of the financial year – April 2012 – March 2013. An overall appraisal percentage rate of 32% at this point in the financial year is above the average regional rate, meaning the Trust is well on target to achieving 100% of appraisals complete at the end of the financial year.

Appraisals completed at end of the month. "To date" = financial year running from 01/04/2012 – 31/03/2013.	**No. of Doctors**	**No. of appraisals completed to date**	**Percentage of total to date**
Consultants (Inc. Locum Consultants)	257	77	30%
Staff grade, associate specialist, speciality doctor (Inc. Locum)	94	35	37%
Total	351	112	32%

Table 1.

Cumulative Appraisal Rates 01/04/2012 – 31/03/2013:

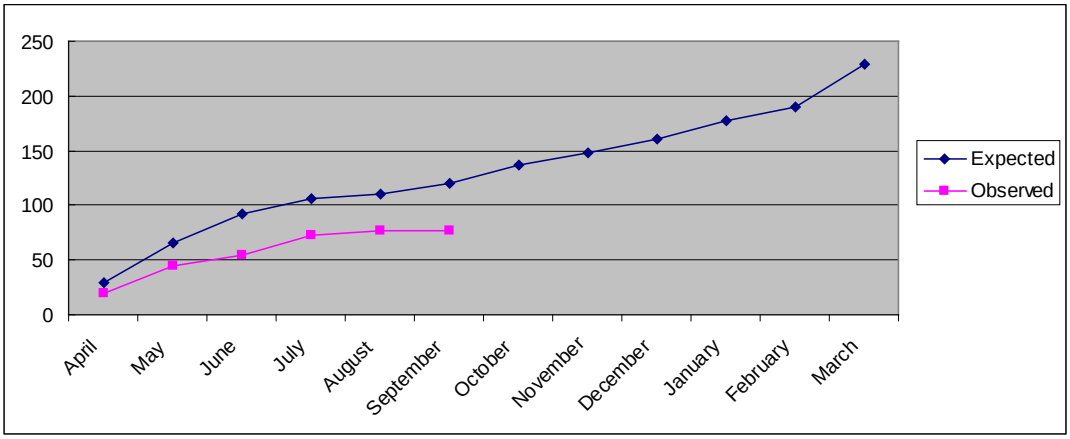
Consultants:

Below is the cumulative frequency graph of appraisals expected and appraisals observed.

	Expected	Cumulative Expected	Observed in Month	Cumulative Observed
April	30	29	19	19
May	37	66	24	43
June	27	93	10	53
July	14	107	18	71
August	5	112	4	77

Table 2.

Number of consultants overdue with booked appraisals: 30 appraisals booked out of 35 overdue.



Graph 1.

The blue line shows the number of expected appraisals per month, the pink the number of appraisals actually achieved per month.

Although is appears that we are not hitting our monthly targets, we know 30 doctors out of the 35 overdue have appraisal dates booked. With regards to the 5 remaining overdue doctors with no appraisal date booked, we are working closely with them to provide support and advice to ensuring an appraisal is booked soon.

For those doctors who are showing a lack of engagement to appraise; reports are being sent to the Care Group Directors, the Trust RO and HR to contact the doctor directly.

SAS/Staff Grade/Specialty:

Below is the cumulative frequency graph of appraisals expected and appraisals observed.

	Expected	Cumulative Expected	Observed in Month	Cumulative Observed
April	14	14	10	10
May	19	33	11	21
June	5	38	6	27
July	2	40	3	30
August	3	43	4	35

Table 3.

Number of SAS/Staff Grade/Specialty doctors overdue with booked appraisals: 7 appraisals booked out of 8 overdue.

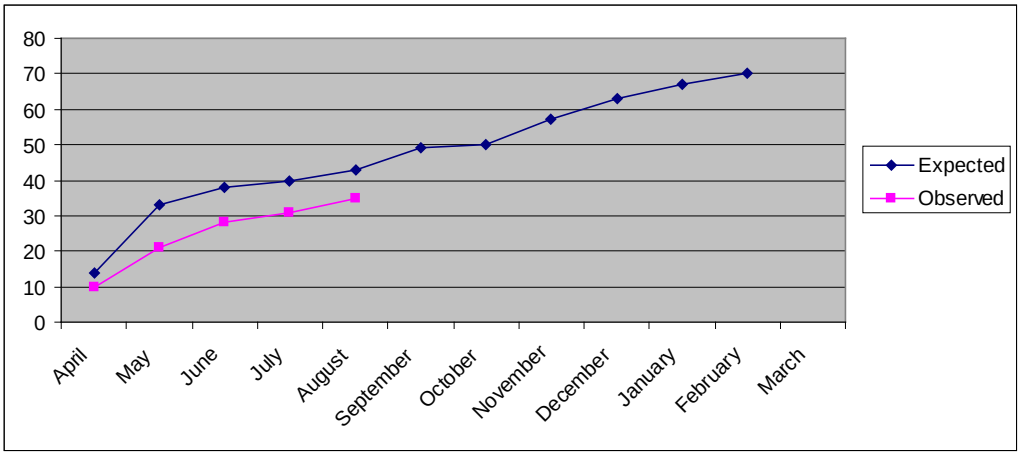


Table 2.

Again, although it appears we are below our target 7 out of 8 overdue have an appraisal date booked. We have no concerns that any of the overdue appraisals will impact the readiness for revalidation.

Appraisal Rates for 2010/11 and 2011/12.

- Appraisal rates for Consultants in 2010/11 was **97.9%**
- Appraisal rates for Consultants in 2011/12 was **88%**

- Appraisal rates for SAS/Staff Grade/Specialty doctors in 2010/11 was **72%**
- Appraisal rates for SAS/Staff Grade/Specialty doctors in 2011/12 was **75%**

2011/12 proved a learning curve for doctors' appraisals and revalidation. We were chosen to pilot an online appraisal toolkit for the RST in April 2010 which, although we exceeded our target number of participants and saw a vast increase to the rate of completed appraisals, was a challenging and time consuming process which deterred a number of doctors to the up-coming implementation of revalidation and change to the Trust appraisal system and form. This significant change to a long standing process impacted on our appraisal rates for 2011/12, seeing them drop from 97.9% to 88%.

Working closely with a board of Trust doctors and HR, the Revalidation team designed a new appraisal form [Appendix 2] which was easy to use but provided a more in-depth appraisal which complied with the GMC requirements for revalidation. We have worked hard to implement the new process and provide support, guidance and advice to those who found the change a challenge and are confident that our appraisal rates will increase to 100% by March 2013.

What comes next?

We are currently working on the following projects to help support revalidation and comply with GMC requirements:

Lead Appraisers:

We are currently in the process of finding 5 Lead Appraisers to quality assure the appraisal process and provide support and guidance to the Trust's appraisers.

Support for Doctors:

In line with the RST's Guide "*Supporting doctors to provide safer healthcare"* we are in the process of developing internal guidance to provide support for doctors when concerns arise. It will concentrate on identifying concerns at an early stage and installing measures to help reduce the risk of problems arising in the first place.

Mentoring and Coaching:

Debbie Rosenorn-Lanng is currently in the process of establishing a small group of mentors and coaches to provide a professional and confidential service to doctors who feel they require it. This service will coincide with the "support for doctors" guidance and provide another measure to prevent problems arising and support if they do.

Royal Berkshire NHS Foundation Trust **Agenda Item 8 b)**

Board deadlines and Agenda Plan

This plan shows draft agendas for meetings of the Board.
Contact Mike Robinson on 0118 322 5364 mike.robinson@royalberkshire.nhs.uk with queries/updates.

Deadlines

NB – no August Board. September Board moved to first week in October, October to first week in November etc.

Stage	**November Board TBC**	**December Board TBC**
Executive deadline for drafts to be with KE	**Thurs 18/10/12 (1pm)**	**Thurs 15/11/12 (1pm)**
Draft review by Executive	Mon 22/10/12	Mon 19/11/12
Pre agenda meeting – Chairman, CEO, DCA **– dates and times TBC**	Wed 24/10/12	Wed 21/11/12
Executive deadline for updated drafts to be with KE	**Thus 25/10/12 (1pm)**	**Thurs 22/11/12 (1pm)**
Final clearance at Executive	Mon 29/10/12	Mon 26/11/12
Final despatch	**Tues 30/10/12 (9am)**	**Tues 27/11/12 (9am)**
Board meeting	Tues 6/11/12	Tues 4/12/12

Patient Story
Patient story presentations to be on following rota: CEO, ND, MD, DoF, PCGD, NCGD, UCGD

6 November Board – Date TBC

Item	Origin/Details	Executive Lead/ author
Regular Items		
Patient story presentation	Craig Anderson	
Schedule of Matters Arising/ Outstanding Actions	Regular report	Keith Eales (Mike Robinson)
Chief Executive's Report	Regular report	Ed Donald
Quality and Patient Safety Report	Regular report	Caroline Ainslie/ Medical Director (Hester Wain/Kat Young)
Integrated Performance Report	Regular report	Ian Stoneham (Caroline Hillman)
Director of Finance Report	Regular report	Craig Anderson (Graham Butler)
Corporate Risk Register	Regular report	Keith Eales (Niall Smyth)
Board Agenda Plan	Regular report	Keith Eales (Mike Robinson)
Other Items		
Research Award Presentations	1st item?	Leslie Frederick
Monitor Stage 2 Annual Plan Review		Craig Anderson / Keith Eales
Frimley Park Collaboration	IS – August 2012	Ian Stoneham / Lindsay Barker
EPR Business Case		Elizabeth White
Quality of Earnings Report – Update on Actions	July Board min 122/12	Craig Anderson
Monitor Quarterly Submission		Craig Anderson (Ken Taylor)
Decontamination Services	PM – August 2012	Peter Malone
Ophthalmology Update	PM – August 2012	Peter Malone
Six Month Review of Annual Plan Performance	CA/IS – August 2012	Craig Anderson / Ian Stoneham
Frimley Park Collaboration	IS – August 2012 – TBC – September??	Ian Stoneham / Lindsay Barker
Friends and Family Reporting Requirement	CA – August 2012	Caroline Ainslie
Carbon Reporting	PH – August 2012	Philip Holmes
Property Disposal – Battle Site	PH – August 2012	Philip Holmes
Engineering Compliance	PH – August 2012	Philip Holmes
Development of Surgical HDU	PM – August 2012	Peter Malone

4th December Board – date TBC

Item	Origin/Details	Executive Lead/ author
Regular Items		
Schedule of Matters Arising/ Outstanding Actions	Regular report	
Chief Executive's Report	Regular report	Ed Donald
Quality and Patient Safety Report	Regular report	Caroline Ainslie/ Medical Director (Hester Wain/Kat Young)
Integrated Performance Report	Regular report	Ian Stoneham (Caroline Hillman)
Director of Finance Report	Regular report	Craig Anderson (Graham Butler)
Corporate Risk Register	Regular report	Keith Eales (Niall Smyth)
Board Agenda Plan	Regular report	Keith Eales (Mike Robinson)
Schedule of Matters Arising/ Outstanding Actions	Regular report	Keith Eales (Mike Robinson)
Chief Executive's Report	Regular report	Ed Donald
Quality and Patient Safety Report	Regular report	Caroline Ainslie/ Medical Director (Hester Wain/Kat Young)
Other Items		
Integrated Business Plan – First Draft	IS – August 2012	Ian Stoneham
Property Disposal – Craven Road	PH – August 2012	Philip Holmes

January 2013 (date TBC)

Item	Origin/Details	Executive Lead/ author
Regular Items		
Schedule of Matters Arising/ Outstanding Actions	Regular report	
Chief Executive's Report	Regular report	Ed Donald
Quality and Patient Safety Report	Regular report	Caroline Ainslie/ Medical Director (Hester Wain/Kat Young)
Integrated Performance Report	Regular report	Ian Stoneham (Caroline Hillman)
Director of Finance Report	Regular report	Craig Anderson (Graham Butler)
Corporate Risk Register	Regular report	Keith Eales (Niall Smyth)
Board Agenda Plan	Regular report	Keith Eales (Mike Robinson)
Schedule of Matters Arising/ Outstanding Actions	Regular report	Keith Eales (Mike Robinson)
Chief Executive's Report	Regular report	Ed Donald
Quality and Patient Safety Report	Regular report	Caroline Ainslie/ Medical Director (Hester Wain/Kat Young)
Other Items		
Real Estate Strategy	PH – August 2012	Philip Holmes

Agenda Item 8 c)

Healthcare Facilities Management Services Limited

Craven Road, Reading

Meeting by e-mail exchange on Monday 6 August at 9.00am

Present

Keith Eales	Chairman
Graham Butler	Director
Philip Holmes	Director
Tim Caiger	Non-Executive Director
Caroline Lynch	Company Secretary

08/12 Provision of Soft Facilities Management services to Bracknell Clinic

The Board approved the order for £376,531.00 for years 1 and 2 of the 1+1 contract (excluding pass-through and RPI cost increases) to EC Hariss for the year 2 provision of Soft FM services to the Royal Berkshire Bracknell Clinic.

Chairman

Date