

COMMUNITY HEALTHCARE BOARD
23rd February 2011
10.30am to 12.30pm

Venue: Rainbow Room 1, Heart of Hounslow, Bath Road, Hounslow, Middlesex

AGENDA

NO	TIMING	ITEM	EXEC	ACTION
1	10.30	Chairman's welcome and note of apologies	SS	
2		Declaration of Interests <i>Members are reminded of their obligation to declare any interest they may have on any issues arising at the meeting, which might conflict with the business of Hounslow Community Healthcare and Richmond and Twickenham Community Health Services.</i>	SS	<i>Information</i>
3		Questions to the Board <i>Questions must be submitted in writing to nikki.hill@hrch.nhs.uk by Monday 21st February 2011 by 10.00am.</i>	SS	<i>Information</i>
4		Minutes of previous meeting held on 26th January 2011 and matters arising (not covered by agenda)	SS	<i>Approval</i>
5		Chairman's Report <i>Steve Swords</i>	SS	<i>Information</i>
6		Managing Directors Report <i>Richard Tyler</i>	RT	<i>Information</i>
10.50 Strategy				
7		Transition Report	RT	<i>Approval</i>
11.10 Governance				
8		Integrated Governance Report	SG	<i>Information</i>
9		CQC – registration update	SG	<i>Approval</i>
11.40 Operational Performance				
10		Performance Report – Month 9 December	JM	<i>Information</i>
11		Month 10 (January) Finance Report	DH	<i>Information</i>

NO	TIMING	ITEM	EXEC	ACTION
	12.20	For Information		
12		Any other business	SS	<i>Information</i>
13		Date of next meeting <i>Board Meeting</i> <i>23rd March 2011</i> <i>Rainbow Room 2, Heart of Hounslow</i>		<i>Information</i>

MINUTES OF A PUBLIC MEETING OF THE COMMUNITY HEALTHCARE BOARD HELD AT 10.30M ON WEDNESDAY 26TH JANUARY 2011 IN CONFERENCE ROOMS 1 AND 2, THAMES HOUSE, TEDDINGTON HIGH STREET, MIDDLESEX, TW11 8HU

Present:

Steve Swords, Chairman
Richard Tyler, Managing Director
Siobhan Gregory, Director of Quality and Clinical Excellence
David Hawkins, Director of Finance
Jo Manley, Director of Operations
Rachael Moench, Director of Human Resources
Carol Cole, Non Executive Director
Ajay Mehta, Non Executive Director
Judith Rutherford, Non Executive Director

In attendance:

Lew Gray, Hounslow Local Involvement Network (LINKs)
Daniela Lessing, Medical Director
Derek Oliver, London Borough Richmond
Paul Pegden Smith, Local Involvement Network (LINKs)
Kate Wilkins, Interim Governance Lead

The minutes of the meeting should be read in conjunction with the agenda and reports for the meeting.

1. WELCOME AND APOLOGIES

Welcome: On behalf of the Board, the Chairman welcomed all those present to the meeting.

Apologies: Apologies were received from Pablo Lloyd, Non Executive Director, Nikki Hill the Associate Director of Corporate Affairs and Martin Elliot, London Borough of Hounslow.

2. DECLARATION OF INTERESTS

Judith Rutherford reminded the Board that she was a Non Executive Director of NHS Richmond.

3. MINUTES OF THE PUBLIC MEETING HELD ON 24TH NOVEMBER 2011

RESOLVED:

That the minutes be approved and signed as a correct record.

Matters arising:

Non Executive Director (NED) night visits to services: Steve Swords said that he had discussed this with Siobhan Gregory. He said they had agreed it was not necessary for NEDs to undertake night visits and that this was an issue for executive directors.

Health and Safety report: The Board considered the update report attached to the minutes concerning risk assessments of sites used by Hounslow and Richmond Community Health Services (HRCH) for service delivery and was advised that risk assessments were reported to the Health and Safety Committee. In answer to a question from Judith Rutherford concerning the legal requirements relating to risk assessments, Jo Manley agreed to send her information about this. In

answer to a question from Ajay Mehta about lone working, Jo Manley said that there was a lone working policy and that she would send this to him.

Action by: Jo Manley

Board members were reminded that health and safety issues were ultimately the responsibility of the Board. Given this it was agreed that there should be an annual health and safety report to the Board.

Action by: Jo Manley
To note: Nikki Hill

4. CHAIRMAN'S REPORT

The Board considered a verbal report, Steve Swords.

Update from exempt board meeting: Steve Swords said the following had been discussed at the exempt board meeting: A market update with reference to the progress of the Transforming Community Services agenda; a report on the assessment of business development assessments; an update on the Department of Health (DoH) announcement concerning the acquisition of Primary Care Trust (PCT) estates and a report on serious untoward incidents (SUIs).

Questions from the public: There were no questions.

RESOLVED:

That the verbal report be noted.

5. MANAGING DIRECTOR'S REPORT

The Board considered a report of Richard Tyler.

Richard Tyler said that the DoH Transactions Board had, at its 13th December 2010 meeting, confirmed that HRCH would be an NHS Trust from the 1st April 2011. He added that HRCH NHS Trust would be one of only two community trusts in London and sixteen nationally.

The Board also noted that the aim was to achieve community foundation trust status by 2013/2014.

RESOLVED:

That the report be noted.

6. HOUNSLOW LINKs PRESENTATION

The Board considered a presentation of Lew Grade. A copy of the presentation is attached to the minute book.

In particular it was noted that, under the Health and Social Care Bill 2011, LINKs would be replaced by local HealthWatch organisations

The importance of involving patients and their representatives within HRCH was discussed and that this was particularly important as commissioning consortia (as with PCTs) were not required to have LINKs representatives on their boards.

On behalf of the Board, Steve Swords thanked Lew Grade for his presentation.

RESOLVED:

That the presentation be noted.

7. TRANSITION REPORT

The Board considered a report of Richard Tyler.

The Board gave particular consideration was given to the following issues:

Trust name: The Board agreed that the name of the trust would be revisited as HRCH moved towards community foundation trust (CFT) status but that for the time being the proposal outlined in the report be approved.

Directors of the Trust: The Board agreed the proposal (highlighted within the draft establishment order) for Directors of the Trust i.e. that the trust shall have, in addition to the Chairman, five non executive directors and five executive directors. Steve Swords added that he was having discussions with the Appointments Commission about the position of reappointing the NEDs.

Memorandum of understanding with LINKs: It was noted that an NHS Richmond protocol had been provided but that one for Hounslow was still awaited.

RESOLVED:

That the Board:

1. Agree the draft establishment order (appended to the report)
2. Agree the name of the new organisation as Hounslow and Richmond Community Healthcare NHS Trust.
3. Agree the appended draft transfer orders.
4. Agree the appended draft memorandum or understanding with the Local Involvement Networks,
5. Note the progress on TUPE, communications, legal and estates issues.

8. NHS OPERATING FRAMEWORK FOR THE NHS IN ENGLAND 2011/12

The Board considered a report of Richard Tyler.

The Board was advised that the operating framework described what NHS organisations were required to focus on, to prepare for the new system of GP led commissioning that was due to be fully in place by 2013.

RESOLVED:

That the report be noted.

9. BOARD ASSURANCE FRAMEWORK (BAF)

The Board considered a report of Nikki Hill. In her absence, the report was presented by Siobhan Gregory.

The Board was informed that the BAF was being revised and that it would be discussed further at the March board seminar.

In respect of risk 6.1 – Executive Capacity, the Board was advised that this had been rescored and so should not be showing as a risk score of 25.

RESOLVED:

That the Board Assurance Framework be noted.

10. INDEPENDENT INQUIRY INTO THE COLIN NORRIS INCIDENTS AT LEEDS TEACHING HOSPITALS IN 2002.

The Board considered a report of Siobhan Gregory.

The Board was advised that HRCH had considered the eight recommendations of the enquiry and had benchmarked itself against them. The Board was advised that in all cases HRCH's position could be RAG rated as green.

RESOLVED:

- i. That the Board delegate the medicine's management related action plan to the Medicine's Management and Prescribing committee.
- ii. That the remaining recommendations be monitored by the Clinical Leaders' Forum
- iii. That overall responsibility monitoring HRCH's position against the recommendations of the enquiry, be referred to the Integrated Governance Committee.

11. DISTRICT NURSING PEER REVIEW

The Board considered a report of Siobhan Gregory. Also in attendance for this item were Wendy Cupid, Hounslow lead for district nursing and Christine Orzel, community matron Ealing and Harrow Community Services.

Wendy Cupid described how a peer review had been undertaken by Ealing and Harrow Community Services on '*Whether or not they could tell the patients' story*' from their records. The Board was also provided with the results of the review and the recommendations that followed in response to this.

The Board agreed that an end date should be set by which time the recommendations should be implemented. Siobhan Gregory said that the Clinical Leaders' Forum would agree an implementation date for the recommendations.

It was agreed that the Board be provided with an update on progress against the recommendations in six months time.

Action by: Siobhan Gregory

To note: Nikki Hill

RESOLVED:

- i. That the Board delegate to the Clinical Leaders' Forum the review of progress against the recommendations.
- ii. That the report be noted.

12. PATIENT ASSOCIATION REPORT - PATIENTS NOT NUMBERS, PEOPLE NOT STATISTICS

The Board considered a report of Siobhan Gregory.

Siobhan Gregory said that the report would be shared with staff in a number of ways. She asked that the board members provide her with suggestions and recommendations as to how the report could be used to improve the quality of service delivery.

The Board agreed that staff attitude was key when dealing with patients. The Board requested that a report be brought back to a future meeting with a response to the Patients' Association report; the report to include suggestions as to how questions of attitude could be operationalised.

Action by: Siobhan Gregory

RESOLVED:

That the report be noted.

13. PERFORMANCE REPORT

The Board considered a report of Jo Manley.

In answer to questions about the poor performance in relation to ethnicity coding, Jo Manley said that there were recording and reporting issues with Rio and that she was reviewing ethnicity coding with relevant staff.

In answer to questions relating to what counted as a *Did not attend* (DNA) from Ajay Mehta, Jo Manley agreed to provide him further information about this. Carol Cole said she had some useful research information about DNAs (not in a health setting) and that she would send this to Jo Manley.

Action by: Jo Manley/Carol Cole

RESOLVED:

That the performance report be noted.

14. FINANCE REPORT

The Board considered a report of David Hawkins.

The Board was informed that as of 31st December 2010 HRCH was showing a surplus of £384k on 9 month income base of £55m.

RESOLVED:

That the Board

- i. Note the month 9 financial position and forecast outturn and associated key financial statements
- ii. Note the in year risk involved in being able to achieve the financial position required.

15. MINUTES OF SUB COMMITTEES

RESOLVED:

That the minutes of the following sub committees be noted:

Finance and Strategy Committee – 16th November 2010
Finance and Strategy Committee – 21st December 2010
Integrated Governance Committee – 16th December 2010
Human Resources Committee – 7th December 2010

16. ANY OTHER BUSINESS

Steve Swords advised the Board that HRCH was on a shortlist of six for a Health Service Journal Board Leadership award and that the decision would be made on the 9th March 2011. The Board offered its congratulations to Siobhan Gregory for submitting the application.

17. DATE OF NEXT MEETING

It was noted that the next meeting would be held on 23rd February 2011 at the Heart of Hounslow.

BOARD MEETING OUTSTANDING ACTION POINTS
Board meeting held on 24th November 2010

Agenda Item	Report Title	Actions required	Lead	Update on actions
8.	Draft Communications Strategy	Strategy to be reviewed in 6 months	Fiona Wilde	Review due May 2011
11.	Board Assurance Framework (BAF)	Review of HRCH BAF – BAF to tie in with HRCH strategic objectives. To be discussed at Board Seminar.	Siobhan Gregory	This will be undertaken at the March 2011 seminar

Board meeting held 26th January 2011

Agenda Item	Report Title	Actions required	Lead	Update on actions
3.	Minutes	Board to receive health and safety report at least annually	Jo Manley	
11.	District Nursing Peer review	Jo Manley to provide information on lone working to Ajay Mehta Update on progress to be brought to board in 6 months time	Siobhan Gregory	Report due July 2011
12.	Patients' Association Report Patients' not numbers	Response to Patients' Association report to be brought back to the board. Suggestions as to how to operationalize staff attitude to be incorporated	Siobhan Gregory	Verbal update to be provided at March 2011 Board.
13.	Performance Report	Jo Manley to provide further information to Ajay Mehta on DNAs Carol Cole to provide research information to Jo Manley on DNAs	Jo Manley Carol Cole	

ATTACHMENT 6

REPORT TITLE: Managing Director Report		VERSION NUMBER: 1.0	
SUBMITTED TO: HRCH Board	DATE OF MEETING: 23 rd February 2011	PURPOSE OF REPORT: Information	
AUTHOR & DESIGNATION: Richard Tyler Managing Director HRCH	DIRECTOR LEAD: Richard Tyler	PRESENTED BY: Richard Tyler	
EXECUTIVE SUMMARY: This report summarises the main issues of note in the period January - February 2011			
RECOMMENDATIONS: The Board is asked to note the report			
SPECIFIC IMPLICATIONS FOR CONSIDERATION:			
a. Equality Impact Assessment Completed?			
Yes*	Date:	No*	Due Date for Assessment: Review Date:
b. Describe any Legal Implications			
c. Financial Implications?			
Yes/No*		Yes/No*	
Agreed with Finance Dept?	Yes/No*	Planned Expenditure	Yes/No*
Within Budget?	Yes/No*	Recurring/Non-recurring*	
If No please give details:			
FOR FURTHER INFORMATION CONTACT:			
Name: Richard Tyler		Title: Managing Director	
Email: Richard.tyler@rtpct.nhs.uk		Postal Address:	
Tel.:		Document/File Location:	

Report of the Managing Director Hounslow and Richmond Community Healthcare February 2011

NHS Trust Status

The main items relate to progress towards NHS Trust status, the latest position regarding NHS estates, and the appointment of new ads

NHS Trust Status

We have had confirmation of the timetable and main activities required between now and the end of March and these are set out below;

- w/c 7th February - two weeks for Department of Health (DH) solicitors to raise/answer queries with HRCH regarding transfer order and draft schedules for HRCH to make changes as appropriate and for DH legal services to draft the Establishment and Transfer Orders and to clear these with HRCH.
- w/c 21 February - DH submission to Ministers accompanied by the draft establishment orders. Timetable allows 2 weeks for Ministerial approval and to process final establishment Orders.
- w/c 7 March establishment orders sent to Parliamentary Unit for signing, printing and for them to be 'made' (ie laid before Parliament).
- w/c 14 March - the establishment orders are 'made' (15 working days before coming into force).
- 31 March - deadline for Transfer Orders and Directions letter to be signed by DH official
- 1 April - Establishment Orders come into force.

During this period the main actions required of HRCH, NHS Hounslow and NHS Richmond are the completion of the due diligence exercise and the final sign off of the transfer schedules and the legal transfer agreement between HRCH and the two PCTs. This work is in progress and it is intended that this is signed off by the NHS Richmond Board at its meeting on 23rd March and by NHS Hounslow at its Finance and Delivery Committee on 17th March.

PCT Estate

As was reported to the Board at its meeting on 26th January, the Department of Health has indicated that aspirant community foundation trusts (CFTs) would be able to acquire the PCT-owned estate required to deliver commissioned services. At the time of writing we are still waiting for detailed guidance. In the absence of the guidance HRCH has commissioned some specialist support to undertake estates due diligence prior to transfer and I will provide a verbal update to the Board on progress to date.

Towards our Future – Organisational Restructuring

I am pleased to report that the following have been appointed into key operational and governance posts:

- Anne Stratton Assistant Director for Adult Services
- Natalie Douglas Assistant Director for Children's Services
- Debra Daly Assistant Director for Quality and Clinical Excellence
- Jill Downey Assistant Director for Operational Support Services

These posts are an important part of our restructuring and will be central to taking forward the next stage in our clinical and operational development.

Richard Tyler
Managing Director
Hounslow & Richmond Community Healthcare



Hounslow and Richmond
Community Healthcare

REPORT TITLE:		VERSION NUMBER:
COMMUNITY TRUST TRANSITION REPORT		1.0
SUBMITTED TO: HRCH Board	DATE OF MEETING: 23 February 2011	PURPOSE OF REPORT: Information and decision
AUTHOR & DESIGNATION: David Lee, Integrated Business Planner	DIRECTOR LEAD: Richard Tyler, Managing Director	PRESENTED BY: Richard Tyler, Managing Director
EXECUTIVE SUMMARY:		
Further to the report to January Board, this paper provides an update on the progress of the transition project.		
RECOMMENDATIONS:		
The Board is asked to <ol style="list-style-type: none"> 1. note and comment on the report. 2. receive the report on responses to the TUPE consultation 		
FOR FURTHER INFORMATION CONTACT:		
Name: David Lee		Title: Integrated Business Planner
Email Address: david.lee@hrch.nhs.uk		Postal Address: Thames House, 180 High Street, Teddington, TW11 8HU
Tel. No: 0208 973 3132		

COMMUNITY TRUST TRANSITION REPORT

1. NHS Trust establishment timetable

w/c 21 February - DH submission to Ministers accompanied by the draft establishment orders. Timetable allows 2 weeks for Ministerial approval and to process final establishment Orders.

w/c 7 March establishment orders sent to Parliamentary Unit for signing, printing and for them to be 'made' (ie laid before Parliament).

w/c 14 March - the establishment orders are 'made' (15 working days before coming into force).

31 March - deadline for Transfer Orders and Directions letter to be signed by DH official

1 April - Establishment Orders come into force.

A copy of the letter formally recording the outcome of the DH Transactions Board decision is appended.

2. Due diligence

Work is progressing with PCTs and our legal advisers on the detail of the schedules to the transfer orders and the transfer agreements. Reports will be presented to the next meeting of the Transition Board. Particular attention is being paid to contracts, the schedule of assets and IM&T.

3. Registration with external bodies

NHSL has emphasised the importance of making arrangements with CQC for registration to be in place from 1 April 2011. This is being progressed.

Other registrations being taken forward include: Data Protection Act; NHS Litigation Authority and NHS Organisational Code Service.

4. TUPE

The deadline for responses to the consultation was 21 February, after the deadline for despatch of Board papers. A report on the outcome will be circulated separately to Board members.

5. Scrutiny

The London Borough of Hounslow Adult Health and Care Scrutiny Panel have requested a briefing on the establishment of the NHS Trust and has invited the managing director to meet with members in early April.

6. NHS Choices

Measures are being taken to ensure that HRCH has a separate entry for its services on the NHS Choices website from 1 April.

7. Tripartite formal agreement (TFA)

The TFA is being introduced by DH for all NHS trusts that have yet to achieve foundation trust status. It sets out commitments to ensure FT status is achieved by the agreed date. It will also cover key deliverables, behaviours and timeline. It is to be prepared by DH, SHA & providers with sections for each to complete. Chairs and CEOs at Trusts will be required to sign the TFA.

SHAs will be asked to obtain commissioner sign up with reference to Sector CEOs. No changes are allowed unless all three parties agree (and changes must be 'last resort': slippage is not an option). Sanctions and 'triggers' for failure regime and intervention (e.g. merger) will also be covered.

The detailed template is not available at the time of writing. DH has set a deadline of 31 March 2011 for TFAs to be agreed. The proposed TFA for HRCH will come to the March Board meeting.

8. FT Network of the NHS Confederation

HRCH is already participating in the FT Network of the NHS Confederation (under the umbrella of NHSR's current membership of the Confederation). The Network has established a Community Services Group which includes aspirant CFTs in addition to the existing acute and mental health FTs that have acquired community services.

9. Estates

At the time of writing, the anticipated DH guidance on the transfer of estates to aspirant community foundation trusts is still awaited. Discussions have commenced with both PCTs and a report will come to the next Board meeting. NHS Richmond has delegated authority to their director of finance, chair of audit and the chair of finance & strategy. The February meeting of NHS Hounslow's Finance and Delivery Committee will consider the issue.

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Richmond House (RH)
79 WHITEHALL
LONDON
SW1A 2NS

Direct Tel: 020 7210 5461
Direct Fax: 020 7210 5824
Bob.Alexander@dh.gsi.gov.uk

17 January 2011

Ruth Carnall
Chief Executive.
NHS London
Southside
105 Victoria Street
London
SW1E 6QT

Dear Ruth,

DH Transactions Board – Hounslow and Richmond Community Healthcare (HRCH)

Thank you for providing the information we requested for the December Transactions Board.

After reviewing the documentation, I can confirm that the Transactions Board has **approved** the application for **Hounslow and Richmond Community Healthcare (HRCH)** to go to the next stage of the process to achieve NHS Trust status.

Should you have any further queries, please contact eileen.exeter@dh.gis.gov.uk.

Best wishes,



Bob Alexander
Director of NHS Finance
Chair of Transactions Board

Copy : SHA TCS Lead Matthew Hopkins

DH

Bob Ricketts
Angela Lamb
Eileen Exeter
David Meek
Mohammed Pandor
Joe Gannon
Angela Gibson

REPORT TITLE: Information Governance Report		
SUBMITTED TO: Community Healthcare Board	DATE OF MEETING: 23 rd February 2011	PURPOSE OF REPORT: Information
AUTHOR & DESIGNATION: Siobhan Gregory Director of Quality and Clinical Excellence	DIRECTOR LEAD: Siobhan Gregory Director of Quality and Clinical Excellence	PRESENTED BY: Siobhan Gregory Director of Quality and Clinical Excellence
EXECUTIVE SUMMARY: This report has been prepared for the Board to give an updated overview of the main aspects of integrated governance and to highlight decisions taken by the Integrated Governance Committee.		
RECOMMENDATIONS: That the Community Healthcare Board: 1. Notes the content of the report		
SPECIFIC IMPLICATIONS FOR CONSIDERATION:		
a. Equality Impact Assessment Completed? NO		
Yes* Date:	No* Due date for Assessment:	Review Date:
b. Describe any Legal Implications		
c. Financial Implications?		
Agreed with Finance Dept?	Yes/No*	Planned Expenditure Yes/No*
Within Budget?	Yes/No*	Recurring/Non-recurring*
If No please give details:		
FOR FURTHER INFORMATION CONTACT:		
Name: Siobhan Gregory	Title: Director of Quality and Clinical Excellence	
Email Address: Siobhan.Gregory@hrch.nhs.uk	Postal Address: Thames House, 180 High Street, Teddington, Middlesex TW11 8HU	
Tel. No: 020 8973 3464	Document/File Location:	

Integrated Governance – Update for the Board

1. Introduction

This report has been prepared for the Board to give an overview of the main aspects of integrated governance and to highlight decisions taken by the Integrated Governance Committee.

2. A Mock CQC inspection

A mock CQC visit was recently undertaken to ascertain HRCH's current position and preparedness should a CQC visit be undertaken. A team of three staff, including one external assessor, assessed four standards – meeting with and interviewing frontline staff and patients.

Initial feedback is that staff found this process helpful in preparing them and it also highlighted some excellent examples of clinical care and standards.

3. Corporate Risk Register

As the Board is aware the process for producing the BAF is currently under review and will be discussed in depth at the March seminar. Meanwhile the Integrated Governance Committee is continuing to oversee the Corporate Risk Register, carefully considering risks of 15 and above. Training on the Corporate Risk Register is taking place across HRCH and further work is ongoing to review the way that risks are moderated and scored.

4. Incident reporting

During the period 1st October to 31st December 2010 there was an increase of 14 incidents for the Hounslow from the last reporting period and an increase of 1 incident only, on the Richmond side.

A retrospective snapshot audit is currently underway. This will review several aspects of incident reporting, including the analysis of outcomes, as recorded on the day of the event. This analysis will remain ongoing and will be reported to the Quality and Safety Committee. A new incident form will be launched across Hounslow and Richmond on 14th February 2011 to aid the reporting of incidents.

A Datix web project plan is currently being drawn up and the Integrated Governance Committee will be kept fully informed of its progress. It is anticipated that the roll out across Richmond will begin in June/July 2011. IT challenges on the Hounslow side may delay the roll out across Hounslow until those issues are resolved. However, a paper version of the Datix web form will be available on the Hounslow side.

The modules available and purchased for Datix Web are - incidents, PALS, complaints, risk register, freedom of information and CQC. Datix also has a facility to track action plans. It has been identified as a priority for the Risk team to commence use of this module, which is currently available without the need to wait for Datix web. A complaints module is also currently available and plans to use this module are also underway.

5. Information Governance

FOI: To date 44 requests for information had been received between April and December 2010. Of the latest 4 requests, from the 40 last reported to IGC, 3 were received via NHS Richmond and 1 via NHS Hounslow. One request was received from a charity and the other 3 were from unknown sources.

The total breakdown for the year is now as follows:

22	Public
3	Journalists
11	Private
2	Other NHS
1	Council
5	3 rd Sector

All requests have been responded to within the prescribed time limits.

Legal Cases Update: There are currently 4 legal claims formally notified to the NHSLA which are at various stages of litigation.

6. Caldicott

A comprehensive database is now in place to monitor requests regarding issues pertaining to patient identifiable information and relevant queries. The majority of queries relate to updating RIO records due to discharge or notifications of death and occur due to late reporting of staff or IT issues.

Queries continue to highlight issues of staff's knowledge around emailing, sending patient identifiable information across email systems or via letter. Information governance training is currently underway and a regular newsletter is produced by the RIO team.

The database and work plan will be monitored by the Information Governance Committee

7. Safeguarding

One of the SHA's roles is to performance manage and support the development of NHS organisations arrangements to safeguard and promote the welfare of children and young people. Following the Baby Peter (Connelly) Serious Case Review, NHS London took a number of steps to deliver continued improvements in Safeguarding Children. A Safeguarding Improvement Team (SIT) was created to provide additional support for the NHS in London by

establishing a process of peer review. Alan Bedford, an experienced former NHS Chief Executive (CE) who has worked for NHS London on emergency care, and is a chair of a Local Safeguarding Children Board, was appointed to lead the process and chair the visits. The team was made up of safeguarding experts from the NHS across London who visited each of the 31 PCTs and surrounding NHS organisations for a 2 day peer review including feedback. This in turn led to individual action plans for each cluster of organisations visited and the SHA plan to monitor progress against them.

A SIT action plan has been developed to achieve the recommendations highlighted by NHS London following their safeguarding children review visit, which was not a regulatory inspection, to Hounslow on the 2nd and 3rd December 2010. The Safeguarding Committee and Integrated Governance Committee will continue to monitor progress against this.

8. Annual workplan for Integrated Governance Committee (IGC)

The annual workplan for IGC for the period April 11 to March 12 has been agreed and will be reviewed at each meeting.

REPORT TITLE:		
CARE QUALITY COMMISSION – REGISTRATION UPDATE		
SUBMITTED TO:	DATE OF MEETING:	PURPOSE OF REPORT:
Community Healthcare Board	23 rd February 2011	Decision
AUTHOR & DESIGNATION:	DIRECTOR LEAD:	PRESENTED BY:
Interim Governance Lead, Kate Wilkins	Director of Quality and Clinical Excellence, Siobhan Gregory	Director of Quality and Clinical Excellence, Siobhan Gregory
EXECUTIVE SUMMARY:		
<p>The Board is updated as to the requirement for HRCH NHS Trust to register with the Care Quality Commission (CQC) from the 1st April 2011.</p> <p>The Board will also be asked to approve the application form prior to its submission to the CQC. A copy of the application form will be sent to board members prior to the board meeting.</p>		
RECOMMENDATIONS:		
<p>That the Board note:</p> <ol style="list-style-type: none"> 1. That it is an offence under section 10 of the Health and Social Care Act 2008 to carry out a regulated activity without first registering with the Care Quality Commission. 2. That in order to register with the CQC, the Board must declare compliance with the CQC's Essential Standards of Quality and Safety 3. That the Board approve the application form (to follow) to be submitted the CQC. 		

1. Introduction

1.1 Whilst NHS Richmond and NHS Hounslow were the legal entities, HRCH was required to register with the CQC via the PCT. To this end an application was completed and submitted to the CQC in January 2010 and both Hounslow and Richmond PCTs were registered without condition. Following this, on the 1st April 2010 NHS Richmond becoming the legal entity and amendments to the registration were agreed with the CQC.

1.2 From the 1st April 2011, HRCH will become a new NHS Trust. The CQC has stated in its recent guidance, *Transforming Community Services – Information for Providers*, that if an organisation becomes a new NHS community trust, it must apply to register as a *new service provider* for all the regulated activities that it will be providing. The CQC also advises that applications should be submitted *without delay* as they must be approved before they can lawfully provide regulated activities. Furthermore it is an offence under section 10 of the Health and Social Care Act 2008 to carry out a regulated activity without registering with the Care Quality Commission.

1.3 The CQC also states the following: '*As a new provider of regulated activities, you must satisfy us that you are fully compliant with all relevant regulations. If you are not fully compliant, we will refuse registration*'. To declare non compliance with the relevant regulations would mean that HRCH would be refused regulation.

1.4 Following discussion with HRCH's CQC assessors, it has been confirmed that an application form for registration can be submitted after the 23rd February 2011 Board. This will allow enough time for HRCH to be assessed and registered by the CQC as a separate entity from the 1st April 2011.

2. Application requirements

2.1 The application form is broadly similar to the one completed in January 2010. However the applicant is asked the following question:

Where an NHS trust is applying, please tick the box to confirm that the Board members have seen and agreed the contents of this application.

2.2 Given this as soon as the application form has been completed it will be sent to all board members for comment and agreement at the board meeting of the 23rd February 2011. Following this it will be submitted to the CQC.

2.3 The Board will be asked to confirm that HRCH is compliant with the Health and Social Care Act 2008 (regulated activities) Regulations 2010. The Board has been continuously updated as to the progress against the regulations and that other than in the case of medical devices; the Board has been informed that all regulations have been complied with.

2.5 In the case of medical devices, the Board has been informed that compliance will be achieved against the action plan by 31st March 2011. Therefore it is recommended that the Board declare compliance against the relevant regulations. A summary of the regulations is attached at appendix A.

2.6 As with the application submitted in January 2010, the organisation is required to provide a *statement of purpose* as well as list *locations, regulated activities and service types*. Where possible, the information, that was provided in respect of the January and April 2010 submissions to the CQC, will be mapped over to February 2011 application.

2.7 For the purposes of this application, the nominated individual will be Siobhan Gregory. Professional and medical references are required to be completed for her.

3. Fees

3.1 The non refundable fee for application is £5000k. This must be submitted with the application form. Following a successful application, HRCH will be invoiced for a further £45k. For this application, a financial reference is also required.

4. Consultation

The Associate Director of Patient Experience and Clinical Quality will be meeting with LINKs members on 15th February 2011 and will update them on the application.

Essential standards of quality and safety

The essential standards of quality and safety consist of 28 regulations (and associated outcomes) that are set out in two pieces of legislation: the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

For each regulation, there is an associated outcome – the experiences we expect people to have as a result of the care they receive.

When we check providers' compliance with the essential standards, we focus on the **16 regulations** (out of the 28) that come within Part 4 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 – these are the ones that most directly relate to the quality and safety of care. Providers must have evidence that they meet the outcomes.

These 16 regulations are set out below. (Note that the outcome numbers are different to the regulation numbers because we have grouped the outcomes into six overall themes. See our *Essential standards of quality and safety* publication for full details.)

Regulation*	Outcome	Title and summary of outcome
9	4	Care and welfare of people who use services People experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.
10	16	Assessing and monitoring the quality of service provision People benefit from safe, quality care because effective decisions are made and because of the management of risks to people's health, welfare and safety.
11	7	Safeguarding people who use services from abuse People are safeguarded from abuse, or the risk of abuse, and their human rights are respected and upheld.
12	8	Cleanliness and infection control People experience care in a clean environment, and are protected from acquiring infections.
13	9	Management of medicines People have their medicines when they need them, and in a safe way. People are given information about their medicines.
14	5	Meeting nutritional needs People are encouraged and supported to have sufficient food and drink that is nutritional and balanced, and a choice of food and drink to meet their different needs.
15	10	Safety and suitability of premises People receive care in, work in or visit safe surroundings that promote their wellbeing.

16	11	Safety, availability and suitability of equipment Where equipment is used, it is safe, available, comfortable and suitable for people's needs.
17	1	Respecting and involving people who use services People understand the care and treatment choices available to them. They can express their views and are involved in making decisions about their care. They have their privacy, dignity and independence respected, and have their views and experiences taken into account in the way in which the service is delivered.
18	2	Consent to care and treatment People give consent to their care and treatment, and understand and know how to change decisions about things that have been agreed previously.
19	17	Complaints People and those acting on their behalf have their comments and complaints listened to and acted on effectively, and know that they will not be discriminated against for making a complaint.
20	21	Records People's personal records are accurate, fit for purpose, held securely and remain confidential. The same applies to other records that are needed to protect their safety and wellbeing.
21	12	Requirements relating to workers People are kept safe, and their health and welfare needs are met, by staff who are fit for the job and have the right qualifications, skills and experience.
22	13	Staffing People are kept safe, and their health and welfare needs are met, because there are sufficient numbers of the right staff.
23	14	Supporting workers People are kept safe, and their health and welfare needs are met, because staff are competent to carry out their work and are properly trained, supervised and appraised.
24	6	Cooperating with other providers People receive safe and coordinated care when they move between providers or receive care from more than one provider.

* Regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

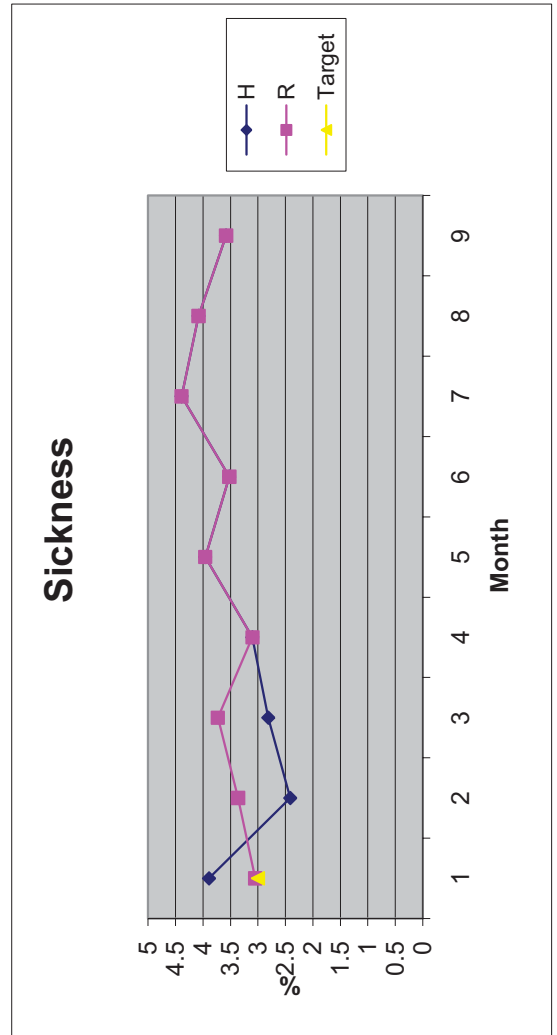
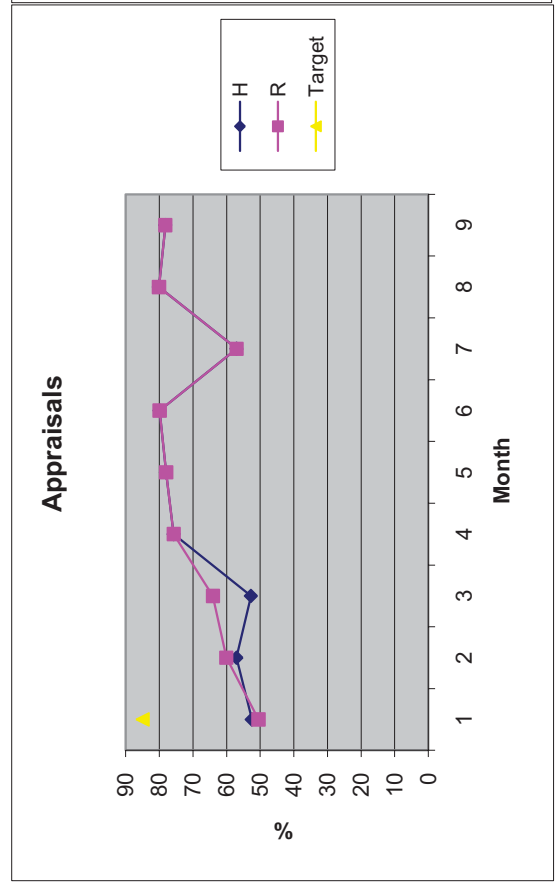
REPORT TITLE: Performance Report		VERSION NUMBER:	
SUBMITTED TO:	DATE OF MEETING: February 2011	PURPOSE OF REPORT: Information	
AUTHOR & DESIGNATION: Jo Manley Director of Operations	DIRECTOR LEAD: Jo Manley Director of Operations	PRESENTED BY: Jo Manley Director of Operations	
EXECUTIVE SUMMARY:			
<p>This performance report consists of the following elements:</p> <p>A revised balanced scorecard containing key indicators for December 2010 with trend charts for key areas (Appendix A)</p>			
RECOMMENDATIONS:			
<ol style="list-style-type: none"> To note the December 10 performance report for Hounslow & Richmond To identify any areas of concern for which the Board might require further assurance 			
SPECIFIC IMPLICATIONS FOR CONSIDERATION:			
a. Equality Impact Assessment Completed?			
Yes*	Date:	No	Due Date for Assessment: Review Date:
b. Describe any Legal Implications			
c. Financial Implications?			
Agreed with Finance Dept?		Planned Expenditure	
No	Yes	No	No
Within Budget?		Recurring/Non-recurring*	
Yes			
If No please give details:			
FOR FURTHER INFORMATION CONTACT:			
Name: Jo Manley		Title:	
Email Address: Jo.Manley@hrch.nhs.uk		Postal Address: Thames House, 180 High Street Teddington TW11 8HU	
Tel. No: 02089733463		Document/File Location:	

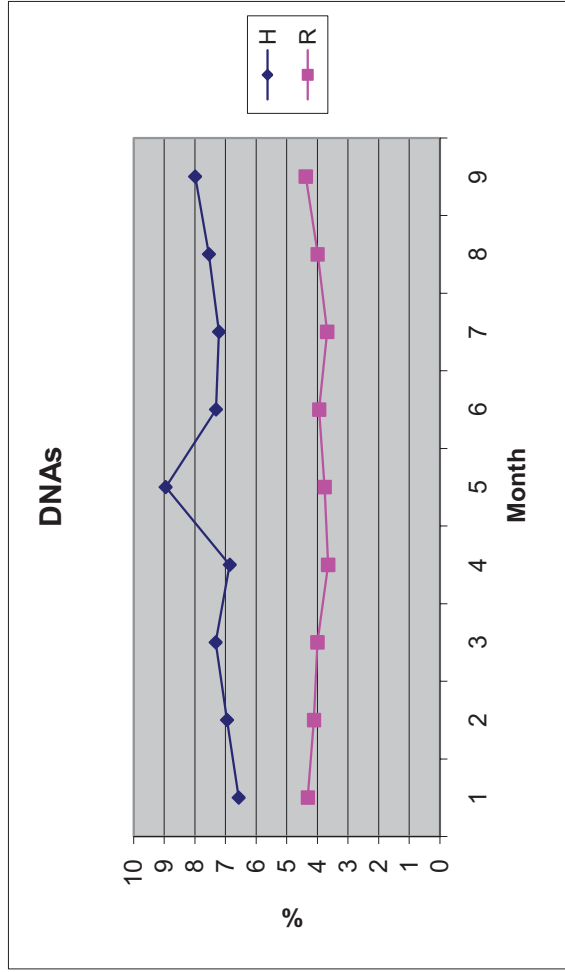
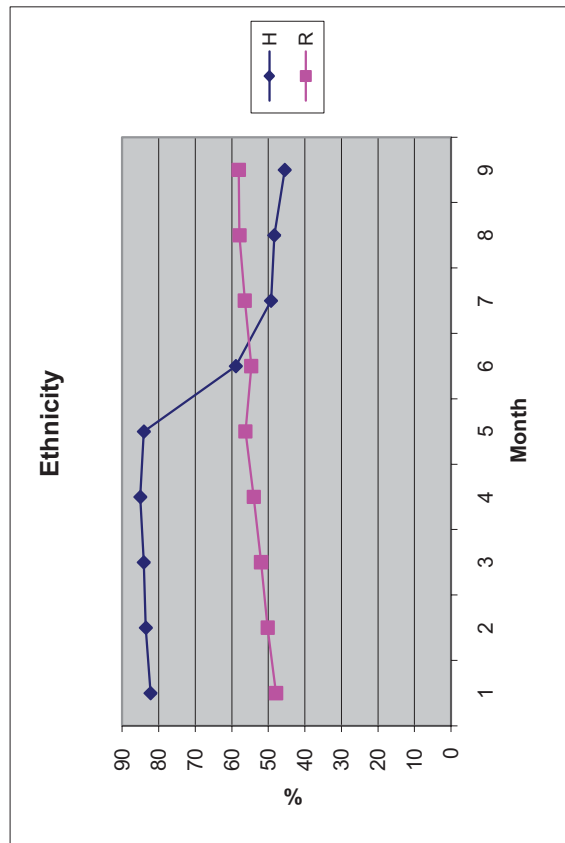
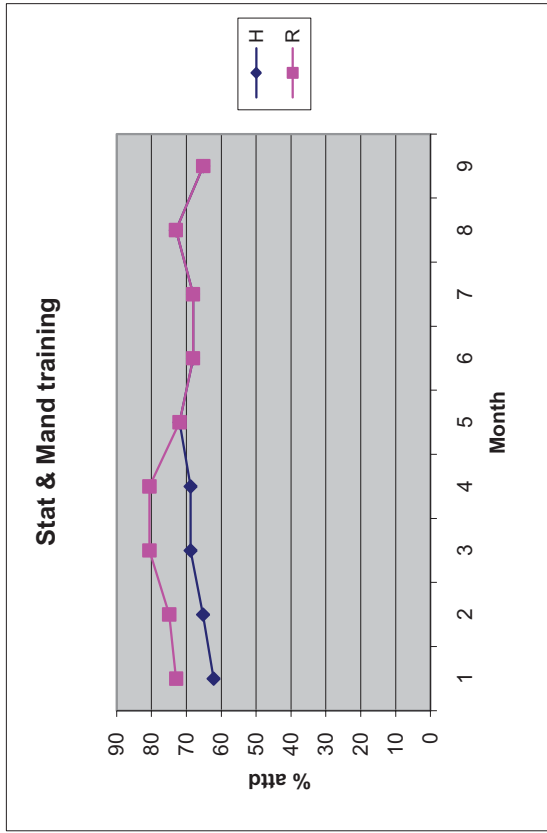
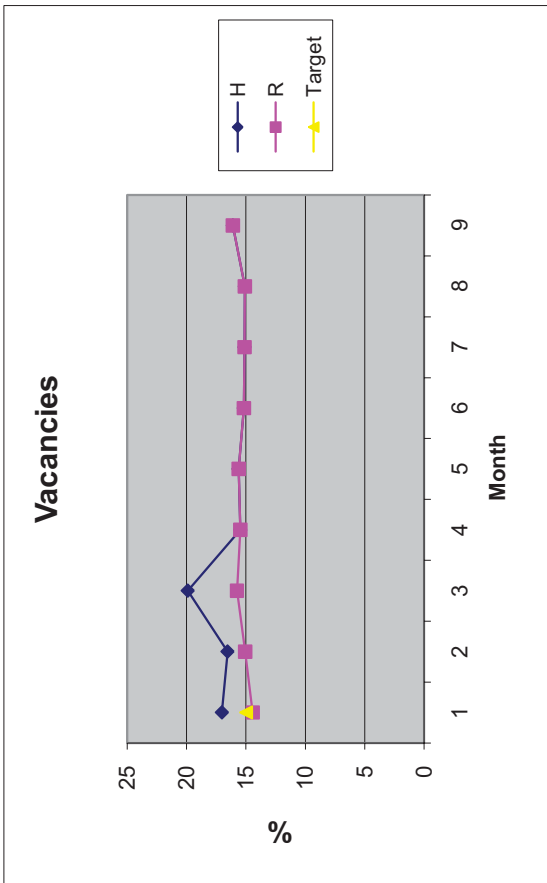
Hounslow & Richmond Community Healthcare Key Performance Indicator Scorecard

Month: December 2010

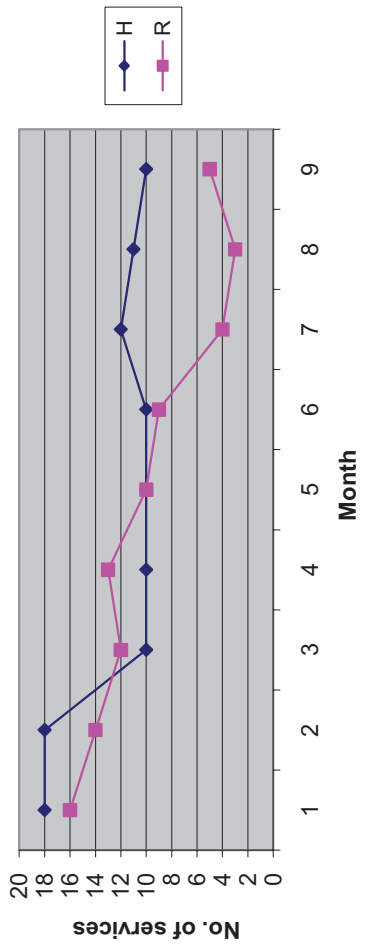
QUALITY INDICATORS	Target	Hounslow	Richmond	Trend	Comments on Performance
Workforce measures: Goal - Valuing Staff					
Vacancies %	<=15%	16.10%		H / R	
Turnover %	<=12%	11.74%		▼	Vacancies and turnover have increased slightly, as expected in a period of restructuring. Sickness level has fallen. Bradford scoring reporting has been rolled out to service managers
Sickness %	<=3%	3.58%		▼	
Appraisals (in last 12m) %	>=85%	78.20%		▼	
Stat & mandatory training %	>=85%	65.18%		▼	Figure taken from following courses: Safeguarding children, fire, CPR, Infection Control, risk management, moving & handling. HR action plan in place
Agency spend				▲	Agency spend has reduced by 32% from last year and Bank spend has reduced by 2% (21% overall reduction)
National targets: Goal - Demonstrable outcomes					
18 week wait breaches	>=90%	99%	100%	▲ / ▲	For Consultant-led non-admitted pathways
Ethnicity (% stated)	>=85%	45.51%	58.11%	▼ / ▲	Action plan has been circulated, including introduction of report to drill-down where coding has not occurred on weekly basis
A&E waits %	>=98%		100.00%	▲	Waits within Walk-in Centre were all within 4 hours
Smoking cessation		1052 (13 over trajectory)		▼	Service continues to perform well and the conversion rate is just under 50% (which is almost 15% higher than NICE benchmark)
Productivity measures: Goal - Productivity					
DNAs %	<=5%	7.99%	4.38%	▼ / ▼	Reporting has been amended which has resulted in slight increase. Action plan is in place e.g. texting to be rolled out and targeted work taking place
Productivity projects progress					Existing project progress is being updated and new projects started through LEAN course
Clinical governance: HRCH goal - High quality and clinically effective service provision					
Complaints response %	>=95%	80%	50%	▲ / ▼	Dec figures show 11 complaints as having been received. H= 5 (1 deadline outstanding), R=6 (3 outstanding). Figures have been queried as some have been passed elsewhere or already dealt with
Serious Incidents response %	>=95%	0%	100%	▼ / ▲	H= 1 SI logged in Dec and not responded to within timescale. R= 0 SI logged
Clinical Audit engagement	>=80%	92%	100%	▲ / ▲	Figures show % of teams that were either or partially engaged with the Clinical Audit team in Oct, to complete their audits in 2010/11

Infection control	>4 standard	3	3	▲ / ▲	Plans are progressing to meet other 2 standards: Essential Steps audits have started and full compliance is expected by Q1 2011/12. Increasing number of staff have attended Infection Control training
Process measures: Goal - High quality service					
New birth visits %	>=95%	53.00%	82.14%	▲ / ▼	H= Nov figure given. % of new birth visits has stabilised following work to clear backlog and increasing use of Staff Nurses to prioritise work. R= Slight reduction in compliance from last month
Delayed transfers of care (no. of patients)	N/A		3		
Unexpected deaths on IPU	N/A		0		6 deaths on IPU (all anticipated)
Cancellation by service	<5%	1.16%	1.86%	▼ / ▼	Report has been rewritten which has resulted in slight increase in figures
Outcomes recorded %	>=99%	94.03%	98.98%	▼ / ▲	
Performance against activity targets	<=4	5 under & 5 over	2 under & 3 over	▼ / ▲	Full commentary on these are given within the Performance report. Some Richmond targets have been reviewed with Commissioner approval and seasonality reflected for school term based services
MRSA & C Diff	<0		0	▲	
Outcome measures: Goal - Demonstrable outcomes					
Hospital admission avoidance %	>=80%		86.44%	▲	
A&E admission avoidance %	>=80%		79.66%	▼	Based on Community Matron caseload over last 12 weeks and comparison with acute data on A&E and hospital attendances

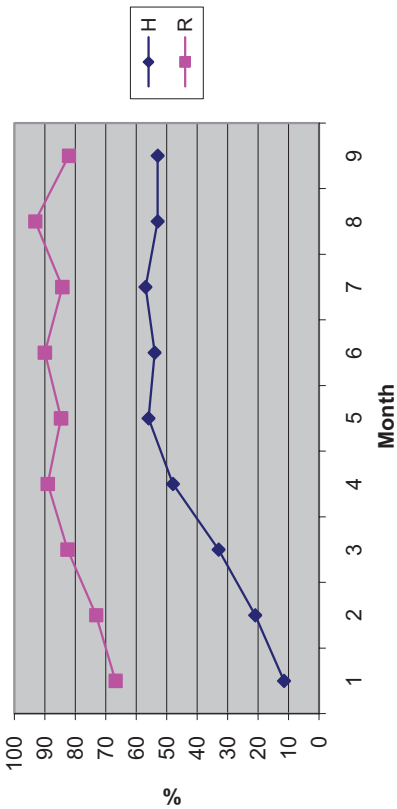




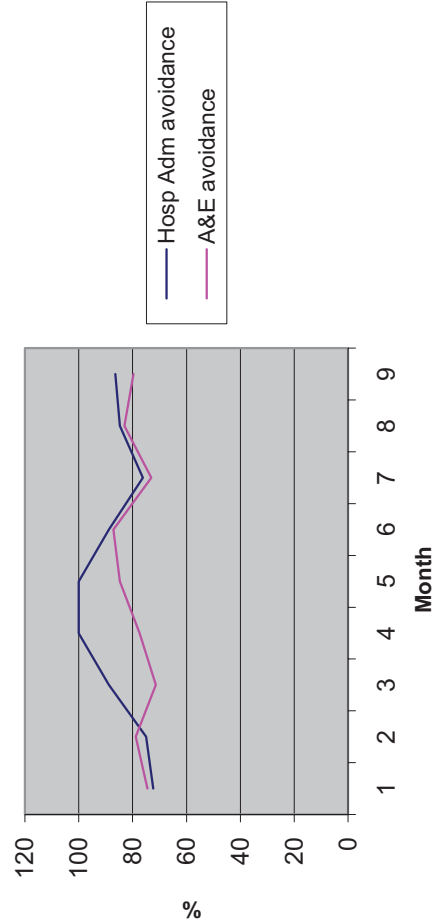
Activity +/- 10% of target



New Birth Visits



Richmond Community Matron caseload



QUALITY INDICATORS	Below Tolerance	Target	Richmond																		
			May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10		
Vacancies %	>=20%	<=15%	16.55	19.89	15.47	15.62	15.62	15.18	15.12	15.12	15.09	16.1	14.43	15.06	15.76	15.47	15.62	15.18	15.12	15.09	16.1
Turnover % (rolling over last 12m)	>15%	<=12%	17.31	19.03	15.62	15.69	14.58	14.58	10.11	10.67	10.67	11.74	12.66	13.2	13.2	15.62	15.69	14.58	10.11	10.67	11.74
Sickness %	>5%	<=3%	2.41	2.81	3.1	3.96	3.52	4.39	4.39	4.08	4.08	3.58	3.05	3.36	3.73	3.1	3.96	3.52	4.39	4.08	4.08
Appraisals (in last 12m) %	<=65%	>=85%	57.03	52.48	75.71	78	79.89	57	68.08	68.08	73	78.2	50.52	60.08	64.07	75.71	78	79.89	57	68.08	73
Stat & mandatory training %	<=65%	>=85%	65.21	68.78	68.78	71.93	68.08	68.08	68.08	73	65.18	72.93	74.93	80.59	80.59	80.59	71.93	68.08	68.08	73	65.18
18 week wait breaches	<=85%	>=90%	99	99	98	99	99	97	97	98.25	99	99	100	100	100	100	91.67	94	94	100	100
Ethnicity (% stated)	<=80%	>=85%	83.54	84.11	85.04	84.08	58.9	49.28	48.38	48.38	45.51	47.93	50.18	52	54	54	56.29	54.68	56.46	57.9	58.11
A&E waits %	<=95%	>=98%	160	126	105	105	105	105	105	105	105	105	105	105	105	105	105	105	105	105	105
Smoking cessation	<=90%	100%	6.57	6.95	6.86	8.95	7.31	7.21	7.54	7.99	4.31	4.11	4.11	4.11	4	3.65	3.76	3.94	3.68	3.99	4.38
DNAs %	>=7%	<=5%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Productivity projects progress	<=90%	>=95%	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Complaints response %	<=90%	>=95%	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
SUUs response %	<=80%	>=80%	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Clinical audit engagement	<=90%	>=95%	11.55	21	33	48	56	54	57	53	53	66.8	73.19	82.61	89.11	89.11	84.72	90.06	84.3	93.2	82.14
Infection control	<=90%	>=95%	21	33	48	56	54	57	53	53	53	66.8	73.19	82.61	89.11	89.11	84.72	90.06	84.3	93.2	82.14
New birth visits %	No target set	No target set																			
Delayed transfers of care (no. of patients)	No target set	No target set																			
Unexpected deaths on IPU	>=8%	<=5%	0.51	0.5	0.7	0.57	0.66	0.49	0.63	1.16	1.22	0.82	0.82	0.82	0.9	0.53	0.88	0.72	0.78	0.88	1.86
Cancellation by service	<=98%	>=99%	92.76	91	93	91.98	93	96.57	96.31	94.03	98.73	98.45	98.43	98.21	98.21	98.21	98.21	97.96	98.17	98.51	98.98
Outcomes recorded %	>=7	<=4	18	18	10	10	10	10	12	11	10	10	16	14	12	13	10	9	4	3	5
Performance against activity targets	0<=0	>=80%																			
IMRSA & C Diff	<=65%	>=80%																			
Hospital admission avoidance %	<=65%	>=80%																			
A&E admission avoidance %	<=65%	>=80%																			

On target	
Within tolerance	
Outside tolerance	
Not available /applicable	

ATTACHMENT

REPORT TITLE: Financial Performance Report		VERSION NUMBER: 0.1	
SUBMITTED TO: HRCH Board	DATE OF MEETING: 23 rd February 2011	PURPOSE OF REPORT: For information and approval	
AUTHOR & DESIGNATION: Diane Pearson, Assistant Director of Finance	DIRECTOR LEAD: David Hawkins, Director of Finance and IM&T	PRESENTED BY: David Hawkins, Director of Finance and IM&T	
EXECUTIVE SUMMARY: The purpose of this report is to present Members with the latest financial position at 31 st January 2011, along with a forecast of the anticipated outturn position. The reporting to NHS London on financial performance is now on a detailed quarterly basis, with summary figures required for the intervening months. As at the end of January 2011 Hounslow and Richmond Community Healthcare is currently showing a year to date surplus of £290k on an income base of £56m. The year end forecast of a surplus out turn £615k incorporates the management costs savings of £467k from NHS Hounslow, extra monies for the Richmond Memorandum of Occupation plus the on-going operational cost pressures detailed in the main body of the report.			
RECOMMENDATIONS: To note: <ul style="list-style-type: none"> the Month 10 financial position and forecast outturn and associated key financial statements the in-year risks involved in being able to achieve the financial position required. 			
SPECIFIC IMPLICATIONS FOR CONSIDERATION:			
a. Equality Impact Assessment Completed?			
Yes* Date:	No* Due Date for Assessment:	Review Date:	
b. Describe any Legal Implications			
c. Financial Implications?		Yes/No*	
Agreed with Finance Dept?	Yes/No*	Planned Expenditure	Yes/No*
Within Budget?	Yes/No*	Recurring/Non-recurring*	
If No please give details:			
FOR FURTHER INFORMATION CONTACT:			
Name: David Hawkins		Title: Director of Finance and IM&T	
Email Address: david.hawkins@hrch.nhs.uk		Postal Address: Thames House, 180 High Street, Teddington, Middlesex TW11 8HU	
Tel. No: 020 8973 3014		Document/File Location:	

*delete as appropriate

Hounslow and Richmond Community Healthcare

2010/2011 Financial Performance For The Period Ended 31st January 2011

Year To Date (Month 10)			Description	Forecast Outturn		
Budget £0	Actual £0	Variance () = Adverse £0		Approved Plan £0	Outturn £0	Variance () = adverse £0
1,192,889	1,229,405	36,516	INCOME			
3,364,937	3,351,473	-13,464	Local Authorities Income	1,418,152	1,433,416	15,264
42,269,367	42,110,941	-158,426	Income other	4,037,879	3,994,824	-43,055
			Hounslow and Richmond PCT	50,650,817	50,556,947	-93,870
46,827,193	46,691,819	-135,374	Total Income	56,106,848	55,985,187	-121,661
5,872,376	5,805,150	67,226	EXPENDITURE			
4,544,121	4,276,019	268,102	Children and Families H	6,962,965	6,876,390	86,575
1,006,109	1,010,165	-4,056	Children and Families R	5,457,458	5,177,595	279,863
4,520,572	4,368,598	151,974	Learning Disabilities H	1,201,221	1,194,639	6,582
5,511,977	5,771,513	-259,536	Planned Clinic Base H	5,434,901	5,330,928	103,973
141,760	130,744	11,016	Urgent Care H	6,614,144	6,898,533	-284,389
8,697,030	9,132,194	-435,164	Health Centre Admin H	170,114	152,414	17,700
4,249,917	4,151,023	98,894	Adults & Older People R	10,436,339	10,948,812	-512,473
11,159,956	10,633,023	526,933	Community Hospital Services R	5,095,058	4,974,910	120,148
81,820	81,820	0	Corporate	14,207,027	13,610,556	596,471
			CQUIN	527,622	205,121	322,501
45,785,639	45,360,250	425,389	Total Expenditure	56,106,849	55,369,897	736,951
1,041,554	1,331,569	290,015	NET FINANCIAL POSITION	-0	615,290	615,290

Hounslow and Richmond Community Healthcare

Appendix 2

CQUIN Finance Report - Month 10

PCT	CQUIN	Annual Budget Income £	At Risk £	Annual Budget Exp £
NHS Richmond	Single Point of Access & Rapid Response Team	142,000		102,989
NHS Richmond	24 hr DN service	25,000		18,132
NHS Richmond	IV Medication	29,000		21,033
NHS Richmond	End of Life Pathway	25,000		18,132
NHS Richmond	Commissioning Quality Framework	48,000		34,813
NHS Richmond	Early Supported Discharge	45,000		32,637
NHS Richmond	Children's Respiratory Care Service	45,000		32,637
NHS Hounslow	Reduction in DNA rates	60,000	30,000	43,517
NHS Hounslow	Patient Experience	70,000		50,769
NHS Hounslow	% of patients who self manage their conditions	50,000		36,264
NHS Hounslow	Early supported discharge (reduction in rehab beds)	60,000		43,517
NHS Hounslow	IV team	70,000	35,000	50,769
NHS Hounslow	Data quality	58,478	28,870	42,413

Total £727,478 £93,870 £527,622

Hounslow and Richmond Community Healthcare
Balance Sheet
As at 31st January 2011

	Opening Balance Sheet 2010/11 £000s	Balance Sheet As At 31/01/11 £000s	Movement From Opening Balance Sheet £000s
FIXED ASSETS			
Land & Buildings	0	0	0
Plant & Equipment	726	0	-726
Investments	52	0	-52
	778	0	-778
CURRENT ASSETS			
Debtors	5,898	4,926	-972
Cash at Bank and in hand	389	4,555	4,166
TOTAL CURRENT ASSETS	6,287	9,481	3,194
Creditors: Amounts falling due within 1 year	-5,590	-7,720	-2,130
NET CURRENT ASSETS/(LIABILITES)	697	1,761	1,064
TOTAL ASSETS LESS CURRENT LIABILITIES			
Creditors: Amounts falling due after 1 year	0	0	0
Provisions for Liabilities and Charges	0	0	0
TOTAL ASSETS EMPLOYED	1,475	1,761	286
FINANCED BY:			
TAXPAYERS EQUITY			
General Fund	850	1,761	911
Revaluation reserves	238	0	-238
Donated Assets	141	0	-141
Government Grants	0	0	0
Retained Earnings	246	0	-246
			0
TOTAL TAXPAYERS EQUITY	1,475	1,761	286

NHS RICHMOND

Appendix 4

PROVIDER ARM - CASH FLOW 2010-11
(as at 31 January 2011)

	ACTUAL												FORECAST	
	April £k	May £k	June £k	July £k	August £k	September £k	October £k	November £k	December £k	January £k	February £k	March £k		
Opening Balance	3	12	183	1,313	593	2,392	2,382	227	2,720	2,529	4,555	2,203		
RECEIPTS														
SLA - RT PCT	2,395	2,100	2,016	1,999	1,999	1,999	1,999	1,999	1,999	2,009	1,999	1,999		
SLA - Hounslow PCT	2,096	2,074	2,095	2,095	2,095	2,095	607	2,095	2,095	2,102	2,095	2,095		
SLA - Other Commissioners	31	29	76	71	39	18	114	7	75	75	75	88		
Block Income - NHS	33	14	65	36	39	32	35	14	35	35	35	35		
Local Authority - Jt.Working	62	7	30	31	30	15	30	23	30	30	30	30		
Recharges to Commissioner	0	0	0	0	0	0	0	0	15	15	15	15		
Other (incl. VAT refund)	434	332	535	158	1,734	999	645	1,963	439	1,278	220	200		
Total Receipts	5,051	4,556	4,817	4,389	5,936	5,158	3,430	6,101	4,688	5,544	4,469	4,462		
PAYMENTS														
Creditors	1,667	712	2,134	1,939	809	482	2,623	959	2,217	998	3,859	3,700		
Salaries (Net pay) RT	814	879	869	870	0	0	0	0	0	0	0	0		
Salaries (Net pay) Hounslow	0	0	0	952	0	0	0	0	0	0	0	0		
Salaries (Net pay) Joint	0	0	0	0	2,111	2,097	1,826	1,827	1,942	1,791	1,830	1,830		
Tax, NI and S&P	209	570	479	948	1,212	743	742	736	720	729	738	738		
Corporate Recharge	0	0	0	0	0	0	92	86	0	0	92	92		
Rent (to Commissioner)	0	0	0	0	0	1,812	302	0	0	0	302	302		
Staff recharges	0	0	0	0	0	0	0	0	0	0	0	0		
Funding to Ealing Shared Serv.	2,345	2,193	200	0	0	0	0	0	0	0	0	0		
Other	7	31	5	400	5	34	0	0	0	0	0	0		
Total Payments	5,042	4,385	3,687	5,109	4,137	5,168	5,585	3,608	4,879	3,518	6,821	6,662		
Net Movement	9	171	1,130	(720)	1,799	(10)	(2,155)	2,493	(191)	2,026	(2,352)	(2,200)		
Closing Balance	12	183	1,313	593	2,392	2,382	227	2,720	2,529	4,555	2,203	3		

**Hounslow Richmond Community Healthcare
Public Sector Payment Policy Compliance Performance
January 2011 Position**

	Number	Value £'000
Non-NHS Creditors		
Total Bills paid in the year	6,886	2,980,384
Total Bills paid within target	5,635	2,753,694
Percentage of Bills paid within target	81.8%	92.4%

NHS Creditors		
Total Bills paid in the year	387	768,906
Total Bills paid within target	300	717,426
Percentage of Bills paid within target	77.5%	93.3%

All Creditors		
Total Bills paid in the year	7,273	3,749,290
Total Bills paid within target	5,935	3,471,120
Percentage of Bills paid within target	81.6%	92.6%

Comparison with prior Year Performance (2009/10)	Number	Value
Percentage of Bills paid within target - Non NHS	78.3%	86.7%
Percentage of Bills paid within target - NHS	68.3%	90.5%

Summary CIP as at October 2010

Description	2010/2011 CIP				CIP outstanding £0	CIP outstanding %
	Approved Plan £0 CIP adjusted	Approved CIP £0	Approved CIP %	CIP achieved £0		
Children and Families H	6,918,984			210,780	2.96%	
Children and Families R	5,457,458			199,136	3.52%	
Learning Disabilities H	1,201,221			55,292	4.40%	
Planned Clinic Base H	5,471,536			210,356	3.70%	
Health Centre Admin H	6,614,144			76,031	1.14%	
Adults & Older People R & Urgent Care H	5,605,015			579,036	9.36%	
Community Hospital Services R	5,095,058			124,243	2.38%	
pathway redesign						
Corporate Services	13,956,147			761,971	5.18%	
Unallocated						0
Total	50,319,563	2,216,845	4.22%	2,216,845	4.22%	0

2010/11 As base Plan £0	2011/2012 CIP		CIP outstanding
	CIP Identified £0	CIP Identified %	
6,918,984	349,000	2.74%	
5,457,458	77,000	6.02%	
1,201,221	277,000	1.57%	
5,471,536	144,000	2.75%	
6,614,144	664,000	1.32%	
5,605,015	2,399,000	14.67%	
5,095,058			
13,956,147			0
50,319,563	3,910,000	7.77%	0

Project Plan

TASK	ACTION	2010/11			
		September	October	November	December
Finance to meet with Operational Directorate AD's	Finance to analyse 11/12 CIP against 2010/11, remove duplications	End Of September			
	AD's to go through service areas to identify further savings	All £747k identified as schemes and reflected in budgets			AD's to challenge each other if CIP is not identified, potential recruitment freeze until montes found
	Once 10/11 savings adjustments have been finalised, identify and finalise 11/12				Clinical challenge. Engage GP's if necessary to agree and sign off changes to clinical delivery
Finance to Monitor spend and work with Budget Holders to realise savings	Exception reporting where expenditure is not reducing inline with CIP				Expenditure is not decreasing in real terms
Finance to meet with Corporate Directorate Directors	Identify and realise 11/12 savings		End of November		Adjust 11/12 budgets accordingly ready for upload
Finance and Clinical Directorate to meet, agree and action. Identify areas of growth.	Establish SLR, costing, finance to align clinical services for responding to tenders		Draft and finalise SLR, with AD's	Financial model	Establish Profitability of Product line, prior to finalising budget setting

		3	2	1
Year To Date	Year to date operating performance	YTD operating breakeven or surplus that is either equal to or at variance to plan by no more than 3% of forecast income.	Any operating deficit less than 2% of income OR an operating surplus/breakeven that is at variance to plan by more than 3% of forecast income.	Operating deficit more than or equal to 2% of forecast income
Forecast Outturn	Forecast operating performance	Forecast operating breakeven or surplus that is either equal to or at variance to plan by no more than 3% of forecast income.	Any operating deficit less than 2% of income OR an operating surplus/breakeven that is at variance to plan by more than 3% of income.	Operating deficit more than or equal to 2% of income
Underlying Financial Position	Underlying Financial Position %	Underlying breakeven or Surplus	An underlying deficit that is less than 2% of underlying income.	An underlying deficit that is greater than 2% of underlying income
Finance Processes & Balance sheet efficiency	Better Payment Practice Code Value %	95% or more of the value of NHS and Non NHS bills are paid within 30days	Less than 95% but more than or equal to 60% of the value of NHS and Non NHS bills are paid within 30days	Less than 60% of the value of NHS and Non NHS bills are paid within 30 days
	Better Payment Practice Code Volume %	95% or more of the volume of NHS and Non NHS bills are paid within 30days	Less than 95% but more than or equal to 60% of the volume of NHS and Non NHS bills are paid within 30days	Less than 60% of the volume of NHS and Non NHS bills are paid within 30 days
	Liquidity Ratio	Current Ratio is equal to or greater than 1.	Current ratio is anything less than 1 and greater than or equal to 0.5	A current ratio of less than 0.5
	Debtor Days	Debtor days less than or equal to 30 days	Debtor days greater than 30 and less than or equal to 60 days	Debtor days greater than 60
	Creditor Days	Creditor days less than or equal to 30	Creditor days greater than 30 and less than or equal to 60 days	Creditor days greater than 60

COMMUNITY HEALTHCARE BOARD

23rd February 2011
10.30am to 12.30pm

Venue: Rainbow Room 1, Heart of Hounslow, Bath Road, Hounslow, Middlesex

AGENDA

NO	TIMING	ITEM	EXEC	ACTION
1	10.30	Chairman's welcome and note of apologies	SS	
2		Declaration of Interests <i>Members are reminded of their obligation to declare any interest they may have on any issues arising at the meeting, which might conflict with the business of Hounslow Community Healthcare and Richmond and Twickenham Community Health Services.</i>	SS	Information
3		Questions to the Board <i>Questions must be submitted in writing to nikki.hill@hrch.nhs.uk by Monday 21st February 2011 by 10.00am.</i>	SS	Information
4		Minutes of previous meeting held on 26th January 2011 and matters arising (not covered by agenda)	SS	Approval
5		Chairman's Report Steve Swords	SS	Information
6		Managing Directors Report Richard Tyler	RT	Information
7	10.50	Strategy Transition Report	RT	Approval
8	11.10	Governance Integrated Governance Report	SG	Information
9		CQC – registration update	SG	Approval
10	11.40	Operational Performance Performance Report – Month 9 December	JM	Information
11		Month 10 (January) Finance Report	DH	Information

NO	TIMING	ITEM	For Information	EXEC	ACTION
12	12.20	Any other business		SS	Information
13		Date of next meeting			Information
		Board Meeting			
		23 rd March 2011			
		Rainbow Room 2, Heart of Hounslow			

