The Royal Bournemouth and Christchurch Hospitals NHS
NHS Foundation Trust

A meeting of the Board of Directors will be held on **Friday 27 March 2015** at 8.30am in the **Committee Room, Trust Management Suite, Royal Bournemouth Hospital.**
If you are unable to attend on this occasion, please notify me as soon as possible on 01202 704777.

SARAH ANDERSON
TRUST SECRETARY

A G E N D A

TIMINGS				APPENDIX
	1.	**APOLOGIES FOR ABSENCE**		
		Bill Yardley, Derek Dundas		
	2.	**DECLARATIONS OF INTEREST**		
8.30-8.35	3.	**MINUTES OF THE PREVIOUS MEETING**		
		(a) To approve the minutes of the meeting held on Friday 27 February 2015		A
	4.	**MATTERS ARISING**		
8.35-8.40		(a) Update to Actions Log	*All*	B
		(b) Milestones for the implementation of new appraisals process (*covered in Appendix H*)	*Karen Allman*	
8.40-9.00	5.	**QUALITY IMPROVEMENT**		
		(a) Patient Story	*Paula Shobbrook*	Verbal
		(b) Feedback from Staff Governors	*Jane Stichbury*	Verbal
		(c) "Freedom to Speak Up" Review	*Paula Shobbrook*	C
9.00-9.55	6.	**PERFORMANCE**		
		(a) Performance Exception Report	*Richard Renaut*	D
		(b) Stroke Performance Update (SSNAP)	*Richard Renaut*	E
		(c) Quality Report	*Paula Shobbrook*	F
		(d) Financial Performance	*Stuart Hunter*	G
		(e) i. Nurse Staffing Report 'Hard Truths NHS England Compliance'	*Paula Shobbrook/*	H
		ii. Workforce Report	*Karen Allman*	
		(f) Staff Survey results	*Karen Allman*	Presentation
9.55-10.15	7.	**STRATEGY AND RISK**		
		(a) Clinical Services Review	*Tony Spotswood*	Verbal
		(b) Easter Resilience Planning	*Richard Renaut*	I
10.15-10.20	8.	**DECISION**		
		(a) Directors Register of Interests	*Tony Spotswood*	J

	(b) Trust Vision	*Tony Spotswood*	K
	(c) Trust Objectives	*Tony Spotswood*	L

10.20-10.25 9. **INFORMATION**

(c) Communications Update (including March Core Brief)	*Karen Allman*	M
(d) Corporate Events Calendar	*Sarah Anderson*	N
(e) Board of Directors Forward Programme	*Sarah Anderson*	O

10. **NEXT MEETING**

Friday 24 April 2015 at 8.30am in the Conference Room, Education Centre, Royal Bournemouth Hospital

10.25-10.30 11. **ANY OTHER BUSINESS**

Key Points for Communication to Staff

10.30-10.45 12. **COMMENTS AND QUESTIONS FROM THE GOVERNORS**

Board Members will be available for 10-15 minutes after the end of the Part 1 meeting to take comments or questions from the Governors on items received or considered by the Board of Directors at the meeting.

13. **RESOLUTION REGARDING PRESS, PUBLIC AND OTHERS**

To resolve that under the provision of Section 1, Sub-Section 2, of the Public Bodies Admission to Meetings Act 1960, representatives of the press, members of the public and others not invited to attend the next part of the meeting be excluded on the grounds that publicity would prove prejudicial to the public interest by reason of the confidential nature of the business to be transacted.

THE ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS
NHS FOUNDATION TRUST
(the **Trust**)

Minutes of a Meeting of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust **Board of Directors** (the **Board**) held on **Friday 27 February 2015** in the Committee Room, Royal Bournemouth Hospital.

Present:	Jane Stichbury	(JS)	*Chairman* (in the chair)
	Tony Spotswood	(TS)	*Chief Executive*
	Karen Allman	(KA)	*Director of Human Resources*
	Derek Dundas	(DD)	*Non-Executive Director*
	Peter Gill	(PG)	*Director of Informatics*
	Stuart Hunter	(SH)	*Director of Finance*
	Ian Metcalfe	(IM)	*Non-Executive Director*
	Steven Peacock	(SP)	*Non-Executive Director*
	Alex Pike	(AP)	*Non-Executive Director*
	Richard Renaut	(RR)	*Chief Operating Officer*
	Paula Shobbrook	(PS)	*Director of Nursing and Midwifery*
	Bill Yardley	(BY)	*Non-Executive Director*
In attendance:	Sarah Anderson	(SA)	*Trust Secretary (minutes)*
	Jane Bruccoleri-Aitchison	(JB-A)	*Communications Officer*
	Jo Faithful	(JF)	*Communications Assistant*
	Alison Pressage	(AP)	*Matron for Specialist Services*
	Sue Reed	(SR)	*Head of Nursing and Quality*
	Dily Ruffer	(DR)	*Governor Co-ordinator*
	Mike Allen	(MA)	*Public Governor*
	Derek Chaffey	(DC)	*Public Governor*
	Carole Deas	(CD)	*Public Governor*
	Eric Fisher	(EF)	*Public Governor*
	Bob Gee	(BG)	*Public Governor*
	Paul Higgs	(PH)	*Public Governor*
	Doreen Holford	(DH)	*Public Governor*
	Paul McMillan	(PM)	*Public Governor*
	Roger Parsons	(RP)	*Public Governor*
	Colin Pipe	(CP)	*Public Governor*
	David Triplow	(DT)	*Public Governor*
	Brian Young	(BY)	*Public Governor*
	Margaret Neville	(MN)	*Chairman of the Friends of the Eye Unit*
	Jane Pike	(JP)	*Director of Service Delivery, Dorset CCG(until 16/15 a)*
Apologies:	Dave Bennett, Non-Executive Director		
	Basil Fozard, Medical Director (on Residential Course, Kings Fund)		
	Mark Friedman, Board Advisor, Transformation		

11/15 DECLARATIONS OF INTEREST

PS declared that her husband is now a director of Albany Care Homes, based in Hampshire.

TS declared that he is now chairman of NIHR (National Institute for Health Research) in Wessex.

12/15 **MINUTES OF THE MEETING HELD ON 30 JANUARY 2015 (Appendix A)**

The minutes of the meeting on 30 January 2015 were approved as an accurate record subject to one amendment.

13/15 **MATTERS ARISING (ACTIONS LOG UPDATE) (Appendix B)**

(05/15) f KA noted that the care group reviews had been postponed. Targets were in previous board papers and managers are working towards 95% delivery. Board requested milestones to achieve 95% from care groups be submitted to the next meeting. KA

(05/15) g The Talentworks information is still to be agreed, it is hoped it will be available next week. KA

(06/15) a TS noted that the country will be moving into purdah on 30 March. Updates on CSR will be shared as can. JS considered the briefing to governors was helpful.

(10/15) Noted that the deadline for the submission of the Strategy to Monitor has been extended following the failure to agree the tariff mechanism.

14/15 **QUALITY IMPROVEMENT**

(a) Patient Story (Verbal)

Alison Pressage, introduced the patient story which relates to the Ophthalmology Outpatient Department and was raised through Healthwatch where a poorly sighted lady was not waited for following her name being called in the reception area of outpatients. The recommendation from the patient is that the staff should approach patients who raise their hands when their name called and then escort them to their appointment.

Noted that the Friends and Family Test results are identifying that 100% of patients are happy. The issues were discussed at the Risk and Governance Meeting on 16 February 2015.

AP observed the department and identified some mediocre and good practice including a nurse who applied the ‘hello, my name is’ principles and asked how the patient wanted to be escorted.

Also considered the seating areas and introduced different colour

chairs and will only call one patient at a time.

The Department is sharing its learning across the Trust as sight (and hearing etc.) issues could affect all departments and it has responded to Healthwatch. Board noted that waiting to escort patients through the department is good practice for all departments as a way of being welcoming.

PS highlighted the Trust works in partnership with HealthWatch, an independent organisation which provides feedback on behalf of patients and also undertakes 'enter and view visits' to our hospitals. She brought the Board's attention to the recent Stoke Mandeville report noting that the Trust's policy for external visitors to clinical areas will be reviewed and guidance will be sent out. This is in line with our safeguarding policies for patients and also aims to protect external visitors, volunteers and governors. **PS**

(e) Feedback from Staff Governors (Verbal)

JS gave brief feedback of the meeting which was attended by one staff governor. Issues covered were workforce, development of staff facilities, traffic, appraisal and career progression and recruitment and retention payments. The key issue being the latter which is covered by local and national work.

Communication and how to get some issues out to staff was also discussed and a proposal developed to hold a staff governor led question time event on 22 April from 12 to 2pm. Members of the Board were invited to attend. There are to be warm-up events in Christchurch and Bournemouth hospitals to gather questions in advance.

Board supported the initiative to help break down barriers and wondered whether this is a one-off. Noted that it is likely to be a regular, possibly quarterly, event if it is successful and enables staff to raise issues. The staff governors may need to run a few events before determining its success, as may need to embed the event and gain a following.

15/15 **PERFORMANCE**

(a) Performance Exception Report (Appendix C)

RR presented the dashboard and focussed on Monitor and NHS Constitution requirements and identified areas of risk. Noted that three breaches generate a risk that Monitor may investigate the Trust for poor performance against Governance standards. In Q3 six

targets were breached and there will be further breaches in Q4 such as ED 4hours, and RTT non-admitted.

The Trust has developed trajectories to regain compliance and will monitor these and act on any variances.

Key risks re Monitor targets in Q4 and Q1 2015/16:

- Four hour ED target - hard to achieve due to the state of the hospital. The Trust is working with partners to gain flow through the hospital;
- Cancer targets - due to transfers in to the hospital from West Dorset and increased demands of following NICE guidelines. Breaches are dropping;
- RTT admitted – operation cancellations due to non-elective activity;
- RTT non–admitted – backlog in some areas especially Orthopaedics, ENT, Neuro, OMF, Dermatology and Urology. All are being focused on to address the backlogs.

Noted that there is some challenge in getting funding from the CCG to pay for activity which has an impact on performance. There is significant increase in referral rates across specialisms and the Trust is returning some patients so that they can be managed in primary care – this includes the redesign work in Dermatology. The number of patients waiting is decreasing from a peak in August 14 but there is a 20% increase in demand in the year.

Highlighted that on Monday the Trust had five 12 hour breaches and net 76 more beds needed (extra emergency admissions over discharges on Sunday). This led to the hospital being full and unable to admit and a Major Internal Incident called on Monday. Action to address this included more frequent and prompt actions around bed states and cancelled operations, and reviewing patients more often in the day to expedite discharges. On Tuesday there was movement and traction and since then ED has achieved its four hour target. There were significant outliers but the Trust now has spare beds and flow is working after the drastic concentrated effort. This provides evidence that headroom enables flow.

Query whether the peak in activity arose from half term. RR noted that on the Friday at the end of half term there was a good bed state and staffing levels. It is unclear what happened on Saturday night and Sunday, but both acuity and volume increased. For example over the weekend we had 26 instead of the usual ten, cardiac arrests. This high level fluctuation, outside of the normal range, makes it difficult to plan as we cannot staff or afford to have that much spare capacity to absorb periods of 40% more admissions than usual. It was also noted that other trusts were in difficulty, such as Southampton, and unusually Salisbury. RBCH took considerably more ambulance conveyances than Poole. The forward looking challenge is to plan for

Easter when some staff will be on leave, but in particular the domiciliary care market is likely to contract. Ensuring robust rotas, having the right people working etc will be undertaken. This is an issue for Trust and its partners which will be actioned.

RR noted that it is hard to balance finance against expected demand but he believes the modelling in the draft budget for 2015/16 has been realistic, with 4% activity growth. This is less than the c15% increase experienced this year, but it is not considered realistic to have a straight line growth of a further 15%. The Trust needs to align workforce, finance and increasing activity and not assume demand will drop to levels of two years ago. Instead planning for this year plus 4% is a realistic scenario, and if admissions did drop this would allow lower bed occupancy. Safe care will remain the key deciding factor.

Board thanked staff for their commitment and efforts.

(b) <u>Quality Report (Appendix D)</u>

PS made a presentation to support the paper. Highlighted harm free care and the improvement year to date compared to 2013/14. Highlighted the risk of breaching the trajectory on pressure ulcers and that the detail on pressure damage had been reviewed at HAC.

Some concern that there is double counting is mitigated by individual review of all serious pressure damage cases and noted that some cases are due to underlying damage which the Trust maybe should have been aware of and managed. Board requested that activity be overlaid on the data to see the pure rate of cases. PS

Report noted that MUST data was being incorrectly entered by one ward and this has now been addressed.

Friends and Family Test scores for the Trust look reasonable in comparison to other trusts.

The Board thanked staff for their hard work and commitment.

(c) <u>Financial Performance (Appendix E)</u>

SH presented the report and noted the deficit against the original plan. He highlighted that the forecast position is considerably at risk of not being achieved due to the significant operational pressures and challenge to take costs out of the organisation. Should the reforecast deficit be exceeded, Monitor is likely to be concerned. The Trust is on target to achieve CIP.

Risk of not being paid £1m for some work was highlighted last month, the Trust is more confident now that it will receive this payment.

Increased activity in 2015/16 requires additional funding.

Noted that the strategic plan should have been submitted to Monitor today but this has been delayed due to the tariff not being set. An alternative model and reduced efficiency saving has been put forward but it is still challenging. Finance Committee discussed that, subject to modelling, the Trust is likely to accept the new tariff, which will be hugely challenging next year. It is a significant challenge to get near the current level off activity and spend without a deficit. IM reported that the Finance Committee had noted this is the most difficult budget setting process ever, as need to consider patient safety and the emphasis is on changing the way the Trust works to accommodate increased activity. Reliant on a deficit which needs to be minimised.

TS noted that the regulator has reduced the efficiency requirement and is also saying that level of CIP required is challenging. There is almost an expectation from the regulators that the efficiency requirement will not be met. Need to discuss with CCG and Monitor how can create a viable budget.

Query on what the Board can do other than challenge and seek control in care groups. It is a difficult message to balance the budget and maintain quality and safety.

Board thanked SH/IM for their hard work.

(d) <u>Workforce Report (Appendix F)</u>

KA highlighted the focus on recruitment to drive down payments to agency staff. In addition, achieving mandatory training targets is being dragged down by medical staff not undertaking the required training. This may be due to rotation and junior doctors being trained in other organisations and the record not transferring. BF is reiterating the need for accurate record keeping and compliance with training within the medical practice. Also it has been incorporated into the consultant appraisal process which will help compliance.

The new appraisal process starts in April and training of managers starts in two weeks. The Board was disappointed that the first appraisal cycle will take eight months to complete when it is planned that it will be undertaken over a three month period in 2016. KA shared the concerns but reported that this had been a TMB decision following concerns over training and absence from clinical areas and the need for a longer timeframe to enable adequate training. Need to align individual targets to the Trust objectives and need a reasonable timeframe to achieve the transition.

Query whether the new appraisals had been trialled to ensure it is a valuable process and meets the expectations of the organisation. PG

confirmed that the appraisal steering group had trialled it, particularly the PDP part of the process.

The Virtual Learning Environment starts in March and confident will improve compliance with mandatory training and will be able to demonstrate in May. Also launch of new blended education and training process.

Turnover is on-going and it is a challenge to recruit and will be holding stands in the Atrium to attract staff. Query as to whether the Trust understands the turnover rate and what are the drivers for people leaving. KA reported that the exit process is being reviewed and discussing reasons with care groups in workstreams. KA will circulate analysis in for December to February and again in April. **KA**

Sickness absence is increasing which is concerning. Also reported on the employee relation cases for information.

Pleased to see action in Dermatology to redesign the care due to difficulties in recruiting consultants.

16/15 **STRATEGY AND RISK**

(a) Clinical Service Review (Presentation) (CCG Rep in attendance)

TS introduced the report and highlighted the work on-going. Jane Pike from the CCG gave an update.

Noted the challenge to balance finance, quality and sustainability.

After the election the CCG will formally consult with the public with the proposal and some smaller things can be done outside off this process. The review has not yet got to a preferred or any option. Liaison between groups and clinical working groups and also working across borders. Seeking to improve and implement a system of 24/7 care with one MDT and touch point for patients. Highlighted key enablers.

Consider what needs to be delivered in community and in acute care. Primary care considering federating – huge change in last six weeks – and a lot of engagement. Need to think differently and discussing services, not premises. There are a number of sites across Dorset but not all are fit for purpose now which is one reason why the county has not had a ‘green’ hospital before.

Noted that governors have been involved in public meetings.

Discussed the danger of fitting current models into the future and not

being radical in developing the best model for Dorset. Noted that this is first voluntary reconfiguration nationally as others have been imposed to gain sustainability in a crisis.

Query on whether it is an achievable objective of CSR to gain sustainable finance. JP felt it was as eradicate duplication in the system and streamline processes.

Query on how get people out of hospital. Changes impact on social care and working closely with local authorities etc. to stimulate social care work market. This is a challenge as staff get better terms and pay in shops/hospitality than in domiciliary etc. care.

JS thanked JP and noted that it feels like an acute care review currently but JP felt it is wider and covers out of hospital care too. Overarching aim is to get the right decision for patients in Dorset.

(b) Progress Update on Board Objectives (Presentation)

TS highlighted a brief summary of the current position.

Highlighted the improvement work in unscheduled care at the front door and headroom to manage increase in admissions along with the progress in developing vision and strategy and the links to CSR and challenges around cancer and ED performance.

17/15 **INFORMATION**

(a) Communications Update (including Core Brief December and January) (Appendix G)

The item was noted for information.

(b) Debrief on Winter Pressures (Presentation)

RR noted that NHS England is undertaking a national review to identify what happened over the Christmas and New Year period. RR highlighted the exceptional teamwork by our staff to sustain quality care.

The hospital is running with consistently high bed occupancy, but better staffing levels and processes allow us to see quality is being maintained.

Nationally there have been an exceptional number of admissions and deaths this year, which may be partially due to the less effective than usual flu vaccine (and this demonstrates why taking the vaccine is so

important, as with it most years many lives are saved).

In January the average inpatient age in the hospital was 84, which brings additional risks and needs around frailty.

Since January there have been less ED caused breaches, as a result of BREATH pilot. Most 4 hour breaches have been identified as caused by lack of beds.

Query why BREATH cannot be extended beyond 6pm – the pilot runs till then but the budget setting for 2015/16 proposes a 10-10 7 days a week service.

Priority actions for 2015 have been identified, such as the success of the command centre approach on Tuesday, which will be developed further.

(c) Corporate Events Calendar (Appendix H)

The report was noted for information.

(d) Board of Directors Forward Programme (Appendix I)

The report was noted for information.

18/15 **DATE OF NEXT MEETING**

Friday 27 March 2015 at 8.30am, Committee Room, Royal Bournemouth Hospital.

19/15 **ANY OTHER BUSINESS**

Key Communications points for staff

1. Thank you re winter pressures and initiatives
2. HR issues such as appraisal and training
3. Appropriate financial measures
4. Staff governor event
5. CSR

20/15 **QUESTIONS FROM GOVERNORS**

1. DT asked regarding plans for looking at recommendations from the Savile Report and what will the hospital do. PS stated that policies will be reviewed and there will be a tightening up of the people who access clinical areas which should benefit staff, patients and visitors. Volunteers have good processes. Staff are very welcoming to all visitors and will be reminded to consider the needs of patients primarily. KA noted that need the right culture and behaviours in

place. JS clear that there is a duty and obligation on the Board to look after staff and patients and also to protect the other individuals from safeguarding allegations.

2. EF feels that the Trust is under siege and noted that the response of the Board is more proactive and responsive. There have been a fewer number of negative reports in the last few months and a lot of positive reports. JS noted that the Trust is getting some good press, and thanked EF for his observation.
3. DC queried the hospital policy on domiciliary care. RR reported the Trust has a system of interim care in place to fund the first three weeks post discharge including to a home or the patient's own home and a care package.
4. DC queried whether there is any possibility of providing care at Christchurch and RR noted that the service in people's homes is even more local than Christchurch.

There being no further business the meeting was declared closed at 10.45

SA

The Royal Bournemouth and Christchurch Hospitals NHS
NHS Foundation Trust

RBCH Board of Directors Part 1 Actions February & previous

Date of Meeting	Ref	Action	Action Response	Response Due	Brief Update
27.02.15	13/15	**MATTERS ARISING**			
		(05/15) Workforce Report (Appendix F)			
		Clear targets are to be developed in relation to how care groups will achieve 95% compliance	**KA**		Care group trajectories are being prepared and will be discussed at March/April Board.
	14/15	**QUALITY IMPROVEMENT**			
	(a)	Patient Story (Verbal)			
		To circulate the Trust's revised policy for external visitors to clinical areas to staff	**PS**		Email sent to wards, departments and managers regarding external visitors to clinical areas. Policy being finalised.
	15/15	**PERFORMANCE**			
	(b)	Quality Report (Appendix D)			
		Trust activity to be overlaid on the pressure ulcer data to identify the pure rate of cases	**PS**		This is in progress and will be reported back to HAC. Closed.
	(d)	Workforce Report (Appendix F)			
		The Exit data analysis is to be circulated from December's workforce Committee to February and again in April once completed.	**KA**		Completed.
31.01.15	05/15	**PERFORMANCE**			
	(b)	Quality Report (Appendix C)			
		To analyse the impact of the demographic of patients from the safety thermometer data between the periods of December 2013 – April 2014 to identify whether is a constant pressure.	**PS**		The information will be included in the Quality performance presentation for HAC and Board. (March)

	(f)	Workforce Report (Appendix F)			
		Clear targets for improvement and prioritising of aspects of mandatory training should be introduced in the interim phase before the roll out of the new VLE system.	**KA**		Care group reviews have been postponed. Targets have been provided in previous Board papers. Managers are currently working towards 95% compliance delivery.
	(g)	Talentwork Feedback (Presentation)			
		The Talentwork's information to be circulated to the Board.	**KA**		Talentwork's information is still to be agreed, it is hoped it will be available next week. (March)
	06/15	**STRATEGY AND RISK**			
	(a)	Clinical Service Review (Appendix H)			
		How the Trust will embark on and be involved in the plans for the CSR Consultation phase.	**TS**		The consultation (external) will be lead by the CCG. Internally TS will lead a briefing programme to include Governors. Up to date briefings are currently being provided. Purdah operates from 30th March 2015.
	(b)	Development of the Trust's Strategy (Appendix I)			
		The information from Monitor is to be provided to Governors.	**RR**		The draft annual plan is under development and will be shared with the governors.
	10/15	**QUESTIONS FROM GOVERNORS**			
	1.	RR to provide an update to Governors on the demand for additional phlebotomists.	**RR**		Highcliffe GP practice is likely to have transferred phlebotomist time reducing travel to Xch hospital.
12.12.14	133/14	**PERFORMANCE**			
	(a)	Performance Exception Report (Appendix F)			
		Further assessment of how the Trust will achieve the Cancer target expected by the Commissioner.	**RR**		The deadline for the submission of the Strategy to Monitor has been extended following the failure to agree the tariff mechanism.

The Royal Bournemouth and Christchurch Hospitals NHS
NHS Foundation Trust

BOARD OF DIRECTORS	
Meeting Date and Part:	27th March 2015 Part 1
Subject:	Freedom to Speak up – a review of whistleblowing in the NHS
Section:	Quality
Executive Director with overall responsibility	Paula Shobbrook, Director of Nursing and Midwifery
Author(s):	Paula Shobbrook, Director of Nursing and Midwifery

Action required:
The Board of Directors is asked to receive the report and to note the action plan is being finalized for review at the Healthcare Assurance Committee.
The board is also recommended to formally commit to principle 1 and to support this publically.

Summary:

The Freedom to Speak Up Review, led by Sir Robert Francis QC, was set up in response to continuing disquiet about the way NHS organisations deal with concerns raised by NHS staff and the treatment of some of those who have spoken up. The 2013 NHS staff survey showed that only 72% of respondents were confident to raise a concern.

Over 600 people shared their experiences with the review and over 19,000 staff responded to an independent online survey. Sir Robert found NHS staff want to speak up and heard lots of examples of organisations supporting them to do so. He also heard that many staff are put off speaking up because they fear victimisation. Others don't speak up because they feel their concerns won't be listened to. The review heard stories of staff that have faced isolation, bullying and counter-allegations when they've raised concerns. In some extreme cases when staff have been brave enough to speak up, their lives have been ruined.

Managers told the review that they can find it difficult to identify the people with genuine concerns from those who want to deflect from their own poor performance.

The aim of the review was to provide advice and recommendations to ensure that NHS staff in England feel safe to raise concerns about patient safety.

In his report Sir Robert sets out 20 Principles and Actions which aim to create the right conditions for NHS staff to speak up, share what works right across the NHS and get all organisations up to the standard of the best and provide redress when things go wrong in future. These are designed to:

- promote a culture in the NHS where staff feel safe and encouraged to speak up
- make sure all concerns are heard, investigated properly and the right support is on hand for staff
- protect vulnerable groups, such as student nurses and medical trainees, from intimidation

- prevent discrimination against people who have been brave enough to speak up and help them get back into work.

The executive summary is enclosed for the board's information and discussion (appendix 1). The actions are summarised (Appendix 2) and are currently being reviewed for presentation to the Healthcare Assurance Committee and will be reported to the Board of Directors in April.

It is recommended that, whilst noting this process is underway, the Board of Directors formally commit to PRINCIPLE 1: Culture of Safety,
'Every organisation involved in providing NHS healthcare should actively foster a culture of safety and learning in which all staff feel safe to raise concerns.'
Action 1.1: Boards should ensure that progress towards this is measured, monitored and published regularly.

Related Strategic Goals/ Objectives:	All
Relevant CQC Outcome:	All

Risk Profile:

i. Have any risks been reduced?

No

ii. Have any risks been created?

No

Reason paper is in Part 2	Not applicable

Annex B
Actions by organisation

ACTION	SUMMARY	DH	NHS ENGLAND	SYSTEM REG	PRO REG	HEE	ALL ORGS incl. PROVIDERS
1.1	Boards should ensure that progress in creating and maintaining a safe learning culture is measured, monitored and published on a regular basis.						✓
1.2	System regulators should regard departure from good practice, as identified in this report, as relevant to whether an organisation is safe and well-led.			✓			
2.1	Every NHS organisation should have an integrated policy and a common procedure for employees to formally report incidents or raise concerns. In formulating that policy and procedure organisations should have regard to the descriptions of good practice in this report.						✓
2.2	NHS England, NHS TDA and Monitor should produce a standard integrated policy and procedure for reporting incidents and raising concerns to support Action 2.1.		✓	✓			
3.1	Bullying of staff should consistently be considered, and be shown to be, unacceptable. All NHS organisations should be proactive in detecting and changing behaviours which amount, collectively or individually, to bullying or any form of deterrence against reporting incidents and raising concerns; and should have regard to the descriptions of good practice in this report.						✓
3.2	Regulators should consider evidence on the prevalence of bullying in an organisation as a factor in determining whether it is well led.			✓			
3.3	Any evidence that bullying has been condoned or covered up should be taken into consideration when assessing whether someone is a fit and proper person to hold a post at director level in an NHS organisation.			✓			✓
4.1	Employers should ensure and be able to demonstrate that staff have open access to senior leaders in order to raise concerns, informally and formally.						✓
5.1	Boards should consider and implement ways in which the raising of concerns can be publicly celebrated.						✓
6.1	All NHS organisations should provide the resources, support and facilities to enable staff to engage in reflective practice with their colleagues and their teams.						✓
7.1	Staff should be encouraged to raise concerns informally and work together with colleagues to find solutions.						✓
7.2	All NHS organisations should have a clear process for recording all formal reports of incidents and concerns, and for sharing that record with the person who reported the matter, in line with the good practice in this report.						✓
8.1	All NHS organisations should devise and implement systems which enable such investigations to be undertaken, where appropriate by external investigators, and have regard to the good practice suggested in this report.						✓
9.1	All NHS organisations should have access to resources to deploy alternative dispute resolution techniques, including mediation and reconciliation to: • address unresolved disputes between staff or between staff and management as a result of or associated with a report raising a concern • repair trust and build constructive relationships.						✓
10.1	Every NHS organisation should provide training which complies with national standards, based on a curriculum devised jointly by HEE and NHS England in consultation with stakeholders. This should be in accordance with the good practice set out in this report.		✓			✓	✓

11.1	The Boards of all NHS organisations should ensure that their procedures for raising concerns offer a variety of personnel, internal and external, to support staff who raise concerns including: a) a person (a 'Freedom to Speak Up Guardian') appointed by the organisation's chief executive to act in a genuinely independent capacity b) a nominated non-executive director to receive reports of concerns directly from employees (or from the Freedom to Speak Up Guardian) and to make regular reports on concerns raised by staff and the organisation's culture to the Board c) at least one nominated executive director to receive and handle concerns d) at least one nominated manager in each department to receive reports of concerns e) a nominated independent external organisation (such as the Whistleblowing Helpline) whom staff can approach for advice and support.						✓
11.2	All NHS organisations should have access to resources to deploy counselling and other means of addressing stress and reducing the risk of resulting illness after staff have raised a concern.						✓
11.3	NHS England, NHS TDA and Monitor should issue joint guidance setting out the support required for staff who have raised a concern and others involved.		✓	✓			
12.1	NHS England, NHS TDA and Monitor should jointly devise and establish a support scheme for NHS workers and former NHS workers whose performance is sound who can demonstrate that they are having difficulty finding employment in the NHS as result of having made protected disclosures.		✓	✓			
12.2	All NHS organisations should actively support a scheme to help current and former NHS workers whose performance is sound to find alternative employment in the NHS.						✓
13.1	All NHS organisations that are obliged to publish Quality Accounts or equivalent should include in them quantitative and qualitative data describing the number of formally reported concerns in addition to incident reports, the action taken in respect of them and feedback on the outcome.						✓
13.2	All NHS organisations should be required to report to the National Learning and Reporting System (NLRS), or to the Independent National Officer described in Principle 15, their relevant regulators and their commissioners any formally reported concerns/public interest disclosures or incidences of disputed outcomes to investigations. NLRS or the Independent National Officer should publish regular reports on the performance of organisations with regard to the raising of and acting on public interest concerns; draw out themes that emerge from the reports; and identify good practice.		✓	✓			✓
13.3	a) CEOs should personally review all settlement agreements made in an employment context that contain confidentiality clauses to satisfy themselves that such clauses are genuinely in the public interest. b) All such settlement agreements should be available for inspection by the CQC as part of their assessment of whether an organisation is well-led c) If confidentiality clauses are to be included in such settlement agreements for which Treasury approval is required, the trust should be required to demonstrate as part of the approval process that such clauses are in the public interest in that particular case. d) NHS TDA and Monitor should consider whether their role of reviewing such agreements should be delegated to the Independent National Officer recommended under Principle 15.			✓			✓
14.1	Employers should ensure that staff who are responsible for, participate in, or permit such conduct are liable to appropriate and proportionate disciplinary processes.						✓
14.2	Trust Boards, CQC, Monitor and the NHS TDA should have regard to any evidence of responsibility for, participation in or permitting such conduct in any assessment of whether a person is a fit and proper person to hold an appointment as a director or equivalent in accordance with the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014 regulation 5.			✓			✓
14.3	All organisations associated with the provision, oversight or regulation of healthcare services should have regard to any evidence of poor conduct in relation to staff who have raised concerns when deciding whether it is appropriate to employ any person to a senior management or leadership position and whether the organisation is well-led.			✓			✓

15.1	CQC, Monitor, NHS TDA, and NHS England should consider and consult on how such a post of an Independent National Officer (INO) might jointly be created and resourced and submit proposals to the Secretary of State as to how it might carry out these functions in respect of existing and future concerns.		✓	✓			
16.1	CQC, Monitor, NHS TDA in consultation with the Department of Health should work together to agree procedures and define the roles to be played by each in protecting workers who raise concerns in relation to regulated activity. Where necessary they should seek amendment of the regulations to enable this to happen.	✓		✓			
16.2	Healthcare professional regulators should review their procedures and processes to ensure compliance with the good practice set out in this report and with this Principle.				✓		
17.1	CQC should consider the good practice set out in this report when assessing how organisations handle staff concerns. Good practice should be viewed as a positive factor contributing to a good or outstanding rating as part of their well-led domain.			✓			
18.1	Professional regulators and Royal Colleges, in conjunction with Health Education England should ensure that all students and trainees working towards a career in healthcare have access to policies, procedure and support compatible with the Principles and good practice in this report.				✓	✓	
18.2	All training for students and trainees working towards a career in healthcare should include training on raising and handling concerns.					✓	
19.1	NHS England should include in its contractual terms for general/primary medical services standards for empowering and protecting staff to enable them to raise concerns freely, consistent with these Principles.		✓				
19.2	NHS England and all commissioned primary care services should ensure that each has a policy and procedures consistent with these Principles which identify appropriate external points of referral which are easily accessible for all primary care staff for support and to register a concern, in accordance with this report.		✓				✓
19.3	In regulating registered primary care services CQC should have regard to these Principles and the extent to which services comply with them.			✓			
20.1	The Government should, having regard to the material contained in this report, again review the protection afforded to those who make protected disclosures, with a view to including discrimination in recruitment by employers (other than those to whom the disclosure relates) on grounds of having made that disclosure as a breach of either the Employment Rights Act 1996 or the Equality Act 2010.	✓					
20.2	The list of persons prescribed under the Employment Rights Act should be extended to include all relevant national oversight, commissioning, scrutiny and training bodies including NHS Protect, NHS England, NHS Clinical Commissioning Groups, Public Health England, Healthwatch England, local Healthwatch, Health Education England, Local Education and Training Boards and the Parliamentry and Health Services Ombudsman.	✓					
20.3	The Government should ensure that its proposal to widen the scope of the protection under the Employment Rights Act 1996 includes all students working towards a career in healthcare.	✓					

Freedom to **speak up**

An independent review into creating an open and honest reporting culture in the NHS

Executive Summary

February 2015

Executive Summary

Introduction

1 This Review was set up in response to continuing disquiet about the way NHS organisations deal with concerns raised by NHS staff and the treatment of some of those who have spoken up. In recent years there have been exposures of substandard, and sometimes unsafe, patient care and treatment. Common to many of them has been a lack of awareness by an organisation's leadership of the existence or scale of problems known to the frontline. In many cases staff felt unable to speak up, or were not listened to when they did. The 2013 NHS staff survey showed that only 72% of respondents were confident that it is safe to raise a concern. There are disturbing reports of what happens to those who do raise concerns. Yet failure to speak up can cost lives.

2 The aim of the Review was to provide advice and recommendations to ensure that NHS staff in England feel it is safe to raise concerns, confident that they will be listened to and the concerns will be acted upon. The Review is not the Public Inquiry that some have demanded, and it has not been tasked with investigating or passing judgment on individual cases. Its purpose has been to draw lessons from the experiences of those involved in raising and handling concerns. It has been important to hear these experiences, good and bad, to achieve this.

3 The message from staff who have suffered as a result of raising concerns has been loud and clear. I heard shocking accounts of the way some people have been treated when they have been brave enough to speak up. I witnessed at first hand their distress and the strain on them and, in some cases, their families. I heard about the pressures it can place on other members of a team, on managers, and in some cases the person about whom a concern is raised. Though rare, I was told of suicidal thoughts and even suicide attempts. The genuine pain and distress felt by contributors in having to relive their experiences was every bit as serious as the suffering I witnessed by patients and families who gave evidence to the Mid Staffordshire inquiries. The public owe them a debt of gratitude in the first place for speaking up about their concerns, and secondly for having the courage to contribute to this Review.

4 The experiences shared with us, and the suffering caused by them, have no place in a service which values, as the NHS must, its workforce and the profound contribution they make to patient safety and care. The NHS has a moral obligation to support and encourage staff to speak out.

5 I also heard it suggested that some people raise concerns for dubious motives, such as avoiding legitimate action to address poor performance. It was not within the remit of the Review to pass judgment on whether any of the cases we heard fell into this category. To the extent that this happens, it is highly regrettable, not least because it taints some people's view of whistleblowers and makes it harder for the many NHS staff who raise genuine concerns. Whatever the motive, the patient safety concerns they raise may still be valid and need to be addressed as well the performance issue. It is clear to me that in too many cases this is not done. Suggestions of ulterior purposes have for too long been used as an excuse for avoiding a rigorous examination of safety and other public interest concerns raised by NHS staff.

6 I recognise that cases are not always clear-cut. We heard contradictory accounts of some cases from those with different perspectives. There is nevertheless a remarkable consistency in the pattern of reactions described by staff who told of bad experiences. Whistleblowers have provided convincing evidence that they raised serious concerns which were not only rejected but were met with a response which focused on disciplinary action against them rather than any effective attempt to address the issue they raised. Whilst there may be some cases in which issues are fabricated or raised to forestall some form of justifiable action against them, this cannot be true of them all. I have concluded that there is a culture within many parts of the NHS which deters staff from raising serious and sensitive concerns and which not infrequently has negative consequences for those brave enough to raise them.

7 There are many reasons why people may feel reluctant to speak up in any industry. For example, they may be concerned they will be seen as disloyal, a 'snitch' or a troublemaker. Two particular factors stood out from the evidence we gathered: fear of the repercussions that speaking up would have for an individual and for their career; and the futility of raising a concern because nothing would be done about it.

8 The NHS is not alone in facing the challenge of how to encourage an open and honest reporting culture. It is however unique in a number of ways. It has a very high public and political profile. It is immensely complex. It is heavily regulated, and whilst the system consists of many theoretically autonomous decision-making units, the NHS as a whole can in effect act as a monopoly when it comes to excluding staff from employment. Further, the political significance of almost everything the system does means that there is often intense pressure to emphasise the positive achievements of the service, sometimes at the expense of admitting its problems.

9 Speaking up is essential in any sector where safety is an issue. Without a shared culture of openness and honesty in which the raising of concerns is welcomed, and the staff who raise them are valued, the barriers to speaking up identified in this Review will persist and flourish. There needs to be a more consistent approach across the NHS, and a coordinated drive to create the right culture.

Background: legal and policy context

10 This Review took place in a complex and changing climate. The legal and policy framework surrounding whistleblowing is not easy to understand and has many layers. The detail of the law for the protection of whistleblowers has been amended frequently and recently. There is a range of other reviews, as well as measures and initiatives at both local and national level that will directly or indirectly have an impact on the ease with which NHS workers can speak up. This shows recognition of the issues described in this report, and the need for action to address them. However it is important that these measures are brought together. I have attempted to take account of them in the Principles and Actions, but it will be important that those charged with their implementation place them appropriately in the context.

Legal context

11 In brief, the legislation which theoretically provides protection for whistleblowers is contained in the Employment Rights Act 1996, as amended by the Public Interest Disclosure Act 1998, commonly known as PIDA. Where a worker makes a protected disclosure, he/she has a right not to be subjected to any detriment by his employer for making that disclosure.

12 For a number of reasons this legislation is limited in its effectiveness. At best the legislation provides a series of remedies after detriment, including loss of employment, has been suffered. Even these are hard to achieve, and too often by the time a remedy is obtained it is too late to be meaningful.

13 The legislation does nothing to remove the confusion that exists around the term 'whistleblowing', which does not appear in it at all. It was clear from the written contributions and meetings that the term means different things to different people or organisations. It is sometimes taken to imply some sort of escalation: someone 'raises a concern', then 'blows the whistle' when they are not heard, either within the organisation or to an outside body. Yet this is not how the law defines a protected disclosure.

14 The legislation is also limited in its applicability. It applies only to 'workers' as defined by PIDA, so provides no protection against, for example, discrimination in recruitment, and is only now being extended to include student nurses.

Recent changes and initiatives

15 In recent years there has been a range of measures which may encourage, or impose a responsibility on staff to speak up. These include introduction of a new Statutory Duty of Candour,

the Fit and Proper Person Test and Care Quality Commission's (CQC) new inspection and ratings regime. At both national and local level there have been initiatives and programmes to encourage and support staff to speak up. A range of advice and support is also available to support individuals via helplines or websites. I concluded that it is too early to assess the combined impact of these initiatives, but that they all help to reinforce the message that speaking up is integral to patient safety and care.

Evidence to the Review

16 It was important to me to hear from as many people who had direct experience of raising and receiving concerns as possible. Over 600 individuals and 43 organisations wrote in response to our invitation to contribute and over 19,500 responded to the staff surveys sent out by independent researchers. We met with over 300 people through meetings, workshops and seminars. This included individuals who had raised concerns, student nurses, trainee doctors, and representatives from professional and regulatory bodies, employers, trades unions, lawyers, Black and Minority Ethnic (BME) groups and organisations that represent whistleblowers to ensure that I was able to understand the issues from all the different perspectives. We held four seminars in different parts of the country with a cross section of invited delegates to consider different stages of the process of raising concerns and potential solutions. I also commissioned independent qualitative and quantitative research.

Experience of employees

17 The vast majority of people who took the time to write to the Review reported bad experiences. Many described a harrowing and isolating process with reprisals including counter allegations, disciplinary action and victimisation. Bullying and oppressive behaviour was mentioned frequently, both as a subject for a concern and as a consequence of speaking up. They also spoke of lack of support and lack of confidence in the process.

18 Despite the efforts to improve the climate described in paragraph 15, many of the contributions described cases that are recent or current. This indicates that there is still a real problem. From the evidence it was apparent that there are problems at a number of stages including deterrents to speaking up in the first place, poor handling of concerns that are raised, and vindictive treatment of the person raising the concerns. This can have a devastating impact on the person who spoke up, including loss of employment and personal and family breakdown.

Vulnerable groups

19 It was also clear from the evidence that there are some groups who, for different reasons, are particularly vulnerable including locums and agency staff, students and trainees, BME groups and staff working in primary care.

Experience of employers in receiving and handling public interest concerns

20 The independent research identified two distinct cultures within organisations. Some took a strict procedural approach when concerns are raised; others took a more open minded, less rigid approach which focused on resolving the issue, learning and communicating rather than following procedure. The researchers concluded that the latter were still at a formative stage and that even where there was a willingness to be more flexible, organisations were not entirely sure how to achieve it.

21 Employers who receive public interest disclosures have reported varied experiences. While all accept that many disclosures are made in good faith, they were concerned that some disclosures are made in order to pre-empt or protect the person raising them from performance action or disciplinary processes they face for entirely unrelated issues. The problems employers described included separating safety and other concerns from grievance and disciplinary issues, identifying means of addressing relationship issues, and the need to distinguish between culpability and responsibility.

Experience of colleagues

22 Concerns about patient safety can have implications for clinical colleagues and managers. An incident or a series of incidents may be attributable to poor performance by an individual clinician or a team. It may be suggested that there is a systemic cause for the concern, such as a staff or equipment shortage for which one or more level of management may be considered responsible. In cultures where blame is an accepted method of explaining a concern, those implicated by a concern are likely to react in a defensive manner. Working relationships with colleagues may suffer, and organisations may default to hierarchical solutions.

The role of regulators and other external bodies

23 Organisations such as regulators and oversight authorities also face issues when approached by workers raising concerns, such as difficulty establishing the facts where reports are made anonymously, or protecting confidentiality. There may also be challenges in distinguishing between appropriately reported cases and referrals which are in retaliation against someone who has raised a concern.

The role of legal advisors

24 When asked for advice by NHS organisations about issues around public interest disclosure, legal advisors have tended to be influenced by an adversarial litigation – and therefore defensive – culture. Lawyers in such circumstances tend to look for potential defences to a claim made under public interest disclosure law, rather than to advise on the positive steps that could be taken to avoid some of the issues described above. Their focus is to pre-empt an Employment Tribunal (ET) claim rather than to assist in the prioritisation of the public interest, or to help resolve a dispute informally by sitting round a table.

Emerging Themes

25 Concerns are raised daily throughout the NHS, and are heard, addressed and resolved. Steps are being taken in some trusts to improve the way in which management responds to concerns. Nevertheless the level of engagement with the Review, the consistency of the stories we heard and the fact that so many of the cases are current or recent convinced me that problems remain and there is an urgent need for system wide action.

26 The evidence presented to this Review is consistent with evidence from other sources. Whilst views may differ about the progress that has been made, there was a remarkable degree of consensus on the need for improvement, the nature of the problems in the system and what a good system would look like. Adopting such a system will benefit not only those who raise concerns, but also patients, management and the wider NHS.

27 From the evidence we drew five overarching themes. These are the need for:

- culture change
- improved handling of cases
- measures to support good practice
- particular measures for vulnerable groups
- extending the legal protection.

28 Chapters 5-9 of this report address each of these themes. They set out the Principles which I believe should be followed to bring about the change required, and Actions which follow from each. These are summarised at the end of the Executive Summary. The chapters contain some examples of both good practice that we heard about during the Review. At the end of each section is a summary of what I consider to be good practice in relation to each Principle. This is summarised in Annex A.

Culture

Principle 1 – Culture of safety

Every organisation involved in providing NHS healthcare should actively foster a culture of safety and learning in which all staff feel safe to raise concerns.

29 Culture change is essential, but experience from other sectors where safety is an issue suggests that it takes time and considerable effort by the leadership of an organisation. Boards must devote time and resource to achieving this change. There was support for the concept of a 'just culture' as opposed to a 'no blame' culture. The primary need is to move from a culture which focuses on 'who is to blame?' to one focused on 'has the safety issue been addressed?' and 'what can we learn?'. Without this, senior levels of organisations will remain ignorant of important concerns, some of which give rise to serious safety risks.

30 Progress towards the creation of the right culture should be taken into account by the system regulators in assessing whether an organisation is well-led.

Principle 2 – Culture of raising concerns

Raising concerns should be part of the normal routine business of any well-led NHS organisation.

31 Speaking up should be something that everyone does and is encouraged to do. There needs to be a shared belief at all levels of the organisation that raising concerns is a positive, not a troublesome activity, and a shared commitment to support and encourage all those who raise honestly held concerns about safety. This will sometimes require acceptance by staff that their own performance may be the subject of comment, and that this needs to be seen as an opportunity to learn rather than a source of criticism. I appreciate this is not always easy.

32 Policies and procedures for dealing with staff concerns should not distinguish between reporting incidents and making protected disclosures. Our independent research found considerable variation in the quality of policies, and there was agreement that greater standardisation would be helpful given that a proportion of the workforce move between NHS organisations. NHS England, Monitor and the NHS Trust Development Authority (NHS TDA) should produce a standard policy and procedure.

33 To reinforce the concept of raising concerns as a safety issue, responsibility for policy and practice should rest with the executive board member who has responsibility for safety and quality, rather than human resources.

34 Investigation of the concern should be the priority, and any disciplinary action associated with it should not be considered until the facts have been established. This need not delay any performance action that is already underway and unrelated to the concern. It is important that this is well documented to demonstrate that it is not being done in retaliation, to dispel any perception that an individual is being victimised. Poor performance is itself a safety issue, and it is important that it is addressed. The important point here is that managers can show that action taken is justified and is consistent with the way others in the organisation have been treated.

Principle 3 – Culture free from bullying

Freedom to speak up about concerns depends on staff being able to work in a culture which is free from bullying and other oppressive behaviours.

35 There were more references to bullying in the written contributions than to any other problem. These included staff raising concerns about bullying, or being afraid to do so, bullying of people who had raised concerns and frustration that no-one ever appeared to be held to account for bullying. This is corroborated by the NHS staff survey and by other reports including the

General Medical Council (GMC) National Training Survey[1] and the Royal College of Nursing (RCN) employee survey[2]. Some individual trusts have also acknowledged the existence of a bullying culture and taken steps to address it.

36 Bullying in the NHS cannot be allowed to continue. Quite apart from the unacceptable impact on victims, bullying is a safety issue if it deters people from speaking up. It also has implications for staff morale and for attendance and retention. We heard many examples of unacceptable behaviour and lack of respect by individuals. This has a significant impact on whether people feel able to speak up, particularly in a hierarchical culture such as the NHS.

37 It is important to take a systems approach when bullying occurs, in line with the concept of a just culture. There needs to be an examination of the causes of bullying behaviour. If it is the result of unacceptable demands or pressures on an individual, they should be addressed first. There is also a need for honest and direct feedback to individuals about the impact of their behaviour, and support provided where this might be more productive than admonition. Failure to modify bullying behaviour should always be a matter for disciplinary action.

38 All leaders and managers in NHS organisations must make it clear that bullying and oppressive behaviour is unacceptable and will not be tolerated. Everyone needs to develop self-awareness about their own behaviour and its effect on others. Everyone in leadership and managerial positions should be given regular training on how to address and how to prevent bullying. Regulators should consider the prevalence of bullying in an organisation as a factor in determining whether it is well-led, and any evidence that bullying has been condoned or covered up should be taken into consideration when assessing whether someone is a fit and proper person to hold a post at director level in an NHS organisation.

Principle 4 – Culture of visible leadership

All employers of NHS staff should demonstrate, through visible leadership at all levels in the organisation, that they welcome and encourage the raising of concerns by staff.

39 Visible leadership is essential to the creation of the right culture. Leaders at all levels, but particularly at board level, need to be accessible and to demonstrate through actions as well as words the importance and value they attach to hearing from people at all levels. There is some excellent practice in some trusts, which should be shared and adopted across the NHS.

Principle 5 – Culture of valuing staff

Employers should show that they value staff who raise concerns, and celebrate the benefits for patients and the public from the improvements made in response to the issues identified.

40 Public recognition of the benefits and value of raising concerns sends a clear message that it is safe to speak up, that action will be taken, and that the organisation has the confidence to be transparent and open about things that need to be addressed and wants to hear about them. There was no appetite for financial incentives for individuals, and I do not believe it is either necessary or desirable to offer them.

Principle 6 – Culture of reflective practice

There should be opportunities for all staff to engage in regular reflection of concerns in their work.

41 The Review heard many examples of reflective practice, where issues are explored, systems are analysed and problems or best practice shared. These are invaluable, and should be encouraged throughout the NHS. We also heard that the pressure on the service means that the time available for such practice is being squeezed.

1 *National Training Survey 2014: bullying and undermining*, General Medical Council, November 2014
2 *RCN Employment Survey 2013*, Royal College of Nursing, September 2013

In some cases staff are expected to attend in their own time. I fully recognise the demands and pressures on the system. However these opportunities are essential as a means of sharing information and learning. Just as important, they help to develop a culture of openness and focus on safety not blame, and send a clear signal to staff that this is important.

Handling Cases

42 It was clear in so many of the cases we heard about that if they had been handled well from the outset, a great deal of pain and expense could have been avoided. The more issues can be 'nipped in the bud', the greater the likelihood that there will be a successful outcome for everyone involved. A common factor in many of the cases we heard about was the length of time they took to resolve, if indeed they were ever resolved. Some had gone on so long it was impossible or impracticable to get the full picture. The impact of this on both individuals and organisations was immense.

Principle 7 – Raising and reporting concerns

All NHS organisations should have structures to facilitate both informal and formal raising and resolution of concerns.

43 Many concerns are raised every day, and resolved quickly and informally. This should be encouraged wherever possible, provided it is done openly and positively. Where a concern involves a serious issue or incident or where there is disagreement about the seriousness of the concern, there needs to be a more formal mechanism for logging it, processing it and monitoring how it is being handled. This will provide a clear trail for future reference and avoidance of dispute, and also helps to identify trends, common issues and patterns to enhance organisational learning.

44 Any system needs to be as simple and free from bureaucracy as possible. However it needs to provide clarity to the person who has raised a concern about what will happen next and how they will be kept informed of progress. This report sets out what I consider to be the minimum requirements of a system and procedure to ensure that cases are well handled. This was drawn up from the problems that were described in the written contributions and in meetings, and the solutions discussed at the seminars. To ensure it is taken seriously, the Chief Executive Officer (CEO) or a designated board member needs to be involved and should regularly review all concerns that have been logged formally to ensure they are being dealt with appropriately and swiftly.

45 We heard differing views about the desirability of allowing concerns to be raised anonymously, as distinct from in confidence. They can be harder to investigate, and the motive for doing so may be questionable. In an ideal world it would not be necessary to raise concerns anonymously. In the meantime I am persuaded that they have an important role to play and should be treated as formal concerns. I was reassured to find that an anonymous concern sent to several organisations was taken seriously and acted upon.

Principle 8 – Investigations

When a formal concern has been raised, there should be prompt, swift, proportionate, fair and blame-free investigations to establish the facts.

46 Three clear messages that came from contributors were the importance of establishing the facts, and the importance of doing so quickly, and where necessary independently, and the need to feed back to the individual and share learning more widely. In some other sectors where safety is a critical issue there are teams of independent investigators who move in at once and are quickly able to provide an initial report.

47 Where concerns are raised formally, organisations should arrange for the facts and circumstances to be investigated quickly and with an appropriate level of independence. Where the investigation is done internally, it is essential that those conducting it have the appropriate expertise; that they are genuinely independent; and that they have the training and the time to do so

immediately, and are not trying to fit it in around their normal duties.

48 I am not persuaded that it is necessary to insist that all investigations are undertaken by external investigators. Nor do I consider that it would be appropriate to prescribe timescales for investigating concerns in the NHS, not least because the range of issues and circumstances is so diverse.

49 Feedback to the person who raised the concern is critical. The sense that nothing happens is a major deterrent to speaking up. There are situations where this is not straightforward due to the need to respect the privacy of others involved in the case. However there is almost always some feedback that can be given, and the presumption should be that this is provided unless there are overwhelming reasons for not doing so.

50 Suspensions and special leave should only be used where there is a risk to patient or staff safety, or concern about criminal wrongdoing or tampering with the evidence. If it is necessary to take precautionary measures, efforts should be made to redeploy staff elsewhere on the site or to a non-patient facing role, or to limit their practice. Leaving people on leave or suspension for months on end increases their sense of isolation and the likelihood they will suffer mental health issues which in turn undermine or delay their ability to return to work.

51 There are circumstances where a working environment can become intolerable if someone has, or is believed to have raised a concern which is taken to be critical of colleagues. Ideally the person who spoke up should not be the person who is moved, as this can send a signal that they have done something wrong.

Principle 9 – Mediation and dispute resolution

Consideration should be given at an early stage to the use of expert interventions to resolve conflicts, rebuild trust or support staff who have raised concerns.

52 It would be unrealistic to expect a service as complex and pressured as the NHS to run without some professional disagreement or conflict. However poor working relationships can be a risk to patient safety where they impact on communication, morale and willingness to speak up. These need to be addressed, through more proactive management and training in having honest conversations and giving feedback, and through the use of neutral third parties such as a trained mediator.

53 Mediation and dispute resolution techniques can play a role in resolving disputes at a much earlier stage, before positions become entrenched or relationships break down irretrievably. They can be used to rebuild trust within a team after a difficult period. Mediation needs to be done by trained experts and by people who understand the context within which they are operating.

Measures to support good practice

54 Creating the right culture and enabling the effective formal handling of concerns are essential if the ability of NHS staff to raise concerns is to be improved. In addition a number of other measures are needed to support the system to ensure that it works as it should.

Principle 10 – Training

Every member of staff should receive training in their organisation's approach to raising concerns and in receiving and acting on them.

55 For the system to work effectively, there needs to be more training, both for staff in how to raise concerns and for managers in how to receive and handle concerns. Raising concerns, and being

able to accept, with insight and without being defensive, concerns being raised about one's own practice is a fundamental skill that all NHS workers need to have.

56 Training should be provided through face to face sessions which provide insight into others' perspectives: for example how it might feel if an issue is raised which could be interpreted as personal criticism, or how difficult it can be to raise a sensitive issue with someone more senior. Training in multi-disciplinary teams can help to create a shared understanding and common language and to break down silos. More senior members of staff will need additional training in how to handle concerns.

57 Raising concerns and the role of Human Factors[3] should be included in the curriculum of all healthcare professional training programmes. It is important that there is a high level of consistency in the training provided. I therefore invite Health Education England and NHS England, in consultation with stakeholders, to devise a common structure based on the good practice described in this report, to underpin training provided in trusts.

Principle 11 – Support

All NHS organisations should ensure that there is a range of persons to whom concerns can be reported easily and without formality. They should also provide staff who raise concerns with ready access to mentoring, advocacy, advice and counselling.

58 Another recurrent theme from the contributions was the absence of anyone to turn to for support, either before they spoke up, or once they had done so. This added immeasurably to the personal stress they felt. By contrast those who told us that their experience had been good often mentioned that they felt supported throughout.

59 Two things are needed: clarity about to whom concerns can be reported; and clarity about where to go for support. There are various ways this could be provided, and ideally there will be more than one source. Some trusts have nominated a Non-Executive Director (NED) to receive concerns; some allocate a senior person to act as a buddy, or named executive directors, both to receive concerns and to offer advice.

60 Some trusts have established a new role, sometimes known as a 'cultural ambassador' or 'patient safety ombudsman'. Their role is to act as an independent and impartial source of advice to staff, with access to anyone in the organisation, including the CEO, or if necessary outside the organisation. They can ensure that the primary focus is on the safety issue; that the case is handled appropriately, investigated promptly and issues addressed; and that there are no repercussions for the person who raised it. They can also act as an 'honest broker' to verify that if there were pre-existing performance issues that were already being addressed, these should continue and cannot be portrayed as a consequence of speaking up.

61 I believe such a role can make a huge contribution to developing trust within an organisation and improving the culture and the way cases are handled. I believe there would be merit in having similar roles in all NHS organisations, with a common job title such as Freedom to Speak Up Guardian, so that those who move between organisations know immediately where to go for help. They could also form a network to share good practice and to identify common issues and themes. I strongly encourage all NHS organisations to consider it. I have stopped short of recommending that all must adopt this model, as I believe boards should decide what is appropriate for their organisation. But as a minimum there needs to be someone to whom staff can go, who is recognised as independent and impartial, has the authority to speak to anyone within or outside the trust, is expert in all aspects of raising and handling concerns, has the tenacity to ensure safety issues are addressed, and has dedicated time to perform this role.

62 It was suggested that some may not be comfortable seeking advice from a Freedom to Speak Up Guardian if, for example, they are from a different professional background. There should

3 A definition of Clinical Human Factors is "Enhancing clinical performance through an understanding of the effects of teamwork, tasks, equipment, workspace, culture, organisation or human behaviour and abilities, and application of that knowledge in clinical settings." See Clinical Human Factors Group website http://chfg.org/what-is-human-factors

therefore be a range of others to whom people can go for advice and support. This should include at least one executive director, which may be the person responsible for safety and/or the medical director; at least one nominated manager in each department; and one external organisation, such as the Whistleblowing Helpline.

63 Support should also be available in the form of counselling and other psychological support. The evidence seen by the Review indicates that psychological damage is a foreseeable risk of not treating staff correctly when concerns are raised. We heard harrowing accounts from people about anxiety and depression due to the stress and repercussions of raising a concern, and in too many cases counselling appeared to have been promised but never materialised. This is short-sighted as well as uncaring, as it delays the point at which staff are able to return to work, and could conceivably lead to expensive litigation.

Principle 12 – Support to find alternative employment in the NHS

Where a NHS worker who has raised a concern cannot, as a result, continue in their current employment, the NHS should fulfil its moral obligation to offer support.

64 A number of people leave their employment, either voluntarily or otherwise, after raising a concern. Some then find it difficult to find another job. The NHS can operate as a monopoly employer in many fields, and a contentious parting of the ways can result in an individual being disadvantaged when applying for a new role, without the full facts of a case being known. This is unfair on individuals, and a waste of valuable skills and resource to the NHS.

65 Where an Employment Tribunal orders reinstatement in a case involving protected disclosures, NHS organisations have a moral responsibility to re-instate the individual if at all possible, if their performance is sound, with appropriate support and development for them and/or for their colleagues to ensure they are re-integrated effectively.

66 Beyond that, there needs to be a support scheme for staff who are having difficulty finding employment and can demonstrate that this is related to having made a protected disclosure, and about whom there are no issues of justifiable and significant concern about their performance. This should be run jointly by NHS England, the NHS TDA and Monitor, and should be supported by all NHS organisations. As a minimum it should provide:

- remedial training or work experience for registered healthcare professionals who have been away from the workplace for long periods of time
- advice and assistance in relation to applications for appropriate employment in the NHS
- the development of a 'pool' of employers prepared to offer trial employment
- guidance to employers to encourage them to consider a history of having raised concerns as a positive characteristic in a potential employee.

Principle 13 – Transparency

All NHS organisations should be transparent in the way they exercise their responsibilities in relation to the raising of concerns, including the use of settlement agreements.

67 Lack of transparency and openness creates suspicion and mistrust. It also means that opportunities to share learning and improve patient safety may be lost. Conversely transparency about incidents and concerns, and how the trust has responded to them, sends an important signal to staff that the board welcomes and values them, and provides an opportunity to demonstrate how they focus on finding solutions and taking action, not on apportioning blame.

68 All NHS organisations should publish in their Quality Accounts quantitative and qualitative data about formally reported concerns. This could then be used by the National Learning and Reporting System to identify safety issues that are common across the NHS, and to spread learning and best practice. This requires the NHS system regulators to adopt a common approach to data about concerns, with a shared understanding of what good looks like so that there is no disincentive to trusts to be transparent and open.

69 My attention was also drawn to the continued use of settlement agreements and to the confidentiality clauses they contain. Any confidentiality clauses which prevent a signatory from making a protected disclosure are void. I did not see any recent agreements which breached this. There were some however which contained restrictions that seemed unnecessarily draconian, and I can appreciate how individuals might think they were 'gagged'. This is a hindrance to transparency. Greater care needs to be taken in the drafting of confidentiality clauses, which should only be included if they are genuinely in the public interest. All settlement agreements should be available for inspection by the CQC.

Principle 14 – Accountability

Everyone should expect to be held accountable for adopting fair, honest and open behaviours and practices when raising, or receiving and handling concerns. There should be personal and organisational accountability for:

- **poor practice in relation to encouraging the raising of concerns and responding to them**
- **the victimisation of workers for making public interest disclosures**
- **raising false concerns in bad faith or for personal benefit**
- **acting with disrespect or other unreasonable behaviour when raising or responding to concerns**
- **inappropriate use of confidentiality clauses.**

70 Everyone should be held accountable for their behaviour and practice when raising, receiving and handling concerns. This applies to those raising concerns as well as to their leaders and managers. Absence of accountability puts people off speaking up, and can inhibit a person's ability to move on. Seeing a manager who has been responsible for bullying or victimisation move to a new post or even be promoted sends the wrong signal to staff and offends people's innate sense of fairness.

71 It is the responsibility of boards to ensure that there is no victimisation of or retaliation against whistleblowers, and they should be held to account for it. This will require them to maintain constant vigilance, and effective systems to enable them to keep track of what is happening within an organisation where so many people are under pressure to deliver a service. System regulators should look for evidence that this is being taken seriously. I was encouraged to hear optimism about the impact of the CQC's new inspection regime.

72 I do not believe that it would be appropriate to introduce regulation of managers at present. The Fit and Proper Person test has only just been introduced and it should be given time to bed down, and its impact to be assessed.

73 Individuals are also responsible for their own behaviour, and should be prepared to be held to account for it. Everyone who raises concerns must take responsibility for the way in which those concerns are expressed, and show willingness to accept the good faith of those who try to respond reasonably even if the conclusion is not what they would wish. It equally applies to anyone, however senior, who fails to show respect to their colleagues or is unacceptably rude. Such behaviour should not be tolerated, and those who persist with it should be held to account.

Principle 15 – External review

There should be an Independent National Officer resourced jointly by national systems regulators and oversight bodies and authorised by them to carry out the functions described in this report, namely:

- **review the handling of concerns raised by NHS workers, and/or the treatment of the person or people who spoke up where there is cause for believing that this has not been in accordance with good practice**
- **advise NHS organisations to take appropriate action where they have failed to follow good practice, or advise the relevant systems regulator to make a direction to that effect**
- **act as a support for Freedom to Speak Up Guardians**
- **provide national leadership on issues relating to raising concerns by NHS workers**

- **offer guidance on good practice about handling concerns**
- **publish reports on the activities of this office.**

74 I considered whether there is a case for establishing an independent body with powers to review staff concerns. I concluded that it would be wrong to take responsibility for dealing with concerns away from trusts, and would be more likely to lead to delays and additional layers of bureaucracy.

75 I also gave serious thought to the need for a new body to carry out an external review of the way individual cases have been handled and whether detriment occurred. There is a gap in the system of oversight in this area. The CQC can take account of how an organisation handles cases in its assessment of how well it is led. All the systems regulators who are prescribed persons can take action to investigate the issues raised in any protected disclosure made directly to them. But these would not normally include reviewing the way in which the organisation managed their investigation, nor the way in which the individual who raised the concern was subsequently treated. The only route available to an individual who feels he has been subject to detriment for making protected disclosure is to take a case to an Employment Tribunal. However, most do not want to take legal action: all they want is to be assured that patients are safe and to get on with their jobs.

76 Rather than establish yet another new body, which would require legislation as well as new funding, I propose that an Independent National Officer (INO) should be jointly established and resourced by the CQC, Monitor, the NHS TDA and NHS England, to operate under the combined aegis of these bodies. The INO would be authorised by these bodies to:

- review the handling of concerns raised by NHS workers where there is reason to believe that there has been failure to follow good practice, particularly failing to address dangers to patient safety or causing injustice to staff
- where this has occurred, to advise the relevant NHS organisation to take appropriate and proportionate action, or to recommend to the relevant systems regulator or oversight body that it make a direction requiring such action
- offer guidance on good practice
- act as a support for Freedom to Speak Up Guardians
- publish reports on common themes, developments and progress towards the creation of a safe and open culture in the NHS.

77 I want to emphasise I am not proposing an office to take over the investigation of concerns, nor is this a means by which a whistleblower can circumvent existing authorised processes for raising and addressing concerns. It is also not intended to replace existing legal remedies. I do not suggest that the INO should review, still less investigate historic cases.

78 The INO will have discretion to consider how an existing case is being or has been handled, and to advise an organisation on any actions they should take to deal with the issues raised. The officer would need to operate in a timely, non-bureaucratic way. He/she would not take on the investigation of cases themselves, but would challenge or invite others to look again at cases and would need sufficient authority to ensure that any recommendations made were taken seriously and acted upon. The office should be more nimble and less bound by legalistic process than a statutory body, with wide discretion to decide whether it is appropriate to get involved in a particular case. In essence the INO would fulfil, at a national level, a role similar to that played by Freedom to Speak Up Guardians locally and provide national leadership for these issues. The INO should not be expected to review historic issues.

Principle 16 – Coordinated Regulatory Action

There should be coordinated action by national systems and professional regulators to enhance the protection of NHS workers making protected disclosures and of the public interest in the proper handling of concerns.

79 The review highlighted the lack of any coordination between the various regulators in their approach to whistleblowing. I believe there is scope

for the systems regulators to play a bigger role. In particular I think they should pay more attention to the record of an NHS organisation in respect of how it handles concerns, and take regulatory action where that record is poor. I have suggested that all three should work together, with the Department of Health, to define their roles and agree procedures to ensure that NHS workers are adequately protected.

80 Professional regulators could also do more. The GMC has set up an independent review, chaired by Sir Anthony Hooper, to consider how it treats doctors who raise concerns, and how they might best be supported. Its findings may be relevant to other regulators. It is important that professional regulators are aware of the context in which a referral for investigation of a medical professional is made, to ascertain whether there is any risk that it is a retaliatory referral. I am not suggesting that there should be no investigation because someone has been a whistleblower: there may be a perfectly good justification for doing so. But the regulators need to assure themselves that the referral is fair. I would also urge the professional regulators to consider what they can do to speed up their investigations into fitness to practise.

Principle 17 – Recognition of organisations

CQC should recognise NHS organisations which show they have adopted and apply good practice in the support and protection of workers who raise concerns.

81 Organisations which encourage an open and just culture should be recognised and celebrated, for example through a national award scheme, in their CQC assessment or possibly some financial incentive.

Measures for vulnerable groups

82 During the course of the Review it became clear that there are some groups who are particularly vulnerable when they raise concerns.

Locums, agency and bank staff

83 Non-permanent staff are in a more vulnerable position not only because of the temporary nature of their roles, but also because they are not fully integrated members of a team, may miss out on induction explaining how concerns should be raised in this organisation, and lack support. Yet they may bring objectivity and good practice from other organisations which should be welcomed. They should have access to all the same support and procedures as permanent members of staff, and should be encouraged to share their insights.

Principle 18 – Students and trainees

All principles in this report should be applied with necessary adaptations to education and training settings for students and trainees working towards a career in healthcare.

84 Student nurses, other healthcare professional students, and trainees can help to spread good practice because they move around frequently. The group of student nurses I met told me that the need to pass each placement can constrain their ability to speak up: there were disturbing, but consistent accounts of students with previously good records who suddenly found themselves criticised, if not failed, after they raised a concern. We also heard of students being sent to placements despite reports by previous students about bullying behaviour, variable support by universities and petty victimisation (being given all the worst jobs) after raising a concern. The fear of referral for fitness to practise appears to be a further deterrent.

85 All the guidance and Principles that I have proposed for NHS staff should be available to support students and trainees working towards a career in healthcare. There should be additional protection for students. All training establishments should comply with the good practice in this report in relation to:

- including the importance of, and process for raising concerns in the curriculum
- the appointment of an independent person to advise and monitor the well-being of students

who raise concerns
- ensuring practical and emotional support is provided through any investigation process
- monitoring the progress of students who raise concerns, to ensure there is no sudden and unexplained dip in their performance assessments.

86 In addition, the education and training organisations and professional regulators should work more closely when assessing the suitability of placements. Where action is repeatedly not taken in respect of poor placements, the regulator should consider removing its validation of the course.

Staff from black and minority ethnic (BME) background

87 The experiences of BME staff were broadly similar to those of other staff, but without doubt they can feel even more vulnerable when raising concerns. This was partly because the culture can sometimes leave minority groups feeling excluded, and cultural misunderstandings may exacerbate difficulties. This sense of vulnerability appears to be supported by the evidence of our independent research. There is also a perception that BME staff are more likely to be referred to professional regulators if they raise concerns, more likely to receive harsher sanctions, and more likely to experience disproportionate detriment in response to speaking up.

88 Boards need to be aware that this is an issue, and should consider whether they need to take action over and above what is set out in this report to support and protect BME staff who raise concerns in their organisation.

Principle 19 – Primary Care

All principles in this report should apply with necessary adaptation in primary care.

89 It was surprisingly hard to get a clear understanding of the options open to staff who work in primary care. Little, if any, thought seems to have been given to it since the Health and Social Care Act 2012 , which abolished primary care trusts (PCTs).

90 The options would seem to be NHS England or clinical commissioning groups (CCGs), but neither are prescribed persons to whom protected disclosures can be made. Yet it seems more likely that somebody working in a very small organisation will want or need to raise a concern with, or seek advice and support from someone outside their practice particularly if their concern is about one of the senior figures.

91 I consider it essential that the support recommended in this report should be available to NHS staff who work in primary care. We heard about examples of good practice, where trainees were given induction, briefed on the policy, and felt supported by their training scheme programme director, although some trainees waited until they had completed their placement before speaking up. But it was hard to identify any source of support for other members of staff, particularly non-clinical staff.

92 Consideration should be given to how this can be provided. Federations of GP practices may be able to appoint a Freedom to Speak Up Guardian; others may be able to sign up the services of their local NHS trust's Guardian, as happens already in at least one area. NHS England should work with all commissioned primary care services to clarify policies and procedures for staff in line with the Principles in this report, which specify where employees can go for advice and support, and to register a concern.

Extending the legal protection

Principle 20 – Legal Protection should be enhanced

93 Although I do not consider the legal protection is adequate, I firmly believe it is the priority, and more effective, to address the culture and to improve the way concerns are handled so that it is not necessary to seek redress. That has been the main focus of this Review and the report.

94 There are however two steps which should be taken. Some NHS bodies which are not currently prescribed persons to whom disclosures could be

made, should be added to the list. These include NHS England, CCGs and Local Education and Training Boards. Secondly I welcome the intention to extend the scope of the legislation to include student nurses and student midwives. This should go further to include other students working towards a career in healthcare.

95 The legislation applies to all employers, not only those in the NHS, so it would not be appropriate to make recommendations for amendment which might impact on other sectors in ways that I am not aware of. However I am particularly concerned by one aspect of the legislation, which is that it does nothing to protect people who are seeking employment from discrimination on the grounds that they are known to be a whistleblower. This is an important omission which should be reviewed, at least in respect of the NHS. I invite the Government to review the legislation to extend protection to include discrimination by employers in the NHS, if not more widely, either under the Employment Rights Act 1996 or under the Equality Act 2010.

Conclusion

96 The Review confirmed that although many cases are handled well, too many are not. This has a disproportionate impact on others who are deterred from speaking up by the fear of adverse consequences or the belief that nothing will be done. It puts patients at risk.

97 I believe that the Principles and Actions in this report should together make it safe for people to speak up, and provide redress if injustice does occur. The creation of Freedom to Speak Up Guardians and an Independent National Officer in particular are key components of this, to provide support and ensure the patient safety issue is always addressed.

98 It is also important that all who raise concerns, and all who respond to them behave with empathy and understanding of others, focusing together on patient safety and the public interest.

99 I am grateful to all who have shared their experience. It has helped to shape my conclusions and has made a significant contribution to ensuring that others will have a better experience in future. I appreciate that, given my remit, some people may be disappointed that their own issues have not been addressed. Some are now so complex that I doubt that even a public inquiry would be able to resolve them.

100 I hope that genuine concerns will be investigated objectively, learning shared, and those who raise them feel supported and valued, while genuine issues about an individual's performance or conduct are dealt with separately and fairly. Anyone responsible for unacceptable breaches of the responsibilities identified in this report should be held to account, but with understanding of the pressures on them.

101 This will make the NHS a better place to work and a safer place for patients.

102 There is a great deal that can be done by well-led organisations and regulators to bring to life the Principles in this report. It will be for the Secretary of State for Health to ensure that the momentum is maintained throughout the whole of the NHS.

Recommendation 1

All organisations which provide NHS healthcare and regulators should implement the principles and actions set out below, in line with the good practice described in this report[4].

Recommendation 2

The Secretary of State for Health should review at least annually the progress made in the implementation of these Principles and Actions and the performance of the NHS in handling concerns and the treatment of those who raise them, and to report to Parliament.

4 Principles and actions are summarised at the end of this section and the good practice is summarised at Annex A

Recommendations, Principles and Actions

Recommendations

Recommendation 1

All organisations which provide NHS healthcare[5] and regulators should implement the Principles and Actions set out in this report in line with the good practice described in this report.

Recommendation 2

The Secretary of State for Health should review at least annually the progress made in the implementation of these Principles and Actions and the performance of the NHS in handling concerns and the treatment of those who raise them, and report to Parliament.

Principles and Actions

Culture Change

Principle 1

Culture of safety: Every organisation involved in providing NHS healthcare, should actively foster a culture of safety and learning, in which all staff feel safe to raise concerns.

Action 1.1: Boards should ensure that progress in creating and maintaining a safe learning culture is measured, monitored and published on a regular basis.
Action 1.2: System regulators should regard departure from good practice, as identified in this report, as relevant to whether an organisation is safe and well-led.

Principle 2

Culture of raising concerns: Raising concerns should be part of the normal routine business of any well led NHS organisation.

Action 2.1: Every NHS organisation should have an integrated policy and a common procedure for employees to formally report incidents or raise concerns. In formulating that policy and procedure organisations should have regard to the descriptions of good practice in this report.
Action 2.2: NHS England, NHS TDA and Monitor should produce a standard integrated policy and procedure for reporting incidents and raising concerns to support Action 2.1.

Principle 3

Culture free from bullying: Freedom to speak up about concerns depends on staff being able to work in a culture which is free from bullying and other oppressive behaviours.

Action 3.1: Bullying of staff should consistently be considered, and be shown to be, unacceptable. All NHS organisations should be proactive in detecting and changing behaviours which amount, collectively or individually, to bullying or any form of deterrence against reporting incidents and raising concerns; and should have regard to the descriptions of good practice in this report.
Action 3.2: Regulators should consider evidence on the prevalence of bullying in an organisation as a factor in determining whether it is well-led.
Action 3.3: Any evidence that bullying has been condoned or covered up should be taken into consideration when assessing whether someone is a fit and proper person to hold a post at director level in an NHS organisation.

Principle 4

Culture of visible leadership: All employers of NHS staff should demonstrate, through visible leadership at all levels in the organisation, that they welcome and encourage the raising of concerns by staff.

Action 4.1: Employers should ensure and be able to demonstrate that staff have open access to senior leaders in order to raise concerns, informally and formally.

5 Referred to in these principles as 'NHS organisations' – see glossary

Principle 5

Culture of valuing staff: Employers should show that they value staff who raise concerns, and celebrate the benefits for patients and the public from the improvements made in response to the issues identified.

Action 5.1: Boards should consider and implement ways in which the raising of concerns can be publicly celebrated.

Principle 6

Culture of reflective practice: There should be opportunities for all staff to engage in regular reflection of concerns in their work.

Action 6.1: All NHS organisations should provide the resources, support and facilities to enable staff to engage in reflective practice with their colleagues and their teams.

Better Handling of Cases

Principle 7

Raising and reporting concerns: All NHS organisations should have structures to facilitate both informal and formal raising and resolution of concerns.

Action 7.1: Staff should be encouraged to raise concerns informally and work together with colleagues to find solutions.
Action 7.2: All NHS organisations should have a clear process for recording all formal reports of incidents and concerns, and for sharing that record with the person who reported the matter, in line with the good practice in this report.

Principle 8

Investigations: When a formal concern has been raised, there should be prompt, swift, proportionate, fair and blame-free investigations to establish the facts.

Action 8.1: All NHS organisations should devise and implement systems which enable such investigations to be undertaken, where appropriate by external investigators, and have regard to the good practice suggested in this report.

Principle 9

Mediation and dispute resolution: Consideration should be given at an early stage to the use of expert interventions to resolve conflicts, rebuild trust or support staff who have raised concerns.

Action 9.1: All NHS organisations should have access to resources to deploy alternative dispute resolution techniques, including mediation and reconciliation to:

- address unresolved disputes between staff or between staff and management as a result of or associated with a report raising a concern
- repair trust and build constructive relationships.

Measures to support good practice

Principle 10

Training: Every member of staff should receive training in their organisation's approach to raising concerns and in receiving and acting on them.

Action 10.1: Every NHS organisation should provide training which complies with national standards, based on a curriculum devised jointly by HEE and NHS England in consultation with stakeholders. This should be in accordance with the good practice set out in this report.

Principle 11

Support: All NHS organisations should ensure that there is a range of persons to whom concerns can be reported easily and without formality. They should also provide staff who raise concerns with ready access to mentoring, advocacy, advice and counselling.

Action 11.1: The Boards of all NHS organisations should ensure that their procedures for raising concerns offer a variety of personnel, internal and external, to support staff who raise concerns including:

a) a person (a 'Freedom to Speak Up Guardian') appointed by the organisation's chief executive to act in a genuinely independent capacity
b) a nominated non-executive director to receive reports of concerns directly from employees (or from the Freedom to Speak Up Guardian) and to make regular reports on concerns raised by staff and the organisation's culture to the Board
c) at least one nominated executive director to receive and handle concerns
d) at least one nominated manager in each department to receive reports of concerns
e) a nominated independent external organisation (such as the Whistleblowing Helpline) whom staff can approach for advice and support.

Action 11.2: All NHS organisations should have access to resources to deploy counselling and other means of addressing stress and reducing the risk of resulting illness after staff have raised a concern.

Action 11.3: NHS England, NHS TDA and Monitor should issue joint guidance setting out the support required for staff who have raised a concern and others involved.

Principle 12

Support to find alternative employment in the NHS: Where a NHS worker who has raised a concern cannot, as a result, continue in their current employment, the NHS should fulfil its moral obligation to offer support.

Action 12.1: NHS England, the NHS Trust Development Authority and Monitor should jointly devise and establish a support scheme for NHS workers and former NHS workers whose performance is sound who can demonstrate that they are having difficulty finding employment in the NHS as a result of having made protected disclosures.

Action 12.1: All NHS organisations should actively support a scheme to help current and former NHS workers whose performance is sound to find alternative employment in the NHS.

Principle 13

Transparency: All NHS organisations should be transparent in the way they exercise their responsibilities in relation to the raising of concerns, including the use of settlement agreements.

Action 13.1: All NHS organisations that are obliged to publish Quality Accounts or equivalent should include in them quantitative and qualitative data describing the number of formally reported concerns in addition to incident reports, the action taken in respect of them and feedback on the outcome.

Action 13.2: All NHS organisations should be required to report to the National Learning and Reporting System (NLRS), or to the Independent National Officer described in Principle 15, their relevant regulators and their commissioners any formally reported concerns/public interest disclosures or incidences of disputed outcomes to investigations. NLRS or the Independent National Officer should publish regular reports on the performance of organisations with regard to the raising of and acting on public interest concerns; draw out themes that emerge from the reports; and identify good practice.

Action 13.3:

a) CEOs should personally review all settlement agreements made in an employment context that contain confidentiality clauses to satisfy themselves that such clauses are genuinely in the public interest.
b) All such settlement agreements should be available for inspection by the CQC as part of their assessment of whether an organisation is well-led.
c) If confidentiality clauses are to be included in such settlement agreements for which Treasury approval is required, the trust should be required to demonstrate as part of the approval process that such clauses are in the public interest in that particular case.
d) NHS TDA and Monitor should consider whether their role of reviewing such agreements should be delegated to the Independent National Officer recommended under Principle 15.

Principle 14

Accountability: Everyone should expect to be held accountable for adopting fair, honest and open behaviours and practices when raising or receiving and handling concerns. There should be personal and organisational accountability for:

- **poor practice in relation to encouraging the raising of concerns and responding to them**
- **the victimisation of workers for making public interest disclosures**
- **raising false concerns in bad faith or for personal benefit**
- **acting with disrespect or other unreasonable behaviour when raising or responding to concerns**
- **inappropriate use of confidentiality clauses.**

Action 14.1: Employers should ensure that staff who are responsible for, participate in, or permit such conduct are liable to appropriate and proportionate disciplinary processes.
Action 14.2: Trust Boards, CQC, Monitor and the NHS TDA should have regard to any evidence of responsibility for, participation in or permitting such conduct in any assessment of whether a person is a fit and proper person to hold an appointment as a director or equivalent in accordance with the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014 regulation 5.
Action 14.3: All organisations associated with the provision, oversight or regulation of healthcare services should have regard to any evidence of poor conduct in relation to staff who have raised concerns when deciding whether it is appropriate to employ any person to a senior management or leadership position and whether the organisation is well-led.

Principle 15

External Review: There should be an Independent National Officer (INO) resourced jointly by national systems regulators and oversight bodies and authorised by them to carry out the functions described in this report, namely:

- **review the handling of concerns raised by NHS workers and/or the treatment of the person or people who spoke up, where there is cause for believing that this has not been in accordance with good practice**
- **advise NHS organisations to take appropriate action where they have failed to follow good practice, or advise the relevant systems regulator to make a direction to that effect**
- **act as a support for Freedom to Speak Up Guardians**
- **provide national leadership on issues relating to raising concerns by NHS workers**
- **offer guidance on good practice about handling concerns**
- **publish reports on the activities of this office.**

Action 15.1: CQC, Monitor, NHS TDA, and NHS England should consider and consult on how such a post might jointly be created and resourced and submit proposals to the Secretary of State, as to how it might carry out these functions in respect of ongoing and future concerns.

Principle 16

Coordinated Regulatory Action: There should be coordinated action by national systems and professional regulators to enhance the protection of NHS workers making protected disclosures and of the public interest in the proper handling of concerns.

Action 16.1: CQC, Monitor, NHS TDA in consultation with the Department of Health should work together to agree procedures and define the roles to be played by each in protecting workers who raise concerns in relation to regulated activity. Where necessary they should seek amendment of the regulations to enable this to happen.
Action 16.2: Healthcare professional regulators should review their procedures and processes to ensure compliance with the good practice set out in this report and with this Principle.

Principle 17

Recognition of organisations: CQC should recognise NHS organisations which show they have adopted and apply good practice in the support and protection of workers who raise concerns.

Action 17.1: CQC should consider the good practice set out in this report when assessing how organisations handle staff concerns. Good practice should be viewed as a positive factor contributing to a good or outstanding rating as part of their well-led domain.

Particular measures for vulnerable groups

Principle 18

Students and Trainees: All principles in this report should be applied with necessary adaptations to education and training settings for students and trainees working towards a career in healthcare.

Action 18.1: Professional regulators and Royal Colleges in conjunction with Health Education England should ensure that all students and trainees working towards a career in healthcare have access to policies, procedure and support compatible with the principles and good practice in this report.
Action 18.2: All training for students and trainees working towards a career in healthcare should include training on raising and handling concerns.

Principle 19

Primary Care: All principles in this report should apply with necessary adaptations in primary care.

Action 19.1: NHS England should include in its contractual terms for general/primary medical services standards for empowering and protecting staff to enable them to raise concerns freely, consistent with these Principles.

Action 19.2: NHS England and all commissioned primary care services should ensure that each has a policy and procedures consistent with these Principles which identify appropriate external points of referral which are easily accessible for all primary care staff for support and to register a concern, in accordance with this report.
Action 19.3: In regulating registered primary care services CQC should have regard to these Principles and the extent to which services comply with them.

Enhancing the legal protection

Principle 20

Legal protection should be enhanced

Action 20.1: The Government should, having regard to the material contained in this report, again review the protection afforded to those who make protected disclosures, with a view to including discrimination in recruitment by employers (other than those to whom the disclosure relates) on grounds of having made that disclosure as a breach of either the Employment Rights Act 1996 or the Equality Act 2010.

Action 20.2: The list of persons prescribed under the Employment Rights Act 1996 should be extended to include all relevant national oversight, commissioning, scrutiny and training bodies including NHS Protect, NHS England, NHS Clinical Commissioning Groups, Public Health England, Healthwatch England, local Healthwatch, Health Education England, Local Education and Training Boards and the Parliamentry and Health Services Ombudsman.

Action 20.3: The Government should ensure that its proposal to widen the scope of the protection under the Employment Rights Act 1996 includes all students working towards a career in healthcare.

Note: Annex B to this report contains a list of actions showing the organisations responsible for implementing each one.

The Royal Bournemouth and Christchurch Hospitals NHS
NHS Foundation Trust

BOARD OF DIRECTORS	
Meeting Date and Part:	27th March 2015 - Part 1
Subject:	Performance Report
Section:	Performance
Executive Director with overall responsibility	Richard Renaut
Author(s):	Donna Parker/David Mills
Previous discussion and/or dissemination:	PMG/TMB

Action required:

The Board of Directors is asked to consider the information provided and support any actions highlighted in relation to non-compliant or 'at risk' indicators.

Summary:

The attached Performance Indicator Matrix and Exception Report outline the Trust's performance exceptions against key access and performance targets for the month of February 2014.

It also incorporates an indicative RAG rating for expected performance in the following month based on internal monitoring to date, as well as an indication of Trust level risk in relation to the metrics in the quarter (Q4 Jan – March 2015).

The overarching Trust Balanced Dashboard for January is also included.

Related Strategic Goals/ Objectives:	Performance
Relevant CQC Outcome:	Section 2 – Outcome 4: Care and welfare of people who use services. Outcome - 6 Co-operating with others.

Risk Profile:

The following risk assessments remain on the risk register:

i. Cancer 62 day wait non-compliance and potential risk to the trust's authorisation, due to ongoing risks.

ii. 4 hour target due to the increase in ambulance conveyances and attendances and our continued non-compliance, noting Strong March performance above 95%.

iii. RTT admitted and non-admitted speciality and aggregate performance due to speciality pressures.

The urgent care impact risk assessment remains on the Trust Risk Register given the increased activity pressures, 4 hour non-compliance and other indicators such as the increase in outliers.

Reason paper is in Part 2	N/A

Performance Exception Report 2014/15 - March

1. Purpose of the Report

This report accompanies the Performance Indicator Matrix and outlines the Trust's performance exceptions against key access and performance targets for the month of February 2015, as set out in *Everyone counts: Planning for Patients 2014/15*, the *Monitor Risk Assessment Framework* and in our contracts.

As an overview of the key risks for Q4, these are non-admitted waits (especially Dermatology, Orthopaedics and Poole based specialties), Cancer 62 and 31 day waits, and 4 hour ED compliance.

It is important to note this report should be read in conjunction with the Board paper on improvement trajectories for 2015/16.

2. Infection Control

Performance against Cancer Targets

For February 2015, two cases of C. Difficile were reported on the Wards, bringing the financial year total to 16. Whilst this is over the monthly monitor target of one, we are still below both the Monitor cumulative target (22), and the local cumulative target (23).

There have been no reported cases of hospital acquired MRSA.

3. Cancer

Performance against Cancer Targets

Key Performance Indicators	Threshold	Qtr 3	Jan-15	Q4 predicted
2 weeks - Maximum wait from GP	93%	86.1%	93.5%	
2 week wait for symptomatic breast patients	93%	91.5%	100.0%	
31 Day – 1st treatment	96%	93.0%	91.4%	
31 Day – subsequent treatment - Surgery	94%	94.2%	83.3%	
31 Day – subsequent treatment - Others	98%	100.0%	100.0%	
62 Day – 1st treatment	85%	82.3%	78.4%	
62 day – Consultant upgrade *(local target)*	90%	87%	100.0%	
62 day – screening patients	90%	90.7%	87.5%	

Two Week Wait

The improvement work in relation to the operational management of 2 week waits has resulted in a compliant position for January. However, average weekly activity increased in February and we saw a bigger impact from patient choice and capacity, especially in Endoscopy for Upper GI. We have implemented daily senior escalation of all potential breaches to try to achieve compliance for the Quarter, though the need to achieve almost 100% for the remainder of March, meaning that this target remains at risk.

62 Day

Increased theatre capacity as well as the provision of locum cover is improving our capacity in Urology however, we currently anticipate a non-compliant aggregate position for Q4. The pressure on this target has been exacerbated by the Dorchester patients for robotic surgery and template biopsy waiting lists. A number of the MDTs have also seen an impact from patient choice and complex or multi-organisation pathways. In addition, there has been a particular pressure in Breast and Skin with sudden unplanned medical staff shortages (see below).

31 Day First Treatment, Subsequent Surgery and 62 Day Screening

The particular challenge we have faced in January in relation to the 31 day first treatment, subsequent surgery and 62 day screening standards, is medical staffing, with sudden and unplanned leave affecting both Skin and Breast services. Locum cover is being secured along with a permanent advertisement and re-profiling of work across the county, as well as training existing staff (which is underway) to reduce the impact. Further risk to the trust in relation to the 31 day targets is in our Urology team, again due to a sudden unplanned shortage of medical staff. However, a locum is now in place, and flexible working across the team is assisting with recovering the position. We are continuing to manage performance against these targets, but these will remain non-compliant for Q4, during the recovery period.

4. A&E Performance

4 hour maximum waiting time – 95%

Overall February saw a slight decrease in ED attendances compared to January, however attendances were still high compared to the previous year, resulting in a monthly performance of 91.59% (below the 95% threshold). Emergency admissions were down -6.6% in February compared to January, however there was an increase of 6.1% compared to the previous year.

A key issue in February, as reported at the last Board, was the management of peaks in demand. This presented a particular challenge on 21 and 22 February when a significant increase in demand together with a low level of discharges and a continued high level of delayed discharges, unfortunately resulted in five patients waiting over 12 hours in the Emergency Department to be admitted. All patients were transferred to beds and were cared for appropriately during this time. A full root cause analysis

has been undertaken and the action plan is being overseen by the Trust's Performance Management Group and joint action with partners is being taken forward through the Dorset-wide System Resilience Group.

On a positive note, we have achieved compliant performance (96.74%) against the 4 hour target in March (*as at 16/3/15*). This is as a result of the improvement work, including the rapid assessment (BREATH) model in ED, together with the "flow" work for an improved bed state.

5. Diagnostics

99% of patients to wait less than 6 weeks for a diagnostic test

For February, the 99% diagnostic target was missed with a return of 94.84% due to the continued demand and capacity issues in Endoscopy. Additional sessions and outsourcing commenced in February and are continuing in March. This is expected to result in a significant improvement with compliance anticipated in Q1.

All other diagnostic areas (Radiology, Cardiology) were compliant.

6. Cancelled Operations

Number of patients not offered a binding date within 28 days of cancellation

Unfortunately two patients were not given an operation date within 28 days during February. Both operations were cancelled due to bed pressures in January and February. One was unable to be rebooked within 28 days due to main theatre and named consultant availability and the other patient declined a further date offered and has decided they no longer require the operation.

7. Admitted RTT – Aggregate and Specialty Level

90% of patients on an admitted pathway treated within 18 weeks

In line with our plan we returned to compliance against the aggregate RTT target in January and February, with a return of 90.1%. Orthopaedics and Dermatology continue to be below threshold due to the particular demand increases and medical staff shortages. Significant work is underway in both specialities to recover this position though it is expected that these will remain compliant as actions are implemented and backlogs are reduced. NHS England funded Independent Sector outsourcing has continued to be implemented during Q4 to reduce long waiting patients. Backlog clearance will continue to present a risk to our aggregate position though this is being closely managed. Unfortunately, Urology was also non-compliant due to unplanned medical staff absence. Additional sessions are being secured and we are seeking a locum post though this remains a challenge in the immediate future. Gynaecology was below threshold in January but this is expected to improve. General

Surgery was also below threshold predominantly due to upper GI where additional sessions have been secured.

8. Non-Admitted RTT – Specialty Level

95% of patients on a non-admitted pathway treated within 18 weeks

For February, the 95% non-admitted RTT target was missed with a return of 91%. The specialities which were non-compliant were: Orthopaedics, ENT, Oral Surgery, Dermatology, Neurology and Gynaecology. Particular pressures are being seen in 'visiting' Poole specialities and we are working with our partner provider on plans going forward due to a shortage of capacity. A shortage of medical cover together with growing demand continues to affect Orthopaedics and Dermatology. Recruitment as well as additional sessions and outsourcing are currently underway to improve this position.

Work to move to the new recording system (PPW) continues to progress well and is now beginning to support a more robust patient tracking system. This allows the "pull" forward of patients who are avoidable breaches, as well as earlier warning of capacity and demand mismatches.

9. Recommendation

The Board of Directors is requested to note the performance exceptions to the Trust's compliance with the 2014/15 Monitor Framework and 'Everyone Counts' planning guidance requirements.

2014/15 PERFORMANCE INDICATOR MATRIX FOR BOARD OF DIRECTORS

Royal Bournemouth & Christchurch Hospitals NHS (NHS Foundation Trust)

Area	Indicator	Measure	Target	Monitor	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Forecast - Next Month	Forecast - Quarter	RAG Thresholds		
Monitor Governance Targets & Indicators																								
Infection Control	Clostridium difficile	Number of hospital acquired C. Difficile cases	(25 2.1 pcm)	2.1	0	1	2	1			6			3	1	1	2	2				> trajectory		<= trajectory
Referral to Treatment	RTT Admitted	18 weeks from GP referral to 1st treatment – aggregate	90%	1.0	90.1%	90.1%	90.2%	90.1%			87.2%			89.3%	87.4%	87.7%	90.0%	90.1%				<90%		≥90%
	RTT Non Admitted	18 weeks from GP referral to 1st treatment – aggregate	95%	1.0	98.1%	98.0%	98.7%	98.5%			97.6%			96.4%	95.3%	95.0%	92.7%	91.0%				<95%		≥95%
	RTT Incomplete pathway	Patients on an 18 week pathway awaiting treatment – aggregate	92%	1.0	95.1%	95.1%	94.9%	95.0%			94.6%			95.1%	94.5%	94.0%	92.4%	92.7%				<92%		≥92%
Cancer	2 week wait	From referral to to date first seen - all urgent referrals	93%	1.0	93.6%	95.7%	95.9%	90.4%			78.2%			80.7%	88.1%	90.2%	93.5%					<93%		≥93%
	2 week wait	From referral to to date first seen - for symptomatic breast patients	93%	1.0	100.0%	100.0%	100.0%	100.0%			68.8%			86.7%	88.5%	96.7%	100.0%					<93%		≥93%
	31 day wait	From diagnosis to first treatment	96%	1.0	95.4%	94.5%	91.6%	97.6%			96.1%			96.4%	89.8%	91.4%	91.4%					<96%		≥96%
	31 day wait	For second or subsequent treatment - Surgery	94%	1.0	94.4%	100.0%	93.8%	96.3%			95.5%			96.6%	96.4%	89.7%	83.3%					<94%		≥94%
	31 day wait	For second or subsequent treatment - anti cancer drug treatments	98%	1.0	100.0%	100.0%	100.0%	100.0%			100.0%			100.0%	100.0%	100.0%	100.0%					<98%		≥98%
	62 day wait	For first treatment from urgent GP referral for suspected cancer	85%	1.0	80.7%	76.6%	81.7%	82.4%			87.1%			83.3%	83.8%	81.4%	78.4%					<85%		≥85%
	62 day wait	For first treatment from NHS cancer screening service referral	90%	1.0	86.4%	100.0%	94.4%	90.5%			96.4%			93.8%	92.3%	85.7%	87.5%					<90%		≥90%
A&E	4 hr maximum waiting time	From arrival to admission / transfer / discharge (Type 1 & 2)	95%	1.0	94.4%	95.8%	95.8%	94.5%			93.9%			92.9%	94.1%	89.94%	89.84%	91.59%				<95%		≥95%
LD	Patients with a learning disability	Compliance with requirements regarding access to healthcare	n/a	1.0																		No		Yes
Indicators within the Everyone Counts: Planning Guidance/ Key Contractual Priorities																								
MSA	Mixed Sex Accommodation	Minimise no. of patients breaching the mixed sex accommodation requirement	n/a		0	0	0	0	0	0	0	0	0	0	0	0	0	0				> 0		0
Infection Control	MRSA Bacteraemias	Number of hospital acquired MRSA cases	0		0	0	0	0	0	0	0	1	0	0	0	0	0	0				≥1		0
Cancer	62 day – Consultant upgrade	Following a consultant's decision to upgrade the patient priority *	90%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	0.0%	100.0%	100.0%	60.0%	100.0%	100.0%					< 90%		≥90%
VTE	Venous Thromboembolism	Risk assessment of hospital-related venous thromboembolism	95%		93.5%	95.3%	95.0%	95.3%	95.3%	95.0%	95.8%	95.0%	95.1%	94.2%	94.7%	95.0%	95.5%					<95%		≥95%
Diagnostics	Six week diagnostic tests	More than 99% of patients to wait less than 6 wks for a diagnostic test	>99%		96.30%	99.00%	96.50%	99.4%	97.0%	99.30%	99.8%	99.8%	99.8%	99.8%	98.9%	97.0%	94.2%	94.8%				<99%		≥99%
A&E	Admission via A&E	No. of waits from decision to admit to admission over 12 hours	0		0	0	0	0	0	0	0	0	0	0	0	1	2	5				≥1		0
	Ambulance Handovers	No. of breaches of the 30 minute handover standard	tbc		19	17	24	15	46	25	52	37	33	75	74	72	66	55				tbc		
	Ambulance Handovers	No. of breaches of the 60 minute handover standard	tbc		13	4	11	13	14	9	4	9	9	13	13	27	31	31				tbc		
Cancelled Operations	28 day standard	No. of patients not offered a binding date within 28 days of cancellation	0		2	0	1	0	0	0	1	0	0	1	0	1	0	2				≥1		0
	Urgent ops Cancelled for 2nd time	No. of urgent operations cancelled for a second time	0		1	0	0	0	0	0	0	0	0	0	0	0	0	0				≥1		0
Referral to Treatment	52 week waiters	Zero tolerance of over 52 week waiters (Incomplete Pathways)	0		3	1	1	0	0	0	1	3	3	1	0	1	0	0				≥1		0
RTT Specialty	RTT Admitted	100 - General Surgery	90%		85.1%	84.9%	85.8%	89.3%	86.9%	88.5%	80.7%	81.7%	81.8%	84.7%	85.1%	84.1%	86.9%	88.7%				<90%		≥90%
	RTT Admitted	101 - Urology	90%		91.8%	90.0%	91.8%	94.8%	92.0%	90.3%	87.0%	86.0%	91.4%	92.5%	90.1%	92.7%	88.4%	93.3%				<90%		≥90%
	RTT Admitted	110 - Orthopaedics	90%		89.6%	89.0%	90.3%	89.5%	89.9%	89.1%	89.8%	80.0%	76.9%	84.0%	80.3%	80.1%	82.3%	86.2%				<90%		≥90%
	RTT Admitted	130 - Ophthalmology	90%		85.4%	86.3%	83.9%	81.4%	84.2%	86.0%	84.7%	82.9%	84.6%	83.2%	85.0%	85.6%	91.9%	88.6%				<90%		≥90%
	RTT Admitted	300 - General medicine	90%		99.7%	99.7%	99.7%	99.7%	98.7%	99.1%	98.7%	98.3%	99.7%	99.4%	98.3%	98.0%	99.4%	98.3%				<90%		≥90%
	RTT Admitted	320 - Cardiology	90%		93.8%	91.3%	92.0%	91.0%	92.1%	91.4%	93.3%	92.3%	91.0%	89.3%	92.8%	92.7%	94.5%	93.5%				<90%		≥90%
	RTT Admitted	330 - Dermatology	90%		90.2%	91.2%	93.4%	95.9%	91.5%	91.9%	95.6%	94.9%	87.7%	91.7%	87.6%	82.0%	84.3%	84.8%				<90%		≥90%
	RTT Admitted	410 - Rheumatology	90%		96.9%	100.0%	100.0%	97.4%	95.1%	97.7%	97.1%	90.9%	88.9%	98.1%	94.5%	97.1%	98.2%	100.0%				<90%		≥90%
	RTT Admitted	502 - Gynaecology	90%		91.3%	88.7%	88.4%	80.7%	93.0%	86.7%	89.9%	84.9%	79.5%	85.7%	75.7%	87.6%	84.4%	78.9%				<90%		≥90%
	RTT Admitted	Other	90%		97.3%	98.6%	99.3%	98.1%	98.1%	97.4%	100.0%	98.8%	98.7%	99.4%	97.7%	98.9%	97.8%	100.0%				<90%		≥90%
	RTT Non admitted	100 - General Surgery	95%		95.3%	95.0%	99.3%	96.5%	98.5%	96.6%	96.4%	95.2%	95.7%	90.9%	96.4%	95.5%	95.1%	92.5%				<95%		≥95%
	RTT Non admitted	101 - Urology	95%		99.2%	99.1%	99.6%	98.1%	99.1%	98.7%	99.1%	99.5%	97.4%	99.5%	96.5%	99.4%	96.2%	92.8%				<95%		≥95%
	RTT Non admitted	110 - Orthopaedics	95%		98.8%	97.6%	98.7%	99.4%	99.2%	97.8%	100.0%	97.8%	97.8%	96.7%	91.4%	91.8%	87.9%	82.9%				<95%		≥95%
	RTT Non admitted	120 - ENT	95%		95.2%	95.4%	95.1%	95.2%	95.8%	95.0%	95.2%	91.9%	93.0%	92.6%	89.9%	87.6%	83.6%	85.4%				<95%		≥95%
	RTT Non admitted	130 - Ophthalmology	95%		100.0%	99.4%	99.6%	99.5%	100.0%	100.0%	99.7%	99.7%	99.7%	100.0%	96.4%	96.3%	95.5%	89.3%				<95%		≥95%
	RTT Non admitted	140 - Oral surgery	95%		96.2%	97.4%	97.3%	97.4%	95.6%	96.8%	92.1%	86.4%	86.6%	91.0%	90.6%	78.7%	76.0%	68.2%				<95%		≥95%
	RTT Non admitted	300 - General medicine	95%		95.3%	95.2%	97.6%	97.6%	98.6%	95.9%	96.9%	96.3%	95.1%	93.3%	96.5%	99.1%	95.7%	96.8%				<95%		≥95%
	RTT Non admitted	320 - Cardiology	95%		98.2%	97.8%	97.0%	98.3%	97.8%	100.0%	99.5%	97.3%	97.8%	95.8%	93.4%	93.4%	95.5%	96.5%				<95%		≥95%
	RTT Non admitted	330 - Dermatology	95%		100.0%	99.6%	99.7%	100.0%	100.0%	97.9%	99.4%	100.0%	100.0%	100.0%	94.5%	85.0%	80.4%	81.3%				<95%		≥95%
	RTT Non admitted	340 - Thoracic medicine	95%		100.0%	100.0%	100.0%	100.0%	100.0%	99.0%	100.0%	100.0%	98.7%	97.5%	98.5%	98.9%	96.9%	100.0%				<95%		≥95%
	RTT Non admitted	400 - Neurology	95%		100.0%	100.0%	100.0%	98.5%	100.0%	96.5%	100.0%	97.9%	98.5%	97.4%	96.4%	95.3%	87.5%	81.0%				<95%		≥95%
	RTT Non admitted	410 - Rheumatology	95%		99.0%	98.4%	97.2%	97.7%	98.3%	99.0%	97.7%	96.6%	97.5%	95.9%	95.3%	97.5%	97.9%	97.3%				<95%		≥95%
	RTT Non admitted	502 - Gynaecology	95%		99.0%	98.9%	98.5%	99.4%	99.4%	98.6%	99.1%	100.0%	97.7%	98.3%	96.2%	98.2%	93.0%	94.4%				<95%		≥95%
	RTT Non admitted	Other	95%		98.0%	97.1%	100.0%	99.6%	99.3%	98.0%	98.9%	97.8%	98.5%	98.8%	99.3%	98.8%	99.5%	99.3%				<95%		≥95%
SUS Submissions	NHS Number Compliance	Completion of NHS Numbers in SUS Submission (IPS/OPS)	99%		N/A	N/A	N/A	100%	100%	100%	100%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%					<99%		≥99%
	NHS Number Compliance	Completion of NHS Numbers in SUS A&E Submissions	95%		N/A	N/A	N/A	98%	98%	97%	97%	96.8%	97.0%	97.3%	97.4%	97.5%	97.5%					<95%		≥95%

** Local standard of 90% with a de minimis of 2 breaches per month or 6 per quarter*

The Royal Bournemouth and Christchurch Hospitals NHS
NHS Foundation Trust

BOARD OF DIRECTORS	
Meeting Date and Part:	27th March 2015 - Part 1
Subject:	Stroke Services Update
Section:	Performance
Executive Director with overall responsibility	Richard Renaut
Author(s):	Claire Stalley, Neurotherapy and Stroke ESD Man
Previous discussion and/or dissemination:	
Action required: The Board of Directors is asked to adopt the action plan, and note the improvements.	
Summary: This paper covers the current stroke performance against the latest SSNAP publication (October to December 2014). This has improved from a score of 55.3 to 57.8. The paper covers the actions the service is taking for each of the SSNAP domains to improve performance into the upper quartile of Trusts, with no area below C, and the majority moving to B or better.	
Related Strategic Goals/ Objectives:	Performance
Relevant CQC Outcome:	Safe and Effective
Risk Profile:	
Reason paper is in Part 2	N/A

Stroke Services Update

1. Introduction

This paper covers the current stroke performance against the latest SSNAP publication (October to December 2014). This has improved from a score of 55.3 to 57.8. The paper covers the actions the service is taking for each of the SSNAP domains to improve performance into the upper quartile of Trusts, with no area below C, and the majority moving to B or better.

Ensuring sustainability of improvements over the next 12 months relies upon recruitment to the Stroke Outreach team, and Consultant vacancies, expansion of the radiology service out of hours and management of risks.

2. Summary

The quality of stroke services is measured via the quarterly SSNAP results, the more recent being for October to December 2014, in which RBCH achieved SSNAP level D (in line with 44 % of reporting Trusts) and most within Wessex. The SSNAP performance is based on 10 domains covering 44 key indicators and the results benchmarked against national performance. A summary of our most recent performance is provided below.

Quarter	*Jan-Mar 2014*	*Apr-June 2014*	*July-Sep 2014*	*Oct-Dec 2014*	*National Average**
SSNAP level	D	D	D	D	
SSNAP score	43.4	55.3	55.3	57.8	
Case ascertainment band	A	A	A	A	
Audit compliance band	D	D	D	D	
1) Scanning	E	D	D	D	C
2) Stroke unit	C	D	D	D	C
3) Thrombolysis	D	C	C	D	C
4) Specialist Assessments	D	D	D	D	C
5) Occupational therapy	C	A	C	A	D
6) Physiotherapy	D	B	B	B	B
7) Speech and Language therapy	D	C	C	A	B
8) MDT working	B	B	B	B	C
9) Standards by discharge	D	B	B	B	C
10) Discharge processes	B	B	A	B	C

*this is based on July-Sept 2014 report as Oct-Dec 2014 not yet available

3. Stroke Performance and Delivery Plan

The Stroke Services performance and delivery plan details the following for each of the SSNAP key indicators: the key indicator information with the performance required to achieve a SSNAP level A; the performance level plan for the key indicator; the latest SSNAP result; and where available the quarter to date performance. We are

working with the Information Department to be able to have up-to-date performance data for each individual key indicator. We anticipate being able to forecast our expected SSNAP position for each domain from April. Please see attached Stroke Performance and Delivery Plan – March 2015.

4. Risk Mitigation

Ensuring sustainability of improvements over the next 12 months relies upon recruitment to the Stroke Outreach Team consultant workforce, and expansion of the radiology service out of hours. Recruitment to both of these initiatives is underway and should be reflected from April onwards.

Risks remain in achieving the targets; these include access to stroke beds due to timely discharges and the surge in admissions leading to non-stroke patients outlying. This will be mitigated through the wider urgent care work and the specific actions on discharge.

The service is also going through a period of vacancies and failure to recruit into the following; consultant post, nurse consultant and ward nursing staff. The latter at Band 5 level is mainly due to staff career developments, as the Stroke unit remains a popular place to work.

5. Recommendations

The Board is asked to adopt the action plan, and note the improvements.

STROKE PERFORMANCE & DELIVERY PLAN – MARCH 2015

DOMAIN	SSNAP Report (June to Aug)	LAST SSNAP (Sept to Dec)	Plans	Risks
1 Scanning	D	D	· New CT request Protocol & training · OOH Scanning Service developments	
2 Stroke Unit	D	D	· Stroke Outreach · Update Guidance for admission to and management of SU beds	· Delays recruiting to Stroke Outreach · Backfill for Stroke Consultant Nurse
3 Thrombolysis	C	D	· Validate all thrombolysis patients · Re-validate all those for quarter to date	· Stroke Consultant vacancy
4 Specialist Assessments	D	D	· Stroke Outreach · Sub-analysis of pts who fail WSS · WSS training in ED and on SU	· Stroke Consultant - 7 day provision · Delays recruiting to Stroke Outreach · SALT recruitment
5 Occupational Therapy	C	A	· More efficient timetabling · Twice weekly OT groups	
6 Physiotherapy	B	B	· More efficient timetabling · Twice weekly exercise group	
7 Speech and Language Therapy	C	A	· Twice a week Communication Group · Assistant staff to do Oral trials	· SALT recruitment
8 MDT Working	B	B	· Review option for Therapy twilight/extended day	· SALT recruitment
9 Standards by discharge	B	B	· Induction for new staff	
10 Discharge Processes	A	B	· Anticoagulants on d/c – scrutinise the data and revalidate for quarter to date	
Audit compliance	D	D	· NIHSS training to be completed for all SU Nurses in April	· Nurse staffing number to enable training to be completed
Case ascertainment	A	A		
SSNAP Level	D	D		
SSNAP Score	54.4	57.8		

Domain 1: Scanning - Domain Leads: Matt Benbow/Arnie Drury and Steph Heath

DOMAIN KEY INDICATORS	Plan (C)	Last SSNAP (D)	Quarter to date	Key Improvement Actions
1.1 Proportion of patients scanned within 1 hour of clock start (A = 48%)	43% (B)	32.3% (C)	41.1% (C)	· Reduce delays with requesting CT scan through updated protocol and increasing the number of staff that can request. · Review CT provision for patients needing 12 hr scan arriving between 5pm and 10pm to ensure they don't breach · Promote greater understanding of the stroke timescales · Improve pathways to get CT request to CT both in-hours and OoH · To ensure properly completed CT request arrives at CT in a timely manner · Implementation of the CT OoH business case – phase 1 and phase 2
1.2 Proportion of patients scanned within 12 hours of clock start (A = 95%)	85% (C)	82.8% (D)	84.7% (D)	
1.3 Median time between clock start and scan (A = < 60mins)	< 90mins (C)	02:05 (E)	01:35 (D)	

Domain 1: Delivery Plan

Delivery Plan	Timescale for completion	Comment
1. To review numbers of patients admitted in last quarter between 5pm and 10pm to a) understand the numbers and b) use to inform best CT scan management of these patients to prevent breach	March 2015	
2. Review 1 month of breaches for 12 hour scans – take out late diagnosis patients and then review reasons for why missed – timeline – i.e. when was scan requested and completed?	April 2015	· This is essential to better understand why certain patients are breaching – this together with information from action 1 will help us to address
3. Update the protocol for requesting CT in acute stroke	March 2015	· Complete
4. Update CT request form	March 2015	· Complete
5. Promote updated protocol so that all are aware including the fact that scans should be done within 1 hour or 12 hours	April 2015	· liaise with Comms re a stroke promotion · Book Grand Round slot
6. Staff to have training on IRMER, NIHSS and completing request form correctly	April 2015	· Need rolling programme for new staff and to ensure staff have timely updates
7. Audit CT request form completion and timeliness (monthly)	May 2015	· This can commence once new form and new protocol being used from April 2015 · CT to collate all CT request forms and SH to review and provide feedback to individuals incorrectly completing form
8. OoH: Phase 1 - existing staff provide as additional sessions	April 2015	
9. OoH: Phase 2 – fully staffed OoH through additional recruitment and submit 3rd scanner in ED business case	Sept 2015	

Domain 2: Stroke Unit - Domain Leads: Claire Stalley & Katherine Chambers (Stroke Outreach Project Lead)

DOMAIN KEY INDICATORS	Plan (C)	Last SSNAP (D)	Quarter to date	Key Improvement Actions
2.1 Proportion of patients directly admitted to a stroke unit within 4 hours of clock start (A = 90%)	75% (B)	60.0% (C)	66.9% (C)	· Reduce delays in stroke patient identification – hospital pre-alert, whilst in ED and if "stroke" whilst in hospital · In partnership with Clinical Site, review and update Stroke Unit Bed Management protocol · Understand medical and nursing staff requirements on the Stroke Unit to support direct admission and clerking · Implementation of Stroke Outreach
2.2 Median time between clock start and arrival on stroke unit (hours:mins) (A = Median < 2 hrs)	Median < 3 hrs (B)	03:29 (C)	03:04 (C)	
2.3 Proportion of patients who spent at least 90% of their stay on stroke unit (A = 90%)	80% (C)	73.5 (E)	75.2% (D)	

Domain 2: Delivery Plan

Delivery Plan	Timescale for completion	Comment
1. To review SU Bed Management Policy and ensure all SU staff are aware not to move stroke patients whilst medical patients on the ward.	March 2015	
2. To implement Stroke Outreach Service	May 2015	· Realistically will have recruited additional staff by May then time required to induct and train. Also need backfill for CG to input onto rota
3. To implement hospital pre-alert for all suspected stroke patients (currently only happens for thrombolysis patients)	April 2015	· Need contact for Ambulance Trust/liaise with ED
4. To promote stroke pathway throughout Trust clearly identifying care stroke patient should receive and by when	April 2015	· Develop updated pathway document/poster and then promote with Comms Team · AIRS and RCA if not met – meet with Martin Smith
5. Review and update Stroke Unit admission policies i.e. direct admissions, GP admissions	April 2015	· To review green dot and medical patient management policy immediately i.e. February 2015 · Audit current systems · ? consider option of adding screening to GP pathway
6. Staffing – review medical staffing re. direct admissions including staff availability to clerk in timely fashion	April 2015	· DFJ – guidance on medical staffing requirements for 36-bedded stroke unit including clerking patients.

Domain 3: Thrombolysis - Domain Leads: Damian Jenkinson & Steph Heath

DOMAIN KEY INDICATORS	Plan (B)	SSNAP – June to Aug (C)	Last SSNAP (D)	Quarter to date	Key Improvement Actions
3.1 Proportion of all stroke patients given thrombolysis (A=20%)	20% (A)	15.5% (B)	10.2% (D)	17.7% (B)	· To maintain good standards of awareness of acute stroke identification and management, including thrombolysis eligibility across the Trust. · To ensure that all patients eligible for thrombolysis are appropriately and prompted screened for consideration for treatment. · To review the coding process for thrombolysis pathway on SSNAP and ensure data input is an accurate reflection of clinical decision making. · To reduce door to needle times for thrombolysis treatment through engagement with stakeholders involved in the pathway. · To use stakeholder engagement to identify training needs and areas for service improvement to optimise prompt and effective care and decision making.
3.2 Proportion of eligible patients given thrombolysis (A=90%)	80% (C)	75.7% (D)	66.7% (D)		
3.3 Proportion of patients who were thrombolysed within 1 hour of clock start (A=55%)	40% (C)	34.5% (D)	31.6% (D)	27.3% (E)	
3.4 Proportion of applicable patients directly admitted to a stroke unit within 4 hours of clock start and received thrombolysis or have a pre-specified justifiable reason ("no but") for why it couldn't be given (A = 65%)	65% (A)	68.3% (A)	60.0% (B)		
3.5 Median time between clock start and thrombolysis (A=< 40mins)	< 60mins (C)	01:13 (D)	01:03 (D)	01:32 (E)	

Domain 3: Delivery Plan

Delivery Plan	Timescale for completion	Comment
1. DFJ to present at the Grand Round regarding thrombolysis criteria	March 2015	· Completed
2. Review SSNAP coding of thrombolysis pathway to ensure data entry correctly reflects eligibility and decisions relating to treatment.	March 2015	
3. To reconcile any identified SSNAP data coding inconsistencies for future data entry and also quarter to date	March 2015	· Potential quick impact for item 3.2 · Need to revalidate for all patients for January, February and March before next SSNAP lock-down
4. Stroke team to identify all potential 'missed thrombolysis' cases and request review of case at weekly thrombolysis MDT	ongoing	
5. RCA to be completed for all 'missed thrombolysis' cases to identify implications/learning for future practice.	ongoing	
6. To support developing stroke outreach service with skills to support thrombolysis pathway to help speed to stroke specific assessment and reduce door to needle time.	June 2015	
7. To develop at working party initially involving medical registrars involved in thrombolysis to explore reasons for potential delay in door to needle time and identify areas for service improvement.	June 2015	

Domain 4: Specialist Assessments - Domain Leads: Damian Jenkinson, Louise Johnson and Nikki Manns

DOMAIN KEY INDICATORS	Plan (C)	Last SSNAP (D)	Quarter to date	Key Improvement Actions
4.1 Proportion of patients assessed by a stroke consultant within 24hrs of clock start (A=95%)	80% (C)	72.0% (D)		· Explore options to deliver Stroke Consultant cover at the weekend – network approach? · Re-advertise Stroke Consultant post · Confirm if any lee-way with Stroke Consultant and whether this can be completed by: Consultant Nurse, Consultant Therapist, Stroke Registrar/Specialist Doctor
4.2 Median time between clock start and being seen by stroke consultant (hrs:mins) (A=<6hrs)	<12hrs (C)	15:15 (E)		
4.3 Proportion of patients who were assessed by a nurse trained in stroke management within 24hrs of clock start (A=95%)	95% (A)	87.6% (B)		· Stroke Outreach · Ensure all Stroke Nurses are competent in NIHSS, WSS and complete these as a priority with patients on arrival to SU if they have not already been completed
4.4 Median time between clock start and being assessed by stroke nurse (A=< 60mins)	< 3 hrs (C)	3:36 (D)		
4.5 Proportion of applicable patients who were given a water swallow screen within 4hrs of clock start (A=85%)	65% (D)	50.0% (E)	50.0% (E)	· Sub-analysis of patients who fail WSS target to further understand the limitations and gaps in current provision · Stroke Outreach; all trained to do WSS · Stroke Unit; all B5 and B6 nurses to be trained and competent in WSS · Organise rolling programme of training in ED/SU · Establish and monitor register of competent staff (to be held by SALT) · Ensure consistent/accurate documentation for patients who immediately fail WSS (i.e. too drowsy) and that this is inputted accurately into SSNAP
4.6 Proportion of applicable patients who were given a formal swallow assessment within 72hrs of clock start (A=85%)	85% (A)	89.2% (A)	94.2% (A)	· Understand any risks to sustaining this level of performance i.e. SALT recruitment challenges · SALT continue to prioritise formal swallow assessment within existing service; impact of reduced staffing should be minimal.

Domain 4: Delivery Plan

Delivery Plan	Timescale for completion	Comment
1. Re-advertise Stroke Consultant post	March 2015	· Complete · This will not provide more cover but will increase permanent staff template
2. Review how other services provide 7-day Stroke Consultant	April 2015	· Options of network solution for this
3. To clarify whether Stroke Consultant review can be undertaken by any other staff i.e. Registrar, Consultant Nurse, Consultant Therapist	March 2015	
4. Review patients for last quarter who breached being assessed by Stroke Nurse within 24 hours of clock start	March 2015	· Understand where these patients were for first 24 hours
5. Ensure regular and robust training of WSS in ED	April 2015	· ED unable to release staff for training until April.
6. Ensure all Band 5 and Band 6 nurses on the SU are trained and assessed as competent in WSS	April 2015	· Put in place a training plan to achieve 100% compliance with Band 5 and 6 Nursing Staff · All new staff to complete training and be signed off as competent within 3 months of starting on unit
7. Ensure all Band 5 and Band 6 nurses on the SU are trained and assessed as competent in NIHSS	April 2015	· Put in place a training plan to achieve 100% compliance with Band 5 and 6 Nursing Staff · All new staff to complete training and be signed off as competent within 3 months of starting on unit
8. Ensure up-to-date register is held of all staff who are deemed competent to complete WSS	February 2015	· Complete · Register to be held and monitored by Band 7 SALT
9. Ensure up-to-date register is held for all staff who are deemed competent to complete NIHSS	March 2015	
10. SALT staffing recruitment plan – SALT unable to provide full service provision over the weekend in March	March 2015	· SALT posts out to advert – interviews due in March/April and Locum booked to help cover gaps · Band 5's joining weekend rota in April and June when appropriate level of competence and experience is achieved

Domain 5: Occupational Therapy - Domain Leads: Louise Johnson and Anna Perrin

DOMAIN KEY INDICATORS	Plan (A)	Last SSNAP (A)	Quarter to date	Key Improvement Actions
5.1 Proportion of patients reported as requiring occupational therapy (A=80%)	80% (A)	83.2% (A)	85.2%(A)	Ensuring consistent data entry for SSNAP regarding eligibility for OT; training with teams around this to ensure accuracy
5.2 Median number of minutes per day on which occupational therapy is received (A= >32 mins)	>32 mins (A)	45 (A)	45 (A)	· Ensure end dates for OT are being inputted; B7 mentors for each therapy team to support this · Review timetabling process to increase efficiency of therapy planning and release time for therapy · Review Band 3 competencies to optimise role (in future - consider B2/B3 skill mix within team – currently 1x B3 and 3 x B2 on SU) · Establish consistent therapy groups on the unit · Ensure all new therapy assistants have achieved their competencies · Note B6 Physiotherapy rotations end of March; B5 OT's/PT's rotate beginning of May – ensure SSNAP is clearly covered in induction
5.3 Median % of days as an inpatient on which occupational therapy is received (A=>70%)	>70% (B)	60.9% (C)	81.4% (A)	
5.4 Compliance (%) against the therapy target of an average of 25.7 minutes of occupational therapy across all patients (A=80%)	80% (A)	88.8% (A)		

Domain 5: Delivery Plan

Delivery Plan	Timescale for completion	Comment
1. Establish a more efficient process for timetabling therapy input - formal timetabling to take place no more than 2x per week.	April 2015	Currently happening 5 x per week in some therapy teams. Meeting 12.3.15 with therapy representatives and B7's to establish and agree plan; take best practice from each team and share.
2. Establish twice weekly OT groups (gardening and tell your storey)	March 2015	

Domain 6: Physiotherapy - Domain Leads: Louise Johnson and Emily Carter

DOMAIN KEY INDICATORS	Plan (A)	Last SSNAP (B)	Quarter to date	Key Improvement Actions
6.1 Proportion of patients reported as requiring physiotherapy (A=85%)	85% (A)	80.1% (B)	76.5% (C)	Ensuring consistent data entry for SSNAP regarding eligibility for PT; training with teams around this to ensure accuracy
6.2 Median number of minutes per day on which physiotherapy is received (A=>32 mins)	>32 mins (A)	40 (A)	37.5(A)	· Ensure end dates for PT are being inputted; B7 mentors for each therapy team to support this · Review timetabling process to increase efficiency of therapy planning and release time for therapy · Review Band 3 competencies to optimise role (in future - consider B2/B3 skill mix within team – currently 1x B3 and 3 x B2 on SU) · Establish consistent therapy groups on the unit · Ensure all new therapy assistants have achieved their competencies · Note B6 Physiotherapy rotations end of March; B5 OT's/PT's rotate beginning of May – ensure SSNAP is clearly covered in induction
6.3 Median % of days as an inpatient on which physiotherapy is received (A=>75%)	>75% (A)	69.7% (B)	94.6% (A)	
6.4 Compliance (%) against the therapy target of an average of 25.7 minutes of physiotherapy across all patients (A=90%)	90% (A)	81.9% (B)		

Domain 6: Delivery Plan

Delivery Plan	Timescale for completion	Comment
1. Establish a more efficient process for timetabling therapy input - formal timetabling to take place no more than 2x per week.	April 2015	· Currently happening 5 x per week in some therapy teams · Meeting 12.3.15 with therapy representatives and B7's to establish and agree plan; take best practice from each team and share
2. Re-establish twice weekly exercise group (seated exercise group/sit to stand group/Wii).	April 2015	· Review criteria and guidelines for groups · Review competencies for staff leading groups · Review processes for referring to/organising groups · Audit non-compliance to understand any reasons for groups not occurring

Domain 7: Speech and Language Therapy - Domain Leads: Louise Johnson and Claire Irvine

DOMAIN KEY INDICATORS	Plan (B)	Last SSNAP (A)	Quarter to date	Key Improvement Actions
7.1 Proportion of patients reported as requiring speech and language therapy (A=50%)	50% (A)	69.0% (A)	66.7% (A)	· Improve accuracy of documentation on the data collection form for SSNAP (complete) · Screening processes and referral pathway for both aphasia (FAST) and dysphagia (WSS) is robust and is working effectively.
7.2 Median number of minutes per day on which speech and language therapy is received (A=>32 mins)	>32 mins (A)	34.7 (A)	36.3 (A)	· Extend the skill set of the therapy assistants to increase their role in delivering SALT rehabilitation. · Lunch group consistently happening 5 x per week · Communication group currently 1 x per week · Assistants supporting dysphagia patients at breakfast time (scope to increase to daily) · Development of a flexible approach to delivering therapy intensity (i.e. 2 x 20 minute sessions if cannot tolerate a 40 minute session) · Weekend service Saturday and Sunday since May 2014
7.3 Median % of days as an inpatient on which speech and language therapy is received (A=>70%)	>70% (A)	61.8% (B)	85.0% (A)	
7.4 Compliance (%) against the therapy target of an average of 25.7 minutes of speech and language therapy across all patients (A=90%)	90% (A)	92.1% (A)		

Domain 7: Delivery Plan

Delivery Plan	Timescale for completion	Comment
1. Increase the frequency of Communication Group to twice weekly	March 2015	· Currently runs 1 x per week · Band 3 Therapy Assistant being trained to run group. · Review progress and potentially increase to 3 x per week thereafter.
2. All B2 and B3 Therapy Assistants to be trained and assessed as competent in the delivery of oral trials, prescribed communication exercises and completion of the informal language assessment (B3).	April 2015	· 4/5 therapy assistants have received both communication and swallowing training to enable them to support with these tasks. · The newest TA is currently going through training programme to have competencies signed off. · Will be completed by April.
3. Therapy Assistants to be released from timetabling in order to support dysphagia patients at breakfast on a daily basis	April 2015	· Have been reminded of this service via e-mail 09.03.15. · SALT to support TA's with providing this 3x days a week
4. To ensure that "no further input" dates are entered consistently onto SSNAP for patients who no longer benefit from regular SALT input (i.e. priority 4)	March 2015	· Need to monitor compliance with this; accuracy of data entry.
5. Recruit to SALT vacancies and maintain weekend service	May 2015	· Reduced weekend service throughout March and April due to vacancies. · These are all advertised; interviews taking place week beginning 16.3.15. Locum support also being sought.

Domain 8: Multidisciplinary Team - Domain Leads: Louise Johnson, Katherine Chambers and Nikki Manns

DOMAIN KEY INDICATORS	Plan (A)	Last SSNAP (B)	Quarter to date	Key Improvement Actions
8.1 Proportion of applicable patients who were assessed by an occupational therapist within 72hrs (A=90%)	90% (A)	97.6% (A)	98.9% (A)	
8.2 Median time between clock start and being assessed by Occupational therapist (A=<12hrs)	<18hrs (C)	21:11hrs (D) (Nat.Average: 23.23 hrs)		· Review system for assessing patients admitted throughout the day, on the same day without compromising other activity · Consider relative benefits of extending therapy cover to include a twilight service
8.3 Proportion of applicable patients who were assessed by an physiotherapist within 72hrs (A=90%)	90% (A)	97.6% (A)	98.9% (A)	
8.4 Median time between clock start and being assessed by physiotherapist (A=<12hrs)	<18hrs (D)	21:11hrs (E) (Nat.Average: 22.19 hrs)		· Consider relative benefits of extending therapy cover to include a twilight service
8.5 Proportion of applicable patients who were assessed by speech and language therapist within 72hrs (A=90%)	90% (A)	96.7% (A)	96.6% (A)	
8.6 Median time between clock start and being assessed by speech and language therapist (A=<12hrs)	<18hrs (C)	20:46hrs (D) (Nat.Average: 25.05 hrs)		· Performance threatened by current recruitment challenges; aim to maintain weekend service from April onwards.
8.7 Proportion of applicable patients who have rehabilitation goals agreed within 5 days of clock start (A=80%)	80% (A)	98.8% (A)		· Quality improvement action – introduction of GAS goal setting on the SU to be discussed at March SQIIF meeting
8.8 Proportion of applicable patients who are assessed by a nurse within 24hrs and at least one therapist within 24hrs and all relevant therapists within 72hrs and have rehab goals agreed within 5 days (A=60%)	60% (A)	72.2% (A)		

Domain 8: Delivery Plan

Delivery Plan	Timescale for completion	Comment
1. Review potential benefits, challenges and impact of extending therapy service delivery to include twilight hours	June 2015	

Domain 9: Standards by discharge - Domain Leads: Nikki Manns and Katherine Chambers

DOMAIN KEY INDICATORS	Plan (A)	Last SSNAP (B)	Quarter to date	Key Improvement Actions
9.1 Proportion of applicable patients screened for nutrition and seen by a dietician by discharge (A=95%)	75% (B)	60.2% (C)	89.5% (B)	· To review breaches quarter to date to understand reasons for breach i.e. documentation, timeliness of referral to Dietetics, Dietetics provision - develop action plan as required.
9.2 Proportion of applicable patients who have a continence plan drawn up within 3 weeks of clock start (A=95%)	95% (A)	87.1% (B)	85.7% (B)	· To review as part of Stroke Nurses action plan to ensure all stroke patients who have persistent incontinence at 2 weeks post stroke have a full continence assessment and management plan. · To implement stroke continence assessment pathway.
9.3 Proportion of applicable patients who have mood and cognition screening by discharge (A=95%)	95%	99.3% (A)		· To maintain this we need to ensure all new starters to team have induction for SSNAP and understand cognitive and mood screens we use and how to complete them. · Recording also needs to stay consistent – continue with green forms (and ensure induction completed). · Also taught band 3 to complete basic cognitive screen.

Domain 9: Delivery Plan

Delivery Plan	Timescale for completion	Comment
1. Ensure an induction plan is put in place for all new starters	April 2015	
2. To review breaches quarter to date to understand reasons for breach i.e. documentation, timeliness of referral to Dietetics, Dietetics provision - develop action plan as required.	April 2015	
3. To implement stroke continence assessment pathway for all appropriate patients	April 2015	

Domain 10: Discharge processes - Domain Leads: Louise Johnson and Nikki Manns

DOMAIN KEY INDICATORS	Plan (A)	Last SSNAP June to Aug (A)	Last SSNAP (B)	Quarter to date	Key Improvement Actions
10.1 Proportion of applicable patients receiving a joint health and social care plan on discharge (A=90%)	90% (A)	98.3% (A)	98.5% (A)	100% (A)	· Implement Dorset CCG Joint Health and Social Care Plan template
10.2 Proportion of patients treated by a stroke skilled ESD team (A=40%)	40% (A)	48.6% (A)	45.8% (A)	52.3% (A)	
10.3 Proportion of applicable patients in AF on discharge who are discharged on anticoagulants or with a plan to start anticoagulation (A=95%)	90% (B)	89.5% (C)	70.5% (D)	68.4% (D)	· Scrutinise retrospective data to understand reasons for poor performance – assumed to be a documentation/data entry issue · SSNAP Administrator to liaise with member of the medical team before entering "no" for 7.10.1. · Audit facilitator to validate before locking down.
10.4 Proportion of those patients who are discharged alive who are given a named person to contact after discharge (A=95%)	95% (A)	100% (A)	100% (A)	100% (A)	

Domain 10: Delivery Plan

Delivery Plan	Timescale for completion	Comment
1. Scrutinise retrospective data to understand reasons for poor performance – assumed to be a documentation/data entry issue	March 2015	
2. Revalidate all patients in quarter to date before next SSNAP lockdown	April 2015	
3. Put in place system whereby SSNAP Administrator to liaise with member of the medical team before entering "no" for 7.10.1.	March 2015	
4. Audit facilitator to specifically validate 10.3 for non-compliant records before locking down.	March 2015	

Domain: Audit compliance - Domain Leads: Tanya Davies and Claire Stalley

DOMAIN KEY INDICATORS	Plan (C)	Last SSNAP – June to Aug (D)	Last SSNAP	Quarter to date	Key Improvement Actions
Overall			63.2		
NIHSS at arrival		39.6% (N.A. 80%)	30.1% (N.A. 81.4%)	44.2%	See delivery plan below
NIHSS 24hrs post thrombolysis		37.9% (N.A 81.9%)	42.1% (N.A. 82.5%)	52.9%	See delivery plan below
Transfers			100%		
Data Entry			100%		
72hr Measures					
Post 72hr Measures					

Domain: Audit compliance: Delivery Plan

Delivery Plan	Timescale for completion	Comment
1. NIHSS post thrombolysis – ensure that all Stroke Unit staff are aware that an NIHSS needs to be completed and clearly documented at 24 hour post thrombolysis	March 2015	
2. NIHSS on arrival – ensure that all nursing staff on the SU are trained and competent to complete NIHSS on patients	April 2015	· To form part of Stroke Nurses Action Plan
3. NIHSS on arrival – ensure that all Stroke Outreach staff are trained and competent to complete NIHSS on all patients	April 2015	· Complete with staff once they are recruited
4. NIHSS – ensure there is a system in place to ensure all new starters – medical, nursing and stroke outreach – to get them competent with NIHSS asap from starting	April 2015	· Need and induction in place for all new starters
5. NIHSS Register – to ensure there is a register on the shared drive of all staff who are competent with NIHSS	April 2015	

Domain: Case Ascertainment - Domain Leads: Tanya Davies & Claire Stalley

DOMAIN KEY INDICATORS	Plan	Last SSNAP (A)	Quarter to date	Key Improvement Actions
Average patient centred case ascertainment	90+%	90+%		

Domain Case Ascertainment: Delivery Plan

Delivery Plan	Timescale for completion	Comment
1.		
2.		
3.		

The Royal Bournemouth and Christchurch Hospitals
NHS Foundation Trust

BOARD OF DIRECTORS	
Meeting Date and Part:	27 March 2015 Part 1
Subject:	Quality Report
Section:	Performance
Executive Director with overall responsibility	Paula Shobbrook, Director of Nursing and Midwifery
Author(s):	Joanne Sims, Associate Director Clinical Governance Simon Dursley, Complaints and PALs Manager Sue Mellor, Head of Patient Engagement
Previous discussed at:	HAC 26 March 2015

Action required:
The Board is asked to note the report which is provided for information

Summary:
This report provides a summary of information and analysis on new key performance and quality (P & Q) indicators agreed by the Board for 13/14. The Trust level dashboard provides information on patient safety and patient experience indicators including:

- Patient safety incidents
- Never events
- Patient falls
- Pressure ulcers
- Safety Thermometer – Harm Free Care (CQUIN standard)
- Patient experience performance

The detail is provided in the dashboard front screen and 'drill down' pages. The reporting timetable for patient safety indicators is in line with standard performance and financial reporting

Related Strategic Goals/ Objectives:	All
Relevant CQC Outcome:	Outcome 1,4,9,10,16

Risk Profile:

i. Have any risks been reduced?
No

ii. Have any risks been created?
No

Reason paper is in part 2	**N/A**

Quality & Patient Safety Performance Exception Report
February 2015

1. Purpose of the Report

This report accompanies the Quality/Patient Performance Dashboard and outlines the Trust's performance exceptions against key quality indicators for patient safety and patient experience for the month of February 2015

2. Serious Incidents

11 Serious Incidents (SI's) were confirmed and reported on STEIS in February 2015.

3. Safety Thermometer

All inpatient wards collect the monthly Safety Thermometer "Harm Free Care" data. The survey, undertaken for all inpatients the first Wednesday of the month, records whether patients have had an inpatient fall within the last 72 hours, a hospital acquired category 2-4 pressure ulcer, a catheter related urinary tract infection and/or, a hospital acquired VTE. If a patient has not had any of these events they are determined to have had "harm free care".

3.1 The results for the February 2015 data collection are as follows:

NHS SAFETY THERMOMETER	Aug 14	Sept 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15
Safety Thermometer %Harm Free Care	89.76	92.15	89.26	85.50	90.63	91.82	90.73
Safety Thermometer % Harm Free Care (New Harms only)	97.19	96.9	96	96.43	97.76	97.41	97.3
Monthly survey using Safety Thermometer (Number of patients with Harm Free Care)	447	446	424	407	445	460	470

3.2 Results are as follows:

	Aug 14	Sept 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15
Number of patients surveyed	498	484	475	476	491	501	518
New Pressure Ulcers	9	11	11	14	10	11	13
New falls (Total)	5	11	12	8	5	4	7
New VTE	1	0	2	0	0	0	0
New Catheter UTI	4	1	4	1	0	3	2

4. Risk Assessment Compliance

	June 2014	July 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 15
Risk assessment compliance									
• Falls	91%	91%	88%	91%	91%	88%	93%	86%	98%
• Waterlow	96%	96%	94%	96%	96%	93%	97%	91%	91%
• MUST	88%	89%	100%	91%	87%	80%	87%	74%	76%
• Mobility	91%	93%	89%	90%	93%	91%	95%	87%	88%
• Bedrails	93%	94%	90%	93%	95%	92%	95%	88%	90%

5. Patient Experience Report

5.1 National Comparison using the NHS England data base

Inpatient and ED performance is consistent with previous months.

In-Patients Family and Friends Test (FFT) ranking

	December 2014	January 2015
FFT Ranking	4th (with 21 others out of 168)	5th (with 33 others out of 168 hospitals)
Our score Number of patients who would recommend service	97%	96%
Trust sample size	168	168
Top score	100%	100%
Lowest score	*Not available	51%

* Data not available due to changes in NHS England reporting

5.2 Emergency Department – (ED)

	December 2014	January 2015
FFT Ranking	4th (with 7 others out of 138 hospitals)	5th (with 10 others out 138 hospitals)
Our score Number of patients who would recommend service	96%	94%
Trust sample size	139	139
Top score	100%	98%
Lowest score	*Not available	55%

* Data not available due to changes in NHS England reporting

The Trust is ranked 5th out of 24 places in ED and 5th out of 19 places in inpatients. This is testament to staff engagement and support during periods of high activity. NHS England no longer publishes the FFT score, the table is shown below for consistency.

6. FFT scores

	FFT Score Feb 2015 (Jan 2015)	Compliance Rate Feb 2015 (Jan 2015)
ED	70 (76)	10% (13%)
In-Patient	77 (79)	42% (41%)
Maternity	79 (78)	20% (15%)

In totality, 3025 patient experience cards have been completed across the Trust in February, of which 1325 are from areas for NHS submission. Outpatient FFT is not currently reported externally, this commences in April 2015. Outpatient areas are increasing their number of returns, which will be submitted to NHS England from April 2015 as per guidance.

6.1 Extremely Unlikely results from FFT –February data

There have been 21 “extremely unlikely” to recommend from a total of 1325 FFT responses on the cards completed (excluding “don’t know” respondents) within submission areas throughout inpatient areas, ED and Maternity.

6.2 The table below offers a Trust wide 6 month trend analysis of ‘unlikely’ and ‘extremely unlikely’’

The table below shows the proportion of ‘Unlikely and Extremely Unlikely to Recommend’ FFT responses from across the Whole Trust - For internal Monitoring only

Unlikely & Extremely Unlikely Responses	*Sep-14*	*Oct-14*	*Nov-14*	*Dec-14*	*Jan-15*	*Feb-15*
FFT Trust wide						
No of FFT responses for all areas Trust wide Unlikely or Extremely Unlikely to recommend	*57*	*43*	*53*	*37*	*48*	*59*
No of FFT responses for all areas Trust wide	*2960*	*3153*	*3134*	*2347*	*2916*	*2818*
% Unlikely or Extremely Unlikely to recommend	*1.9%*	*1.4%*	*1.7%*	*1.5%*	*1.6%*	*2.1%*

Data from trust wide summary, in monthly PEC files, created by Clinical Audit.

6.3 Patient Opinion and NHS Choices: February Data

There have been 4 patient opinion comments left in February all of which express satisfaction with the service they received. These are responded to daily during the week, all comments and responses are transferred onto the

NHS Choices website, where the Trust is rated overall 4.5 stars based on 145 comments.

7. Recommendation

The Board of Directors is asked to note the paper which is provided for information and assurance

The Royal Bournemouth and Christchurch Hospitals NHS
NHS Foundation Trust

BOARD OF DIRECTORS	
Meeting Date and Part:	27 March 2015 – Part I
Subject:	Financial Performance
Section:	Performance
Executive Director with overall responsibility	Stuart Hunter, Director of Finance
Author(s):	Pete Papworth, Deputy Director of Finance
Previous discussion and/or dissemination:	Finance Committee and Trust Management Board

Action required:

The Board of Directors is asked to note the actions taking place as part of the Recovery Plan & continue to support delivery.

Summary:

Members are aware of the considerable continued operational pressures experienced by the Trust since the Christmas and New Year period. As was the case across the country, the Trust experienced significant further increases in activity levels, particularly in relation to emergency activity.

This exacerbated the rising trend seen to date, and brings the year to date activity increases to 12% for non elective activity and 4% for emergency department attendances. This level of additional demand continues to have a significant impact on the financial performance of the Trust.

At 28 February, the year to date budget was for a net deficit of £0.8 million, against which the Trust has reported an actual deficit of £4.8 million. This represents an adverse variance of £4.0 million.

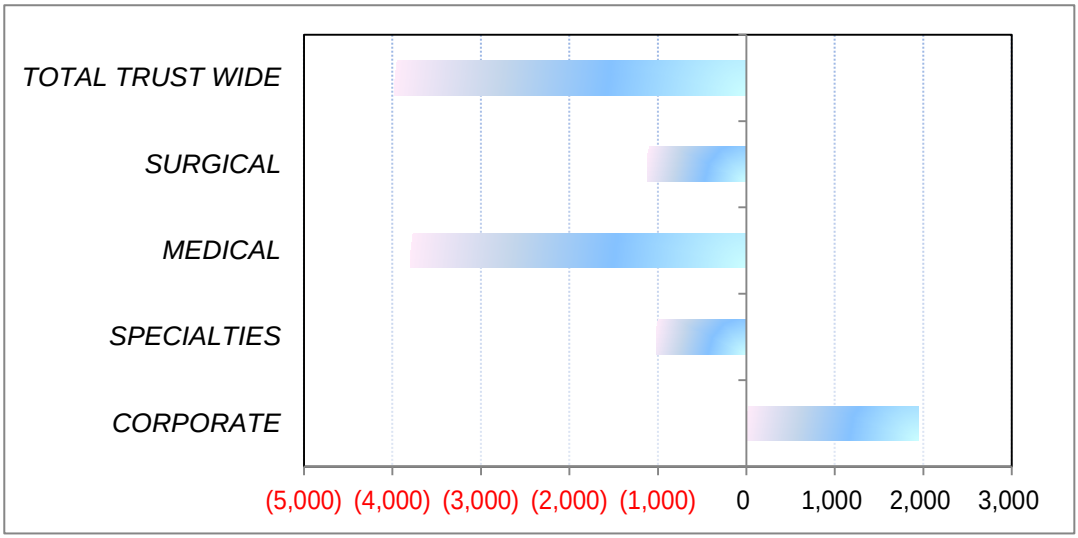
Income has overachieved by £2.7 million year to date, driven by additional cost and volume drugs, aseptic drug issues recharged to Poole Hospital, and additional CCG income in recognition of the premium agency pressures the Trust is facing due to the national shortage of trained medical and nursing professionals.

Expenditure reported an over spend of £127,000 during February, bringing the year to date over spend to £6.7 million. This has been driven by:

- Activity pressures, particularly in relation to emergency activity for which the Trust only receives 30% of the national tariff price;
- Significant additional pay costs as a result of continued reliance upon locum and agency staff;
- Additional cost and volume drugs, most notably within oncology and which are recharged directly to Commissioners;

- Drug issues in relation to the Aseptic unit, which have been recharged to Poole Hospital.

The Trusts' variance to budget is illustrated at Care Group level below, which highlights the impact of the demand and recruitment pressures within the Medical Care Group particularly.



The adverse expenditure position has reduced the Trust Continuity of Services Risk Rating to a rating of 3.

As reported previously; a re-forecast position has been provided to Monitor, demonstrating a predicted £5.2 million deficit, which exceeds the planned deficit for the year originally set at £1.9 million. This revised forecast takes into account the impact of the approved financial recovery plan which targeted additional cost savings together with reduced expenditure in relation to premium cost agency staff.

The Trust has commenced a number of Urgent Care Schemes including the opening of the planned 'Winter Ward', which should help to improve performance.

The Trust continues working towards securing 2015/16 Improvement Programme savings and identifying further sustainable delivery plans.

Related Strategic Goals/ Objectives:	Goal 7 – Financial Stability
Relevant CQC Outcome:	Outcome 26 – Financial Position
Risk Profile: No new risks have been added to the Trust risk register, and none have been removed or reduced.	
Reason paper is in Part 2	N/A

ANNEX A

THE ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUST

FINANCIAL PERFORMANCE FOR THE PERIOD TO 28 FEBRUARY 2015

KEY FINANCIALS	2013/14 YTD ACTUAL £'000	CURRENT YEAR TO DATE PLAN £'000	ACTUAL £'000	VARIANCE £'000	VARIANCE %	IN MONTH PLAN £'000	ACTUAL £'000	VARIANCE £'000	VARIANCE %
NET SURPLUS/ (DEFICIT)	101	(791)	(4,766)	(3,975)	502%	(688)	(471)	217	(32%)
EBITDA	11,419	12,039	8,172	(3,867)	(32%)	479	801	322	67%
TRANSFORMATION PROGRAMME	7,963	6,922	6,575	(347)	(5%)	696	958	262	38%
CAPITAL EXPENDITURE	8,787	17,775	14,740	(3,036)	(17%)	2,205	1,223	(983)	(45%)

ACTIVITY	2013/14 YTD ACTUAL NUMBER	CURRENT YEAR TO DATE PLAN NUMBER	ACTUAL NUMBER	VARIANCE NUMBER	VARIANCE %	IN MONTH PLAN NUMBER	ACTUAL NUMBER	VARIANCE NUMBER	VARIANCE %
Elective	61,287	61,066	62,671	1,605	3%	5,289	5,743	454	9%
Outpatients	258,286	308,367	303,775	(4,592)	(1%)	26,699	26,288	(411)	(2%)
Non Elective	25,887	26,554	29,723	3,169	12%	2,228	2,515	287	13%
Emergency Department Attendances	75,859	76,266	79,601	3,335	4%	6,312	6,296	(16)	(0%)
TOTAL PbR ACTIVITY	**421,319**	**472,253**	**475,770**	**3,517**	**1%**	**40,528**	**40,842**	**314**	**1%**

INCOME	2013/14 YTD ACTUAL £'000	CURRENT YEAR TO DATE PLAN £'000	ACTUAL £'000	VARIANCE £'000	VARIANCE %	IN MONTH PLAN £'000	ACTUAL £'000	VARIANCE £'000	VARIANCE %
Elective	66,608	63,360	64,368	1,008	2%	5,486	5,807	321	6%
Outpatients	28,686	29,257	29,217	(40)	(0%)	2,533	2,532	(1)	(0%)
Non Elective	46,949	49,677	50,046	369	1%	4,165	4,179	15	0%
Emergency Department Attendances	7,085	7,706	7,806	100	1%	638	639	1	0%
Non PbR	62,411	63,672	62,531	(1,141)	(2%)	5,595	5,426	(169)	(3%)
Non Contracted	21,794	23,506	25,822	2,316	10%	2,432	2,405	(28)	(1%)
Research	1,761	1,681	1,791	109	7%	56	262	207	372%
Interest	137	137	137	(0)	(0%)	14	11	(3)	(18%)
TOTAL INCOME	**235,431**	**238,996**	**241,718**	**2,722**	**1%**	**20,918**	**21,261**	**343**	**2%**

EXPENDITURE	2013/14 YTD ACTUAL £'000	CURRENT YEAR TO DATE PLAN £'000	ACTUAL £'000	VARIANCE £'000	VARIANCE %	IN MONTH PLAN £'000	ACTUAL £'000	VARIANCE £'000	VARIANCE %
Pay	140,943	145,657	149,505	(3,847)	(3%)	13,288	13,575	(287)	(2%)
Clinical Supplies	32,622	31,416	32,644	(1,228)	(4%)	2,696	2,875	(179)	(7%)
Drugs	23,412	25,348	26,286	(938)	(4%)	2,275	2,246	30	1%
Other Non Pay Expenditure	24,847	22,266	22,646	(381)	(2%)	1,975	1,540	435	22%
Research	1,761	1,684	1,793	(109)	(6%)	152	164	(12)	(8%)
Depreciation	7,676	8,662	8,753	(90)	(1%)	787	877	(90)	(11%)
PDC Dividends Payable	4,068	4,753	4,857	(104)	(2%)	433	456	(23)	(5%)
TOTAL EXPENDITURE	**235,330**	**239,787**	**246,483**	**(6,697)**	**(3%)**	**21,606**	**21,732**	**(126)**	**(1%)**

STATEMENT OF FINANCIAL POSITION	2013/14 YTD ACTUAL £'000	CURRENT YEAR TO DATE PLAN £'000	ACTUAL £'000	VARIANCE £'000	VARIANCE %
Non Current Assets	146,439	168,915	165,880	(3,035)	(2%)
Current Assets	68,281	67,997	70,677	2,680	4%
Current Liabilities	(28,648)	(26,366)	(29,673)	(3,307)	13%
Non Current Liabilities	(2,414)	(16,163)	(15,485)	678	(4%)
TOTAL ASSETS EMPLOYED	**183,658**	**194,383**	**191,399**	**(2,984)**	**(2%)**
Public Dividend Capital	78,674	78,674	79,665	991	1%
Revaluation Reserve	64,485	72,999	72,999	0	0%
Income and Expenditure Reserve	40,499	42,710	38,735	(3,975)	(9%)
TOTAL TAXPAYERS EQUITY	**183,658**	**194,383**	**191,399**	**(2,984)**	**(2%)**

CONTINUITY OF SERVICE RISK RATING	2013/14 YTD ACTUAL METRIC	CURRENT YEAR TO DATE PLAN METRIC	ACTUAL METRIC	RISK RATING	WEIGHTED RATING
Debt Service Cover	2.60X	2.50x	1.59x	2	**1**
Liquidity	51.7	53.5	49.7	4	**2**
CONTINUITY OF SERVICE RISK RATING	4				**3**

The Royal Bournemouth and Christchurch Hospitals NHS
NHS Foundation Trust

BOARD OF DIRECTORS	
Meeting Date and Part:	27 March 2015 - Part 1
Subject:	NHS England 'Hard Truths' Compliance – Report on Nurse Staffing
Section:	Performance
Executive Director with overall responsibility	Paula Shobbrook: Director of Nursing and Midwifery
Author(s):	Ellen Bull: Deputy Director of Nursing and Midwifery
Previous discussion and/or dissemination:	Trust Management Board March 2015
Action required: For information	
Summary: Six monthly reports meeting the criteria set out in the publication from NHS England to the Board of Directors are required from June 2014. This paper provides information on: • The setting of nurse staffing levels through the ward staffing review process • The allowance for managing planned leave which is 20% financial uplift to the templates • The results of the Autumn 2014 reviews with current registered nurse (RN) Templates • Current nurse staffing levels registered nurse vacancy factor 6.2% and healthcare assistant (HCA) 0.4% as of 31/1/2015. • Recent national guidance stipulating further requirements for reporting 'contact care', the nursing time spent on patient care, and 'red flags' a locally agreed criteria of reporting system identifying patient care metrics at risk of not being met. This information will be presented to the Board of Directors.	
Related Strategic Goals/ Objectives:	All
Relevant CQC Outcome:	All
Risk Profile: Safe Staffing	
Reason paper is in Part 2	N/A

NHS England Hard Truths Commitments: Royal Bournemouth and Christchurch NHS Hospitals Foundation Trust nurse staffing report

1. Introduction.

The 'Hard Truths' (2014) publication from the Care Quality Commission (CQC) and NHS England has directed that from June 2014 a monthly return via Unify showing the 'planned' and 'actual' nurse staffing by ward, recorded in hours. This is in place; returned to NHS England, the CQC and published on NHS Choices. In addition, reports meeting the criteria set out by NHS England are required from June 2014 to the Board of Directors six monthly. This is the first paper of 2015.

1.1 Nurse staffing data

1.1.1 In 2012/13 nurse staffing reviews within the Trust resulted in qualified nurse to patient ratios being assessed and where required, remodeled or invested in, to be compliant with professional body minimum guidance levels (Royal College of Nursing 2012, Department of Health, Society of Acute Medicine), benchmarks with other Trusts and professional judgment. A monthly highlight report on current status of nurse staffing is provided to the Board of Directors in the workforce report.

1.1.2 Cover for planned absence

Nursing templates are set to the number of nurses/health care assistants required to look after patients each shift. The requirement has been determined against national recommendations, and local clinical judgment using a set process directed and led by the Director of Nursing. It is widely acknowledged that patient acuity, dependency specialty, geography, scheduling and skill mix are all impacting factors which must be taken into account. The budget is aligned to meet this requirement and also has an automatic uplift of 20% of the cost (of each wte post) to account for annual leave and mandatory training. This does not include maternity leave. Planned leave such as mandatory training and annual leave is planned through the e-roster system as an integral component of creating the roster. E-roster key performance indicators (KPI's) are reviewed and managed at ward level and reviewed by matrons. Unplanned leave such as short term sickness is more challenging to manage and RBCH has a Staff Resource Pool to provide temporary 'bank' or to source agency staff.

1.2 Skill Mix Ratio

All skill mix ratios are planned within the staffing templates and reviewed as part of the wider nurse ward staffing reviews, taking account of accepted RCN guidance, specialist relevant professional guidance such as the Society of Acute Medicine (SAM) and Stroke and local professional judgement. At RBCH the skill mix within the templates, excluding specials and exceptions, has been set no lower than 60:40 ratio of qualified to unqualified staff during the day. A workforce review and a focus on introducing other posts is in progress; assistant practitioners and support roles across all the professional

domains, to provide a competent alternative for a registered post to meet the care demands.

1.3 Daily review of staffing is a routine part of the 'nurse in charge' role. When the roster is completed, exceptions to the planned shifts are reviewed to see if any of the substantive staff can cover. The outstanding shifts are sent to the Staff Resource Pool for bank or agency cover. The Matrons are responsible for assessing, signing off and assuring the staffing for their directorate. Out of core hours, staff escalate staffing issues via the 'bleep' process within the directorate, a senior team member within the directorate holds the bleep as the designated individual to review staffing and source a solution for issues escalated to them, and the site team. When necessary, professional judgment on supporting, swapping or moving staff will be taken by the Matron or senior nurse in the site team. At weekends, a Matron shift roster is established to ensure consistency of care and staffing.

1.4 Information with the planned and actual nurse staffing for each shift are displayed on each wards electronic board (at the entrance of each area), including who is in charge of the shift. The role of each team member is also displayed. This meets the criteria set out by the 'NHS England Hard Truths' requirements.

2. Nurse Staffing Reviews 2014

2.1 Review of Nurse Staffing

2.1.1 The ward staffing review has been performed six monthly since 2012 and nurse staffing has been reported to the Board of Directors since October 2013. Matrons, ward sisters, charge nurses, directorate managers and financial accountants of each area with the e-rostering lead and the Director of Nursing and Head of Nursing and Quality are present as the core team. Review of the budgetary alignment of the e-roster, quality indicators, patient experience data such as complaints, e-roster KPI's such as sickness, and professional judgment are inclusive to the methodology. Acuity audits are undertaken as appropriate and have been for areas where acuity requires further clarity or the case mix of patients has changed.

2.1.2 In August 2014, the Trust reorganized into three Care Groups and ward staffing reviews commenced in September 2014. The results of the refinements are reported by exception. Areas reviewed were wards within the Care groups A and B. All templates include the Coordinator role and were set to meet the requirements described in the methodology above.

2.1.3 To support the opening of additional capacity for winter pressures' a recruitment exercise was undertaken to staff the template appropriately. Internal staff were allocated, with a higher proportion of band 6 and 7 nurses to provide supervision and leadership, and the remaining template composed of bank and block booked agency nurses. They were sourced through a Procurement process in

December 2014. Four agencies were commissioned with reduced rates and nurses were inducted into the Trust teams.

2.2 Current Nurse Staffing Levels

2.2.1 Funded establishment in post and vacant. (Data source ESR)
The Electronic Staff Record (ESR) is the Trust's payroll system and therefore most accurately reflects the substantive staff in post at a given date. ESR data 16/2/2015 demonstrates the overall Nursing and Midwifery vacancy factor is 6.2% with the HCA vacancies at 0.4%. The pressure point in nurse staffing remains in the Band 5 posts, in which the vacancy factor is at 11.8%.

Table: ESR data as at 31/01/2015substantive staff in post and vacancy factor (excluding mitigation bank or agency staff).

	Nursing and Midwifery Registered			Healthcare Assistant			Total
Directorate	FTE Funded	FTE Employed	FTE Vacant	FTE Funded	FTE Employed	FTE Vacant	FTE Vacant
153 Anaesthetics/Theatres Directorate	183.79	186.51	-2.72	68.69	67.48	1.21	-1.51
153 Cardiac Directorate	123.66	115.10	8.56	30.88	32.79	-1.91	6.64
153 Clinical Governance Directorate	13.64	12.15	1.49				1.49
153 ED Directorate	123.68	121.83	1.85	47.57	42.46	5.11	6.96
153 Elderly Care Services Directorate	177.62	140.78	36.84	107.04	113.12	-6.08	30.76
153 Finance and Commercial Services	0.50	0.00	0.50				0.50
153 Human Resources Directorate	16.81	18.16	-1.35				-1.35
153 Informatics Directorate	2.00	1.80	0.20				0.20
153 Maternity Directorate	41.40	44.32	-2.92	12.88	12.19	0.69	-2.23
153 Medicine Directorate	115.72	111.30	4.42	37.10	33.76	3.34	7.76
153 Oncology Directorate	70.73	70.41	0.32	24.53	22.40	2.13	2.45
153 Operational Services Directorate	20.17	18.33	1.84				1.84
153 Ophthalmology Directorate	46.70	46.37	0.33	13.43	12.35	1.08	1.41
153 Orthopaedics Directorate	53.72	44.62	9.10	25.25	26.12	-0.87	8.23
153 Other Directorate	1.00	1.00	0.00				0.00
153 Outpatients Directorate	9.06	8.35	0.71	20.46	20.37	0.09	0.80
153 Pathology Directorate	2.00	2.00	0.00				0.00
153 Radiology Directorate	8.80	7.60	1.20				1.20
153 Specialist Services Directorate	30.74	29.72	1.02	11.83	13.52	-1.69	-0.67
153 Surgery Directorate	127.11	116.34	10.77	44.29	49.25	-4.96	5.81
Grand Total	1168.85	1096.69	72.16	443.95	445.81	-1.86	70.30

	Band 5 only Nursing & Midwifery Registered		
Directorate	FTE Funded	FTE Employed	FTE Vacant
153 Anaesthetics/Theatres Directorate	129.08	129.66	-0.58
153 Cardiac Directorate	77.77	70.97	6.80
153 Clinical Governance Directorate			
153 ED Directorate	85.22	76.20	9.02
153 Elderly Care Services Directorate	128.11	91.27	36.84
153 Finance and Commercial Services			
153 Human Resources Directorate	4.20	3.00	1.20
153 Informatics Directorate			
153 Maternity Directorate	0.40	0.80	-0.40
153 Medicine Directorate	67.38	60.62	6.76
153 Oncology Directorate	40.07	36.80	3.27
153 Operational Services Directorate			
153 Ophthalmology Directorate	33.85	35.81	-1.96
153 Orthopaedics Directorate	41.12	32.94	8.18
153 Other Directorate			
153 Outpatients Directorate	3.69	2.15	1.54
153 Pathology Directorate			
153 Radiology Directorate	5.20	4.60	0.60
153 Specialist Services Directorate	5.86	5.33	0.53
153 Surgery Directorate	75.97	65.07	10.90
Grand Total	697.92	615.22	82.70

	Vacancy Factor
Nursing and Midwifery Registered	6.2%
Healthcare Assistant	-0.4%
Total	4.4%

	Vacancy Factor
Band 5 only N&M Registered	11.8%

3. Nurse Staffing

3.1.1 There were **no shifts where risks were unable to be mitigated when the staffing levels were below minimum agreed templates up to January 2015** which were escalated to the Director of Nursing or the Deputy Director of Nursing. This is testament to the constant assessment of staffing that occurs locally. One ward had agreement to reduce capacity due to nurse staffing during January and daily assessment occurred with staffing and patient acuity and placement. This initially constituted a risk ('Red Flag') event which was reviewed discussed and mitigated with action to reduce capacity. In addition qualified nurses who were in corporate and specialist roles worked on the wards during peaks of activity in December – January 2015 to mitigate the risks. During March, one ward had agreement to reduce

capacity due to unplanned reduction in qualified staff for various reasons, vacancies, sickness, and retirement.

3.2 Vacancy data sets

3.2.1 Numbers of vacant posts are available through different data sets. The Heads of Nursing and Quality manage this operationally for their care groups with corporate actions to address vacancies coordinated through the weekly Recruitment meeting. The ESR provides the Trust level workforce information from the payroll system.

3.2.2 Currently the Elderly Care wards have the highest number of qualified nurse vacancies collectively. This is mitigated with block booked agency and bank staff and daily reviews of unplanned absence and skill mix. This remains a challenge. One surgical ward has a significant amount of absences due to vacancies, long term sickness and a retirement. This area has been reviewed and capacity has been reduced appropriately. 'Mitigation templates' have been agreed for wards with high vacancies, to provide safe cover.

3.2.3 Recruitment and retention remains a strong focus in the Trust with a number of key actions. This is reported monthly to the Board of Directors in the Workforce report.

3.3 Sickness/Absence

The main impacting factor to disrupt planned nurse staffing is unplanned absence, usually sickness. For the April 2013-March 2014, Trust level nurse staff total (short and long term) sickness was 4%. In comparison, the Feb 2014-Jan 2015 total sickness was 3.86%.

3.4 Staff Turnover/Attrition

The position between May 2014 and January 2015 is that there have been more starters than leavers in the band 5 nurses. The table below shows this by month, including the newly qualified nurse starters who are a Band 4 whilst they await their formal registration status from the NMC.

Table: B4/5 Registered Nurse Starters and Leavers May 2014-January 2015.

	Starters		Leavers		Starters minus Leavers	
Month	**FTE**	**Headcount**	**FTE**	**Headcount**	**FTE**	**Headcount**
May 14	15.60	16	5.24	6	10.36	10.00
Jun 14	9.76	10	4.76	5	5.00	5.00
Jul 14	12.00	12	2.13	3	9.87	9.00
Aug 14	5.17	6	5.86	6	-0.69	0.00
Sep 14	15.41	16	5.28	6	10.13	10.00
Oct 14	9.00	10	12.06	13	-3.06	-3.00
Nov 14	4.00	4	7.19	8	-3.19	-4.00
Dec 14	7.59	8	6.45	8	1.14	0.00
Jan 15	2.00	2	6.44	8	-4.44	-6.00
Total	**80.53**	**84**	**55.41**	**63**	**25.12**	**21**

4. Recruitment

4.1 Recruitment current position

Recruitment through NHS Jobs has continued throughout the year. To address the availability of experienced Band 5 nurses, targeted action continues, including block booking agency staff allocated to ward teams and overseas recruitment. This is framed within the widely acknowledged national qualified nursing shortage. Retention of existing nursing staff also remains a focus with specific actions identified on the Recruitment plan. This is reported in the Workforce report.

5. Recent National Guidance

5.1 Safer Staffing; A Guide to Contact Care was published in November 2014 by the Chief Nursing Officer of England. This stipulates all Trusts are required to publish the following

- An analysis of actual versus planned staff each month
- In depth review of nurse staffing to be presented to the Board of Directors 6 monthly.
- That the Trust board considers a contact time assessment to provide baseline indication of the construction of care given.

5.2 The analysis of actual versus planned nursing staff each month is published on the Trust Board website following monthly reporting through Unify. Exceptions are reported via the Heads of Nursing and Quality for metrics above or below what was expected.

5.3 It is recognized that contact care time will vary according to patient dependency and the specialty. Thus it is not directly comparable. The publication further recommends Contact Care time is considered against other indicators such as

- Planned versus actual staff
- Friends and Family Test (FFT)
- Staff FFT
- NICE ‘Red Flag events’; reportable care metrics that have been agreed locally to be following the guidance, and are reportable events.
- Locally agreed quality metrics.

5.4 The paper further recommends a consistent methodology is required. Red flag events are being defined locally and RBCH has been working with the Wessex Director of Nursing acute Trusts to agree a common methodology and/or tool to capture Contact Care Time. Currently this is being proposed as twice yearly on an area within each of the Care Groups. This will be reported in the next six monthly Board paper.

6. Conclusion

6.1 The staffing reviews follow a methodology benchmarking against RCN and appropriate specialist guidelines. They are performed in this Trust every 6 months. This has been in place since October 2012. Clear investment and roster rationalisation has been made as a result of the staffing reviews giving assurance the process is robust in identifying staffing requirements against nationally set guidance and professional judgment.

6.2 Nurse Staffing in the last six months has been challenging in terms of vacancies and retention. A recruitment action plan is in place and progressing.

6.3 Daily planned and actual nurse staffing levels are available to see in each ward area. The most challenging to recruit to remains band 5 qualified nurse role and remains the current focus, although all vacancies are included in the current recruitment drive. Attrition of the band 5 post is a significant but expected factor of nurse staff turnover due primarily to this workforce wanting to attain wider clinical experience

6.4 Recent national guidance stipulates the reporting of Contact Care time, within locally agreed methodologies, and Red Flags, with locally agreed criteria's. This is currently being agreed.

7. Recommendation

The Board of Directors are requested to note this report which is provided for information

The Royal Bournemouth and Christchurch Hospitals NHS
NHS Foundation Trust

BOARD OF DIRECTORS	
Meeting Date and Part:	27th March 2015 - Part 1
Subject:	Workforce report
Section:	Information
Executive Director with overall responsibility	Karen Allman
Author(s):	Karen Allman
Previous discussion and/or dissemination:	Workforce Committee - 11th February 2015
Action required: The Board of Directors is asked to: Note the content of the report.	
Summary: The report shows the performance of the Trust by care groups across a range of workforce metrics: Appraisal, Mandatory Training, Turnover and Joiner rates, Sickness and Vacancies. This month's report includes Care First Employee Assistance Programme and Mental Health/Musculoskeletal sickness statistics which were discussed at the recent Workforce Strategy & Development Committee, together with updates on Essential Core Skills and Recording Appraisal and Compliance Trajectories.	
Related Strategic Goals/ Objectives:	To listen to, support, motivate and develop our staff
Relevant CQC Outcome:	Outcomes 12, 13 & 14 - Staffing
Risk Profile: i. Have any risks been reduced? No ii. Have any risks been created? No	
Reason paper is in Part 2	N/A

WORKFORCE REPORT – MARCH 2015

This report contains the monthly workforce data as at 28th February 2015 both by care group and category of staff. Trust targets of 90% appraisal compliance and 3% sickness absence have been set and performance has been RAG rated against these targets.

Care Group	Appraisal Compliance	Mandatory Training Compliance	Sickness Absence	Joining Rate	Turnover	Vacancy Rate (from ESR)
	At 28 Feb		Rolling 12 months to 28 Feb			At 28 Feb
Surgical	64.6%	75.9%	4.50%	11.8%	10.0%	2.5%
Medical	76.7%	76.0%	3.61%	18.9%	12.5%	4.6%
Specialities	72.5%	73.0%	3.86%	10.7%	10.0%	2.9%
Corporate	74.7%	77.1%	3.52%	13.3%	16.9%	5.3%
Trustwide	**72.5%**	**75.5%**	**3.85%**	**14.2%**	**12.2%**	**3.9%**

Staff Group	Appraisal Compliance	Mandatory Training Compliance	Sickness Absence	Joining Rate	Turnover	Vacancy Rate (from ESR)
	At 28 Feb		Rolling 12 months to 28 Feb			At 28 Feb
Add Prof Scientific and Technical	76.3%	74.0%	3.75%	10.5%	13.5%	5.4%
Additional Clinical Services	68.9%	76.6%	6.15%	19.6%	11.6%	2.0%
Administrative and Clerical	72.9%	76.2%	3.41%	16.5%	14.3%	4.3%
Allied Health Professionals	68.4%	80.6%	1.60%	12.9%	12.9%	3.2%
Estates and Ancillary	76.2%	78.5%	5.58%	9.0%	19.1%	5.0%
Healthcare Scientists	84.1%	76.2%	3.79%	16.0%	17.6%	1.8%
Medical and Dental	81.8%	53.8%	1.02%	9.8%	7.1%	-0.5%
Nursing and Midwifery Registered	69.7%	80.2%	3.94%	12.2%	9.5%	6.0%
Trustwide	**72.5%**	**75.5%**	**3.85%**	**14.2%**	**12.2%**	**3.9%**

A target of 95% compliance has been set for Mandatory Training, compliance levels below this level are red.

Please note the Medical and Dental vacancy figure may be slightly distorted due to difficulties allocating funding from Finance into ESR, which should be resolved by Finance in April.

As noted previously, turnover in Corporate Directorate and Estates & Ancillary and Administrative & Clerical staff groups includes the transfer of 29 Commercial Services staff to Poole ESR.

1. Appraisal

Appraisal compliance in February was 72.5% down from 74.3% in January, although increases were seen for Additional Professional Scientific and Technical, Healthcare Scientists, and of particular note Medical & Dental – which continues its increase from a red rated 62.7% in December to 81.8% in February. Further information is contained in the recommendations in section 10 below regarding proposals for the new appraisal monitoring and supporting trajectory.

2. Turnover and Joiner Rate

The turnover rate for February at 12.3% shows a slight increase over January (12.2%); the joining rate slipped back slightly to 14.2% (14.4% January) but remains above the turnover rate.

3. Vacancy

The vacancy rate is reported as the difference between the total full time equivalent (FTE) staff in post (including locums and staff on maternity leave) and the Funded FTE reported by Finance, as a percentage of the Funded FTE. Trust-wide our vacancies remain at 3.9% of funded posts as per last month.

4. Recruitment Initiatives

The Trust is proceeding with several candidates from our attendance at the Westfield shopping centre February including qualified nurses and other clinical staff. We are exhibiting at the RCN meeting in Glasgow in April, as well as Bournemouth national congress in June are attending Bournemouth University career event on 25 March.

Overseas recruitment continues – 20 interviews were held with overseas nurses on 13 March, 30 are scheduled for the 25 March and another 50 planned for April.

5. **Safe Staffing**

A table of planned versus actual nursing hours for February 2015 is shown below.

	Day						Night					
Roster	RN/RM Planned Hours	RN/RM Actual Hours	HCA Planned Hours	HCA Actual Hours	RN/RM Fill Rate %	HCA Fill Rate %	RN/RM Planned Hours	RN/RM Actual Hours	HCA Planned Hours	HCA Actual Hours	RN/RM Fill Rate %	HCA Fill Rate %
AMU	4040.75	3444.50	1849.52	1921.53	85.2%	103.9%	2898.00	2575.50	1299.50	1378.48	88.9%	106.1%
BEU Ward	1460.00	1516.00	431.50	748.50	103.8%	173.5%	480.00	533.00	80.00	250.00	111.0%	312.5%
CCU	1610.00	1559.75	462.00	368.00	96.9%	79.7%	966.00	954.25	0.00	0.00	98.8%	n/a
Day Surgery Services	2101.75	1893.50	920.50	705.25	90.1%	76.6%	400.00	410.00	200.00	200.00	102.5%	100.0%
Derwent Ward	1554.25	1518.50	857.75	922.17	97.7%	107.5%	644.00	651.25	322.00	372.75	101.1%	115.8%
ICU/HDU	3010.00	2876.48	0.00	12.00	95.6%	n/a	2408.00	2404.25	0.00	0.00	99.8%	n/a
Mac Unit	1340.00	1376.92	1245.00	1102.00	102.8%	88.5%	560.00	560.50	430.00	310.00	100.1%	72.1%
Maternity Unit - Birthing	336.00	316.50	336.00	333.50	94.2%	99.3%	660.00	703.75	336.00	312.50	106.6%	93.0%
Stroke Unit (28)	2575.95	2168.27	1691.50	1552.00	84.2%	91.8%	1288.00	1205.00	644.00	746.02	93.6%	115.8%
Surgical Admissions Unit (SAU)	1629.50	1430.50	646.00	689.00	87.8%	106.7%	644.00	643.17	322.00	354.00	99.9%	109.9%
Ward 1	1520.00	1317.00	714.50	616.00	86.6%	86.2%	924.00	885.50	308.00	295.00	95.8%	95.8%
Ward 11	1644.50	1549.75	644.00	603.92	94.2%	93.8%	644.00	653.75	322.00	309.83	101.5%	96.2%
Ward 14	1602.50	1549.00	892.50	853.00	96.7%	95.6%	616.00	625.00	616.00	666.50	101.5%	108.2%
Ward 15	1673.50	1585.75	721.50	667.73	94.8%	92.5%	560.00	651.25	280.00	427.27	116.3%	152.6%
Ward 16	1701.58	1491.38	1004.50	949.98	87.6%	94.6%	560.00	560.00	560.00	609.25	100.0%	108.8%
Ward 17	1388.00	1351.00	554.50	524.00	97.3%	94.5%	644.00	641.50	322.00	371.25	99.6%	115.3%
Ward 2	1510.00	1416.83	923.50	801.50	93.8%	86.8%	966.00	944.75	322.00	349.00	97.8%	108.4%
Ward 21	1374.75	1227.50	882.00	943.22	89.3%	106.9%	632.50	641.50	322.00	345.00	101.4%	107.1%
Ward 22 (26)	1524.00	1367.50	1088.48	1097.67	89.7%	100.8%	644.00	616.50	644.00	761.72	95.7%	118.3%
Ward 23	1020.25	1099.25	393.50	522.75	107.7%	132.8%	644.00	645.00	230.00	230.00	100.2%	100.0%
Ward 24	1536.00	1255.50	644.00	600.00	81.7%	93.2%	644.00	644.25	322.00	322.50	100.0%	100.2%
Ward 25	1444.23	1478.15	1202.00	1569.00	102.3%	130.5%	669.75	619.75	658.00	873.02	92.5%	132.7%
Ward 26 (22)	1734.00	1474.50	1542.75	1418.00	85.0%	91.9%	644.00	644.00	644.00	731.02	100.0%	113.5%
Ward 3 (WP)	1679.22	1433.55	1094.00	1028.75	85.4%	94.0%	644.00	634.50	644.00	714.00	98.5%	110.9%
Ward 4	1607.00	1260.08	1130.00	1372.00	78.4%	121.4%	560.00	547.50	560.00	785.98	97.8%	140.4%
Ward 5	1527.75	1392.00	1209.50	1170.00	91.1%	96.7%	644.00	671.75	644.00	847.52	104.3%	131.6%
Ward 7	2083.75	1391.50	1101.00	757.75	66.8%	68.8%	560.00	565.00	560.00	476.50	100.9%	85.1%
Ward 9 (3)	1545.50	1278.50	1293.50	1333.25	82.7%	103.1%	644.00	635.17	644.00	883.75	98.6%	137.2%
Grand Total	47774.73	43019.67	25475.50	25182.47	90.0%	98.8%	22792.25	22467.33	12235.50	13922.85	98.6%	113.8%

Note: Adjustments made from raw system data -

- *Maternity: Set MCA Days planned hours to 336 (12 hrs per day) as per Pauline Hawkes.*
- *Derwent Ward: 84 planned RN hours and 42 planned HCA hours moved from day to night due to shift time adjustments made since template was applied*
- *Ward 25: 99.75 planned RN hours and 98 planned HCA hours moved from day to night due to shift time adjustments made since template was applied*
- *AMU: Add 150 planned and 66 actual RN daytime hours for Nurse Practitioner*

Exception report:

- § Eye Unit- extra capacity necessitated appropriate staff increase in nurse/patient ratios.
- § Older Peoples Unit wards required Specials for acuity, dependency and safety.

Overall:

On aggregate, the planned versus actual registered nursing/midwifery hours were at 90% during the day in February 2015, 10% below the agreed collective template.

6. Sickness

The Trust-wide rolling 12 month sickness rate is 3.85% for February (3.82% for January).

An analysis of sickness relating to Mental Health and Musculoskeletal (MSK) was requested by Workforce Committee and discussed at the meeting in February. The statistics are now shared with the Board as requested as attachment A. MSK and Mental Health issues each account for 22% of sickness absence from the Trust and it is vital that the Trust finds ways of supporting staff to deal with such issues. We have the Employee Assistance Programme (more details below) which provides telephone and face to face counselling for staff as well as providing regular seminars.

In addition we provide early access to physiotherapy services at the Trust as evidence has shown that if you are able to access key clinical support at an early stage this facilitates a quicker return to work.

7. Care First – Employee Assistance Programme

The Trust has an Employee Assistance Programme that was introduced several years ago to provide support for staff on a range of issues. Information from the report is reviewed in detail at several other Trust committees including Workforce, Health and Safety and Valuing staff.

This report is for the period 1st September 2014 to 30th November 2014 (Quarter 3). Usage has been excellent with a total of 145 contacts:

- 74 have been to the telephone counsellors
- 59 have received face to face counselling
- 12 to the information specialists.

This is a 19% increase in usage on the same quarter last year, with a good spread of contacts made amongst care groups and directorates.

Personal:

There have been 72 personal issues presented during this quarterly period from which three trends have emerged. Health accounts for the largest number of these calls with 40% being related to emotional health issues and 10% related to physical health issues. This is not unusual for emotional health to be identified as a key factor. 19% were in relation to family issues. This can relate to concerns for family members and family situations. 17% of calls were regarding relationship issues – it is also notable that we received one call categorised under domestic abuse/violence and one call categorised under alcohol, the nature of these calls is a rarity and shall therefore be monitored in the coming months.

Work:

32 work related issues have been presented during this quarterly period of which emotional health features most frequently, accounting for 31% of all work related issues. This can include cases such as stress and anxiety in the workplace.

Information Specialist:

The Information Specialists were contacted 14 times during this quarter. There was a broad spread of contacts made amongst many categories to the Information Specialists. The highest percentage of calls (21%) was in relation to financial information. 14% were on divorce/separation support and 14% on housing.

Care first has also implemented a new wellbeing movement analysis chart on page 18; the counsellors ask the client to rate their wellbeing between 1 and 5 at the start of the call/session and then again at the end. It is positive to see that 97% who have given these details have stayed the same wellbeing score or made positive movement by improving their scores by 1 and 2; e.g. one employee went from rating themselves as a 1 and after the support given, feeling much better, improved their wellbeing score to a 3.

Care first have also received 38 unique page views on the lifestyle site, with 19 being in relation to issues at home (particularly relationships and finances) and 19 in relation to issues at work (particularly fit notes).

8. Medical Education

The Medical Education Team has received their second plaque of recognition for commitment from the Royal College of Physicians, England for hosting the MRCP Part 2 Clinical Examination. This is a great honour and we are the only Centre in Wessex that has been given this recognition. The examination is offered twice a year to 15 candidates. We also have several Consultants within the Trust that are Royal College Examiners who

participate in these exams. Our Clinical Hosts for the exams are Dr Tanzeem Raza, Dr Mike Vassallo and Dr Di Laws; rotating the February and June exams between them.

The Southampton University School of Medicine has just forwarded feedback from the medical student survey for 2014; once again we have been highly rated by the students. We did not receive any negative comments and have not done so for the several surveys.

Dr Neil Hopkinson is our Clinical Sub Dean for Medical Students, and we are also fortunate to have a Medical Student Educationalist that works closely with Dr Hopkinson, he is a GP with an interest in education for Medical Students. We are the only Trust in Wessex with this facility and we have now developed through Dr Majid Jalil, our own student website, which has been recognised by the Medical School.

9. Mandatory Training- Essential Core Skills

Mandatory Training compliance in February was 75.5%, down from 77.5% in January, which was not unexpected ahead of the launch of the new Essential Core Skills/VLE offering from 1st March.

Compliance for Medical and Dental staff increased slightly to 53.8% from a low of 51.9% in January.

Trajectories to improve compliance to 95% by September by care groups and directorates have been developed. These trajectories will be monitored and reviewed at care group executive meetings on the 30 March and discussed at the Workforce Committee on 18 April. Progress will be reported at each board meeting commencing with the April data at the meeting on 29 May.

As previously advised, dementia is monitored separately outside the main compliance figure while the new training is rolled out to staff; it is anticipated this will return to main compliance reporting in the autumn.

Virtual Learning Environment:

The Trust's new Virtual Learning Environment (VLE) was launched earlier this month and has been received well across the organisation. This is a bespoke designed system which provides easy access to all staff with their assignment number and allows them to complete on or off site their mandatory training. This can be through a PC, laptop or mobile device and directly imports information to individual ESR (Electronic Staff Record) records to update competency requirements daily. Staff are able to click on subjects and go through the eLearning modules or directly to competency assessment. Managers are also able to review team compliance more easily and identify areas and individuals requiring action.

Blended Education and Training – BEAT:

The formal launch of BEAT – the Blended Education and Training Department - took place on Thursday 5 March with an exhibition style event. The day provided an opportunity for staff and managers to find out more about leadership development opportunities, band 1-4 development, simulation and clinical skills training, as well as supporting the roll out of the new essential core skills (formerly mandatory training) framework and the VLE.

The day was a great success with around 200 staff attending and we had stands and staff from Southampton and Bournemouth Universities, Bournemouth College, and the Thames Valley Leadership Academy.

10. <u>Recording Appraisal and Compliance Trajectories</u>

In multiple publications and texts Professor Michael West describes how "when staff have an annual appraisal meeting with their manager to agree clear challenging objectives; that helps them to do their jobs better; that leaves them feeling valued and respected by the trust, staff engagement is high. In such circumstances, staff are particularly likely to recommend their trust to friends and relatives as a place to go for treatment or as a place to work".

Background:

The new appraisal process launches on 1st April 2015, and all staff with the exception of medical staff will need to have a new appraisal before 30th November 2015. Once complete, the line manager will upload the appraisal document to the employee's record on the Beat Virtual Learning Environment (VLE). The line manager must also enter the completed date against the appraisal competency in ESR to finalise the process.

Proposal:

We have been working with Talent Works to develop an effective values based appraisal. There are clear evidenced links between a quality values based appraisal and improved employee engagement.

Therefore, it is essential that the Trust monitors and supports the roll out of this new appraisal process, directorates are held to account and staff feel listened to.

Talent Works recommend that we implement a new appraisal competence from the 1st April, making everyone "non-compliant". We then report on compliance on the new appraisal against the agreed trajectory. This is clear and removes any room for debate/confusion and these will be the figures that we report at the Board in the workforce paper, at Care Group monthly meetings and at the bi-monthly Workforce Strategy and Development Committee.

Talent Works also warn against any dual reporting against the old compliance data. In their experience with other trusts, if the two compliance rates are taken into consideration, there is less impetus to complete the new appraisal until the old one expires. This means the take-up of the new system will be slow while the compliance against the old gradually reduces. This means a low overall compliance rate, and a spike nearing the end of the new appraisal period. This will coincide with additional winter pressures and approaching Christmas so it is important for the momentum to be maintained to complete appraisals throughout the Spring and Summer periods.

Proposed Trajectories:

All appraisers must have attended the new training programme before conducting any appraisals. The new appraisal process will be cascaded from the head of the directorate throughout the team, and an appraiser must have had their own appraisal before doing any others.

The current policy aims for 90% compliance. We recommend that we set the new target at 95% rather than 100% as it is not realistic due to staff changes and absences.

The new training begins on 17th March until July 2015. By the end of July, we intend to have trained over 600 appraisers, which we believe is the majority of appraisers in the trust. Therefore, the recommendation for the overall Trust trajectory is:

Date	Trajectory	Appraisals
30.04.15	5%	196
31.05.15	10%	392
30.06.15	15%	588
31.07.15	40%	1567
31.08.15	55%	2154
30.09.15	70%	2742
31.10.15	80%	3134
30.11.15	95%	3721
	100%	3917

Appendix B outlines the impact for Care Groups and Directorates.

11. Friends and Family Test for staff

Quarter 4 of the FFT is live but ends on the 31 March 2015.

The questions for the current survey were drawn from reviewing areas from the Trust National staff survey results. As of 18 March completion rate was over 10% of staff had completed the survey - 457 individuals - and this level of response is encouraging and will be updated at the Board itself.

The Workforce Committee on 18 April will review the outputs in detail and the trust additional current questions are:

1. Is this a trust that listens and responds to your views? Yes/No & Comments box
2. How frequently do you get to hear the important messages about what's going on in the Trust from your line manager? Always, Most of the time, Sometimes, Not often, Never
3. What ways of communicating important messages work best for you? – Comments box
4. Would you feel it is safe to raise concerns, confident that they will be listened to and acted on? Yes/No - Comments
5. Do you feel that the Trust regularly recognises the good work of our staff? Yes/No

5a what ideas do you have for saying Thank you and well done? - Comments box

6. Do you have a set of clearly defined objectives for your role that you agreed at your last appraisal? Yes/No

Information Department
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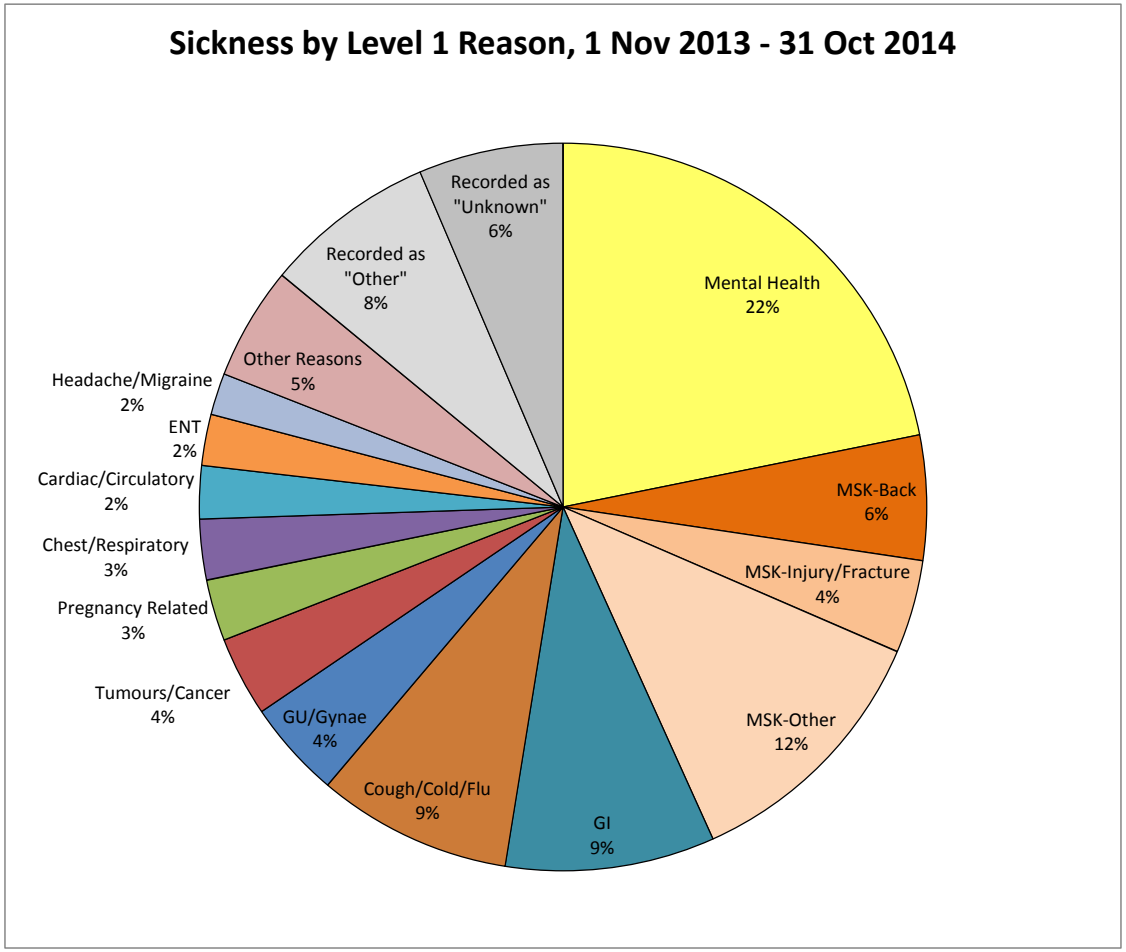
Report Title: **ESR Sickness by Level 1 Reason, 1 Nov 2013 - 31 Oct 2014**

Click here for report information

Reason	Categorised As	% of Total FTE Days Absence
S10 Anxiety/stress/depression/ other psychiatric illnesses	Mental Health	22%
S12 Other musculoskeletal problems	MSK-Other	12%
S25 Gastrointestinal problems	GI	9%
S13 Cold, Cough, Flu - Influenza	Cough/Cold/Flu	9%
S98 Other known causes - not elsewhere classified	Recorded as "Other"	8%
S99 Unknown causes / Not specified	Recorded as "Unknown"	6%
S11 Back Problems	MSK-Back	6%
S26 Genitourinary & gynaecological disorders	GU/Gynae	4%
S28 Injury, fracture	MSK-Injury/Fracture	4%
S17 Benign and malignant tumours, cancers	Tumours/Cancer	4%
S30 Pregnancy related disorders	Pregnancy Related	3%
S15 Chest & respiratory problems	Chest/Respiratory	3%
S19 Heart, cardiac & circulatory problems	Cardiac/Circulatory	2%
S21 Ear, nose, throat (ENT)	ENT	2%
S16 Headache / migraine	Headache/Migraine	2%
S23 Eye problems	Other Reasons	1%
S18 Blood disorders	Other Reasons	1%
S31 Skin disorders	Other Reasons	1%
S22 Dental and oral problems	Other Reasons	1%
S27 Infectious diseases	Other Reasons	0%
S24 Endocrine / glandular problems	Other Reasons	0%
S14 Asthma	Other Reasons	0%
S29 Nervous system disorders	Other Reasons	0%
S32 Substance abuse	Other Reasons	0%
S20 Burns, poisoning, frostbite, hypothermia	Other Reasons	0%



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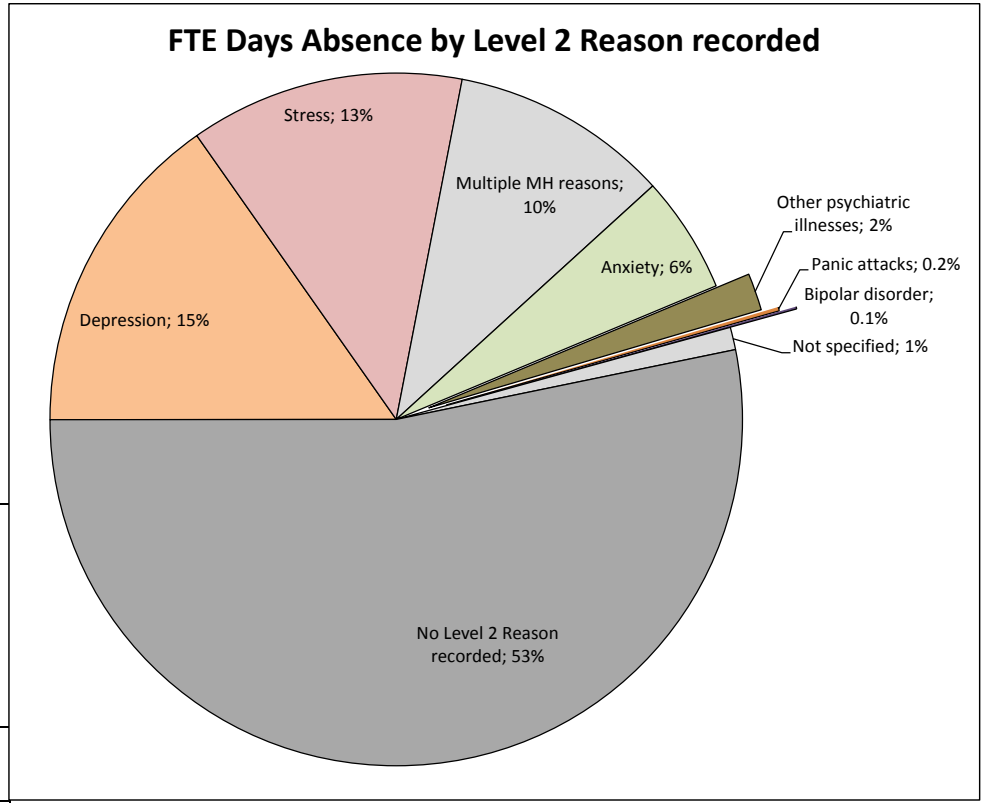
Report Title: **Sickness with Reason: "Anxiety/Depression/Stress/Other Psychiatric Disorder", 1 Nov 2013 - 31 Oct 2014**

Click here for report information

Secondary Reason	FTE Days Absence	Number of Episodes	Average FTE Days per Episode	Where a Level 2 reason is recorded: % of these FTE Days	Where a Level 2 reason is recorded: % of these Episodes
Depression	1,830	33	55	33%	26%
Stress	1,536	41	37	27%	32%
Multiple MH reasons	1,225	15	80	22%	12%
Anxiety	653	28	23	12%	22%
Other psychiatric illnesses	208	7	30	4%	5%
Panic attacks	22	3	7	0%	2%
Bipolar disorder	13	1	13	0%	1%
Not specified	126	5	25	2%	4%
No Level 2 Reason recorded	6,387	285	22	-	-
Total	**12,001**	**418**	**29**		



Where the primary reason is "Anxiety/Depression/Stress/Other Psychiatric Disorder" and a Level 2 reason is recorded on ESR or OPAS:

- Depression (33%) and stress (27%) caused the largest proportion of FTE absence days.
- Depression caused fewer episodes, of longer average length than Stress.
- 22% of FTE absence days had no secondary reason recorded on ESR, but multiple Mental Health "diseases" recorded on OPAS. These episodes had the longest average episode length, of 80 FTE days.

Please note the above figures may not be representative of all sickness with Primary Reason: "Anxiety/Depression/Stress/ Other Psychiatric Disorder", as the majority of these episodes have no secondary reason recorded.

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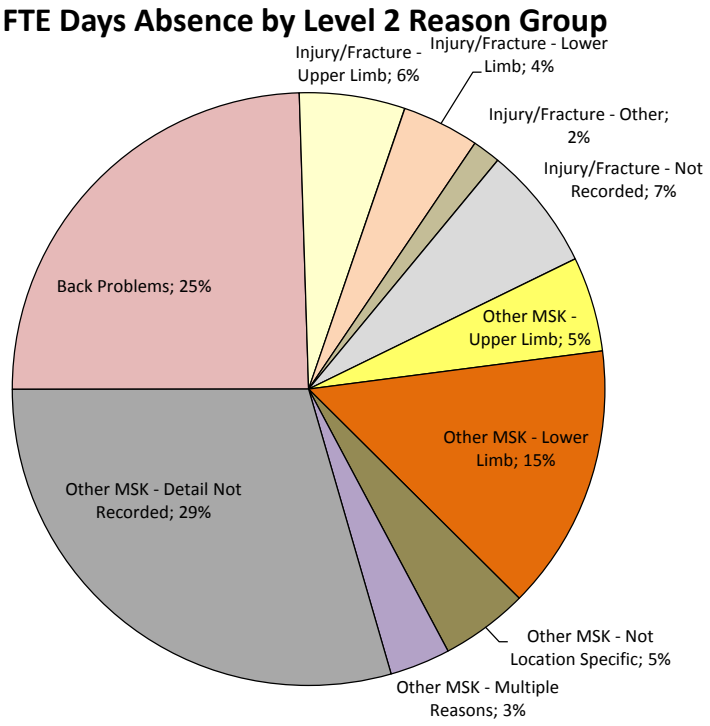
Report Title: **Sickness with Reason: "Back Problems", "Injury/Fracture" or "Other Musculoskeletal Problems" 1 Nov 2013 - 31 Oct 2014**

Click here for report information

Secondary Reason	FTE Days Absence	Number of Episodes	Average FTE Days per Episode	% of FTE Days	% of Episodes
Back Problems	3,005	315	10	25%	35%
Injury/Fracture - Upper Limb	706	16	44	6%	2%
Injury/Fracture - Lower Limb	517	25	21	4%	3%
Injury/Fracture - Other	187	11	17	2%	1%
Injury/Fracture - Not Recorded	831	73	11	7%	8%
Other MSK - Upper Limb	635	24	26	5%	3%
Other MSK - Lower Limb	1,779	40	44	15%	4%
Other MSK - Not Location Specific	585	25	23	5%	3%
Other MSK - Multiple Reasons	403	4	101	3%	0%
Other MSK - Detail Not Recorded	3,618	370	10	29%	41%
Total	**12,265**	**903**	**14**		

For Musculoskeletal problems, ESR Level 2 reasons typically define the nature of the problem while OPAS diseases typically define the location of the problem. In order to summarise both data sets together I have grouped the ESR reasons by location where possible.

Where the primary reason for absence is "Back Problems", "Injury/Fracture" or "Other Musculoskeletal Problems":
- Back problems comprise 25% of FTE days absences, injuries/fractures 18%, and other musculoskeletal problems 57%.
- Of the Other Musculoskeletal Problems category, over half (29% of musculoskeletal FTE days absence) has no Level 2 reason recorded on ESR or OPAS.



Information Department
email information .requests@rbch.nhs.uk

Report Title: **Sickness with Reason: "Back Problems", "Injury/Fracture" or "Other Musculoskeletal Problems" 1 Nov 2013 - 31 Oct 2014**

Click here for report information

Back Problems

Secondary Reason	FTE Days Absence	Number of Episodes	Average FTE Days per Episode
Back ache/pain	252	37	7
Sciatica	129	8	16
Disc problems	36	4	9
Scoliosis	2	1	2
Other back problems	95	7	14
Back problem - not specified	830	25	33
Back problem - not recorded	1,661	233	7
Total	**3,005**	**315**	**10**

The reasons shown include all ESR level 2 reasons used, plus the categories of Upper Limb and Lower Limb which are used on OPAS but not on ESR.
On this page all are shown separately, so e.g. "Other MSK - upper limb" only includes absences where this is the most detail we have, whereas on the MSK chart page "Other MSK - Upper Limb" also includes Shoulder ache/pain, Frozen Shoulder, Tennis elbow and Carpal Tunnel syndrome.
When viewing data for specific reasons, please keep in mind that many absences have the detail not specified or not reported so true totals may be larger.

Injury/Fracture

Secondary Reason	FTE Days Absence	Number of Episodes	Average FTE Days per Episode
Injury/Fracture - upper limb	293	7	42
Broken arm	129	2	65
Injury to elbow or forearm	70	1	70
Injury to shoulder or upper arm	27	1	27
Injury to wrist or hand	187	5	37
Injury/Fracture - lower limb	318	7	45
Broken foot	35	1	35
Injury to foot or ankle	86	6	14
Injury to knee or lower leg	66	10	7
Broken toe	12	1	12
Injury/Fracture - neck	88	2	44
Whiplash	59	2	29
Fractured rib	22	2	11
Laceration	9	1	9
Other injury/fracture	8	2	4
Cut	1	1	1
Sprain	0	1	0
Injury/Fracture - not specified	20	2	10
Injury/Fracture - not recorded	811	71	11
Total	**2,240**	**125**	**18**

Other Musculoskeletal Problems

Secondary Reason	FTE Days Absence	Number of Episodes	Average FTE Days per Episode
Other MSK - upper limb	513	15	34
Shoulder ache/pain	42	4	11
Frozen shoulder	17	1	17
Tennis elbow	0	1	0
Carpal tunnel syndrome	62	3	21
Other MSK - lower limb	1,779	40	44
Rheumatoid arthritis	161	3	54
Osteoarthritis	131	1	131
Arthritis	101	5	20
Tendon problem	65	2	33
Neck ache/pain	50	8	6
Ligament disorder	43	1	43
Cartilage disorder	14	1	14
Pinched/trapped nerve	9	1	9
Pulled muscle	8	2	4
Rheumatism	3	1	3
Other MSK - Multiple	403	4	101
Other MSK - not specified	898	33	27
Other MSK - not recorded	2,720	337	8
Total	**7,019**	**463**	**15**

			Accumlative appraisal numbers											
Date	**Trajectory**	**Trust**	**Surgical**	**Medical**	**Specialities**	**Clinical Gover**	**Estates**	**Facilities**	**Finance& CS**	**HR**	**Informatics**	**Operations**	**Research**	**Other**
30.04.15	5%	196	44	64	43	2	3	14	5	4	10	3	3	2
31.05.15	10%	392	88	127	86	4	7	28	9	8	21	6	6	3
30.06.15	15%	588	132	191	129	6	10	42	14	11	31	8	8	5
31.07.15	40%	1567	351	510	344	17	26	112	36	30	82	22	22	14
31.08.15	55%	2154	483	701	473	23	36	154	50	42	113	31	30	19
30.09.15	70%	2742	615	892	602	29	46	196	64	53	144	39	39	24
31.10.15	80%	3134	702	1019	688	34	52	224	73	61	165	45	44	27
30.11.15	95%	3721	834	1210	817	40	62	266	86	72	196	53	52	32
	100%	3917	878	1274	860	42	65	280	91	76	206	56	55	34

			Each Month											
Date	**Trajectory**	**Trust**	**Surgical**	**Medical**	**Specialities**	**Clinical Gover**	**Estates**	**Facilities**	**Finance& CS**	**HR**	**Informatics**	**Operations**	**Research**	**Other**
30.04.15	5%	196	44	64	43	2	3	14	5	4	10	3	3	2
31.05.15	10%	196	44	64	43	2	3	14	5	4	10	3	3	2
30.06.15	15%	196	44	64	43	2	3	14	5	4	10	3	3	2
31.07.15	40%	979	220	319	215	11	16	70	23	19	52	14	14	9
31.08.15	55%	588	132	191	129	6	10	42	14	11	31	8	8	5
30.09.15	70%	588	132	191	129	6	10	42	14	11	31	8	8	5
31.10.15	80%	392	88	127	86	4	7	28	9	8	21	6	6	3
30.11.15	95%	588	132	191	129	6	10	42	14	11	31	8	8	5
	100%	**3917**	**878**	**1274**	**860**	**42**	**65**	**280**	**91**	**76**	**206**	**56**	**55**	**34**

Training

Date	**No of courses**	**Total trained**	**%**	**Accum. %**
March	9	126	20	20
April	12	168	26	46
May	11	154	24	70
June	9	126	20	89
July	5	70	11	100
	46	**644**	**100**	

The Royal Bournemouth and Christchurch Hospitals
NHS Foundation Trust

BOARD OF DIRECTORS	
Meeting Date and Part:	27th March 2015 - Part 1
Subject:	Easter Resilience Planning
Section:	Strategy and Risk
Executive Director with overall responsibility	Richard Renaut, Chief Operating Officer
Author(s):	Richard Renaut, Chief Operating Officer
Previous discussion and/or dissemination:	Various PMG and Exec meetings
Action required: The Board of Directors is asked to endorse the approach for resilience planning for emergency care.	
Summary: This paper provides a brief overview of the actions underway to ensure resilience and mitigate risks to ensure safe patient care 24/7.	
Related Strategic Goals/ Objectives:	1-5
Relevant CQC Outcome:	All
Risk Profile: This paper looks at risks and mitigations against them	
Reason paper is in Part 2	N/A

Easter Resilience Planning 2015

1. Introduction

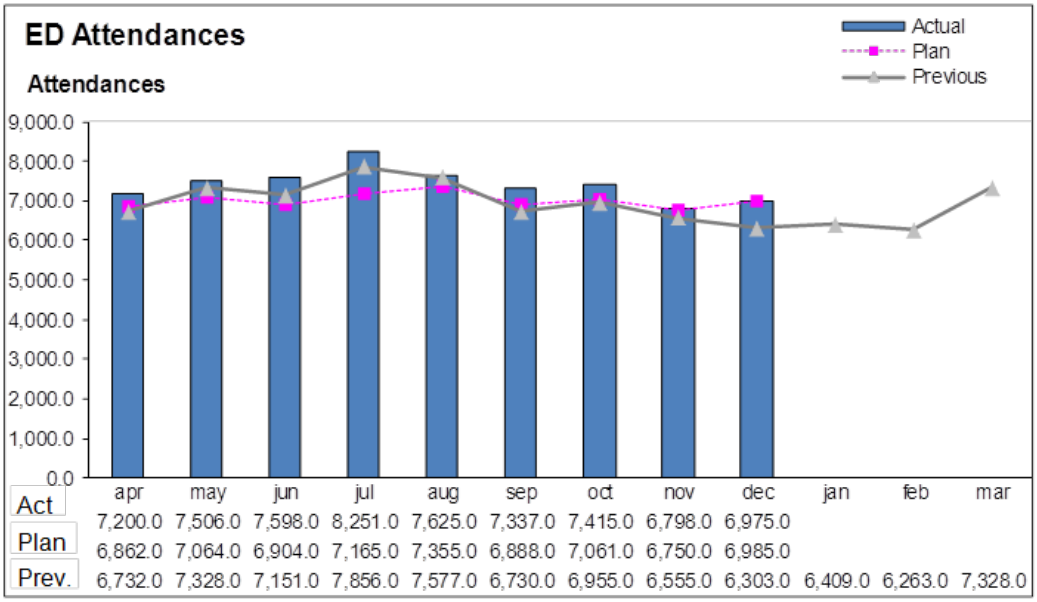
This document seeks to outline the plans being implemented to minimise the risk of bed pressures and disruption to normal patient services over the Easter Bank Holiday and school holiday periods through effective forward planning. This builds on learning from previous winter and seasonal pressure plans.

2. Preparation

National and local guidance, as well as the learning from the Christmas/New Year period, has been discussed across the organisation to support planning and to communicate expectations in relation to the upcoming Easter period. All Care Groups and departments have been asked to provide details of service provision and cover (see Appendix A). Discussion is also underway through the weekly system-wide Resilience calls to confirm service provision and plans across the health and social care community.

Demand projections specifically related to the Easter weekend and school holiday period are currently being produced by the Trust's Information Department to inform planning. High level analysis shows that April 2014 was 7% above the previous April. Therefore, if this growth trend continues, we could anticipate an increase of 504 ED attendances over this coming April (ave 17 more per day) to 7700; levels similar to May-August 2014.

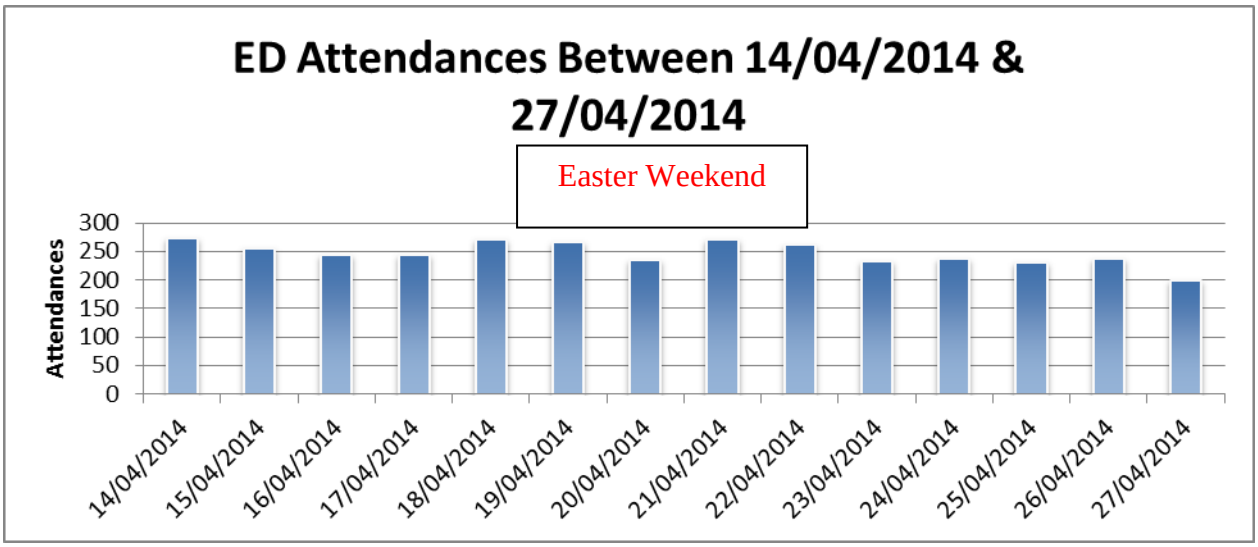
ED Attendances 2013/14



	apr	may	jun	jul	aug	sep	oct	nov	dec	jan	feb	mar
Act	7,200.0	7,506.0	7,598.0	8,251.0	7,625.0	7,337.0	7,415.0	6,798.0	6,975.0			
Plan	6,862.0	7,064.0	6,904.0	7,165.0	7,355.0	6,888.0	7,061.0	6,750.0	6,985.0			
Prev.	6,732.0	7,328.0	7,151.0	7,856.0	7,577.0	6,730.0	6,955.0	6,555.0	6,303.0	6,409.0	6,263.0	7,328.0

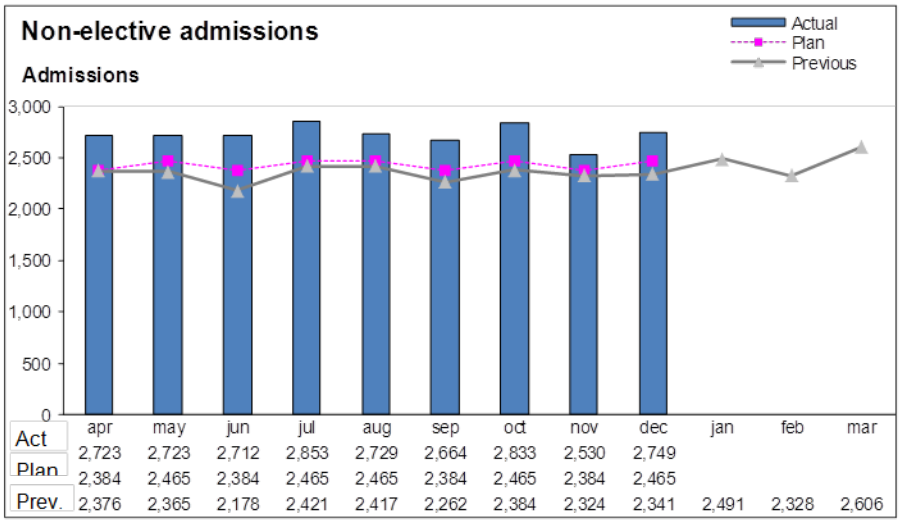
Easter week 2014 – ED Attendances

Attendances over the Easter weekend in April 2014 peaked over the bank holiday weekend which continued to the Tuesday.

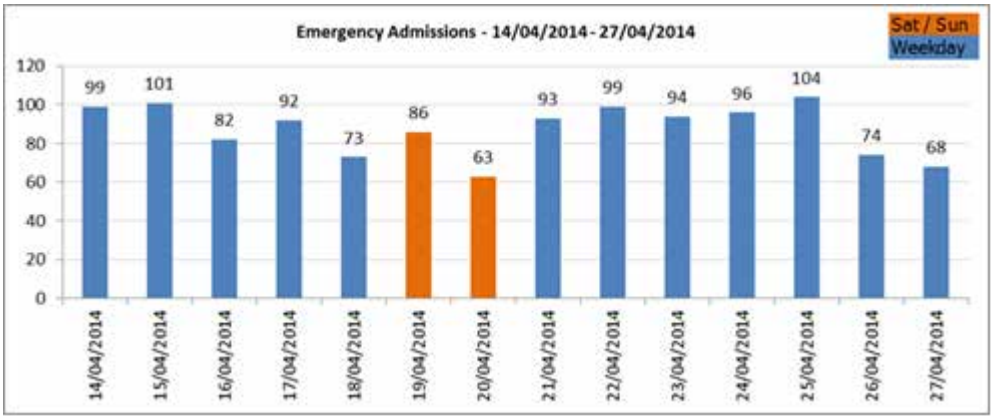


Non Elective Admissions

A similar trend was also seen in non-elective admissions, however, with a 15% increase in non-elective admissions. This would translate into an additional 408 admissions over the month (average 14 per day) to c3100 if the growth trend continued, which would **exceed** all months in 14/15 to date.



Easter Week 2014 – Emergency Admissions



Easter week in 2014 saw a higher and sustained level of emergency admissions from the bank holiday Monday.

3. 'Breaking the Cycle' SAFER care

National good practice is being implemented to ensure hospital flow is maintained. There are various names used, such as SAFER care bundles, Command approaches or Perfect Weeks. Within RBCH the approach is to use the Quality Improvement (QI) methodology, and two groups, one on flow and the other on discharge have been recently established and are energetically tackling these issues. Attached as an Annex is the draft format RBCH is developing. These focus on getting the simple steps right, in a timely way, by being very clear "what good looks like."

We are adopting such a "command and control" approach to patient level planning and progress chasing over the Easter period. The aim is to ensure that every patient has a detailed review of their current status and actions are progressed to ensure safe and timely care and discharge. These will take place on Wednesday 1 April and on Tuesday 7 April pm/Wednesday 8 April am. The emphasis on 1 April is to identify any potential blockages in the patient pathway which may unnecessarily delay discharge, in order to ensure capacity for the bank holiday weekend. This will be led by Senior Operations and Nursing leads. On 7/8 April the focus will be to repeat the exercise and ensure plans have been expedited as well as supporting on-going removal of blockages for patient care.

A debrief will be held at PMG on Thursday 9 April to inform planning for the May bank holidays.

4. Discharge Planning

The above process will support our aim for all patients in hospital to have a discharge plan clearly identified in their medical record. Wherever possible, the patient's consultant will identify the criteria to be met in order for the ward team to effect the discharge/transfer at the appropriate time.

In the week prior to Bank Holidays, the following action will occur:

- The Trust's Discharge Team will ensure that all potential complex discharge arrangements have been clearly documented and all appropriate action taken to enable timely discharge to occur
- Patients awaiting nursing/rest home or home care packages should be given urgent priority by Social Care and Health
- Joint working with community and social care partners to expedite discharges prior to Easter or formalise plans for on-going discharges over the bank holiday weekend and the holiday weeks
- Joint working with other providers to repatriate patients where appropriate.

5. Staffing

Rotas are set to ensure senior cover over the Easter weekend. In particular by:

- Facilities Manager – Portering, Housekeeping and Catering
- Matrons - Ward staffing including ED and admission units
- Directorate Managers – Medical staffing
- Directorate Managers – 'front door' and inpatient diagnostic services
- Directorate Manager – Discharge Team, Therapies and OPAL
- COO being on call as well as the Associate Director of Operations (BJ)

Managers are working jointly with the Trust's Staff Resource Pool to optimise cover.

6. Departmental Plans (Appendix A)

Every departmental head of service is responsible for ensuring adequate cover for care of emergency and other inpatients over the holiday period. This will be reviewed by Care Group Directors of Operations and Heads of Nursing, as well as the Trust's Performance Management Group. Further plans will be considered as required, also considering expected demand projections.

Key Priorities

Plans for the period focus on additional cover to our 'front door' services. These are Emergency Department, Acute Medical Unit, Older People's Medicine, (OPM) and Surgical Assessment Unit (SAU), including ambulatory service provision and senior decision making. These will be supported by enhanced weekend radiology provision and weekend OPM discharge ward rounds. OPAL cover and our OPM short stay ward expansion also continue through the Easter period with an expectation that this will be supported by on site social worker cover. The ECIST planning priorities are being used as a checklist.

7. Resilience Schemes

In line with national guidance, the Trust's key 2014/15 resilience schemes will continue over the Easter period, including:

- Winter Ward additional bed capacity
- Interim care packages and beds
- Primary care support to ED and Ambulatory care
- Extended ambulatory care provision
- Rapid assessment and Majors Assisting Practitioner schemes in ED
- Frailty pathways including short stay wards and Elderly Care Nurse Practitioners
- Extended and 7 day consultant cover

8. Senior and Executive Cover

Senior staff cover over the full holiday period is under review to ensure sufficient senior support to urgent care services and discharge. On site presence will be provided by the Manager on-call supported by the Executive on-call if required over the Easter bank holiday weekend. A Duty Matron and a Facilities Manager will also be on-site over the 4 day weekend. Further additional on-call and on-site arrangements are also being considered.

9. Escalation

The Trust's Escalation Policy and other related policies, together with the Dorset-wide Surge & Escalation Policy will be applied in the event of key safety, demand, capacity and performance triggers. System-wide Resilience Teleconferences have already been planned for Thursday 2 April and Tuesday 7 April, in addition to the established process for calling an extraordinary teleconference via SPoA should it be required.

10. Key Risks

Risk	**Risk Level**	**Mitigation Plan**	**Lead**
7% growth in ED attendances is realised (bringing to similar levels of previous peak of Summer 2014)	3 x 3 = 9 MODERATE	BREATH rapid assessment model Majors Assisting Practitioners in place 'Breaking the Cycle' 1st/7th/8th Apr Internal and system-wide escalation policies On-site senior management presence	AL
15% growth in non elective admissions is realised (exceeding 14/15 levels) Plus also the effect of neighbouring Trusts struggling with higher demand.	3 X 5 = 15 HIGH	Continuation of 'Winter' beds until mid April. Ambulatory care provision Continuation of other resilience schemes, including interim care. Additional service/rota cover 'Breaking the Cycle' 1st/7th/8th Apr On-site senior management. Internal and system-wide escalation policies and Major Incident Policy Ambulance divert policy	DoO Medical Care Group BJW CCG
Reduction in discharges due to:			
Delayed transfers of care	3 X 4 = 12 HIGH	Social Services and CCG to clear down all delays in the system, in advance of Easter weekend.	CCG/SS

Reduced staffing/service provision internally or externally to progress pathways/discharge. Specific risk of reduced domiciliary care as reduced workforce in school holidays.	3 X 4 = 12	Full rota and cover review (incl key clinical and managerial staff) with mitigation action plans as required. On-site senior management (incl Duty Matrons) over weekends/bank hols Internal and system-wide escalation policies and Major Incident Policy CCG and social services block booking of packages of care.	DoOs/HoNs CCG/SS
111, OoH and SPoA capacity/cover levels	3 X 4 = 12 HIGH	111 below core – recruitment campaign ongoing, especially for clinical call handlers. MIU Wimborne trying to open Fri and Mon 8.30-16.00 – tbc GP practices/WIC open Good Fri/Sat/Sun/Easter Mon	SWAST/CCG
Mental Health service cover delaying ED and hospital based assessments and discharge	3 x 3 = 9 MODERATE	Business as usual planned – staff levels planned in accordance with common practice for Easter Adult crisis cover in place Bed capacity to be maximised prior to Easter w/e Team leaders to ensure crisis plans updated and notes on Rio	DHUFT/CCG
Further increase in tourists due to exceptionally good weather	3 x 3 = 9 MODERATE	Primary care cover in ED System-wide patient comms Redirecting to alternative services including Boscombe Walk in Centre (WIC) /MIUs.	AL

11. Recommendation

The Board is asked to endorse the approach taken for preparation the Easter holiday period, as part of our wider and sustained improvements in emergency care.

Improving the patient experience:
Five daily actions to support patient flow

One

Use the discharge lounge early

Responsible: Bay based nurse

When: 9:00am

- Move your first patient to discharge lounge by 9AM
- Identify tomorrows discharges & book into the Discharge Lounge by 4pm
- Inform & prepare patients (and relatives)
- Ensure property packed

Two

Focus on TTAs

Responsible: medical staff &/or non-medical prescriber

When: 9.00am

- TTAs to be written during ward round
- Write up TTAs for tomorrow's discharges TODAY by mid-day

Three

Do a Board or Ward round each day

Who: consultant

When: 9.30am

- Agree priorities & plans Identify:
  - Todays discharges and confirm tomorrows
  - Internal waits for diagnostics or results, agree actions and responsibility
  - external waits (i.e. POC)– agree actions and responsibility
  - Todays admissions
- Check & update EDDs for all patients on eCamis

Four

Next steps

Who: nurse in charge (with medical team)

When: 9.30am

Internal & external waits are:

- Escalated to morning bed meeting and your matron
- Review your long stay patients and escalate for action

Five

Pull from admission areas

Who: nurse in charge

When: 9.00am

- Be prepared to accept your first transfers before 9am
- Update EBM and inform admission wards within 30 minutes of a patient leaving your ward
- Know who and where your admissions are – check the daily bed report on intranet

excellent care for every patient, every day, everywhere

The Royal Bournemouth and Christchurch Hospitals NHS
NHS Foundation Trust

RBCHFT Service Cover 3rd April – 6th April 2015 – note draft indicative rota to date below to be reviewed by Care Grps & PMG

APPENDIX A

Date	ED	AMU inc ACM clinic	Therapists	Older Person's Medicine	OPAL	Radiology	Discharge team	Social Care & Health	Discharge Lounge	Cardiology	Thoracic medicine Inc DAIRS	Nutrition and dietetics	Pathology Inc Phlebotomy	SSD	Theatre	Pharmacy	Endoscopy	Surgery (SAU)
Fri 3 Apr	ED Consultant Cover from 8am to 3.30pm (PS)	AEC - Will open 9-4 AMU evening ward rounds daily (NB) Gastro ward round ward 1 Specialty ward rounds Friday and Monday tbc.	**Stroke/Neuro** 1 OT, 1 PT and 1 Assistant focus on assessment and discharges **Neurotherapy**: Assessment and Discharge Service: 8am to 4pm each day **Stroke ESD** Qualified and Assistant staff and able to support discharges 8am to 4pm each day **Acute therapy Team** – senior physio cover for ITU and acute respiratory patients and assessment and discharge priority service. 8.30-4.30 each day **Interim Team** service near normal	Consultant ward round across the OPM wards from 11-2pm	8-4 cover each day	**CT/MRI/Ultrasound** – B H cover – On call Radiologist and Radiographer IR – BH cover – on call	Band 3 08:00-16:00	BSS cover - 1000-1500 DSS – to contact Poole worker or Operational Manager on standby. A Senior Decision maker will be on duty – name to be provided to Trust Discharge Team. (*Brokerage availability lists will be available on Thurs 2/3*).	Open 10:00-16:00	Normal urgent weekend service (incl cath lab)	**DAIRS** Normal weekend service	Reduced weekday Service	**Cellular Path**: No service contact consultant Histopathologist for urgent specimens **Biochem:** Out of Hours service **Flow Cytometry/ Molecular**: No Service **Haematology:** Normal service 09.00 – 17.30 **Immunology:** No Service **Microbiology:** Open for urgent specimens only 08.00 –16.30. Out of hours all other times **Phlebotomy:** RBH Ward cover only 07.30 – 12.00 noon.	On call via Switchboard	1 x CEPOD Theatre 08:00-21:00 On site stand-by 21:00-08:00	BH service 9-17.00	No scheduled lists going ahead Normal on-call arrangements	Normal service
Sat 4 Apr	ED Consultant Cover from 8am to 3.30pm (MrG)	Post take cons round on ward 2/3. AEC - Will open 9-4 AMU evening ward rounds daily (NB) Gastro ward round ward 1	**Stroke/Neuro** 1 OT, 1 PT and 1 Assistant focus on assessment and discharges **Neurotherapy:** Assessment and Discharge Service: 8am to 4pm each day **Stroke ESD** Qualified and Assistant staff and able to support discharges 8am to 4pm each day **Acute therapy team** – senior physio cover for ITU and acute respiratory patients and assessment and discharge priority service. 8.30-4.30 each day Interim Team service near normal	There will be the normal consultant weekend ward round on Saturday and Sunday over Easter from 11am - 2pm	8-4 cover each day	**CT/MRI/Ultrasound** – Normal weekend cover – 9am – 5pm and then on – call cover .	No cover	BSS cover - 1000-1500 DSS – to contact Poole worker or Operational Manager on standby. A Senior Decision maker will be on duty – name to be provided to Trust Discharge Team. (*Brokerage availability lists will be available on Thurs 2/3*).	Closed	Normal urgent weekend service (incl cath lab)	**DAIRS** Normal weekend service	No Service	**Cellular Path**: No service contact consultant Histopathologist for urgent specimens **Biochem:** Out of Hours service **Flow Cytometry/ Molecular**: No Service **Haematology:** Normal service 09.00 – 17.30 **Immunology:** No Service **Microbiology:** Open for urgent specimens only 08.00 –16.30. Out of hours all other times **Phlebotomy:** RBH Ward cover only 07.30 – 12.00 noon.	On call via switchboard	1 x CEPOD Theatre 08:00-21:00 On site stand-by 21:00-08:00	Normal Sat service 9-17.00	No scheduled lists going ahead Normal on-call arrangements	Normal service

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RBCHFT Service Cover 3rd April – 6th April 2015 – note draft indicative rota to date below to be reviewed by Care Grps & PMG

Date	ED	AMU inc ACM clinic	Therapists	Older Person's Medicine	OPAL	Radiology	Discharge team	Social Care & Health	Discharge Lounge	Cardiology	Thoracic medicine Inc DAIRS	Nutrition and dietetics	Pathology Inc Phlebotomy	SSD	Theatre	Pharmacy	Endoscopy	Surgery (SAU)
Sun 5 Apr	ED Consultant Cover from 8am to 3.30pm (MrG)	Post take cons round on ward 2/3. AEC - Will open 9-4 AMU evening ward rounds daily (NB) Gastro ward round ward 1	**Stroke/Neuro** 1 OT, 1 PT and 1 Assistant focus on assessment and discharges **Neurotherapy**: Assessment and Discharge Service: 8am to 4pm each day **Stroke ESD** Qualified and Assistant staff and able to support discharges 8am to 4pm each day **Acute therapy team** – senior physio cover for ITU and acute respiratory patients and assessment and discharge priority service. 8.30-4.30 each day Interim Team service near normal	There will be the normal consultant weekend ward round on Saturday and Sunday over Easter from 11am - 2pm	8-4 cover each day	**CT/MRI/Ultrasound** – Normal weekend cover – 9am – 5pm and then on- call. IR weekend cover – On-call	No cover	BSS cover - 1000-1500 DSS – to contact Poole worker or Operational Manager on standby. A Senior Decision maker will be on duty – name to be provided to Trust Discharge Team. (*Brokerage availability lists will be available on Thurs 2/3)*.	Closed	Normal urgent weekend service (incl cath lab)	**DAIRS** Normal weekend service	No Service	**Cellular Path**: No service contact consultant Histopathologist for urgent specimens **Biochem:** Out of Hours service **Flow Cytometry/ Molecular**: No Service **Haematology:** Normal service 09.00 – 17.30 **Immunology:** No Service **Microbiology:** Open for urgent specimens only 08.00 –16.30. Out of hours all other times **Phlebotomy:** RBH Ward cover only 07.30 – 12.00 noon.	Open 07.00 – 12.00 noon	1 x CEPOD Theatre 08:00-21:00 On site stand-by 21:00-08:00	Normal Sun service 12-17.00	No scheduled lists going ahead Normal on-call arrangements	Normal service
Mon 6 Apr	ED Consultant Cover from 8am to 4pm (DM/MB)	AEC - Will open 9-4 AMU evening ward rounds daily (MT) Gastro ward round ward 1 Specialty ward rounds Friday and Monday tbc.	**Stroke/Neuro** 1 OT, 1 PT and 1 Assistant focus on assessment and discharges **Neurotherapy**: Assessment and Discharge Service: 8am to 4pm each day **Stroke ESD** Qualified and Assistant staff and able to support discharges 8am to 4pm each day **Acute therapy team** – senior physio cover for ITU and acute respiratory patients and assessment and discharge priority service. 8.30-4.30 each day **Interim Team** service near normal	Consultant ward round across the OPM wards from 11-2pm	8-4 cover each day	**CT/MRI/Ultrasound** – B H cover – On call Radiologist and Radiographer IR – BH cover – on call.	Band 6 08:00-16:00	BSS cover - 1000-1500 DSS – to contact Poole worker or Operational Manager on standby. A Senior Decision maker will be on duty – name to be provided to Trust Discharge Team. (*Brokerage availability lists will be available on Thurs 2/3)*.	Open 10:00-16:00	Normal urgent weekend service (incl cath lab)	**DAIRS** Normal weekend service	Reduced weekday Service	**Cellular Path**: No service contact consultant Histopathologist for urgent specimens **Biochem:** Out of Hours service **Flow Cytometry/ Molecular**: No Service **Haematology:** Normal service 09.00 – 17.30 **Immunology:** No Service **Microbiology:** Open for urgent specimens only 08.00 –16.30. Out of hours all other times **Phlebotomy:** RBH Ward cover only 07.30 – 12.00 noon.	On call via switchboard	1 x CEPOD Theatre 08:00-21:00 On site stand-by 21:00-08:00	BH service 9-17.00	No scheduled lists going ahead Normal on-call arrangements	Normal service

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RBCHFT Service Cover 3rd April – 6th April 2015 – note draft indicative rota to date below to be reviewed by Care Grps & PMG

NHS SupplyChain Input & Delivery Schedule

Detail available on Trust intranet. Business continuity plans will be enacted in the event of unprecedented demand.

Dorset-wide Non Emergency Patient Transport Bank Holiday Cover

E-zec medical

Date	Hub - Control/Call handlers	Road Ambulance	Road Car	PLO Cover
2nd April	Normal cover	Normal cover	Normal	Normal
3rd April Good Friday	6 During core hours	2 Qualified Amb 10 Ambulances 2 Night Crews	6 Wheelchair Cars 10 Cars + VCs	Kim PHT covering 3 Trusts
4th April	3	Normal Saturday		N/A
5th April Easter Sunday	2	Normal Sunday		N/A
6th April Easter Monday	6 During core hours	2 Qualified Amb 10 Ambulances 2 Night Crews	5 Wheelchair Cars 8 Cars + VCs	Kim PHT covering 3 Trusts
8th April	Normal cover	Normal cover	Normal	Normal

DRAFT

The Royal Bournemouth and Christchurch Hospitals NHS
NHS Foundation Trust

BOARD OF DIRECTORS	
Meeting Date and Part:	27th March 2015 - Part 1
Subject:	Directors Register of Interests
Section:	Decision
Executive Director with overall responsibility	Tony Spotswood
Author(s):	Sarah Anderson
Previous discussion and/or dissemination:	n/a
Action required: The Board of Directors is asked to approve the register of interests.	
Summary: The Trust is required to maintain a register of interests for its directors. This facilitates the identification and management of potential conflicts of interests by the Board of Directors. The register is reviewed annually by the Board to ensure that it is up to date as the information will be used in determining the disclosure required in the Annual Report and Accounts	
Related Strategic Goals/ Objectives:	N/a
Relevant CQC Outcome:	N/a
Risk Profile: i. Have any risks been reduced? No ii. Have any risks been created? No	
Reason paper is in Part 2	N/A

REGISTER OF DIRECTORS AND DIRECTORS' INTERESTS 2014/15

Director	Appointed/ Reappointed	Resigned/ Removed	Interests Declared	Acquired	Declared	Ceased
Karen Allman Director of Human Resources	n/a		No relevant and material interests			
David Bennett Non- Executive Director	I. 01/10/2009-30/09/2013 II. 01/10/2013-30/09/2016		Director & majority shareholder- Davox Consulting Limited. Company providing management consultancy services on strategy and logistics in healthcare and technology services.	April 2009	April 2009	
			Commercial Director & shareholder- Pareon Ltd. Company providing chemical intermediaries to the pharmaceutical research sector.	April 2011	April 2011	
Derek Dundas Non- Executive Director	I. 01/04/2014-31/03/2017		No relevant and material interests			
Basil Fozard Medical Director	I. 07/09/2013-08/09/2016		Married to Gill Fozard, Non- Executive Director, Dorset NHS Foundation Trust	April 2012	September 2013	
Peter Gill Director of Informatics	I. 01/02/2015-31/08/2015		No relevant and material interests			
Stuart Hunter Director of Finance	n/a		No relevant and material interests			
Helen Lingham Chief Operating Officer	n/a	Resigned September 2014	No relevant and material interests			
Ian Metcalfe Non- Executive Director	I. 22/06/2006-21/06/2010 II. 01/11/2013-31/03/2014 III. 01/04/2014-31/04/2016		No relevant and material interests			

REGISTER OF DIRECTORS AND DIRECTORS' INTERESTS 2014/15

Director	Appointed/ Reappointed	Resigned/ Removed	Interests Declared	Acquired	Declared	Ceased
Stephen Peacock Non- Executive Director	I. 01/10/2009-30/09/2013 II. 01/10/2013-30/09/2016		Financial Services Director- The Estee Lauder Companies	April 2012	April 2012	
Alexandra Pike Non-Executive Director	I. 22/06/2006-22/06/2010 II. 22/06/2010-21/06/2013 III. 21/06/2013-20/06/2014 IV. 21/06/2014-21/06/2015		Global Vice President Unilever	April 2012	April 2012	
			Non- Executive Director- Teachers' Building Society	April 2013	April 2013	
			Non- Executive Director- Simply Health	November 2014	December 2014	
Richard Renaut Chief Operating Officer	September 2014		Married to Christine Renaut – an employee of the Trust (Pharmacist)	April 2009	April 2009	
Director of Service Development	April 2006	Resigned September 2014				
Paula Shobbrook Director of Nursing & Midwifery/ Deputy CEO	n/a		Husband is director of Albany Care Homes, Hampshire.	February 2014	February 2014	
Tony Spotswood Chief Executive	n/a		Board Member of the Foundation Trust Network	April 2010	April 2010	
			Chair of Clinical Research Network, Wessex – National Institute for Health Research	February 2015	TBC March	
Jane Stichbury Chairman	I. 01/04/2010-31/03/2014 II. 01/04/2014-31/03/2017		Board Member- England and Wales Cricket Board	April 2010	April 2010	
			Governor- Bournemouth School for Girls	April 2010	April 2010	
			Dorset High Sherriff	March 2014	October CoG 2014	
William Yardley Non- Executive Director	I. 01/04/2014-31/03/2017		Non- Executive Director- Orbit Living Limited	August 2014	September 2014	

The Royal Bournemouth and Christchurch Hospitals
NHS Foundation Trust

BOARD OF DIRECTORS	
Meeting Date and Part:	27 March 2015 - Part 1
Subject:	Refreshing the Trust Vision
Section:	Strategy and Risk
Executive Director with overall responsibility	Tony Spotswood
Author(s):	Tony Spotswood
Previous discussion and/or dissemination:	
Action required: To agree the Trust's refreshed vision	
Summary: To determine which of the four options best reflects our future vision	
Related Strategic Goals/ Objectives:	All
Relevant CQC Outcome:	All
Risk Profile: i. Have any risks been reduced? No ii. Have any risks been created? No	
Reason paper is in Part 2	N/A

Refreshing the Trust's Vision

Over the course of the last month we have asked both the general public and staff for their views on the various options developed to capture and communicate our refreshed vision for the Trust.

The attached paper (Annex A) summarises both the comments received and details the preferences which I have summarised below.

Overall Preference

Option A	Option B	Option C	Option D	Option E	Option F
117	54	45	77	32	112

The options that have gained the most support are Options A and F although gaining marginally fewer votes Option F was the favoured option among the Trust's staff. In all cases there were comments to suggest improvements, including the need for more concise iterations and for the vision to set out future aspirations rather than summarise what we do at present. In response I have shorted the statements, where this is possible. I have also deleted Option C and Option E on the basis of the voting. The remaining options are set out below:

Key Messages

Keep it short, avoid jargon, it should be inspiring and resonate with our patients, our staff and the general public. Generate a visual impact.

Option A – **Striving to provide a healthier future**

- Quality safe and compassionate care for our patients
- Working as one team – our family caring for yours
- Outstanding and committed professionals
- Producing exceptional outcomes

Option B – **Quality, safe and compassionate care**

- Committed to excellence
- Working as one team, dedicate to meeting our patients' needs
- Continually improving through innovation

Option D – **The best quality care for all our patients – delivered with PRIDE**

- **P**rofessionalism
- **R**esponsive to your needs
- **I**nnovative and evidence based
- **D**ignified care
- **E**xcellence from all our services

Option F – **Excellent care for our patients reflecting the care we expect for our family**

- Putting patients at the heart of everything we do
- Working together to improve care
- Being responsive to patients individual needs

Decision

I have then further tested with staff the revised options, Options A and F have consistently gained more support than other options.

Taking account of the feedback from our staff, and the discussion at our previous Board meeting it is proposed that the Trust formally adopt Option F as the preferred Trust Vision.

Excellent care for our patients reflecting the care we expect for our family

- Putting patients at the heart of everything we do
- Working together to improve care
- Being responsive to patients individual needs

Tony Spotswood
Chief Executive

Results of Vision Voting – January 2015

Options

Option A - Striving to provide a healthier future

- We will provide excellent, compassionate care, sensitive to your needs using innovative evidence based practice, research and education
- Working as one team – our family caring for yours
- Outstanding and committed professionals, skilled and supported to deliver high quality care
- We will strive to produce exceptional outcomes for our patients, showing kindness, respect, to all those who use and work in our facilities

Option B - Quality, safe and compassionate care

- We are committed to excellence in all we do striving to provide outstanding care and services
- We work together as one team dedicated to meeting our patients' needs
- Continually improving through innovative approaches to delivering care

Option C - Working together to be the best for our patients

- Compassionate, high quality care
- Outstanding staff and teamwork
- Improving and innovating to achieve the right outcomes

Option D- The best quality care for all our patients – delivered with PRIDE

- **P**rofessionalism
- **R**esponsive to your needs
- **I**nnovative and evidence based practice
- **D**ignified care
- **E**xcellence from all of our services
-

Option E - Compassionate high quality care

- We aspire to excellence in all that we do
- We work together as one team
- Constantly improving to offer the very best care
-

Option F - Excellent care for our patients like the care we expect for our family

- Putting patients at the heart of everything we do
- Working together to improve care
- Being responsive to patients individual needs

Methods of Voting

- Via Organisational.development@rbch.nhs.uk
- Employee online survey
- Public online survey
- Voting stand at Bournemouth and Christchurch.

Employee Results

	Option A	Option B	Option C	Option D	Option E	Option F
Total	**66**	**39**	**32**	**48**	**26**	**84**

Public Results

	Option A	Option B	Option C	Option D	Option E	Option F
Total	**51**	**15**	**13**	**29**	**6**	**28**

Employee Comments

- Option B but the tag line should read "Excellent care for all"
- Keep it as "Excellent Care for every patient, every day, everywhere"
- Option E title, “Compassionate high quality care”, and I think it goes well with the vision outlined in Option A.
- I chose option F without question because the first part of it relates to patients which is the main reason why I do my job & the reason we are here as a service.
- "Excellent care for our patients - our family caring for yours" - a suggestion.
- “I find the options a bit confusing. A Vision is usually an aspiration of what a company wants to be rather than what the company does e.g. "To be the hospital that provides the highest quality care in the South". This is then followed by Values. The options presented are fantastic qualifications of our Values but not a Vision.”
- The title of item A - “Striving to provide a healthier future” is a statement that focuses on cure or improved health outcomes. As an overarching title this is more in line with the medical model of care. But care for many (especially for end of life patients) is often about their wellbeing and the nature of care provided during their stay. So the title could be adapted to reflect a more holistic aim.
- Each patient treated in our hospital should be treated as an honoured guest.
- Keep it simple and avoid jargon... " Putting Patients First"
- Why Change again? Just leave it the same Excellent Care for every patient every time!
- I like the content of F but dislike the strap line.
- Option A but can we reduce the word count?
- You need to include something for communication. Particularly like 'our family caring for yours'
- Add "safe" into option E after compassionate.
- It needs to be simple & memorable. Hence PRIDE is best of above.
- This Trust is limited in its resources and about to go into the red in the bank. In such a system there are either cuts or rearrangement of priorities. There is rarely the opportunity for improvement or excellence. The question becomes, simply, "Can we deliver what we delivered last year?" The vision is inspirational but the reality may be something more mundane. It is sad that I vote for option E because it is the most likely to succeed. The others seem beyond our reach right now.

Public Comments

- Up to date medical information, training and knowledge
- PRIDE embraces everything the Trust stands for and does.
- "Money's in short supply, but our commitment and professionalism isn't"
- Like A but too wordy
- All of these options reflect similar visions that I had hope would already be in place. My concern is for times of high patient demand and the effect on the excellent staff already trying to deliver care to our community.
- Putting patients at the heart of everything we do - Compassionate, high quality care
- A visual to accompany Option A might help
- Cut-out waste. Put money into staff and good training
- Repeating too much. Whoever designed these Q's has overdone it.
- Everything that you list is important however a vision needs to be something that you strive to achieve - a single, challenging and stretching vision, not warm words of compassion and care. I also think this vision should be patient centred. Sorry but I don't have the answer but suggest you rethink this approach to see if this is really visionary or merely re-stating your aims and objectives.
- Three of the six don't even mention the patient. [F] does reflect the NHS objective of putting the patient first. Working together could include the patient, not just involved in care / treatment, but introducing the concept of self-care.
- Option D works if we keep our values - teamwork, communication, improve and pride. Lose them and then Option D will not work.
- Option A but striving to keep existing staff.
- Excellent Care, for every patient, every day, every where

General feedback

- Several comments regarding the importance of valuing staff too in the Vision "Excellent Care for all"
- Needs to be “short & snappy”
- "Delivered with PRIDE" - attracted extreme comments - either loved it or hated it.
- PRIDE could get confused with the Value Pride
- Not liking the words "Aiming" or "Striving" - too negative.
- Lots of positive comments about “Our family caring for yours”.
- For all the options the qualifying statements need to be reviewed in terms of consistency, length and grammar.

The Royal Bournemouth and Christchurch Hospitals NHS
NHS Foundation Trust

BOARD OF DIRECTORS	
Meeting Date and Part:	27 March 2015 - Part 1
Subject:	Trust Objectives 2015/16
Section:	Decision
Executive Director with overall responsibility	Tony Spotswood
Author(s):	Tony Spotswood
Previous discussion and/or dissemination:	
Action required: To consider, amend as appropriate and agree the organisational objectives for 2015/16	
Summary: The key Trust objectives for the coming year	
Related Strategic Goals/ Objectives:	All
Relevant CQC Outcome:	All
Risk Profile: i. Have any risks been reduced? Yes ii. Have any risks been created? No	
Reason paper is in Part 2	N/A

Trust Objectives 2015/16

Background

I have set out below a final draft of the proposed Objectives, the Board is asked to consider and agree for the organisation for 2015/16. There is a natural correlation between the Board objectives we set for 2014/15 and those proposed for the coming year. Traditionally the Board has tracked the performance of the organisation against these objectives through a series of key metrics which we report on a quarterly basis. Generally, our performance against our corporate objectives has been strong, often demonstrating achievement or significant progress towards quantified outcomes. This year it is proposed that the objectives agreed by the Board provide a central framework and become the basis for individual objective setting across the whole organisation. Specifically it is expected that every member of staff will agree objectives which reflect the following themes:

- **The Quality of Care** ensuring it is safe compassionate and effective.
- **Improvement.** All staff will have an improvement objective, it will either focus on one of the five priority areas for the Trust or be localised to their area if it does not directly contribute to one of the priorities identified without corporate objectives. All staff should, however, focus on how their services can be improved.
- A focus on their **personal and professional development and team work**.
- **Performance.** Their personal contribution towards ensuring that the Trust meets the standards and targets which govern the delivery of our services.
- **Value for Money.** The responsibility all members of staff have to ensure the Trust operates within an agreed budget using resources wisely and cutting waste to allow as much resource as possible to go to front line patient care.

There is an important balance to be struck when considering the objectives we set for the Trust between, on the one hand, the need for these to be clear and measurable and on the other, the importance of not over-specifying to the point that they fail to be relevant to the broader church of staff or lack ownership and connectivity due to their relevance to small defined areas of the Trust. I have sought to establish the balance necessary between the two positions.

Draft Objectives 2015/16

I have detailed below the proposed Trust objectives, including the metrics that will underpin our monitoring of the progress we have made. The final section of this paper provides a simple summary explanation. I have, however, set them out below in their full form.

1. To continue to improve the **quality of care** we provide to our patients ensuring that it is safe, compassionate and effective, driving down reductions in the variation of care whilst ensuring that it is informed by, and adheres to best practice and national guidelines. Our specific priorities are:

- Achieving consistency in quality of care by a year on year improvement in providing **harm free care,** measured by a reduction in Serious Incidents
- Ensuring patients are **cared for in the correct care setting** on Wards by improving the flow of patients admitted non electively and reducing the average number of **outlying patients and non clinical patient moves** by at least 10%
- To **reduce the number of avoidable category 3 and 4 pressure ulcers** acquired in our hospital in 2015/16 **by 25%,** measured through Adverse Incident Reports
- To ensure that there are **no MRSA** cases and that the Trust achieves its target of **no more than 17 Clostridium Difficile**
- To be within the **top quartile of hospitals reporting patient satisfaction** via the Family and Friends Test

2. To drive **continued improvements in patient experience, outcome and care across the whole Trust.** The Trust will use a QI methodology to support this work. Key priorities are:

   - **Improving the management of sepsis,** ensuring we implement the six key interventions (high-flow oxygen, fluid bolus, blood cultures, IV antibiotics, monitoring urine output, and measuring lactate) within one hour of patients being identified as having sepsis or being in septic shock.

   - Implementing the Department of Health's **best practice** guidance for **effective discharge and transfer of patients from hospital and intermediate care**. These including developing a clinical management plan for every patient within 24 hours of admission; all patients having an estimated date of discharge within 24-48 hours of admission; use of a discharge checklist, daily discharge board rounds and the involvement of patients and carers to make informed decisions about their on-going care and discharge. The full list is shown as Annex 1.

   - Using a standard operating procedure for all patients undergoing **emergency laparotomy** with the aim of **reducing mortality** from 11.4% to 9% during 2015.
   - Uniform use of surgical checklists across the whole organisation with the intention that there are no Never Events associated with failure to use checklist.

   - **Implementing the NICE guidelines for patients referred with suspected GI cancer** ensuring a minimum of 93% of patients receiving an appointment within two weeks.

3. To **support and develop our staff** so they are able to realise their potential and give of their best, within a culture that encourages engagement, welcomes feedback, and is open and transparent in its communication with staff, public and service users. Key priorities include:

- Introducing a new **staff appraisal system**, using a **value based behavioural framework** which will launched in April 2015, with all staff appraisals completed by November 2015*

  * This excludes consultant medical staff who will follow their existing appraisal process but will adopt the new behavioural framework

- Ensuring **all** staff have agreed **personal development plans**, which reflect both the needs of the service and their own development requirements
- The **development and implementation of a comprehensive leadership and organisational development strategy** to ensure delivery and develop an open, transparent culture where staff are readily able to take responsibility and have authority for the provision of their services. The strategy will be finalised by September 2015.
- The **strengthening of engagement** within the Trust, facilitating opportunities for staff to contribute to the design and delivery of services (this will be measured through the Trust improving its staff survey results to the upper quartile).
- Promoting **greater autonomy** within a clear framework of **responsibility and accountability** for staff to manage their services.

4. To develop and refine **the Trust's strategy** to give effect to the agreed outcomes following the CCG led Dorset Clinical Service Review. Key priorities include:

   - The development of clear proposals to maintain the provision of **resilient, high quality, viable services** in the lead up to full implementation of the Clinical Service Review. Proposals developed by December 2015
   - The continued **development of Christchurch Hospital,** offering a community hub for provision of healthcare services
   - The provision of **new facilities for patients with blood disorders and those requiring women's health services,** through the completion of building work by September 2016
   - The development of proposals which improve the provision of **integrated services** providing new pathways of care
   - Launch of the **Trust's Vision** in April 2015 providing clarity to staff and members of the public about our core purpose and values
   - **Electronic Document Management:**To implement the necessary process changes within clinical and administrative practices within all care groups and corporate departments to seize the full benefits of the new EDM service which enables patient's Health Records to be available 24/7, instantly in a searchable format. To achieve the EDM business case expectations of cost improvements of £759k within 2015/16 and £1.1M in 2016/17.

5. To ensure the Trust is able to meet the **standards and targets** necessary to provide timely access to high quality responsive elective diagnostic and emergency services. The key targets are:

   - 95% of patients **waiting no more than 4 hours from arrival in ED** to their admission discharge or transfer
   - 93% of patients referred using the **fast-track cancer pathway** being seen within 14 days of referral
   - 93% of patients referred to the **symptomatic breast clinic** seen within 14 days of referral
   - 96% of patients **diagnosed with cancer** receiving treatment within 31 days
   - 85% of patients **receiving their first treatment** within 62 days of urgent GP referral with suspected cancer.
   - 95% of patients admitted within 18 weeks of referral and requiring **elective treatment**
   - 95% of patients seen within **18 weeks of referra**l when no admission is required

6. The Trust **achieves its financial plan** with emphasis on **reducing agency spend, cutting waste and securing improvements in efficiency and productivity** without detriment to patient care.

Summary

The objectives outlined above are naturally detailed when including the metrics that underpin attainment of the objectives. However, it is important that the Trust objectives are widely understood and owned within the Trust. I am therefore proposing the following summary to capture our work and focus.

- **Quality** - providing safe, effective and compassionate care
- **Improvement -** using the QI methodology to support achievement of the Trust priorities of sepsis, procedure checklist, simple discharge, emergency laparotomy, and cancer referral pathways, or locally agreed improvement priorities
- **Strategy and Partnerships -** to have a clear strategy that responds to the Clinical Service Review and provides a basis for maintaining viable high quality services through until its implementation.
- **Staff -** focusing on good organisational health with a positive development and learning culture, strong leadership and team work
- **Performance -** delivering the performance required to maintain access to elective diagnostic and emergency services

- **Value for Money -** staying within budget using resources wisely and cutting waste to allow the maximum funding to go to front line patient care

Decision

The Board is asked to consider this final set of draft objectives for 2015/16 and, subject to final comment, agree them.

Tony Spotswood
Chief Executive

The 10 steps

1. Start planning for discharge or transfer before or on admission.
2. Identify whether the patient has simple or complex discharge and transfer planning needs, involving the patient and carer in your decision.
3. Develop a clinical management plan for every patient within 24 hours of admission.
4. Co-ordinate the discharge or transfer of care process through effective leadership and handover of responsibilities at ward level.
5. Set an expected date of discharge or transfer within 24–48 hours of admission, and discuss with the patient and carer.
6. Review the clinical management plan with the patient each day, take any necessary action and update progress towards the discharge or transfer date.
7. Involve patients and carers so that they can make informed decisions and choices that deliver a personalised care pathway and maximise their independence.
8. Plan discharges and transfers to take place over seven days to deliver continuity of care for the patient.
9. Use a discharge checklist 24–48 hours prior to transfer.
10. Make decisions to discharge and transfer patients each day.

The Royal Bournemouth and Christchurch Hospitals NHS
NHS Foundation Trust

BOARD OF DIRECTORS	
Meeting Date and Part:	27 March 2015 - Part 1
Subject:	Communications Report (including media KPIs and Core Brief)
Section:	Information
Executive Director with overall responsibility	Karen Allman, Director of Human Resources
Author(s):	Jane Bruccoleri-Aitchison, Communications Manager
Previous discussion and/or dissemination:	
Action required: The Board of Directors is asked to: To note the report	
Summary: The Communications Report provides a summary of key communication activities over the past month as well as upcoming activities and media KPIs	
Related Strategic Goals/ Objectives:	Access to care Provider of choice
Relevant CQC Outcome:	Section 1, Outcome 1, Section 4, Outcome 13 and 14
Risk Profile: i. Have any risks been reduced? ii. Have any risks been created?	
Reason paper is in Part 2	N/A

Communications activities
March 2015

1. Introduction

The following paper includes:

- recent and future communication activities
- media coverage summary key performance indicators
- March Core Brief

2. Recent activities

- Clinical Services Review – staff communications, public events, governor engagement
- Supporting Organisational Development in promoting the new vision
- Website updates
- Annual Report
- Next issue of member magazine *FT Focus* and staff magazine *Buzzword*
- Car park and traffic congestion communications
- War on Sepsis – improvement working group led by Deb Matthews
- Charity communications
- Next Christchurch Hospital newsletter and promotional messages on hoardings around the site: 'Celebrating our past, looking forward to our future'
- RCN congress stand design and recruitment comms
- Campaigns – including #hellomynameis and NHS Sustainability Day

3. Upcoming activities

- Annual Report
- Development of social media policy
- Organising the Open Day and planning the 2015 Pride Awards
- Updating all ward webpages
- Outsourcing outpatient pharmacy communications
- eNursing Assessment communications
- Staff governors comms
- Recruitment website and workforce transformation comms

4. Department update

James Donald has joined the team as Head of Communications.

5. Recommendation

The Board is asked to note the report.

Media relations - Key Performance Measures

February saw a very good level of positive articles about our Trust in the print media as well as online, on the radio and on BBC South Today. Articles and broadcast coverage focused on our new NASA invented anti-gravity treadmill for patients, our new BREATH service in the Emergency Department and the recruitment film created to showcase our Trust and the many reasons to work here.

February also saw a series of articles about the work of our Bournemouth Hospital Charity and listings about our Understanding Health talks.

Our Twitter followers continue to grow and the Communications Team held a successful event tied in with Valentine's Day to encourage more people to sign up to our Facebook page and 'share the RBCH love'.

For more information, or to access any of the media coverage the Trust has received, contact communications@rbch.nhs.uk or call 01202 726172.

2015	**Number of proactive news releases distributed**	**% that received media coverage in that month**	**Total PRINT coverage (includes adverts)**	**Total OTHER coverage (online, radio, TV)**	**Positive media coverage**	**Neutral media coverage**	**Negative media coverage**	**Media enquiries**
February	8 (including information standard, staff survey and new NASA treadmill)	88%	25	12	34	1	2	10 (including delayed discharges, winter pressures, the NASA treadmill and filming requests)
January	8 (tackling traffic congestion, charity events and emergency pressures)	88%	51	25	59	15	2	24 (including emergency pressures, car parking petition and delayed discharges)

excellent care for every patient, every day, everywhere

The Royal Bournemouth and Christchurch Hospitals NHS
NHS Foundation Trust

Core Brief

From: Tony Spotswood, Chief Executive

March 2015

Staff Survey results

The results of the latest Staff Survey have been published and are available for you to view on the intranet. A selection of 850 staff were sent a national survey questionnaire for completion between September and December 2014, aimed at gathering your views of the Trust so that we can improve the workplace for you and our patients. Our response rate was 48.7%, higher than the average of 41.6%. There are some clear areas of improvement but also some issues to tackle.

The previous 12 months have been challenging for the Trust and for staff who work here. Many areas have seen significant changes, with the new Care Groups and corporate areas seeing a high volume of work. **Care of patients has been a top priority for and this is reflected in staff perceptions within the survey.**

Top five strengths and weaknesses

How are we doing compared to other trusts?

- ✓ Staff are reporting errors, near misses or incidents witnessed in the last month
- ✓ Feedback from patients/service users is used to make informed decisions in directorate/department
- ✓ Fewer than average staff feel pressure from work
- ✓ Fewer than average staff are working extra hours
- ✓ Staff feel secure raising concerns about clinical practice

- ✗ Staff experiencing physical violence from colleagues in the last twelve months
- ✗ Staff attending work when feeling unwell
- ✗ More physical violence from patients/service users, their relatives or other members of the public
- ✗ Health and Safety training not attended by some staff
- ✗ Some staff have not received an annual appraisal

Top five improvements

Below are the areas we have improved the most in since last year:

- fewer experiences of harassment, bullying and abuse
- care of patients/service users is a higher priority
- more staff are able to meet conflicting demands on their time at work
- more adjustment(s) made to enable disabled employees to carry out their work
- less physical violence from patients/service users, their relatives or members of the public (although still more than average)

What has everyone been talking about?

The word cloud below shows the hottest topics nationally, from this year's staff survey. The bigger the word... the more it came up!

feel
working
care
management
time
trust
goode
Trust
patients
service
patient
department
support
job
senior
team
NHS
people
within
many
years
manager
worked
need
place
staffing
services
difficult
enjoy
changes
like
due
pay
experience
clinical
role
poor
better
levels
leave
never
morale
stress
change
lack
communication
supportive
members
level
new
ward
seems
enough
also
things
colleagues
money
year
last
put
seem
even
current
leaving
concerns
taken
staffing
progression
best
low
still
quality
hard
career
day
lot
issues
needs
one
months
health
way
always
made
less
extra
take
hand
able
targets
training
problems
part
However
seen
see
Staff
areas
number
area
just
given
now
help
great
love
improve
bullying
paid
coming
whole
excellent
valued
hours
times
Senior
culture
system
nursing
nurses
pressure
make
get
hospital
think
much
often
done
high
going
believe
know
line
well
long
without
resources
far
little
author
become
paid
more
find
members
supportive
communication
improve
bullying
coming
whole
excellent
valued
help
now
given
just
area
number
Senior
times
hours
culture
nurses
pressure
make
get
hospital
think
much
often
done
high
going
believe
system
nursing
people
NHS
clinical
role
poor
better
levels
leave
never
morale
stress
line
well
know
long
support
level
new
ward
seems
enough
also
things
colleagues
money
year
last
put
seem
even
current
leaving
concerns
taken
staffing
progression
best
low
still
quality
hard
career
day
lot
issues
needs
one
months
health
way
always
made
less
extra
take
hand
able
targets
training
problems
part
However
seen
see
Staff
areas
number
area
just
given
now
help
great
love
improve
bullying
paid
coming
whole
excellent
valued
hours
times
Senior
culture
system
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Appraisal is changing - It's all about you

The appraisal process will be changing from Wednesday 1 April.

Following an audit last year and feedback from you in the Staff Survey, we are making significant changes to the way we do our appraisals.

A good appraisal plays a key role in making sure individuals feel valued at work. So we have worked with Talent Works to redesign the appraisal process and training programme and have developed a behaviour framework based on our Trust values from your feedback.

The appraisal will be focused on three key elements - reflect, review and plan. The new form does not use KSF. Instead during your appraisal you will be given feedback about your performance and your behaviours using the new behaviour descriptions.

The new appraisal will have lots of benefits:

- it will help you to have clear objectives for your role and to see how your work contributes to the success of your team and the Trust
- you will know what kinds of behaviours are expected of you at work
- you will receive constructive feedback, both on what you have been doing and how you have been doing it
- you will be able to give your manager feedback on what they do that helps you in the workplace and what they could do differently
- your manager will have a better understanding of what is important to you at work
- you and your manager will have an opportunity to have a meaningful discussion about the development and support you need in order to fulfil your role effectively

If you are an appraiser, you will need to attend a new training course before you can conduct any appraisals. You should book onto the available dates now. Just search for 153 Appraisal Training in ESR.

The new appraisal will be cascaded out across the Trust, and your appraiser must have had their own appraisal before conducting any others.

All appraisals will need to be completed within the Trust's appraisal period which for this year will be from **Wednesday 1 April** to **Thursday 30 November 2015**.

There will be lots more information available on the intranet shortly. If you have any questions, please contact Bridie Moore on ext. **4932**.

Our new vision

Over the past few weeks, we have been busy getting your views and those of our patients in order to reshape our vision going forward.

We had six options that we asked you to vote on, letting us know which one was most important to you and our patients.

We held voting stands at both the Royal Bournemouth and Christchurch hospitals as well as online employee surveys.

The option chosen was the one created by our Change Leaders:

Excellent care for our patients like the care we expect for our family

* Putting patients at the heart of everything we do

* Working together to improve care

* Being responsive to patients individual needs

We would like to thank you all for your input and for taking the time to share your views and submit your suggestions.

We will keep you updated on how the new vision will be introduced and how you will be able to use it in your wards, departments and offices in the coming months.

Voting for the new vision

Learning from complaints

Each month the Board receives a report on the formal complaints made to the Trust and the actions that have been taken as a result. It is essential that we listen to what complaints tell us about our standards of service. We will keep you up to date with these.

The list of actions below show some of the steps that have been taken to learn from our most recent complaints.

You said:	We did:
Why was a patient in pain after a fall on the ward?	**Pain was not adequately assessed or documented and hip pain was not diagnosed. This should have been addressed and a failure in communication was the primary cause. New documentation is being trialled to improve communication with the multidisciplinary team as a result of this complaint.**
Why was the consultant late for clinic, and why was the patient listed for surgery when the consultant later decided it wasn't required?	**Clinician punctuality is to be discussed with the Clinical Director. The decision not to operate was made as a result of a policy change in listing criteria for the procedure and all new patients are being assessed on the basis of this.**
Concerns expressed about standards of nursing care, including observation of patients in side rooms.	**All patients in side rooms to have appropriate contact and communication with the nurses looking after them and this includes assurance that commodes and bins are emptied appropriately and timely. Each ward also has regular multidisciplinary quality improvement meetings to discuss incidents and quality issues as a means of learning from mistakes and take appropriate actions to improve patient care.**
Given that the patient was confused and kept having falls in the hospital, why was he moved late evening to another ward?	**Although the protocol for a bed move was followed, the patient was at risk of falls. The criteria for moving patients is being reviewed as a result.**
Following an urgent referral for an orthopaedic appointment, why was no appointment received?	**Apology given for failure to notify patient of the appointment. Staff have been updated on the procedure in such circumstances.**
Why are the waiting times in dermatology so long?	**Explanation of the current staffing challenges in dermatology and impact on services. Early cancellation appointment offered and accepted by the patient.**

Your freedom to speak up

A review commissioned by the Secretary of State and chaired by Sir Robert Francis QC on the 'Freedom to Speak Up' has now been published, and it has our full support.

The review is aimed at providing independent advice and recommendations on creating a more open and honest reporting culture in the NHS, and highlighting the importance of listening to staff when they have concerns.

When staff raise concerns, it is because they usually know things are not working well and when care is not safe, so their feedback can help enormously in ensuring high levels of patient care.

If you would like to make any suggestions or submit feedback, our managers would like to hear from you, and here is a number of ways you can do this:

- a visit to your HR representative
- requesting a ***'Tony on Tour'*** experience for your department
- using your Core Brief feedback form
- email **communications@rbch.nhs.uk**
- speaking to your line manager
- speaking to your matrons
- talking to your staff governors
- filling out the staff surveys
- flagging any concerns you have to your staff side representative
- events - meet your matrons and improvement events
- workshops
- board ***'walk-arounds'***
- whistleblowing
- seeking support from Occupational Health
- giving feedback for appraisals
- **#Thank You!**
- filling out the staff impressions surveys and the ***'Employee Friends and Family test'***
- attending breakfast briefings
- talking to your Change Leaders
- improvement ideas suggestion scheme

Calling all physiotherapists!

The Dorset Healthcare University NHS Foundation Trust is to host a one day conference for physiotherapists and health professionals in April.

The event, entitled 'Physiotherapists - Leaders in Integrated Care', will take place on Wednesday 22 April at AFC Bournemouth in Kings Park.

The aim of the conference is to enable all physiotherapists across Dorset to lead in providing quality services and to raise the profile of physiotherapist services in Dorset.

A number of high profile guest speakers will be attending including:

- **Karen Middleton,** Chief Executive of CSP
- **Christian Verrinder,** CCG Chair of MSK and Clinical Working Group
- **Clare Leonard,** Head of Physiotherapy, Avon and Wiltshire MH Partnership
- **Peter Colclough,** Kings Fund
- **Anya de Longh,** Self-Management coach

To book a place please email Emma Walsh at emma.walsh@dhuft.nhs.uk

Talk to us

Do you have worries or concerns that are making you unhappy at work?

If you are uncomfortable talking to someone on your own ward or department, please come and talk to us in confidence.

We are here to help you.

Matron Sue Davies
Bleep **2260**
Ext **5801**

Matron Nicola Bowers
Ext **2462**

Matron Lisa Lee
Bleep **2493**
Ext **4481**

Matron Jenny House
Bleep **2828**
Ext **4743**

Head of Nursing
Sue Reed
Ext **4325**

Take part in NHS Change Day

On Wednesday 11 March we will be taking part in NHS Change Day, when NHS staff across the UK will come together and harness collective energy, creativity and ideas to make a change. Together each of our small actions will make a big difference in improving the care and wellbeing of those who use the NHS. You are invited to visit the NHS Change Day stand in the Royal Bournemouth Hospital atrium from 11am to 3pm and pledge to supp the 'Hello My Name is' campaign. The initiative has received national media attention in recent weeks and was started by Dr Kate Granger, a 33-year-old hospital consultant from Yorkshire with terminal cancer.

The campaign reminds staff to go back to basics and introduce themselves to patients properly, which Kate believes is "the first rung on the ladder to providing compassionate care". The initiative follows Kate's own experiences in hospital where she became frustrated with the number of staff who failed to introduce themselves to her during her treatment.

Traffic update

We are continuing to work with Bournemouth Council to explore practical short term measures to tackle the impact of traffic congestion on the local highway network.

The council has now confirmed that the following measures are to be implemented over the next month:

- adjusting the timing of the pelican crossing on Castle Lane West, which has been contributing to tailbacks at Cooper Dean roundabout
- adjusting the signalling priorities at Cooper Dean roundabout to assist traffic turning left out of Castle Lane East
- shortening of the east and westbound bus lanes on Castle Lane East, initially on a six month trial basis

The council has also confirmed it has been successful in securing government grant funding of £5.7m towards the cost of a grade-separated junction which would link the hospital with the A338.

This is a long term plan and the total cost of such a development is estimated to be in the region of £10-12m. Work will continue with all partner agencies with a view to identifying a financially viable scheme.

NHS
Dorset
Clinical Commissioning Group

Telehealth update

It has been a very busy year for the Telehealth Project Team during 2014.

The aim of Telehealth is to improve the quality of life for patients with long term conditions including, but not limited to, Chronic Obstructive Pulmonary Disease (COPD) and Chronic Heart Failure (CHF) through self-awareness and self-management of their condition.

The team are now part of the Long Term Care, Frail Elderly and End of Life team, under the line management of Nichola Arathoon.

You can find out more about the changes that have been made to the CUI during 2014, and the plans for 2015, as well as an update on the Dorset Adult Integrated Respiratory Service (DAIRS) by logging on to:

www.dorsetccg.nhs.uk/services/telehealth.htm

Question *Time*

Wednesday 22 April ,
11am-12noon,
Lecture Theatre, RBH

Your staff governors will be hosting a Staff Question Time

ASK Tony Spotswood

and other members of the board the questions that matter to **you**.

GET INVOLVED!

Come along and hear what they have to say and give your opinion using our interactive voting keypads.

We will be holding two events prior to Question Time to get your views on what should be asked on the day.
Bring along your questions to:

Dining Room, **XCH**,
18 March, 1-2.30pm
Between the restaurants, **RBH**,
25 March, 12-1.30pm

If you would like to attend Question Time, please come along on 18 or 25 March and register your place or email **staff.governor@rbch.nhs.uk**

Refreshments will be provided after the event in Seminar Room 5 if you want to ask any additional questions.

excellent care for every patient, every day, everywhere

The Royal Bournemouth and Christchurch Hospitals
NHS Foundation Trust

Clinical Services Review

Dorset Clinical Commissioning Group needs to ensure that everybody in Dorset has access to high-quality care which is affordable now and into the future, and in October launched a review of the whole system of NHS health care in the county.

Clinicians from across the health system have been meeting to set out what good health care looks like, for example rapid review by specialists, 24/7 services, more support for patients at home, one team working for the patient and more patients self-managing their conditions.

The fourth clinical working group was held at end of February, and the next is scheduled to take place on Wednesday 25 March before we enter a stage of purdah ahead of the general election.

During this time there will be very few updates. The CCG will be using this time to build up a list of options which will be formally consulted on in the summer and you will be able to get involved.

A decision is then expected in the autumn and implementation will take place between autumn 2015 and 2017. Find out more at **www.dorsetvision.nhs.uk**

We will continue to keep you informed at every stage as the review develops.

You can find out more about Dorset's Clinical Review by visiting **www.dorsetvision.nhs.uk**

Dorset's Clinical Services Review
shaping your local NHS

GU Medicine department rebranded at RBH

The Royal Bournemoth Hospital's Department of Genito-urinary Medicine has become the Department of Sexual Health to reflect the diversity of the conditions seen and treated there.

The name change also brings the service in line with other similar departments around the UK.

Dedicated staff in the Department of Sexual Health see more than 23,000 patients a year and offer sexual infection screening, vaccination for hepatitis B as well as HIV testing and treatment. They also looks after patients with genital skin problems and other associated long term conditions.

Innovative services include a partnership with West Dorset to provide the first consultant-led, community-based lesbian, gay, bisexual and transgender (LGBT) service in Bournemouth town centre and strong links with the voluntary sector.

Consultant in Sexual Health and HIV at RBH, Dr Cordelia Chapman, said:

"We feel the new name gives our department a more modern and professional feel and I think that people will identify and relate better with the new branding. Before changing the name we received a lot of feedback from patients and the majority seem pleased with the change."

Changes to Mandatory Training now live!

Mandatory Training is now known as Essential Core Skills Training.

A new Virtual Learning Environment (VLE)

- We now have a bespoke designed VLE
- You can also access it off site using the URL **www.vle.rbch.nhs.uk**
- You can access and use the VLE on tablets and mobile devices
- On the login page you simply need to enter your assignment number as your username and date of birth as the password in the following format 30-Dec-1981. You can change your password once you have logged in
- The homepage will display all of your Essential Core Skills competency requirements in a gauge as shown above
- You then simply click on a subjects you need to complete to navigate straight to the e-learning module or to book on to a face to face session
- Managers are able to view your team's compliance on the VLE in the **'My Staff'** section

BLENDED EDUCATION AND TRAINING

New e-learning modules

- We have a host of newly designed, easy to use e-learning modules
- Once you click on a module you can choose to complete the learning or take the assessment if you feel you have the knowledge already
- Once you successfully complete the module the gauge will turn green and you are compliant until your refresher date

A new Virtual Learning Environment (VLE)

- Refresher periods for many subjects have changed
- There is no longer a non-clinical update day as the majority of learning is via e-learning
- There is a clinical and medical update morning required every three years bookable on ESR called Essential Core Skills Update 1
- The only stand-alone face to face sessions include - Fire Safety (one hour), Conflict Resolution, Dementia Tier 2, All Resus sessions, Manual Handling level 2
- These are all still bookable on ESR and there is a half day update session combining BLS and Manual Handling Level 2 called Essential Core Skills Update 2

Remember

Please log in to the VLE by clicking on the BEAT VLE icon which is available on your desktops

If using the www.vle.rbch.nhs.uk URL please ensure that you use the Chrome Browser which is on all Trust computers. If you are using an Android tablet use Google Chrome too or use Safari on an iPad.

How can you find out more?

- **Invite us to your team / departmental / manager meetings to provide a 15 minute presentation on the changes - simply reply "VLE Demo" and the date, time and venue you would like us to attend in March**

Come and see us outside the Oasis on Thursday 12, Tuesday 17 and Thursday 19 March between 11am and 3pm.

You can also check out intranet pages for more information at http://rbhintranet/training/

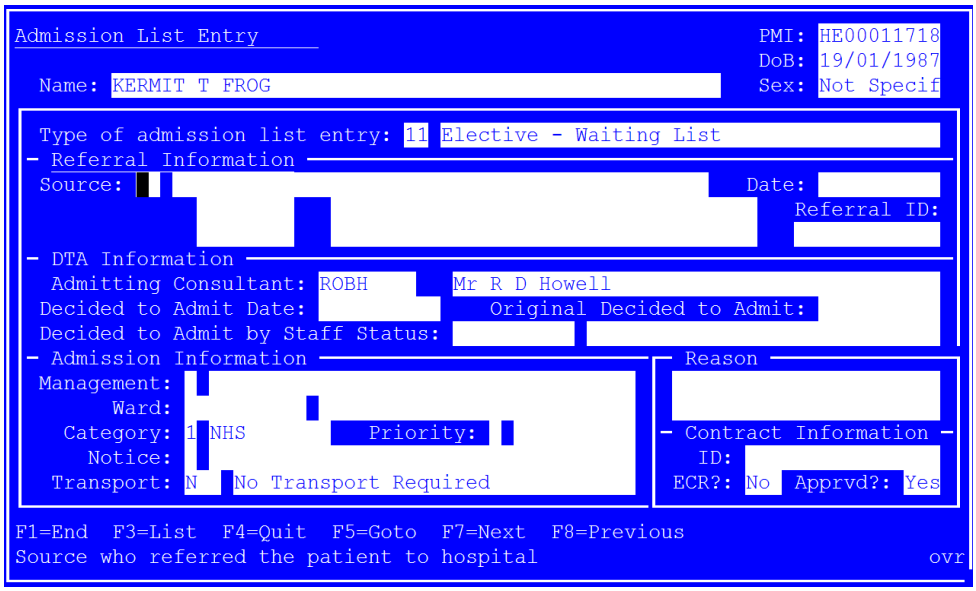
Let's talk about IT

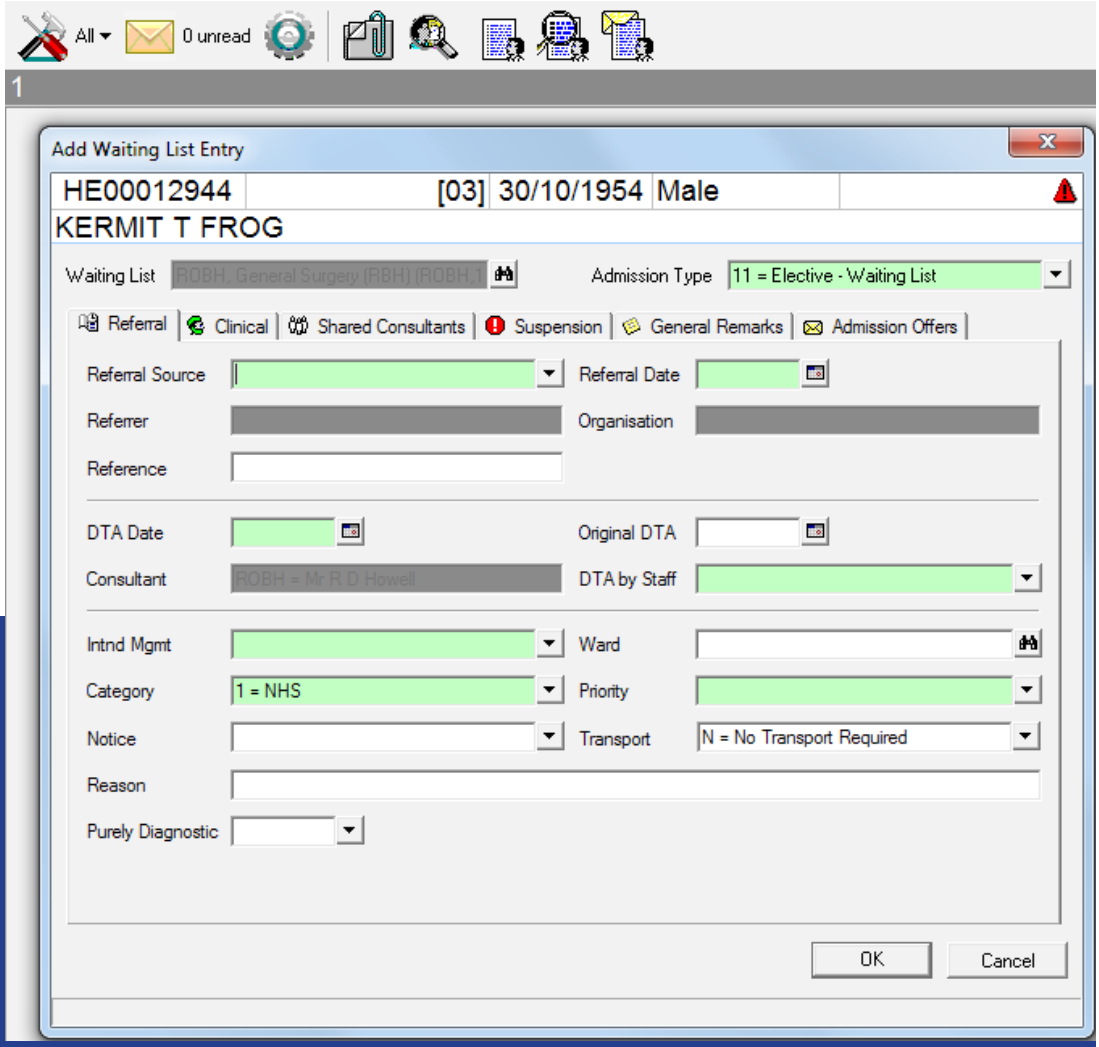
e-CAMIS WLM and OPS

Training sessions are still available for the new Windows eCaMIS version of Waiting List Management (WLM).

From next month, we will no longer be using WLM in the patient management system.

The images show the current patient administration system, and the new improved version which will have improved functionality and be more user friendly.





Training is available throughout March, simply call ext. 4285 to book a place and find out more.

The Outpatient System (OPS) and Outpatient System Management (OPSM) are also now available in eCaMIS and training is provided each month.

Please use this form to cascade key messages from Core Brief to your staff – please return to the Communications Department, ppB43, RBH

# Core Brief	**Date of Core Brief cascade briefing: 11 February 2015**	
Name: **Department/Ward:**	**Date delivered:**	**Who to:** **How many:**

Please use the *Core Brief* that has been circulated to all staff via global email to support you in cascading the following messages:

Staff Survey results: The results of the latest Staff Survey have now been published and are available to view on the intranet. This edition of Core Brief features a round-up of the results including the top five improvements and the top five strengths and weaknesses.
Action: Please can managers make sure they disseminate these results to their teams to keep them updated on our findings. All of the results are available on our intranet on the staff opinion page under our Health and Wellbeing section.

New appraisal process to launch in April: If you are an appraiser, you will need to attend a new training course before you can conduct any appraisals. The new process will be introduced in April and will help employees understand how their own objectives fit with those of their team and the Trust. It is vital that all relevant staff book training in preparation for the change.
Action: The first dates for training are available via ESR Self Service, just search for 153 Appraisal Training.

Our new vision: Over the past few weeks you may have been asked for your views on reshaping our vision going forward. The option chosen was one created by our Change Leaders: *"Excellent care for our patients like the car we expect from our family."* A big thank you for sharing your views.
Action: Please could all managers cascade the various updates we will be sending out over the coming weeks. These updates will be focused on how the new vision will be introduced and how you will be able to use it in your wards, departments and offices in the future.

NHS Change Day: Wednesday 11 March will mark NHS Change Day. There will be stands in the atrium at RBH and in the Day Hospital, Macmillan Unit, Outpatient and Dermatology departments at Christchurch Hospital. You are invited to pledge your support to the "Hello My Name is' campaign – an initiative started by Dr Kate Granger to remind staff to go back to basics and introduce themselves to patients properly.
Action: Our stand will be in the atrium between 11am and 3pm on the day. Please could all managers circulate the event to staff and encourage them to pop down and pledge their support.

Question Time event: Your staff governors will be hosting a Staff Question Time event on Wednesday 22 April in the Lecture Theatre at RBH. This is an ideal opportunity for you to have your questions answered by members of the board. There will be interactive voting keypads issued to all attendees to share opinions. We will also be holding two events prior to Question Time to get your views on what should be asked on the day. The dates of these are included in this month's Core Brief.
Action: If you would like to attend Question Time, please come along to the Dining Room at Christchurch on Wednesday 18 March and between the restaurants at RBH on Wednesday 25 March and register you place, or email staff.governor@rbch.nhs.uk. You will be able to ask any additional questions you may have on 22 April in Seminar Room 5.

Staff questions: (please list any questions your staff have following the briefing)

Signed:	**Date:**

The Royal Bournemouth and Christchurch Hospitals NHS
NHS Foundation Trust

BOARD OF DIRECTORS	
Meeting Date and Part:	27 March 2015 Part 1
Subject:	Corporate Events Calendar
Section:	Information
Executive Director with overall responsibility	Tony Spotswood, Chief Executive
Author(s):	Anneliese Harrison
Previous discussion and/or dissemination:	N/a
Action required: To note for information	
Summary: Corporate Events arranged until December 2015	
Related Strategic Goals/ Objectives:	All
Relevant CQC Outcome:	N/a
Risk Profile: i. Have any risks been reduced? No ii. Have any risks been created? No	
Reason paper is in Part 2	N/A

CORPORATE EVENTS CALENDAR 2015

Date and Time	Event Description	Venue	Contact Details
Sunday 22 March	March For Men	9:30am Bournemouth Pier	01202 704060
Friday 27 March	Board of Directors' Meeting	Committee Room, Trust Management Office, Royal Bournemouth Hospital	01202 704777
Thursday 26 March	NHS sustainability Day	Main Atrium, Royal Bournemouth Hospital	01202 704373
Friday 27 March	Cake sale, Orthodontics department	Between restaurants	01202 704705
Monday 30 March	Complaints Focus Group (invite only)	Seminar Room 5, Education Centre	01202 704 394
Monday 30 March	Simply Health	Between restaurants	01202 704460
Throughout April	Brew up for Dementia & Older people's care	Hold a coffee morning/tea	
Thursday 23 April	Parkinson's awareness week	Main Atrium, Royal Bournemouth Hospital	01202 704160
Friday 24 April	Board of Directors' Meeting	Committee Room, Trust Management Office, Royal Bournemouth Hospital	01202 704777
Friday 24 April	Cake sale, Orthodontics department	Between restaurants	01202 704705
Tuesday 28 April	Council of Governors' Meeting	Conference Room, Education Centre, Royal Bournemouth Hospital	01202 704246
Wednesday 29 April	Rheumatology Focus Group	Howard Centre	01202 704253
Monday 11 May	Understanding Dermatology	The Village Hotel	01202 704271
Wednesday 27 May	Stakeholder Event for Carers	TBA	01202 704253

Friday 29 May	Board of Directors' Meeting	Committee Room, Trust Management Office, Royal Bournemouth Hospital	01202 704777
Sunday 31 May	Wing Walk	Bournemouth Hospital Charity	01202 704060
Friday 5 June	Twilight walk for Women- Women's Health Unit	8pm Bournemouth Pier	01202 704060
Friday 26 June	Board of Directors' Meeting	Committee Room, Trust Management Office, Royal Bournemouth Hospital	01202 704777
Wednesday 15 July	Council of Governors' Meeting	Conference Room, Education Centre, Royal Bournemouth Hospital	01202 704246
Saturday 18 July	Sky Dive	Bournemouth Hospital Charity	01202 704060
Friday 31 July	Board of Directors' Meeting	Committee Room, Trust Management Office, Royal Bournemouth Hospital	01202 704777
Saturday 12 September	Volunteer's Tea Party	Invitation Only- Volunteer's Office	01202 704253
Monday 21 September	Understanding Diabetes	The Village Hotel	01202 704271
Friday 25 September	Board of Directors' Meeting	Committee Room, Trust Management Office, Royal Bournemouth Hospital	01202 704777
Sunday 27 September	Pedal Power	10am New Forest	01202 704060
Saturday 3 & Sunday 4 October	Bournemouth Marathon	Bournemouth Hospital Charity	01202 704060
Friday 30 October	Board of Directors' Meeting	Committee Room, Trust Management Office, Royal Bournemouth Hospital	01202 704777
Friday 16 October	Light up the Prom- for Oncology & Haematology	8pm Bournemouth Pier	01202 704060
Throughout November	Movember		
Thursday 5 November	Council of Governors' Meeting	Conference Room, Education Centre, Royal	01202 704246

		Bournemouth Hospital	
Friday 27 November	Board of Directors' Meeting	Committee Room, Trust Management Office, Royal Bournemouth Hospital	01202 704777
Friday 4 December (TBC)	Understanding Knee Pain	The Village Hotel	01202 704271
Friday 18 December	Board of Directors' Meeting	Committee Room, Trust Management Office, Royal Bournemouth Hospital	01202 704777

Key

	Surveys and audits
	Meetings
	Volunteer events
	Health and other talks
	Stakeholder groups, events and forums
	Stands at local/community events
	Bournemouth Hospital Charity events
	Staff Events
	Other activities/events

The Royal Bournemouth and Christchurch Hospitals
NHS Foundation Trust

BOARD OF DIRECTORS	
Meeting Date and Part:	27 March 2015 Part 1
Subject:	Directors Forward Programme
Section:	Information
Executive Director with overall responsibility	Tony Spotswood, Chief Executive
Author(s):	Sarah Anderson, Trust Secretary
Previous discussion and/or dissemination:	N/a
Action required: To note for information	
Summary: Update of the Board of Directors Forward Programme	
Related Strategic Goals/ Objectives:	All
Relevant CQC Outcome:	
Risk Profile: i. Have any risks been reduced? No ii. Have any risks been created? No	
Reason paper is in Part 2	N/A

Board of Directors Business Programme 2015

What	Who	Where Before	Jan	Feb	Mar	Apr	May	Jun	Jul	Sep	Oct	Nov	Dec	Where After
Annual Plan														
Board Objectives	TS	Chief Executive					Part 1							Monitor
Progress Update on Board Objectives	TS	Chief Executive		Part 1			Part 1			Part 1		Part 1		N/A
Annual Plan - BoD approve Draft for Public Consultation	RR/DP/SE	TMB/CoG												Public Consultation
Annual Plan - Feedback from Consultation to BoD	RR/DP/SE	CoG				Part 1								N/A
Annual Plan - Final Draft for BoD Approval	RR/DP/SE	TMB												Publication
Budget														
Budget for next financial year	SH	Finance Committee												N/A
Capital Plan for next financial year	SH	CMG & Finance												N/A
Code of Conduct for Payment by Results	SH	Finance												N/A
National Reference Cost Index	SH	Finance												N/A
CCG Contract	SH	Finance												CCG
Annual Report														
Annual Report & Accounts First Draft	SH	Finance Committee												N/A
Annual Report - Audit Committee	SP	Audit Committee												N/A
Annual Report - Finance Committee	IM/SH	Finance Committee												N/A
Annual Report - Healthcare Assurance Committee	DB/PS	HAC												N/A
Annual Report & Accounts - Final draft for approval	SH	Finance, HAC & Audit Cttees												Monitor
Annual Report & Accounts - Going Concern Statement	SH	Finance, HAC & Audit Cttees												Report & A/Cs
Charitable Funds														
Annual Report & Accounts	BY/SH	Charity Cmtte												Charity Commission
Quality														
Clinical Services Review	TS	Various												N/A
Annual Inpatient Survey Results	PS	PEC				Part 1								Publication
Annual Outpatient Survey Results	PS	PEC				Part 1								Publication
Adult Safeguarding and Child Protection and Safeguarding Report	PS	HAC								Part 1				N/A
CQC Intelligent Monitoring Report	PS	HAC			Part 1		Part 1			Part 1		Part 1		N/A
Mortality Improvement through Clinical Engagement (MICE)	PS	TMB												N/A
Patient Story	PS	N/A	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	N/A
Quality Performance Report	PS	HAC	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	N/A
Quality Accounts - First Draft	PS	HAC												N/A
Quality Accounts - Final Draft for Approval	PS	HAC												Publication
Annual Progress Report on Francis Report	PS	HAC/TMB									Part 1			Website
Feedback from Staff Governors	JS	N/A	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	N/A
Internal Quality Review Programme Results	PS	HAC												N/A
Significant Risks Report (including Assurance Framework)	PS	HAC												N/A
Assurance Framework	PS	HAC												N/A
Serious Incidents and Complaints Report	PS	HAC												N/A
Medical Director's Report	BF	TMB												N/A
Infection Control														
Infection Control Annual Report and Board Statement of Commitment to Prevention of Healthcare Associated Infection	PS	Infection Control								Part 1				N/A
Monitor														
Monitor Quarter 1 Submission	SH/RR/SA	Finance, HAC & Audit Cttees							Part 2					Monitor
Monitor Quarter 1 Report	SH/RR	Monitor/COO									Part 1			N/A
Monitor Quarter 2 Submission	SH/RR/SA	Finance, HAC & Audit Cttees									Part 2			Monitor
Monitor Quarter 2 Report	SH/RR	Monitor/COO	Part 1											N/A
Monitor Quarter 3 Submission	SH/RR/SA	Finance, HAC & Audit Cttees	Part 2											Monitor

What	Who	Where Before	Jan	Feb	Mar	Apr	May	Jun	Jul	Sep	Oct	Nov	Dec	Where After
Monitor Quarter 3 Report	SH/RR	Monitor/COO				Part 1								N/A
Monitor Quarter 4 Submission	SH/RR/SA	Finance, HAC & Audit Cttees				Part 2								Monitor
Monitor Quarter 4 Report	SH/RR	Monitor/COO							Part 1					N/A
Monitor Annual Risk Assessment	SH/RR	External												Monitor
Monitor's FT Sector Overview - Annual Risk Assessment	SH/RR	Chief Executive								Part 1				N/A
Monitor Annual Self Certification - Board Statements	SA	Trust Secretary												Monitor

Staff

Pride Awards Nominations - Chairman's Prize	KA	Awards Panel												Pride Awards
Staff Survey - Results	KA	Workforce			Part 1									CoG
Local Clinical Excellence Awards	BF	Remuneration												Rem Com
Local Clinical Excellence Awards - Annual Report	BF	Remuneration												N/A

Governance

Declaration of interests	SA	Trust Secretary	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	Trust Secretary
Register of Interests	SA	Trust Secretary			Part 1									Trust Secretary
Code of Governance Disclosure Statement	SA	Trust Secretary												Monitor
Meeting Dates for Next Year	SA	Trust Secretary								Part 1				N/A
Forward Programme	SA	Trust Secretary	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	N/A
NHS Constitution - Bi-annual Self-Assessment	SA	Trust Secretary												CCG/NHS England
Annual IG Briefing	PG	HAC												IG Toolkit
IG Toolkit	PG	HAC												HSCIC
Results of Governor Elections	SA	External												AMM
Annual Members' Meeting	CoG	N/A								24th				N/A
Seasonal Plan	RR	N/A									Part 1			CCG/NHS England
Board Performance	JS	N/A												CoG
Transformation Update and report on milestones	MF	n/a												N/A
Standing Financial Instructions (SFIs)	SH	Finance Cttee			Part 2									Trust Secretary

Minutes of Board Committees and other groups

Audit Committee	SP	Audit												N/A
Charitable Funds Committee	BY	Charitable Funds												N/A
Council of Governors	JS	CoG												N/A
Finance Committee (including Christchurch Steering Board)	IM	Finance												N/A
Healthcare Assurance Committee	DB	HAC												N/A
Infection Prevention and Control Committee	PS	Infection Control												N/A
Patient Experience and Communications Committee	AP	PEC												N/A
Remuneration Committee	Cttee	Remuneration												N/A
Trust Management Board	TS	TMB												N/A
Workforce Strategy and Development Committee	DD	Workforce												N/A

Review Performance & Terms of Reference subordinate Groups

Audit Committee	SP	Audit												File - Trust Secretary
Charitable Funds Committee	BY	Charitable Funds												File - Trust Secretary
Finance Committee	IM	Finance												File - Trust Secretary
Healthcare Assurance Committee	DB	HAC												File - Trust Secretary
Infection Prevention and Control Committee	PS	Infection Control												File - Trust Secretary
Patient Experience and Communications Committee	AP	PEC												File - Trust Secretary
Remuneration Committee	JS	Remuneration												File - Trust Secretary
Trust Management Board	TS	TMB												File - Trust Secretary
Workforce Strategy and Development Committee	KA	Workforce												File - Trust Secretary

Communications

Dr Foster Hospital Guide (*not being published until Spring '15 at earliest)*	BF	TMB												N/A
Corporate Events Calendar	SA	N/A	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	N/A
Communications Update including Core Brief	KA	Service Development	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	Part 1	N/A