

A meeting of the Board of Directors will be held on **Friday 27 February 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		
	Basil Fozard (A/L), Dave Bennett (A/L)		
	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 30 January 2015		A
	4. MATTERS ARISING		
8.35-8.40	(a) Update to Actions Log	All	B
8.40-8.55	5. QUALITY IMPROVEMENT		
	(a) Patient Story	Paula Shobbrook	Verbal
	(b) Feedback from Staff Governors	Jane Stichbury	Verbal
8.55-9.35	6. PERFORMANCE		
	(a) Performance Exception Report	Richard Renaut	C
	(b) Quality Report	Paula Shobbrook	D
	(c) Financial Performance	Stuart Hunter	E
	(d) Workforce Report	Karen Allman	F
9.35-10.00	7. STRATEGY AND RISK		
	(a) Clinical Services Review	Tony Spotswood / Presentation CCG representative	
	(b) Progress Update on Board Objectives	Tony Spotswood Presentation	
	8. INFORMATION		
10.00-10.15	(a) Communications Update (including February Core Brief)	Karen Allman	G
	(b) Debrief on Winter pressures	Richard Renaut Presentation	
	(c) Corporate Events Calendar	Sarah Anderson	H
	(d) Board of Directors Forward Programme	Sarah Anderson	I
	9. NEXT MEETING		
	Friday 27 March 2015 at 8.30am in the Committee Room, Royal Bournemouth		

Hospital

10.15-10.25

10. ANY OTHER BUSINESS

Key Points for Communication to Staff

10.25-10.40

11. 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.

12. 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 30 January 2015** in the Committee Room, Royal Bournemouth Hospital.

Present:	Jane Stichbury	(JS)	<i>Chairman (in the chair)</i>
	Tony Spotswood	(TS)	<i>Chief Executive</i>
	Karen Allman	(KA)	<i>Director of Human Resources</i>
	Derek Dundas	(DD)	<i>Non-Executive Director</i>
	Basil Fozard	(BF)	<i>Medical Director</i>
	Stuart Hunter	(SH)	<i>Director of Finance</i>
	Ian Metcalfe	(IM)	<i>Non-Executive Director</i>
	Alex Pike	(AP)	<i>Non-Executive Director</i>
	Richard Renaut	(RR)	<i>Chief Operating Officer</i>
	Paula Shobbrook	(PS)	<i>Director of Nursing and Midwifery</i>
	Bill Yardley	(BY)	<i>Non-Executive Director</i>
	Dave Bennett	(DB)	<i>Non-Executive Director</i>
In attendance:	Peter Gill	(PG)	<i>Director of Informatics</i>
	Mark Friedman	(MF)	<i>Board Advisor, Transformation</i>
	Sarah Anderson	(SA)	<i>Trust Secretary</i>
	Anneliese Harrison	(AH)	<i>Legal Assistant to the Trust Secretary</i>
	Ellie Cowley	(EC)	<i>Communications Officer</i>
	Dily Ruffer	(DR)	<i>Governor Co-ordinator</i>
	Jo Clothier	(JC)	<i>Directorate Manager Orthopaedics</i>
	Andrew Wedderburn	(AW)	<i>Consultant, Urology</i>
	Kevin Turner	(KT)	<i>Consultant Urological Surgeon Governor</i>
	Eric Fisher	(EF)	<i>Public Governor</i>
	David Bellamy	(DBe)	<i>Public Governor</i>
	Derek Chaffey	(DC)	<i>Public Governor</i>
	Bob Gee	(BG)	<i>Public Governor</i>
	David Triplow	(DT)	<i>Public Governor</i>
	Doreen Holford	(DH)	<i>Public Governor</i>
	Glenys Brown	(GB)	<i>Public Governor</i>
	Keith Mitchell	(KM)	<i>Public Governor</i>
	Mike Allen	(MA)	<i>Public Governor</i>
	Roger Parsons	(RP)	<i>Public Governor</i>
	Carole Deas	(CD)	<i>Public Governor</i>
	Brian Young	(BY)	<i>Public Governor</i>
	Colin Pipe	(CP)	<i>Public Governor</i>
	Paul Higgs	(PH)	<i>Public Governor</i>
	Paul McMillan	(PM)	<i>Public Governor</i>
	Graham Swetman	(GS)	<i>Public Governor</i>
	Andrea Glover	(AG)	<i>Talentworks</i>
	Chloe Cozens		<i>New Milton Advertiser</i>
	Chris Barrass		<i>British Gas</i>

Apologies: Steven Peacock, *Non-Executive Director*

01/15 **DECLARATIONS OF INTEREST**

None.

02/15 **MINUTES OF THE MEETING HELD ON 12 DECEMBER 2014 (Appendix A)**

The minutes of the meeting on 12 December 2014 were approved as an accurate record.

03/15 **MATTERS ARISING (ACTIONS LOG UPDATE) (Verbal)**

(131 /14 a) (111/14b) Francis report wording- SA confirmed that the Health & Social Care Act requirement had been incorporated into the document and PS confirmed that the action was completed.

(132/14 b) CQC standard of care- KA updated that research was underway into other organisations and their processes relating to the duty of candour. HR are currently awaiting NHS employers guidance for the Fit and Proper Persons requirement and are considering other organisations procedures.

(132 /14 e) Funding for Staff Governors role- SH advised that the funding had been identified and staff back fill was available where appropriate.

(a) **Winter Escalation-**

RR confirmed that an update would be available within the performance item. He commented that overall the Trust had been exceptionally busy and praised staff for rising to the challenge. Over the next month the Trust would remain under pressure but staff morale was high. JS commended staff for their dedication and noted a poster was being developed to recognise their outstanding work and would be placed on wards around the Trust.

04/15 **QUALITY IMPROVEMENT**

(a) **Patient Story (Verbal)**

JS welcomed Andrew Wedderburn to the meeting who presented an update to the Board about the Davinci robot surgery.

Over the past year fast track pathways for prostate cancer have been improved by the introduction of a two-step pathway. Diagnostic tests are completed on the day patients arrive at the Trust and biopsies are completed seven days later, thus reducing the waiting time from referral to cancer diagnosis.

The support of the Multi-Disciplinary team was acknowledged in facilitating an increase in capacity from 2.4 robotic surgery cases to 7 per week. This has significantly reduced the backlog from 4 months to 4 weeks and the Trust is increasingly achieving its' targets. Theatre capacity has been increased to meet the 62 day cancer target and a colleague from Dorchester has also been working at the Trust. 'Robot weeks' have also been introduced to address the spikes in demand.

The benefits of the robotic surgery were outlined:

- length of stay is reduced with 80/90% of patients returning home the next day;
- 3D vision for the operating surgeon;
- Low morbidity rate;
- High levels of patient satisfaction.

AW highlighted examples of the positive feedback received from patients about the treatment which included a number of recommendations for the service.

TS commended the work of the team and their support within the area of Urology. Further he reflected upon Commissioners' comments in comparing the treatment to traditional methods. KT responded that it was difficult to state that the surgery was superior but that it significantly reduced length of stay and recovery time for patients.

PS commented on the themes reflected within the patient comments and that it was evident that many patients would recommend the treatment. She highlighted that the teams had been praised for the service, clear information and excellent after care that they had provided. BF emphasised that it was a fantastic team and was an exceptional example of commitment as the procedure was one of the most significant surgeries on a male pelvis and patients were able to return home the following day.

(e) Feedback from Staff Governors (Verbal)

JS updated the Board on the feedback from staff governors at their recent meeting and noted the following:

- Staffing and staff retention remained an area of concern;
- The incentive payment for elderly care had been acknowledged with mixed feelings amongst some staff;
- Transport arrangements and access to the site was raised as a key issue. JS confirmed that progress was being on this issue, following a recent meeting with the Council, and an update would be provided within the meeting;
- The quality of food in a particular area was highlighted and this is currently being addressed;

- Staff were keen to receive feedback about the impact of the new management structure;
- Praise was given to the new matron structure;
- Positive feedback had been provided by staff who felt that although the hospital was running hot, staff morale remained high along with a team work ethic.

05/15

PERFORMANCE

(a) Performance Exception Report (Appendix B)

RR outlined that there had been significant pressures upon the Trust throughout December with an increase in exceptionally acute admissions. 547 beds out of 613 were being occupied by emergency admissions with an average age of 84 and the average length of stay was 13 days increasing pressure on the system. 111 of the 600 patients had complex discharge needs and working with social care colleagues was critical.

The Trust worked hard over the peak period of Christmas and New Year to address the volume of emergency admissions. Staff were asked to work more shifts and reprioritise training to ensure that both staffing and care levels were safe. At the front door of the hospital a number of ambulatory care services are in place with senior decision makers and Consultants 7 days a week.

There is a significant amount of work underway to facilitate the flow of patients from the Emergency Department to other areas of the hospital and prevent subsequent breaches. This includes ambulatory care services which have helped to assess, treat and enable patients to return home within the same day. In January the ED department reformed the way it was working by introducing a new process called 'BREATH'. This process has helped to speed up assessments and reduce waiting issues within the department.

The increase in occupied bed days also impacts upon pressures and during peak times the Trust has worked to transform methods of dealing with patients in order to cope with the level of occupancy. Overall, there is a significant difference in the way the Trust is approaching the increases in demand compared to last year with staffing levels being checked on a regular basis, quality systems are in place and processes to aid flow are being managed efficiently. Teams are now directly managing interim beds with a therapeutic and outcome based approach and as a result the Trust is finding that more patients do not require additional care.

In relation to the Monitor performance targets RR highlighted the following:

- At the end of Q3 the Trust attained 92.3% against the ED target and in January is likely to be 90%;
- There has been a rise in demand which has impacted upon the 2 week cancer wait target however over the last 7 weeks the Trust has achieved the standard. This is due to improvements including a phone booking service to ensure that patients understand the need and urgency to attend 2 week appointments which has reduced patient choice breaches;
- Within Urology the 32 day target is still pressured but the back log has been cleared. In the last quarter the Trust reported a breach to reflect this;
- 18 week RTT within Dermatology was at risk due to a degree of mismatch between staffing and demand. The Trust is reviewing the workforce in order to provide more nurses and GPs with Consultant supervision of clinical operating slots. GPs have been asked to manage patients differently in relation to referrals but the Trust not achieve the non-admit RTT targets for the next few months. Orthopaedics and Gastroenterology are also pressured but similar solutions are being implemented to address this;
- Overall the Trust has achieved a shortening of long waiters for RTT times;
- Non- admit RTT will be at significant risk of breach together with the 4 hour target due to the inherent pressures and this has been raised with Monitor

The Board acknowledged the pressures at the front door and commended the work of the ambulatory care team and the Trust as a whole in identifying solutions. The importance of working together with partners to improve services further and to create a balance was emphasised. It was highlighted that the Trust was performing well in relation to the 4 hour ED target compared with the rest of the UK due to innovative improvements in the services provided.

JS summarised that this period had been challenging but the Trust had been prepared to change the outcomes and thanked all staff involved noting the workforce issues.

(b) Quality Report (Appendix C)

PS updated the Board on the Quality report highlighting the following information:

- Harm free care- the percentage had improved although 10 new pressure ulcers were recorded for the month of December. It was emphasised that overall the Trust was maintaining good performance with VTE and catheter acquired infections;
- In relation to pressure damage data PS advised that the Trust had previously been reporting in a different way to other

organisations by including the number of patients admitted with existing pressure ulcer damage and this had artificially inflated the numbers. These instances have now been removed and data is being revalidated;

- AIRS- the data reflected that category 3 and 4 pressure ulcers had attained a 50% reduction against the trajectory and the Trust was below this;
- It was acknowledged that the number of patients being admitted with pressure damage was increasing and in contrast the numbers were reducing within the Trust which reflected the improvements on internal quality. The external review of the Trusts' procedures had been completed and the Trust had received positive feedback. Recommendations had been provided and would be brought back to the Board once finalised;
- Positive feedback had also been received from the Friends and Family Test scores and a reduction in complaints was noted.

DB commented that the Trust was being perceived as a significant outlier due to the reporting method and was not reflective of the standard of care given to patients. He added that the Trust had been much more transparent in the way that it had been recording the data.

IM queried 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

(c) Stroke Update (Appendix D)

RR updated the Board on the stroke performance from July to September 2014 in which the Trust had achieved 'SSNAP' level D and it was acknowledged that this was in line with 50% of all reporting Trusts.

In order to improve stroke performance the Trust intends to implement a fully staffed 7 day working service within Radiology from April. This will lower the number of hours to Stroke imaging and improve performance. The Stroke team have developed a robust plan and will focus on the outreach team and increasing staff training to support the service.

Recent performance reflects 38% against the performance of 1 hour and the Trust has set a target of 50% which is the next focused stage of improvement. The outreach team will work between 8am-1pm and recruitment for staff will take place in March. Further Radiographer recruiting is intended for April- May subject to an additional CT Scanner within the Emergency Department.

The Board acknowledged the step forward in Stroke performance and

requested assurance that significant improvement would be made by April. RR noted that there had been improvements over the January period and that through the implementation of the improvement plan the Trust should achieve the targets set. It was highlighted that the additional CT scanner for ED was awaiting approval. SH added that the Trust would need to make some difficult decisions in light of the financial implications. In the interim existing Radiographers would be used during April/May.

BF commented that the key element to the success of the plan was the availability of the staff out of hours and highlighted that more staff needed to be trained in ED as the CT scanner required specific training.

The Board **supported** the recommendation to fund the outreach team and to extend the out of hours service.

(d) Same Sex Accommodation (Verbal)

PS emphasised that changes had been made at the front door of the hospital and notably within AMU with the introduction of an acuity bay with allocated nursing presence which has improved patient care along with 'BREATH' and ambulatory care. She advised that the Same Sex Accommodation matrix would be piloted and brought back to the Board following the next Healthcare Assurance Committee meeting.

(e) Financial Performance (Appendix E)

SH advised that the activity and demand pressures had continued during December and continued to impact the financial position of the Trust. The year to date budget, at the 31 December, was a net surplus of £0.1 million, against which the Trust attained an actual deficit of £3.4 million, representing an adverse variance of £3.5 million.

The CCG have provided assurance that resilience money will be available and the Trust next year will therefore be able to incorporate this into further financial planning. SH added that next year the Trust would be further pressured and may set another deficit.

Concern was raised about the recent objections to the 2015/16 Tariff proposals by provider Trusts and that it would not be possible to devise a new tariff before the end of the financial year. As a result the Trust is unable to plan income levels and will be working with the CCG on this point. It was emphasised that 2015/16 would be the most challenging for the Trust and it achieving the CIP was critical whilst ensuring that this does not impact upon quality and improvement.

TS commented that NHS England, who previously allocated money earlier in the year to shift work to the private sector and gave categorical assurances that this would be appropriately funded, have rejected their proposal and the money will not be provided to local Commissioning groups. This will therefore affect the Trust's end of year position and work will be required nationally to enforce these undertakings. It was proposed that this issue was raised with other Board members in order to manage the risks.

(f) Workforce Report (Appendix F)

KA outlined the report to the Board highlighting the following information:

- Appraisals remained a challenging area together with recruitment;
- Sickness had increased although the trust had benchmarked well against other organisations;
- Positions had not been filled following recruitment overseas. Work continues with external agencies to attract staff to the roles. A Consultant at the Trust has been interviewing abroad and there are some potential candidates that may be secured. The Trust remains confident that posts will be filled;
- The older person's incentive payment for staff in the elderly care directorate has raised debate and discussion in the Trust however it remains an incentive for the role. The Trust has expanded recruitment events to Westfield's shopping centre to target different areas;
- New recruitment information has been developed together with a recruitment video promoting the Trust;
- The Trust is focusing on promoting communication amongst staff to ensure that they are able to raise any issues;
- The new scheme for mandatory training will be available in March;
- The education and training department underwent restructuring in October and are providing excellent support to help develop the workforce;

BY commented that the figures had not improved but acknowledged the new systems had not come into force. He emphasised that the Board needed clear targets for improvement and to prioritise some aspects of mandatory training in the interim phase to the roll out of the new virtual learning system. PS supported that in relation to the operational pressures some training had to be cancelled and this had impacted upon the statistics. JS added that this had been discussed at HAC and raised concern that this should still remain an area of focus until the new system is rolled out.

KA

The Board acknowledged that this was a complex area but that the

Trust had been exploring a number of routes to improve its workforce.

(g) Talentworks Feedback (Presentation)

KA welcomed AG to the meeting who updated the Board as to the work being completed by 'Talentworks' to support the implementation of new behaviour frameworks and the new appraisal system. Information has been gathered from a variety of sources including staff. During November, December and January staff were involved in focus groups and examples of good and poor behaviour were gathered along with current examples of the appraisal process. Positive feedback highlighted that staff have a strong desire to provide a high standard of quality care to patients with a sense of pride and commitment to the Trust. It was also identified that more support was required for personal development and the time allocated for this and that often appraisal conversations can be difficult to have with staff.

The areas that were raised for focus were the acceptance of change and doing more with less by acknowledging the pressures and demand, making improvements in other ways and learning from mistakes.

From the information provided, four sets of behaviours have been developed for use at different levels and areas. These have been circulated and have received positive comments. The next step will be to develop these further for the medical directorates, Executives and Governors. The appraisal documentation was well received and is currently being tested within the organisation. There is due to be a training course event at the end of February and communication is being developed for the launch in April and onwards.

BY voiced support for the approach and the work underway. He queried whether the reporting system was being balanced with performance and delivery. AG confirmed this would be included along with personal objectives and development together with training around difficult appraisal conversations and the tools to motivate staff to have conversations and deal with issues.

AP commended the work and suggested that the target needed to be set at 100% to enforce that all staff should have an appraisal and reinforce it was mandatory. PG commented on behalf of the appraisal steering group that some staff would not be eligible and this was reflected in the data.

TS supported that the work enabled a better understanding of the organisation. AG commented that there were no stand out issues and that the new behavioural frameworks would ensure that staff were aware of what is expected.

KA added that there was a tight timescale but work was underway. It was emphasised that appraisal training leadership was key and this needed to be led by the Board. JS supported the work and was encouraged about the retention of staff in the future. The 'Talentworks' information was suggested to be circulated to the Board. KA

(h) Monitor Q2 Report (Appendix G)

RR updated that the financial risks, governance rating and Performance targets would require additional management.

06/15

STRATEGY AND RISK

(a) Clinical Service Review (Appendix H)

TS updated that the Dorset CCG had published its case for change. By 2021 it is anticipated that there will be a deficit across Dorset if the provision of services continues and need to shift the care in the models. It was emphasised that the model at present was not reflective of the incorporate the Keogh themes. The new model of care will require larger sites for the provision of emergency services and the response will be developed through working groups. It is evident that RBCH will see be faced with an increase in older patients and other factors that will also impact concern the workforce. This may require an aggregation of services and to focus on the fundamental review of hospital care together with out of hospital care. It is anticipated that post the general election the CCG will consult on the identified proposals and amongst these options will be a clear indications as to how the Trust will develop.

TS highlighted that following a meeting with Monitor two clear possibilities:

- Major emergency site with an aggregation of services in Bournemouth;
- The site will develop as an elective site for the future, providing elective services with some emergency care services.

The Board must be satisfied that the best model is being identified for Dorset and following this consider the position of the Trust. The main focus should be around community services and integrating this with primary and secondary care.

PS commented that the rationale was clear but the organisation needed to ensure that conversations these discussions were relayed to the public so that they are aware of the impact on Dorset and the Trust and Governors should be involved in this process.

The Board proposed that a future seminar was held on the topic of the CSR for Governors to attend and that the Trust needed to consider SA how it will embark on and be involved in the plans for the CSR TS Consultation phase.

(b) Development of the Trust's Strategy (Appendix I)

TS added that the Board had been circulated with information from SA Monitor and this was also to be provided to Governors. RR added that the strategy for the next two years would be essential and would incorporate the CSR and what the Trust was aiming to achieve.

07/15

INFORMATION

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

The item was noted for information.

(b) Briefing on Travel and Site Access (Appendix K)

RR advised that the Trust was working with the Council to find a solution on the issues relating to traffic blocks leaving the site. It was emphasised that huge measures had been implemented to reduce staff pressures with transport by improving travel and altering clinic times. The Trust is currently awaiting further announcements about national funding for a junction from the Wessex Way to farm fields although it is expected this will take 3 to 4 years to implement.

In the interim solutions are being considered for the Cooper Dean junction and at the main road junction. Changes to bus lanes are also being considered and a decision is expected by the end of March. The Trust is looking at a traffic light system for staff exiting from the RBCH site to aid with flow. The introduction of an additional bus hub has helped with congestion and an additional hub is being considered.

(c) Corporate Events Calendar (Appendix L)

The item was noted for information.

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

The item was noted for information.

08/15

DATE OF NEXT MEETING

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

09/15

ANY OTHER BUSINESS

Key Communications points for staff

1. CQC issues on quality
2. 'Thank you' to staff
3. Innovative solutions to meet targets
4. Stroke services
5. HR feedback and 'Talentworks'
6. Finance

10/15

QUESTIONS FROM GOVERNORS

1. DB was heartened by the positive report from the Board. He queried the response times to calls during the hospital at night. RR responded that the clinical site team were working together with junior doctors on this issue and had been an area of pressure. DB alerted the Board to the need for additional phlebotomists. RR confirmed that an update would be provided to Governors on this issue. RR
2. DT commented on the appraisal data and queried the number of staff that an appraiser was required to appraise. AW commented that the recommended figure was 8 and this was being considered throughout the work and discussions with staff.
3. DC commended his recent treatment at Christchurch Hospital and the communication regarding the appointment system. He highlighted an issue with the size of the waiting room in relation to the volume of patients waiting. RR added that the waiting area was temporary but would be improved.
4. BG commented on the financial impact of the breaches of the ED targets. SH added that there was a risk sharing agreement from the contract that the Trust had not been penalised.
5. PH queried whether an increase in external training was required in relation to the increase in patients admitted with existing pressure ulcer damage. PS advised that discussions were taking place with the CCG about training and support with solutions being identified. Further PH queried the endoscopy campaign and the impact upon the Trust. RR added that this had increased pressures in the area.

There being no further business the meeting was declared closed at 10:41.

AH

RBCH Board of Directors Part 1 Actions

Date of Meeting	Ref	Action	Action Response	Response Due	Brief Update
31.01.15	05/15	<u>PERFORMANCE</u>			
	(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	Midday 13.02.15	Will be included in the Quality performance presentation for HAC and Board
	(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	Midday 13.02.15	ECS/Mandatory Training compliance was reviewed at the Workforce Committee of 11 February and will also be discussed at the next care group reviews. Care groups and directorate trajectories will be required for review.
	(g)	Talentwork Feedback (Presentation)			
		The Talentwork's information to be circulated to the Board.	KA	Midday 13.02.15	Final draft version will be available week ending 20 February and will be circulated accordingly.
	06/15	<u>STRATEGY AND RISK</u>			
	(a)	Clinical Service Review (Appendix H)			
		Seminar on CSR for Governors	SA		On-going updates have been arranged and the next is due to be held on 19 February.
		How the Trust will embark on and be involved in the plans for the CSR Consultation phase.	TS	Midday 13.02.15	The consultation (external) will be lead by the CCG. Internally TS will lead a briefing

RBCH Board of Directors Part 1 Actions

Date of Meeting	Ref	Action	Action Response	Response Due	Brief Update
					programme to include Governors. Up to date briefings currently being provided. Purdah operates from 29 th March 2015.
	(b)	Development of the Trust's Strategy (Appendix I)			
		The information from Monitor is to be provided to Governors.	RR	Midday 13.02.15	
	10/15	<u>QUESTIONS FROM GOVERNORS</u>			
	1.	RR to provide an update to Governors on the demand for additional phlebotomists.	RR	Midday 13.02.15	
12.12.14	132/14	<u>QUALITY IMPROVEMENT</u>			
	(d)	CQC Fundamental Standards of Care (Appendix E)			
		Assurance about the model to be adopted for the fit and proper person's requirement and an update on what other organisations were doing to implement the Duty of Candour.	PS/KA	Midday 13.02.15	Local provider Trusts shared the approach to DoC at the Dorset Patient Safety meeting. All Trusts are updating their SI and Being Open policies and developing DoC guidance including template letters etc. Poole had developed a patient information leaflet on DoC which they shared and we will adapt and use. Dorchester were amending their AIR web system (they use Ulysess no Datix) to record DoC, we have done the same as part of the set up for Datix web.
12.12.14	133/14	<u>PERFORMANCE</u>			
	(a)	Performance Exception Report (Appendix F)			

RBCH Board of Directors Part 1 Actions

Date of Meeting	Ref	Action	Action Response	Response Due	Brief Update
		Further assessment of how the Trust will achieve the Cancer target expected by the Commissioner.	RR	Midday 13.02.15	
		Predictions for Q4 to be made green and provided in a table formant.	RR		Completed for January Board.

BOARD OF DIRECTORS	
Meeting Date and Part:	27 th February 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: <p>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.</p>	
Summary: <p>The attached Performance Indicator Matrix and Exception Report outline the Trust's performance exceptions against key access and performance targets for the month of January 2014.</p> <p>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 next quarter (Q4 Jan – March 2015).</p> <p>Key non compliances for January were:</p> <ul style="list-style-type: none"> • Cancer 2 week wait (for December) performance, though compliance has been recovered in January • 62 and 31 day cancer targets in December • 31 day subsequent treatment for surgery in December, though this is compliant for the Q3 • A&E 4 hour target and 12 hour breach (x 2) • Non admitted RTT at aggregate level and at speciality level in Orthopaedics, ENT, Oral Surgery and Dermatology • Admitted RTT at speciality level in General Surgery, Urology, Orthopaedics, Dermatology and Gynaecology, though aggregate was maintained • Diagnostics 6 week wait, due to Endoscopy pressures (not a Monitor rating) <p>For Quarter 4 the key risks to the Trust are:</p> <ol style="list-style-type: none"> 1. A&E 4 hour wait – the higher level of ambulance conveyances and full beds has continued into February 2. Significant risk to RTT non-admitted, especially in Dermatology, Orthopaedics, Gastro and Poole specialities (ENT, Oral, Neuro) 3. RTT admitted targets due to speciality pressures (especially in Orthopaedics, Dermatology and Urology), cancellations and capacity, though compliance is currently expected 4. Cancer 62 and potentially 31 day predominantly due to Urology treatments being carried out 	

<p>5. <i>52 week waiters on incomplete pathways due to patient choice and speciality referral and capacity pressures extending pathway delays (e.g. in Orthopaedics) (non-Monitor)</i></p> <p>6. <i>Diagnostics 6 week wait due to pressures in endoscopy (non-Monitor)</i></p> <p>7. <i>Single Sex Accommodation due to changes in front door processes (non-Monitor)</i></p> <p>These remain under close review and management.</p> <p>The overarching Trust Balanced Dashboard for January is also included.</p>	
Related Strategic Goals/ Objectives:	Performance
Relevant CQC Outcome:	<p>Section 2 – Outcome 4: Care and welfare of people who use services.</p> <p>Outcome - 6 Co-operating with others.</p>
<p>Risk Profile:</p> <p>The following risk assessments remain on the risk register:</p> <ul style="list-style-type: none"> 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. iii. RTT admitted and non-admitted speciality and aggregate performance due to speciality pressures. <p>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.</p>	
Reason paper is in Part 2	N/A

Performance Exception Report 2014/15 - February

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 months up to January 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 Q3, these are non-admitted waits (especially Dermatology, Orthopaedics and Poole based specialties), Cancer 62 day waits, especially for Dorchester transferred patients, and 4 hour ED compliance

2. Cancer

Performance against Cancer Targets

Key Performance Indicators	Threshold	Dec-14	Qtr 3
2 weeks - Maximum wait from GP	93%	90.2%	86.1%
2 week wait for symptomatic breast patients	93%	96.7%	91.5%
31 Day – 1st treatment	96%	91.4%	93.0%
31 Day – subsequent treatment - Surgery	94%	89.7%	94.2%
31 Day – subsequent treatment - Others	98%	100.0%	100.0%
62 Day – 1st treatment	85%	81.4%	82.3%
62 day – Consultant upgrade (<i>local target</i>)	90%	100.0%	87%
62 day – screening patients	90%	85.7%	90.7%

The improvements following the changes in the operational management of 2 week waits have continued to make a significant difference to compliance especially by more robust management of patient choice. It is anticipated this target will be compliant for Q4.

As previously predicted the risk to both the 31 day and 62 day standard has been mainly due to demand in Urology; strategies to improve this position are now beginning to improve the predicted position for Q4, especially with increased theatre operating time. Unplanned consultant absence has resulted in additional pressures in Urology currently, for which partial mitigations are in place. A significant risk is the West Dorset waiting list for Robotic Surgery. Discussions with DCH to expedite this are underway.

Early indications for Q4 show an improvement in compliance with the 31 day target, however, the Trust remains challenged in achieving the 62 day standard for all tumour sites, affecting aggregated performance.

3. A&E Performance

4 hour maximum waiting time – 95%

January performance is 89.84%. The on-going increase in ambulance conveyances continued. December and January combined saw an increase of 9.9% in emergency admissions, compared to the same period for 2013-14, but crucially a much older and sicker acuity of patients, and more delayed transfers of care.

There were unfortunately two patients who waited over 12 hours to be admitted. One of these was due to the unplanned unavailability of a side-room due to the sudden deterioration of another patient requiring the side-room ahead of the ED patient. The other case was unfortunately, due to a data entry error at a time when the department was under significant pressure. Processes have been reviewed to mitigate this risk.

The improvement work in ED has continued with the introduction of BREATH (the Bournemouth Rapid Evaluation, Assessment and Treatment Hub) which provides rapid assessment and diagnostics on arrival. This was a best practice recommendation from ECIST. Positive results are already being seen with the number of ED specific 4 hour breaches reducing. However flow and bed capacity has presented a continued challenge through January, despite the opening of the winter ward and additional beds at St Leonards. Delayed transfers of care also further increased in the month. Some improvement has been seen during February though high levels of attendances and admissions have remained a challenge. Therefore we are already non-compliant for Q4, and expect to remain around the 90% level. This will put us as mid-table performance year to date.

4. Diagnostics

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

For January, the 99% diagnostic target was missed with a return of 94.19% due to the continued demand and capacity issues in Endoscopy. Additional sessions have continued and outsourcing has commenced in February and will continue in March. This is expected to result in a significant improvement, by reducing backlog. A detailed capacity and demand exercise will be commissioned for April, alongside a pathway “lean” review. This work will also set us up for the significant increase expected from the summer with new NICE guidelines.

5. 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, with a return of 90.01%. 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 non-compliant as actions are implemented and backlogs are reduced. An indication from NHS England that Independent Sector outsourcing should continue to be implemented during Q4 to reduce long waiting patients, 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.

There have been over 100 cancellations of major procedures, due to emergency pressures. This is on top of a number of underutilised lists due to no beds being available. This risk remains over the whole quarter. Therefore the prediction of compliance remains, but caveated with significant risks.

6. Non-Admitted RTT – Specialty Level

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

For January, the 95% non-admitted RTT target was missed with a return of 92.7%. This is the first time we have missed this at aggregate. The specialities which were non-compliant were: Orthopaedics, Gynaecology, Dermatology, Neurology (ENT, Oral Surgery). Particular pressures are being seen in these last three 'visiting' specialities. We are working with our partner provider on plans going forward due to a shortage of capacity.

A shortage of medical staff, 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. The trajectory for improvement is into April and May, therefore this quarter will remain non-compliant.

Specific actions include:

- Working with Poole hospital to enable their long waiting outpatients to be seen more quickly, or transferred to RBH. This is especially the case for Orthopaedics, where many transfers are at 18 weeks already, and therefore are a guaranteed breach.

- Agreeing a protocol with Poole that ‘visiting specialties’ (ENT, Oral, Neuro) can be offered the option to be seen at Poole, if patients are waiting 8 weeks + (and this is to be reciprocated with RBH services at Poole)
- Additional clinics with a locum Dermatologist and more nurse and middle grade doctors. This combined with closing to routine GP referrals up to April, should result in clearing the six month backlog to see new routine patients. Longer term the Department is looking to recruit and train a cadre of nurse specialists to fill the doctor shortage, to redesign clinics to increase consultant supervision, and improve triage and use of technology.
- Overall clinic efficiency will be a major area of focus in 2015/16, tightening utilisation, booking patterns and further rollout of the reminder system which has been successful in reducing DNAs (Did not Attend). This combined with capacity and demand analysis in hot spot specialties (such as gastro) will help move us to more sustainable performance.

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 will take another six months to fully embed, and then requires sustaining. However the “pull through” of patients to avoid breaching is already happening, along with far better management of long waiters on non-admit pathways. Extra activity (especially Dermatology) remains critical, along with early flexing to meet spikes in GP referrals.

7. 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

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						> trajectory		<= trajectory
Referral to Treatment	RTT Admitted	18 weeks from GP referral to 1 st treatment – aggregate	90%	1.0	90.1%	90.1%	90.2%	90.1%			87.2%			89.3%	87.4%	87.7%	90.01%						<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%						<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%		≥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%		≥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%							<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%							<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%							<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%							<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%							<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%							<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%						<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
Infection Control	MRSA Bacteraemias	Number of hospital acquired MRSA cases	0		0	0	0	0	0	0	0	1	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%							< 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%		≥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%						≤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						≥1		0
	Ambulance Handovers	No. of breaches of the 30 minute handover standard	tbtc		19	17	24	15	46	25	52	37	33	75	74	72	66						tbtc		
	Ambulance Handovers	No. of breaches of the 60 minute handover standard	tbtc		13	4	11	13	14	9	4	9	9	13	13	27	31						tbtc		
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						≥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						≥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						≥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%						<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%						<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%						<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%						<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%						<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%						<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%						<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%						<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%						<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%						<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%						<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%						<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%						<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%						<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%						<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%						<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%						<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%						<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%						<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%						<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%						<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%						<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%						<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%						<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%		≥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%							<95%		≥95%

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

BOARD OF DIRECTORS	
Meeting Date and Part:	27 th February 2015 Part 1
Subject:	Quality Report
Section:	Performance
Executive Director with overall responsibility	Paula Shobbrook, Director of Nursing and Midwifery
Author(s):	Ellen Bull, Deputy Director of Nursing and Midwifery Joanne Sims, Associate Director Quality & Risk
Action required: The Board of Directors is asked to note the report.	
Summary: This report provides a summary of information on Patient Safety and patient experience indicators.	
Related Strategic Goals/ Objectives:	All
Relevant CQC Outcome:	All
Risk Profile: <ul style="list-style-type: none"> i. Have any risks been reduced? No ii. Have any risks been created? No 	
Reason paper is in Part 2	Not applicable

Quality & Patient Safety Performance Exception Report

January 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 January 2015

2. Serious Incidents

Five Serious Incidents (SI's) were confirmed and reported on STEIS in January 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 January 15 data collection are as follows:

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

3.2 Results are as follows:

	13/14 Total	Aug 14	Sept 14	Oct 14	Nov 14	Dec 14	Jan 15
Number of patients surveyed	6475	498	484	475	476	491	501
New Pressure Ulcers	144	9	11	11	14	10	11
New falls (Total)	105	5	11	12	8	5	4
New VTE	14	1	0	2	0	0	0
New Catheter UTI	35	4	1	4	1	0	3

4. Risk Assessment Compliance

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

5. Patient Experience

National Comparison using the NHS England data base

5.1 In-Patients Friends and Family Test (FFT) Ranking

	November 2014	December 2014
FFT Ranking	5 th (with 31 others)	4 th (with 21 others)
Our score Number of patients who would recommend service	96%	97%
Trust sample size	167	168
Top score	100%	100%

5.2 Emergency Department – (ED)

	November 2014	December 2014
FFT Ranking	5 th (with 9 others)	4 th (with 7 others)
Our score Number of patients who would recommend service	95%	96%
Trust sample size	139	139
Top score	99%	100%

NHS England no longer evidence the FFT score (net promoter score) on the website. Publishing is now based on those who would recommend the service or those who would not recommend the service, as a percentage.

The tables above depict improvement in ED and In-Patients, this is a significant achievement to be ranked 4th in both areas. The FFT table is shown below for consistency.

6. FFT scores

	FFT Score Jan 2015 (Dec 2014)	Compliance Rate Jan 2015 (Dec 2014)
ED	76 (79)	12.9% (10%)
In-Patient	79 (80)	40.7% (39%)
Maternity	78 (70)	14.6% (9%)

There has been an increase in the number of completed patient experience cards from FFT areas with a total of 1253 in December to 1457 in January 2015 (these numbers do not include the 'don't knows' as they are not represented in the historical FFT calculation). ED and Maternity have improved their data compliance in month.

Aggregation of all FFT submission areas in the Trust identify 96.4% of patients would recommend the Trust, 2% would not recommend the Trust, this is influenced by 12 respondents who "did not know" (an increase from December (9))

6.1 Extremely Unlikely results from FFT – January data

There have been 20 "extremely unlikely" to recommend from a total of 1424 FFT responses on the cards completed (excluding "don't know" respondents) within submission areas throughout In-patient, ED and Maternity Areas

6.2 The table below offers a Trust wide 6 month trend analysis

Unlikely & Extremely Unlikely Responses	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
FFT Trust wide						
No of FFT responses for all areas Trust wide Unlikely or Extremely Unlikely to recommend	88	67	46	53	37	49
No of FFT responses for all areas Trust wide Only ED, AMU, Stroke, ward14, and ward 17 have in excess of 1.5% extremely unlikely to recommend.	3278	3188	3277	3276	2568	3191
% Unlikely or Extremely Unlikely to recommend	2.68%	2.10%	1.40%	1.62%	1.44%	1.54%

*Please note that the calculation has been changed in the table above to reflect both "extremely unlikely" and "unlikely" to recommend.

6.3 Patients Opinion and NHS Choices: January data

Patients Opinion and NHS Choices are monitored daily from Monday – Friday and responses are provided with a 24-hour working day timescale, using the criteria set and monitored by Patients Opinion.

We received 10 comments during December, all of which were a positive reinforcement of high quality care, professionalism and speed of treatment.

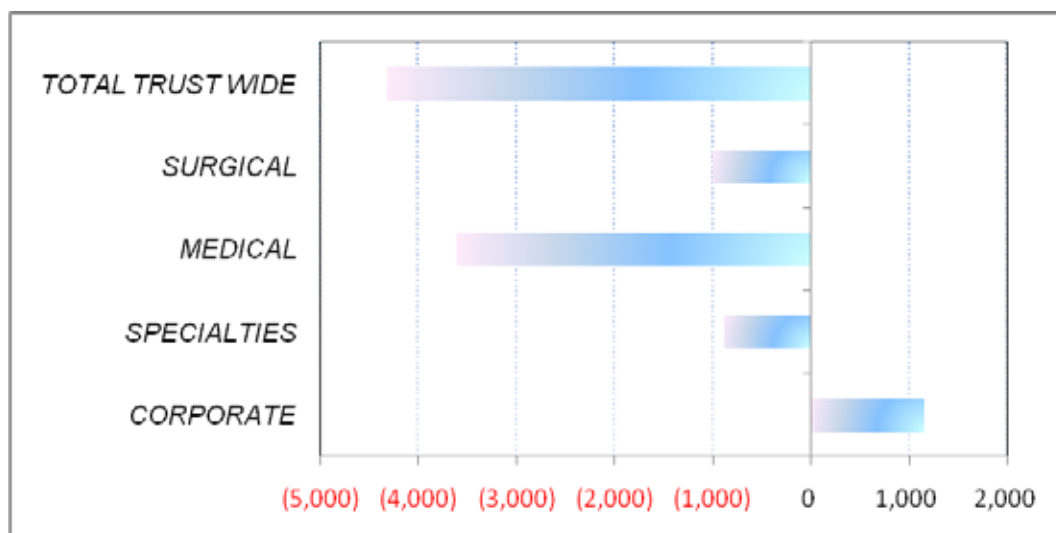
7. Recommendation

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

BOARD OF DIRECTORS	
Meeting Date and Part:	27 February 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 operational pressures experienced by the Trust over 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 5% for emergency department attendances. This level of additional demand continues to have a significant impact on the financial performance of the Trust. At 31 January, the year to date budget was for a net deficit of £0.1 million, against which the Trust has reported an actual deficit of £4.3 million. This represents an adverse variance of £4.2 million. Income has overachieved by £2.4 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 £855,000 during January, bringing the year to date over spend to £6.5 million. This has been driven by: <ul style="list-style-type: none"> • 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 is currently 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

THE ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUST

FINANCIAL PERFORMANCE FOR THE PERIOD TO 31 JANUARY 2015

KEY FINANCIALS	2013/14 YTD ACTUAL £'000	CURRENT YEAR TO DATE				IN MONTH			
		PLAN £'000	ACTUAL £'000	VARIANCE £'000	VARIANCE %	PLAN £'000	ACTUAL £'000	VARIANCE £'000	VARIANCE %
NET SURPLUS/ (DEFICIT)	979	(103)	(4,295)	(4,192)	4,067%	(222)	(930)	(708)	319%
EBITDA	11,173	11,560	7,371	(4,189)	(36%)	944	248	(696)	(74%)
TRANSFORMATION PROGRAMME	7,197	6,226	5,617	(609)	(10%)	697	765	68	10%
CAPITAL EXPENDITURE	7,974	15,570	13,517	(2,053)	(13%)	2,699	1,059	(1,640)	(61%)

ACTIVITY	2013/14 YTD ACTUAL NUMBER	CURRENT YEAR TO DATE				IN MONTH			
		PLAN NUMBER	ACTUAL NUMBER	VARIANCE NUMBER	VARIANCE %	PLAN NUMBER	ACTUAL NUMBER	VARIANCE NUMBER	VARIANCE %
Elective	55,977	55,777	56,928	1,151	2%	5,550	5,787	237	4%
Outpatients	236,238	281,668	277,487	(4,181)	(1%)	28,031	27,775	(256)	(1%)
Non Elective	23,559	24,326	27,208	2,882	12%	2,465	2,692	227	9%
Emergency Department Attendances	69,596	69,954	73,305	3,351	5%	6,920	6,600	(320)	(5%)
TOTAL PbR ACTIVITY	385,370	431,725	434,928	3,203	1%	42,966	42,854	(112)	(0%)

INCOME	2013/14 YTD ACTUAL £'000	CURRENT YEAR TO DATE				IN MONTH			
		PLAN £'000	ACTUAL £'000	VARIANCE £'000	VARIANCE %	PLAN £'000	ACTUAL £'000	VARIANCE £'000	VARIANCE %
Elective	60,831	57,874	58,562	687	1%	5,760	5,746	(14)	(0%)
Outpatients	26,217	26,724	26,685	(39)	(0%)	2,660	2,672	12	0%
Non Elective	43,044	45,513	45,867	354	1%	4,611	4,604	(6)	(0%)
Emergency Department Attendances	6,498	7,067	7,167	99	1%	700	703	3	0%
Non PbR	56,531	58,077	57,105	(972)	(2%)	5,792	5,580	(212)	(4%)
Non Contracted	20,038	21,074	23,417	2,344	11%	2,291	2,822	531	23%
Research	1,612	1,626	1,529	(97)	(6%)	250	79	(171)	(69%)
Interest	125	123	125	2	2%	10	14	4	39%
TOTAL INCOME	214,896	218,078	220,457	2,379	1%	22,073	22,220	147	1%

EXPENDITURE	2013/14 YTD ACTUAL £'000	CURRENT YEAR TO DATE				IN MONTH			
		PLAN £'000	ACTUAL £'000	VARIANCE £'000	VARIANCE %	PLAN £'000	ACTUAL £'000	VARIANCE £'000	VARIANCE %
Pay	127,355	132,370	135,930	(3,560)	(3%)	13,320	13,879	(559)	(4%)
Clinical Supplies	29,460	28,720	29,769	(1,049)	(4%)	2,784	3,096	(312)	(11%)
Drugs	21,395	23,073	24,040	(968)	(4%)	2,280	2,318	(37)	(2%)
Other Non Pay Expenditure	23,475	20,291	21,106	(816)	(4%)	2,538	2,442	95	4%
Research	1,612	1,532	1,629	(97)	(6%)	153	176	(23)	(15%)
Depreciation	6,926	7,875	7,875	(0)	(0%)	788	787	0	0%
PDC Dividends Payable	3,696	4,320	4,401	(81)	(2%)	433	452	(19)	(4%)
TOTAL EXPENDITURE	213,918	218,181	224,751	(6,571)	(3%)	22,295	23,151	(855)	(4%)

STATEMENT OF FINANCIAL POSITION	2013/14 YTD ACTUAL £'000	CURRENT YEAR TO DATE			
		PLAN £'000	ACTUAL £'000	VARIANCE £'000	VARIANCE %
Non Current Assets	146,388	167,550	165,497	(2,053)	(1%)
Current Assets	71,257	69,120	72,628	3,508	5%
Current Liabilities	(30,650)	(26,800)	(30,734)	(3,934)	15%
Non Current Liabilities	(2,452)	(14,800)	(15,522)	(722)	5%
TOTAL ASSETS EMPLOYED	184,543	195,070	191,869	(3,201)	(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	41,385	43,397	39,205	(4,192)	(10%)
TOTAL TAXPAYERS EQUITY	184,543	195,070	191,869	(3,201)	(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	2.80x	2.68x	1.58x	2	1
Liquidity	58.6	54.3	51.1	4	2
CONTINUITY OF SERVICE RISK RATING	4				3

BOARD OF DIRECTORS	
Meeting Date and Part:	27 th February 2015 - Part 1
Subject:	Workforce report
Section:	Performance
Executive Director with overall responsibility	Karen Allman
Author(s):	Karen Allman
Previous discussion and/or dissemination:	Workforce Committee - 11 th 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 details of complex Employee Relations cases managed by Human Resources Department in 2014 which was discussed at the recent Workforce Strategy & Development Committee.	
Related Strategic Goals/ Objectives:	To listen to, support, motivate and develop our staff
Relevant CQC Outcome:	Outcomes 12, 13 & 14 - Staffing
Risk Profile: <ul style="list-style-type: none"> i. Have any risks been reduced? No ii. Have any risks been created? No 	
Reason paper is in Part 2	N/A

WORKFORCE REPORT – FEBRUARY 2015

The monthly workforce data as at 31st January 2015 is shown below, 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 31 Jan		Rolling 12 months to 31 Jan			At 31 Jan
Surgical	67.2%	76.8%	4.44%	12.1%	10.0%	2.9%
Medical	77.1%	77.4%	3.53%	19.1%	12.7%	5.0%
Specialities	74.2%	75.8%	3.87%	10.7%	9.6%	6.8%
Corporate	77.7%	81.2%	3.54%	13.5%	17.5%	4.7%
Trustwide	74.3%	77.5%	3.82%	14.4%	12.3%	3.9%

Staff Group	Appraisal Compliance	Mandatory Training Compliance	Sickness Absence	Joining Rate	Turnover	Vacancy Rate (from ESR)
	At 31 Jan		Rolling 12 months to 31 Jan			At 31 Jan
Add Prof Scientific and Technical	74.0%	79.6%	3.78%	9.7%	13.5%	3.1%
Additional Clinical Services	72.0%	78.8%	6.00%	19.6%	11.6%	1.8%
Administrative and Clerical	75.5%	79.9%	3.49%	16.8%	14.7%	4.4%
Allied Health Professionals	71.9%	82.4%	1.47%	14.0%	11.4%	2.7%
Estates and Ancillary	84.0%	84.0%	5.63%	9.7%	19.4%	5.8%
Healthcare Scientists	81.0%	80.7%	3.76%	14.4%	19.2%	2.8%
Medical and Dental	74.9%	51.9%	1.00%	10.6%	7.1%	-0.3%
Nursing and Midwifery Registered	71.8%	81.9%	3.86%	12.1%	9.8%	6.2%
Trustwide	74.3%	77.5%	3.82%	14.4%	12.3%	3.9%

Please note the transfer of 29 Commercial Services staff to Poole ESR has increased turnover in Corporate Directorate and Estates & Ancillary and Administrative & Clerical staff groups.

Appraisal

Appraisal compliance in January was 74.3% up from 72.4% in December, having been just over 72% since September 2014.

In January there were notable improvements in appraisal rates for Additional Clinical Services and Medical & Dental which were both red rated in December, whereby Additional Clinical Services has increased from 69.1% to 72% and Medical & Dental has shown a significant increase from 62.7% to 74.9%.

Mandatory Training

Mandatory Training compliance in January was 77.5%, down from 78.9% in December. This is due to changes in categorisation of training courses rather than an increase in the amount of training which is outstanding/overdue. Bullying & Harassment and Violence & Aggression have been removed from the report as from March they are being incorporated into other subjects: Bullying & Harassment becomes part of the Diversity module; Violence & Aggression becomes part of the Security & Fraud module.

Compliance for Medical and Dental staff is low at just 51.9% (52% in December) while other staff groups are all above 78%. Trajectories to improve compliance by care groups and directorates are being required.

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.

Turnover and Joiner Rate

Both Turnover and Joiner rate increased steadily through 2014, but slipped back very slightly by 0.2% in January; however the joining rate remains above the turnover rate. Annual statistics for 2013 and 2014 are shown below:

	Jan-Dec 2013	Jan-Dec 2014
Starters	383	563
Leavers	354	482
Joining Rate (% Headcount)	10.33%	14.56%
Turnover (% Headcount)	9.55%	12.47%

Both rates can be affected by employee transfers. 32 employees were transferred to Poole in 2014, in IT Services, Procurement and Supply Chain Management; while 23 were transferred in from Poole in Telecomms.

At Directorate level, the highest turnover was in Finance and Commercial Services (48.73%) due to the employee transfers above, followed by Other Directorate (34.62%), Clinical Governance Directorate (19.75%) and Estates and Support Directorate (17.74%).

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 represent 3.9% of funded posts.

We have 72.16 vacancies for Nursing and Midwifery Registered staff, of which 51.6 are in the Medical care group, and of these 36.84 are in the Elderly Care Services directorate. The Older Peoples Medicine (OPM) incentive payment of 2% of basic salary was introduced for all nursing staff on OPM wards from January 2015. This is also being included on all OPM adverts to attract internal and external applicants to apply and we await to see the impact of this initiative which is being piloted for six months.

Within the Trust the vacancy factor for band 5 nurses was 11.8% at the end of January.

Sickness

The Trust-wide rolling 12 month sickness rate is 3.82% for January (3.83% December).

Annually, there has been a consistent very slight increase over the last couple of years, from 3.71% in Dec 2012. Sickness was particularly high in Feb, August and Sept 2014 compared to the same months in 2013.

There is a Trust-wide pattern of some sickness being recorded after the monthly report date, for example, on 8th Dec 2014, the in-month figure for Nov 2014 was 3.75% (760 episodes), but by 12th Jan 2015, the in-month figure for Nov 2014 had risen to 3.85% (799 episodes).

Based on the year-end figures, at Directorate level the rolling 12 month sickness rate was highest in Outpatients (7.48%), Facilities (5.61%) and Estates and Support (5.15%). The 10 highest rolling 12-month Sickness Rates in departments with 10 or more staff for the period January to December 2014 were as follows:

Organisation	Directorate	Sickness Absence 2014	Sickness Episodes during 2014	Staff Headcount 31/12/14
Education and Training Department	Human Resources	16.83%	8	10
Occupational Health	Human Resources	12.57%	23	13
Phlebotomy	Pathology	11.52%	110	39
Medical Respiratory	Medicine	10.12%	45	21
Day Surgery Admin	Anaesthetics/Theatres	9.94%	37	10
MFE Ward 22	Elderly Care Services	9.21%	150	31
BEU Admin	Ophthalmology	8.90%	41	24
Cardiac Ward 21	Cardiac	8.60%	67	27
Portering	Facilities	8.48%	101	48
Cssd	Anaesthetics/Theatres	8.28%	64	33

Employee Relations Cases

The Human Resources and Occupational Health teams have met on a regular basis during 2014 to discuss complex employee relations cases. This ensures a consistent approach to best practice across all areas, and also encourages an exchange of ideas and provides the opportunity for learning.

The chart below is a summary of cases being managed within the nearest quarter. The number of cases has been fairly consistent throughout the year, with a small increase in the management of sickness towards the end of the year.

Type of hearing	Jan- Mar	Apr-Jun	Jul-Sept	Oct-Dec	TOTAL
Conduct	14	23	25	19	81
Capability (performance)	6	4	4	6	20
Sickness	27	27	29	40	123
Grievance and B&H	8	8	7	8	31
Employment Tribunals	0	0	0	1	1
Appeals	1	0	2	4	7
TOTAL	56	62	67	78	263

The above cases do not include 'low level' incidents, i.e. those managed without HR input, although support and advice is available for all cases. Cases being managed with HR assistance are varied and can be one-off cases or on-going over several months. Typical examples are shown below:

Disciplinary – there have been several Facebook incidents in 2014, typically involving staff putting comments on their Facebook status which have offended others or could have brought the Trust into disrepute. These are usually addressed through the disciplinary policy and procedure with outcomes typically being a verbal or written warning, depending on the type and severity of the incident.

Capability – these cases are often complex, requiring considerable management time to agree and monitor objectives and competencies. An example this year was managed through all stages of the policy and due to the employee being unable to meet competencies they were successfully redeployed into a different role with less responsibility.

Sickness – episodes of sickness often go hand-in-hand with other processes, particularly capability and grievances. There have been several dismissals due to sickness this year, some of which have successfully applied for ill-health retirement.

Grievance – grievances submitted this year have generally been against work colleagues or management processes. A number have been extremely complex involving severe mental health issues, which require Occupational Health and HR support.

Appeals – usually occur following written warnings or dismissals. There have been no reinstatements during 2014.
Also, there have been appeals following grievance hearings, some of which have been partly up-held.

Dismissals - during 2014 there were 31 dismissals from the Trust for the following reasons:

- Conduct – 10
- Capability – 10
- Some other substantial reason – 4
- Ill health (retirement) – 7

This equates to approximately 12% of all cases

Employment Tribunals – there is currently one in process.

Referrals

Following capability and disciplinary processes consideration is given to whether referral should be made to the employee's professional registration body, e.g. Nursing & Midwifery Council, General Medical Council etc, or to Safeguarding, or the Disclosure and Barring Service. In 2014 the following referrals were made:

- NMC - 3
- GMC - 2
- HPCP - 1
- Safeguarding - 2
- DBS - 0 (although there are 3 pending from 2014, referral to be completed)

Training for Managers

Half day training sessions have been available for Managers for several years and continue to take place on a quarterly basis. As an addition in 2015 there will be Investigation Training and there is a new set of investigation guidelines on the intranet. These have been developed in partnership with staff side representatives, who will also participate in delivery of the training sessions.

Future reporting

This will be monitored via Workforce Committee on a quarterly basis and future reports will have greater focus on the reasons for processes being undertaken, outcomes and actions, as well as any lessons learned.

BOARD OF DIRECTORS	
Meeting Date and Part:	27 February 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 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: <ul style="list-style-type: none"> i. Have any risks been reduced? ii. Have any risks been created? 	
Reason paper is in Part 2	N/A

Communications activities February 2015

1. Introduction

The following paper includes:

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

2. Recent activities

- Clinical Services Review – staff communications, public events, governor engagement
- Supporting Organisational Development in promoting the options for the Trust's 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 and David Martin
- Charity communications

3. Upcoming activities

- Next Christchurch Hospital newsletter and promotional messages on hoardings around the site: 'Celebrating our past, looking forward to our future'
- Annual Report
- Work with Education and Training on essential core skills launch
- Development of social media policy
- RCN congress stand design
- Organising the Open Day and planning the 2015 Pride Awards
- Updating all ward webpages
- Outsourcing outpatient pharmacy communications
- eNursing Assessment communications

4. Department update

James Donald will join the team as Head of Communications in March. We look forward to welcoming him.

5. Recommendation

The Board is asked to note the report.
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Media relations - Key Performance Measures

January saw an exceptionally high number of articles about our Trust in the print media as well as online. The majority of the articles were very positive and included several large pieces about us working with Bournemouth Borough Council to tackle the traffic issues around the Royal Bournemouth Hospital.

January also saw a series of articles about winter pressures, Emergency Department waiting times and what we did to tackle the spike in activity. While the coverage conveyed nationwide problems with the increase in visitors to ED, it also gave us the opportunity to highlight the alternatives to hospital treatment and encourage the public to use our services wisely and support us with timely discharges.

Our Twitter followers continue to grow and we have received more than 150 additional 'likes' on our Facebook page.

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

2014/15	Number of proactive news releases distributed	% that received media coverage in <u>that month</u>	Total PRINT coverage (includes adverts)	Total OTHER coverage (online, radio, TV)	Positive media coverage	Neutral media coverage	Negative media coverage	Advertising value (for print coverage) ^{*/**}	Media enquiries
January	8 (tackling traffic congestion, charity events and emergency pressures)	88%	51	25	59	15	2	£103,600	24 (including emergency pressures, car parking petition and delayed discharges)
December	10 (including new Birth Centre, extended gastro service, winter messages)	80%	32	29	45	14	2	£59,070	11 (including ED pressures, traffic issues and norovirus)

* Any paid for adverts are not included i.e. advertorials ** Negative articles are not included

*excellent care for every patient,
every day, everywhere*

The Royal Bournemouth and
Christchurch Hospitals
NHS Foundation Trust



Core Brief

From: Tony Spotswood, Chief Executive

February 2015



Tackling traffic congestion at the Royal Bournemouth Hospital

We continue to work with Bournemouth Borough Council on plans to ease traffic congestion along Castle Lane East and outside the Royal Bournemouth Hospital.

The plans include:

Improved signalling at traffic lights, and early warning of roadworks.

A new entry/exit route onto the south bound slip road coming off the Wessex Way:

This will provide an alternative means of hospital access/exit for staff and thereby reduce the pressure on Deansleigh Road.

Modification of the west bound bus lane on Castle Lane East: This is intended to reduce queuing and lane crossing along Castle Lane East.

The implementation of additional traffic lights, both on Deansleigh Road and within the hospital site to manage traffic exiting onto Castle Lane: This will be designed to create a fairer system of prioritisation of traffic flow along Deansleigh Road, leaving the site.

Encouraging employees and visitors to travel to the hospital sustainably: We will further encourage, support and incentivise alternatives to single occupancy car travel in order to reduce the demand on the highway network, especially at peak times.

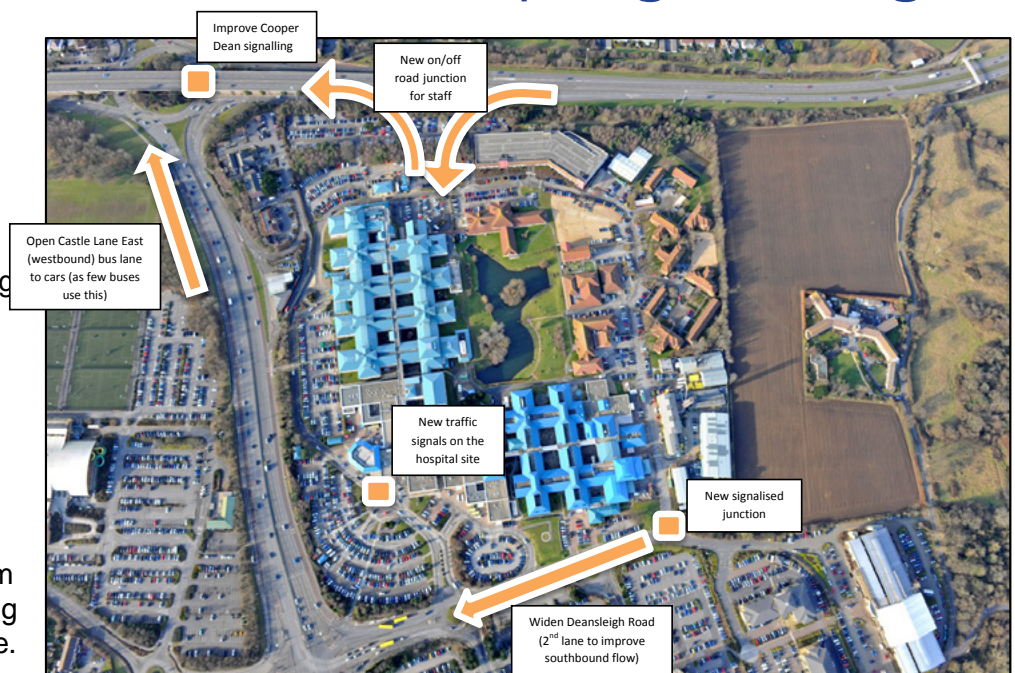
The council has been successful in securing government grant funding as a contribution towards

the cost of a grade-separated junction further along the Wessex Way allowing a major on/off road junction. This would be linked to developing the farmland at the back of the hospital.

If implemented this would provide a major long term solution to the congestion problem. However, this would be a complex and challenging development, and its implementation may be several years away.

Other works to the Wessex Way are also planned. Rebuilding and resurfacing is expected to occur during the winter and spring 2015/16. In future years there may also be an extra lane between Cooper Dean and Blackwater junction.

How is work progressing?



Continued overleaf

The council has agreed to carry out a programme of work, in collaboration with the Trust, to develop, test and implement these measures as follows:

Ongoing

- Adjustment of signal timings at Chaseside and Cooper Dean.
- A pre-planning application meeting has already taken place to discuss proposals for a new entrance/exit onto the Wessex Way/Cooper Dean slip road.

February

- Test the benefits of an additional left turn exit out of Deansleigh Road.

March

- Subject to test results and discussions with the bus companies, shorten the eastbound bus lane into the hospital and shorten the westbound bus lane approach to Cooper Dean so traffic wanting to access the Wessex Way doesn't have to wait in the same lanes as those heading to Castle Lane West.
- Subject to approval, provide yellow box markings at Chaseside junction and at the lower Deansleigh Road roundabout.

Summer 2015

- Provide an additional traffic signal phase at the Cooper Dean traffic signals to enable greater time for westbound vehicles to enter on to the Cooper Dean roundabout in the evening (subject to testing).

Your feedback

You may have noticed a document placed in various locations around the hospital site enabling you to show your support for the council to take immediate action to improve the road network around the Royal Bournemouth Hospital to allow patients, ambulances and staff to safely access and leave the site in a timely way.

We have now collected these in and we have received more than 600 signatures from you pledging your support. Thank you for taking the time to sign the document and assist us with our ongoing work with the council.

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.

A new process which will help employees to understand how their own objectives fit with those of their team and the Trust will be launched from Wednesday 1 April.

We will be using our new behaviour framework which is linked to our values to help us to have meaningful quality conversations during appraisals about our performance. It also helps us

identify examples of good and poor behaviour, set meaningful objectives and create personal development plans for you.

The first dates are available via ESR Self Service, just search for 153 Appraisal Training.

Most of the training will be at Christchurch Hospital as we are able to use a dedicated training room. These sessions are for all staff across the Bournemouth, Christchurch and Alderney sites to book on.



Dorset's Clinical Service Review

Most patients currently receive good care in Dorset, but there is too much variation, both against national standards and within the county itself, according to the recently published Dorset Clinical Commissioning Group's Case for Change document.

This sets out why the NHS in Dorset needs to change if it is to deliver high quality, affordable services effectively for local people into the future. The Case for Change presents a compelling case for why services need to adapt to changing needs and cannot continue to be delivered in the same way as now. Our population is changing and getting older, bringing new health demands.

Work is now underway to complete a comprehensive review of the pattern and provision of health care and service across Dorset.

We are now working to identify the future models of care which supports the provision of high quality services, compliant with national recommendations concerning configuration, outcomes and best practice. From this will emerge consideration of important issues including:

- the need to ensure Dorset retains sustainable high-quality services including emergency and complex services
- we work towards more integration between primary, community and hospital based services
- we work together to ensure those services are affordable to the local health economy

The intention of the Clinical Commissioning Group is to formally consult on proposals post the General Election. There will be an opportunity for full consultation within the Trust in the coming months.

Public information events:

You can find out how the Clinical Services Review is progressing at three public information events:

The Crown Hotel,
**West Street, Blandford Forum,
DT11 7AJ**

10am-12noon,
Thursday 12 February

**To book a place please email
involve@dorsetccg.nhs.uk
or call 01202 541 946.**

Have you been to one of the Clinical Service Review events recently and are wondering why you should come again?

- New information will be presented, called the Case for Change
- You said - we did - hear how we have listened to your feedback
- Update on the work of the Clinical Working Group



Dorset's Clinical Services Review
shaping your local NHS

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

Emergency laparotomy pathway

We have introduced an Emergency Laparotomy Pathway which should be started for **ALL patients presenting with acute abdominal conditions** that may need emergency surgery, both in the Emergency Department and on the wards, even if the 'acute abdomen' presents some time after admission.

Research has indicated several measures that predict better outcomes for emergency general surgery:

- early antibiotic administration
- timely surgical review, and subsequent CT scan, where appropriate
- minimal time from decision to operate to commencement of surgery
- senior clinicians in the operating theatre
- use of goal-directed fluid therapy
- appropriate postoperative critical care

We are committed to providing all of the above to ensure the best possible outcomes for our patients.

Consultant anaesthetist **Dr Guy Titley** says:

"This new tool should help direct our attention to those patients who need it most. We are introducing it to our Emergency Department, the Surgical Admissions Unit, and the operating theatres, but please use the pathway on other wards if you suspect your patient has an acute abdominal condition that may require surgery."

Please start the Pathway when it is apparent your patient has an acute abdominal condition which may require surgery. This may be some time after the patient has been admitted to hospital.

If anyone would like further information regarding NELA or the Emergency Laparotomy Pathway please email Dr Guy Titley: guy.titley@rbch.nhs.uk



Trust to roll out electronic incident reporting

The introduction of DatixWeb, the Trust's new electronic adverse incident reporting system, has begun.

Feedback from the pilot areas has been very positive with users reporting the system is quick and easy to use. A Trust-wide roll out is now planned to take place throughout February and March.

The new system offers many benefits including easier cross department and directorate investigations, the opportunity for the person reporting an incident to request automatic feedback, and an end to forms being misplaced or lost.

As the roll out progresses, training will be given to managers on a group by group basis on using the new system to record their investigations, the equivalent of the current yellow investigation form.

All staff will need to know how to report an incident online. Several training sessions in completing an online incident report have been set up in the Lecture Theatre at RBH and arrangements are being made to deliver the same at Christchurch.

This will be supported by an e-learning package which will shortly be available via the Intranet.

The sessions should last approximately 30 - 40 minutes, and are scheduled to take place on the following dates.

Friday 6 February:
2.30pm, 3.30pm and 4.30pm

Thursday 19 February:
7am, 8am, 9am, 10am, 11am, 12noon, 1pm, 2pm, 3pm, and 4pm

Friday 27 February:
2.30pm, 3.30pm and 4.30pm

Monday 9 March:
10am, 11am, 12noon, 1pm, 2pm, 3pm and 4pm

Wednesday 11 March:
7am, 8am, 9am, 10am, 11am, 12noon, 1pm, 2pm, 3pm and 4pm

Tuesday 17 March:
7am, 8am, 9am, 10am, 11am, 12noon, 1pm, 2pm

Health Education Wessex Quality Improvement Fellowships

Health Education Wessex and the Thames Valley Wessex Leadership Academy are recruiting individuals to participate in a 12-month Quality Improvement Fellowship programme.

Successful applicants will be released from their current roles for two days each week and their employer will be reimbursed for these salary costs in order to be able to release them to participate in the scheme.

To be eligible to apply you must meet the following criteria:

- currently employed by an organisation within the Health Education Wessex area
- have the support of your current line manager to participate in the programme

You must also fit into one of the following categories:

Doctors or dentists:

- in training - ST3 or above; or one of the below
- consultant, specialist or associate specialist or any other Trust employed doctor on a permanent contract

All others (in clinical or non-clinical roles) must be in role which is on an Agenda for Change Contract at Band 7 or above

You will have the support of senior staff with board level engagement, and will work together on specific quality improvement projects, in order to address priority areas for improvement as identified

by either your employer or by Wessex commissioners and Health Education Wessex.

These health priorities are listed in the application form which is available to download from www.wessexdeanery.nhs.uk/quality_improvement/fellowships

Applications close at midnight on Sunday 1 March 2015

Interviews will be held on Thursday 19 March at Health Education Wessex, Southern House, Otterbourne, Hampshire, SO21 2RU

Flu jab round-up

Our 2014 flu campaign saw 2,696 of you receiving the vaccination - 55% of staff.

Our overall performance saw a 11% improvement on last year's total figure of 44%, and we were the best performers within the local area at the close of data for November 2014.

Nationally there has been a smaller increase in uptake with rates increasing from 35% to 36.8%.

Comparison within our region (final figures):

- Dorset County 47%
- Dorset Health Care 23%
- Poole Hospital 45.6%
- Portsmouth 59.5%
- Salisbury 45.4%
- Solent NHS 58.9%
- University of Southampton 56%

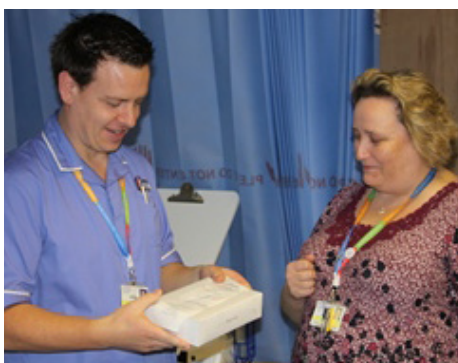
What did we do?

To encourage you to have the flu jab, a number of initiatives and incentives were introduced. Pop-up clinics were held at various locations throughout the Trust, and our dedicated team spent weeks travelling around the hospital with the vaccination to make it more convenient for staff.

Updated screensavers were published on computers every week with the times and locations of the clinics, as well as contact numbers of our flu jab team. We also produced our very own jabometer, which was updated weekly on our staff intranet site with the latest number of vaccinations carried out.

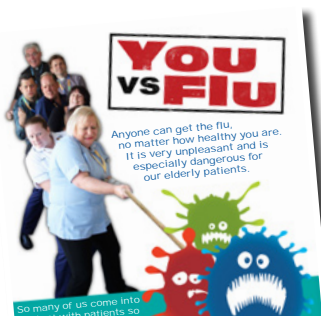
Flu facts and the benefits of having the jab for both you, your families and patients was also promoted during the campaign.

For every one of you who received the vaccination, you were automatically entered into a free prize draw with four of you scooping goodies.



Congratulations to Steven Neale from CCU who picked up the iPad Mini. Fransheska Botaro-Cortes scooped the paddle boarding voucher, while a month's free gym pass at Littledown was won by Sarah Miller. Carol Ann Booth from anaesthetics picked up the Estee Lauder cosmetics set.

A big thank you to all of you who had the jab. The vaccination offers protection to staff and patients and helps minimise the risk of the virus spreading across our hospitals.



If you were unable to have a flu jab during our campaign, there is still time. Simply contact Occupational Health between 9am and 4pm during weekdays on ext. 4217.

Let's talk about IT

Trust takes on 1000th Health and Disability Scheme candidate

Our IT department has become the latest beneficiary of a new scheme run by The Greater Wessex Health and Disability team aimed at supporting claimants into sustained employment.

Dave Moore, who joined the Trust in July as a database developer, has also become the 1000th candidate to be supported into employment through the initiative.

To mark the occasion, Dave was invited to an awards ceremony last month in Salisbury recognising his efforts and the Trust's commitment to the programme.

The Trust was first contacted by the Health and Disability Team of the Department for Work and Pensions back in August 2014.



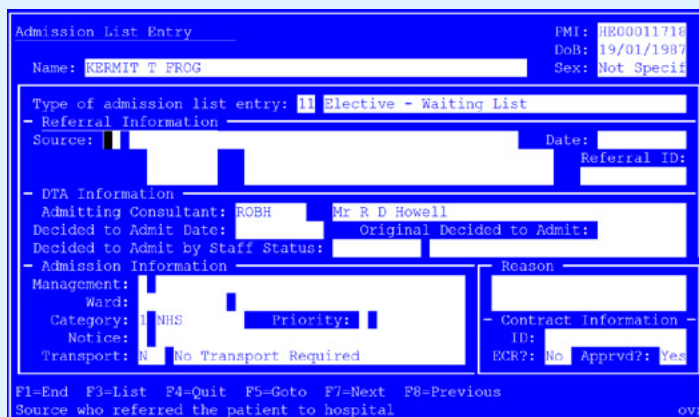
Dave was put forward and had a very successful first interview with the Trust where his needs were considered and a mutually beneficial working relationship was established.

His skills were immediately put to use on a project called e-Nurse Assessments, an idea based around providing an iPad based software solution to collect data on patient assessments, including many aspects critical to the quality of care delivered to patients.

e-CaMIS WLM

From April this year, we will no longer use Waiting List Management (WLM) in the patient management system.

The image below shows the current patient administration system, and we will now be moving to a Windows eCaMIS version which will have improved functionality and be more user friendly.



Admission List Entry

Name: KERMIT T FROG

Referral Information

Source: [Redacted] Date: [Redacted] Referral ID: [Redacted]

DTA Information

Admitting Consultant: ROBH Mr R D Howell

Decided to Admit Date: [Redacted] Original Decided to Admit: [Redacted]

Decided to Admit by Staff Status: [Redacted]

Admission Information

Management: [Redacted] Reason: [Redacted]

Ward: [Redacted]

Category: NHS Priority: [Redacted]

Notice: [Redacted]

Transport: N No Transport Required

Contract Information

ID: [Redacted]

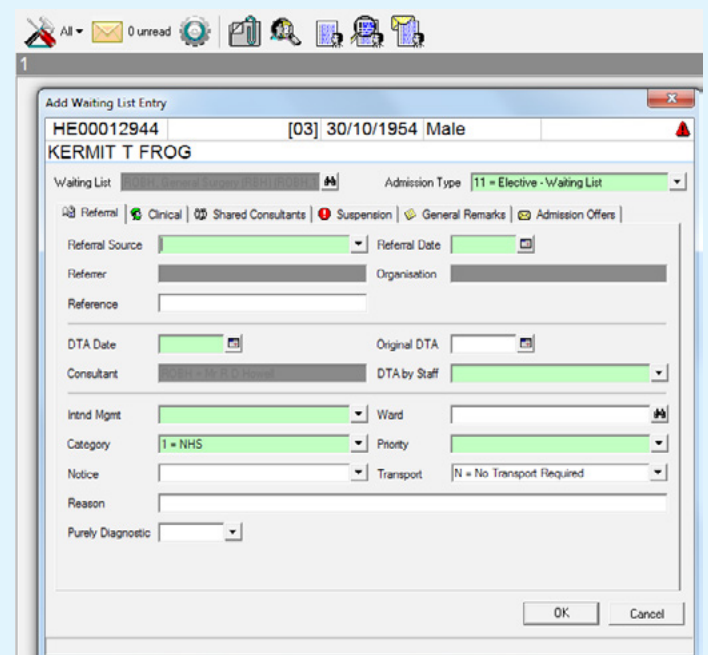
ECR?: No Apprvd?: Yes

F1=End F3=List F4=Quit F5=Goto F7=Next F8=Previous

Source who referred the patient to hospital

If you manage waiting lists you will need to use eCaMIS WLM from April. Training will be provided in March.

To book onto a session, please contact ext. **4285**.



Add Waiting List Entry

HE00012944 [03] 30/10/1954 Male

KERMIT T FROG

Waiting List [Redacted] Admission Type: 11 = Elective - Waiting List

Referral Source [Redacted] Referral Date [Redacted]

Referrer [Redacted] Organisation [Redacted]

Reference [Redacted]

DTA Date [Redacted] Original DTA [Redacted]

Consultant [Redacted] DTA by Staff [Redacted]

Intend Mgmt [Redacted] Ward [Redacted]

Category: 1 = NHS Priority [Redacted]

Notice [Redacted] Transport: N = No Transport Required

Reason [Redacted]

Purely Diagnostic [Redacted]

OK Cancel

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

Let's talk about IT

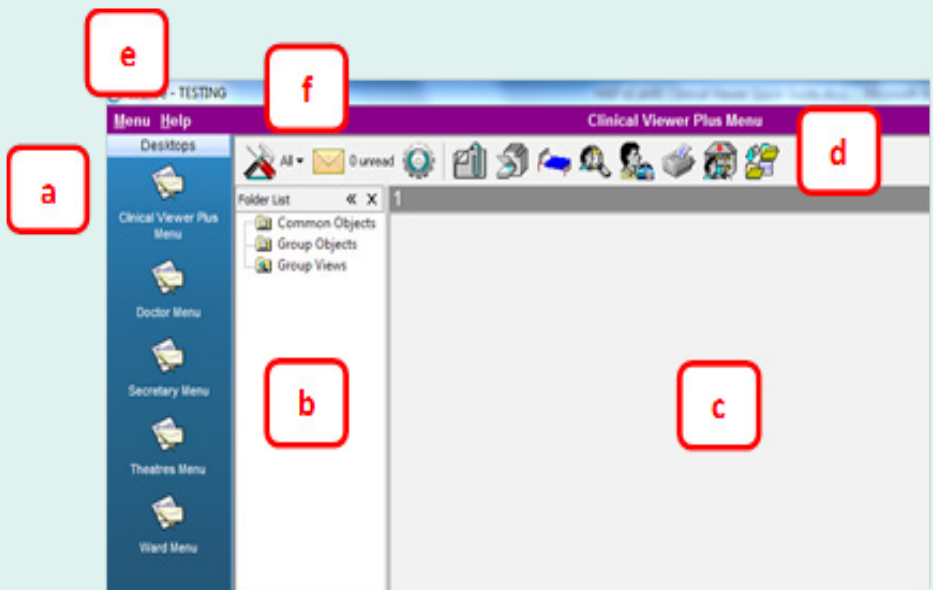
eCaMIS users moving over to the HAP

We will be soon be moving over to the **Health Application Platform (HAP)**, but you will still have access to eCaMIS within this application.

The **HAP** is designed to ensure you are focusing on a single patient at any one time so that when other integrated applications are added to the **HAP** and you select a different patient the context changes for all panes.

The new layout will look like this:

- **Desktops** - your default desktop will automatically load. Click on a 'Desktop' to change
- **Folder list** - store data objects and minimised views. These can be collapsed if not used



- **Pane** - view area. This can display up to four panes
- **Functional components** - permissions to access on this desktop. Simply hover your mouse over them for a description
- **Menu** - change your password, logout and navigate between desktops
- **Toolbar** - options and settings

The eCaMIS icons will soon be removed from your desktops once the HAP roll out has been completed.

Changes to MRSA screening at RBCH

The way we screen patients for MRSA is changing.

Back in 2010, the government introduced mass screening of every admission to hospital in an attempt to reduce the rate of MRSA bacteraemia (blood stream infections).

Follow up studies show that screening is of no benefit in the vast majority of patients and that the carriage rate of MRSA in the population would have to be more than six times as much as it is now for it to be cost effective.

However the study did show that screening would be of use in certain high risk groups of patients.

We have therefore reviewed our screening policy and will now concentrate screening only in patients groups that might benefit from it.

These include:

- all patients who have previously tested positive for MRSA
- all patients with a predicted stay in ITU/HDU/CCU as well as emergency admissions
- all patients on the vascular ward, including any outliers placed there
- all orthopaedic major joint replacements
- all haematology/oncology admissions
- all patients who are to receive a cardiac implant (intra cardiac device or pacemaker)

Paul Bolton, Lead Infection Control Nurse said:

"By making this change, it is hoped we will avoid unnecessary screening which could save us in the region of 250,000."

Staff car parking

We are asking staff to reapply for their parking permits using a new 'web based permit application' system aimed at making the process easier.

The new system will hold current information about staff which can be amended easily, and will allow permits to be allocated fairly among staff, ensuring the most deserving get one.

The re-application process will be carried out by area, radiating out from the Royal Bournemouth Hospital, with those permit holders who live closest to the site re-applying first.

Letters will be sent directly to home addresses from **Friday 13 February** for seven days, and all permits will be assessed on an individual basis, in line with the parking policy.

Any changes to the allocation of permits will be reviewed by an independent panel with staff, HR and management representation.

Staff are asked to submit their applications by the date on the letter they receive, but this will vary as the process will be spread over a number of weeks.

The letters also contain a list of frequently asked questions.

Free access to main public car park for staff

If you work shifts and hold a full staff car park permit, you can gain free access to the main public car parks at RBH from 6pm-10am.

This initiative gives those who are eligible to park in staff car parks the option to use the public spaces out of hours without adversely affecting patients and visitors. It will also give staff a more secure and convenient parking option.

This is not intended as an alternative to permit parking but is an enhancement.

A limited number of proximity cards are available from the CP Plus office. A £5 deposit is required for each card. For more details contact ext. 5894.

Did you know?

- Discounts are available on bus passes bought at Travelwise
- We have a Staff Benefits Scheme offering cheaper bikes and accessories
- Free MOTs are provided via URGE Cycles
- You can borrow a bicycle to trial cycling to work
- Motorcyclists do not require permits
- Those who car share get to park nearer to the main hospital and save money

- If you surrender your car park permit, you will be offered free bus travel for a year, or just trial this for a month

Terrible Tuesday's

Tuesday's are typically the worst day for traffic jams. To help minimise congestion, we ask if there is a possibility you can leave your car at home for just one day.

Alternatively, if your manager agrees, see if you can flex your hours to reduce the demand at rush hour.

It is advisable to avoid planning meetings with external people or events on a Tuesday as this can generate more traffic. Thursday's and Friday's appear less busy in the visitor car park.

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:

Traffic congestion at RBH: We continue to work with Bournemouth Borough Council on plans to ease congestion along Castle Lane East and outside our hospital. We have included details on the proposed plans, an update on how current work is progressing and a timeline of when improvements are scheduled and likely to be completed. You may also have noticed a document placed in various locations around the Trust enabling you to show your support for the local authority to take immediate action to improve the road network around RBH. We have received more than 600 signatures from you pledging your support. Thank you to everyone who took part. We will continue to keep you up to date with proceedings.

Action: Please can managers make sure they disseminate these traffic congestion updates to their staff. The Communications Team will continue to provide staff with regular traffic reports warning of any possible delays exiting the hospital site via global emails. We also ask that these are given to staff as soon as you get them. Also attached to this edition of Core Brief is information about the upcoming reapplication for parking permits at RBH.

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. A new process will be introduced in April that 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. Please ensure the relevant members of your teams are aware of how to book training.

Trust to roll out electronic incident reporting: The introduction of DatixWeb has begun. This is the Trust's new electronic adverse incident reporting system. Feedback from the pilot has been very positive with users stating the system is quick and easy to use. A Trust wide roll out is now planned to take place throughout February and March. Benefits include easier cross department and directorate investigations, the opportunity for the person reporting the incident to request automatic feedback and an end to the risk of forms being misplaced or lost.

Action: All staff need to know how to report an incident online, and several training sessions in doing this have been set up in the Lecture Theatre at RBH, and arrangements are being made to deliver the same at Christchurch. Please could managers encourage the relevant staff in their teams to book a time to complete their training. The sessions last 30 to 40 minutes. A list of the dates and times are included in this edition of Core Brief.

Flu jab round-up: A total of 2,696 of you braved the needle and had your flu jab during our 2014 campaign. This figure represented 55% of staff employed at RBCH. The overall Trust performance saw a 10% improvement on last year's total figure of 44%. We would like to thank everyone who took the time to have the vaccination and not only protect themselves from the virus, but our patients too.

Action: Although our flu jab campaign has come to an end, the vaccination is still available. Simply contact Occupational Health between 9am and 4pm during week days on ext. 4217.

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

Signed:

Date:

BOARD OF DIRECTORS	
Meeting Date and Part:	27 February 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: <ul style="list-style-type: none"> 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
Throughout 2015	Abseiling	Bournemouth Hospital Charity	01202 704060
Monday 23 February	Understanding Stroke	The Village Hotel	01202 704271
Monday 23 February	Like and Share Event	Between restaurants	01202 704060
Wednesday 25 February	Like and Share Event	Between restaurants	01202 704060
Friday 27 March	Board of Directors' Meeting	Committee Room, Trust Management Office, Royal Bournemouth Hospital	01202 704777
Friday 27 February	Cake sale, Orthodontics department	Between restaurants	01202 704705
Tuesday 3 March	Education and Training	Between restaurants	01202 704158
Wednesday 4 March	Education and Training	Between restaurants	01202 704158
Monday 9 March	Simply Health	Between restaurants	01202 704460
Tuesday 10 March	Education and Training	Between restaurants	01202 704158
Wednesday 11 March	NHS Change day	Between restaurants	01202 704251
Thursday 12 March	Education and Training	Between restaurants	01202 704158
Tuesday 17 March	Education and Training	Between restaurants	01202 704158
Thursday 19 March	Education and Training	Between restaurants	01202 704158
Sunday 22 March	March For Men	9:30am Bournemouth Pier	01202 704060
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	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	01202 704777

		Office, Royal Bournemouth Hospital	
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 Bournemouth Hospital	01202 704246
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

BOARD OF DIRECTORS	
Meeting Date and Part:	27 February 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: <ul style="list-style-type: none"> i. Have any risks been reduced? No ii. Have any risks been created? No 	
Reason paper is in Part 2	N/A

[illegible]

Staff

[illegible]

Governance

[illegible]

Minutes of Board Committees and other groups

[illegible]

Review Performance & Terms of Reference subordinate Groups

Appendix 2: Committees and Terms of Reference (continued)														
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

[illegible]