

A meeting of the Board of Directors will be held on Friday 27 November 2015 at 8.30am in the Conference Room, Education Centre, 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

*** Denotes supplementary documents in reading pack*

TIMINGS	1. APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST		
8.30-8.35	2. MINUTES OF THE PREVIOUS MEETING		
	(a) To approve the minutes of the meeting held on 30 October 2015		
8.35-8.40	3. MATTERS ARISING		
	(a) To provide updates to the Actions Log		All
	(b) Whistleblowing/Freedom to Speak Out (verbal)		Paula Shobbrook/ Karen Allman
8.40-9.20	4. QUALITY IMPROVEMENT		
	(a) Feedback from Staff Governors (Verbal)	Information	Jane Stichbury
	(b) Patient Story (Verbal)	Information	Paula Shobbrook
	(c) Complaints Report (paper)	Information	Paula Shobbrook
9.20-9.55	5. PERFORMANCE		
	(a) Performance Exception Report (paper) **	Discussion	Richard Renaut
	(b) Report from Chair of HAC (verbal)	Information	Dave Bennett
	(c) Quality Performance (paper)	Discussion	Paula Shobbrook
	(d) Report from Chair of Finance Committee (verbal)	Information	Ian Metcalfe
	(e) Financial Performance (paper)	Discussion	Stuart Hunter
	(f) Workforce Report (paper)	Discussion	Karen Allman
	(g) Monitoring Board Objectives (paper)	To note	Tony Spotswood
9.55-10.10	6. STRATEGY AND RISK		
	(a) Acute Care Vanguard Project (verbal)	Discussion	Tony Spotswood
	(b) Clinical Services Review update (verbal)	Information	Tony Spotswood
	7. NEXT MEETING		
	Friday at 8.30am in the Conference Room, Education Centre Royal Bournemouth		

Hospital

10.10-10.15

8. ANY OTHER BUSINESS

Key Points for Communication to Staff

10.15-10.30

9. COMMENTS AND QUESTIONS FROM THE GOVERNORS AND PUBLIC

Comments and questions from the governors and public on items received or considered by the Board of Directors at the meeting.

10. 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 to 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

Part I Minutes of a Meeting of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust **Board of Directors** held on **Friday 30 October 2015** in the Conference Room, Education Centre, Royal Bournemouth Hospital.

Present:	Jane Stichbury	(JS)	<i>Chairperson (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>
	Peter Gill	(PG)	<i>Director of Informatics</i>
	Ian Metcalfe	(IM)	<i>Non-Executive Director</i>
	Pete Papworth	(PP)	<i>Deputy Director of Finance (for Stuart Hunter)</i>
	Steven Peacock	(SP)	<i>Non-Executive Director</i>
	Richard Renaut	(RR)	<i>Chief Operations Officer</i>
	Paula Shobbrook	(PS)	<i>Director of Nursing and Midwifery</i>
	Bill Yardley	(BY)	<i>Non-Executive Director</i>
In attendance:	Sarah Anderson	(SA)	<i>Trust Secretary</i>
	Jacqueline Bowden	(JB)	<i>Chief Pharmacist</i>
	Anneliese Harrison	(AH)	<i>Assistant Trust Secretary (minutes)</i>
	Nicola Hartley	(NHa)	<i>Director of Organisational Development</i>
	Dily Ruffer	(DR)	<i>Governor Coordinator</i>
	Dave Wrixton	(DW)	<i>Communications Officer</i>
	David Bellamy	(DB)	<i>Public Governor</i>
	Derek Chaffey	(DC)	<i>Public Governor</i>
	Eric Fisher	(EF)	<i>Public Governor</i>
	Bob Gee	(BG)	<i>Public Governor</i>
	Paul Higgs	(PH)	<i>Public Governor</i>
	Doreen Holford	(DH)	<i>Public Governor</i>
	Keith Mitchell	(KM)	<i>Public Governor</i>
	Margaret Neville	(MN)	<i>Chair of the Friends of the Eye Unit</i>
	Roger Parsons	(RP)	<i>Public Governor</i>
	Guy Rouquette	(GR)	<i>Public Governor</i>
Apologies:	Christine Hallett, <i>Non-Executive Director</i>		
	Stuart Hunter, <i>Director of Finance</i>		

87/15 **DECLARATIONS OF INTEREST**

None.

88/15 **MINUTES OF THE MEETING HELD ON 25 SEPTEMBER 2015 (Appendix A)**

The minutes of the meeting on 25 September 2015 were confirmed as an accurate record subject to an amendment at 80/15 (c) which should read "The Trust had achieved £126,000 less deficit than planned."

89/15 **MATTERS ARISING (ACTIONS LOG) (Appendix B)**

- (a)
- 79/15 (a) WHO checklist- BF advised that work was on going and further detail was to be provided in the private section of the meeting due to confidentiality. Processes are in place with Theatres and compliance data has been circulated to surgeons.
 - 79/15 (c) Adult Safeguarding and Child Protection Safeguarding Report_– PS advised that overall compliance for essential core skills training was 82% and an action plan for training was in place for the Emergency Department (ED). BF and the safeguarding nurse will work together to improve doctor training. Safeguarding compliance will be reviewed by the Safeguarding Committee before the next Board meeting;
 - 80/15 (a) Performance exception report- root cause analysis information was included within the performance report;
 - 80/15 (d) Workforce Report- appraisal compliance has been discussed at weekly performance management meetings. A process in place to ensure that all relevant staff have a date agreed before the end of the financial year. The performance management group have a tracker process to assess staff eligibility for appraisals. Appraisal compliance data will be provided at the next meeting with clear a trajectory for compliance; **KA/RR**
 - 80/15 (b) NHa met with SP. SP requested that the detail of the actions addressed be provided to the Board. NHa to provide details at the next Board development session; **NHa**
 - 80/15 (e) GMC Survey results- Detail provided in the private section of the meeting. Meetings have been arranged with specialty groups and extra work with GP trainees has been arranged;
 - 24/15 (c) Freedom to speak out review- the national consultation period for the Freedom to Speak up guardian is underway and the Trust is awaiting national guidance with regards to appointing this role. KA outlined some of the work around whistleblowing undertaken in the meantime to promote the issue. PS noted the action plan will be reviewed by the executive leads, and will be reported to the HAC; **PS/KA**
 - PG noted the staff governor Electronic Nursing Assessment action had been addressed.

(b) Feedback from Staff Governors (verbal)

JS outlined the key issues raised by Staff governors:

- Staff governors acknowledged the relaxing of restrictions on non- EU nurses and that this will enable the Trust to secure some of the Filipino nurse appointments;
- Orthopaedics ward 7- concerns were raised that the ward was being used intensively by medicine. TS confirmed that two knee surgeons had been appointed to increase flow in the area;
- Nursing- staff governors felt positive about the trained nurses recruited and due to start in November-January and that this would move the Trust forward in avoiding reliance upon non-

- substantive staff;
- Electronic Document Management- solutions are being sought in individual areas;
- Congestion at RBCH site- work is on-going with proposals to remove the roundabout to ease traffic flow along Castle Lane East. The Trust is working with the Council on this proposal and other suggestions;
- Care Quality Commission (CQC) - staff governors in particular wanted to speak with the CQC and were able to provide their feedback.

90/15

QUALITY IMPROVEMENT

(a) Patient Story (Verbal)

JB, Chief Pharmacist, presented the patient story which concerned an inpatient that experienced a disappointing discharge. The patient was ready to be discharged but was delayed due to a variety of factors including; the late arrival of the consultant on the ward round, the relevant charts including drugs for discharge not completed until the end of the ward round, availability of pharmacy support.

Upon review of the pathway it was identified that the pharmacists had been unable to discuss some of the complex queries with junior doctors as they were required to complete training elsewhere. Medicine reconciliations identified at the beginning of the patient's stay had not been addressed by the time of discharge. The drugs chart was incorrectly sent to pharmacy where it was not picked up for a further hour before being returned. As a result the patient's discharge was prolonged and they were provided with the wrong medication. The dispensing of incorrect medication incurred additional cost and time and the patient was not informed of any changes.

The team identified a number of common themes and sought to address them by ensuring that pharmacists discussed queries with the whole multi-disciplinary team.

JB drew attention to the pharmacist model project on ward 26 which incorporates a complete multi- disciplinary team approach. The recent CQC feedback commended the project as an area of good practice. Pharmacists are available on ward rounds to address queries upon admission, they are able to dispense medication on the ward, prepare discharge letters and TTAs can be prepared in 20 minutes. This has improved the efficiency of discharges earlier in the day.

The Board acknowledged some variations in the discharge process across the Trust and that the quality improvement programme and the 5 daily actions work stream incorporated TTAs and discharge planning. The Board were assured that the successful aspects of the project would be implemented throughout the Trust and that leadership at ward level was being reviewed together with increasing consultant engagement in the process. The main issues causing delays in

discharge were TTAs and medical review.

The Board discussed the impacts that ward based pharmacists had upon the speed of the discharge process. It was noted that there were some cultural and resource issues to address in order to increase the presence of pharmacists on Wards.

The electronic prescribing contract will be finalised in the next few months and that this would provide reliable processes with checkpoints and controls. PG and JB agreed that this would require an active approach to take advantage of the opportunity to change processes in place.

In summary the process was identified as having variation and the Board noted that this needs to be addressed through QI and staff engagement. The project work on ward 26 was commended. One ward was highlighted as having challenges and an update was requested for the November Board.

PS

(b) QI Projects (Appendix C)

PS presented the progress with the Trust's quality improvement projects including the following:

- MICE guidelines-have been reviewed and placed within the quality improvement work streams;
- There will be a focus on the following areas: mortality, deteriorating patients, end of life, 7 day working, discharge, hospital at night;
- The quality improvement programmes were shared at the safety quality conference and there are nominated executive leads for each project.

The reports were commended. The hospital flow work streams and the discharge before midday target were queried. RR explained that this was a key measure of improvements however the Trust was not making the anticipated progress. The pharmacy patient story had highlighted that the Trust needed to address the whole process and gain engagement from staff.

The sepsis work stream was queried and particularly the barriers to moving ahead with improvements for December. BF responded that the sepsis team were committed and focused. Communication is being reinvigorated at the time of revalidation.

(c) Quality Impact Assessment Process (QIA) (Appendix D)

The Board were advised that the process had been reviewed by the Quality Improvement Board. PS described the process noting that the review of the eleven schemes was currently outstanding and the Trust was working with directorates to close these off. The proposal was to complete the QIA process before any further schemes are rolled out in future.

The Board debated the extent of the Board responsibilities defined within the paper and the practicalities. It was agreed that Board members needed to be content that rigorous processes were in place for the approval of each scheme. It was requested that a note was added to identify how the Board would be assured of the process. The Board approved the QIA process.

SA

The Audit Committee were requested to provide assurance to the Board on the process. The Board discussed the potential for a process being identified whereby safety was upheld but potentially reduced quality as a trade-off to save costs. The Finance Committee and Improvement Board are responsible for providing assurance to the Board on proposed schemes.

PS/SP

The budget setting process has started a month earlier than in previous years. The process would include a review of all CIP proposals reported to Board when the budget is approved in March and will include failed scheme for specific Board review. The Board **supported** the proposal.

(d) CQC Intelligent Monitoring Report (Appendix E)

The report had not been issued by the CQC and the item was deferred.

(e) Serious Incidents and Complaints Report (Appendix F)

PS highlighted that the Trust was working to support the quality of complaints to patients and further training was being provided to teams. The Board noted that responses to complaints made over 25 days of receipt remained an issue and this was being scrutinised at the HAC.

The Board raised concern that the same issues remained and were not being addressed. PS felt that these delays related to complex cases. The Board noted the emphasis on wards for staff to address concerns before becoming formal complaints.

91/15

PERFORMANCE

(a) Performance Exception Report (Appendix G)

RR outlined the key information from the report:

- The Trust is sustaining progress with elective work and cancer 2 week waits despite an increase in demand;
- Progress with the backlog in endoscopy;
- Cdiff- performance is on trajectory for the end of Q2 but was a risk for Q3. It was noted that this must remain an area of focus going into the winter period. The trajectory from Monitor was reduced significantly together with an increase in the number of patients being admitted with Cdiff from within the community. This has been raised with the CCG;

- Issues remain within Urology and the impact of clock starts upon the service;
- Mixed sex breaches- breaches are occurring in the ED observation area and delays from transfers from CCU back to a ward. The issues relate to emergency patient bed flow. RR emphasised that bed capacity modelling was key together with the implementing the 5 daily actions;
- Fast track process in and out of ITU is being piloted to increase the flow from the CCU;
- Stroke is progressing well and improvements have been noted in RTT.
- Some delays were due to a low level of head scanning out of hours. The service is experiencing recruitment issues and the Trust is considering recruitment options. Overall scanning times are improving. The Trust is also seeking to address overnight reporting services looking to improve the process;
- ED 4 Hour target- it was emphasised that this was a significant target and that the Trust was under review by Monitor. July performance had been better correlating with a drop in emergency activity, which had also been 18% higher than previous years. However since October there had been an additional 10% increase upon last year's activity levels. The Trust and other providers in the area have raised resilience alerts. The bed state has improved this week and plans and resources are in place including the opening of ward 3. Overall ED is on target and best practice is in place but there were concerns around bed capacity and delayed transfers of care. RR emphasised that the pharmacy support and discharge process will all help to support flow within ED.

In addition the residential nursing care market and capacity is not sufficient and work with primary care colleagues is required to reduce activity within ED. The Board commended the outstanding work at Christchurch Hospital with the virtual ward and encouraged that more focus was required on issues that the Trust could impact upon. The Trust needs to engage with local authorities to recognise their responsibility in improving the position. The Board requested that a plan was developed to mobilise parties to address these issues.

TS/RR

(b) Report from Chair of HAC (Verbal)

The report was not submitted as DB was unable to be present at this part of the meeting.

(c) Quality Performance Report (Appendix H)

PS outlined the key themes from the report:

- 1 never event was reported. This will be reviewed by the panel;
- Safety thermometer data- fourteen pressure ulcers were reported during September. Twelve were minor and 2 were category 3. These were assessed and deemed unavoidable;
- 3 SIs related to pressure ulcers year to date, which is an

improvement from last year and this continues to be an area of focus for the Trust;

- Electronic nursing assessment (ENA)- the Healthcare Assurance Committee (HAC) considered the detail of risk assessment compliance and the changes implemented are anticipated to support improvements in performance;
- Patient experience- ED comment cards for the Friends and Family Test have been a focus. 45 cards were received in August, 122 received in September and 165 in October. The responsibility to obtain feedback has been given to Nurse Practitioners to address. The themes identified relate to actions around pharmacy and waiting times in ED.

The Board queried the traction on a number of issues and requested that these are resolved.

(d) Report from Chair of Finance Committee (Verbal)

IM outlined the key subjects discussed by the Finance Committee:

- A new financial rating from Monitor has been introduced which will provide an increased focus on the Trust's sustainability position;
- The Trust has been risk rated at 2 and has received confirmation that Monitor will be launching an investigation. It is anticipated that the investigation will concern the steps taken to address and achieve the CIP;
- Close to forecasting 2016/17 CIP. Trade-offs in terms of quality and Finance would be necessary but not safety;
- Key cost overspend issues- Cardiology was an area of focus and looking at mitigation in other areas to reduce cost including workforce;
- Increased activity and demand was impacting upon the Trust's position but the Trust was working to identify solutions.

(e) Financial Performance (Appendix I)

PP described the themes from the Financial Performance report:

- Reduced deficit plan in the current year;
- The Trust has identified a £2 million in year benefit as a result of CIP planning;
- Cardiology and medical staffing have increased costs;
- The CIP has been reduced to £11.9 million and within month 6 the Trust is on target to deliver the plan (most projects are planned for the second half of the year);
- Heavily reliant upon agency staff but this was reducing;
- Broad delivery of revised target- need to ensure there is no slippage;
- From November weekly CIP meetings will be held to progress schemes and to consider schemes ahead of next year;
- The Trust has been risk rated 2 under the financial sustainability risk rating. Monitor will be investigating and further details will

be provided about their concerns and what information they need from the Trust. In addition Monitor will be considering the ED 4 hour performance target.

The Board discussed the severity of the cash position and the position for next year noting the impact of the new tariff. The Board were advised that if the tariff is adopted the Trust would lose up to £10 million based upon activity this year. Other issues such as drug supplies inflation and pension contribution charges would bring the total cost pressure to £20 million. The Board requested forecasts of the cash position and a projected forecast when difficulties may arise. **SH**

Further the Board requested a clear communication to staff outlining the current position whereby cash will run out in the next year and that the 2016/17 budget setting will be undertaken against this background. This will provide staff with some significant challenges. The Board appreciated the situation and requests full support from staff to enable the Trust to return to a sustainable position. **SH**

(f) Report from Chair of Workforce Committee (Verbal)

DD presented the key items of discussion from the Workforce Committee:

- There was an issue that some staff needed to be aware of their eligibility for an appraisal;
- Essential core skills compliance was at 80.8% and focus continues to support staff to complete training;
- Sickness is also an area of focus especially in a number of areas where levels are high;
- There has been some positive progress in the Trust's work experience programme and careers and the Trust welcomes the governors involvement;
- Staff impressions reflect that the Trust has an engaged workforce;
- 350 registered staff have been trained to undertake extended roles.

(g) Workforce Report (Appendix J)

KA emphasised that the vacancy rate had dropped and that further appointments would be included in the figures over the next month. 18 new EU nurses were due to start and overseas recruitment was progressing.

The Board queried the high levels of sickness in some areas and requested assurance of the actions in place to address issues. KA advised that this had been considered by both the Workforce and Healthcare Assurance Committees. It was emphasised that there was local review of sickness which relies upon good local management. It was noted that the redeployment following sickness impacted upon some areas.

It was proposed that the Unify narrative was circulated to the Board as it was not included in the report. The Board queried whether issues had been identified following staff turnover and emphasised that issues needed to be addressed earlier to avoid both sickness and staff leaving the Trust. **PS**

The Board requested a detailed report on sickness including the reason, type and long /short term data by area and also a plan to address the key elements of the sickness levels. The Board also requested that the Audit Committee consider the benefits of an audit in this area. **KA**
SP

After the meeting the Board were advised of some anomalies within the sickness data provided in the report and the corrected figures were circulated.

(h) Proposed Consultation on Price Cap rules for Agency and Bank staff (Verbal)

The Board discussed the letter recently received from Monitor and that the information would be communicated across the organisation. The Board acknowledged that an exemption request has been submitted for the Trust to use two agencies and that the Trust would continue to carefully monitor the safety of staffing levels on a daily basis.

(i) Statement of Commitment of Prevention of Healthcare Associated Infections (Appendix K)

PS recommended that the Board supported the declaration which will be published on the Trust website. The Board **supported** the declaration.

(j) Adoption of Charity Annual Report and Accounts (Appendix L)

JS commended the report. PP advised that the report had been reviewed and recommended for approval by the Charitable Funds Committee. The Board acknowledged the contributions made by the Committee over the past year and that fundraising costs were positively benchmarked compare to other local charities.

The support was noted, such as from other local charities noting the Friends of the Eye Unit who had raised £143,000 since March. The work of Margaret Neville who would be stepping down as Chairperson was praised. The support from the other allied charities was commended.

The Board **agreed** the accounts and the report from the Charitable Funds Committee.

(a) Clinical Services Review (CSR) (Verbal)

TS outlined the following updates from the progress with the CSR:

- It will be based upon the CQC best practice principles;
- Significant issue would be that 90% of the medical take would be accommodated by the emergency green site and 10% at purple site;
- The costs are being identified for developing the emergency and planned care hospitals in East Dorset which will allow a bid for national funding;
- Costing work by Capita- a detailed analysis has been conducted for both RBCH and Poole. Some issues were identified with the report such as the figures did not assume 7 day working. The Trust will need to consider how to respond to the report;
- Capita determined that the proposed obstetric and neo natal site at RBCH needed to be bigger than Poole but it was unclear as to why;
- The report was contentious and was generating discussions between both hospitals;
- £75 million to develop RBCH as the green site with a new obstetrics and neo natal building although this did not include a number of factors.

(b) Update on Vanguard Project (Appendix M)

TS updated the Board on the progress with the vanguard application noting:

- The three organisations were due to meet on 3 November with the CCG to discuss how to create a single set of services and identify a joint venture vehicle;
- It was anticipated to cost in the region of £300,000 to develop which includes funding for shifting services and the double running of some services;
- It will require a shift in the organisational form as it is not sustainable in its current state.

93/15

DATE OF NEXT MEETING

Friday 27 November 2015 at 8.30am, Conference Room, Education Centre, Royal Bournemouth Hospital

94/15

ANY OTHER BUSINESS

Key Points for Communication to Staff

1. Performance report issues & ED challenges
2. Finance- context of budget setting & challenges in 2016/17
3. Thank staff for work during CQC
4. Promote the Charity Report
5. Share infection and prevention control statement.

95/15

QUESTIONS FROM GOVERNORS AND PUBLIC

1. There were perceptions that the new clinical IT system was slow and inefficient to use and was impacting upon patient safety. PG responded that there were areas where clinicians were struggling to be as productive however that it was not unsafe. He emphasised that the EDM team were working intensively with specialty areas to identify solutions and an action plan was in place. JS proposed that this topic should be discussed with governors as part of a seminar.
2. The increased focus on finance was commended. The CIP was queried and impact that non-recurrent items would have. PP advised that there was some balance however that the Trust needed a detailed process to review recurrent income and this will form part of budget setting for next year.
3. The financial prognosis for next year was noted and it was queried whether the Trust was being clear as to what was outside of its control and what could be addressed. PP confirmed that this has been made clear. He noted the recent changes to the tariff and that despite 82% of respondents rejecting the proposal for the tariff consultation the Department of Health had implemented a mechanism whereby more respondents are required to object than now. The Trust needs to maintain focus on what the Board can do and an action plan will be developed identifying issues within the Trust and outside the Trust's influence to control.
4. The sickness levels were noted and it was queried whether these areas were overstuffed. KA commented that the employee relations report provided a picture in terms of actions in place within the organisation. She emphasised that processes were followed appropriately and support was provided to staff. Health and well-being initiatives are provided to staff as part of the organisational development work for the future to ensure staff are supported effectively. The costs of sickness would be reviewed by the Finance Committee.
5. The new format of the Board agenda was acknowledged.
6. Clarification with regard to escalation beds was sought. TS confirmed that there were no further escalation beds but that RR referred to an additional ward which would be opened as required to increase bed capacity.

SA

There being no further business the meeting closed at 10:46
AH 30.10.2015

RBCH Board of Directors Part 1 Actions October & previous

Date of Meeting	Ref	Action	Action Response	Response Due	Brief Update
30.10.15	89/15	(80/15) (d) Appraisal compliance data will be provided at the next meeting with clear a trajectory.	KA/RR		
		(80/15) (d) Provide detail and actions from the time to lead feedback at the next Board development session.	NHa/BoD development Agenda item		
	90/15	QUALITY IMPROVEMENT			
	(a)	<u>Patient Story (Verbal)</u>			
		Provide an update on the progress to address issues raised in the patient story.	PS		PS has discussed with the HON, matron and consultant regarding the feedback from the patient story. The ward has developed an action plan which incorporates discharge as an improvement action. This will be monitored by the directorate and care group.
		<u>Quality Impact Assessment Process</u>			
		Provide additional commentary to the QIA process regarding how the Board will be assured of the process	SA		
		Consider the role of the Audit Committee in providing assurance to the Board on the QIA process.	SP/PS		
	91/15	PERFORMANCE			
	(a)	<u>Performance Exception Report (Appendix G)</u>			
		Develop a plan to mobilise local authority parties to address community care provision issues	TS/RR		
		<u>Financial Performance (Appendix I)</u>			
		Provide a forecast for the Trust's cash position and a projected forecast for when difficulties may arise	SH		

RBCH Board of Directors Part 1 Actions October & previous

		Produce and circulate clear message to staff outlining the current position whereby cash will run out in the next year and that the 2016/17 budget setting will be undertaken against this background.	SH		
	(g)	<u>Workforce Report</u>			
		Unify narrative was circulated to the Board as it was not included in the report	PS		Complete.
		Produce a detailed report on sickness including the reason, type and long /short term data by area and an action plan to address they key elements.	KA		Within workforce report.
		For the Audit Committee to consider the benefits of a sickness audit	SP		
	95/15	<u>QUESTIONS FROM GOVERNORS AND PUBLIC</u>			
		Consider EDM as a topic at a future governor seminar	SA		
25.09.15	79/15	<u>QUALITY IMPROVEMENT</u>			
		<u>Adult Safeguarding and Child Protection and Safeguarding Report (Appendix C)</u>			
		Provide an action plan for level 2 safeguarding training	PS		Complete.
31.07.15	68/15	<u>QUALITY IMPROVEMENT</u>			
	(c)	<u>Workforce Race Equality Scheme</u>			
		Timescales and actions to be provided at the next Board meeting.	KA	Agenda Item December?	
27.03.15	24/15	<u>QUALITY IMPROVEMENT</u>			
	(c)	Freedom to speak up review			
		Identify non- executives and executives to lead on the freedom to speak up review.	PS/KA		On- going. Discussions underway with DON and HRD contacts to understand approaches in other Trusts. Recommendation then to be brought back to the board.

RBCH Board of Directors Part 1 Actions October & previous

					Whistleblowing update- the policy was relaunched. A poster was designed and a Trust stand was used to promote this to staff.
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Key:

	Outstanding
	In Progress
	Complete

BOARD OF DIRECTORS	
Meeting Date and Part:	27 th November 2015; Part 1
Subject:	Complaints and Claims Report
Section:	Quality
Executive Director with overall responsibility:	Paula Shobbrook, Director of Nursing and Midwifery
Author(s):	Jennie Moffat, Complaints and Claim Service Lead Ellen Bull, Deputy Director of Nursing and Midwifery Anton Parker, Information Specialist - Quality
Previous discussed at:	HAC 26 th November 2015
Action required: The Board is asked to note the report which is provided for information.	
<p>The Complaints scorecard with commentary and related metrics summarises the variety of concerns about services provided by the Trust. The report includes aggregate and directorate complaint acknowledgement and response performance, which is reviewed in detail at the Healthcare Assurance Committee.</p> <p>Key messages:</p> <ol style="list-style-type: none"> 1. Current acknowledgment time in month is 95% 2. Current Trust response time in month is 40% 3. PHSO YTD confirmed investigations is 3 4. Directorates with the most complaints are ED/AMU (10), Surgery (3), OPM (2), Specialist Services (2) 5. The main theme from complaints this month are the quality of care, clinical assessment, communication, access/admission/discharge 6. The number of complaints in month (20) lower than the same point last year (33) <p>Information about PALS and claims is also included.</p>	
Related Strategic Goals / Objectives:	All
Relevant CQC Outcome:	Safe, Caring, Effective, Responsive and Well Led

Complaints and clinical negligence claims

1. Introduction

This is a summary report for the Board of Directors. Complaints and clinical claims are discussed at the Healthcare Assurance Committee (HAC), where the complaints and Patient Advice and Liaison Service scorecard is reviewed.

2. Number of complaints and concerns

- 20 formal complaints were received in October 2015.
- PALS had 104 (56 written) concerns raised with them in October 2015.

3. Acknowledgement and response times

Complainants should receive an acknowledgement of their complaint within 3 days. This is part of providing assurance that their complaint has been heard and is being acted on. The Trust sends a letter of acknowledgement which is appropriately customised following screening, and also communications may be by telephone and email within the timeframes to acknowledge the complaint.

Performance against this standard (standard 95%) for October 2015 was 95%. Responses to complaints should normally be within 25 working days (quality strategy standard of 75%). Trust wide the overall response times are;

- October = 40%
- September = 41%
- August = 32%

Response times by Care Group for October are;

- Care Group A = 25%
- Care Group B = 23%
- Care Group C = 100%

Response times by directorate are;

Care Group A	Care Group B	Care Group C
Anaesthetics = 0%	Cardiology = 33%	Ophthalmology = 100%
Surgery = 25%	Medicine = 66%	Sp. Services = 100%
Orthopaedics = 50%	ED/AMU = 0%	Radiology = 100%
	OPM = 16%	

Of the delayed responses, the Directorates taking the longest time to respond to a complaint were Anaesthetics and OPM.

Response times continue to be reviewed closely. Response times remain disappointing and action continues to be taken. Of particular concern is Care Group B who had 19 overdue complaints as at 31st October 2015 with MFE and ED/AMU being the main areas of delay. Three complaints were overdue for Care Group A and 1 for Care Group C. The following are the main actions to date:

1. Weekly review of overdue complaints with Complaints Manager and Deputy Director of Nursing and Directorate Manager.
2. Inform heads of nursing and directorate managers the current status and guide to which complaints require attention.
3. Responses are sent back to the investigating manager if they are not of the Trust quality in terms of style, do not answer all the questions, or do not have appropriate actions taken and recorded. This increase in quality assurance can impact on response times. This was discussed with the CCG.
4. Flow chart indicating clear timescales and responsibilities has been distributed which is aligned to the policy.
5. Emails sending complaints for investigation contain information about the specific dates as to when the draft response should be ready, the date the final response should be posted or a holding letter sent if delayed.
6. Guidance for managers in how to write responses has been disseminated to ensure Trust style and uniformity is clear and supported.
7. Complaint tracker is continuing to be developed further following feedback
8. Monthly rationalised update reports to be sent to investigating managers detailing outstanding complaints and their directorate response times.

4. Themes and trends

In September the 3 directorates with the highest number of complaints were; Medicine with ED and AMU having 50% of all complaints received this month, Surgery (3), Specialist Services and Older People's Medicine 2 each.

Of the complaints received in October 2015, the overriding themes were quality/suitability of care (8), communication (5), clinical assessment (3), access (3).

5. Outcomes

All directorates should confirm the necessary actions resulting from complaints to the complaints manager, and ensure this is reported via their care group governance structure. The actions are also to be reported to the relevant Care Group and Trust Committee. There is one complaint that is undergoing an external review.

Twenty five complaints were closed in October 2015. Of those 21 forms were received. Managers categorised 8 as Not Upheld, 8 as partly upheld and 5 as upheld. Some managers provided information on lessons learned/actions taken which has been included in the Complaints and PALS Dashboard.

6. Clinical negligence claims

There were 7 new requests for copies of medical records during October, but no new clinical negligence claims.

7. Inquests

One inquest was held in October 2015. The verdict recorded was death as a result of a rare, but recognised complication of necessary surgery. The family were very complimentary of the care given.

8. Recommendation

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

BOARD OF DIRECTORS	
Meeting Date and Part:	27 th November 2015 – Part I
Subject:	Performance Report November 2015
Section:	Performance
Executive Director with overall responsibility	Richard Renaut, Chief Operating Officer
Author(s):	Donna Parker/David Mills
Previous discussion and/or dissemination:	PMG
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 Performance Report outlines the Trust's performance exceptions against key access and performance targets for the month of October 2015.</p> <p>The Matrix 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 reporting quarter for each metric.</p> <p>Improvement was seen in Q1 achieving compliance against all Monitor targets excepting ED 4 hour. Q2 positively saw a compliant position against the ED 4 hour target however, the key risks against Cancer 62 day remained, resulting in non compliance against that target with a knock-on impact on 31 day subsequent treatment. Q2 Monitor score was 2.</p> <p>Current projections for Q3 indicate non compliance for the 62 day target and some resulting risk to 31 day. ED 4 hour has also been indicated as amber risk due to increased admissions and acuity as has C Diff due to a number of cases awaiting review against the 'lapse in care' indicators.</p>	
Related Strategic Goals/ Objectives:	Performance
Relevant CQC Outcome:	Section 2 – Outcome 4: Care and welfare of people who use services. Outcome - 6 Co-operating with others.
Risk Profile: <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 national guidance on 'high impact' changes. ii. 4 hour target due to the continued high level of ambulance conveyances, attendances and admissions. iii. Risks for endoscopy wait times. <p>The urgent care impact risk assessment remains on the Trust Risk Register given the continued activity pressures, 4 hour performance and other indicators such as the increase in outliers.</p>	
Reason paper is in Part 2	N/A

Performance Report November 2015/16 For October 2015

1. Introduction

This report accompanies the Performance Indicator Matrix and outlines the Trust's actual and predicted performance exceptions against key access and performance targets. These targets are set out in *Forward View into Action – Planning for 15-16*, the *Monitor Risk Assessment Framework (RAF)* and in our contracts.

The report also includes some key updates on progress against additional measures, such as for diagnostics, planned patients and stroke care.

The Board should also note that as part of the Trust's annual internal audit programme, a review of the performance management and reporting process commenced in November. Any key recommendations will be presented to the Board in due course as required. We have also requested that examples of good practice, particularly in Board reporting, are shared with us by the internal audit team.

2. Risk assessment for 2015/16 – Q2

The below shows Q2 actual and Q3 predictions and the last five quarters' performance.

Monitor Risk Assessment Framework: 2014/15 & Q1 15/16 Actual, Q2 15/16 Prediction	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Referral to treatment time, 18 weeks in aggregate, admitted patients					NLR	NLR	NLR
Referral to treatment time, 18 weeks in aggregate, non-admitted patients					NLR	NLR	NLR
Referral to treatment time, 18 weeks in aggregate, incomplete pathways							
A&E Clinical Quality- Total Time in A&E under 4 hours							
Cancer 62 Day Waits for first treatment (from urgent GP referral and/or screening)							
Cancer 31 day wait for second or subsequent treatment - surgery							
Cancer 31 day wait for second or subsequent treatment - drug treatments							
Cancer 31 day wait for second or subsequent treatment - radiotherapy							
Cancer 31 day wait from diagnosis to first treatment							
Cancer 2 week (all cancers)							
Cancer 2 week (breast symptoms)							
Clostridium Difficile -meeting the C.Diff objective							
Compliance with requirements regarding access to healthcare for people with a learning disability							

* These two indicators are no longer formally part of the risk framework, but will continue to be managed.

Q2 performance has now been confirmed with the ED 4 hour target achieved. As expected, due to our continued focus on the backlog of template biopsies and prostatectomies, together with patient choice and some additional pressures in Lung and Colorectal services, we were narrowly below threshold against the 62 day target (82.6% vs 85%). As highlighted in last month's report, a small number of breaches via the Breast Screening Service also affected the 62 day screening target. The Urology backlog work did mean that the 31 day subsequent surgery target was non compliant though positively, the 31 day first treatment target was met. Overall this resulted in a Monitor non compliance score of 2.

Going forward into Q3, the increase in non elective admissions has presented heightened risk to the ED 4 hour target. We also anticipate that the continued work on the cancer 62 day recovery plans will mean this may remain below threshold with

some consequential risk to 31 day first treatment. Finally, some further incidence of C Difficile has also increased the number of cases reported and we await final reviews of cases to determine whether these are due to lapses in care. This means we may well be above the “stretch” trajectory for CDiff, but with numbers similar to last year and benchmarking low to comparable Trusts. There is therefore, the potential for a Monitor score of 4, though this remains under close review.

3. Infection Control

Number of Hospital acquired C. Difficile due to lapses in care
Number of Hospital acquired MRSA cases

Our C.Diff target for this year has been reduced to 14, to provide “stretch” for improvement. At end October 2015, nine cases of C. Difficile were confirmed as evidencing lapses in care with 3 further cases under investigation. As at end September we were on trajectory with our Monitor half year target of 7, however, we have now exceeded this and are currently predicting a risk to our Q3 and full year performance due to the remaining cases under review and ongoing cases as we go through Q3. Weekly surveillance and auditing is continuing on 2 wards and a dedicated 4 week enhanced training programme is being implemented in key areas by the Matrons, with excellent support from Ward Clinical Leaders.

There have been no reported cases of hospital acquired MRSA.

4. Cancer

Performance against Cancer Targets

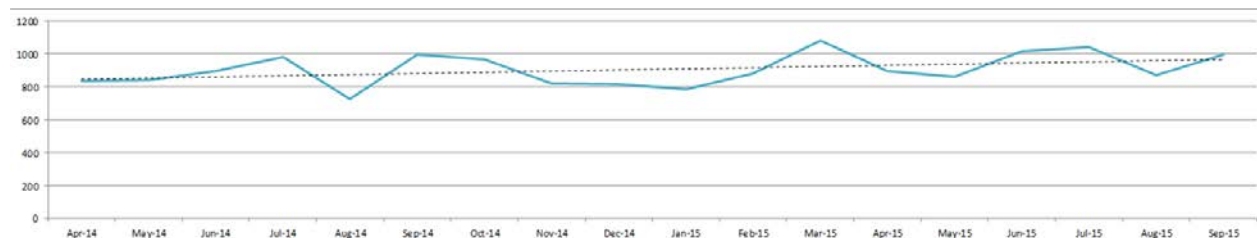
Key Performance Indicators	Threshold	2015-2016 Qtr 1	Sep-15	2015-2016 Qtr 2
2 weeks - Maximum wait from GP	93.0%	96.4%	95.3%	95.1%
2 week wait for symptomatic breast patients	93.0%	98.6%	100.0%	100.0%
31 Day – 1st treatment	96.0%	96.5%	97.5%	96.2%
31 Day – subsequent treatment - Surgery	94.0%	94.8%	97.3%	92.2%
31 Day – subsequent treatment - Drugs	98.0%	100.0%	100.0%	100.0%
62 Day – 1st treatment	85.0%	85.5%	83.1%	82.6%
62 day – screening patients	90.0%	91.3%	85.7%	87.2%
62 day – Consultant upgrade (<i>local target</i>)	90.0%	76.5%	85.7%	88.9%

Two Week Wait

The overall improvement against the Two Week Wait target has been sustained with compliance being achieved through Q2. Endoscopy capacity remains the main risk however, scheduling templates have been adapted and are reviewed on a weekly basis to provide dedicated capacity for fast tracks. Demand and capacity modelling now suggests that with the implementation of our significant action plan we have reached a sustainable demand and capacity match (based on current demand) and

we are moving into a backlog clearance position which will gradually reduce down the overall backlog.

We continue to monitor fast track referral demand following the publication of the new NICE guidance in the summer.



62 Day Referral/Screening to Treatment

As highlighted in the last report, we had a compliant position in Q1. However, a number of patients exercised their right to choice and with surgical capacity available in Q2, some patients went on to breach the 62 day RTT in Q2. As a consequence the threshold was not met for Q2.

Furthermore, a small number of Breast patients referred via the Screening Service experienced some delays due to complexity of pathways across providers and some surgical capacity pressures. This is not expected to be an ongoing issue but did result in below threshold performance in Q2.

Latest breach analysis for Q3 to date continues to show that the key reasons for breaches are: surgical capacity and pathway sequence, with a smaller number due to other reasons such as patient choice and transfers between trusts. Further senior input into the weekly surgical planning meetings is being developed to support the identification of upcoming breach and longest waiting patients to pull forward pathway and treatment dates. In addition, pulling forward two week wait appointments to within one week is taking place where possible to allow further time later in 62 day pathways.

In addition, data is currently being developed to provide high level, speciality based, elective admitted key data (e.g. additions/removals) to review demand and capacity for 15/16 and 16/17. Alongside this, improvement/utilisation dashboards are being developed at speciality level to assist managers and clinicians with identifying opportunities to create efficiencies to meet demand and capacity gaps. These are being rolled out through the Surgical Care Group Theatres Quality Improvement Programme groups which is a continuous improvement programme with a heavy current focus on driving further efficiency in Urology, GI and enabling theatre activities. It is expected that this will also support capacity in relation to cancer and RTT targets.

Analysis of existing robot prostatectomy backlog and predicted weekly additions informs our ongoing plans on capacity, including implementing 'robot weeks' when required and rescheduling theatre timetables to achieve maximum backfill for Urology, facilitate additional capacity and respond to peaks. This work continues to be a major immediate focus to further reduce backlog and in light of pending final agreement with

Dorset County Hospital to 'pool' their prostatectomy patients. Further Urology improvements will be aided by implementing the recommendations of the Royal College of Surgeons review which took place in November to specifically review the prostate 62 day cancer pathway. This work will be included within the wider Urology specific Quality Improvement programme which is reviewing Urology admissions processes, diagnostic timelines and Urology specific theatre practices. This work also includes a development programme for robotic 'first assistants' to add additional capacity in late 2016/early 2017 following an extensive training schedule.

Detailed breach root cause analysis is now undertaken weekly and shared with clinicians and all relevant staff to identify further areas for improvement.

62 day performance

Site	Quarter 1 2015/16			Sep-15			Quarter 2 2015/16		
	Total	Within Target	Performance	Total	Within Target	Performance	Total	Within Target	Performance
Haematology	12	12	100.0%	2	1	50.0%	13	12	92.3%
Lung	17	14	79.4%	7.5	6	80.0%	27	19	68.5%
Colorectal	29	24	84.2%	6	5	83.3%	26	22	84.6%
Gynae	7	6	85.7%	1.5	1.5	100.0%	7	6	92.3%
Skin	84	81	95.8%	38	35.5	93.4%	83	80	97.0%
UGI	22	21	95.3%	10	10	100.0%	30	28	93.2%
Urology	92	66	72.1%	33	21.5	65.2%	100	64	64.0%
Breast	32	30	93.7%	9	8	88.9%	43	40	93.0%
Others									
Head & Neck	3	2	80.0%	2	2	100.0%	4	4	100.0%
Brain/central nervous system	0	0					0	0	
Children's cancer	0	0					0	0	
Other cancer	3	3	100.0%				0	0	
Sarcoma	2	0	0.0%	0.5	0.5	100.0%	2	2	75.0%
Total	300	257	85.5%	109.5	91.0	83.1%	333	275	82.6%

The demand and capacity pressures in our Gastro, Endoscopy and Colorectal services, resulted in non compliance for those MDTs in Quarter 2. Endoscopy pressures have also been seen across all of the Bowel Cancer Screening Service providers presenting some risk going forward to the 62 day screening target. However, a more positive position is expected going forward in relation to Endoscopy - see below for update. A meeting is also being coordinated by the Dorset CCG with University Hospital Southampton as our partner provider to review Lung pathways.

31 Subsequent Surgery

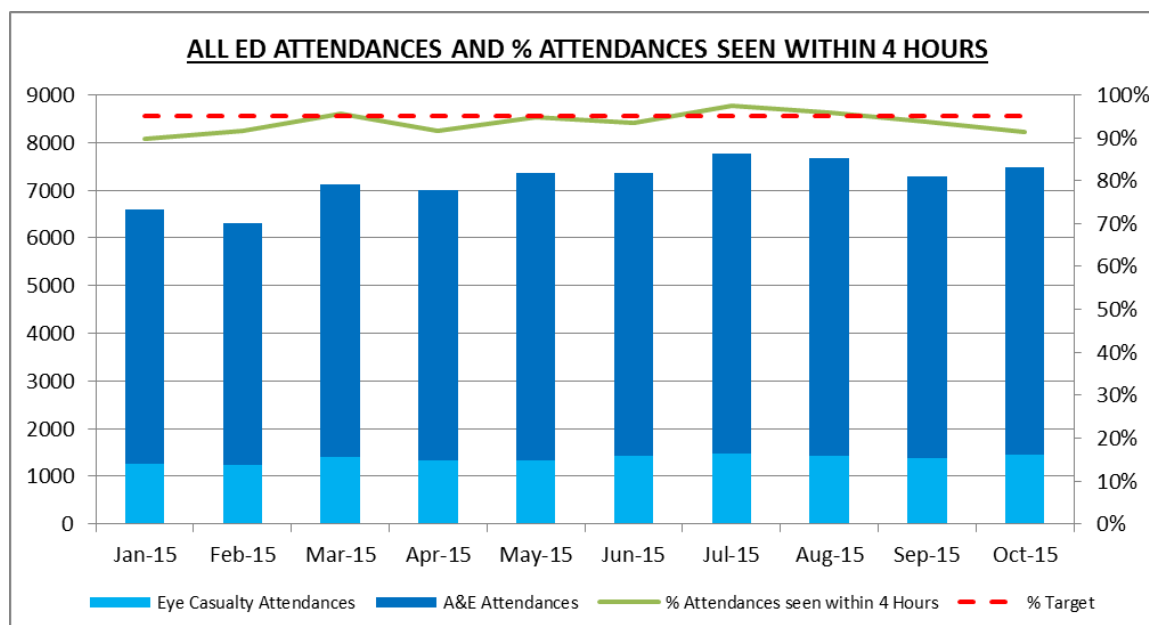
Due to the focus on the Urology backlog, we saw a number of 31 day breaches against the 31 day subsequent treatment target in Q2 which impacted on our overall compliance. By implementing the Trust policy and supporting clinicians with forward planning their work this target should be complaint going forward.

5. A&E

95% of patients waiting less than 4 hours from arrival to transfer/discharge

Positively, Q2 saw a compliant quarter against the ED 4 hour target. This reflects the outputs of the significant improvement undertaken by the department through the

‘rapid assessment & treatment’ and ‘see & treat’ models, reconfiguration of hours and enhancement of the Nurse Practitioner roles and hours. A better position in medical staffing cover, including an additional consultant, is also supporting an improved service and a further consultant post is expected to commence in January 16.



Ambulance handovers increased by 6.5% in October, compared to September and total non-elective admissions are up compared to last year. Given the higher consultant staffing levels in both ED and AMU the senior decision maker/gatekeeper roles are reducing inappropriate admissions. The Ambulance service is also managing more patients with conveying them to hospital. The net result is the increased demand has a greater complex comorbidity case mix. This has had a negative impact on ED resulting in an October performance of 91.3%. The planned opening of Ward 3 on 5 November has helped reduce the ongoing pressure and as at 12 November, monthly performance was 94.26%. However, ongoing higher levels of demand, junior doctor strikes and continuing reduction of care homes and packages present increasing risk to the remainder of the quarter and the year.

Analysis of the October performance shows 41.0% of the breaches in October were attributed to the inability to move patients to downstream beds. However, 53.5% of delays were within the ED itself, a marked change to the pattern over the last 9 months. Of these 84.4% of the breaches are being attributed primarily to clinician assessment delay, 8.4% due to delayed specialty referral, and 3.7% due to patients requiring a side room.

Peaks in attendances, particularly out of hours, have presented a particular pressure on the department and the East urgent care taskforce group, chaired by the DCCG, is undertaking some further work on this. The Trust has also tentatively agreed with the other Dorset acute hospitals and SWAST as the ambulance service, a more pragmatic and useful approach to escalating when a Trust is struggling, before calling for a full divert. Once this is formally agreed appropriate on call and ED staff will be briefed.

This, together with implementation of our full Winter Plan will be key as we go forward into Q3 and Q4 where non elective/emergency admissions and acuity become increasing challenges.

Monitor have indicated that they wish to further review our ED performance and we are currently exploring further external support to review urgent care flow via a range of options.

Dorset CCG ran a system-side Winter Workshop on 11 November to share commissioner and provider plans and discuss further areas for action and improvement. SWAST intelligence suggests exceptionally high demand, at least similar if not higher to last year, can be expected over December and early January, particularly over Christmas and New Year. c10% increased staffing is currently being planned by SWAST over the period. At RBH, detailed planning on service cover and senior support availability for this period is well underway.

Further DCCG slippage funds have been provided to Social Services to increase support over the winter period and schemes include provider incentives to maintain provision. Other initiatives include the 'Proud to Care' brand to support recruitment, hospital social workers following up discharges rather the community social workers, further support to self funders and protecting domiciliary care packages for longer. Dorset HealthCare will be maintaining the additional beds provided this year at Canford Ward and the Trust is discussing in year improvement in flow across East Dorset's few community beds to cope with the rising demand. The Trust is still in discussion about the future of St Leonard's community beds after March.

A focus on Mental Health services is also progressing and include increased presence in ED from December with 24/7 MH liaison services. Additional funding over and above planned resilience funds have been made available for Mental Health services and primary care, the latter supporting increased GP opening, OoH GP response vehicle and Pharmacy First.

Taken together there is considerable activity and implementation of plans underway to cope with rising demand, within the same funding as last year for the NHS, and lower funding for social care. The net effect is there remains significant risk of emergency care pressures peaking once again in the late December/January period, despite significant innovation and improvement, and strong partnership working.

6. Learning Disability

Patients with a learning disability: Compliance with requirements to healthcare access
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We were compliant with requirement to healthcare access for Q2 15-16 and October '15 against the target.

7. Mixed Sex Accommodation

Minimise no. of patients breaching the mixed sex accommodation requirement

October is the third month of reporting under the revised MSA policy, in line with contractual agreements with Dorset CCG. 3 episodes of MSA breach occasions occurred during October, affecting a total of 6 patients in critical care:

	Breach Occasions	Patients Affected
CCU	1	2
GI	2	4

Reviews of each potential breach is undertaken via root cause analysis. This is against the new CCG led policy. Based upon CCG advice we are also looking at each potential case to ensure the full clinical decision matrix is applied, so as to ensure safe care always remains the priority.

8. Diagnostics

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

As expected, October's diagnostic result was 93.8% which although missing the 99% threshold, was an improved position on the previous month. This was entirely due to Endoscopy which as highlighted earlier, has now begun to reduce the overall backlog through implementation of the improvement plan. This includes the substantive nursing cover which is now supporting optimisation of in-week capacity and 6-day services.

Our demand and capacity tool has now been used to produce an indicative predicted trajectory for the 6 week wait diagnostic performance. October performance exceeded projections for this target, though it should be noted that our backlog reduction plan is across the whole service based on clinical need which includes planned and RTT pathways. Therefore, some months may see more 6ww patients removed and some months more planned patients. We are currently working towards a maximum 12 week wait across all Endoscopy procedures for diagnostic and planned pathways by end November.

We continue to review this position with our commissioners who currently have indicated they are not able to support further funding for outsourcing work which would hasten the recovery programme.

The QI improvement project related to admin and booking processes has now moved into a phase of sustainability and embedding new processes, though ongoing development in relation to remaining areas for improvement is continuing to be supported internally by the management team. This and monitoring of the above trajectory is also being supported by the operational Endoscopy demand and capacity tool which is now in place.

Urology reported two >6wk breaches under Cystoscopy, which includes patient choice and positively, there were no breaches in Cardiology or Radiology. Overall these areas are compliant against the 99% threshold.

Planned Patients

In addition to our patients who have been newly referred for a diagnostic procedure, we also have patients who are on a 'planned' or 'surveillance' waiting list. These are patients that have repeated procedures on a planned basis (e.g. annually or three/five yearly). Currently we have 185 patients out of 6,156 (3.0%) who have been waiting greater than 6 weeks past their indicative due date. This is predominantly due to the pressures referred to above in Endoscopy. The work being undertaken in Endoscopy will support our forward plans for reducing this and improvement has already been seen in September and October as a result of the additional capacity. This continues to be monitored on a weekly basis, with clinical reviews of longer waiting patients being undertaken.

9. Cancelled Operations

No. of patients not offered a binding date within 28 days of cancellation

During October, one patient's operation was cancelled on the day due to equipment failure. Whilst a date was offered within 28 days, the patient was unable to accept, and unfortunately we were unable to offer another date within 28 days.

10. Stroke

Further to level B compliance in the national SSNAP Q1 report, we currently remain on track for level B in Q2 with continued improved performance across a number of the key indicators through the Quarter. The formal SSNAP report is awaited.

October has seen some challenges to the Stroke Unit, Scanning and Thrombolysis targets and focussed work is underway to review the learning urgently from these going forward into the remainder of the quarter. This has included trial of a screening process for GP referrals. November has already seen an improved position and Level B is predicted to be sustained. Four key QI projects have also been launched which are also expected to support Q4 performance.

11. Referral to Treatment Times (RTT) – Aggregate and Speciality Level

92% of patients on an incomplete RTT pathway within 18 weeks <i>90% of patients on an admitted pathway treated within 18 weeks</i> <i>95% of patients on a non-admitted pathway treated within 18 weeks</i>
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Incomplete Pathways

The Trust continues to perform well against the Incomplete Pathways target, achieving 94.5% in October with 18523 patients waiting less than 18 weeks.

Some individual service level risks are continuing to be monitored. This includes our ongoing work with Poole Hospital and our commissioners to provide sufficient capacity for the visiting specialities this year and to review and match capacity going into the new contracting year. Dermatology is also being monitored carefully as demand and capacity analysis continues to suggest that without significant demand management in primary care, the service could remain under pressure. Capacity templates are currently being finalised across Consultants and other skilled staff alongside implementation of a criteria based referral process. Joint work is also continuing in order to support the new community Dermatology Service in Hampshire and the outcome of this is being monitored. Finally, we are also seeing some pressures in Ophthalmology with increased referrals and particular pressures in some individual consultant specialist procedures as well as cataracts. Actions to mitigate these risks are currently being implemented, including some additional operating and clinic sessions and review of General Anaesthetic capacity to support the specialist work.

Following an increase in admitted backlogs across Urology, Upper GI and Lower GI, with some focussed work on the longer waiting patients together with improvements in Endoscopy, we are seeing an improving position through October and November. Work is also underway in Orthopaedics to establish further capacity for complex Revision surgery which is currently a particular pressure area.

Ongoing sustainability of performance against the RTT target will also be supported by the outputs of the demand and capacity project. An Outpatient demand and capacity tool has been developed and a workshop is being held in November to introduce this, together with a suite of new Outpatient utilisation and improvement reports. The project outputs also include the admitted reports and tools referred to above, as well as a bed modelling tool which will be tested and refined, to include scenario planning, by directorate and care groups.

	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15		
										<18 wks	Total	Performance
100 - GENERAL SURGERY	92.4%	94.0%	92.8%	91.1%	93.0%	92.3%	91.6%	91.3%	90.5%	2086	2270	91.9%
101 - UROLOGY	92.1%	91.9%	91.0%	89.9%	90.1%	90.0%	89.0%	88.4%	87.2%	1322	1472	89.8%
110 - TRAUMA AND ORTHOPAEDICS	87.3%	84.8%	86.3%	89.2%	92.9%	94.2%	94.5%	93.9%	93.7%	3337	3521	94.8%
120 - EAR NOSE AND THROAT	85.1%	87.2%	85.3%	87.8%	87.4%	90.3%	95.0%	98.4%	98.9%	274	277	98.9%
130 - OPHTHALMOLOGY	94.9%	95.7%	96.3%	97.4%	97.3%	97.5%	96.6%	95.4%	94.8%	3805	4072	93.4%
140 - ORAL SURGERY	90.4%	87.5%	86.5%	80.5%	73.3%	65.8%	59.5%	84.8%	98.0%	189	189	100.0%
170 - CARDIOTHORACIC SURGERY	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	12	12	100.0%
300 - GENERAL MEDICINE	94.0%	98.2%	96.0%	93.0%	94.6%	97.6%	97.5%	96.9%	96.4%	1670	1723	96.9%
320 - CARDIOLOGY	94.0%	94.7%	94.5%	94.6%	94.9%	95.8%	95.8%	94.2%	93.5%	1574	1654	95.2%
330 - DERMATOLOGY	77.6%	72.1%	79.4%	84.6%	89.3%	89.1%	92.1%	92.1%	91.7%	482	514	93.8%
340 - THORACIC MEDICINE	95.8%	100.0%	99.5%	97.9%	99.4%	97.9%	98.6%	99.4%	100.0%	350	353	99.2%
400 - NEUROLOGY	98.5%	94.1%	91.8%	86.7%	85.6%	81.7%	87.7%	96.7%	97.5%	163	168	97.0%
410 - RHEUMATOLOGY	99.5%	99.1%	99.5%	97.1%	96.1%	94.5%	96.9%	98.1%	98.6%	888	900	98.7%
430 - GERIATRIC MED	98.0%	98.9%	100.0%	97.8%	97.0%	98.1%	97.0%	99.2%	98.5%	119	119	100.0%
502 - GYNAECOLOGY	96.5%	95.8%	93.3%	91.8%	95.1%	92.5%	92.1%	92.3%	93.7%	840	888	94.6%
Other	99.8%	99.3%	98.6%	97.3%	97.7%	97.6%	95.6%	95.9%	97.7%	1412	1464	96.4%
TOTAL	92.4%	92.7%	92.7%	92.6%	94.0%	94.4%	94.3%	94.1%	94.1%	18523	19596	94.5%

In light of the changes to RTT targets, nationally the RTT rules have been revised. The Dorset Framework of Scheduled Care has consequently been reviewed and is attached as an annex. Work is underway to review our internal operational policy and protocols to reflect this.

Admitted and Non Admitted RTT

Internally we are continuing to monitor patient treatment on the admitted and non admitted pathways. From 1st October 2015, we are reporting admitted pathways using unadjusted waits, and this is in line with national guidelines. Performance for October 2015 was 82.9% for admitted as a result of the change to unadjusted reporting and the focus on booking long waiters. We achieved 95.4% for non admitted, with 7071 patients being treated within 18 weeks

12. Recommendation

The Board is requested to note the performance exceptions to the Trust's compliance with the 2015/16 Monitor Framework and 'The Forward View into Action' planning guidance requirements.

2015/16 PROPOSED PERFORMANCE INDICATOR MATRIX FOR BOARD OF DIRECTORS



Area	Indicator	Measure	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Forecast - Next Month	Forecast - Quarter	RAG Thresholds		
Monitor Governance Targets & Indicators															> trajectory		<= trajectory
Infection Control	Clostridium difficile	Total number of hospital acquired C. Difficile cases under review	9			6			3			3	n/a	n/a			
	Clostridium difficile	C. Difficile cases due to lapses in Care	-			1			6			2			>1		<1
Referral to Treatment	RTT Admitted	18 weeks from GP referral to 1 st treatment – aggregate	90.2%			90.1%			90.5%			82.9%			<90%		≥90%
	RTT Non Admitted	18 weeks from GP referral to 1st treatment – aggregate	91.9%			93.0%			93.8%			95.4%			<95%		≥95%
	RTT Incomplete pathway	Patients on an 18 week pathway awaiting treatment – aggregate	92.6%			92.6%			94.2%			94.5%			<92%		≥92%
Cancer	2 week wait	From referral to to date first seen - all urgent referrals	91.6%			96.4%			95.1%						<93%		≥93%
	2 week wait	From referral to date first seen - for symptomatic breast patients	98.1%			98.6%			100.0%						<93%		≥93%
	31 day wait	From diagnosis to first treatment	96.2%			96.5%			96.2%						<96%		≥96%
	31 day wait	For second or subsequent treatment - Surgery	86.1%			94.8%			92.2%						<94%		≥94%
	31 day wait	For second or subsequent treatment - anti cancer drug treatments	100.0%			100.0%			100.0%						<98%		≥98%
	62 day wait	For first treatment from urgent GP referral for suspected cancer	81.9%			85.5%			82.6%						<85%		≥85%
	62 day wait	For first treatment from NHS cancer screening service referral	89.6%			91.3%			87.2%						<90%		≥90%
A&E	4 hr maximum waiting time	From arrival to admission / transfer / discharge (Type 1 & 2)	92.39%			93.3%			95.75%			91.31%			<95%		≥95%
LD	Patients with a learning disability	Compliance with requirements regarding access to healthcare													No		Yes
TOTAL	CURRENT QUARTERLY MONITOR (PREDICTION) / SCORE		5			1			2				n/a	n/a	n/a		

Indicators within The Forward View into Action: Planning for 2015/16.

MSA	Mixed Sex Accommodation	Minimise no. of patients breaching the mixed sex accommodation requirement	0	0	0	0	0	0	0	29	4	6			> 0		0
Infection Control	MRSA Bacteraemias	Number of hospital acquired MRSA cases	0	0	0	0	0	0	0	0	0	0			>0		0
Cancer	62 day – Consultant upgrade	Following a consultant's decision to upgrade the patient priority *	100.0%	100.0%	100.0%	66.7%	66.7%	100.0%	88.9%						< 90%		≥90%
VTE	Venous Thromboembolism	Risk assessment of hospital-related venous thromboembolism	95.5%	95.8%	96.1%	95.4%			96.1%						<95%		≥95%
Diagnostics	Six week diagnostic tests	More than 99% of patients to wait less than 6 wks for a diagnostic test	94.2%	94.8%	98.4%	94.8%	97.9%	97.7%	96.2%	92.8%	91.8%	93.8%			<99%		≥99%
A&E	Admission via A&E	No. of waits from decision to admit to admission over 12 hours	2	5	0	0	0	0	0	0	0	0			≥1		0
	Ambulance Handovers	No. of breaches of the 30 minute handover standard	66	55	49	20	20	22	43	56	85	106	n/a	n/a	tbc		
	Ambulance Handovers	No. of breaches of the 60 minute handover standard	31	31	6	5	2	2	4	9	10	38	n/a	n/a	tbc		
Cancelled Operations	28 day standard	No. of patients not offered a binding date within 28 days of cancellation	0	2	0	0	0	1	0	1	0	1			≥1		0
	Urgent ops Cancelled for 2nd time	No. of urgent operations cancelled for a second time	0	0	0	0	0	0	0	0	0	0			≥1		0
Stroke & TIA	SSNAP indicator	% of Stroke patients are treated on a dedicated stroke ward for 90% of spell	66.7%	83.7%	72.7%	51.1%	69.4%	84.3%	88.9%	89.6%	81.7%	67.5%	tbc	tbc	tbc		
	SSNAP indicator	Direct admission to Stroke Unit within 4 hours of admission	64.9%	68.1%	70.0%	53.3%	75.0%	62.9%	86.8%	69.1%	73.0%	66.0%	tbc	tbc	tbc		
	SSNAP indicator	Patients receive CT Scan within 24 hours of admission	98.2%	97.9%	98.1%	96.7%	100.0%	92.0%	100.0%	n/a	n/a	n/a	tbc	tbc	tbc		
	SSNAP indicator	Patients with acute stroke receive brain imaging within 1 hr	35.1%	42.6%	55.8%	46.7%	41.1%	40.0%	56.6%	35.1%	40.6%	31.5%	tbc	tbc	tbc		
	SSNAP indicator	Thrombolysis Rate	14.0%	19.1%	17.3%	13.3%	12.5%	12.3%	17.0%	10.5%	7.8%	11.1%	tbc	tbc	tbc		
	SSNAP indicator	% appropriate patients receiving thrombolysis (within 1 hour of clock start)	37.5%	33.3%	11.0%	50.0%	14.3%	62.5%	33.3%	33.3%	60.0%	0.0%	tbc	tbc	tbc		
	TIA indicator	High risk TIA cases investigated and treated within 24hrs	75.0%	70.0%	71.0%	67.2%	63.0%	60.0%	60.0%	39.0%	53.0%	65.0%	tbc	tbc	tbc		
	TIA indicator	Low risk TIA cases, seen within 7 days	76.0%	86.0%	91.0%	89.2%	92.0%	91.0%	86.0%	90.0%	90.0%	94.0%	tbc	tbc	tbc		
Referral to Treatment	Clocks still running - 52 weeks	Zero tolerance of over 52 week waiters (Incomplete Pathways)	0	0	0	0	0	0	0	0	0	0			≥1		0
	Clocks still running - admitted	Total number of patients with an admitted incomplete pathway	n/a	n/a	n/a	5976	6097	5967	5967	6306	6222	6430	n/a	n/a	tbc		
	Clocks still running - admitted	Number of patients with an admitted incomplete pathway over 18 weeks	n/a	n/a	n/a	656	600	568	669	753	790	787	n/a	n/a	tbc		
	Clocks still running - non admitted	Total number of patients with a non admitted incomplete pathway	n/a	n/a	n/a	14169	13434	13054	13265	13717	12951	13166	n/a	n/a	tbc		
	Clocks still running - non admitted	Number of patients with a non admitted incomplete pathway over 18 weeks	n/a	n/a	n/a	826	581	499	448	425	349	286	n/a	n/a	tbc		
	RTT Clocks still running - Combined	100 - GENERAL SURGERY	92.4%	94.0%	92.8%	91.1%	93.0%	92.3%	91.6%	91.3%	90.5%	91.9%			<92%		≥92%
	RTT Clocks still running - Combined	101 - UROLOGY	92.1%	91.8%	91.0%	89.9%	90.1%	90.0%	89.0%	88.4%	87.2%	89.8%			<92%		≥92%
	RTT Clocks still running - Combined	110 - TRAUMA AND ORTHOPAEDICS	87.3%	84.8%	86.3%	89.2%	92.9%	94.2%	94.5%	93.9%	93.7%	94.8%			<92%		≥92%
	RTT Clocks still running - Combined	120 - EAR NOSE AND THROAT	85.1%	87.2%	85.3%	87.8%	87.4%	90.3%	95.0%	98.4%	98.9%	98.9%			<92%		≥92%
	RTT Clocks still running - Combined	130 - OPHTHALMOLOGY	94.9%	95.7%	96.3%	97.4%	97.3%	97.5%	96.6%	95.4%	94.8%	93.4%			<92%		≥92%
	RTT Clocks still running - Combined	140 - ORAL SURGERY	90.4%	87.5%	86.5%	80.5%	73.3%	65.8%	59.5%	84.9%	98.0%	100.0%			<92%		≥92%
	RTT Clocks still running - Combined	170 - CARDIOTHORACIC SURGERY	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			<92%		≥92%
	RTT Clocks still running - Combined	300 - GENERAL MEDICINE	94.0%	98.2%	96.0%	93.0%	94.6%	97.6%	97.5%	96.9%	96.4%	96.9%			<92%		≥92%
	RTT Clocks still running - Combined	320 - CARDIOLOGY	94.0%	94.7%	94.5%	94.6%	94.9%	95.8%	95.8%	94.2%	93.5%	95.2%			<92%		≥92%
	RTT Clocks still running - Combined	330 - DERMATOLOGY	77.6%	72.1%	79.4%	84.6%	89.3%	89.1%	92.1%	92.1%	91.7%	93.8%			<92%		≥92%
	RTT Clocks still running - Combined	340 - THORACIC MEDICINE	95.8%	100.0%	99.5%	97.9%	99.4%	97.9%	98.6%	99.4%	100.0%	99.2%			<92%		≥92%
	RTT Clocks still running - Combined	400 - NEUROLOGY	98.5%	94.1%	91.8%	86.7%	85.6%	81.7%	87.7%	96.8%	97.5%	97.0%			<92%		≥92%
	RTT Clocks still running - Combined	410 - RHEUMATOLOGY	99.5%	99.1%	99.5%	97.1%	96.1%	94.5%	96.9%	98.2%	98.6%	98.7%			<92%		≥92%
	RTT Clocks still running - Combined	430 - GERIATRIC MED	98.0%	98.9%	100.0%	97.8%	97.0%	98.1%	97.0%	99.2%	98.5%	100.0%			<92%		≥92%
	RTT Clocks still running - Combined	502 - GYNAECOLOGY	96.5%	95.8%	93.3%	91.8%	95.1%	92.5%	92.1%	92.3%	93.7%	94.6%			<92%		≥92%
	RTT Clocks still running - Combined	Other	99.8%	99.3%	98.6%	97.3%	97.7%	97.6%	95.6%	95.9%	97.7%	96.4%			<92%		≥92%
Planned waits	Planned waiting list	% of patients less than 6 weeks past their due date	n/a	n/a	n/a	96.9%	95.2%	95.6%	98.1%	95.8%	96.3%	96.5%			tbc		
Cancer	Cancer 62 day by Tumor Site	Haematology	76.9%			100.0%			100.0%	100.0%	50.0%				<85%		≥85%
	Cancer 62 day by Tumor Site	Lung	75.0%			79.4%			71.4%	65.0%	80.0%				<85%		≥85%
	Cancer 62 day by Tumor Site	Colorectal	73.8%			84.2%			82.6%	88.2%	83.3%				<85%		≥85%
	Cancer 62 day by Tumor Site	Gynae	92.6%			85.7%			100.0%	80.0%	100.0%				<85%		≥85%
	Cancer 62 day by Tumor Site	Skin	94.2%			95.8%			100.0%	100.0%	93.4%				<85%		≥85%
	Cancer 62 day by Tumor Site	UGI	77.1%			95.3%			90.5%	88.9%	100.0%				<85%		≥85%
	Cancer 62 day by Tumor Site	Urology	73.8%			72.1%			70.1%	53.4%	65.2%				<85%		≥85%
	Cancer 62 day by Tumor Site	Breast	97.1%			93.7%			92.3%	95.2%	88.9%				<85%		≥85%
	Cancer 62 day by Tumor Site	Head & Neck	69.2%			80.0%			100.0%	100.0%	100.0%				<85%		≥85%
	Cancer 62 day by Tumor Site	Brain/central nervous system	n/a			n/a			n/a	n/a	n/a		n/a	n/a	<85%		≥85%
	Cancer 62 day by Tumor Site	Children's cancer	n/a			n/a			n/a	n/a	n/a		n/a	n/a	<85%		≥85%
	Cancer 62 day by Tumor Site	Other cancer	55.6%			100.0%			n/a	n/a	n/a				<85%		≥85%
	Cancer 62 day by Tumor Site	Sarcoma	75.0%			0.0%			n/a	n/a	100.0%				<85%		≥85%
SUS Submissions	NHS Number Compliance	Completion of NHS Numbers in SUS Submission (IPS/OPS)	99.8%	99.9%	100%	99.9%	99.9%	100%	99.9%	tbc					<99%		≥99%
	NHS Number Compliance	Completion of NHS Numbers in SUS A&E Submissions	97.5%	97.6%	98%	97.9%	97.9%	98%	97.5%	tbc					<95%		≥95%

* Local standard of 90% with a de minimis of 2 breaches per month or 6 per quarter
NHS Number Compliance is YTD



Dorset
Clinical Commissioning Group

NHS Dorset Clinical Commissioning Group

Framework for the Management of Scheduled Care for the County of Dorset

Date: **November 2014**

Review Date: **November 2016**



Supporting people in Dorset to lead healthier lives

Document History				
Date of Issue	Version No.	Next Review Date	Date Approved	Nature of Change
January 2013	V1	February 2013		
October 2014	V2	October 2016		Review of existing policy, new RTT guidelines and local arrangements.
November 2014	V3	November 2016		Amendments discussed with RTT group and document issued for final agreement by 13/11/14.
November 2014	V4	November 2016		Feedback from RTT to finalise document.
October 2015		November 2017		Feedback from RTT rules suite 2015

NHS DORSET CLINICAL COMMISSIONING GROUP (CCG)

FRAMEWORK FOR THE MANAGEMENT OF SCHEDULED CARE FOR THE COUNTY OF DORSET

1. INTRODUCTION

This framework for the management of scheduled care is a pan Dorset document which refers to relevant sections of the NHS constitution, the Referral to Treatment in October 2015 rules suite and cancer waiting times NHS cancer standard review. It sets out the key national and locally agreed standards. All NHS Trusts and independent sector NHS providers of care commissioned by Dorset CCG are required to develop and publish operational policies for their organisations to support the national and locally agreed standards.

2. THE NHS CONSTITUTION

The NHS constitution sets out patient and staff rights and responsibilities relating to the NHS and some of the key elements affecting this framework are set out below.

“Access to NHS services is based on clinical need, not an individual’s ability to pay
You have the right to access NHS services. You will not be refused access on unreasonable grounds. The NHS commits to provide convenient, easy access to services within the waiting times set out.

You have the right to be treated with a professional standard of care, by appropriately qualified and experienced staff, in a properly approved or registered organisation that meets required levels of safety and quality.

You have the right not to be unlawfully discriminated against in the provision of NHS services including on the grounds of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.

You have the right to make choices about the services commissioned by NHS bodies and to information to support these choices. The options available to you will develop over time and depend on your individual needs.

You have the right to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer you a range of suitable alternative providers if this is not possible.

You have the right, in certain circumstances, to go to other European Economic Area countries or Switzerland for treatment which would be available to you through your NHS commissioner”

Some specific responsibilities for patients are as follows

“Please keep appointments, or cancel within reasonable time. Receiving treatment within the maximum waiting times may be compromised unless you do
Please follow the course of treatment which you have agreed, and talk to your clinician if you find this difficult”

3. REFERRAL TO TREATMENT (RTT) RULES SUITE

- 3.1 The RTT rules suite published in October 2015 aims to set out clearly and succinctly the rules and definitions for referral to treatment times to ensure that each patients waiting time clock starts and stops fairly and consistently.

A waiting time clock starts when any care professional or service permitted by an English NHS commissioner to make such referrals, refers to:

- a consultant led service, regardless of setting, with the intention that the patient will be assessed and, if appropriate, treated before responsibility is transferred back to the referring health professional or general practitioner;
- an interface or referral management or assessment service, which may result in an onward referral to a consultant led service before responsibility is transferred back to the referring health professional or general practitioner.
- A waiting time clock also starts upon a self-referral by a patient to the above services, where these pathways have been agreed locally by commissioners and providers and once the referral is ratified by a care professional permitted to do so.

- 3.2 The RTT rules suite sets out national waiting time rules, definitions, clock stopping conditions, guidance on applying the national rules locally, guidance on reviewing the pathways of patients who have waited longer than 18 weeks before starting their treatment and guidance on clinical expectations to the NHS constitution right to access services within maximum waiting times.

It does not attempt to provide detailed guidance on how the rules should apply in every situation, but provides the NHS with a framework to work within to make clinically sound decisions locally about applying the rules, in consultation between clinicians, providers, commissioners and, of course patients.

- 3.3 For all types of appointment/admission priority will be given to clinically urgent patients. Patients of the same clinical priority will be seen in chronological order from date the referral was received. However, priority access must be given to military personnel and veterans for service related conditions.

4. NATIONAL OPERATIONAL STANDARDS

- 4.1 The National Operational Performance Standards for England are as follows

2014/15 National Operational Standards		Standard
Referral to Treatment Times	Patients on an incomplete pathway (yet to start treatment) should have been waiting no more than 18 weeks from referral	92%
Diagnostic Wait Times	Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral	99%
Cancer Two Week Wait	Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%
	Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%
Cancer Wait 31 Day	Maximum one month wait from diagnosis to first definitive treatment for all cancers	96%
	Maximum 31 day wait for subsequent treatment where that treatment is surgery	94%
	Maximum 31 day wait for subsequent treatment where that treatment is an anti-cancer drug regime	98%
	Maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	94%
Cancer Wait 62 Day	Maximum two-month (62 day) wait from urgent GP referral to first definitive treatment for cancer	85%
	Maximum 62 day wait from an NHS screening service to first definitive treatment for all cancers	90%
	Maximum 62 day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) -	none set

The length of time a patient waits for hospital treatment is an important quality issue and is a visible and public indicator of the efficiency of the services. Commissioners and providers are committed to putting patients first and ensuring that national operational performance standards are met.

In addition to these standards, the following quality measures must be attained. The threshold, method of measurement and consequences of breach are also detailed.

- The Provider shall make specified information available to prospective NHS patients through the NHS Choices website, and shall in particular use NHS Choices to promote awareness of the Services among the communities it serves, ensuring the information provided is accurate and up-to-date, in accordance with the provider profile policy which can be found at www.nhschoices.nhs.uk
- Commissioners and providers will provide information on patient's right to access services within the maximum waiting times. The right states that patients have the right

to start treatment within maximum waiting time.

- The Provider shall offer clinical advice and guidance to GPs on potential referrals through NHS Referrals, whether this leads to a referral being made or not.
- The Provider and the Commissioners shall work together to ensure that patients are not inconvenienced by insufficient slots being made available to NHS referrals.
- Contingency plans to be in place to deal with patient bookings and the receipt of referrals should the NHS Referrals system be temporarily unavailable for any reason;
- Have in place a robust system to accept referrals from The Appointments Slot Issue (ASI) where patients have attempted to book an appointment but there were no slots showing on NHS referrals at the time, as detailed in the Appointment Slot Issue guidance
- The only referrals which are rejected will be those considered to be clinically inappropriate (except where local arrangements have been agreed that ensures patients are fully informed of the choice of alternative providers);
- Provide clear feedback information in NHS referrals when referrals are rejected.
- The Provider shall issue the Patient's Discharge Summary to the Patient's GP: within 24 hours of the Patient's discharge from the Provider's Premises.

This framework defines roles and responsibilities and establishes a consistent approach to managing patient access in Dorset, thus ensuring national standards are met and waiting time data is accurate and of good quality.

This framework applies to the management of all outpatients, diagnostic and inpatient waiting lists.

The successful management of patients who are waiting for elective treatment is the responsibility of all staff working within the NHS.

5. LOCAL ARRANGEMENTS

It has been agreed that the following local arrangements in Dorset will apply but exceptions will be applied for children and vulnerable adults:

- In line with national rules patients who Do Not Attend (DNA) will be referred back to their GP after one DNA. In circumstances where the provider considers it appropriate to offer another appointment (either first or follow up), the 18 week clock will be nullified and a new clock will start from the new appointment date as agreed with the patient.
- Patients with two cancellations on an open pathway will be referred back to their GP unless they are military personnel/and extreme circumstances.
- Patients who cancel an appointment and rebook their appointment choosing this to be more than 3 weeks ahead, should have their clock stopped and a new clock started from the date of their cancellation. Patients will be counselled about this informed that if they cancel for a second time they will be returned to their GP excluding cancer and 2 week wait fast track patients.
- If a patient requests time to think about the offer of a clinical intervention, a week's thinking time can be given and the patient's clock will continue. If the patient either does not communicate in the agreed time or cannot make a decision, they will usually be returned to their GP.

- Patients who become unwell with an illness that is expected to last less than 2 weeks will remain on their current pathway and their clock will continue. Patients who become unwell with a condition expected to last more than 2 weeks will be referred back to their GP with an explanation of why this has happened. If they require urgent secondary care intervention in another specialty, they will be referred and the GP will be informed why this has happened.
- Patients will be offered 2 dates for operations with reasonable notice if patients cannot commit to one of these dates they may be returned to their GP as they are not ready, willing and able. If a patient is going to be ready shortly after the 2 offers (ie within 6 weeks) a new clock start will apply on the second date they decline rather than return to the GP.
- Patients opting to participate in research projects will be outside of the 18 weeks to enable them to be treated according to the research protocol.
- Patients who are sent a partial booking letter, but fail to respond within the requested timescale, will be contacted once more, following which their care will be returned to the GP.
- For admitted elective Orthopedic patients, one reasonable offer date (with three weeks' notice) will be made.

6. NATIONAL GUIDANCE

The following national guidance refers to this framework.

6.2 Referral to treatment consultant led waiting times rules suite October 2015



RTT_Rules_Suite_October_2015.pdf

6.3 Cancer waiting times – NHS cancer standard review



NHS Cancer Standard Review.pdf

6.4 Safeguarding Guidance – Adults/Children

www.bpsafeguardingadultsboard.com

www.dorsetforyou.com

6.5 This is policy version 4.0

6.6 Date Agreed 14 October 2015

6.7 Review Date- by October 2017

BOARD OF DIRECTORS	
Meeting Date and Part:	27 th November 2015 Part I
Subject:	Quality Report
Section:	Performance
Executive Director with overall responsibility	Paula Shobbrook, Director of Nursing and Midwifery
Author(s):	Joanne Sims, Associate Director Quality & Risk Ellen Bull, Deputy Director of Nursing
Action required: The Board of Directors are asked to review the report	
Executive Summary: This report provides a summary of information and analysis on the key performance and quality (P&Q) indicators linked to the Board objectives for 15/16. The Trust level dashboard provides information on patient safety and patient experience indicators including: <ul style="list-style-type: none"> • Serious Incidents • Safety Thermometer – Harm Free Care • Patient experience performance 	
Related Strategic Goals/ Objectives:	See list of current goals/objectives agreed by Board
Relevant CQC Outcome:	Safe, Caring, Effective, Responsive & Well Led
Risk profile <ul style="list-style-type: none"> i. Have any risks been reduced? No ii. Have any risks been created? No 	

Quality & Patient Safety Performance Exception Report – October 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 October 2015

2. Serious Incidents

Seven Serious Incidents (SI) were confirmed and reported on STEIS in October 2015:

- 2 pressure ulcers (OPM / Medicine)
- 3 falls (Surgery /OPM /Medicine)
- Delay in care/treatment (OPM) – RCA in progress, panel to be arranged
- Inappropriate treatment (Surgery) - full panel to be arranged

3. Safety Thermometer

All inpatient wards collect the monthly Safety Thermometer (ST) "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".

NHS SAFETY THERMOMETER	14/15 Trust Average	14/15 National Average	Aug	Sept	Oct 15
Safety Thermometer % Harm Free Care	90.68%	93.80%	92.4%	88.9%	90.3%
Safety Thermometer % Harm Free Care (New Harms only)	97.18%	97.59%	97.9%	96.6%	97.6%

	Aug 15	Sept 15	Oct 15
New Pressure Ulcers	8	14	7
New falls (Harm)	2	0	3
New VTE	0	1	1
New Catheter UTI	0	1	1

3.1 Risk assessments

An upgrade to eNA was launched on the 15th October 15. The upgrade allows the initial height and weight score for a patient to be used in all the assessment modules. The upgrade also allows the user to move directly from one assessment to another making use easier and quicker for staff. Initial feedback has been very positive.

An additional upgrade is planned for November to implement revised algorithms for the initial risk assessment requirement. Currently where patient may move from a hyper acute bay on a ward back to the main ward e.g. ALU on Ward 2, the system requires a new risk assessment to be completed. This therefore impacts on the wards overall compliance figures. The upgrade will also allow risk assessment requirements to be amended for patient on an end of life care pathway. The compliance is reviewed at the Healthcare Assurance Committee and will be presented to the Board of Directors once the implementation phase is complete.

4. Patient Experience

4.1 Friends and Family Test:

In-Patients and Day Case Family and Friends Test ranking

	August 2015	September 2015
FFT Ranking	4 th (with 43 others out of 171 hospitals)	3 rd (with 16 others out of 171 hospitals)
Our score: Number of patients who would recommend	97%	97%
Our response rate based on activity	20.9%	18.0%
Number of participating Trusts	171	171
Top score	100%	100%
Lowest score	75%	76%

National ranking: In-Patient & Day Case annotation - Sept 2015			
Quartile	Range	No. of Trusts	our score
Top	100% - 97.403%	42	98.331%
2	97.351% - 96.325%	43	
3	96.315% - 94.757%	43	
Bottom	94.722% - 75.710%	42	

*Table above indicates improvement from last month when the Trust was in the 2nd quartile.

Emergency Department (ED) - Family and Friends Test ranking

	August 2015	September 2015
FFT Ranking	5 th (with 8 others out of 141 hospitals)	8 th (with 8 others out of 141 hospitals)
Our score: Number of patients who would recommend	95%	93%
Our response rate based on activity	6%	7%
Number of participating Trusts	141	141
Top score	99%	100%
Lowest score	62%	69%

National ranking: ED annotation - Sep 2015			
Quartile	Range	No. of Trusts	our score
Top	100% - 93.750%	35	
2	93.507% - 89.500%	35	93.19%
3	89.231% - 84.300%	36	
Bottom	84.267% - 68.831%	35	

*Table above indicates a slight decline from last month when the Trust was in the top quartile.

Outpatients Family and Friends Test ranking

	August 2015	September 2015
FFT Ranking	4th (with 20 others out of 234 hospitals)	5th (with 22 others out of 234 hospitals)
Our score: Number of patients who would recommend	97%	96%
Our response rate based on activity	N/A	N/A
Number of participating Trusts	234	234
Top score	100%	100%
Lowest score	0%	50%

National ranking: Outpatient annotation - Sep 2015			
Quartile	Range	No. of Trusts	our score
Top	100% - 98.137%	56	
2	98.120% - 95.197%	57	96.278%
3	95.113% - 92.645%	57	
Bottom	92.500% - 50.000%	56	

Please note that the score is nearer the latter end of the 2nd quartile, which may be influenced by the low Patient Experience Card returns in main OPD.

4.2 In Month FFT responses results and compliance (October 2015 data)

Table below is shown for consistency and comparison to previous reports

Ward/Area	Recommended (%)		Not Recommended (%)		Compliance Rate	
	Oct-15	(Sep-15)	Oct-15	(Sep-15)	Oct-15	(Sep-15)
Trust	96.5%	(96.7%)	1.3%	(1.2%)	-	-
All ED Depts	93.8%	(93.2%)	2.1%	(3.4%)	9%	(7%)
All Inpatient Depts	97.6%	(97.6%)	0.1%	(0.5%)	35%	(37%)
All Daycases	98.8%	(99.6%)	0.5%	(0.2%)	9%	(9%)
All Maternity Depts	99.1%	(97.5%)	0.9%	(1.3%)	-	-
All Outpatients	96.0%	(96.3%)	1.3%	(1.4%)	-	-

This is largely consistent with the previous month's performance. The increased compliance rate in ED has influenced the improvement in the 'Not recommend' rate.

4.3 Extremely Unlikely results from FFT unify submissions – October 2015 data

Proportion of 'Unlikely and Extremely Unlikely to Recommend'. (Unify submissions)

Unlikely & Extremely Unlikely Responses	May-15**	Jun-15**	Jul-15**	Aug-15**	Sep-15**	Oct-15**
FFT submission areas						
No of FFT responses for submission areas only: Unlikely or Extremely Unlikely to recommend.	64	65	54	51	45	49
No of FFT responses	3239	3960	4535	3550	3633	3847
% Unlikely or Extremely Unlikely to recommend from FFT responses	2.0%	1.6%	1.2%	1.4%	1.2%	1.3%
% Unlikely or Extremely Unlikely from total activity	Not available	Not available	Not available	Not available	Not available	Not available

The table above evidences steady improvement in the number of increased PEC returns and a sustained improvement in the % of unlikely or extremely unlikely month on month over the last quarter.

Extremely unlikely responses for ED, Maternity, inpatient, outpatient and day case areas (October 2015).

Ward / Area	No. of Ext. Unlikely	% Ext. Unlikely	% Ext Unlikely against total eligible
ED	10	2.7%	0.2%
Pharmacy RBH	6	15.8%	
Ortho Outpatients	5	4.0%	
Main Outpatients RBH	2	1.7%	
AEC	2	5.3%	
Pre-assessment	2	1.2%	
Orthodontic Dept.	1	0.5%	
SAU	1	2.3%	0.4%
Ante Natal	1	1.9%	
Endoscopy	1	1.1%	5.0%
Eye Unit A&E	1	0.7%	0.1%
Eye Unit Out-patients	1	1.3%	
Ultrasound RBH	1	33.3%	
Main OPD Xch	1	0.7%	
Main Reception	1	50.0%	

Please note that the improvement in ED Extremely Unlikely needs to be seen in conjunction with the increase in PEC completed; from 122 (3.5%) September 2015 to 373 (2.7%) October 2015.

FFT patient comments October 2015

Positive	Negative	Mixed	Irrelevant
1745	116	144	50
85%	6%	7%	2%

There were 3984 cards completed in total.

4.4 Care Audit Trend Data

Overall	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15
Red	67	64	61	52	68	33	49	51
Amber	87	56	47	44	81	45	43	69
Green	171	148	214	172	175	243	203	178
N/A	0	57	3	7	26	29	55	52

There is a small increase in the number of reds and decrease in greens in month. The Healthcare Assurance Committee reviews the data from the care audits; with the focus on; noise at night, call bells analgesia and food quality. The Care group leads continue driving actions locally.

4.5 Patient Opinion and NHS Choices: October Data

10 patient opinion comments were left in October, 6 express satisfaction with the service they received and 4 portrayed negative comments regarding poor staff attitude & treatment. This has been addressed with areas

4.6 Carers Audit

52 Carers audits were completed Trust wide, of which 8 respondents cared for a patient with a diagnosis of dementia. The sample is too small to analyse any meaningful data, but does indicate that all felt supported. There is an increase of completed cards from 58 in Q1 to 70 in Q2; however carers completing the audit who support patients with dementia have decreased from 15 Q1 to 8 in Q2. Appendix 1 is available which shows the results from the carer's cards

5. Recommendation

The Board of Directors is requested to note this report which is provided for information and assurance.
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Appendix 1: Results for Carers Audits

Carer's Feedback					
Ward	Overall Trust			Month	July - September
Number received:	52			FFT Score	70
How likely are you to recommend our Ward to friends and family if they needed similar care or treatment?					
Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely Unlikely	Don't know
72%	26%	2%	0%	0%	0%
Was the 'This Is Me' booklet used during this admission?		Yes	No	Unsure	
Did you feel you had enough support to enable you to provide care on discharge?		24%	43%	33%	
Did staff listen to you about the needs of the patient?		Yes	No		
Did you feel you were given or directed to relevant advice to help you support the patient?		98%	2%		
Do you know how to seek support to have a break from caring?		Yes	No		
If you are a carer of a person with dementia, did you feel you were given or directed to information to help you support them?		100%	0%		
Do you live in Dorset?		Yes	No		
Do you consider yourself to have a disability?		80%	20%		
Gender		Yes	No		
Age Group		Male	Female		
		47%	53%		
		Under 16	16 to 20	21 to 30	
		0%	0%	0%	
		31 to 40	41 to 50	51 to 60	
		6%	8%	14%	
		61 to 70	71 to 80	Over 80	
		24%	18%	29%	

Carer's Feedback (Dementia Patients Only)					
Ward	Overall Trust		Month		July - September
Number received:	8		FFT Score		29
How likely are you to recommend our Ward to friends and family if they needed similar care or treatment?					
Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely Unlikely	Don't know
29%	71%	0%	0%	0%	0%
Was the 'This Is Me' booklet used during this admission?		Yes	No	Unsure	
		38%	25%	38%	
Did you feel you had enough support to enable you to provide care on discharge?		Yes	No		
		83%	17%		
Did staff listen to you about the needs of the patient?		Yes	No		
		100%	0%		
Did you feel you were given or directed to relevant advice to help you support the patient?		Yes	No		
		100%	0%		
Do you know how to seek support to have a break from caring?		Yes	No		
		100%	0%		
If you are a carer of a person with dementia, did you feel you were given or directed to information to help you support them?		Yes	No		
		75%	25%		
Do you live in Dorset?		Yes	No		
		71%	29%		
Do you consider yourself to have a disability?		Yes	No		
		25%	75%		
Gender		Male	Female		
		29%	71%		
Age Group		Under 16	16 to 20	21 to 30	
		0%	0%	0%	
		31 to 40	41 to 50	51 to 60	
		0%	14%	0%	
		61 to 70	71 to 80	Over 80	
		29%	29%	29%	

BOARD OF DIRECTORS	
Meeting Date and Part:	27 November 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
Action required: The Board of Directors is asked to note the financial performance for the period ending 31 October 2015	
Summary: The financial reports are detailed in the attached papers.	
Related Strategic Goals/ Objectives:	Goal 7 – Financial Stability
Relevant CQC Outcome:	Outcome 26 – Financial Position
Risk Profile: Two current financial risks exist on the risk register related to the current year's delivery of cost improvements and next year's financial planning and are being monitored through the Finance Committee.	

The Royal Bournemouth and Christchurch Hospitals
NHS Foundation Trust

Finance Report



For the period to 31 October 2015

Pete Papworth
Deputy Director of Finance

Executive Summary

The Trust has delivered a cumulative deficit of £7.0 million as at 31 October. This is £169,000 better than plan. However, further financial pressures are forecast in the latter part of the year due to winter resilience requirements and a reduction in the agency premium budget trajectory. As such, whilst the Trust has been able to reduce its forecast deficit from £12.9 million to £11.9 million, further careful management is required to ensure that this financial improvement is realised in full.

Activity

October reported a continued reduction in elective activity (mainly in relation to elective Orthopaedic procedures), together with a small reduction in emergency department attendances. Outpatient attendances were broadly in line with budgeted levels; however non elective activity saw a significant increase with a 9% variance to plan in month placing significant operational and financial pressure on the Trust. Total activity to date remains 1% below planned levels overall.

Income

Due to the nature of the Trusts contracts with its three key commissioners, income remains broadly on plan at the end of month seven with a moderate adverse variance of £322,000 (0.2%). Increases in non contracted activity and non patient related income are more than off-set by the significant under achievement against planned private patient income and a reduction in public health activity.

Expenditure

Expenditure reports a modest under spend of £491,000 to date equating to a variance of 0.3%. This is mainly driven by a significant pay under spend, off-set by over spends against drugs and clinical supplies budgets.

Whilst the Trust remains heavily reliant agency staff, the premium cost has been less than expected during the first seven months of the year resulting in an overall pay under spend of £956,000. It should be noted however, that the agency budget trajectory reduces significantly in the latter half of the financial year which represents a continued financial risk if agency usage remains at current levels.

Cost Improvement Programme

The Trust has identified further savings in year which has contributed to its reduced deficit forecast. To date the Trust has recorded savings of £4.7 million which is £37,000 less than the target; and is forecasting total savings of £9.1 million which is £81,000 more than the target. However, the level of non recurrent savings within this forecast is a cause for concern against the 2016/17 budget.

Capital Programme

As at 31 October the Trust has committed £10.4 million in capital spend representing an under spend to date of £1.2 million. Key areas of spend include the Christchurch development (£2.9 million), the Jigsaw new build (£2.9 million), and the approved IT Strategy (£1.3 million). The current under spend represents the timing of agreed schemes, in particular, delays in the Christchurch development.

Statement of Financial Position

The trust continues to report high levels of outstanding payables and receivables. The main balances are with local NHS organisations and specific issues have been escalated and are being actively progressed, with a £1.1 million payment secured during October. Detailed aged debt reports are being shared with Directorate management teams to help facilitate the timely payment of invoices raised.

Cash

The Trusts current cash balance includes two one-off timing benefits. After adjusting for these, the Trust currently holds £31.4 million of cash. The current forecast is that the Trust will end the year with £23.8 million of cash, representing approximately 32 days of operating expenditure. The Trust must continue to reduce its deficit forecast in future years to avoid the need for external financing.

Financial Sustainability Risk Rating

Under Monitor's new risk assessment framework the Trust achieves a Financial Sustainability Rating of 2 meaning that it is within the 'Material Risk and Potential Investigation' category. As reported verbally last month, whilst Monitor has confirmed that it will be opening an investigation, further information is awaited in relation to the specific concerns and the next steps.

Income and Expenditure

To date the Trust has delivered a deficit of £7 million. Within this, income is below budget (adverse) by £322,000 and expenditure is below budget (favourable) by £491,000. This results in a net favourable variance of £169,000.

The Trusts overall income and expenditure position is summarised below.

£'000	Budget	Actual	Variance
NHS Clinical Income	142,147	142,532	386
Non NHS Clinical Income	4,491	3,558	(933)
Non Clinical Income	12,190	12,415	225
TOTAL INCOME	158,828	158,505	(322)
Employee Expenses	99,756	98,800	956
Drugs	17,661	18,324	(662)
Clinical Supplies	21,239	21,374	(135)
Misc. other expenditure	21,854	21,504	350
Depreciation	5,492	5,509	(17)
TOTAL EXPENDITURE	166,002	165,511	491
SURPLUS/ (DEFICIT)	(7,174)	(7,005)	169

Income

NHS clinical income is above budget, mainly due to increases in the level of out of area, non contracted activity. Non-NHS clinical income is below budget due to reduced genitourinary medicine (GUM) activity commissioned via Public Health bodies (Dorset and Hampshire County Councils), together with a significant reduction in private patient activity, specifically within cardiology, cancer care and radiology. Non patient related activity is marginally ahead of plan.

Further detail at contract level is set out below.

£'000	Budget	Actual	Variance
NHS Dorset CCG	98,007	98,007	0
NHS England (Wessex LAT)	26,230	26,290	60
NHS West Hampshire CCG	14,567	14,575	8
Non Contracted Activity	1,578	1,907	329
Public Health Bodies	1,544	1,419	(124)
NHS England (Other LATs)	990	947	(43)
NHS Wiltshire CCG	435	456	20
Other NHS Patient Income	339	351	12
Private Patient Income	2,599	1,817	(782)
Other Non NHS Patient Income	349	322	(27)
Non Patient Related Income	12,190	12,415	225
TOTAL INCOME	158,828	158,505	(322)

Expenditure

Pay reports a significant under spend to date. This is due to agency expenditure being below expected levels following considerable efforts in relation to both substantive and bank recruitment across the Trust, together with a number of more tactical workforce initiatives. Further detail is included overleaf.

The Trust continues to report additional drugs expenditure, resulting in a significant year to date over spend. Particular increases are apparent in relation to Anti TNF; Hepatitis C; and Somastin drug costs.

Clinical supplies expenditure is above budget to date, mainly due to a significant increase in non-elective cardiac activity, off-set in part by a reduction in the level of planned orthopaedic activity undertaken to date. The latter is expected to increase over the coming months following the appointment of new consultant posts.

Other non pay budget lines continue to report a considerable under spend to date, and depreciation is broadly in line with budget.

Finance Report

As at 31 October 2015

Employee Expenses

The Trust continues to rely heavily upon agency staff to cover substantive vacancies. The year to date under spend against substantive staffing budgets is £8.6 million. Agency expenditure to date totals £6.9 million, with a further £4 million spent on bank and overtime. This results in a total 'premium' workforce cost of £2.3 million to date.

DIRECTORATE	WORKFORCE COST							Premium Funding £	Residual Variance £
	Budget £	Substantive £	Pay Underspend £	Agency £	Bank £	Overtime £	Variance £		
ANAESTHETICS AND THEATRES	10,280	9,635	644	471	109	130	(66)	92	26
MATERNITY	1,307	1,278	29	0	25	3	1	5	6
ORTHOPAEDICS	3,895	3,311	584	163	122	15	284	48	332
SURGERY	8,533	8,015	518	924	343	43	(792)	629	(163)
SURGICAL CARE GROUP	24,015	22,239	1,776	1,558	600	191	(573)	774	202
CARDIOLOGY	6,743	6,546	197	160	125	35	(123)	79	(44)
ED AND AMU	6,467	5,372	1,095	1,375	408	56	(743)	577	(166)
OLDER PEOPLES MEDICINE	13,213	11,276	1,937	1,999	858	86	(1,006)	1,110	104
MEDICINE	7,696	6,919	777	652	326	54	(255)	92	(163)
MEDICAL CARE GROUP	34,120	30,113	4,006	4,186	1,716	231	(2,127)	1,859	(268)
CANCER CARE	3,773	3,568	205	168	148	8	(120)	88	(32)
OPHTHALMOLOGY	3,260	3,209	51	21	91	18	(79)	0	(79)
PATHOLOGY	3,645	3,345	300	198	120	12	(31)	83	53
RADIOLOGY	4,798	4,493	305	183	26	13	84	19	103
SPECIALIST SERVICES	5,580	4,984	596	258	42	2	294	0	294
SPECIALTIES CARE GROUP	21,057	19,599	1,457	829	427	54	148	190	338
ESTATES	1,058	1,005	53	7	36	37	(27)	0	(27)
FACILITIES MANAGEMENT	3,531	3,211	320	16	267	36	0	0	0
FINANCE AND BUSINESS INTELLIGENCE	2,052	1,761	290	217	54	2	18	0	18
HR, TRAINING AND POST GRAD	1,446	1,468	(22)	53	(117)	9	33	0	33
INFORMATICS	3,283	2,936	346	36	213	8	89	0	89
NURSING, QUALITY & RISK	903	871	32	19	15	3	(4)	0	(4)
OPERATIONAL SERVICES	1,410	1,313	97	1	32	17	47	0	47
OUTPATIENTS	1,170	1,042	128	0	102	1	24	0	24
RESEARCH	933	1,039	(106)	13	5	9	(133)	0	(133)
TRUST BOARD & GOVERNORS	1,511	1,296	215	10	8	0	196	0	196
CORPORATE SERVICES	17,296	15,943	1,353	372	615	123	243	0	243
AUDIT & ASSURANCE	7	5	2	0	0	0	2	0	2
CAPITAL & INTEREST	0	0	0	0	0	0	0	0	0
NON RECURRENT PROGRAMMES	0	0	0	0	0	0	0	0	0
CENTRALLY MANAGED PROGRAMMES	0	0	0	0	0	0	0	0	0
CENTRAL CONTINGENCY	0	0	0	0	0	0	0	438	438
CENTRALLY MANAGED BUDGETS	7	5	2	0	0	0	2	438	441
GRAND TOTAL	96,494	87,899	8,595	6,945	3,357	599	(2,306)	3,262	956

Cost Improvement Programme

The Trust has delivered financial savings amounting to £4.7 million to date, being £37,000 behind target. The forecast is for total savings of £9.1 million against the full year target of £9 million. This represents an improvement on the previously reported forecast.

Whilst this is a positive position, it should be noted that a large proportion of the forecast savings fall within the latter half of the year. This presents a financial risk if schemes slip.

In addition, total savings currently classified as being non recurrent total £3.2 million. This represents a significant financial pressure moving into 2016/17.

The Surgical Care Group is forecasting full delivery of the full year target. Whilst currently the majority of this achievement is reported as non recurrent, the Care Group are confident that these savings can be achieved on a recurrent basis. This is currently being confirmed.

Whilst the Medical Care Group continue to forecast an under achievement against the current years target, this represents an improved position due to additional schemes being identified during October.

The Specialties Care Group is now forecasting a small over achievement against the full year target following additional savings being identified within radiology and Specialist Services in addition to further savings expected in relation to existing Pharmacy schemes.

Corporate directorates continue to forecast full delivery against their targets. Some risks remain (particularly within Estates), and these are being actively managed.

DIRECTORATE	YEAR TO DATE			FULL YEAR		
	TARGET £'000	ACTUAL £'000	VARIANCE £'000	TARGET £'000	ACTUAL £'000	VARIANCE £'000
ANAESTHETICS AND THEATRES	64	0	(64)	164	164	0
MATERNITY	24	25	1	84	85	0
ORTHOPAEDICS	184	183	(1)	346	344	(2)
SURGERY	121	51	(71)	310	309	0
CARE GROUP A	393	258	(135)	903	902	(1)
CARDIOLOGY	94	76	(18)	254	241	(13)
ED AND AMU	28	12	(16)	76	15	(61)
OLDER PEOPLES MEDICINE	96	99	3	243	140	(103)
MEDICINE	244	267	23	251	376	125
CARE GROUP B	461	454	(8)	824	771	(53)
CANCER CARE	117	148	31	265	323	58
OPHTHALMOLOGY	132	114	(18)	258	208	(50)
PATHOLOGY	150	117	(33)	268	224	(45)
RADIOLOGY	56	68	12	131	162	31
SPECIALIST SERVICES	680	767	87	1,139	1,168	29
CARE GROUP C	1,135	1,213	78	2,061	2,084	23
NURSING, QUALITY & RISK	73	73	0	92	92	0
ESTATES	300	296	(5)	586	580	(6)
FACILITIES MANAGEMENT	121	111	(11)	354	354	0
FINANCE AND BUSINESS INTELLIGENCE	265	268	3	544	556	12
HR, TRAINING AND POST GRAD	115	107	(8)	185	185	0
INFORMATICS	338	299	(39)	777	777	0
OPERATIONAL SERVICES	79	79	0	122	121	(1)
OUTPATIENTS	7	0	(7)	19	14	(4)
TRUST BOARD & GOVERNORS	70	164	93	154	265	111
CORPORATE	1,369	1,395	27	2,832	2,944	112
PRODUCTIVITY	1,346	1,346	0	2,307	2,307	0
DIRECT ENGAGEMENT	0	0	0	115	115	0
CROSS DIRECTORATE	1,346	1,346	0	2,422	2,422	0
GRAND TOTAL	4,704	4,666	(37)	9,042	9,123	81

Care Group Performance

The Trusts year to date net surplus/ (deficit) is shown by Care Group below.

£'000	Budget	Actual	Variance
Surgical Care Group	9,807	9,521	(286)
Medical Care Group	4,563	4,251	(312)
Specialties Care Group	3,469	3,309	(160)
Corporate Directorates	(21,063)	(20,695)	368
Centrally Managed Budgets	(3,951)	(3,392)	559
SURPLUS/ (DEFICIT)	(7,174)	(7,005)	169

Surgical Care Group

The Care Group reported a favourable position overall during October, driven mainly by increased activity within surgery together with additional income in relation to the provision of sterile services to Poole Hospital.

Orthopaedic income was significantly below plan again during October, with the forecast increase not being seen to the extent expected.

Maternity pathway recharges remain higher than anticipated and are being carefully reviewed to understand the appropriateness of these increased charges against the tariff income received. Any residual pressure following this detailed review will need to be mitigated within the agreed full year forecast.

Medical Care Group

October saw a favourable position against forecast, mainly due to an improved case mix within the medicine directorate, together with a further reduction in agency spend across the Care Group. This was off-set in part by a significant reduction in private patient income, particularly within Cardiology, which was below forecast levels and remains a significant financial risk for the Care Group moving forwards.

Cardiology activity remained above budgeted levels, particularly within Cardiac Resynchronisation Therapy (CRT-D) and Percutaneous coronary intervention (PCI) activity.

Agency expenditure within the Care Group continued to reduce across both nursing and medical staffing, indicating that new workforce incentives continue to have a positive impact.

Specialties Care Group

Overall the Care Group reported an adverse position in month, driven primarily by staffing pressures (including increased sickness and maternity leave); activity pressures within Ophthalmology, and with reduced private patient income. This was off-set in part by a significant under spend as a result of reduced cancer drugs expenditure.

The Care Group were able to confirm a number of additional cost improvement schemes in month which has moved their forecast savings delivery from an adverse position against the full year target to a favourable position.

Corporate Directorates

Corporate directorates continue to perform well financially, delivering a significant favourable variance to date. Pressures continue within a small number of directorates, including Facilities and Informatics. The latter is mainly as a result of increases in the cost of IT maintenance contracts, which are being actively managed to mitigate the financial impact as far as possible.

Statement of Financial Position

Overall the Trusts Statement of Financial Position is in line with the agreed plan, however the Trust is reporting a number of variances against individual balances. The key drivers for this are set out below:

- **Non-current assets:** The Trusts capital programme is currently behind plan by £1.2 million, as set out overleaf. This, together with the timing impact of capital schemes on the associated depreciation and amortisation charges account for the overall non-current assets variance to date.
- **Inventories:** Stock is currently higher than anticipated, mainly due to an increase within the pharmacy store in relation to the new Hepatitis C network. The Trust is currently undertaking a detailed review of its policies and procedures with a view to enhancing stock management across the Trust with the support of internal audit.
- **Trade and other receivables:** Delays in the payment of invoices, mainly by local NHS organisations, account for a significant proportion of the receivables variance to plan. These outstanding balances are being actively pursued and have been escalated where appropriate. In addition, the new Hepatitis C network has resulted in additional invoices above the level initially planned.
- **Cash and cash equivalents:** Cash is currently greater than planned, driven mainly by the capital under spend. Further detail is included below.
- **Trade and other payables:** The Trust is carefully managing cash payments, pending resolution of the outstanding receivables balance, which has resulted in a variance to plan. This is exacerbated by the Hepatitis C network and the timing of capital related payments.

The Trust has commissioned a detailed re-valuation of its estate, which once complete, will be reflected within the Statement of Financial Position.

£'000	Plan	Actual	Variance
Property, plant and equipment	176,574	175,076	(1,498)
Intangible assets	2,009	2,347	338
Investments (Christchurch LLP)	1,550	1,421	(129)
Non-Current Assets	180,133	178,844	(1,289)
Inventories	5,791	6,169	378
Trade and other receivables	8,013	12,650	4,637
Cash and cash equivalents	57,030	57,847	817
Current Assets	70,834	76,666	5,832
Trade and other payables	(39,973)	(44,228)	(4,255)
Borrowings	(389)	(389)	0
Provisions	(155)	(178)	(23)
Other Financial Liabilities	(551)	(551)	0
Current Liabilities	(41,068)	(45,346)	(4,278)
Trade and other payables	(1,028)	(1,029)	(1)
Borrowings	(20,644)	(20,668)	(24)
Provisions	(519)	(519)	0
Other Financial Liabilities	0	0	0
Non-Current Liabilities	(22,191)	(22,216)	(25)
TOTAL ASSETS EMPLOYED	187,708	187,948	240
Public dividend capital	79,665	79,665	0
Revaluation reserve	74,609	74,609	0
Income and expenditure reserve	33,434	33,674	240
TOTAL TAXPAYERS EQUITY	187,708	187,948	240

Capital Programme

The Trust approved a significant capital programme during 2015-16 amounting to £19.8 million. This includes £10.6 million in relation to the continuation of the Christchurch development and the final year of the JIGSAW new build for Haematology/ Oncology and Women's Health.

Expenditure to date totals £10.4 million, representing an under spend of £1.2 million against the year to date budget of £11.6 million. Progress can be summarised as follows:

- The Christchurch development continues to progress behind the initial plan due to delays with steel works together with environmental issues.
- The new JIGSAW building is complete and services have transferred and are now operating within their new setting.
- The refurbishment of Ward 4 has been completed ahead of the initial plan, and the ward has returned to use. Works across other wards are progressing as planned.
- An upgrade to the Trusts electronic roster system has been approved in year and has now been purchased.
- The IT Strategy comprises 27 individual projects. Whilst many are progressing as planned, some key schemes are currently behind plan.

£'000	Annual	IN MONTH			YEAR TO DATE		
	Budget	Budget	Actual	Variance	Budget	Actual	Variance
Christchurch Development	7,565	628	391	237	3,672	2,863	809
JIGSAW New Build	3,050	257	23	234	2,966	2,902	64
Relocate and Expand AEC	900	50	0	50	70	0	70
Atrium Project	1,200	130	61	69	1,090	1,060	30
CT3 Build	500	15	0	15	35	5	30
Ward Refurbishment	400	150	(5)	155	300	278	22
Estates Maintenance	400	50	26	24	160	257	(97)
Aseptic Unit	510	0	0	0	510	543	(33)
Miscellaneous Schemes	100	0	214	(214)	50	234	(184)
Traffic Congestion Works	100	25	0	25	60	0	60
Residences Refurbishment	50	0	1	(1)	50	41	9
Catering Equipment	150	0	0	0	75	35	40
Macmillan Development	0	0	0	0	0	15	(15)
Capital Management	300	25	14	11	175	122	53
Medical Equipment	1,500	125	111	14	875	770	105
IT Strategy	3,062	103	362	(259)	1,472	1,277	194
TOTAL	19,787	1,558	1,197	361	11,560	10,403	1,157

Cash

The Trust is currently holding £57.9 million in cash reserves. However, there are two significant cash timing benefits within this figure meaning that the underlying cash position is significantly lower at £31.4 million.

The first relates to the delays in the Christchurch development, which has resulted in a cash timing benefit when compared to the agreed phasing of the ITFF loan drawdown. The second relates to the contract payment schedule agreed with Dorset Clinical Commissioning Group for the year, as set against the activity and associated expenditure profile for the year.

The forecast closing cash balance for the current financial year is £28 million. After adjusting for the residual cash timing benefits, the Trust is forecasting to end the year with £23.8 million of cash.

The summarised cash forecast for the current financial year is shown below.

£ million	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
OPENING CASH	57.85	54.20	51.65	49.88	47.96
NHS Clinical Income	19.75	19.75	19.75	19.75	19.77
Non NHS Clinical Income	0.60	0.60	0.59	0.59	0.89
Non Patient Related Income	1.46	1.46	1.38	1.46	1.46
Working Capital	(0.10)	(0.10)	(0.10)	(0.10)	(14.03)
CASH INFLOWS	21.71	21.71	21.62	21.70	8.09
Revenue Account	(21.64)	(21.69)	(21.48)	(21.61)	(24.60)
Capital Account	(0.98)	(1.63)	(1.30)	(1.95)	(1.73)
Christchurch Investment	(0.96)	(0.51)	(0.06)	(0.26)	(0.58)
ITFF Loan Repayment	0.00	0.00	0.00	0.00	(0.54)
Working Capital	(1.78)	(0.43)	(0.55)	0.19	(0.60)
CASH OUTFLOWS	(25.36)	(24.26)	(23.38)	(23.63)	(28.04)
CLOSING CASH	54.20	51.65	49.88	47.96	28.00

Financial Sustainability Risk Rating

Monitor's revised Risk Assessment Framework came into effect from 1 August 2015. This included a change from the previous Continuity of Services Risk Rating to the new Financial Sustainability Risk Rating.

The Trusts Financial Sustainability Risk Rating as at 31 October 2015 is set out below.

	Plan Metric	Actual Metric	Risk Rating	Weighted Rating
Capital Service Cover	(0.36)x	(0.43)x	1	0.25
Liquidity	32.1	33.7	4	1.00
I&E Margin	(4.58)	(4.42)	1	0.25
I&E Variance to Plan	(1.17)%	0.16%	4	1.00
Trust FSRR				3
Mandatory Override				Yes
Final FSRR				2

This rating (after the application of mandatory overrides) of 2 places the Trust in the 'Material Risk' and 'Potential Investigation' category.

As reported verbally at the last Board of Directors meeting, Monitor has confirmed that they will be opening an investigation. Further information in relation to their specific concerns and next steps is still awaited.

The Trusts medium term financial strategy focuses on reducing the deficit in each and every year, together with the careful management of its cash reserves through detailed working capital management. However, it should be noted that even with the delivery of this strategy, the Trust will retain a rating of 2 due to the strict thresholds in relation to Capital Service Cover and Income and Expenditure margin, together with the overriding rules.

BOARD OF DIRECTORS	
Meeting Date and Part:	27 th November 2015 - Part 1
Subject:	Workforce report
Section:	5: Performance
Executive Director with overall responsibility	Karen Allman
Author(s):	Karen Allman
Previous discussion and/or dissemination:	Specific issues are reviewed at Workforce Committee, HAC. Education and Training Committee
Action required: For discussion and noting areas highlighted below.	
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 an in-depth analysis of staff sickness as requested at the October Board meeting, and an update on the Health & Wellbeing initiatives in place offering assistance to staff.	
Related Strategic Goals/ Objectives:	To listen to, support, motivate and develop our staff
Relevant CQC Outcome:	Outcomes 12, 13 & 14 - Staffing
Risk Profile: i. Have any risks been reduced? No ii. Have any risks been created? No	
Reason paper is in Part 2	N/A

WORKFORCE REPORT – NOVEMBER 2015

The monthly workforce data is shown below, both by care group and category of staff. A revised Trust target of 100% appraisal compliance (as per the Board discussion in March) and 3% sickness absence have been set and performance has been RAG rated against these targets.

Care Group	Appraisal Compliance		Mandatory Training Compliance	Sickness		Joining Rate	Turnover	Vacancy Rate (from ESR)
	Values Based	Medical & Dental		Absence	FTE Days			
	At 31 October			Rolling 12 months to 31 October				At 31 October
Surgical	38.2%	87.6%	78.2%	4.44%	14477	14.3%	13.2%	2.5%
Medical	44.3%	71.6%	79.6%	4.01%	19009	19.1%	12.2%	6.1%
Specialities	64.3%	72.5%	81.6%	3.37%	9413	11.5%	11.7%	5.5%
Corporate	45.1%	50.0%	84.0%	3.66%	11640	12.9%	13.4%	3.5%
Trustwide	47.3%	77.0%	80.4%	3.90%	54540	15.0%	12.6%	4.6%

Staff Group	Appraisal Compliance		Mandatory Training Compliance	Sickness		Joining Rate	Turnover	Vacancy Rate (from ESR)
	Values Based	Medical & Dental		Absence	FTE Days			
	At 31 October			Rolling 12 months to 31 October			At 31 October	
Add Prof Scientific and Technical	70.4%		80.5%	2.70%	1175	21.4%	12.1%	4.9%
Additional Clinical Services	38.5%		81.7%	6.23%	15814	23.2%	13.0%	2.7%
Administrative and Clerical	53.8%		84.9%	3.40%	10459	10.7%	13.9%	6.6%
Allied Health Professionals	61.8%		88.7%	1.98%	1786	11.1%	12.9%	1.1%
Estates and Ancillary	29.7%		78.3%	4.98%	5822	22.6%	15.3%	1.5%
Healthcare Scientists	64.5%		88.0%	2.76%	586	17.9%	16.3%	8.3%
Medical and Dental		77.0%	62.2%	1.00%	1572	7.0%	7.0%	0.4%
Nursing and Midwifery Registered	46.7%		82.1%	4.26%	17326	12.2%	11.5%	7.3%
Trustwide	47.3%	77.0%	80.4%	3.90%	54540	15.0%	12.6%	4.6%

1. Appraisal

As previously advised, appraisal compliance was reset to zero with the introduction of the new values based appraisal. The appraisal rate has increased to 47.3% for values based appraisal (28.4% last month) but this continues to be below trajectory.

2. Essential Core Skills Compliance

Overall compliance has increased to 80.4% from 79.1% last month. The table below shows the 10 areas with the lowest compliance as at 31st October:

Directorate	Organisation	Headcount	Compliance
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Surgery Directorate	153 Obs/Gynae Medical Staff 10100	16	40.31%
Cancer Care Directorate	153 Haematology Snr.Medical 11346	23	45.26%
Elderly Care Services Directorate	153 MFE Medical Staff 10077	49	45.79%
Surgery Directorate	153 Surgery - General 10085	33	50.49%
Pathology Directorate	153 Phlebotomy 11330	39	55.89%
Elderly Care Services Directorate	153 Discharge Co-Ordination 15001	14	58.21%
Surgery Directorate	153 Surgery - Urology 10084	17	60.53%
ED Directorate	153 ED Admin Clerical/Receptionist 10456	30	62.93%
Ophthalmology Directorate	153 BEU Ophthalmic 10110	22	63.75%
ED Directorate	153 ED Medical Staff 10015	34	64.06%

3. Sickness Absence

The Trust-wide sickness rate has seen a further small reduction to 3.9% (3.95% last month) which represents an amber rating. The table below shows the 10 areas with the highest 12-month rolling sickness absence as at 31st October.

Note: Unfortunately the "highest 10" data in last month's report was incorrect due to a headcount error in the report query which skewed the figures. We are assured this has now been corrected.

Directorate	Organisation	Headcount	Absence Rate
153 Outpatients Directorate	153 Outpatients 10370	36	11.74%
153 Elderly Care Services Directorate	153 MFE IP Therapy 10581	16	9.83%
153 Surgery Directorate	153 Colorectal Ward 16 10427	34	9.65%
153 Medicine Directorate	153 Medical R.E.D.S. 11536	13	9.51%
153 Elderly Care Services Directorate	153 MFE Ward 4 10382	32	9.12%
153 Surgery Directorate	153 Surgical Admissions Unit 10535	24	8.22%
153 Medicine Directorate	153 Ward 3 10598	25	8.11%
153 Maternity Directorate	153 Community Midwives 10515	29	7.92%
153 Elderly Care Services Directorate	153 MFE Ward 22 10594	34	7.80%
153 Surgery Directorate	153 Urology Ward 15 10426	37	7.64%

The trial of the Absence Call line through Care First continues; level of uptake varies across the pilot areas but Facilities are using it well. Some interim data has been requested from Information, but sickness is improving within Theatres and Estates.

Following their recent inspection visit, CQC commented that the Trust's sickness rate was better than the average.

It is continually emphasised with the care groups that there needs to be close local management of sickness, with support available from HR and OH where needed.

At the October Board a request was made for some detailed analysis of long-term and short-term sickness across the Trust and this is provided in the attached appendix. At the time of writing, due to IT issues this information has only just been received but will be reviewed with care groups and directorates to ensure that they are focussing their efforts on reducing sickness levels, and will be reported to Workforce Committee in December.

4. Turnover and Joiner Rate

Joining and turnover rates of 15.0% and 12.6% respectively are both showing positive changes from last month (14.6% and 13.4%) as progress with recruitment and staff joining the Trust continues.

5. Vacancy Rate

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 are down to 4.6% of funded posts, from 5.2% last month, demonstrating the impact that the recruitment progress is having on these figures.

6. Recruitment

There continues to be successful EU nurse recruitment. A further 11 overseas nurses from Portugal and Spain started at the Trust on 2nd November 2015, with 5 more starting on 7th December 2015. After completing the overseas nurse training course they will be working in OPM, AMU and Surgery.

There are a further 25 EU interviews planned in November with the focus on recruiting to ED, Cardiology Labs and Theatres. The planned start date for this cohort is mid February 2016.

We have 8 Filipino nurses that are due to start in Theatres next year. As nursing is temporarily on the shortage occupation list we are able to obtain visas. We are, however, unable to do this until the nurses have completed their IELTS test (International English Language Testing System) and necessary NMC requirements. We are working closely with the agency to expedite start dates and escalating this issue formally. We are also taking the opportunity to interview a further 36 Filipino nurses for our hard to recruit areas but even if successful with offers, there is likely to be a significant time lag before they would be able to join the Trust next year.

As EU nurses will be required to complete the IELTS from 16th January 2016, there is likely to be a reduction of nurses. We will therefore continue to attend national recruitment events and non-EU-overseas recruitment.

7. Health & Wellbeing

In the current pressurised working environment, this month's report highlights the Health & Wellbeing initiatives in place to provide assistance to staff.

Health & Wellbeing Event

An event was held over the lunchtime period on 16th September which included stands from LiveWell Dorset, Simply Health, Weight Watchers, Dieticians, Occupational Health and Care First; good feedback was received from staff who attended. The next such event will be held in the Staff Restaurant on Monday 14th December and the majority of those who had a stand in September have asked to come back.

Weekly Communications

Weekly Health and Wellbeing updates are now included within the Friday Communications round-up; this commenced with effect from 30th October.

Detailed below are the events agreed at the October Valuing Staff and Wellbeing Group, with initiatives planned to coincide with national awareness days where applicable:

Date	Topic
30 Oct 15	National stress awareness day (04 November)
06 Nov 15	Focus on fitness
13 Nov 15	World Diabetes day (14 Nov)
20 Nov 15	Anti-Bullying week (16-22 Nov)
27 Nov 15	Men's health awareness
04 Dec 15	'Flu campaign up-date
11 Dec 15	Knowing your alcohol units/Promotion of H & W event
18 Dec 15	Healthy eating at Christmas
08 Jan 16	New Year resolutions
15 Jan 16	LiveWell Dorset/Stop smoking
22 Jan 16	LiveWell Dorset/Weight management
19 Jan 16	LiveWell Dorset/Alcohol reduction
05 Feb 16	Time to Talk day (09 February)
12 Feb 16	LiveWell Dorset/Physical Activity
19 Feb 16	National Heart Month
26 Feb 16	Staff Survey results
04 March 16	No smoking day (9 March)
11 March 16	Get active for Spring
18 March 16	Back care awareness
25 March 16	Mental health awareness

Weight Watchers have agreed to continue until after Christmas, as their membership is now over 30 and increasing. Live Well Dorset are offering 12 weeks free Weight Watchers classes to staff who meet certain criteria.

LiveWell Dorset: Links have been established with LiveWell Dorset who can offer signposting, advice and coaching for smoking cessation, weight management, physical activity and alcohol reduction.

Fruit and Veg stall: Plans are in place for this to take place fortnightly in December 2015 on a trial basis to gauge interest.

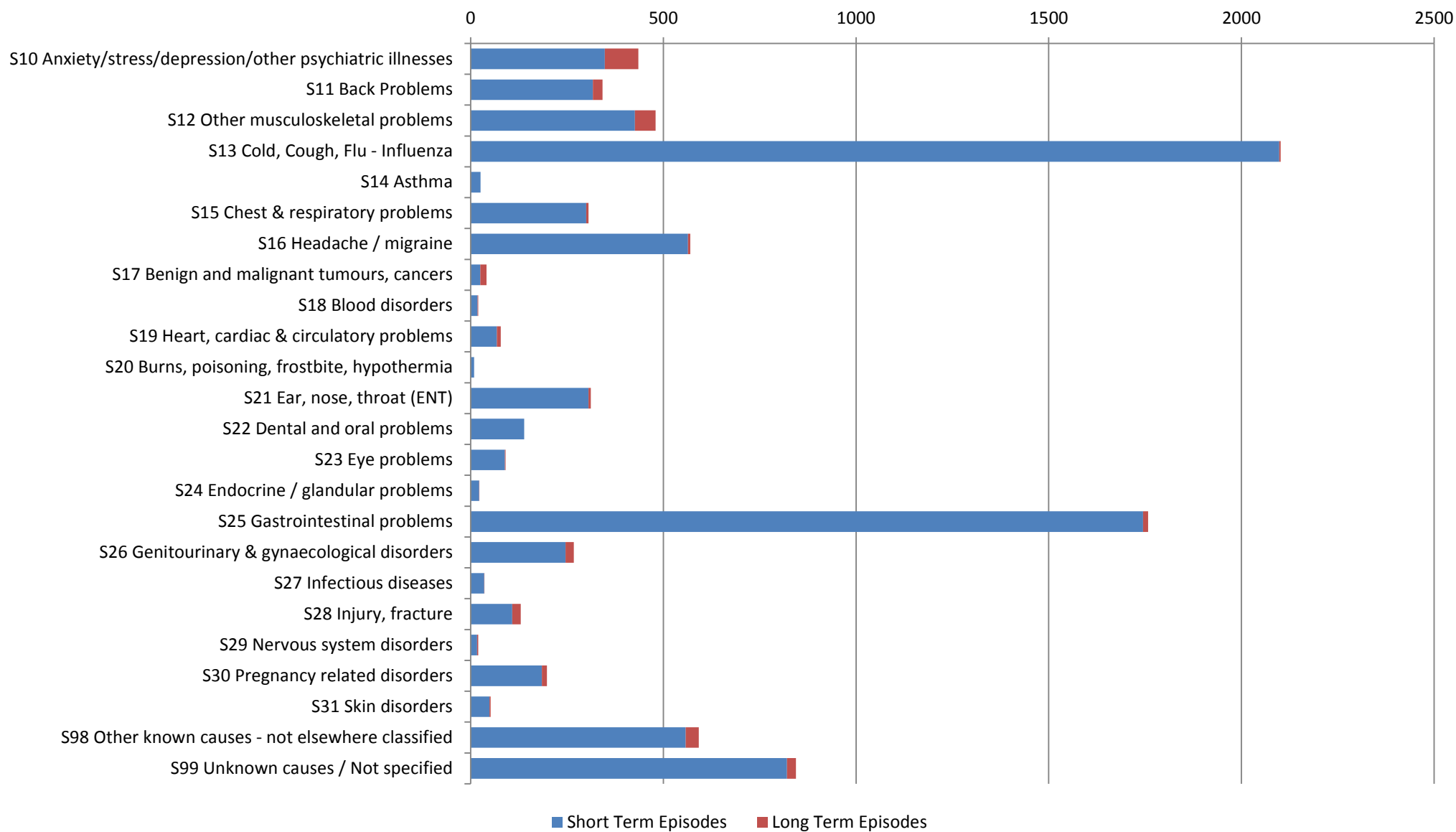
Care First continue to support increasing numbers of staff. June to August 2015 saw 131 contacts (compared to 110 in the same quarter for 2014). Face to face counselling has increased. Most are self-referrals, recommended by other staff.

Trust Sickness by Reason/FTE for 01/11/2014-31/10/2015

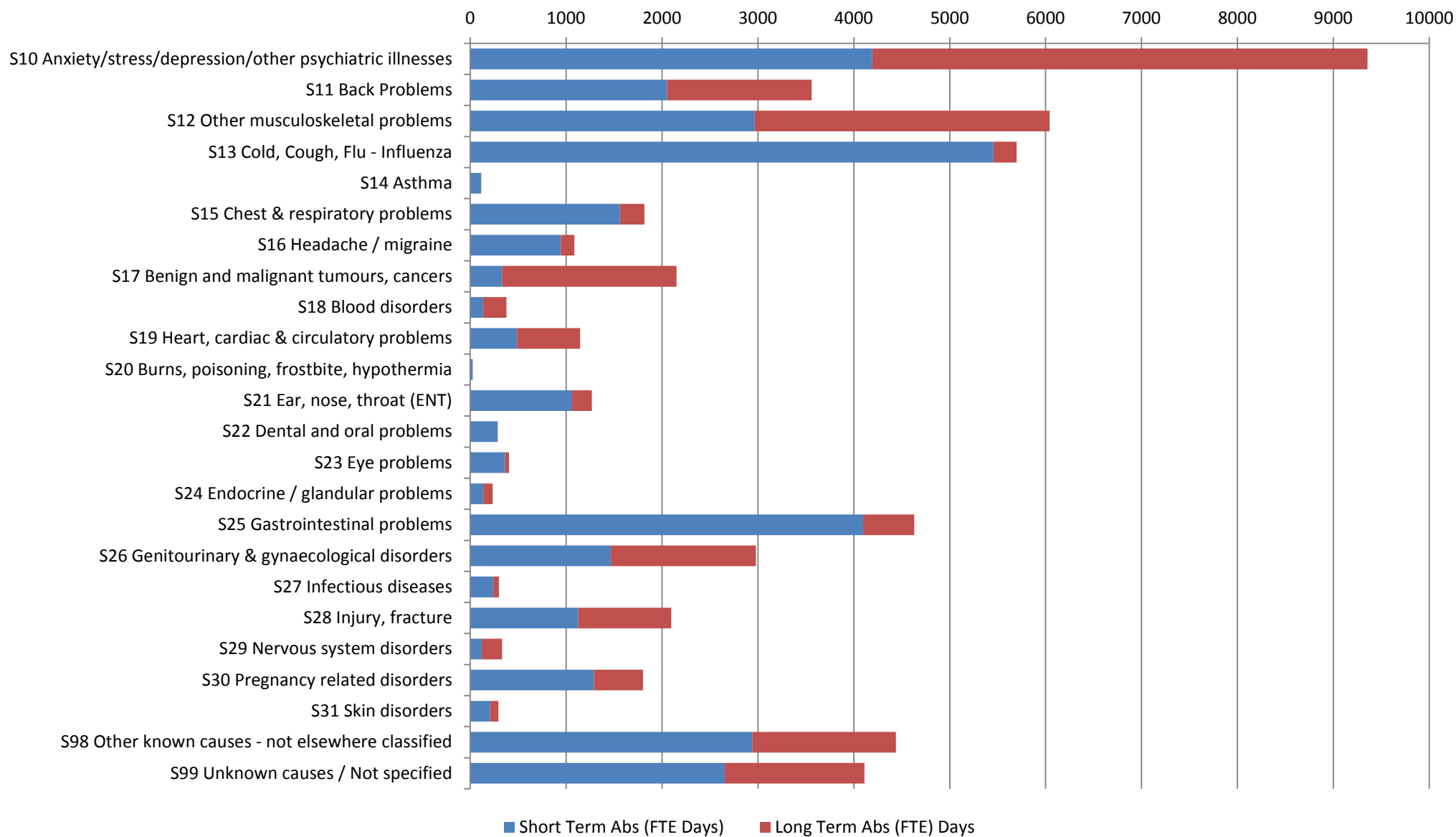
(Short Term Sickness = Episodes lasting less than 28 calendar days. Long Term Sickness = Episodes lasting 28 calendar days or more)

Primary Sickness Reason	Short Term Episodes	Long Term Episodes	Short Term Abs (FTE Days)	Long Term Abs (FTE) Days
S10 Anxiety/stress/depression/other psychiatric illnesses	348	87	4191.60	5163.28
S11 Back Problems	317	25	2053.39	1507.75
S12 Other musculoskeletal problems	426	54	2967.15	3075.11
S13 Cold, Cough, Flu - Influenza	2098	4	5455.32	241.00
S14 Asthma	26		114.64	
S15 Chest & respiratory problems	300	6	1559.78	257.52
S16 Headache / migraine	564	6	945.20	141.27
S17 Benign and malignant tumours, cancers	25	16	332.85	1818.43
S18 Blood disorders	18	2	136.88	242.00
S19 Heart, cardiac & circulatory problems	68	10	487.68	658.00
S20 Burns, poisoning, frostbite, hypothermia	9		25.76	
S21 Ear, nose, throat (ENT)	306	6	1063.19	204.71
S22 Dental and oral problems	139		286.53	
S23 Eye problems	89	2	364.66	39.25
S24 Endocrine / glandular problems	22	1	137.15	97.92
S25 Gastrointestinal problems	1745	13	4097.40	531.84
S26 Genitourinary & gynaecological disorders	246	22	1467.81	1512.53
S27 Infectious diseases	35	1	243.22	56.00
S28 Injury, fracture	108	22	1126.61	970.76
S29 Nervous system disorders	17	3	118.92	213.90
S30 Pregnancy related disorders	185	13	1289.30	512.47
S31 Skin disorders	49	3	208.21	86.00
S98 Other known causes - not elsewhere classified	558	34	2941.79	1497.97
S99 Unknown causes / Not specified	821	23	2653.46	1457.05
Total	8519	353	34268.50	20284.75

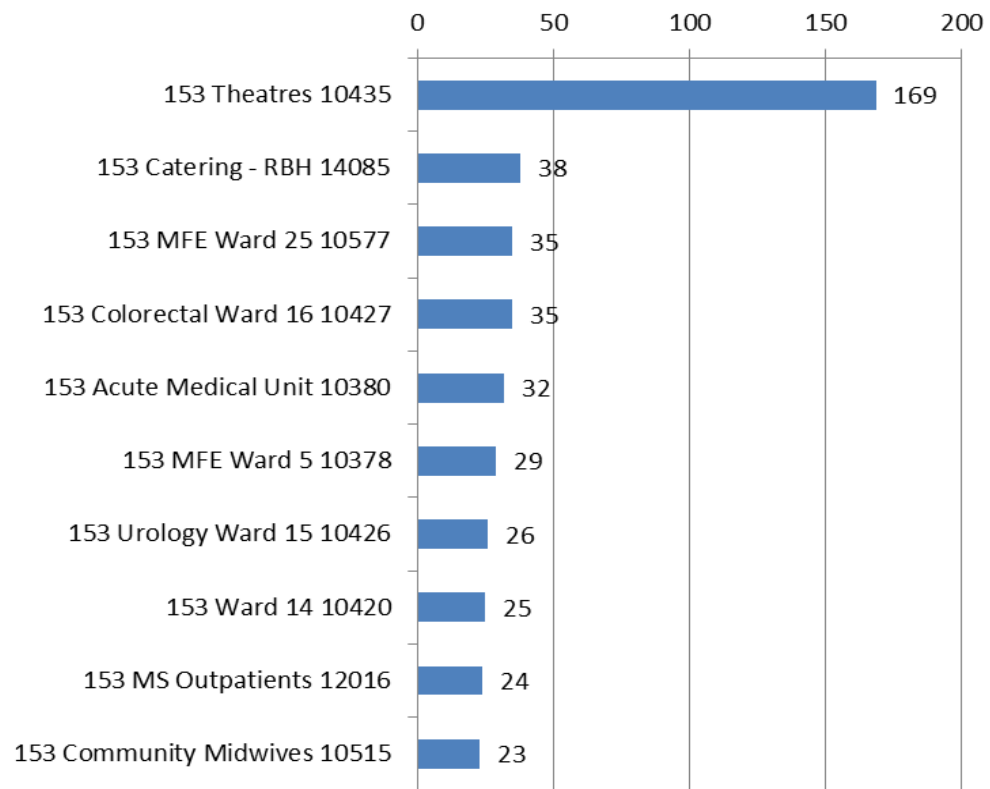
Sickness Episodes by Reason for 01/11/2014-31/10/2015



Sickness Absence FTE by Reason for 01/11/2014-31/10/2015



No. of Episodes Recorded as "S99 Unknown causes / Not specified"



BOARD OF DIRECTORS	
Meeting Date and Part:	27 th November, Part 1
Subject:	Performance Against Trust Objectives
Section:	Performance
Executive Director with overall responsibility	Tony Spotswood
Previous discussion and/or dissemination:	N/a
Action required: To note for information.	
Summary: This is the internal assessment of the performance against the Trust objectives for Quarter 2, 2015/16	
Related Strategic Goals/ Objectives:	Strategic Goals 1-7
Relevant CQC Outcome:	All CQC Standards
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

2015/16 Monitoring of Performance against Board Objectives

Success Criteria / Milestone	Lead Exec	Monitored By	Information Provided By	RAG / Achieve d Q1	RAG / Achieve d Q2	RAG / Achieve d Q3	RAG / Achieve d Q4	Commentary
1. To continue to improve the quality of care we provide to our patients ensuring that it is safe, compassionate and effective, driving down reductions in the variation of care whilst ensuring that it is informed by, and adheres to best practice and national guidelines. Our specific priorities are:								
Achieving consistency in quality of care by a year on year improvement in providing harm free care, measured by a reduction in Serious Incidents	PS	HAC	Governance					Plan for 15/16 is no more than 35 SIs – 13 at end of Q1, 18 at end Q2
Ensuring patients are cared for in the correct care setting on Wards by improving the flow of patients admitted non electively and reducing the average number of outlying patients and non clinical patient moves by at least 10%	RR							Out of hours ward moves - 10% target reduction achieved Q1 & Q2. Outliers > than in 14/15 in apr-Jun, but < in Aug & Sep.
To reduce the number of avoidable category 3 and 4 pressure ulcers acquired in our hospital in 2015/16 by 25%, measured through Adverse Incident Reports	PS	HAC	Governance					Plan for 15/16 is no more than 14 PU SIs . 3 at end of Q1, 3 at end Q2
To ensure that there are no MRSA bacteraemia cases and that the Trust achieves its target of no more than 17 Clostridium Difficile	PS	IPCC	Information					We have not had an MRSA case. The Trust on trajectory for c.diff cases at end Sept (7 cases against a trajectory of 7). There are cases under review and therefore anticipate an increase in QE
To be within the top quartile of hospitals reporting patient satisfaction via the Family and Friends Test	PS	HAC	Governance					Second quartile for in-patients. Top quartile for ED.
2. To drive continued improvements in patient experience, outcome and care across the whole Trust. The Trust will use a QI methodology to support this work. Key priorities are:								
Improving the management of sepsis, ensuring we implement the six key interventions (high-flow oxygen, fluid bolus, blood cultures, IV antibiotics, monitoring urine output, and measuring lactate) within one hour of patients being identified as having sepsis or being in septic shock.	DM	Improvement Board	PMO					Improved from Feb - March 2015 baseline measurement of 26% to 52% at end of PDSA 1 cycle. Challenge is to maintain momentum. Next steps - complete comms video, refresh poster campaign and launch new education package, stickers and screening tool.
Implementing the Department of Health's best practice guidance for effective discharge and transfer of patients from hospital and intermediate care. These including developing a clinical management plan for every patient within 24 hours of admission; all patients having an estimated date of discharge within 24-48 hours of admission; use of a discharge checklist, daily discharge board rounds and the involvement of patients and carers to make informed decisions about their on-going care and discharge. The full list is shown as Annex 1.	DM		PMO					Strengthened focus in PMG of the performance management of five daily actions with COO. Five daily actions focus week held w/c 9th Nov led by the care groups. Next focus week w/c 14th Dec. Key enabler for 5DA is delivery and full roll out of EBM. Ongoing challenges in delivering sustained improvement part of discussion with Exec sponsor.
Using a standard operating procedure for all patients undergoing emergency laparotomy with the aim of reducing mortality from 11.4% to 9% during 2015.	DM		PMO					New pathway designed and implemented. Challenge is to embed and making it easier to use by incorporating in current inpatient record. MFE fellow joined team to focus on frailty. Trust also now part of new E-Lap collaborative two year programme to improve and sustain outcomes.
Uniform use of surgical checklists across the whole organisation with the intention that there are no Never Events associated with failure to use checklist.	DM		PMO					All relevant areas either SOP now in place or plans to implement. Trust wide comms schedule being developed to support early September 'checklists from now on' launch. This will incorporate compliance monitoring and enforcement through existing clinical governance framework. Results of compliance review shows some improvement and further work needed to make it easier to complete and monitor checklist. IT solution being considered.
Implementing the NICE guidelines for patients referred with suspected GI cancer ensuring a minimum of 93% of patients receiving an appointment within two weeks.	DM		PMO					Challenge is around the capacity constraints. Work being done to develop a 'straight to test' model for fast track colorectal PDSA. Trial starts November for 6 weeks
3. To support and develop our staff so they are able to realise their potential and give of their best, within a culture that encourages engagement, welcomes feedback, and is open and transparent in its communication with staff, public and service users. Key priorities include:								
Introducing a new staff appraisal system, using a value based behavioural framework which will launched in April 2015, with all staff appraisals completed by November 2015*	KA	workforce and BOD	ESR/Workforce/O D					47.3% complete at end of Oct. Trajectory was 80%. Specialist Services at 89%. Ophthalmology at 72%. Lowest is Facilities at 18.3%. It is unlikely that all appraisals will be complete by end of November.
Ensuring all staff have agreed personal development plans, which reflect both the needs of the service and their own development requirements	KA	Care Group/Directorate	Workforce					Personal Development Plans will form part of a values based appraisal. Need to establish method for collecting data and aligning with TNA. TNA completed and to be reviewed in November.
The development and implementation of a comprehensive leadership and organisational development strategy to ensure delivery and develop an open, transparent culture where staff are readily able to take responsibility and have authority for the provision of their services. The strategy will be finalised by September 2017.	NH							Discovery Phase completed by May 2016 with commencement this month.
The strengthening of engagement within the Trust, facilitating opportunities for staff to contribute to the design and delivery of services (this will be measured through the Trust improving its staff survey results to the upper quartile).	KA	Workforce	Picker					Staff survey in Sep-Dec. Results in March 2016.
Promoting greater autonomy within a clear framework of responsibility and accountability for staff to manage their services.	TS							The cultural audit and leadership strategy will drive this work with proposals being considered by the Board, presented by the change leaders at the May 16 meeting.

Success Criteria / Milestone	Lead Exec	Monitored By	Information Provided By	RAG / Achieved Q1	RAG / Achieved Q2	RAG / Achieved Q3	RAG / Achieved Q4	Commentary
4. To develop and refine the Trust's strategy to give effect to the agreed outcomes following the CCG led Dorset Clinical Service Review. Key priorities include:								
The development of clear proposals to maintain the provision of resilient, high quality, viable services in the lead up to full implementation of the Clinical Service Review. Proposals developed by December 2015	TS	BOD						The Vanguard project is intended to provide some greater stability in the lead up to full CSR implementation, however the Trust will need to work closely with the CCG to secure funding sufficient to maintain services prior to reconfiguration.
The continued development of Christchurch Hospital, offering a community hub for provision of healthcare services	RR	BOD						Project on track.
The provision of new facilities for patients with blood disorders and those requiring women's health services, through the completion of building work by September 2016	RR	BOD						Project on track.
Launch of the Trust's Vision in April 2015 providing clarity to staff and members of the public about our core purpose and values	TS	BOD						Abbreviated versions of the strategy developed at speciality level and being discussed and communicated within care groups and directorates..
Electronic Document Management: To implement the necessary process changes within clinical and administrative practices within all care groups and corporate departments to seize the full benefits of the new EDM service which enables patient's Health Records to be available 24/7, instantly in a searchable format. To achieve the EDM business case expectations of cost improvements of £759k within 2015/16 and £1.1M in 2016/17.	PG							Cost savings delayed by 3/12.
5. To ensure the Trust is able to meet the standards and targets necessary to provide timely access to high quality responsive elective diagnostic and emergency services. The key targets are:								
95% of patients waiting no more than 4 hours from arrival in ED to their admission discharge or transfer	RR	TMB & PMG	Information					As per monthly BOD report - achieved Q2
93% of patients referred using the fast-track cancer pathway being seen within 14 days of referral	RR	TMB & PMG	Information					As per monthly BOD report - achieved Q2
93% of patients referred to the symptomatic breast clinic seen within 14 days of referral	RR	TMB & PMG	Information					As per monthly BOD report - achieved Q3
96% of patients diagnosed with cancer receiving treatment within 31 days	RR	TMB & PMG	Information					As per monthly BOD report - achieved Q4
85% of patients receiving their first treatment within 62 days of urgent GP referral with suspected cancer.	RR	TMB & PMG	Information					As per monthly BOD report
92% on incomplete pathways within 18 weeks	RR	TMB & PMG	Information					As per monthly BOD report
6. The Trust achieves its financial plan with emphasis on reducing agency spend, cutting waste and securing improvements in efficiency and productivity without detriment to patient care.								
	SH	FC & BOD	FINANCE					The trust at Q2 is reporting a favourable variance against the financial plan. Monitor requested the trust to complete a new plan by the end of September taking account of a greater level of ambition in delivering cost improvement. The plan was resubmitted and the deficit target reduced to £11.9m. Although an additional £2m of additional cost savings were found, the major reforecasting exercise identified additional pressures of £1m

Table:
G - Delivered, or on track and on time
A - Risk of delay or partial completion
R - Risk of non-delivery or delay
- not yet done