

*providing the excellent care we
would expect for our own families*

The Royal Bournemouth and
Christchurch Hospitals
NHS Foundation Trust



**Board of Directors
August 2015 (no meeting)**

INFORMATION PACK

APPENDIX

1. PERFORMANCE

(a)	Performance Report	Richard Renaut	A
(b)	Financial Performance	Stuart Hunter	B
(d)	Communications Update (Core Brief)	Karen Allman	C

2. NEXT MEETING

Friday 25 September 2015 at 8.30am in the Conference Room, Education Centre, Royal Bournemouth Hospital

BOARD OF DIRECTORS	
Meeting Date and Part:	Information Pack Part I – August 2015 (no meeting)
Subject:	Performance Report August 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 July 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 has been seen in Q1 and as an overview we achieved compliance against all Monitor targets excepting ED 4 hour. The key risks for Q2 remain Cancer 62 day and 4 hour ED compliance, though above threshold performance is noted against the latter for July and August to date.</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 and our continued non-compliance, though noting strong July and August performance to date. iii. Significant 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 non-compliance and other indicators such as the increase in outliers. However, due to some early indication of improvement the risk score has reduced slightly. The RTT risks have also been reduced in light of sustained performance and new national targets.</p>	
Reason paper is in Part 2	N/A

Performance Report August 2015/16 For July 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 measures not required by Monitor, such as for diagnostics and planned patients.

2. Risk assessment for 2015/16 – update

Monitor Risk Assessment Framework 15/16 - Q1 Update	
Target or Indicator (per Risk Assessment Framework)	Q1 Actual
<i>Referral to treatment time, 18 weeks in aggregate, admitted patients</i>	NLR
<i>Referral to treatment time, 18 weeks in aggregate, non-admitted patients</i>	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)	
Cancer 62 Day Waits for first treatment (from Cancer Screening Service)	
Cancer 31 day wait for second or subsequent treatment - surgery	
Cancer 31 day wait for second or subsequent treatment - drugs	
Cancer 31 day wait from diagnosis to first treatment	
Cancer 2 week (all cancers)	
Cancer 2 week (breast symptoms)	
C.Diff objective	
MRSA	
Access to healthcare for people with a learning disability	

Positively, our Quarter 1 final performance submission to Monitor confirmed compliance against all indicators except the ED 4 hour wait. Our predictions on cancer performance are always cautiously based on all patients on pathways and therefore, include some patients who do not have a confirmed diagnosis as they are still undergoing investigation. Due to a subsequent non cancer diagnosis for a number of these patients, as well as some patient choice affecting pathways, there were less 62 day breaches than anticipated in the quarter, resulting in above threshold performance against that target. Improvement into the quarter also meant that all other Cancer targets were met. The 62 day target, however, does remain at heightened risk due to Urology.

Encouraging performance has been seen against the ED 4 hour target for Q2 which to date is currently at 96.7%.

All indicators continue to have some risk but current predictions continue to place us below the Monitor trigger score of 4. Our assessment will be reviewed monthly and regular reports are being provided to Monitor.

3. Infection Control

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

For July 2015, one case of C. Difficile was reported on the Wards and is currently being investigated to determine whether this was due to a lapse in care as per current national guidance. Following investigation, one case has been confirmed during Q1 as due to a lapse in care. Issues relating to isolation compliance from RBCH staff and patient's carers (patient required their own 24 hour carers) together with documentation, which has now been mitigated with the new 7-day care plans, were found to contribute to this case.

There have been no reported cases of MRSA.

4. Cancer

Performance against Cancer Targets

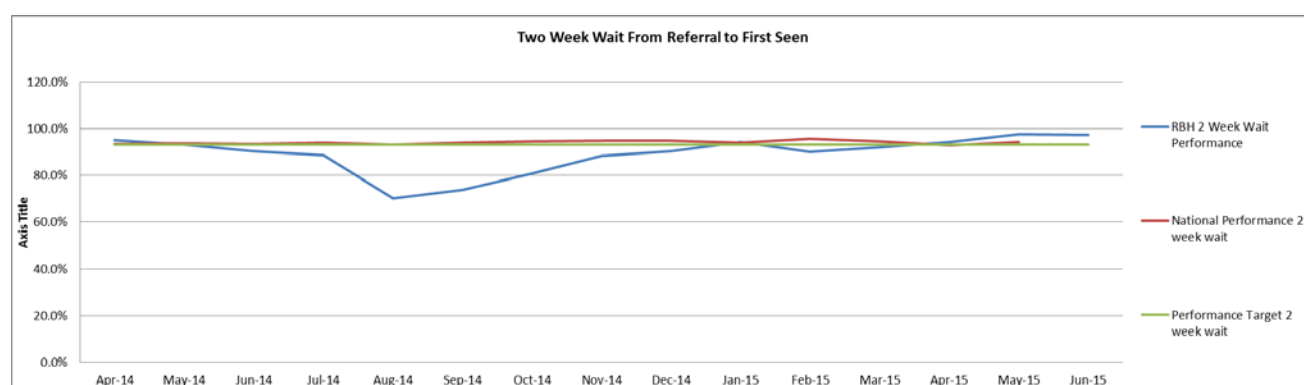
Key Performance Indicators	Threshold	2014-2015 Qtr 4	Jun-15	2015-2016 Qtr 1
2 weeks - Maximum wait from GP	93%	91.6%	97.4%	96.4%
2 week wait for symptomatic breast patients	93%	98.1%	100.0%	98.6%
31 Day – 1st treatment	96%	96.2%	93.5%	96.5%
31 Day – subsequent treatment - Surgery	94%	86.1%	94.6%	94.8%
31 Day – subsequent treatment - Others	98%	100.0%	100.0%	100.0%
62 Day – 1st treatment	85%	81.9%	83.6%	85.5%
62 day – Consultant upgrade (<i>local target</i>)	90%	83%	100%	76.5%
62 day – screening patients	90%	89.6%	100.0%	91.3%

Two Week Wait

The overall improvement against the Two Week Wait target has been sustained with compliance being achieved through Q1 and into July and August. Endoscopy capacity remains the main risk. However, all areas are currently being managed through targeted capacity and prioritisation, together with a clear escalation process.

The NICE guidance on fast track referrals indicates that significant growth is likely in a range of specialities. Greatest in Gastro, Colorectal and Dermatology, services already under greatest pressure. Others like Urology may also be affected. Increases in fast track outpatient referrals has been seen in June and July and we are monitoring to see if growth continues to increase above the existing levels (which have nearly doubled over 5 years).

The Breast symptomatic target also continues to be achieved.



62 Day Referral to Treatment

Whilst the number of 'breach' patients treated in June was below threshold, the Trust achieved the quarterly target at 85.5%. This was better than expected and resulted from a number of patients who were on our 'predictor' actually receiving a confirmed non-cancer diagnosis, as well as some patient choice impact. We do however, continue to remain at heightened risk against this target, due to our continued pressures in the Urology pathways, as reflected nationally. Analysis of longer waiting Urology patients show that the backlog of template biopsies has contributed to some pathway delays which we are working to reduce with the new local service. Another key reason for long waits are complex pathways and we are working closely with our CCGs to review pathways into and through the services, with a key project being launched by Dorset CCG. To a lesser degree, delays for robot prostatectomies has affected a small number of patients and internally, we are continuing with 'robot weeks' as well as looking into the potential for further increased capacity during Q3 in anticipation of demand pressures. The analysis then shows a number of patients with a range of pathway delays reasons including patient choice, patient cancellation, DNA and requiring cardiac assessment.

Site	Jun-15			Quarter 1 2015/16		
	Total	Within Target	Performance	Total	Within Target	Performance
Haematology	7.5	7.5	100.0%	12	12	100.0%
Lung	6	5.5	91.7%	17	14	79.4%
Colorectal	8.5	7.5	88.2%	29	24	84.2%
Gynae	2	1.5	75.0%	7	6	85.7%
Skin	36	35	97.2%	84	81	95.8%
UGI	8.5	7.5	88.2%	22	21	95.3%
Urology	32.5	20.5	63.1%	92	66	72.1%
Breast	7.5	6.5	86.7%	32	30	93.7%
Others						
Head & Neck	0.5	0.5	100.0%	3	2	80.0%
Brain/central nervous system				0	0	
Children's cancer				0	0	
Other cancer				3	3	100.0%
Sarcoma	1	0	0.0%	2	0	0.0%
Total	110.0	92.0	83.6%	300	257	85.5%

Some delays in Lung patient pathways, either across providers or due to complexities of pathway steps, together with the demand and capacity pressures in our Gastro, Endoscopy and Colorectal services, are also risks to our quarter compliance.

The increased national focus on 62 Days is continuing and we are working with our CCGs and NHS England – Wessex on improvement and on the 'Eight Key Priorities' as indicated in the previous report.

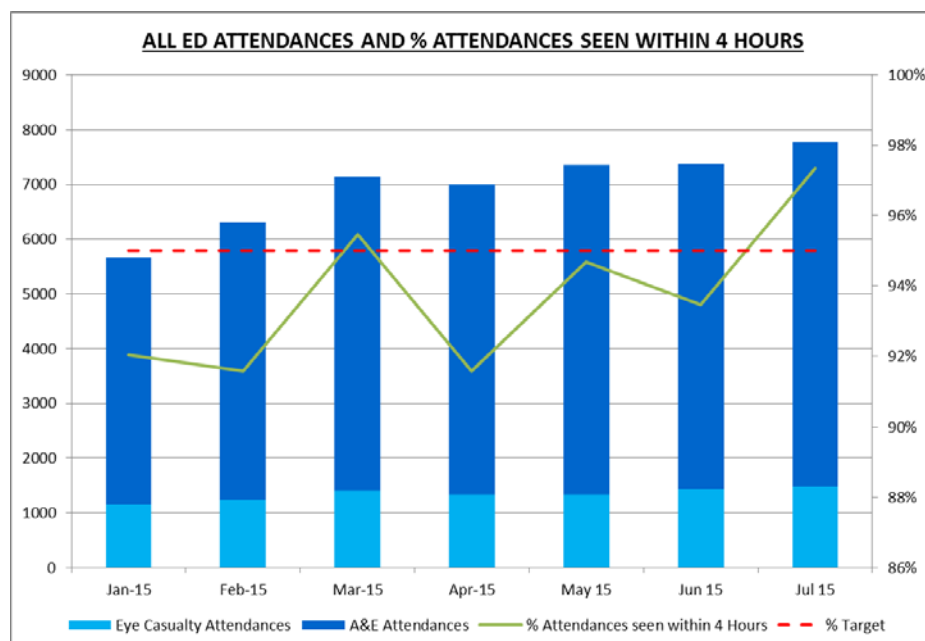
31 Day First Treatment, Subsequent Surgery and 62 Day Screening

Positively, compliant performance was achieved against the other Cancer targets in Q1. This is expected to be a sustainable trend with the main risk currently around endoscopy pressures and 'small number' performance targets.

5. A&E

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

The trend of rising emergency attendances continues. July saw a jump in ED attendances compared to June (+390, +5.29%) in line with seasonal trend, however the breaches in ED continued to reduce drastically in July (-277 less, -57.47%). Emergency admissions were slightly down -0.3% (-7) in July compared to June. Non-Elective admissions (e.g. transfers in) were up 28.7% (+35) in July compared to June.



The ED performance in July increased to 97.36% and has been largely maintained through August to date, though risk is heightened due to the Junior Doctor changover, Air Festival and Bank Holiday weekend, as well as seasonal trends. Significant planning has been in place for these periods to mitigate risk as far as possible. For example, increased consultant support was provided to the new junior doctors as well as to cover ED, resulting in good ED performance during that week (96.6% ED 4 hr target) despite ED attendances and non elective admissions being 6.7% and 7.8% respectively above

the same period last year. However, increases in delayed discharges is putting additional pressure on capacity.

The extension of the BREATH model as previously highlighted has progressed as has the Nurse Practitioner cover. Our new consultant has now commenced and further interviews are arranged for September for an 8th consultant. Locum cover requirements are expected to fall considerably with the new appointments across our medical staffing in ED.

We continue to see the shift towards increased minors attendances (with 3,543 for July and 3,537 for June, compared with 3,310 in April), reflecting the seasonal summer trend. We will be monitoring this closely against previous/expected activity levels.

6. Learning Disability

Patients with a learning disability: Compliance with requirements to healthcare access

We were compliant with requirement to healthcare access for Q1 15-16 against the target.

7. Venous Thromboembolism

Risk assessment of hospital-related venous thromboembolism

We were compliant with the quarterly requirement to risk assess 95% of patients for VTE with a performance of 95.4% for Quarter 1.

8. Diagnostics

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

As expected, July's diagnostic result of 96.16% missed the 99% threshold due to Endoscopy waits. In July these were Gastroscopy with 53.6% of the >6wk patients, and Colonoscopy with 31.3% of the >6wk patients. A plan is currently underway to secure increased capacity pending recruitment of additional nursing staff which is progressing well. It is expected that whilst some additional capacity will be provided in the meantime, this will increase significantly from September. We are also working with the national project office with regard to nationally led outsourcing capacity.

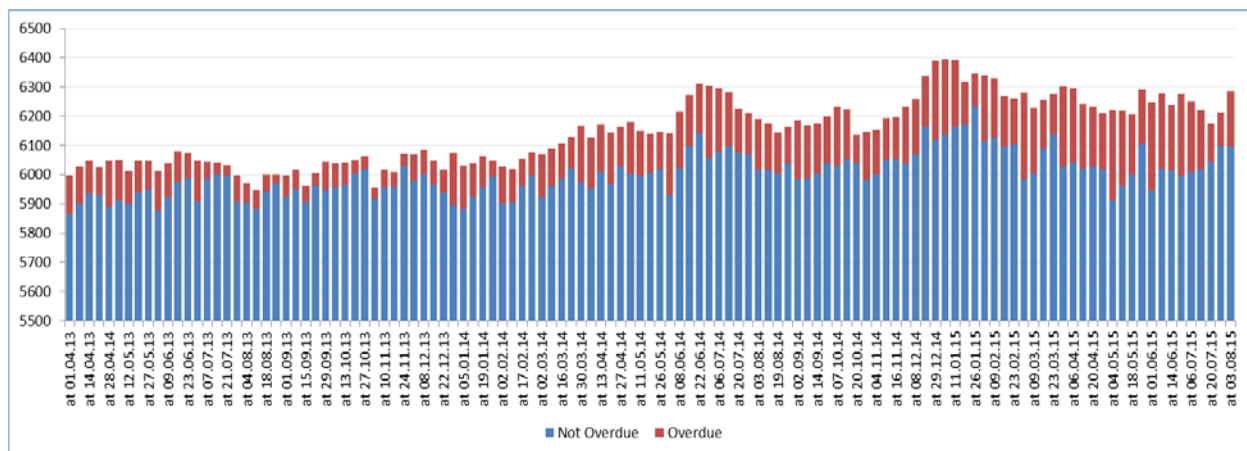
The QI improvement project related to admin and booking processes continues to progress well with more robust systems being introduced to ensure appropriate and timely care for patients. This is now beginning to inform our demand and capacity analysis which will inform our forward looking trajectory.

As previously highlighted Endoscopy waiting times will grow over this quarter, until the extra nurses to allow extra capacity are in place. This therefore, remains a major risk to cancer and RTT waits.

Radiology and Cardiology diagnostics remain compliant.

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). As indicated in the table below (*note this is an unvalidated position*), we have seen an increasing number of patients on this list as well as in the number of patients who are 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 this continues to be monitored on a weekly basis, with clinical reviews requested as required.



10. Stroke

The next (Q1) Stroke Sentinel Audit data is not expected until September. Unvalidated July performance shows continued improvement against the Stroke Unit targets - Direct Access within 4 hours (86.8%) and Time on the Stroke Unit (88.9%); as well as the Scanning targets. Good performance against the TIA targets and thrombolysis rate was also recorded.

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

92% of patients on an incomplete RTT pathway within 18 weeks

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

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

Incomplete Pathways

In line with the national directives, the key RTT indicator is Incomplete Pathways to reflect the focus on treating long wait patients and reducing overall national long waiter backlogs. Following the work over the last year to reduce our backlogs and improve our position, we have seen continuation of strong performance overall against this indicator with above threshold performance at 94.3%. Some individual service level risks remain,

particularly the Poole visiting specialties and Dermatology, which despite some improvements in some of these, this has predominantly been driven to date by referral management and additional clinical sessions. Work continues with the CCG and partner organisations to find ways to more substantively reduce demand pressures and secure sufficient capacity. Joint work is underway to support the new community Dermatology Service in Hampshire and to move to a digital image based referral process for Dorset GPs to aid specialist triage.

Overall pressures in Urology, balancing the range of pathways which include cancer and diagnostics as well urgent and routine RTT, continue to be a challenge and additional consultant cover is currently in place. Furthermore, the pressures in Endoscopy, Gastroenterology and Colorectal services highlighted earlier are causing some pathways to be extended. Additional medical cover is being secured and the Endoscopy capacity plans are expected to reduce these pressures going forward.

	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15		
							<18 wks	Total	Performance
100 - GENERAL SURGERY	92.4%	94.0%	92.8%	91.1%	93.0%	92.3%	2308	2520	91.6%
101 - UROLOGY	92.1%	91.9%	91.0%	89.9%	90.1%	90.0%	1328	1492	89.0%
110 - TRAUMA AND ORTHOPAEDICS	87.3%	84.8%	86.3%	89.2%	92.9%	94.2%	3074	3253	94.5%
120 - EAR NOSE AND THROAT	85.1%	87.2%	85.3%	87.8%	87.4%	90.3%	342	360	95.0%
130 - OPHTHALMOLOGY	94.9%	95.7%	96.3%	97.4%	97.3%	97.5%	3795	3928	96.6%
140 - ORAL SURGERY	90.4%	87.5%	86.5%	80.5%	73.3%	65.8%	91	153	59.5%
150 - NEUROSURGERY							0	0	
160 - PLASTIC SURGERY							0	0	
170 - CARDIOTHORACIC SURGERY	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	5	5	100.0%
300 - GENERAL MEDICINE	94.0%	98.2%	96.0%	93.0%	94.6%	97.6%	1573	1614	97.5%
301 - GASTROENTEROLOGY							0	0	
320 - CARDIOLOGY	94.0%	94.7%	94.5%	94.6%	94.9%	95.8%	1613	1683	95.8%
330 - DERMATOLOGY	77.6%	72.1%	79.4%	84.6%	89.3%	89.1%	481	522	92.1%
340 - THORACIC MEDICINE	95.8%	100.0%	99.5%	97.9%	99.4%	97.9%	363	368	98.6%
400 - NEUROLOGY	98.5%	94.1%	91.8%	86.7%	85.6%	81.7%	93	106	87.7%
410 - RHEUMATOLOGY	99.5%	99.1%	99.5%	97.1%	96.1%	94.5%	820	846	96.9%
430 - GERIATRIC MED	98.0%	98.9%	100.0%	97.8%	97.0%	98.1%	130	134	97.0%
502 - GYNAECOLOGY	96.5%	95.8%	93.3%	91.8%	95.1%	92.5%	947	1028	92.1%
Other	99.8%	99.3%	98.6%	97.3%	97.7%	97.6%	1485	1553	95.6%
TOTAL	92.4%	92.7%	92.7%	92.6%	94.0%	94.4%	18448	19565	94.3%

Admitted and Non Admitted RTT

Internally we are continuing to monitor patient treatments on the admitted and non admitted pathways. The percentage of admitted and non admitted patients treated within 18 weeks remained stable at 90.8% and 93.3% respectively with the latter resulting from continued clearance of backlog.

12. Recommendation

The Board of Directors 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 PERFORMANCE INDICATOR MATRIX FOR BOARD OF DIRECTORS

Area	Indicator	Measure	Target 15/16	Monitor	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Forecast - Next Month	Forecast - Quarter	RAG Thresholds					
Monitor Governance Targets & Indicators																														
Infection Control	Clostridium difficile	Total number of hospital acquired C. Difficile cases under review	n/a	1.0	5	9					2	1	1	1										n/a	n/a	> trajectory		<= trajectory		
	Clostridium difficile	C. Difficile cases due to lapses in Care	14 (1 pcm)		-	-					0	0	1	tbc													>1		≤1	
Referral to Treatment	RTT Admitted	18 weeks from GP referral to 1 st treatment – aggregate	90%	1.0	88.1%	90.2%					90.1%	91.3%	90.8%	90.8%													<90%		≥90%	
	RTT Non Admitted	18 weeks from GP referral to 1st treatment – aggregate	95%	1.0	95.6%	91.9%					93.0%	94.0%	94.1%	93.3%													<95%		≥95%	
	RTT Incomplete pathway	Patients on an 18 week pathway awaiting treatment – aggregate	92%	1.0	95.0%	92.6%					92.6%	93.9%	94.4%	94.3%													<92%		≥92%	
Cancer	2 week wait	From referral to date first seen - all urgent referrals	93%	1.0	86.1%	91.6%					94.3%	97.6%	97.4%														<93%		≥93%	
	2 week wait	From referral to date first seen - for symptomatic breast patients	93%		91.5%	98.1%					96.3%	100.0%	100.0%														<93%		≥93%	
	31 day wait	From diagnosis to first treatment	96%		93.0%	96.2%					98.8%	97.2%	93.5%													<96%		≥96%		
	31 day wait	For second or subsequent treatment - Surgery	94%	1.0	94.2%	86.1%					97.0%	92.3%	94.6%														<94%		≥94%	
	31 day wait	For second or subsequent treatment - anti cancer drug treatments	98%		100.0%	100.0%					100.0%	100.0%	100.0%														<98%		≥98%	
	62 day wait	For first treatment from urgent GP referral for suspected cancer	85%		82.3%	81.9%					86.2%	86.7%	83.6%														<85%		≥85%	
	62 day wait	For first treatment from NHS cancer screening service referral	90%		90.7%	89.6%					100.0%	81.8%	100.0%														<90%		≥90%	
A&E	4 hr maximum waiting time	From arrival to admission / transfer / discharge (Type 1 & 2)	95%	1.0	92.32%	92.39%					91.6%	94.69%	93.46%	97.39%													<95%		≥95%	
LD	Patients with a learning disability	Compliance with requirements regarding access to healthcare	n/a	1.0																							No		Yes	
TOTAL	CURRENT QUARTERLY MONITOR (PREDICTION) / SCORE		0.0	0.0	5	5					1															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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Infection Control	MRSA Bacteraemias	Number of hospital acquired MRSA cases	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	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 *	90%		100.0%	60.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
VTE	Venous Thromboembolism	Risk assessment of hospital-related venous thromboembolism	95%		94.2%	94.7%	95.0%	95.5%	95.8%	96.1%			95.4%																	
Diagnostics	Six week diagnostic tests	More than 99% of patients to wait less than 6 wks for a diagnostic test	>99%		99.8%	98.9%	97.0%	94.2%	94.8%	98.4%			94.8%	97.9%	97.7%	96.2%														
A&E	Admission via A&E	No. of waits from decision to admit to admission over 12 hours	0		0	0	1	2	5	0			0	0	0	0														
	Ambulance Handovers	No. of breaches of the 30 minute handover standard	0		75	74	72	66	55	49			20	20	22	43														
	Ambulance Handovers	No. of breaches of the 60 minute handover standard	0		13	13	27	31	31	6			5	2	2	4														
Cancelled Operations	28 day standard	No. of patients not offered a binding date within 28 days of cancellation	0		1	0	1	0	2	0			0	0	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	0														
Stroke & TIA	SSNAP indicator	% of Stroke patients are treated on a dedicated stroke ward for 90% of spell	SSNAP threshold tbc		70.0%	59.3%	61.4%	66.7%	83.7%	72.7%			51.1%	69.4%	84.3%	88.9%														
	SSNAP indicator	Direct admission to Stroke Unit within 4 hours of admission	SSNAP threshold tbc		66.2%	60.7%	54.2%	64.9%	68.1%	70.0%			53.3%	75.0%	62.9%	86.8%														
	SSNAP indicator	Patients receive CT Scan within 24 hours of admission	SSNAP threshold tbc		96.9%	98.4%	100.0%	98.2%	97.9%	98.1%			96.7%	100.0%	92.0%	100.0%														
	SSNAP indicator	Patients with acute stroke receive brain imaging within 1 hr	SSNAP threshold tbc		26.2%	39.3%	35.6%	35.1%	42.6%	55.8%			46.7%	41.1%	40.0%	56.6%														
	SSNAP indicator	Thrombolysis Rate	SSNAP threshold tbc		9.2%	9.8%	12.0%	14.0%	19.1%	17.3%			13.3%	12.5%	12.3%	17.0%														
	SSNAP indicator	% appropriate patients receiving thrombolysis (within 1 hour of clock start)	SSNAP threshold tbc		16.7%	33.3%	14.0%	37.5%	33.3%	11.0%			50.0%	14.3%	62.5%	33.3%														
	TIA indicator	High risk TIA cases investigated and treated within 24hrs	SSNAP threshold tbc		53.0%	68.0%	58.0%	75.0%	70.0%	71.0%			67.2%	63.0%	60.0%	60.0%														
TIA indicator	Low risk TIA cases, seen within 7 days	SSNAP threshold tbc		84.0%	85.0%	79.0%	76.0%	86.0%	91.0%			89.2%	92.0%	91.0%	86.0%															
Referral to Treatment	Clocks still running - 52 weeks	Zero tolerance of over 52 week waiters (Incomplete Pathways)	0		1	0	1	0	0	0			0	0	0	0														
	Clocks still running - admitted	Total number of patients with an admitted incomplete pathway	tbc		n/a	n/a	n/a	n/a	n/a	n/a			5976	6097	5967	5967														
	Clocks still running - admitted	Number of patients with an admitted incomplete pathway over 18 weeks	tbc		n/a	n/a	n/a	n/a	n/a	n/a			656	600	568	669														
	Clocks still running - non admitted	Total number of patients with a non admitted incomplete pathway	tbc		n/a	n/a	n/a	n/a	n/a	n/a			14169	13434	13054	13265														
	Clocks still running - non admitted	Number of patients with a non admitted incomplete pathway over 18 weeks	tbc		n/a	n/a	n/a	n/a	n/a	n/a			826	581	499	448														
Planned waits	Planned waiting list	% of patients overdue from their planned date	0		n/a	n/a	n/a	n/a	n/a	n/a			96.9%	95.2%	95.6%	98.1%														
RTT Specialty	RTT Admitted	100 - General Surgery	90%		84.7%	85.1%	84.1%	86.9%	88.7%	85.5%			84.3%	86.6%	83.1%	86.1%														
	RTT Admitted	101 - Urology	90%		92.5%	90.1%	92.7%	88.4%	93.3%	92.8%			90.7%	91.7%	86.8%	87.3%														
	RTT Admitted	110 - Orthopaedics	90%		84.0%	80.3%	80.1%	82.3%	86.2%	84.7%			84.7%	85.7%	86.8%	85.6%														
	RTT Admitted	130 - Ophthalmology	90%		83.2%	85.0%	85.6%	91.9%	88.6%	92.9%			92.5%	92.2%	94.1%	93.8%														
	RTT Admitted	300 - General medicine	90%		99.4%	98.3%	98.0%	99.4%	98.3%	97.6%			98.6%	98.8%	98.8%	99.1%														
	RTT Admitted	320 - Cardiology	90%		89.3%	92.8%	92.7%	94.5%	93.5%	91.3%			92.5%	94.6%	92.4%	92.2%														
	RTT Admitted	330 - Dermatology	90%		91.7%	87.6%	82.0%	84.3%	84.8%	85.3%			84.8%	87.9%	94.1%	94.3%														
	RTT Admitted	410 - Rheumatology	90%		98.1%	94.5%	97.1%	98.2%	100.0%	96.9%			96.0%	96.3%	100.0%	97.6%														
	RTT Admitted	502 - Gynaecology	90%		85.7%	75.7%	87.6%	84.4%	78.9%	77.7%			81.1%	82.6%	74.8%	80.8%														
	RTT Admitted	Other	90%		99.4%	97.7%	98.9%	97.8%	100.0%	99.3%			97.8%	98.8%	95.8%	97.7%														
	RTT Non admitted	100 - General Surgery	95%		90.9%	96.4%	95.5%	95.1%	92.5%	93.4%			94.1%	95.5%	94.8%	92.5%														
	RTT Non admitted	101 - Urology	95%		99.5%	96.5%	99.4%	96.2%	92.8%	97.0%			91.2%	98.4%	94.2%	94.4%														
	RTT Non admitted	110 - Orthopaedics	95%		96.7%	91.4%	91.8%	87.9%	82.9%	83.2%			88.4%	87.6%	91.3%	93.2%														
	RTT Non admitted	120 - ENT	95%		92.6%	89.9%	87.6%	83.6%	85.4%	84.6%			84.6%	91.9%	83.5%	89.4%														
	RTT Non admitted	130 - Ophthalmology	95%		100.0%	96.4%	96.3%	95.5%	89.3%	96.1%			95.1%	96.5%	95.8%	95.1%														
	RTT Non admitted	140 - Oral surgery	95%		91.0%	90.6%	78.7%	76.0%	68.2%	72.2%			65.7%	68.0%	58.6%	50.8%														
	RTT Non admitted	300 - General medicine	95%		93.3%	96.5%	99.1%	95.7%	96.8%	96.3%			93.9%	92.5%	96.7%	95.8%														
	RTT Non admitted	320 - Cardiology	95%		95.8%	93.4%	93.4%	95.5%	96.5%	97.1%			95.8%	99.1%	97.5%	96.9%														
	RTT Non admitted	330 - Dermatology	95%		100.0%	94.5%	85.0%	80.4%	81.3%	82.1%			90.3%	97.4%	96.5%	95.5%														
	RTT Non admitted	340 - Thoracic medicine	95%		97.5%	98.5%	98.9%	96.9%	100.0%	95.8%			98.0%	99.3%	99.4%	95.9%														
RTT Non admitted	400 - Neurology	95%		97.4%	96.4%	95.3%	87.5%	81.0%	82.1%			87.8%	83.5%	85.1%	79.2%															
RTT Non admitted	410 - Rheumatology	95%		95.9%	95.3%	97.5%	97.9%	97.3%	98.5%			98.8%	96.4%	98.0%	95.3%															
RTT Non admitted	502 - Gynaecology	95%		98.3%	96.2%	98.2%	93.0%	94.4%	91.0%			94.8%	92.1%	96.2%	95.2%															
RTT Non admitted	Other	95%		98.8%	99.3%	98.8%	99.5%	99.3%	99.1%			98.7%	98.9%	98.2%	96.5%															
SUS Submissions	NHS Number Compliance	Completion of NHS Numbers in SUS Submission (IPS/OPS)	99%		99.8%	99.8%	99.8%	99.8%	99.9%	100%			tbc	tbc	tbc	tbc														
	NHS Number Compliance	Completion of NHS Numbers in SUS A&E Submissions	95%		97.3%	97.4%	97.5%	97.5%	97.6%	98%			tbc	tbc	tbc	tbc														

BOARD OF DIRECTORS	
Meeting Date and Part:	August 2015
Subject:	Financial Performance
Section:	Performance
Executive Director with overall responsibility	Stuart Hunter, Director of Finance
Author(s):	Pete Papworth, Deputy Director of Finance
Previous discussion and/or dissemination:	Finance Committee and Trust Management Board
Action required: The Board of Directors is asked to note the financial performance for the period ending 31 July 2015.	
Summary: July reported a reduction in planned (elective) activity, mainly in relation to Orthopaedic procedures; together with a reduction in outpatient appointments. However the Trust saw an increase in emergency department attendances and a minor increase in non elective activity. This brings the year to date activity into line with the agreed plan, with a 0% variance overall. This level of activity has translated into a strong financial position during July. The Trust budgeted a net deficit of £364,000 in month, against which an actual deficit of £115,000 was reported. This represents a favourable variance of £249,000, and takes the year to date variance to £51,000 favourable. Whilst this is a positive in month performance, the Trust must not lose focus on the scale of the financial challenge. Continued efforts are required by directorate management teams to ensure that quality and performance standards are achieved within the resources available. Income has over achieved by £15,000 to date, with reduced private patient income off-set by additional NHS patient and non-patient related income. Expenditure reports an under spend of £36,000 to date. Whilst agency staffing costs remain very high, it is pleasing to see spend reduce in a number of key areas across the Trust. Cost improvement schemes to date have delivered savings of £1.838 million, against a target of £1.790 million. In addition to this favourable position, a number of new schemes have been identified and are progressing which will result in an over achievement against the initial target. This is expected to significantly improve the overall financial outturn for the year. Capital spend reported a small over spend in month, bringing the year to date over spend to £145,000. This reflects the timing of agreed capital commitments and the forecast for the year remains in line with the agreed capital programme.	

<p>The Trust Continuity of Services Risk Rating remains at 3, in line with the agreed plan. However, members should note that Monitor have now published their revised Risk Assessment Framework following consultation, which came into effect from 1 August 2015. Had this new framework been in place during July, the Trust would have reported a Financial Sustainability Rating of 2, putting the Trust into the 'material risk and potential investigation' category.</p>	
Related Strategic Goals/Objectives:	Goal 7 – Financial Stability
Relevant CQC Outcome:	Outcome 26 – Financial Position
<p>Risk Profile:</p> <p>No new risks have been added to the Trust risk register, and none have been removed or reduced.</p>	
Reason paper is in Part 2	N/A

THE ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUST
FINANCIAL PERFORMANCE FOR THE PERIOD TO 31 JULY 2015

KEY FINANCIALS	2014/15 YTD ACTUAL £'000	CURRENT YEAR TO DATE				IN MONTH			
		PLAN £'000	ACTUAL £'000	VARIANCE £'000	VARIANCE %	PLAN £'000	ACTUAL £'000	VARIANCE £'000	VARIANCE %
NET SURPLUS/ (DEFICIT)	(1,437)	(4,804)	(4,752)	51	1%	(364)	(115)	248	(68%)
EBITDA	3,134	111	112	1	1%	811	1,028	217	27%
TRANSFORMATION PROGRAMME	1,900	1,790	1,838	48	3%	438	552	114	26%
CAPITAL EXPENDITURE	5,159	6,023	6,168	(145)	(2%)	1,689	1,716	(27)	(2%)

ACTIVITY	2014/15 YTD ACTUAL NUMBER	CURRENT YEAR TO DATE				IN MONTH			
		PLAN NUMBER	ACTUAL NUMBER	VARIANCE NUMBER	VARIANCE %	PLAN NUMBER	ACTUAL NUMBER	VARIANCE NUMBER	VARIANCE %
Elective	22,782	23,545	23,444	(101)	(0%)	6,452	6,013	(439)	(7%)
Outpatients	112,799	114,331	113,997	(334)	(0%)	31,305	30,478	(827)	(3%)
Non Elective	11,022	11,078	11,138	60	1%	2,818	2,830	12	0%
Emergency Department Attendances	30,555	29,749	29,490	(259)	(1%)	7,559	7,758	199	3%
TOTAL PbR ACTIVITY	177,158	178,703	178,069	(634)	(0%)	48,134	47,079	(1,055)	(2%)

INCOME	2014/15 YTD ACTUAL £'000	CURRENT YEAR TO DATE				IN MONTH			
		PLAN £'000	ACTUAL £'000	VARIANCE £'000	VARIANCE %	PLAN £'000	ACTUAL £'000	VARIANCE £'000	VARIANCE %
Elective	23,417	23,246	23,136	(109)	(0%)	6,365	6,316	(49)	(1%)
Outpatients	10,661	10,532	10,568	36	0%	2,884	2,932	48	2%
Non Elective	18,347	18,762	18,804	42	0%	4,767	4,796	29	1%
Emergency Department Attendances	2,868	3,254	3,223	(32)	(1%)	827	818	(9)	(1%)
Non PbR	22,527	24,678	24,775	96	0%	6,624	6,594	(30)	(0%)
Non Contracted	9,243	8,612	8,466	(147)	(2%)	2,267	2,220	(47)	(2%)
Research	619	611	718	107	17%	167	212	44	27%
Interest	50	33	55	22	65%	9	15	6	65%
TOTAL INCOME	87,733	89,729	89,744	15	0%	23,910	23,903	(7)	(0%)

EXPENDITURE	2014/15 YTD ACTUAL £'000	CURRENT YEAR TO DATE				IN MONTH			
		PLAN £'000	ACTUAL £'000	VARIANCE £'000	VARIANCE %	PLAN £'000	ACTUAL £'000	VARIANCE £'000	VARIANCE %
Pay	53,916	56,754	55,927	827	1%	14,517	13,825	692	5%
Clinical Supplies	11,941	12,172	12,431	(259)	(2%)	3,409	3,427	(18)	(1%)
Drugs	9,556	9,749	10,270	(521)	(5%)	2,543	2,625	(82)	(3%)
Other Non Pay Expenditure	8,360	10,129	10,063	65	1%	2,370	2,699	(329)	(14%)
Research	620	618	725	(107)	(17%)	157	201	(44)	(28%)
Depreciation	3,094	3,138	3,150	(12)	(0%)	785	788	(3)	(0%)
PDC Dividends Payable	1,683	1,973	1,930	43	2%	493	452	41	8%
TOTAL EXPENDITURE	89,170	94,533	94,496	36	0%	24,274	24,018	256	1%

STATEMENT OF FINANCIAL POSITION	2014/15 YTD ACTUAL £'000	CURRENT YEAR TO DATE			
		PLAN £'000	ACTUAL £'000	VARIANCE £'000	VARIANCE %
Non Current Assets	161,657	176,028	176,199	171	0%
Current Assets	67,697	82,477	82,892	415	1%
Current Liabilities	(27,029)	(45,998)	(46,595)	(597)	(1%)
Non Current Liabilities	(8,588)	(22,357)	(22,293)	64	0%
TOTAL ASSETS EMPLOYED	193,737	190,150	190,203	53	0%
Public Dividend Capital	78,674	79,665	79,665	0	0%
Revaluation Reserve	72,999	74,608	74,608	0	0%
Income and Expenditure Reserve	42,064	35,877	35,930	53	0%
TOTAL TAXPAYERS EQUITY	193,737	190,150	190,203	53	0%

CONTINUITY OF SERVICE RISK RATING	2014/15 YTD ACTUAL METRIC	CURRENT YEAR TO DATE			
		PLAN METRIC	ACTUAL METRIC	RISK RATING	WEIGHTED RATING
Debt Service Cover	1.73x	0.07x	0.08x	1	1
Liquidity	50.9	40.8	40.5	4	2
CONTINUITY OF SERVICE RISK RATING	3				3

BOARD OF DIRECTORS	
Meeting Date and Part:	31 August 2015
Subject:	Communications Report (including media KPIs and Core Brief)
Section:	Information
Executive Director with overall responsibility	Karen Allman, Director of Human Resources
Author(s):	James Donald, Head of Communications
Previous discussion and/or dissemination:	
Action required: The Board of Directors is asked to: To note the report	
Summary: The Communications Report provides a summary of key communication activities over the past month as well as upcoming activities and media KPIs	
Related Strategic Goals/ Objectives:	Access to care Provider of choice
Relevant CQC Outcome:	Section 1, Outcome 1, Section 4, Outcome 13 and 14
Risk Profile: <ul style="list-style-type: none"> i. Have any risks been reduced? ii. Have any risks been created? 	
Reason paper is in Part 2	N/A

Communications activities August 2015

1. Introduction

The following paper includes:

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

2. Recent activities

- Production of pamphlet preparing staff for A338 roadworks
- Production of Trust Strategy 2015/20 summary document
- Pride Awards – filming of shortlisted candidates
- Website updates
- National and local news coverage about the rehiring of Basil Fozard
- Communicate RBCH's financial situation to staff – Q&A in Core Brief
- Promoting participation in the staff impressions survey
- Production of leaflet to explain changes to e-rostering
- Updated media policies

3. Upcoming activities

- Promotion of Quality and Safety Conference, 14-18 September
- Flu fighters campaign, from 21 September
- Video introduction for Annual Members Meeting, 23 September
- Production of next edition of Buzzword
- Widespread communications in preparation for CQC inspection – including pamphlet to same template as the A338 roadworks document
- Trust Strategy – sharing summary document around the Trust
- Planning the 2015 Pride Awards
- Workforce transformation communications
- Quality improvement communications
- Annual Report – summary document for members
- Promote range of Health & Wellbeing services
- Writing a social media strategy
- Communications support for opening of Jigsaw building

4. Recommendation

The Board is asked to note the report.
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providing the excellent care we
would expect for our own families

The Royal Bournemouth and
Christchurch Hospitals
NHS Foundation Trust



Core Brief



From: Tony Spotswood, Chief Executive

August 2015

A338: the latest



From Sunday 6 September there will be day time and night time lane closures on the northbound and southbound carriageways for two weeks. There will also be some overnight closures.

During this period, Dorset County Council will be removing any remaining trees and vegetation obstructing the work, installing traffic management along with speed cameras and CCTV, as well as carrying out resurfacing works around Blackwater.

From Monday 21 September up until Christmas, the southbound carriageway will be reconstructed between Blackwater Junction and the QinetiQ access, with a 40mph contraflow on the northbound carriageway.

In the New Year work will focus on the northern end of the road, with the reconstruction of the one-mile stretch between Ashley Heath Roundabout and the QinetiQ entrance.

Work will start on the southbound side, with traffic remaining in the northbound contraflow, and then the works area and contraflow will swap. There will also be speed restrictions on the A31 in this area during this phase of work.

From March until the end of May, the northbound carriageway will be reconstructed with the contraflow traffic on the newly built southbound side.

Throughout the work there may be times where additional overnight closures are required for surfacing work and to rearrange traffic management.

Where possible please allow extra time for your journeys during this period.

New A338 travel brochure: have a plan

It includes details on the latest council plans as well as a number of frequently asked questions and case studies with some of our staff on how they travel to work.

These are being distributed around the Trust this week. If you do not receive one feel free to pop up to the Communications Office in Trust Management and pick up a copy.





Finance: frequently asked questions

Like many other trusts, RBCH has moved into an unprecedented and larger than expected deficit financial position during 2014/2015. We understand that you may have a lot of questions on various finance related topics that affect you.

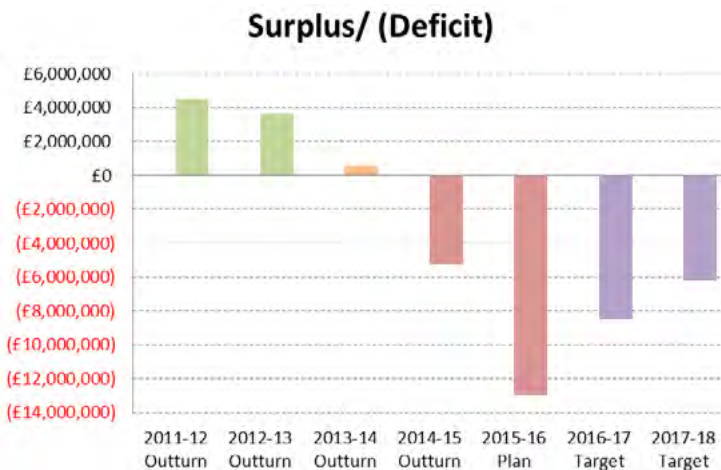
We have put together a number of FAQ's aimed at clearing up any uncertainty you may have.

So we have a deficit of £12.9m. What is a deficit? Is it like an overdraft?

Having a £12.9m deficit means we are spending £12.9m more than we are receiving. It's like you spending more than your pay cheque each month and going into your overdraft.

Haven't we always had a deficit?

No. We have historically been in surplus, meaning that we have spent less money than we received each year, allowing us to save. Last year (2014/15) was the first year we reported a deficit.



How did we get such a large deficit? What was different this year than any other year?

There are a small number of reasons for our big deficit this year:

- a substantial additional cost as a result of a significant reliance upon agency staff
- not delivering enough savings through our Cost Improvement Plan (CIP)
- investments in quality improvements above tariff funded schemes

How do we pay it back?

While we were in surplus we were able to save money (like a savings account). We are currently spending our savings. However our savings will only last for another 12-18 months. If we are still spending too much by then we will have to take out a loan. This is not a good idea as we still need to repay the loan and will have to pay interest on top.

Does this mean we are going to run out of money and have to cut back services?

We will run out of money in 12-18 months if we continue to spend at the current rate. If we run out of money we will have to make very difficult decisions about the services we provide. Ultimately, if we do not manage our money to avoid this, decisions will be made for us by our regulator Monitor, or by a team appointed by them.

Does it mean we will lose jobs? Should I be worried?

You should not be worried about your job. However, we do need to save money and our pay bill makes up about 60% of our total cost. As such, noting possible changes, we might need staff to do things differently and that may affect the total number of staff we have through staff turnover.

Does it mean I will never get a pay rise?

No. Pay rates within the NHS are set nationally so they aren't influenced by the size of the Trust's deficit. The recent announcement in the budget indicates a pay award of 1% for the next four years.

Surely the Government will have to bail us out as we save lives? We are providing vital frontline services and you can't put a price on that.

Unfortunately we cannot rely upon this. There are numerous examples of trusts around the country which have become financially unsustainable, and as a result services have been broken up and rationalised. We need to do everything we can to manage our money to allow us to continue to provide the services required by our local population.

All other hospitals are running large deficits, so why should we worry?

Only about half of the hospitals in England are in deficit and we are currently a national outlier because of the size of our deficit. As a result we are under investigation by our regulator and need to improve upon our planned deficit of £12.9m this year. Regardless of what other hospitals are doing, if we continue to spend as we are now, our regulator will take local decisions out of our hands and make them for us. This is not the best approach for our local population.

Won't the Clinical Services Review (CSR) solve the financial problems across Dorset?

The CSR has recently been subject to a rigorous assessment process and even if agreed will not deliver savings for a number of years. The Trust therefore needs to plan as a single organisation for the next

few years and deliver a greater level of savings thus reducing the deficit each and every year.

So what can I do about it?

Everyone has a role to play and is responsible for helping us reduce our spend.

You can help by:

- thinking about everything you buy and whether there is a cheaper option
- ensuring that waste is minimised
- ensuring that processes are reviewed to see if there is a more efficient way to do things
- identifying any savings opportunities to your managers or Helen Rushforth in the PMO (helen.rushforth@rbch.nhs.uk)
- challenging others on their spend or wastage
- improving quality and safety - getting things right first time

CQC information request

We have received a large Provider Information Request (PIR) from the Care Quality Commission ahead of their inspection scheduled for Tuesday 20 to Friday 23 October 2015.

The information request is a mixture of quantitative and qualitative questions as well as lists of documents that we have been asked to provide. The request is for well over 1000 pieces of information or evidence and touches almost every part of the hospitals daily business.

Leads have been contacted with

a list of information/documents that they will need to provide by Wednesday 12 August at the latest.

They are now in the process of cascading this through directorates and departments, although you may have already been asked. All the information collated will then be reviewed by the Executive Team before final sign off before submission to the CQC.

We appreciate that this is a very tight timescale at a time of year when people are likely to be on



annual leave, but unfortunately we must respond.

Thank you for your help and support.

Further details of how the CQC carry out an inspection: www.cqc.org.uk/content/how-we-inspect-and-regulate-guide-providers

Update on Dorset's Clinical Services Review

Dorset Clinical Commissioning Group (CCG) has confirmed that the public consultation on the Clinical Services Review will be delayed. This is now likely to begin in early 2016. As a consequence, any decision on the future plans for RBCH will also be delayed.

We will continue to input to the work with the CCG and our partners around the Clinical Services Review and beyond. We also

need to continue our focus on our existing services and how they are best supported to ensure we can provide excellent care.

Further details are available on the official CCG website at www.dorsetvision.nhs.uk



Dorset's Clinical Services Review
shaping your local NHS

Main atrium at RBH to undergo major overhaul

Work is well underway to give the main atrium at RBH a facelift in order to create a more welcoming entrance space, a retail pharmacy and a larger coffee bar run by the charity RVS.

The General Office will also move nearer the front entrance and have its own dedicated entrance so bereaved relatives don't have to walk through the main hospital.

The atrium will remain open while works are progressing and we will endeavour to minimise disruption where possible. It is hoped that the revamp will be finished by the end of the year.

What else is happening?

The Clinical Site Team will move to the former X-ray store which provides them with a large office. Medical Physics will move from Orthopaedic outpatients and be relocated within the former X-ray storage area. Volunteers will move into their old office with a new private admin area.

An artist's impression



View from lower level



View from lower level



View from upper level

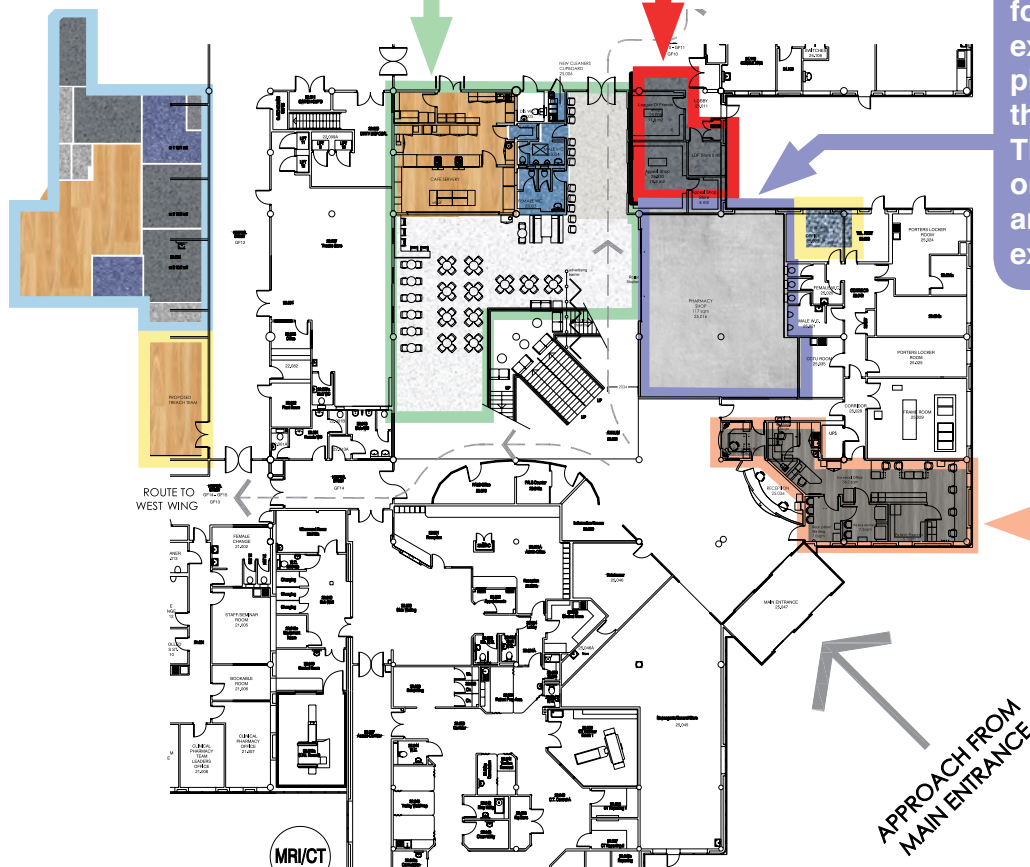
Below is a more detailed plan of what will be done and what we can expect when work is completed:

RVS moves to the other side of the WC block which enhances the creation of a new and more ample front of house coffee and beverage facility

A new shop and store for the League of Friends and Appeal Shop will be built here situated adjacent to the new retail pharmacy at the back of the atrium

There are provisional plans for a new pharmacy for an external company to provide pharmaceutical services to the hospital, staff and public. This will reduce some pressure on the hospital pharmacy and provide a better patient experience

The General Office will move to the rear of reception. This provides a purpose built facility with secure cashier location and bereavement space for families/carers. The CP Car Park Office will also be part of this allowing both teams to work closely with each other



Important information: Changes to linen supplier

On Saturday 15 August the Trust will move to a new linen contract with Berendsen laundry services. This will require the removal of all Salisbury Linen Service products from Trust areas by 15 August.

Implementation of the change, for some areas, will commence on Friday **14 August** with clinics which are closed over the weekend. On **Saturday 15 August** all remaining wards and departments in the Trust will be changed. In this process all Salisbury Linen Services linen must be removed for return.

During the changeover it is understood that there may be a small amount of Salisbury stock still in use for a small period of time, (perhaps a particularly ill patient who can't be disturbed). If this affects your area or you come across a larger quantity of Salisbury linen which has been missed please contact the Linen Room on ext. **4043**.

Hoist slings, slide sheets etc

The process for all manual handling slings, slide sheets, mattress covers and other 'soft' manual handling items remains the same. These items are NOT affected by this change and must continue to be sent via in-house RBH laundry for processing.

Christchurch Hospital

Separate arrangements are in place for Christchurch Hospital which will come into effect from during the week of **15 August**. Please contact Carol Pinchen or Lorraine McGill who will be co-ordinating the changeover on this site should you have any queries or require additional information.

Linen bags

As part of this change new Berendsen linen bags will be provided along with a slightly amended bagging policy/chart. The predominant bag used will remain as a white bag or red water soluble inside a white bag for fouled linen. Please ensure you **don't overfill linen bags - they are not designed to contain excess linen or weight** - this also helps minimise manual handling risks which can result from overfilling. Please assist the linen room team in their inventory control of bags by keeping them in the linen cupboards or agreed storage areas.

In order to ensure that the hospital meets infection control standards, we are now required to complete a pillow audit throughout the Trust. These forms will be available on the intranet and hard copies can be obtained on request from Jenny House on ext. **4743** or bleep **2828**.

Please ensure you inspect all pillows when changing to the new linen. If you come across any that do not meet the standards highlighted on the form, please collect replacements from the linen room on Friday 14 August and Jenny House on Saturday 15 August by bleeping her.

Should you need any further information please contact **Steve Curtis** on ext. **5890**, **Stuart Fleming** on **4048** or **Jenny House** on **4720**.

changeover project is detailed in three phases:

Phase 1

The linen room team will visit every area and remove all current clean items from wards and departments from store rooms and replace with Berendsen linen. Please could you ensure that any clean linen held around the ward, such as in bathrooms, is transferred back to the store room for collection. Please don't forget to include any items held in staff lockers.

Phase 2

Ward staff will need to strip and change beds, towels and any patient nightwear such as dressing gowns. All Salisbury linen will need to be placed into marked Salisbury laundry bags in accordance with current bagging guidelines. Extra care needs to be taken to ensure that Salisbury linen doesn't get mixed with the new Berendsen linen.

Phase 3

Once the changeover is complete on all wards and departments an updated bagging guide will be left for on-going use and reference. The linen room team will also check cupboards to ensure sufficient stocks remain.

Please remember we need to make every effort to ensure that Salisbury linen is kept separate from Berendsen linen.

Trust welcomes new non-executive director

Professor Christine Hallett has been appointed as a new non-executive director at the Trust to provide challenge and support to the Board and drive improvement in the quality of patient care.

Christine's background includes working at the Department of Health on issues such as the reconfiguration of London postgraduate teaching hospitals and doctors pay. She then moved into academia, teaching social policy at a number of locations, including courses on the history and development of the NHS and how other countries organised their healthcare systems.

From 2003-2010 she served as Principal and Vice Chancellor of the University of Stirling in Scotland.

Christine said: "I have a strong commitment to the NHS, valuing above all its capacity to meet need, regardless of the ability of patients to pay.

"The current challenges facing the NHS are formidable, including demands associated with an ageing population, the need to provide services to support people in the community, and securing resources to meet rising expectations. I trust that my skills



and experience can contribute to finding local solutions to these pressing issues."

Christine replaces Alex Pike on the Board of Directors, whose term came to an end after nine years.

Ward 4 revamp complete

A full facelift has been given to Ward 4 to make it more user-friendly for our elderly patients and to give it an overall more modern feel. Improvements include new flooring, high-tech LED lighting and redecoration throughout, as well as a new nurse reception area, nurse call system and replacement fire alarm.

Each bay on the ward has a theme like our dementia ward 26, in order to help our patients feel a lot more comfortable and assist them with finding their way around.

Work took just eight weeks to complete.



Health and Care Innovation Expo 2015

What does the NHS Five Year Forward View mean for you, and how can you make sure your voice is heard as health and social care services undergo radical changes?

On **Wednesday 2** and **Thursday 3 September**, England's biggest health and care event, the Health and Care Innovation Expo, makes a welcome return.

This year's edition, held at Manchester Central, will be hosted by NHS England and has highly-significant timing given the fact we will be six months into the new Government and it is just under a year after NHS England's Chief Executive Simon Stevens set out his vision for a reformed NHS.

Those attending will get a unique insight into the NHS, its partners and patients, and provides an ideal opportunity for us to share our experiences, plans and goals for implementing change.

There will be a sharp focus on where changes are taking place, scrutiny on how new care models have already improved patient care, and an understanding of where the new reforms will happen.

There are a limited number of tickets available for NHS staff so be quick if you would like to attend. Simply log on to **www.england.nhs.uk/expo/expo15/register-now/**.



2 – 3 September 2015
Manchester Central

**Book your
place now**



#Expo15NHS

Nurses and midwives: is your expiry date coming up in the next few months?

From November 2015 nurses and midwives must send their documents and pay their fees before their annual expiry date to stay on the register.

If you pay after the expiry date, your payment will not be accepted and your registration will lapse. The only way to be registered again would be by making an application for readmission. This can take from two to six weeks and you would be unable to practise until your application for readmission is approved.

Early next year, we plan to introduce the option to pay registration fees by instalments. This will depend on fees being paid promptly.

Remember that the easiest way to maintain your registration is by signing up to NMC Online.



SINGLE Unit Blood Transfusions
reduce the risk of an adverse reaction

Don't give two without review

THINK!

- Is your patient symptomatic?
- Is the transfusion appropriate?
- What is the haemoglobin trigger level?
- What is the patient's target haemoglobin level?



**Each unit transfused is an
independent clinical decision**

DO!

- ✓ Clinically re-assess the patient after each unit transfused
- ✓ Only one unit should be ordered for non-bleeding patients
- ✓ Document the reason for Transfusion.¹



Blood and Transplant

1. British Committee for Standards in Haematology: Addendum to Administration of Blood Components. 2012

Let's talk about IT

Virus protection on network connected PC's and laptops

The current UK threat level for international terrorism is severe. Terrorism includes viruses or '**cyber attacks**' which could destroy our computer based programmes and information that you use to help look after our patients.

To help keep the Trust's network safe our IT Department regularly ensure that our computers can be scanned on Monday's at midday, virus software is updated

on an hourly basis and files are scanned when they are opened.

Please can we ask that you only open work related emails from trusted senders and delete any you aren't sure about.

We also ask that you allow your computer to carry out scans and Microsoft updates, be on the lookout for unusual behaviour from your PC or laptop, only use your work email and visit work-related websites only.



If you do not help us to protect our site, we could end up with massive service outages that will impact on our ability to look after our patients.

Please be vigilant.

Order Comms update

The Order Comms project kick-off meeting was held last month hosted by our supplier Sunquest ICE.

Approximately 30 key personnel directly involved with the project from both RBH and Poole Hospital attended, and a detailed project plan is expected from the supplier imminently.

Order Comms is a system that allows the electronic requesting of pathology, radiology, endoscopy and cardiology tests. It feeds these requests directly into the relevant IT system for that department to then accept, book and report on.

Training sessions on using the new system for staff across the Trust will be announced soon.

If you would like a copy of the slides from the kick-off meeting please e-mail **Nicola.chaplin@poole.nhs.uk**.



Voice Recognition System Demonstration

After a successful pilot of the Dragon Medical Practice Speech Recognition system in the Trust, we are now looking at widening the trial to any other members of staff that are interested.

The system automatically recognises words that are dictated to it by clinicians and stores the data files on a range of platforms such as eCaMIS and Microsoft Office products.

Our IT department is running a rolling demonstration on the new system on **Thursday 10 September** between 9am-12noon in the conference room in the Education Centre.

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

Core Brief

Date of Core Brief cascade briefing: 12 August 2015

Name:
Department/Ward:

Date delivered:

Who to:
How many:

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

The latest on the A338: As you are probably already aware Dorset County Council will begin carrying out extensive roadworks on the A338 from **Sunday 6 September**. This will affect traffic around both the RBH and the wider areas, including the roads around Christchurch Hospital. These works will last for around nine months. In this issue we have included the latest schedule for the work and information on each road closure. Needless to say some of you will undoubtedly experience issues getting to and from work during this time, so in order to assist you with planning your journey's we have produced a brochure which is currently being distributed to staff. Make sure you pick up your copy.

Action: Please ensure you get a copy of the A338 Have a Plan brochure. These are currently being distributed across the Trust and placed on vehicles in our car parks. There will be an electronic easy-print version available soon which can be requested via email to the Communications Team at communications@rbch.nhs.uk. If you don't receive a hard copy please feel free to pick one up from the Communications Office in Trust Management. Please can all managers ensure their teams have a copy.

Finance frequently asked questions: Like many other trusts, RBCH has moved into an unprecedented and larger than expected deficit financial position during 2014/2015. We understand that you may have a lot of questions on various finance related topics that affect you. We have put together a number of FAQ's aimed at answering any questions or concerns you may have.

Action: Please can all managers ensure these FAQ's are circulated to their teams via email or they are issued with a hard copy.

CQC information request: We have received a large Provider Information Request (PIR) from the Care Quality Commission (CQC) ahead of their inspection on **Tuesday 20 to Friday 23 October 2015**. The information request is a mixture of quantitative and qualitative questions as well as lists of documents that we have been asked to provide. The request is for well over 1000 pieces of information or evidence and touches almost every part of the hospitals daily business.

Action: Managers and clinical leads across the Trust should already of been contacted with a list of information and documents that they will need to provide by Wednesday 12 August at the latest. We appreciate that this is a very tight timescale at a time of year when people are likely to be on annual leave, but unfortunately we must respond.

Updates on Dorset's Clinical Services Review: Dorset's Clinical Commissioning Group (CCG) has confirmed that the public consultation on the Clinical Services Review will be delayed. This is now likely to begin in early 2016. As a consequence, any decision on the future plans for RBCH will also be delayed.

Action: Further details are available on the official CCG website at www.dorsetvision.nhs.uk.

Main atrium at RBH to undergo major overhaul: Work is well underway to give the main atrium at RBH a facelift in order to create a more welcoming entrance space, a retail pharmacy and a larger coffee bar run by RVS. We have included a more detailed guide on the plans with time scales. We will endeavour to keep

you updated each month on the progress being made.

Action: Please can all managers ensure that these plans are cascaded to staff for their information. The Communications Team will keep you up to date with the progress being made.

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

Signed:

Date:

Media relations - Key Performance Measures

The Trust received substantial positive media coverage during July a large proportion of it around the CSR and the benefits of RBCH being the best place for trauma care in Dorset. The development of Christchurch hospital was positively covered emphasising the number of jobs the finished plan would bring to Christchurch. There were many pieces promoting 'World breast feeding week', our need for nipple knitters and the picnic. We had advertising for the Unsung Hero award category as part of the Pride Awards .

For more information, or to access any of the media coverage the Trust has received, contact communications@rbch.nhs.uk or call 01202 704905.

2015	Number of proactive news releases distributed	% that received media coverage in <u>that month</u>	Total <u>PRINT</u> coverage (includes adverts)	Total <u>OTHER</u> coverage (online, radio, TV)	Positive media coverage	Neutral media coverage	Negative media coverage	Media enquiries
July	12	91.6%	37	6	35	8	0	6 Media Enquiries, mainly around CSR
June	10 (Including Five Daily Actions, Pride Awards 'Unsung Hero', charity news and Cardiology Department ten year anniversary	100%	32	17	46	3	0	10 (including the Clinical Services Review and nursing migration laws)

May	11 (including International Nurses' Day, the CSR, patient survey and charity news)	100%	24	24	46	2	0	13 (including the Clinical Services Review, babies born on the same day as Princess Charlotte and stroke statistics)
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