

A meeting of the Board of Directors will be held on Friday 30 October 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	APPENDIX
	Christine Hallett,	
8.30-8.35	2. MINUTES OF THE PREVIOUS MEETING	
	(a) To approve the minutes of the meeting held on 25 September 2015	A
8.35-8.40	3. MATTERS ARISING	
	(a) To provide updates to the Actions Log	B
8.40-9.00	4. QUALITY IMPROVEMENT	
	(a) Patient Story	Information Paula Shobbrook Verbal
	(b) QI Projects (to include Mice Report) - Improving Emergency Care in Medicine	Information Paula Shobbrook C
	(c) QIA Process	Decision Paula Shobbrook D
	(d) CQC Intelligent Monitoring report – <i>Not issued from CQC</i>	Information Paula Shobbrook E
	(e) Complaints Report	Discussion Paula Shobbrook F
9.00-9.55	5. PERFORMANCE	
	(a) Performance Exception Report	Discussion Richard Renaut G
	(b) Report from Chair of HAC	Information Dave Bennett Verbal
	(c) Quality Performance	Discussion Paula Shobbrook H
	(d) Report from Chair of Finance Committee	Information Ian Metcalfe Verbal
	(e) Financial Performance	Discussion Stuart Hunter I
	(f) Report from Chair of Workforce Committee	Information Derek Dundas Verbal
	(g) Workforce Report	Discussion Karen Allman J
	(h) Proposed Consultation on Price Cap rules for Agency and Bank staff **	Information Paula Shobbrook/ Karen Allman Verbal

(i) Statement of Commitment of Prevention of Healthcare Associated Infections Decision *Paula Shobbrook* K

(j) Adoption of Charity Annual Report and Accounts** Decision *Stuart Hunter/
Bill Yardley* L

9.55-10.10

6. STRATEGY AND RISK

(a) Chief Executive's Update on Clinical Services Review Information *Tony Spotswood* Verbal

(b) Update on Vanguard Project ** Information *Tony Spotswood* M

7. NEXT MEETING

Friday 27 November 2015 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

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 25 September 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>
	Christine Hallett	(CH)	<i>Non-Executive Director</i>
	Stuart Hunter	(SH)	<i>Director of Finance</i>
	Ian Metcalfe	(IM)	<i>Non-Executive Director</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>
	James Donald	(JD)	<i>Head of Communications</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>
	David Bellamy	(DB)	<i>Public Governor</i>
	Derek Chaffey	(DC)	<i>Public Governor</i>
	Carole Deas	(CD)	<i>Public Governor</i>
	Eric Fisher	(EF)	<i>Public Governor</i>
	Bob Gee	(BG)	<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:	Dave Bennett, <i>Non-Executive Director</i>		

76/15 **DECLARATIONS OF INTEREST**

None.

77/15 **MINUTES OF THE MEETING HELD ON 31 JULY 2015 (Appendix A)**

The minutes of the meeting on 31 July 2015 were confirmed as an accurate record.

JS welcomed those attending the meeting and drew attention to the successful Annual Members Meeting that took place on Wednesday 23 September which had been positive. Further she commented on the recent opening of the Jigsaw building and the positive feedback received. The

recent Quality Safety Conference was highlighted which had proven to be an ideal opportunity for staff throughout the Trust to discuss lessons learnt and to improve care.

78/15

MATTERS ARISING (ACTIONS LOG) (Appendix B)

- (a)
- 68/15 (c) SA confirmed that the information team would provide the detail for the next meeting.
 - 69/15 (b) PS advised that the information regarding experiences of physical violence had been provided to staff through the HONs. Actions would be reviewed through the Health and Safety Committee and reported at HAC. It was noted all episodes resulted in no/minor harm and one episode of moderate harm.
 - 68/15 (b) KA advised that more information had been provided to the organisation about recruitment and communication campaigns were underway.
 - 58/15 TS advised that no further response had been received regarding the securing of overseas appointments. KA advised that she had met with the Migration Advisory Committee and that the Trust was retaining more EU recruited staff compared to other Trusts.
 - 24/15 PS advised once the national consultation had concluded guidance would be provided. KA outlined that the Trust's whistleblowing policies had been reviewed and the Trust had launched more health and wellbeing events to make staff more aware of how to raise issues.

CQC Update-

PS confirmed that the CQC inspection was due to commence from the 20 October. TS and PS have met with the CQC local and lead inspectors and it is expected that the inspection process for RBH and Christchurch Hospital will be similar to 2014. It is anticipated that the unannounced inspections will take place the following week.

Information packs provided about the Trust from the CQC were very detailed and recognised the local demographic.

TS added that the CQC had invited the Board to lunch on 20 October and encouraged members to attend.

79/15

QUALITY IMPROVEMENT

(a) Patient Story (Verbal)

BF presented the WHO checklist video as part of the patient story which aimed to increase staff awareness of the importance of the use of the checklist in preventing never events. The video will be made available to staff via the intranet and will be used as part of a communications campaign, at staff inductions and during training to create an impact amongst staff. BF emphasised that each clinical leader must take responsibility to ensure their staff are aware of its importance. PS supported that it formed part of the drive to change the culture and improve practice.

The Board discussed the proposal to mandate the use of the WHO checklist and for non-compliance to become a disciplinary matter. BF emphasised that the Trust should take a focused approach to teams rather than on an individual basis. The Board supported that the checklist was best practice but required consequence. It was agreed that the Trust's processes needed to be robust to make implementation of the checklist mandatory and that further work was required with teams. JS requested that the Board took time to consider this issue but noted that failure to comply with a Trust process was already a disciplinary matter.

SP queried whether there were any areas in the Trust where the checklist was not being adopted on a systemic basis. He emphasised the need for clarity of accountability. In addition performance needed to be into the Clinical Excellence Awards process. PS highlighted the serious incident and root cause analysis process used by the Trust was robust, and brought the board's attention to the NPSA decision tree, which is used to identify the factors underpinning incidents. The Board supported that these areas should be identified and targeted to ensure that processes are applied consistently and equally to staff.

NHa/SA

RR proposed that the Board was provided with the evidence base and suggested this formed part of the Board development session in October.

IM suggested that the Audit Committee monitored compliance with the checklist once the Trust had identified how this will be measured.

BF

The Board **endorsed** the video and agreed that the issue should be mandated following clarity around compliance issues by the next Board meeting. The Board acknowledged the disciplinary measures already in place and the range of sanctions. It was further requested that BF provided the Board requested an update on any areas of concern.

BF

(b) Feedback from Staff Governors (Verbal)

JS outlined the themes from the last meeting with Staff Governors:

- Recruitment- staff have requested updates on the progress with recruitment to make staff more aware;
- ENA system- some inefficiency with re-entering information has

been identified. PG advised that software was to be released to solve these issues;

- Car Park & A338- TS commented that potentially there were more radical solutions being considered but that staff should continue to consider alternative routes and methods of transport;
- Concerns about the reports in the recent Media;
- Voice of Allied Health Professionals as a group.

JS emphasised the importance and the value of the feedback from Staff Governors to the Board.

(c) Adult Safeguarding and Child Protection and Safeguarding Report (Appendix C)

PS advised that the Board were required to receive the report which detailed information about safeguarding processes across the Trust. It was emphasised that the Trust works closely with social services and external partners and feedback received had been positive. The Trust has taken steps to increase safeguarding and has a lead nurse and a named doctor for safeguarding children and named leads for safeguarding adults. An area highlighted for improvement was the training for medical staff, noting the new IT based training had affected the compliance figures.

Following discussion the Board approved the declaration of compliance subject to an amendment to state that 'all relevant staff at RBCH are mandated to undertake safeguarding training'.

SP raised concerns for mandatory training compliance. The Board agreed that an action plan should be provided for level 2 training.

PS

BY queried whether the training was relevant for all staff if they did not have contact with patients or children. KA commented that this formed part of the UK core skills and was a national directive. The Board acknowledged the impact of the e-learning module upon training figures.

CH commented that from a broader perspective the report provided a positive reflection of the grip the Trust has over safeguarding issues.

(d) Quality and Safety Week – feedback (Verbal)

BF presented the Safety Conference video. 500 members of staff had attended. The Safety Conference was aimed to promote awareness of lessons learnt following incidents. BF proposed that the conference became an annual event to share important learning throughout the Trust and that it would support the Trust's aim to become the most improved Trust by 2017.

DD added that it was an excellent event which encouraged staff to

Speak out and share their experiences.

The Board **endorsed** the video and supported that the conference should become an annual event.

80/15

PERFORMANCE

(a) Performance Exception Report (Appendix D)

RR outlined the key themes from the performance report:

- The Trust was on track to achieve the ED 4 hour target and is regularly meeting the internal ED standards. Access to beds remains an issue but outstanding issues have been resolved;
- Cancer 62 days- the Trust met the target in the last quarter and is likely to achieve 83/84% of target this quarter. The CCG have commissioned a survey around prostate pathways which will provide a learning opportunity. This area will remain a risk due to pressures in urology;
- 31 Day Cancer target is linked to the 62 days target and may also present a risk but the Trust is currently investigating issues;
- C diff- the Trust is on trajectory however achieving the target will be tight as the target has reduced significantly. PS commented that there were 4 cases in August on different wards, and the learning has been shared which needs to be embedded;
- Dermatology, Breast- new clinics working well and waits will be reduced for 90% of patients;
- Capacity pressures- system efforts around flow within the Trust and working with community partners will be important;
- National guidance on single sex accommodation breaches – the number of breaches have decreased following the adoption of a tighter policy however a more rigorous approach will be required to avoid breaches especially within ED and observations bays;
- Investments made in targeted areas is making a difference to RTT;
- Stroke- 6 months ago Hampshire was within category D. The Trust has increased performance to category B following a sustained focus on compliance for every aspect of each pathways.

RR requested that the Board approved the policy for cancer as part of the overall action plan for the 62 day cancer target.

SP noted the encouraging signs across the spectrum and queried the Single Sex Accommodation policy impact on breaches and requested further detail on the context of the breaches. RR noted that it would be beneficial for the Board to have sight of the context and the root cause analysis summaries which could be provided at the next meeting.

RR

The Board **endorsed** the policy. JS commended the impact of the changes within ED and the improvements in pathways following the opening of the Jigsaw building.

(b) Quality Performance Report (Appendix E)

PS advised that the Trust continued to improve performance for harm free care and had achieved 97%. Electronic nursing assessments have commenced to increase compliance with risk assessments as they provide continuous monitoring rather than a monthly snapshot to provide greater assurance. Whilst the Friends and Family Test Trust level feedback is better than the national average, the response rate within ED was low. The Trust will be increasing volunteer's presence within ED to collect feedback and Nurse Practitioners have been given responsibility to improve performance. PS thanked volunteers for their support in all patient experience activities.

(c) Financial Performance (Appendix F)

SH highlighted the themes from the report:

- The Trust had achieved £126,000 more surplus than planned;
- Emergency activity had not increased at the same level as last year. This supports that investments made in some areas have contributed to the reduction in activity;
- The Trust was below trajectory for agency expenditure although bank expenditure had increased;
- Performing against the plan for month five for the CIP;
- There will be an additional CIP and the Annual Plan will be revised;
- Investments in capital were on plan;
- Monitor has made changes to the rating system whereby a Trust will be penalised for any variance from their financial plan. Based on the size of the I&E margin and debt cover it is anticipated that the Trust will be awarded a risk rating of 2.

PS queried the impact of the Monitor risk rating upon the rest of the NHS. SH advised that it came into force from 1 August and that a considerable number of Foundation Trusts would be awarded a risk rating of 2.

SH emphasised that there was confidence that staff were more aware of the impact of the financial position.

(d) Workforce Report (Appendix G)

KA reported strong progress with the vacancy rate across the Trust in comparison to other Trusts nationally. The Board acknowledged that the key issues related to the supply and demand across the NHS.

KA advised that there had been strong feedback from members of staff on the appraisal process however it was disappointing that the Trust was not achieving the desired level of performance. It was noted that executives had considered the issue in detail and it was agreed that the figures did not support the level of appraisals completed. RR

commented that some issues related to leavers and starters. The Board discussed the need to aggregate the full system and that all staff needed a date for their appraisal. The Board emphasised the importance of having this information available by October.

KA/RR

Essential core skills compliance had increased slightly and further work was being completed to ensure that leadership was in place within the organisation. KA highlighted that the quality of fire training at the Trust was excellent although the figures may need to be reflected in a different way.

The staff exit data has been provided and discussed with the Heads of Nursing. Information is being disseminated to support staff within the organisation.

SP queried the results following the time to change feedback. NHa advised that this formed part of the organisational development work and that there was a proposal for the next workforce committee. SP requested an update following the workforce committee.

KA/NHa

BY thanked KA for the level of detail provided and queried whether all aspects of training were necessary for all staff. He further queried the financial impact of the sickness data and suggested that the Trust made further investments to improve levels of sickness.

PS emphasised that the sickness data was followed up at care group meetings and that there had been significant improvements in some directorates but further detail could be provided to the Board. IM noted that some hotspots had been identified by the Finance Committee that affected the agency trajectory and that it related to sickness and retention.

The Board discussed that there were a multiplicity of reasons why sickness levels had increased but that it was essential to ensure that it is managed appropriately as focused management has proven to be effective in some areas. KA supported that it was important as an organisation to consider how to support staff and that this may require investment. KA advised that she was working to identify solutions from the wider local workforce and other organisations.

(e) GMC Survey Results and Action Plan (Verbal)

Item deferred.

**Agenda
Item**

(f) Monitor Quarter 1 Feedback (Appendix H)

TS advised that Monitor had adopted a new process for rating the Trust. He noted that there would be a significant shift and change in the role of the regulator following this. The Trust will be required to revise the financial plan and subsequently Monitor will consider whether there will be a more detailed investigation.

STRATEGY AND RISK**(a) Clinical Services Review (Appendix I)**

TS outlined the recent progress with the Clinical Services Review:

- It will be key that the model of care complements the acute strategy that has already been developed;
- The paediatric service is being reviewed and the extent of the provision in Dorset will be considered. This will be dependent upon the solution identified which will impact the designation of the overall main emergency and planned care sites;
- The independent review of capital costs for development supports that Poole Hospital will be the most expensive site to develop. The Trust is working to challenge some of the discretionary spends within the report;
- MPs have been informed and MP C Chope had been supportive. West Hants CCG have a preferred option for RBCH to be the main emergency site.

(b) Monitor Guidance re Agency Staff usage (Verbal)

The Board were advised of the national guidance regarding nursing agency spend and that it was anticipated to extend to the wider clinical workforce. The Trust has responded with a trajectory. It has been identified that the maximum cap will be 8% from the 1 October and that this will decrease over the next few years. The tier 2 network groups are working together to ensure processes are in place. PS noted that the guidance will come in force from 19 October.

IM requested guidance on the consequences of any breach and a projection for the Trust.

SH/KA

DECISION**(a) Single Sex Accommodation (Appendix J)**

The Board **endorsed** the declaration.

(b) Vanguard Update (Verbal)

The item was discussed at 81/15 (a). RR confirmed that the Trust had been successful with the vanguard application and outlined the proposal that three of the acute hospitals would develop a joint venture vehicle to provide services across Dorset.

TS made reference to a press release that morning that supported the shift towards the development of vanguards within the NHS.

The Board proposed that a seminar should be arranged for governors about the CSR and the vanguard application for October.

SA

(c) **Winter Plan and Resilience (Appendix K)**

RR requested that the Board supported the overall plan which provided an overview of the actions currently underway. It was acknowledged that there was a deeper understanding of the plans of the Trust's external partners, including social services, over the winter period to address any capacity and delay issues that may arise ahead of time.

The Board **approved** the plan and it was proposed that the detail of the Trust's work with external partners and the Dorset community was discussed further and driven forward by the Board.

83/15

INFORMATION

(a) **Communications Update (including July Core Brief) (Appendix L)**

The item was noted for information.

(b) **Stroke Services Update (Appendix M)**

The item was discussed at 80/15.

(c) **Corporate Events Calendar (Appendix N)**

The item was noted for information.

(d) **Board of Directors Forward Programme (Appendix O)**

The item was noted for information.

(e) **A338 Road Works Update (Appendix P)**

The item was noted for information.

(f) **Employment of Nurses from Overseas (Appendix Q)**

The item was noted for information.

(g) **Board Meeting dates 2016**

The item was noted for information.

84/15

DATE OF NEXT MEETING

Friday 30 October 2015 at 8.30am, **Conference Room, Education Centre,**
Royal Bournemouth Hospital

85/15

ANY OTHER BUSINESS

None.

Key Points for Communication to Staff

1. Safety Conference & WHO Checklist
2. Winter Plan
3. CSR & Vanguard
4. Thank you to staff for A338- winter packs for cyclists
5. Performance- challenges
6. Appraisal compliance & Sickness levels

86/15

QUESTIONS FROM GOVERNORS AND PUBLIC

1. EF queried whether, in light to of the impending visit by CQC, the Board could provide assurance about staffing levels and whether the Trust was in a stronger position compared to the last CQC visit. KA confirmed that over the last two years the Trust had increased its workforce and more staff are in post. She noted that the figures within the September workforce report did not include the 45 nurses due to arrive before mid-October. It was confirmed that the following appointments had been made in each staffing group: 13 Professional and Scientific staff, 173 more Healthcare Assistants, 33 Allied Health Professionals, 33 within medical and dental and 38 more registered nurses and midwives. JS proposed that a bulletin was developed to inform staff and the public and to address perceptions.
2. BG queried the extent of the Trust's collaboration with social services outside of Dorset and queried whether safeguards were in place to mitigate delays. TS noted that Hampshire has significant delayed discharges and that already existing delays will take time to address. RR noted issues with access to community beds and supported that delays in Hampshire were much higher than in Dorset. However, he emphasised that the Trust was working with NHS providers and commissioners to ensure patients received are provided with the right place of care.
3. DC supported the implementation of the WHO checklist and queried whether there were robust processes in place ahead of the CQC inspection. JS advised that the checklist would be mandated but that it would take time to address the blockages and auditing issues. BF added that RBCH was more advanced than many other Trusts and that it was not a simple process.

**KA/
Comms**

There being no further business the meeting closed at 10:47
AH 25.9.2015

RBCH Board of Directors Part 1 Actions September & previous

Date of Meeting	Ref	Action	Action Response	Response Due	Brief Update
25.09.15	79/15	<u>QUALITY IMPROVEMENT</u>			
	(a)	<u>Patient Story (Verbal)</u>			
		Provide the Board with information detailing the evidence base for compliance with the WHO checklist and include as part of the Board development day in October.	RR/ NHa/SA		Literature review requested, and will be fed into QI working group tasked with this work.
		Consider mandating the use of the WHO checklist.	BF		This will form part of the MD report in Part II of the next Board Meeting.
		Update the Board on any areas of concern with compliance to the WHO checklist.	BF		This will form part of the MD report in Part II of the next Board Meeting.
		<u>Adult Safeguarding and Child Protection and Safeguarding Report (Appendix C)</u>			
		Provide an action plan for level 2 safeguarding training	PS		
	80/15	<u>PERFORMANCE</u>			
	(a)	<u>Performance Exception Report (Appendix D)</u>			
		Provide the Board with context and root cause analysis summaries at the next meeting.	RR		
	(d)	<u>Workforce Report (Appendix G)</u>			
		Aggregate the full system and ensure that all staff have a date for their appraisal.	KA/RR		Process underway to correctly upload all appraisals, and complete target date for all 4,000+ staff this financial year. November Board update to follow.
		Provide SP with an update on the time to lead feedback following discussions at the workforce committee.	NHa		
	(e)	<u>GMC Survey Results and Action Plan (Verbal)</u>			
		Provide the report to the Board.	BF/SA	Agenda item	
	81/15	<u>STRATEGY AND RISK</u>			
		<u>Monitor Guidance re Agency Staff usage (Verbal)</u>			
		Provide guidance on the consequences of any breach	SH/KA		The revised trajectory has been submitted to

RBCH Board of Directors Part 1 Actions September & previous

		and a projection for the Trust.			Monitor as part of the annual plan submission. The projected costs are in line with the 8% maximum usage as set out by Monitor. The guidance on the consequences of any breach have not yet been communicated to Trusts.
	82/15	DECISION			
	(b)	<u>Vanguard Update (Verbal)</u>			
		Organise a seminar for governors about the CSR and the vanguard application in October.	SA		Seminar held on 8 October.
	86/15	QUESTIONS FROM GOVERNORS AND PUBLIC			
		Circulate a bulletin to inform staff and members of the public to address perceptions about the workforce and staffing levels. (Also 68/15 (b))	KA/Comms		Information has been circulated with regards to workforce and recruitment levels.
31.07.15	68/15	QUALITY IMPROVEMENT			
	(c)	<u>Workforce Race Equality Scheme</u>			
		Timescales and actions to be provided at the next Board meeting.	KA	Agenda Item November	
		PERFORMANCE			
	(68/15) (c)	Provide an outline of the ethnic backgrounds of patients treated at the Trust as part of the background for discussion for the workforce race equality scheme.	RR		Information already circulated outside of Board.
27.03.15	24/15	QUALITY IMPROVEMENT			
	(c)	<u>Freedom to speak up review</u>			
		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.
					Whistleblowing update- the policy was relaunched. A poster was designed and a Trust stand was used to promote this to staff.

RBCH Board of Directors Part 1 Actions September & previous

Key:

	Outstanding
	In Progress
	Complete

BOARD OF DIRECTORS	
Meeting Date and Part:	Friday 30 October 2015 (Part 1)
Subject:	Quality Improvement Projects : Workbook
Section:	Quality Improvement
Executive Director with overall responsibility	Tony Spotswood, Chief Executive
Author(s):	Director of Improvement
Previous discussion and/or dissemination:	Improvement Board
Action required: The Board of Directors is asked to note progress with regard to our suite of quality improvement projects.	
Summary: This workbook summaries the monthly progress of our ten priority quality improvement (QI) projects using the standard model of improvement methodology: <ul style="list-style-type: none"> • sepsis • hospital flow • GI cancer referrals (2 week wait) • emergency laparotomy • safety checklists • improving urgent care • urology • general theatres • emergency surgery • orthopaedics 	
Related Strategic Goals/ Objectives:	Trust Objective 1, 2, 4, 5 and 6
Relevant CQC Outcome:	'Well Led' Domain: <i>Does the board support continuous learning and development across the organisation?</i>
Risk Profile: <ol style="list-style-type: none"> Have any risks been reduced? Have any risks been created? 	
Reason paper is in Part 2	<ul style="list-style-type: none"> • N/A

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

The Royal Bournemouth and
Christchurch Hospitals
NHS Foundation Trust



Quality Improvement Projects Workbook

Board of Directors October 2015

Sepsis

Hospital Flow

GI Cancer (2 week waits)

Safe Checklists

Emergency Laparotomy

Aim : To deliver sepsis 6 to all patients with severe sepsis and / or septic shock within 1 hour by December 2015

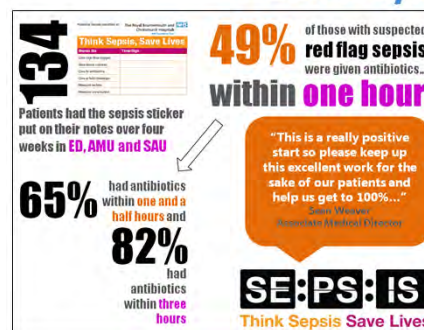
Executive Sponsor: Dr Sean Weaver

Clinical Lead: David Martin

Activity in previous period	Activity in next period
<ul style="list-style-type: none"> preparation for PDSA cycle 3- to review how we store and access antibiotics and ensure that they are readily available to assist administration within one hour of admission filming of patient sepsis video and developing new education package data collection presentation at RBCH quality conference article for WPSC newsletter 	<ul style="list-style-type: none"> completion of sepsis video refresh of poster campaign CQUIN submission for Quarter 2 attendance at WPSC sepsis learning event <p>Issues</p> <ul style="list-style-type: none"> identification of all patients arriving with septic shock and /or red flag sepsis in emergency admission areas delivery of complete sepsis six bundle within one hour for patients who present with red flag sepsis and / or septic shock on-going data review for CQUIN submission

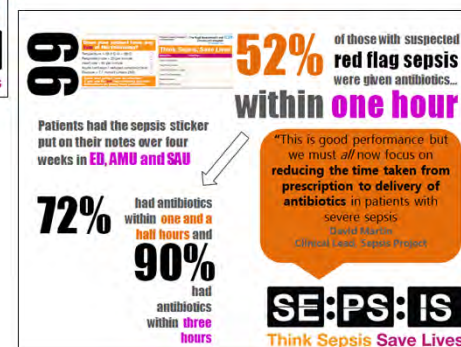
Key Metrics

PDSA Cycle 1 and 2 results



PDSA 1 Cycle

PDSA cycle 2



Sepsis

Hospital Flow

GI Cancer (2 week waits)

Safe Checklists

Emergency Laparotomy



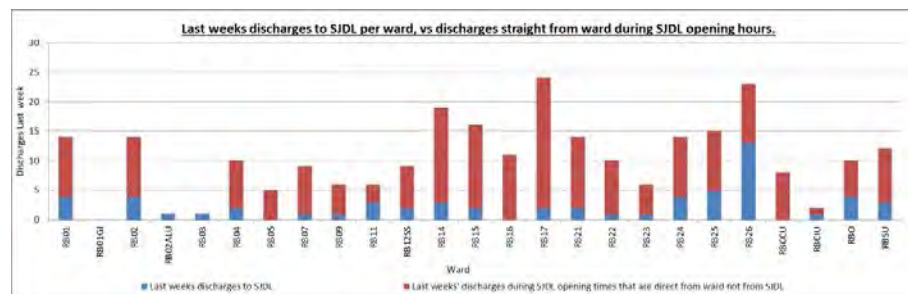
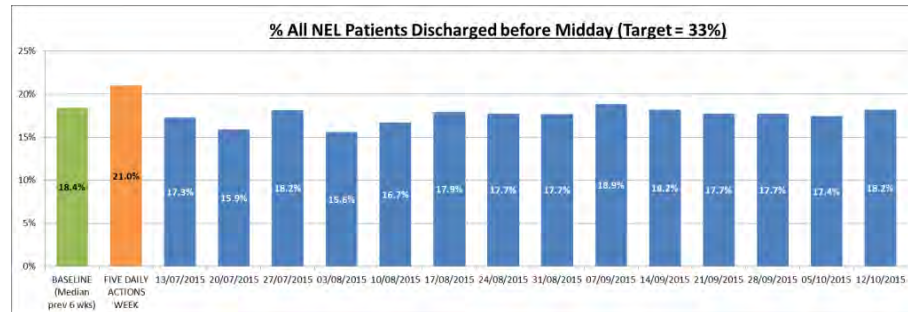
Aim : To implement internal professional standards encompassed in '5 daily actions' for every patient, every day by 31 March 2016

Executive Sponsors: Richard Renaut
Paula Shobbrook

Clinical Leads: Andrew Williams /
Anita Balestrini / TBC

Activity in previous period	Activity in next period
<ul style="list-style-type: none"> challenges in sustaining early discharge and use of discharge lounge refreshed project steering group to focus on high level cross cutting issues required to support delivery of 5DA agreement to weekly discussion of 5DA performance at PMG escalation to Exec Sponsor of risk of non delivery due to lack of operational grip 	<ul style="list-style-type: none"> strengthened focus in PMG of the performance management of 5DA with COO agree plans for next 5DA week, 9th November introduce process for COO to review all patients with LOS >14 days with ward sisters/matrons <p>Issues</p> <ul style="list-style-type: none"> lack of adoption of five daily actions best practice organisationally interdependency with Electronic Bed Management (EBM) project

Key Metrics



Sepsis

Hospital Flow

GI Cancer (2 week waits)

Safe Checklists

Emergency Laparotomy

Aim : To establish safe systems to deliver at least 93% compliance on 2 week waits for GI patients by June 2015, without detriment to other GI patients

Executive Sponsor: Basil Fozard

Clinical Lead: Robert Howell

Activity in previous period	Activity in next period
<ul style="list-style-type: none"> straight to test pathway drafted QI fellow joined group to help support endoscopy admin office electronic scanning system implemented 	<ul style="list-style-type: none"> refocus team – new meeting schedule and team members plan PDSA for straight to test (colonoscopy) complete SOPs and training in endoscopy admin office carry out team health check in admin office to compare with prior project survey <p>Issues</p> <ul style="list-style-type: none"> some areas of project has recently lost focus due to competing demands

Key Metrics

2 Week Waits

Cancer Site	Sep	August	July	Rolling Q2
OUTPATIENTS				
Colorectal	128	113	175	416
Upper GI	21	17	16	54
TOTAL	149	130	191	470

2 Week Wait Breaches

Cancer Site	Sep	August	July	Rolling Q2
OUTPATIENTS				
Colorectal	0	0	2	2
Upper GI	0	2	0	2
TOTAL	0	2	2	4
	100%	98%	99%	99%

target 93%

Sepsis

Hospital Flow

GI Cancer (2
week waits)

Safe Checklists

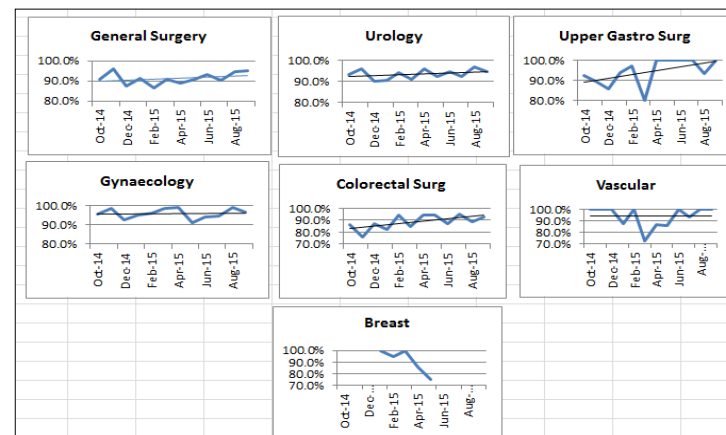
Emergency
Laparotomy

Aim : To standardise and embed safe checklist practice and culture across all areas undertaking interventional and / or surgical procedures by September 2015

Executive Sponsor: Basil Fozard

Activity in previous period	Activity in next period
<ul style="list-style-type: none"> launched the 'never get to never' communication initiative filmed and distributed checklist awareness video completed implementation of checklists in areas within original project scope 	<ul style="list-style-type: none"> video the 'how' for checklists airline pilot to give talk at grand round further compliance audits agree way forward with human factors training agree requirements for IT solution to support checklists draft policy in line with recent national guidance <p>Issues</p> <ul style="list-style-type: none"> IT solution needed to support checklist compliance

Key Metrics			
Department	Checklist Status	Compliance Data available (Y/N)	SOP Complete (Y/N)
ITU	Complete	N	N
Emergency Department	N	N	N
AMU	N	N	N
Theatres	Complete	Y	Y
Radiology LA	Complete	N	Y
Radiology GA	Complete	Y	Y
Maternity	Complete	Y	Y
Endoscopy	Complete	N	Y
Oncology	Complete	N	N
Dermatology	Version control	Y	Y
Ophthalmology	Version control	Y	?
Cardiology	Complete	N	Draft
Outpatients	Complete	N	Y



Sepsis

Hospital Flow

GI Cancer (2 week waits)

Safe Checklists

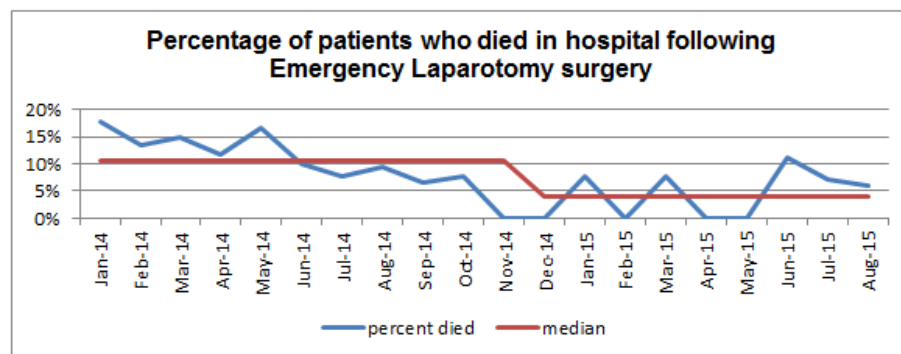
Emergency Laparotomy

Aim : To reduce mortality rate from emergency laparotomy surgery from 11.4% to 9% by March 2016

Executive Sponsor: Basil Fozard

Clinical Lead: Guy Titley

Activity in previous period	Activity in next period	Key Metrics
<ul style="list-style-type: none"> attended launch of emergency laparotomy collaborative – 2 year programme reviewed current pathway document agreed potential for this to be incorporated in Hospital Inpatient Record analysed NELA data showing improved mortality rates 	<ul style="list-style-type: none"> review purpose of MDT review potential qualitative measures draft new pathway document layout analyse time from prescribe to administer antibiotics from NELA further analysis of factors contributing to improved mortality figures <p>Issues</p> <ul style="list-style-type: none"> need to better understand contributory factors to improving mortality rates to ensure sustainability 	<ul style="list-style-type: none"> NELA analysis showing like for like period comparison will be available in November 2015 via Emergency Laparotomy Collaborative analysis tools. data implies an improving trend in survival and is on target to reach agreed aim by 2016



Improving Urgent Care

Urology

General Theatres

Emergency Surgery

Orthopaedics



Aim : To reconfigure non-elective patient pathways in Care Group B reducing emergency inpatient admissions and occupied bed days

Executive Sponsor: Richard Renaut

Clinical Lead: Andrew Williams / Rosie Swallow / Tristan Richardson

Activity in previous period

- governance structure for project groups agreed
- work stream teams identified
- weekly steering group established

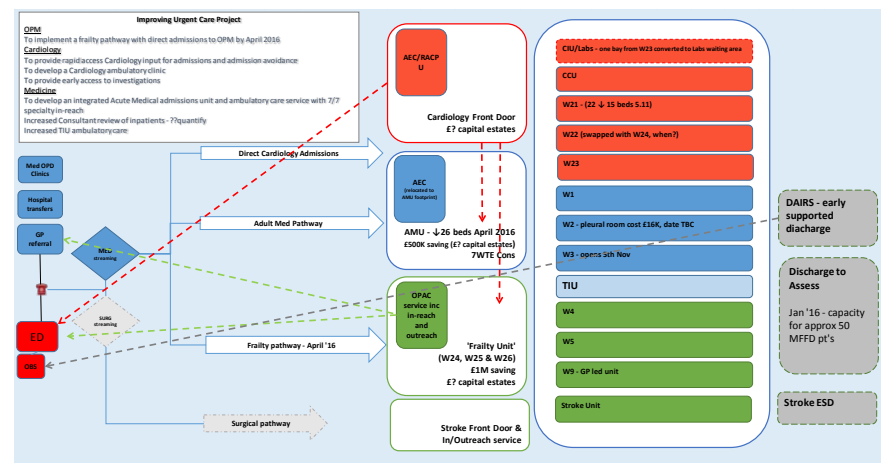
Activity in next period

- develop high level financial savings
- develop metrics and information
- input from estates to develop reconfiguration plans

Issues

- project and operational resourcing required to deliver project not yet fully in place
- closure of OPM ward dependant on implementation of discharge to assess

Key Metrics



Aim

Problem statement
and scope

Benefits plan

Team and
resources

Timeline

How will we measure our success?

Quality
Improvement

- improved patient experience
- reduced patient moves
- reduced outlying

Direct cost
saving

- £1500K starting in 16/17

Resource
release

- released AMU Consultant time to allow expanded AEC
- release outlying beds

Cost
avoidance

- increased AEC to reduce avoidable admissions

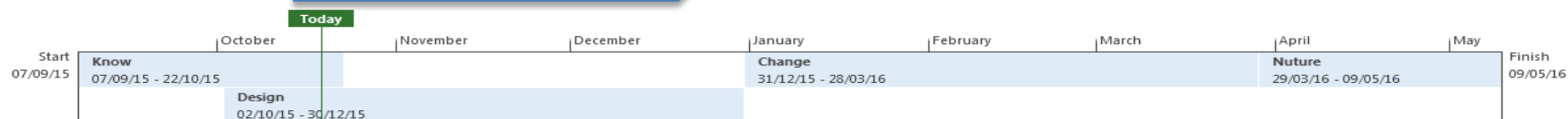
Improving Urgent
Care

Urology

General Theatres

Emergency
Surgery

Orthopaedics



Aim : To provide excellent, timely care with no clinically fit patient waiting more than 62 days for cancer treatment and with a minimum of 94% of patients on an 18 week pathway having a clock stopped; by maximising existing resources, by March 2016.

Executive Sponsor: Richard Renaut

Clinical Lead: James Manners

Activity in previous period	Activity in next period
<ul style="list-style-type: none"> urology steering group meeting dates established monthly sub projects and clinical leads identified <ul style="list-style-type: none"> admissions - Josh Phillips procedure room phase one (already established) - James Manners private patients - Andrew Wedderburn nurse led clinics – Emma Bromwich procedure room <ul style="list-style-type: none"> process pathway redesigned HICCS in place training completed 	<ul style="list-style-type: none"> establish sub group teams define aims for each team develop baseline metrics for sub groups <p>Issues</p> <ul style="list-style-type: none"> capacity within the team to drive wide range of sub projects forward

Key Metrics

- procedures undertaken in procedure room – being developed as part of theatre scorecard
- team are discussing appropriate metrics to add

Cancer Plan 62 Day Standard (Tumour) (85%)									
Apr-15		May-15		Jun-15		Jul-15		Aug-15	
Total	Performance	Total	Performance	Total	Performance	Total	Performance	Total	Performance
22.5	71.1%	36.5	80.8%	32.5	63.1%	38.5	70.1%	29	53.4%

Aim

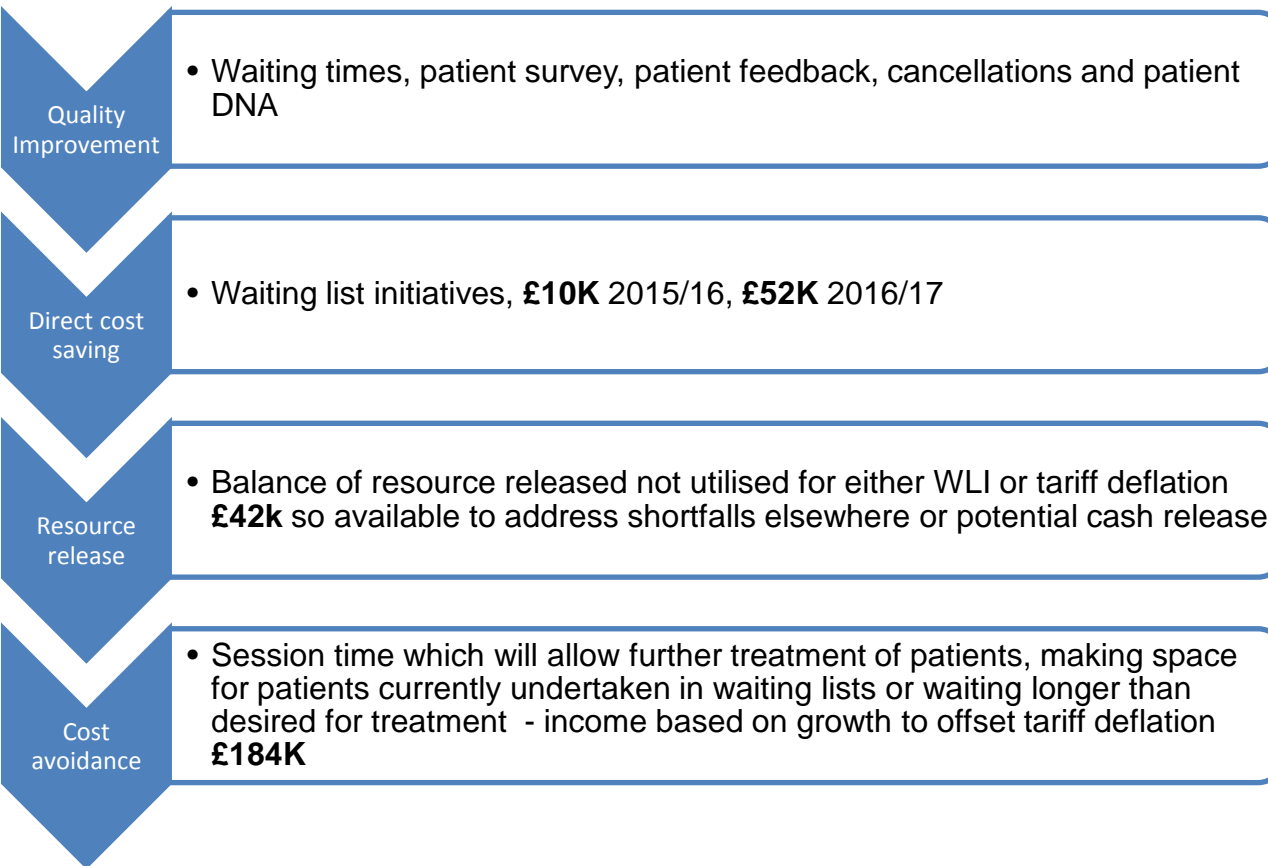
Problem statement
and scope

Benefits plan

Team and
resources

Timeline

How will we measure our success?



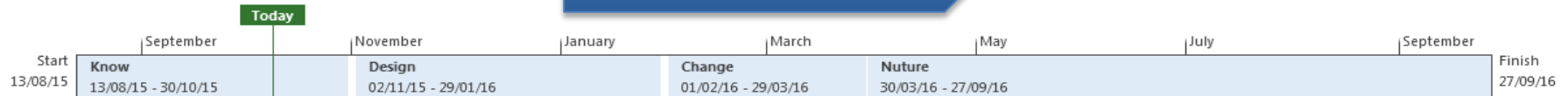
Improving Urgent Care

Urology

General Theatres

Emergency Surgery

Orthopaedics



Aim : To provide a reduction in 'lost' theatre time and release 1145 patient slots (annually) by March 2016.

Executive Sponsor: Richard Renaut

Clinical Lead: Martin Schuster-Bruce

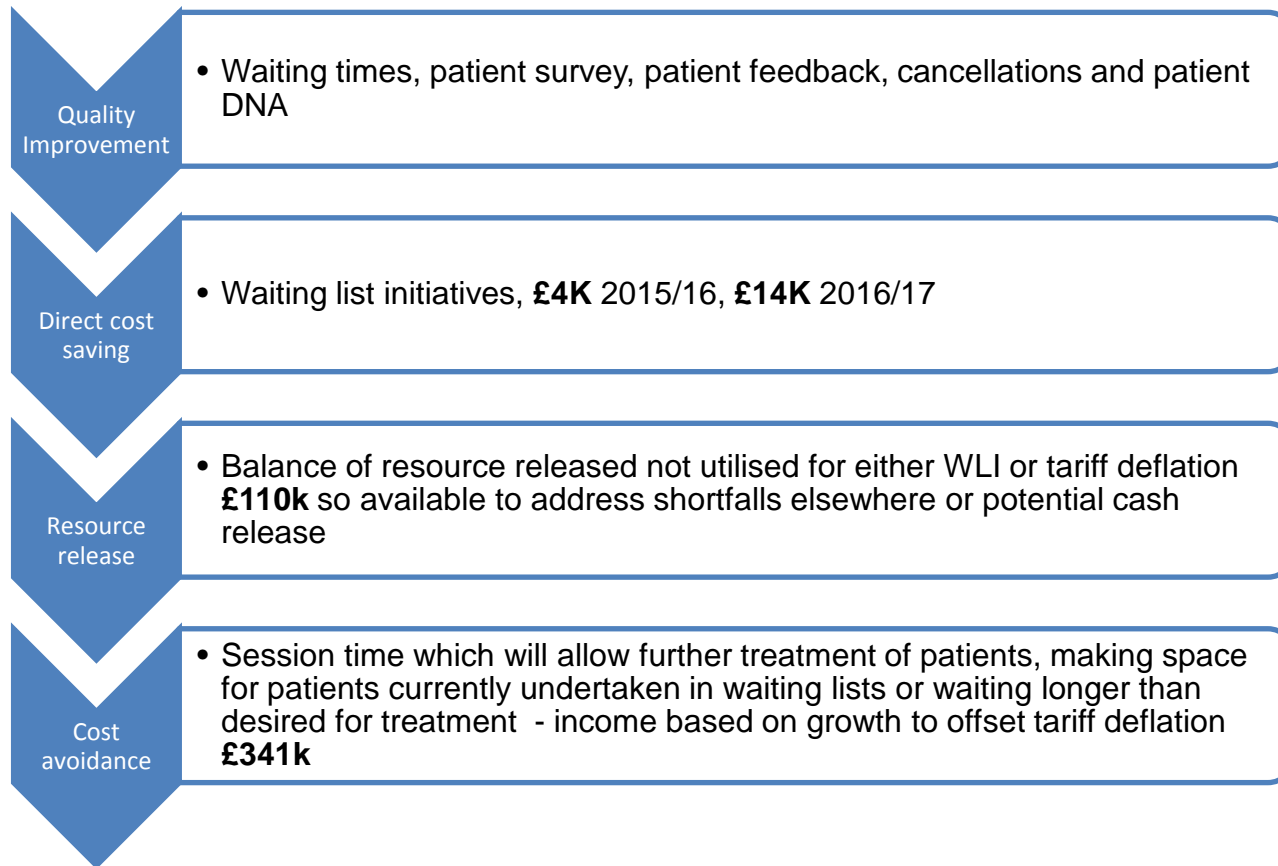
Activity in previous period	Activity in next period
<ul style="list-style-type: none"> analysis of opportunities completed by specialty started review of existing processes for day of admission through Sandbourne Unit started review of theatre prep on day of surgery in Theatres 5 - 8 on-going development of theatre dashboard with metrics & tools for use by operational teams 	<ul style="list-style-type: none"> complete theatre dashboard and tools first PDSA for start of day in theatres (one theatre or surgical specialty as a start) identify any potential bottlenecks and their resolution establish full project team and plan remaining phases <p>Issues</p> <ul style="list-style-type: none"> some lack of engagement difficulties in arranging suitable meeting times for all groups

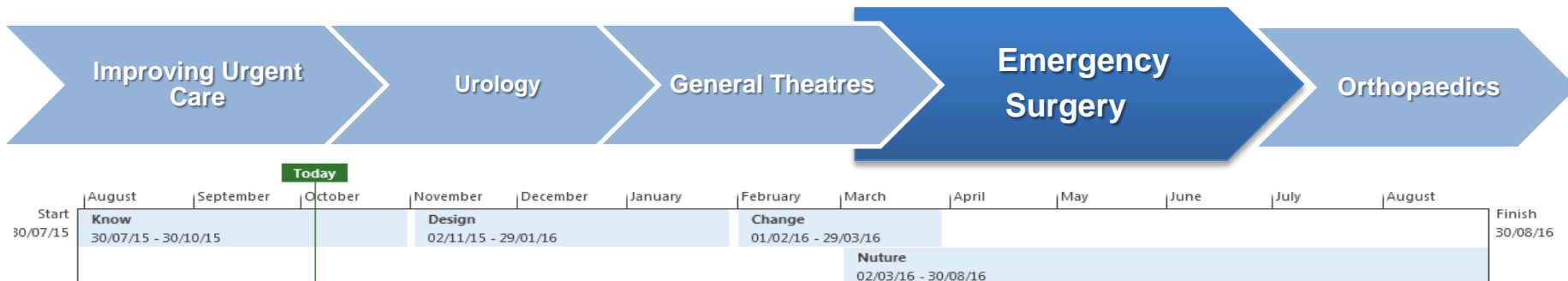
Key Metrics						
Sum of %	Session N	Session N				
	+ Q3 14/15	+ Q4 14/15	+ Q1 15/16	= Q2 15/16		
Specialty				Jul-15	Aug-15	Sep-15
BREAST	1%	6%	3%	3%	4%	12%
COLORECTAL SURG	14%	1%	4%	7%	19%	18%
GYNAECOLOGY	15%	12%	7%	6%	22%	9%
OTHOPEAEDICS	13%	9%	16%	18%	20%	14%
UPPER GASTRO SURG	2%	1%	2%	0%	0%	4%
UROLOGY	13%	14%	13%	32%	17%	2%
VASCULAR	31%	23%	35%	11%	29%	76%
Grand Total	13%	10%	13%	17%	18%	14%

- lost patient treatment opportunity by specialty is shown above (aim is to reduce)
- number of procedures provided through existing resources (increase) is being developed
- scorecard / metrics are being developed by the team



How will we measure our success?





Aim : To reduce the median length of stay by 12% for the emergency surgery patients through a co-ordinated approach across wards, theatres and medical teams by April 2016

Executive Sponsor: Basil Fozard

Clinical Lead: Emma Willett

Activity in previous period	Activity in next period
<ul style="list-style-type: none"> established steering group – 2 meetings held established sub project teams <ul style="list-style-type: none"> Surgical AEC – Gail Dufeu IT systems for CEPD – James Walker CEPD efficiency – Andy Vaughton SOP - first week PDSA for CEPD ‘golden patient’ 	<ul style="list-style-type: none"> run golden patient PDSA for further three weeks analyse outcomes of PDSA and plan next steps agree scope and start surgery AEC sub project review ambulatory perioperative care audit include surgical specialist registrar in group review CEPD standards <p>Issues</p> <ul style="list-style-type: none"> IT system to support CEPD – challenges with amending existing system

Key Metrics

- CEPD start time and time of day for procedures being considered by team
- baseline metrics being collated to establish baseline LoS and % patients in CEPD at 08:30
- team are discussing other appropriate metrics

Emergency Surgery average Length of Stay (days)

2013	2014
4.51	4.25

Aim

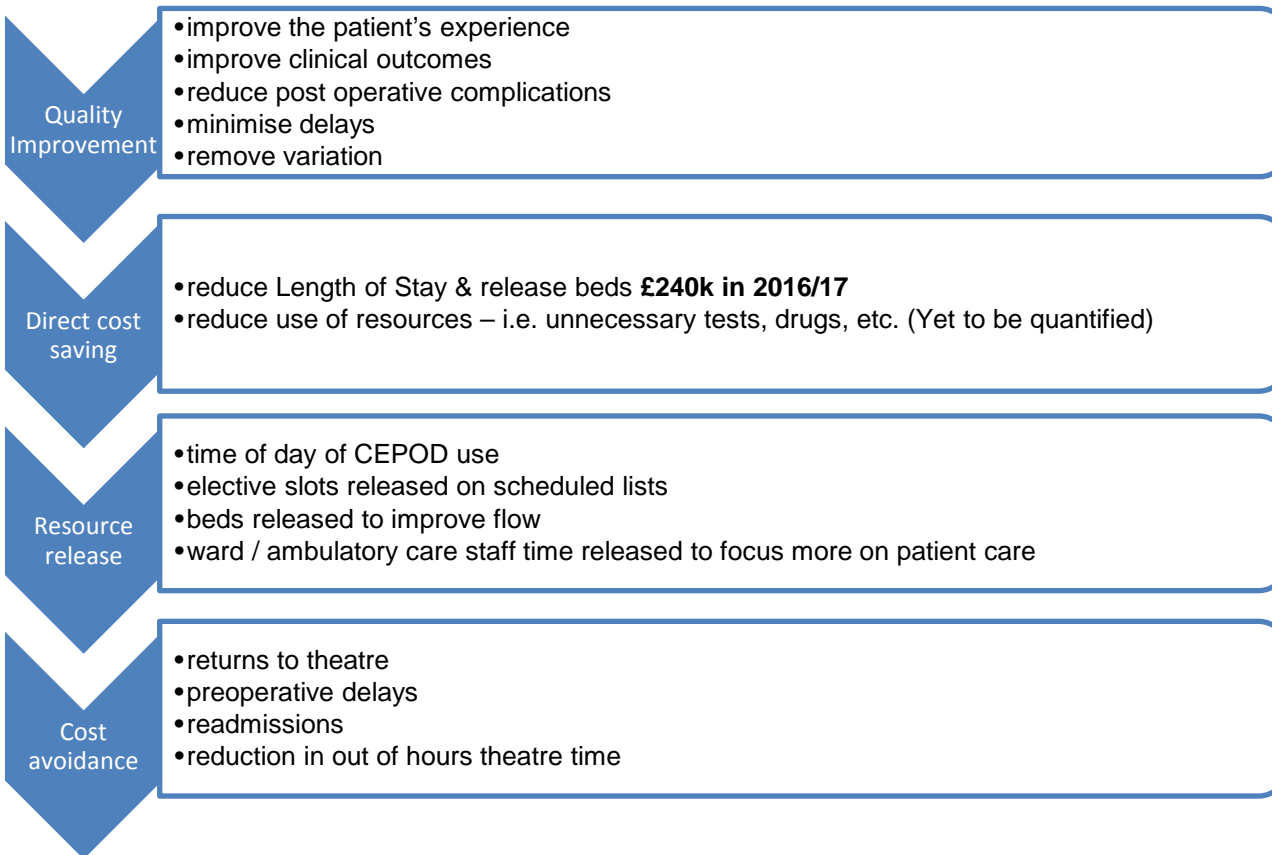
Problem statement
and scope

Benefits plan

Team and
resources

Timeline

How will we measure our success?



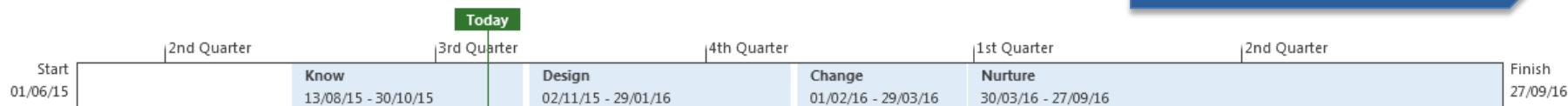
Improving Urgent
Care

Urology

General Theatres

Emergency
Surgery

Orthopaedics



Aim : To provide excellent, timely care with no clinically fit patient waiting more than 16 weeks for surgery, unless through choice, by March 2016 with all activity delivered through timetabled sessions.

Executive Sponsor: Richard Renaut

Clinical Lead: Richard Hartley

Activity in previous period	Activity in next period
<ul style="list-style-type: none"> team established workbook agreed key areas for investigation identified <ul style="list-style-type: none"> Pre-op assessment Capacity and demand – to link with job planning Clinical workforce review Pathways review 	<ul style="list-style-type: none"> scope actions set up sub groups PDSA pre-op assessment Identify further quick wins DNA review – at clinic level first to follow up review revision hip capacity review scope metrics <p>Issues</p> <ul style="list-style-type: none"> no full time directorate manager in short term recruitment into locum doctor position

Key Metrics				
	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16
Appt Class ▼				
First Appt	2547	2475	2338	2342
Follow Up	6496	6726	6853	6344
Grand Total	9043	9201	9191	8686

Metric to be developed to show movements; increase 1st, reduce follow up; overall increase

Month	IT	Attended	DNA	Attended	DNA
Jun-15		3247	158	95.36%	4.64%
Jul-15		2935	129	95.79%	4.21%
Aug-15		2406	146	94.28%	5.72%
Sep-15		2931	139	95.47%	4.53%
Grand Total		11519	572	95.27%	4.73%

Metric to be developed to show target clinics and separate first and follow up

Aim

Problem statement
and scope

Benefits plan

Team and
resources

Timeline

How will we measure our success?

Quality
Improvement

- Through a series of measures that include Proms, waiting times, patient survey, patient feedback, cancellations and patient DNA

Direct cost
saving

- Waiting list initiatives, **£48K** 2015/16, **£238K** 2016/17

Resource
release

- Balance of resource released not utilised for either WLI or tariff deflation **£92k** so available to address shortfalls elsewhere or potential cash release

Cost
avoidance

- Session time which will allow further treatment of patients, making space for patients currently undertaken in waiting lists or waiting longer than desired for treatment - income based on growth to offset tariff deflation **£679K**

BOARD OF DIRECTORS	
Meeting Date and Part:	Friday 25 September 2015 (Part 1)
Subject:	Quality Impact Assessment Process
Section:	Quality Improvement
Executive Director with overall responsibility	Paula Shobbrook, Director of Nursing
Author(s):	Director of Improvement
Previous discussion and/or dissemination:	Improvement Board
Action required: The Board of Directors is asked to support adoption of the revised process for Quality Impact Assessment	
Summary: The aim of this document is to provide a framework for a Quality Impact Assessment (QIA) process. The Quality Impact Assessment (QIA) process will support decision making that is influenced and informed by quality and safety considerations. It helps outline: <ul style="list-style-type: none"> the opportunities and risks linked to quality and safety that plans, projects and proposals present what mitigation or management actions may be required 	
Related Strategic Goals/ Objectives:	Trust Objective 1, 2, 4, 5 and 6
Relevant CQC Outcome:	'Well Led' Domain: <i>Does the board support continuous learning and development across the organisation?</i>
Risk Profile:	
Reason paper is in Part 2	Not applicable

Quality Impact Assessment Process

Version 1.1

October 2015

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DOCUMENT REVISION

Revision date	Author	Change Summary	Version*
10.10.15	DM	<i>Revised document to include rationale and additional appendices to strengthen governance arrangements</i>	1.1

Approvals

This document requires the following approvals before finalisation.

Name and Position / Group	Date Approved	Version
Improvement Board		1.1

1. PURPOSE

The aim of this document is to provide a framework for a Quality Impact Assessment (QIA) process. The Quality Impact Assessment (QIA) process will support decision making that is influenced and informed by quality and safety considerations.

It helps outline:

- the opportunities and risks linked to quality and safety that plans, projects and proposals present
- what mitigation or management actions may be required

Reporting the outcome of quality impact assessments to the Board of Directors will enable it to fulfil its corporate responsibility for ensuring that cost improvement plans and service changes are not detrimental to the quality of services.

The policy applies to all significant cost improvement schemes, skill mix reviews, service change and service development proposals and plans and any other projects which may impact on services.

2. BACKGROUND AND CONTEXT

'This is a story of appalling and unnecessary suffering of hundreds of people. They were failed by a system which ignored the warning signs and put corporate self-interest and cost control ahead of patients and their safety.'

Sir Robert Francis, QC: Mid Staffordshire Hospitals NHS Foundation Trust Report

Following the report into Mid Staffordshire NHS Trust there has been an increased focus on the impact of on quality of cost improvement programmes (CIPs). Monitor guidance (July 2010) describes a best practice approach to quality assurance through CIP processes. This is highlighted in Table 1.

Table 1

1. Identify potential CIPs	2. Assess potential impact on quality and cost	3. Approve plans	4. Assess actual impact on quality
<ul style="list-style-type: none">• The majority of CIPs should be based on changes to current processes, rather than 'top-slicing' current budgets• Where possible, CIPs should be expected to have a neutral or positive impact on quality as well as reducing costs• At a minimum, CIPs should not put registration at risk by bringing quality below essential common standards	<ul style="list-style-type: none">• CIPs should be categorised by potential impact on quality• CIPs with significant potential impact on quality should be subject to an assessment of their impact on quality covering safety, clinical outcomes and patient experience, which could include:<ul style="list-style-type: none">- Analysis of current processes- KPI benchmarking- Historical evidence• All CIPs should be subject to a detailed assessment of their financial impact in line with current practice	<ul style="list-style-type: none">• Clinicians understand and accept CIPs and approved plans have appropriate clinical ownership (e.g. relevant clinical director)• Board assurance is required that CIPs have been assessed for quality (potentially via direct approval for highest potential impact CIPs)• There must be an appropriate mechanism in place for capturing front-line staff concerns	<ul style="list-style-type: none">• All CIPs should be subject to an ongoing assessment of their impact on quality, post-roll-out:<ul style="list-style-type: none">- Identify key measures of quality covering safety, clinical outcomes and patient experience- Monitor each measure before and after implementation- Take action as necessary to mitigate any negative impact on quality

In June 2012 the National Quality Board supplemented this guidance with greater detail on how it would expect Trusts to manage the impact on quality of service improvement. The guidance clearly outlines the expectation that Trusts will:

- articulate the risks and impact to quality using a risk assessment matrix;
- formalise the role of the Board and specifically the Medical Director and Nursing Executive in their leadership of this process emphasises the importance that the QIA process is Board-led;
- confirm how red and amber risks to quality will be handled within the process;
- include measurements on quality relating to the proposed change (quality metrics and metrics to provide assurance within the performance framework).

Although it is now some five years since guidance was published, Monitor and the Trust Development Agency (TDA) state that financial plans continue to be signed off without sufficient assurance that implementation of the plans will not compromise the quality of services to patients.

Inadequate QIA processes coupled with poor overall clinical engagement and limited board involvement in the process result all too often in increased risks to quality. The need for more robust assessment on the impact on quality of proposed savings plans or indeed any service change comes at a time when the financial efficiency requirement remains high. At national level, it is acknowledged the overall value and proportion of turnover of trust cost improvement plans (CIPs) is higher than that historically achieved and in all cases the quick wins and 'low hanging fruit' have long since been removed. CIPs are therefore increasingly more challenging to identify and deliver and tend to be more transformational (and therefore impactful) than previously.

The need for a formal quality impact assessment process is essential in a system as complex and interdependent as the NHS, where decisions in one part of the service can impact upon another with many co-dependencies that are not always easy to predict or assess.

Trust Boards should not be approving any such schemes, or indeed overall financial plans, without first receiving appropriate assurances that the impact of the proposed changes on quality are in the worst case neutral but at best should be aiming for an improvement in quality.

In summary, quality must remain at the heart of everything we do, despite the efficiency requirements within the NHS. Quality can be protected and even enhanced whilst we work to contain cost, but this is not always the case and we must not assume that because nobody wishes to compromise on quality, this will not happen. It is important to have a process in place to ensure that any service changes do not have an adverse impact on quality of care delivered to our patients or service users. The revised QIA process has been developed to ensure that we have the appropriate steps in place to safeguard quality whilst delivering significant changes to service delivery. This process should be used to assess the impact that any individual CIP, service development or improvement project may have on the quality of care provided to patients and service users at RBCH.

3. PROCESS

A flowchart describing the QIA process is described in Appendix 1.

A quality impact assessment should be populated during the development of the CIP by the care group and / or corporate department. It should be measured in terms of patient experience, patient safety and clinical quality.

KPIs, risk ratings and mitigations should be assigned and agreed by the executive sponsor and the project lead and regularly challenged throughout the development phase. The risks associated with the deliverability of the schemes and the amount of financial savings to be delivered should also be assessed, risk rated and appropriate mitigations identified. A regular reassessment of the quality impact of CIP schemes should be an integral part of the monitoring arrangements by the Quality Impact Assessment Review Group.

Prior to QIA review, project leads must ensure that their PID and QIAs are signed off by the executive sponsor and the latest version circulated to IPT. Project leads will present their PID / QIA at the QIA Review Group.

The QIA Review Group will obtain feedback against quality milestones from the schemes / projects and discuss escalated quality Issues. Quality issues which cannot be resolved will be escalated by the Medical Director and/or Director of Nursing and Quality to the Improvement Board and Health Assurance Committee (HAC) as appropriate.

A clear timetable will be set out for the development of QIAs against our 2015 /6 – 2016/17 rolling CIP and efficiency programme. This will allow sufficient time for scrutiny and ensures that all relevant data will be available to inform decision.

The QIA Review Group will ensure appropriate benchmarking information is made available wherever possible in order to triangulate assurances over viability and safety of any proposed scheme.

CIP schemes rejected at various points in the process should be recorded and reported. CIP schemes will remain dynamic in nature as they are introduced and therefore it is important that risk scoring accurately reflects any risks to quality and that the quality assurance metrics continue to act as an early warning indicator of deterioration in the quality of the service provided.

It is the collective responsibility of the Board of Directors to ensure that a full appraisal of the quality impact assessment is completed and recorded and that arrangements are put in place to monitor schemes. A final review of the full 2016/17 CIP programme will be signed off prior to approval of the 2016/17 financial plan.

At the point of sign off by the Board of Directors, all board members should ensure that each CIP scheme has evidence of a comprehensive risk assessment being completed on the quality impact assessment of each individual scheme. This should include assessment of schemes in terms of patient experience, safety and clinical outcomes. The Board of Directors should ensure an appropriate balance of in-year reporting over both quality impact and financial CIP performance.

4. OWNERSHIP: ROLES AND RESPONSIBILITIES

Role	Key Responsibilities
Care Group / Corporate Management Team	<p>Senior managers are responsible for authoring the QIA in line with this guidance. This includes the Director of Operations, Clinical Director and Heads of Nursing.</p> <p>Project Leads are responsible for:</p>

Role	Key Responsibilities
	<ul style="list-style-type: none"> • undertaking quality impact assessments in line with this policy and the associated guidance; • reporting the outcome to project groups and Executive leads; • maintaining an evidence base and rationale of how and why scores were applied and any mitigating actions; • ensuring that project risk registers include any risks identified through the QIA process; • involving service users, carers in QIA where appropriate • ensuring early warning quality indicators are identified to measure any risks; • on-going monitoring of potential impacts on quality, escalation of quality and issues and reporting progress. <p>The Project Lead is responsible for ensuring that the PID/QIA process is adhered to and that paperwork is fully completed and signed off by the executive sponsor.</p>
Executive Directors / Executive Sponsors	<p>Responsible for confirming that the QIA is accurate and ready for formal consideration by the QIA Review Team.</p> <p>The Executive Sponsor is responsible for:</p> <ul style="list-style-type: none"> • ensuring that all schemes/projects have started this process prior to implementation milestones for the scheme/project; • ensuring that quality impact assessments are completed in line with this policy and the associated guidance; • signing off the PID/QIA document for CIP schemes or quality improvement projects ready for scrutiny and approval; • ratifying that the paperwork has been completed correctly and full consideration has been given to potential impacts on quality as well as how ongoing monitoring will be managed within the scheme / project; • ensuring that action is taken on the basis of quality impact assessment scores; • ensuring that quality impact assessments are reported to the Executive Team, QIA Review Group and / or Improvement Board as appropriate. <p>Consideration must also be given to the cumulative impact across other parts of the Trust.</p>
QIA Review Group	<p>The QIA Review Group is accountable and responsible for the formal consideration (and therefore approval / rejection) of each</p>

Role	Key Responsibilities
	<p data-bbox="451 275 509 306">QIA.</p> <p data-bbox="451 342 1295 407">The Medical Director and Director of Nursing and Quality lead the QIA Review Group.</p> <p data-bbox="451 443 813 474">The QIA Review Group will</p> <ul data-bbox="500 478 1321 1465" style="list-style-type: none"> <li data-bbox="500 478 1308 543">• question, probe and challenge prior to signing off approved plans; <li data-bbox="500 548 1247 678">• ensure appropriate benchmarking information is made available wherever possible in order to triangulate assurances over viability and safety of any proposed scheme; <li data-bbox="500 682 1300 877">• assess the cumulative impact on quality of CIPs and to track unintended consequences or known risks which are not being adequately mitigated. While CIPs are approved individually it is essential that the process allows for a final review of cumulative CIPs to be implemented in any one financial year; <li data-bbox="500 882 1289 947">• where appropriate, request post implementation review to ensure that lessons learned are incorporated; <li data-bbox="500 951 1308 1052">• provide the opportunity for several layers of clinical sign off from local clinician(s) who are required to implement the change, through directorate/divisional management; <li data-bbox="500 1056 1321 1186">• encourage inclusive practice as a means to engage clinicians who should be encouraged to voice concerns and work with the team to identify mitigations and KPIs to provide early warning of a deterioration in quality; <li data-bbox="500 1190 1260 1320">• ensure clear engagement with frontline staff likely to be impacted by any proposal and feedback from meetings should be adequately captured and presented as part of the triangulation of assurance; <li data-bbox="500 1325 1317 1390">• encourage the involvement of patients/service users to help bolster the overall validity of the process; <li data-bbox="500 1394 1289 1465">• ensure appropriate administrative support is provided to facilitate reliable record keeping of the meeting outcomes. <p data-bbox="451 1501 1219 1533">More detailed terms of reference are detailed in Appendix 4</p>
IPT	<p data-bbox="451 1598 792 1629">The IPT is responsible for:</p> <ul data-bbox="500 1633 1289 1774" style="list-style-type: none"> <li data-bbox="500 1633 1149 1665">• overseeing the process and report as required; <li data-bbox="500 1669 1101 1701">• the integration of QIA into the CIP process; <li data-bbox="500 1705 1289 1774">• requiring the completion of a QIA for every CIP – not allowing consideration of the CIP until this has happened.
Improvement Board /	The Improvement Board / Health Assurance Committee and

Role	Key Responsibilities
Health Assurance Committee / SRO	<p>SRO is responsible for:</p> <ul style="list-style-type: none"> • advising and supporting the process; • scrutinising and challenging the QIA process and outcomes for individual projects on behalf of the Board of Directors; • scrutinising the potential or actual negative impacts on quality and review seeking assurance that this policy is used consistently across the organisation; • scrutinising quarterly quality impact assessment overview reports on behalf of the Board of Directors and ensuring mitigations put in place to manage negative impacts; • supporting compliance by providing advice to CIP project leads on all aspects of the process (quality indicators, risk assessments); • ensuring information is provided to front line staff to report concerns about CIP schemes and their potential negative impact on quality, patient experience or safety or on staff.
Individual Staff	<p>All staff members are responsible for notifying their manager of quality improvement opportunities in their area.</p>
Board of Directors	<p>The Board of Directors has corporate responsibility for ensuring that cost improvement plans and service changes are not detrimental to the quality of services.</p> <p>The Trust Board will receive quarterly quality impact assessment overview reports through Improvement Board / HAC.</p> <p>The Board of Directors will:</p> <ul style="list-style-type: none"> • ensure an appropriate balance of in-year reporting over both quality impact and financial CIP performance; • ensure that a full appraisal of the quality impact assessment is completed and recorded and that arrangements are put in place to monitor schemes; • sign off a final review of the full 2016/17 CIP programme as part of the approval process of the 2016/17 financial plan; • ensure each CIP scheme has evidence of a comprehensive risk assessment being completed on the quality impact assessment of each individual scheme. This should include assessment of schemes in terms of patient experience, safety and clinical outcomes.

5. STANDARDS AND PRACTICE

The approach is based on Monitor guidance and the National Quality Board guidance.

5.1 Is a QIA Required?

A Project Initiation Document (PID) and workbook including QIA section must be completed for all CIP schemes and QI projects that affect patients or service users or workforce. Schemes or projects that do not have patient, service user or workforce impact do not need a QIA review and the QIA section does not need to be completed (*although it is good practice*).

The CIP Delivery Group can identify and challenge schemes needing to have a QIA review. The nominated executive sponsor must sign off a completed PID / workbook QIA section and confirm whether a QIA review is required.

Not all schemes require presentation at a QIA Review. To assist executive sponsors with the decision, a threshold is detailed below. If the answer is 'yes' to either of the questions below then a QIA Review is required and the QIA section must be completed and signed off by the executive sponsor.

Threshold: *Does the scheme or project have the potential to impact on quality (covering safety, clinical outcomes and patient experience) either directly or indirectly? For example, if achieving savings through changes to a clinical service then this may well impact on quality of care / outcomes for patients?*

Threshold: *Does the scheme have an impact on workforce?*

If the answer is 'no' to both questions, a QIA review is not required. It is deemed that the scheme or project has neither patient / service user impact nor workforce impact e.g. includes the sale of land, change of transport contract provider, procurement (unless clinical), end of pay protection etc. In this case, the QIA section does not require completion.

CIP schemes or QI projects requiring a QIA review should adhere to the QIA Flowchart (Appendix 1)

5.2 Completing a QIA (Section of the PID and workbook)

The QIA Assessment Form is highlighted in Appendix 2.

A QIA is a risk assessment relating to patients or service users. When completing the QIA form (section of the PID and workbook), the project lead must:

- describe the impact (positive and negative) of the scheme on each of the following quality domains (patient safety, clinical effectiveness, patient experience);
- how this will be reported and monitored;
- for negative impacts, the current controls in place as well as mitigation that will be used to reduce the risk.

5.3 Quality Performance Metrics

The quality impact assessment will identify the key benefits for service users and identify the key performance indicators that will enable the impact to be monitored and assessed. The measures for the quality domains described above must be identified and put in place to monitor the potential impact of schemes or projects on clinical services. These assurance metrics should in addition to deliverability, financial impact and other HR/operational related metrics (not necessarily be restricted to existing reported metrics). The QIA provides an indication of risk level and SMART indicators at the outset and risks must be reviewed and reassessed throughout the scheme or project life.

The project lead must identify performance metrics for the impact risks to review and report impact to the executive sponsor and QIA Review Group. Current performance metrics should be identified in the QIA e.g. patient reviews, incidents reported, PALs and complaints reviews, contact or length of stay data.

Impact details for each of the quality domains are described in Table 2.

Table 2

Quality Indicator	Description
Patient Safety	<p>What is the potential for eg increased length of stay, insufficient re-ablement, falls?</p> <p>What is the impact on partner organisations and any aspect of shared risk?</p> <p>Will this impact on the organisations duty to protect children, young people and adults?</p> <p>Impact on patient safety?</p> <p>Impact on preventable harm?</p> <p>Will it affect the reliability of safety systems?</p> <p>How will it impact on systems and a process for ensuring that the risk of healthcare acquired infections to patients is reduced?</p> <p>What is the impact on clinical workforce capability care and skills?</p>
Clinical Effectiveness	<p>How does it impact on implementation of evidence based practice?</p> <p>What is the potential for poor clinical outcomes, or latest technology/evidence not being taken up?</p> <p>How will it impact on clinical leadership?</p> <p>Does it reduce/impact on variation in care provision?</p> <p>Does it affect supporting people to stay well?</p> <p>Does it promote self-care for people with long term conditions?</p> <p>Does it impact on ensuring that care is delivered in most clinically and cost effective setting?</p> <p>Does it eliminate inefficiency and waste by design?</p> <p>Does it lead to improvements in care pathway?</p>
Patient Experience	<p>(including non-clinical/operational)</p> <p>What is the potential for decline in experience for service users (complaints, negative feedback)?</p> <p>What is the impact on ability to treat patients with dignity, any health and safety issues for staff, any impact on operational performance both directly or elsewhere in the organisation?</p> <p>What is the negative impact on reputation?</p>

	<p>What is the impact on race, gender, age, disability, sexual orientation, religion and belief for individual and community health, access to services and experience?</p> <p>What impact is it likely to have on self-reported experience of patients and service uses? (Response to national / local surveys / complaints / PALS / incidents)</p> <p>How will it impact on the choice agenda?</p> <p>How will it impact on the compassionate and personalised care agenda?</p>
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5.4 Risk Assessment

The risk matrix is described in Appendix 3.

The quality impact assessment will assess quality risks in relation to the following three safety domains described above and using a consistent scoring system. The scoring system for assessments is based on the Trust's risk matrix to ensure a clear link to risk registers and risk mitigation.

Details (narrative) on the impact, including all mitigation that will be undertaken as part of the QIA review. The Trust's standard methodology for risk assessment is used (5x5 grid on likelihood and impact). The overall risk score is automatically set to the highest score seen across the three domains.

In order to achieve a risk score for each of the listed domains the author is advised to use the Trust risk scoring system as detailed within the Risk Assessment Policy (available on the internet) using the '*consequence (c) x likelihood (l) =*' matrix. Residual risk is the risk score that is estimated following implementation of the proposed mitigation or controls to reduce the risk.

Escalation of Risk:

Any risk score of 12 or above must be reflected in the Directorate risk register.

Any risk score of 15 or above i.e. red must be reflected on the Trust Risk Register

Specific, Measurable, Achievable, Relevant and Timely (SMART) Quality measures must be included in the QIA section to enable monitoring of risks throughout the duration of the scheme or project.

6. MONITORING COMPLIANCE AND EFFECTIVENESS

The Improvement Board / HAC will monitor the implementation of the policy.

6.1 Project Reporting and Escalation Arrangements

Reporting and review arrangements for schemes and projects must be identified in the PID so that it is clear how the risks, issues and performance metrics are to be monitored, reported and escalated, if required, and who has responsibility for this action.

For CIP schemes, the project lead reports to the IPT and finance business partner on a monthly basis to update on financial, quality and implementation for each scheme. Issues need to be managed within tolerances set. Where issues go beyond tolerance, it is the responsibility of the project lead to ensure that financial issues are escalated through the finance business partner to the Director of Finance. Issues are escalated through the QIA Review Group via the SRO to Medical Director and Director of Nursing and Quality. Implementation issues are escalated through the SRO to the QIA Review Group.

6.2 Review Process

The process will be reviewed on an on-going basis with required revisions being made. Trust Board will formally review it at least annually.

7. TRAINING

Appropriate training and awareness of the process and documentation will be provided to relevant personnel responsible for completing QIA forms and incorporates guidance on scoring of the associated risks and identification of appropriate assurance metrics.

8. REFERENCES

1. Monitor (2012): Delivering Sustainable Cost Improvement Plans
2. National Quality Board (2012): *How to Quality Impact Assess Provider Cost Improvement Plans*

9. APPENDICES

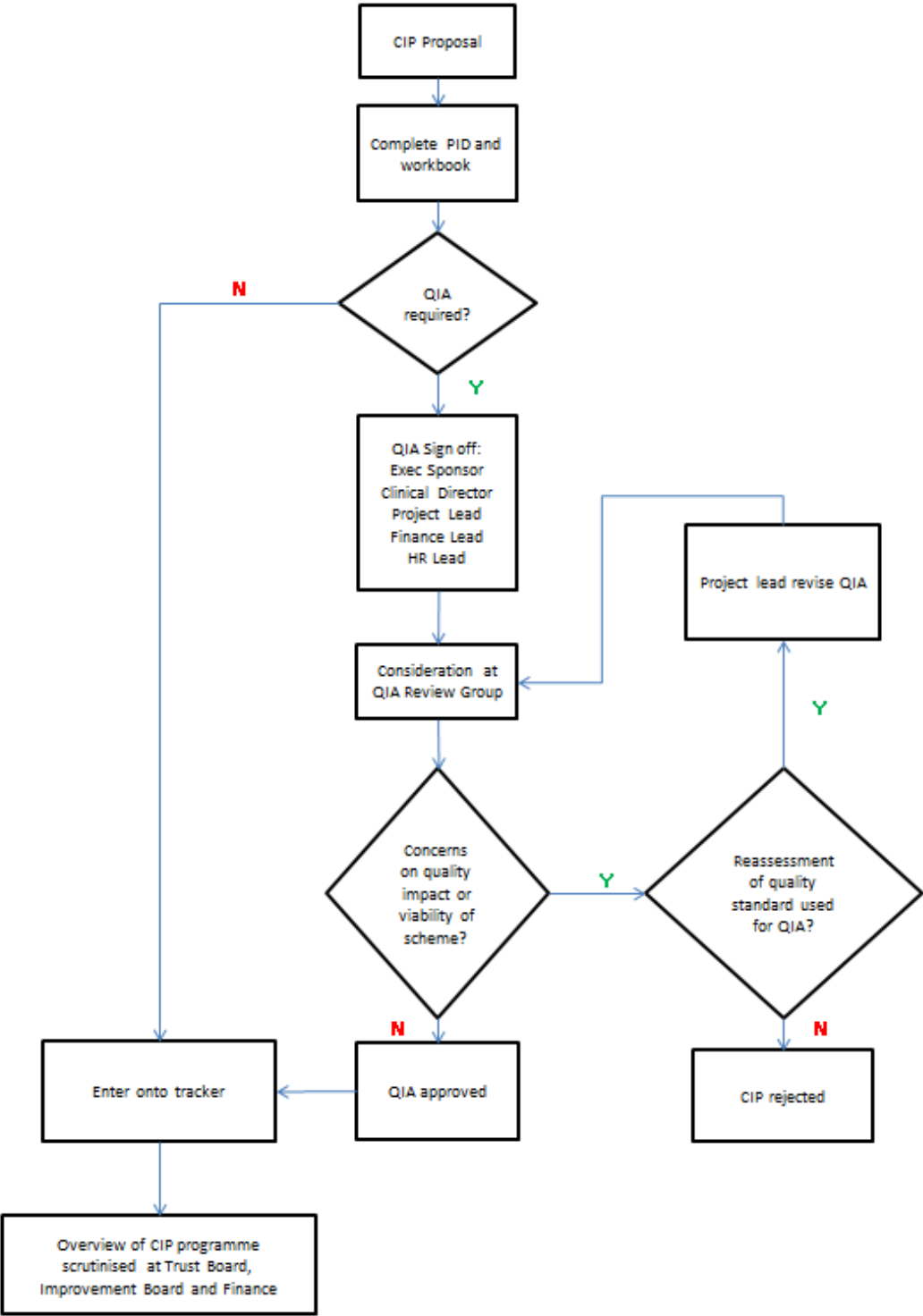
Appendix 1: Flowchart

Appendix 2: QIA Assessment Tool QIA

Appendix 3: Risk Assessment Grid

Appendix 4: Review Group: *Terms of Reference*

Appendix 1: Flowchart



Appendix 2: QIA Form

Quality Impact Assessment for CIP Scheme												
Project/Scheme Name				Unique Scheme Reference			Project lead			Date Completed	00/01/2000	
Project Description				Transformation Steering Group			Clinician completing assessment			Date updated	02/06/2015	
				Workstream Lead								
Quality Indicators and KPIs	Indicator or KPI	Brief description of potential impact	If negative impact - possible mitigation					Monitor KPIs	Indicator or KPI	Brief description of potential impact	If negative impact - possible mitigation	
Patient Safety	Details of improvement or risk			Consequence	Likelihood	Score	Mitigation actions controls (Free Text)		Consequence	Likelihood	Score	
Clinical Outcome/Effectiveness	Details of improvement or risk			Consequence	Likelihood	Score	Mitigation actions controls (Free Text)		Consequence	Likelihood	Score	
Patient Experience	Details of improvement or risk			Consequence	Likelihood	Score	Mitigation actions controls (Free Text)		Consequence	Likelihood	Score	
Other relevant issues: Staff Experience Adverse publicity Equality and Diversity	Details of improvement or risk											
Risk Score						0						0
Sign off	First Quality Review Date						Signatures					Medical Director
	Final Quality Review Date											Director of Nursing
	Date Approved											

Appendix 3: Risk Assessment Grid

SEVERITY = consequence/impact eg:

- 1 = No harm - No obvious harm / Nil/Minimal Business Impact / No Service Disruption
- 2 = Low - Non-permanent harm/Litigation<50k/Increased length stay or level of care for 1-7 days/Sick leave 3-7 days
- 3 = Moderate - Semi-permanent harm/Litigation £50-500k/Increased length of stay or care for 8-15 days/Sick leave>8 days/Local adverse publicity
- 4 = Major - Permanent harm/Litigation £500k-1m /Increased stay or level of care>15 days/Temp service closure/Unable to work/National adverse publicity
- 5 = Death/ Catastrophic - Death/Litigation>£1m/Extended service closure/International adverse publicity/Severe reputation damage

LIKELIHOOD = frequency e.g.

- 1 = Rare - Can't believe this will ever happen again
- 2 = Unlikely - Could happen again, but not very likely
- 3 = Possible - May recur occasionally
- 4 = Likely - Will probably recur, but it is not persistent issue
- 5 = Certain - Expected to recur, possibly frequently

		Potential Severity Consequence				
		No Harm	Low	Moderate	Severe	Death/Catastrophic
		1	2	3	4	5
Likelihood						
Rare	1	1	2	3	4	5
Unlikely	2	2	4	6	8	10
Possible	3	3	6	9	12	15
Likely	4	4	8	12	16	20
Certain	5	5	10	15	20	25
RISK RATING SCALE		V. Low (Acceptable) Risk	Low (Acceptable) Risk	Moderate Risk	High (Significant Risk)	
		1-3	4-6	8-10	12-25	

Appendix 4: QIA Review Group *Terms of Reference*

CIP Quality Impact Assessment Review Group Terms of Reference

1. Constitution

- 1.1. The Improvement Programme Board (IPB) is established by and responsible to the Trust Management Board (TMB), and hereby resolves to establish a group of the IPB to be known as the CIP Quality Impact Assessment Group.

2. Purpose of The Group

- 2.1. This document establishes the Terms of Reference for The Group and its members.
- 2.2. The Group is established as part of the governance framework for Quality Performance Management to provide assurance to the Trust Board of the approval and on-going monitoring of patient safety and quality risks of all Trust cost improvement plans. (CIPs)

3. Responsibilities

- 3.1. To agree a robust quality and patient safety assessment process for the Trust's CIP programme and enforce this process within the Trust.
- 3.2. To define and agree the CIP quality and patient safety impact assessment documentation and processes updating as necessary and adhering to the guidance from the National Quality Board, Monitors Quality Governance Framework, and to the Trusts own Long Term Quality strategy.
- 3.3. To agree the CIP quality information and format to be provided to the Trust's Finance Committee and/or Trust Board for sharing internally or externally.
- 3.4. To review all Trust CIPs quality impact assessment and project documentation and monitor identified CIP quality risks post implementation at agreed intervals.
- 3.5. To challenge each CIP scheme, ensuring all risks have been considered and mitigated, and to agree the level of risk allocated by the Directorate or Care Group.
- 3.6. To review completed KPI monitoring information, baseline indicators and trigger points (quality indicators) escalating any concerns back through the Care Groups for further action.
- 3.7. To review all CIPs with or without quality and patient safety risks confirming status allocated by Care Groups.

- 3.8. To review requested CIP Post Implementation Quality Reports where necessary for identified CIPs as required, escalating any concerns back through the Care Groups for further action.
- 3.9. To formally review each CIP scheme, applying the appropriate RAG status and approve or reject as appropriate.
- 3.10. To confirm the Trust's governance framework is in place for future sustainability of this meeting, its purpose and outputs.
- 3.11. To consider and monitor strategic and cross-cutting issues, which may affect the wider organisation or health economy.
- 3.12. To receive the CIP Quality Assurance RAG status for information.

4. Membership

- 4.1. The Group will ask any relevant individuals and stakeholders to attend meetings to assist with discussions/reviews on any particular CIP quality impact assessment review.
- 4.2. A representative from the Clinical Commissioning Group (CCG) may be invited to attend as an observer to the Trusts CIP QIA Process, and can participate in the challenge of presented CIPs. They will, however, have no voting rights regarding approval of CIP QIA status or general group business.
- 4.3. The members of The Group and their roles are as follows:

Title	Named Person	Specific Group Role	Named Deputy (as applicable)
Director of Nursing	Paula Shobbrook	Chair	Jo Sims
Medical Director	Basil Fozard	Deputy Chair	Ruth Williamson
CIP QIA Programme Manager	Geraldine Sweeney	CIP QIA Lead	N/A
Director of HR	Karen Allman	Group Member	Deputy Director of HR
Associate Director of Quality Governance & Risk	Joanne Sims	Group Member	N/A
Non-Exec Director (rotational)	(As per list)	Group Member	Rotational therefore no deputy required.
Directorate Manager	(As per list)	Group Member	Rotational therefore no deputy required.

Title	Named Person	Specific Group Role	Named Deputy (as applicable)
(rotational)			
Finance Business Partner (rotational)	(As per list)	Group Member	Rotational therefore no deputy required.
Governance Administrator	tba	Minute taker/meeting administrator	N/A

5. Attendance

5.1. If members are unable to attend they should send a fully briefed nominated deputy as named above, where applicable.

6. Quorum

6.1. A minimum of five members of The Group (to include the Director of Nursing and Medical Director or named deputy - only one may deputise per meeting) of which two Trust Executives must be present for the meeting to be deemed quorate.

7. Chair

7.1. When the Chair (Director of Nursing) is absent the group will be chaired by the deputy chair. (Medical Director)

8. Frequency of Meetings

8.1. The Group will meet as a minimum on a monthly basis or more frequently subject to the volume of schemes for review. This may reduce once the bulk of the in-year schemes are approved.

8.2. The Chair may convene additional meetings, to be attended by all or part of The Group as deemed necessary. (Meetings must be quorate)

9. Access to Records

9.1. The Group will call for any documents or records to assist it with its discussions on any particular matter, although the required documents for presentation as described in the wider CIP governance will be tabled, usually in the form of the completed PID and workbook signed-off at local level..

10. Conflicts of Interest

10.1. The group members and other attendees should declare any conflicts of interest relating to matters being discussed or reviewed by the group and, where necessary, withdraw from the relevant agenda item/s.

10.2. All items on the agenda, included for discussion and appropriately recorded in the minutes of the meeting, are not to be disclosed externally to the Trust until such time as the Chair or Executive director authorises communication.

11. Information Requirements

11.1. For every meeting, The Group will be provided with:

- An agenda
- Minutes/Actions of previous meeting
- CIP Schedule & Outcome Log (to contain narrative of challenge to each CIP)
- CIP Post Implementation Quality Report (when due reports are submitted)
- Trust CIP quality status report
- Quality impact assessment documents for CIPs for quality review

11.2. Standing agenda items are as follows:

- Minutes/Actions of previous meeting
- Submitted/requested CIP Post Implementation Quality Report
- Trust CIP quality status report
- Quality impact assessment documents for CIPs for quality review (with CIP Schedule & Outcome Log for CIPs being resubmitted)
- Trust CIP quality status report
- Quality and Patient Safety Guidance updates (when available)

12. Reporting and Performance

- 12.1.The Group administrator will be responsible for the circulation of information in advance of and after meetings
- 12.2.Minutes/actions will be provided to group members within 5 days of meeting taking place.
- 12.3.Agendas and papers will be distributed 1 week prior to a group meeting.
- 12.4.Action notes and minutes of The Group's meetings will be made available to appropriate stakeholders on request with prior approval of the Chair.
- 12.5.The Trust CIP quality status report will be drafted by the PMO and approved by The Group. It will include:
- RAG status and comments for each CIP scheme regarding quality and patient safety approval process.
 - RAG status and % completion for each Care Group or consolidated programme, regarding quality and patient safety approval process.
 - Trust's % completion status for current and future years CIP quality and patient safety approval process.
- 12.6.The Trust CIP quality status report will be provided to the Finance Committee and/or Trust Board on a monthly basis and the Quality and Risk Committee as required.
- 12.7.The Finance Committee and/or Trust Board will be responsible for any external distribution of the Trust's CIP Quality Status Report once approved by The Group.
- 12.8.The Group will review its Terms of Reference at the first committee meeting and evidenced in the minutes then quarterly thereafter.
- 12.9.The Group's Terms of Reference will be approved at Improvement Programme Board.

BOARD OF DIRECTORS	
Meeting Date and Part:	30 th October; 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 29 th October 2015
Action required: The Board is asked to note the report which is provided for information.	
Summary: 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. Key messages: <ol style="list-style-type: none"> 1. Current acknowledgment time in month is 100% (customised responses and verbal contact) 2. Current Trust response time in month is 41% to 25 working days (25 to 30 days = 4, 30 to 40days = 4, 40 to 50 days = 3, 50 to 60 days= 2) 3. PHSO YTD confirmed investigations is 3 4. Directorates with the most complaints are Surgery (8), Medicine and ED/AMU (6), and Older People's Medicine (4) 5. The main theme from complaints this month are the quality of care, clinical assessment, and communication 6. The number of complaints in month (27) lower than the same point last year (35) Information about PALs and claims is also included.	
Related Strategic Goals / Objectives:	All
Relevant CQC Outcome:	Safe, Caring, Effective, Responsive and Well Led

Complaints Report

1. Introduction

This is a summary report for the Board of Directors. Complaints and clinical claims are discussed at the Healthcare Assurance Committee. The Complaints and Patient Advice and Liaison Service scorecard is included at Appendix A indicating the level and types of activity for September 2015.

2. Number of complaints and concerns

- 27 formal complaints were received in September 2015.
- PALS had 89 concerns raised with them in September 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 communicates by telephone and email within the timeframes to acknowledge the complaint.

Performance against this standard (95%) for September 2015 was 100%. Responses to complaints should normally be within 25 working days (quality strategy standard of 75%).

- September = 41% (25 to 30 = 4, 30 to 40 = 4, 40 to 50 = 3, 50 to 60 = 2)
- August = 32%
- July = 50%

Response times are being reviewed with the data recording. Data anomalies are being addressed by the new Complaints Manager and Information Manager. However, response times remain disappointing and action has been taken. The following are the main actions to date:

1. 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.
2. Creation of a flow chart indicating clear timescales and responsibilities
3. Production of guidance for managers in how to write responses to ensure Trust style and uniformity are clear.

4. Engagement meeting held with investigating managers and their support staff to discuss Trust response times, style of responses, policy timescales and present the supporting documents and expectations.
5. Discussion and agree cases where complaint response should be technically 'paused' in defined circumstances e.g. a meeting is to be arranged with the complainant or external review is underway.
6. Demonstration of the complaint tracker has taken place and will be developed further following feedback
7. Monthly rationalised update reports to be sent to investigating managers detailing outstanding complaints and their directorate response times.

As at 30th September directorates with complaints outstanding over 25 working days were Older Peoples Medicine (7), Medicine including ED/AMU (5), Surgery (3) and Anaesthetics (2), Cardiology and Orthopaedics (1 each). The raw numbers are small although as an aggregate percentage it is significant. PALS cases are resolved very quickly unless a written response is required by directorates. The following directorates had concerns outstanding over 25 working days: Medicine (8), Older People's Medicine (3), Orthopaedics, Cardiology and Ophthalmology (1).

4. Themes and trends

In September the 3 directorates with the highest number of complaints were Surgery (8), Older People's Medicine (4), ED (3). Of the complaints received in September 2015, the overriding themes were:

Clinical Assessment (7)

Three complaints related to scan/test issues across 3 different specialties, incorrect diagnosis (2), and 2 delay in diagnosis.

Communication (6)

Five complaints related to staff attitude over 5 different specialties; 4 related to nurses, 1 consultant and 1 receptionist.

Care (4)

MFE received 3 complaints where relatives were unhappy with the care the patient received, which related to different wards. Cardiology received one complaint.

Access (4)

Three discharge complaints were received; one per Care Group. One issue related to difficulty obtaining an appointment which was owing to the external referrer sending the referral to the wrong department.

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.

Sixteen complaints were closed in September 2015. Of those managers categorised 9 as Not Upheld and 7 as partly upheld.

6. Actions

Update on actions identified in August

1	Relaunch the timeframes in the recently approved updated policy	Complete
2	Ensure the directorate managers are included in all communication to support the outcomes and response time required	Ongoing
3	Produce a guidance sheet in terms of the style and quality for the response	Complete
4	Assess training /support needs within the staff groups	Ongoing
5	Ensure appropriate representation at the monthly complaints meetings to support outcomes	Ongoing

7. Inquests

One notification of inquest was received in September which is currently being investigated.

One inquest was held into the death of a patient who was transferred from Southampton General Hospital having suffered a stroke following a misplaced central line at Southampton. It was a high profile inquest with both television and press interest. All sides had legal representation. Conclusion was essentially that the misplacement of the central line caused the patient to suffer a stroke. Concerns regarding poor nutrition when he came to RBH contributed, but didn't cause his weakened condition and subsequent death. the learning from this has been shared and implemented on the ward.

9. Recommendation

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

BOARD OF DIRECTORS	
Meeting Date and Part:	30 th October 2015 – Part I
Subject:	Performance Report October 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 September 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 for Q2 remain Cancer 62 day and the 31 day cancer targets.</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. 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.</p>	
Reason paper is in Part 2	N/A

Performance Report October 2015/16 For September 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.

2. Risk assessment for 2015/16 – Q2

The below shows Q2 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
Referral to treatment time, 18 weeks in aggregate, admitted patients					NLR	NLR
Referral to treatment time, 18 weeks in aggregate, non-admitted patients					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/screening)						
Cancer 31 day wait for second or subsequent treatment						validating
Cancer 31 day wait from diagnosis to first treatment						Validating
Cancer 2 week (all cancers)						
Cancer 2 week (breast symptoms)						
Clostridium Difficile -meeting the C.Diff objective						
Compliance requirements re: access to healthcare for people with a learning disability						

NLR = No longer required. These two indicators will continue to be operationally managed, but are not a Monitor/contractual target.

Validating: Note Q2 Cancer performance reflects current projections. Final validated upload is expected 7th Nov 15.

Following an overall positive Quarter 1, we are pleased to report a compliant Q2 against the ED 4 hour target. In July our performance was the highest in Wessex (*full Q2 benchmark data awaited*). This is a tribute to all of the staff in ED who have worked hard to implement improvements in the pathways through the department, as well as staff across the hospital to support flow.

The Cancer 62 day, has remained non-compliant nationally for over 12 months and continues to be the main challenge to our own Monitor performance. Following a compliant position in Q1, our continued focus on the backlog of template biopsies and prostatectomies, together with some additional pressures in Lung and Colorectal services, has resulted in below threshold performance going through Q2. The Urology backlog work has also meant that the 31 day targets have also been affected and we await the final validated position to confirm the impact on compliance across the Quarter. A radical redesign of the early steps in the prostate pathway is also planned which will substantially speed up diagnosis and should have a positive impact in Q4.

A small number of Breast patients referred via the Screening Service have also breached the 62 day target due to some complexities of pathways across providers and some surgical capacity pressures. We are reviewing the process with Poole

Hospital to avoid this in future. As with all 62 day breaches we will undertake Route Cause Analysis (RCA) and share these with the clinical leads for each site. Based on the above, performance is expected to avoid going above the Monitor threshold of 4, with potentially 3 individually scored non-compliances (62 days and two types of 31 day breaches).

3. Infection Control

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

Our C.Diff trajectory for this year has been reduced to 14, to provide “stretch” for improvement. At end September 2015, seven 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 are currently predicting a risk to our Q3 and full year trajectory due to the remaining cases under review and ongoing cases as we go into Quarter 3. A number of key messages for action have been communicated through the Infection Control Leads reinforcing IC practice.

There have been no reported cases of MRSA.

4. Cancer

Performance against Cancer Targets

Key Performance Indicators	Threshold	2015-2016 Qtr 1	Jul-15	Aug-15
2 weeks - Maximum wait from GP	93.0%	96.4%	96.4%	93.3%
2 week wait for symptomatic breast patients	93.0%	98.6%	92.4%	100.0%
31 Day – 1st treatment	96.0%	96.5%	97.8%	93.0%
31 Day – subsequent treatment - Surgery	94.0%	94.8%	95.8%	90.0%
31 Day – subsequent treatment - Others	98.0%	100.0%	99.7%	100.0%
62 Day – 1st treatment	85.0%	85.5%	84.1%	80.4%
62 day – Consultant upgrade (<i>local target</i>)	90.0%	76.5%	88.1%	100.0%
62 day – screening patients	90.0%	91.3%	94.4%	84.6%

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. There is an extensive range of actions underway to manage the overall capacity and demand in this service including extra lists, recruiting extra staff, redesign of the booking processes and a QI project redesigning the clinical pathway.

Breast clinic services have been transformed through the one-stop approach within the Jigsaw unit, and this is now providing a service with reduced follow up, and capacity to better cope with fluctuations in demand.

Overall 2WW areas are currently being managed through targeted capacity and prioritisation, together with a clear escalation process. We are also now recording the number of patients being seen within 7 days. This is to help move us towards our improvement ambition of diagnosis for cancer patients within 31 days.

The NICE guidance on fast track referrals indicates that significant growth is likely in a range of specialities. Greatest in Gastro, Colorectal and Dermatology which are the services already under greatest pressure. Others like Urology may also be affected. From January to July 2015 we have seen an increase of 11% compared to 2014. We are continuing to monitor this and are working with the CCG and other Dorset Trusts to improve education and referral processes.

The Breast symptomatic target is predicted to be achieved for the quarter overall.

62 Day Referral 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 which has meant some patients have gone on to breach in Q2. This, together with our ongoing focus on reducing the Urology backlog, is expected to result in below threshold performance in Q2.

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 Bournemouth based service. A review of the service will be undertaken now that this has been running for 6 months and we are also training further medical staff to undertake these procedures and increase capacity.

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. The Royal College of Surgeons is undertaking an external review by of Urology pathways across Dorset in November.

The analysis also shows a number of patients, particularly in Urology, with a range of pathway delay reasons including patient choice, patient cancellation, DNA and requiring cardiac assessment.

Site	Quarter 1 2015/16			Jul-15			Aug-15		
	Total	Within Target	Performance	Total	Within Target	Performance	Total	Within Target	Performance
Haematology	12	12	100.0%	7	7	100.0%	4	4	100.0%
Lung	17	14	79.4%	10.5	7.5	71.4%	10	6.5	65.0%
Colorectal	29	24	84.2%	11.5	9.5	82.6%	8.5	7.5	88.2%
Gynae	7	6	85.7%	2.5	2.5	100.0%	2.5	2	80.0%
Skin	84	81	95.8%	23	23	100.0%	20.5	20.5	100.0%
UGI	22	21	95.3%	10.5	9.5	90.5%	9	8	88.9%
Urology	92	66	72.1%	38.5	27	70.1%	29	15.5	53.4%
Breast	32	30	93.7%	13	12	92.3%	21	20	95.2%
Others									
Head & Neck	3	2	80.0%	0.5	0.5	100.0%	1	1	100.0%
Brain/central nervous system	0	0							
Children's cancer	0	0							
Other cancer	3	3	100.0%						
Sarcoma	2	0	0.0%				1.5	1	66.7%
Total	300	257	85.5%	117.0	98.5	84.2%	107.0	86.0	80.4%

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 2 compliance. A meeting is being coordinated by the Dorset CCG with University Hospital Southampton as our partner provider to review Lung pathways.

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 High Impact Actions' for Cancer. This includes finalisation of our Operational Policy, embedding of breach analysis by our teams and implementing tracking against timed pathways.

31 Day First Treatment, Subsequent Surgery and 62 Day Screening

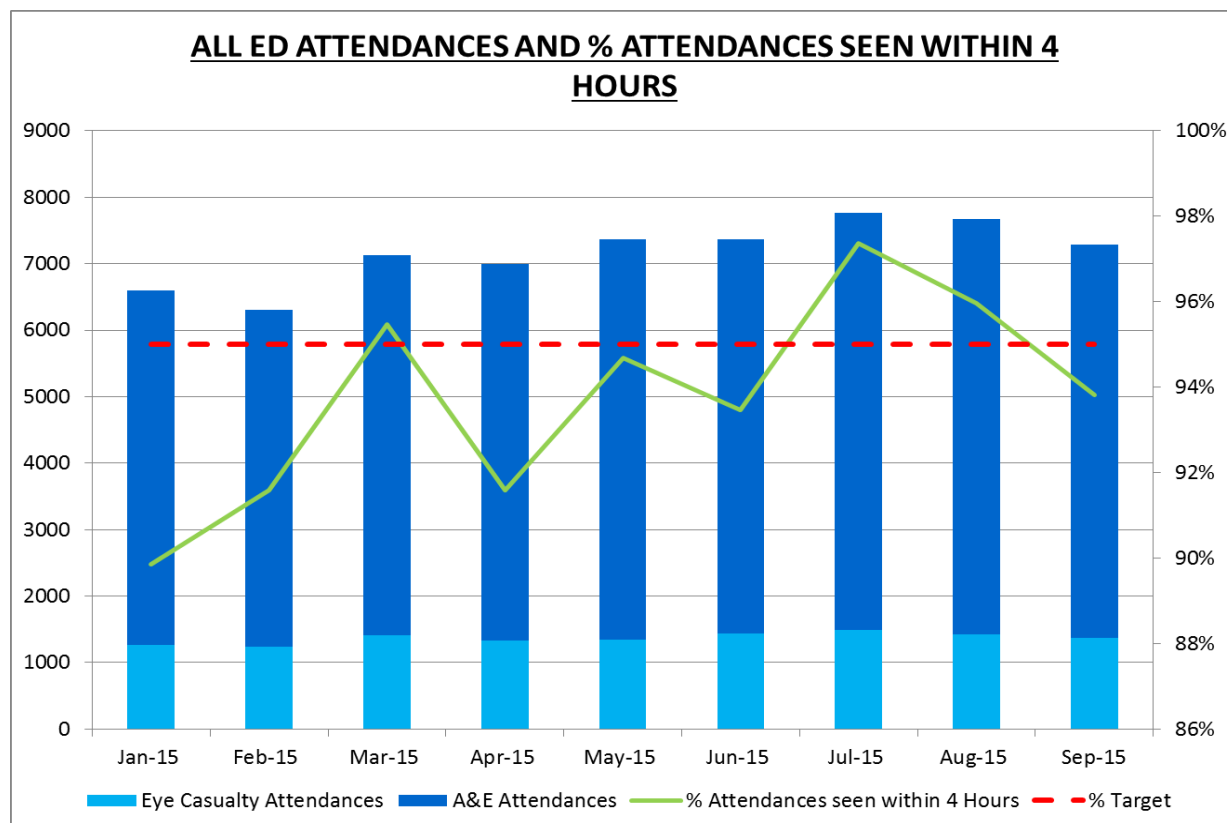
Due to the focus on the Urology backlog, we have seen a number of 31 day breaches in Q2 which may impact on our overall compliance against the 31 day first and subsequent treatment targets. The final validated position is awaited. Work is underway to review our processes against the policy approved by the Board in September. Crucially this means ensuring patients are ready, willing and able for their treatments, when we confirm their treatment date. This will support our ability to treat patients within the 31 day standard.

A small number of Breast patients referred via the Screening Service have 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 may result in below threshold performance in Q2.

5. A&E

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



For September, whilst ED attendances slightly decreased to 5,914, emergency admissions increased by 1.8% compared to August (+48 to 2,754) and other non-elective admissions increased by 17.1% (+19 to 130). Whilst relatively small the admission increase combined with the lack of downstream beds, and the increase in delayed discharge patients and a greater complex comorbidity case mix, had a negative impact on ED resulting in a September performance of 93.8%. The quarterly total though remained above target.

Analysis of the September performance shows 50.6% of the breaches in September were attributed to the inability to move patients to downstream beds. 42.4% of delays were within the ED itself, with 33.7% of the breaches being attributed to clinician assessment delay, 5.9% due to delayed specialty referral, and 4.2% due to clinical reasons. Action has been taken within ED itself to reduce the internal delays, partly through closer performance management of teams.

Going into October, we and colleagues at Poole and Dorchester are already experiencing demand and other system-wide pressure with ED attendances and emergency admissions increased in early October. Our ongoing work and focus on ED processes will obviously continue as we go into the challenging 'winter' period.

The Five Daily Actions QI project continues with a specific focus over the next month on 14+ LoS patients and a 'Breaking the Cycle' event in early November. This, together with implementation of our full Winter Plan, including opening of Ward 3, will be key as we go forward into Q3 and Q4 where non elective/emergency admissions and acuity become increasing challenges.

6. Learning Disability

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

We were compliant with requirement to healthcare access for Q2 15-16 against the target.

7. Mixed Sex Accommodation

Minimise no. of patients breaching the mixed sex accommodation requirement

September is the second month of reporting under the revised MSA policy, in line with contractual agreements with Dorset CCG. 3 episodes of MSA breach occasions occurred during August, affecting a total of 4 patients in critical care:

	Breach Occasions	Patients Affected
CCU	0	0
ED Obs	0	0
ITU / HDU	3	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.

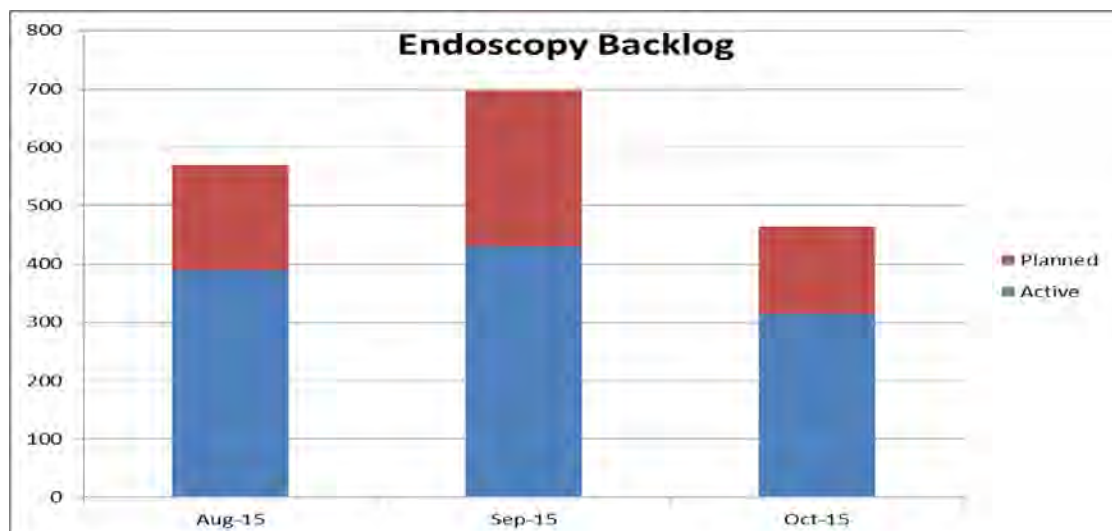
8. Diagnostics

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

As expected, September's diagnostic result of 91.8% missed the 99% threshold, entirely due to Endoscopy waits. In September 61.2% of the >6wk patients were Gastroscopy and 29.8% were Colonoscopy. As planned, following the recruitment of additional nursing staff, additional capacity commenced in September.

The total backlog (6 week plus) for October is currently predicted to be 464 patients (including overdue planned patients), which represents a significant reduction from the peak of almost 700 patients at the end of September (see graph below). This is particularly note worthy given there has been no outsourcing to achieve what is the first significant decline in total numbers waiting,

This has been achieved by room utilisation in week of 98.6% for the first three weeks in October and 14 extra lists undertaken on Saturdays, with our own staff.



We have been informed by the national project office that there is currently no available outsourcing capacity in the South. We have commenced discussions with Commissioners on the trajectory for backlog recovery in light of this and the ongoing risk to cancer and RTT waits.

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 in turn is informing our forward looking trajectory and recovery plan.

Urology reported eight >6wk breaches under Cystoscopy, which includes patient choice.

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 239 patients out of 6108 (3.9%) 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 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 September, one patient's operation was cancelled on the day due to unavailability of equipment and unfortunately we were unable to offer another date within 28 days. This patient has an operation date in October.

10. Stroke

The Q1 Stroke Sentinel Audit data has moved us up again to Band B, which places us in the top 27% of stroke units. Unvalidated September performance shows an improvement in the Scanning domain to level B (level C in Q1) and sustained performance at level C for the Stroke Unit and Thrombolysis targets. We therefore predict remaining within the 'B' category for Q2.

Further details are provided in the annex. The area of lowest score is around specialist assessment by a stroke consultant. This is planned to improve through the new stroke consultant starting, plus a locum consultant being recruited.

Overall the Stroke Unit achieved the highest SSNAP score in both Wessex and the South West.

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

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

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 processes, we have seen continuation of strong performance overall. Against this indicator above threshold performance is at 94.1% with 18034 patients currently waiting less than 18 weeks. However, we did unfortunately, have one patient who had waited over 52 weeks for a specialist Orthopaedic procedure who was treated in September.

Some individual service level risks remain, particularly the Poole visiting specialities, which are currently being managed through additional sessions provided on a flexible basis. We will be working jointly with Poole Hospital and our commissioners to review and match capacity going into the new contracting year.

Dermatology remains pressured with significant fast track as well as a backlog of follow up patients. Work continues with the CCG and partner organisations to find ways to more substantively reduce demand pressures and secure sufficient capacity. We are currently awaiting commencement of a pilot project to implement digital image based referral and specialist triage alongside our work reviewing medical and non medical capacity templates. Joint work is also continuing in order to support the new community Dermatology Service in Hampshire.

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 locum consultant cover is currently in place. Furthermore, the pressures in Endoscopy, Gastroenterology and Colorectal services highlighted earlier are causing

some routine pathways to be extended. 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	Aug-15	Sep-15		
									<18 wks	Total	Performance
100 - GENERAL SURGERY	92.4%	94.0%	92.8%	91.1%	93.0%	92.3%	91.6%	91.3%	2116	2338	90.5%
101 - UROLOGY	92.1%	91.9%	91.0%	89.9%	90.1%	90.0%	89.0%	88.4%	1236	1418	87.2%
110 - TRAUMA AND ORTHOPAEDICS	87.3%	84.8%	86.3%	89.2%	92.9%	94.2%	94.5%	93.9%	3111	3319	93.7%
120 - EAR NOSE AND THROAT	85.1%	87.2%	85.3%	87.8%	87.4%	90.3%	95.0%	98.4%	271	274	98.9%
130 - OPHTHALMOLOGY	94.9%	95.7%	96.3%	97.4%	97.3%	97.5%	96.6%	95.4%	3843	4052	94.8%
140 - ORAL SURGERY	90.4%	87.5%	86.5%	80.5%	73.3%	65.8%	59.5%	84.8%	193	197	98.0%
170 - CARDIOTHORACIC SURGERY	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	15	15	100.0%
300 - GENERAL MEDICINE	94.0%	98.2%	96.0%	93.0%	94.6%	97.6%	97.5%	96.9%	1652	1714	96.4%
320 - CARDIOLOGY	94.0%	94.7%	94.5%	94.6%	94.9%	95.8%	95.8%	94.2%	1582	1692	93.5%
330 - DERMATOLOGY	77.6%	72.1%	79.4%	84.6%	89.3%	89.1%	92.1%	92.1%	399	435	91.7%
340 - THORACIC MEDICINE	95.8%	100.0%	99.5%	97.9%	99.4%	97.9%	98.6%	99.4%	334	334	100.0%
400 - NEUROLOGY	98.5%	94.1%	91.8%	86.7%	85.6%	81.7%	87.7%	96.7%	153	157	97.5%
410 - RHEUMATOLOGY	99.5%	99.1%	99.5%	97.1%	96.1%	94.5%	96.9%	98.1%	839	851	98.6%
430 - GERIATRIC MED	98.0%	98.9%	100.0%	97.8%	97.0%	98.1%	97.0%	99.2%	128	130	98.5%
502 - GYNAECOLOGY	96.5%	95.8%	93.3%	91.8%	95.1%	92.5%	92.1%	92.3%	793	846	93.7%
Other	99.8%	99.3%	98.6%	97.3%	97.7%	97.6%	95.6%	95.9%	1369	1401	97.7%
TOTAL	92.4%	92.7%	92.7%	92.6%	94.0%	94.4%	94.3%	94.1%	18034	19173	94.1%

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 during September remained stable at 90.1% and 94.2% respectively, with the latter resulting from continued clearance of backlog. 6,361 patients were treated in September 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.

STROKE PERFORMANCE & DELIVERY PLAN – SEPTEMBER 2015

(Quarter to date results is Q2 however **please note these have not been fully validated**. Where there are gaps the data is not available internally)

DOMAIN	SSNAP Q1 (Apr to June)	Predicted SSNAP Q2	Plans	Comments/Risks
1 Scanning	C	B	<ul style="list-style-type: none"> OOH Scanning Service developments 	<ul style="list-style-type: none"> On track
2 Stroke Unit	C	C	<ul style="list-style-type: none"> Stroke Outreach to r/v all breaches Stroke QI Project to address patient flow 	<ul style="list-style-type: none"> On track
3 Thrombolysis	C	C	<ul style="list-style-type: none"> Validation process in place Door to Needle working party underway 	<ul style="list-style-type: none"> OOH delays due to radiographer being off-site and waiting for radiologist review
4 Specialist Assessments	D	C	<ul style="list-style-type: none"> Stroke Outreach 	<ul style="list-style-type: none"> Stroke Consultant - 7 day provision
5 Occupational Therapy	A	A	<ul style="list-style-type: none"> More efficient timetabling Twice weekly OT groups 	<ul style="list-style-type: none"> TA vacancies may impact therapy intensity
6 Physiotherapy	B	B	<ul style="list-style-type: none"> More efficient timetabling Twice weekly exercise group 	<ul style="list-style-type: none"> PT and TA vacancies may impact therapy intensity
7 Speech and Language Therapy	B	B (borderline A)	<ul style="list-style-type: none"> Twice a week Communication Group Assistant staff to do Oral trials 	<ul style="list-style-type: none"> TA vacancies may impact therapy intensity
8 MDT Working	B	B (borderline A)	<ul style="list-style-type: none"> Review option for Therapy twilight/extended day 	<ul style="list-style-type: none"> Therapy vacancies may impact time to assessment
9 Standards by discharge	B	B	<ul style="list-style-type: none"> Induction for new staff 	<ul style="list-style-type: none"> On track
10 Discharge Processes	A	A	<ul style="list-style-type: none"> Validation for AF breaches in place 	<ul style="list-style-type: none"> On track
Audit compliance	B (-5%)	A	<ul style="list-style-type: none"> NIHSS training to be completed for 85% of SU Nurses in November 	<ul style="list-style-type: none"> Delays to training due to SU nursing vacancies
Case ascertainment	A	A	<ul style="list-style-type: none"> Monthly lockdown checks will be performed 	<ul style="list-style-type: none"> On track
SSNAP Level	B	B		
SSNAP Score	70.3	78		

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

DOMAIN KEY INDICATORS	Plan (B)	Last SSNAP (C)	Q2 to date	Key Improvement Actions
1.1 Proportion of patients scanned within 1 hour of clock start (A = 48%)	43% (B)	41.5% (C)	43.4% (B)	<ul style="list-style-type: none"> New CT scan request protocol and process in use - to monitor Ensure training available for new staff to complete in a timely manner i.e. Stroke Outreach, new starters etc Undertake monthly breach analysis for any 12 hour scan breaches – breaches primarily patients with late diagnosis stroke and those arriving at RBH between 7pm and 9pm. Promote greater understanding of the stroke timescales throughout Trust Improve pathways to get CT request to CT both in-hours and OoH To ensure properly completed CT request arrives at CT in a timely manner
1.2 Proportion of patients scanned within 12 hours of clock start (A = 95%)	90% (B)	88.5% (C)	91.9% (B)	
1.3 Median time between clock start and scan (A = < 60mins)	< 60mins (A)	78 mins (C)	67 mins (B)	

Domain 1: Delivery Plan

Delivery Plan	Timescale for completion	Comment
1. Monthly breach analysis for 12 hour scan breaches	Ongoing	<ul style="list-style-type: none"> KC to lead on this in conjunction with Stroke Outreach Team
2. To review options to ensure patients arriving between 7pm and 9pm have their scan within 12 hours of arrival	Ongoing	<ul style="list-style-type: none"> Potential for Radiology to extending scanning hours until 10pm – linked to radiographer staying on-site. MB to keep us updated
3. Promote updated protocol so that all are aware including the fact that scans should be done within 1 hour or 12 hours	Complete	<ul style="list-style-type: none"> ED, Radiology and SU Teams all aware Comms Team to promote in July Stroke Outreach doing training in September across the Trust
4. Staff to have training on IRMER, NIHSS and completing request form correctly	Ongoing	<ul style="list-style-type: none"> Stroke Outreach all trained Need rolling programme for new staff and to ensure staff have timely updates
5. Audit CT request form completion and timeliness (monthly)	Ongoing	<ul style="list-style-type: none"> CT to collate all CT request forms and SH/KC to review and provide feedback to individuals incorrectly completing form
6. To work with Radiology as required to support development of electronic CT request form submission	As needed	<ul style="list-style-type: none"> MB to update as required
7. Implementation of CT3 in ED and plan that X-ray Radiographers will be able to undertake CT Brain Scans	Long-term	<ul style="list-style-type: none"> The intention would be that with CT 3 in ED that someone would be on-site 24/7 to be able to undertake CT Brain scans

Domain 2: Stroke Unit - Domain Leads: Claire Stalley & Katherine Chambers

DOMAIN KEY INDICATORS	Plan (B)	Last SSNAP (C)	Q2 to date	Key Improvement Actions
2.1 Proportion of patients directly admitted to a stroke unit within 4 hours of clock start (A = 90%)	90% (A)	65.3% (D)	75.3% (B)	<ul style="list-style-type: none"> Establish a pre-alert for all stroke patients being transferred to RBH by SWAST Ensure CST are fully informed about stroke patients and timescales for transfer to SU Continue to implement Stroke Outreach Team and extend hours of service as increase recruitment Immediate re-triage of any non-stroke patients on the SU to facilitate transfer off SU Stroke Quality Improvement project "Straight to Stroke: Stay on Stroke" to oversee improvement actions under the following themes: Accessing the Stroke Unit (direct and fast); reducing time to 'fit for discharge' on the Stroke Unit; and Reducing delays to discharge for patients who are MFFD and those with complex nutritional needs.
2.2 Median time between clock start and arrival on stroke unit (hours:mins) (A = Median < 2 hrs)	Median < 3 hrs (B)	03:33 (C)	03:10 (C)	
2.3 Proportion of patients who spent at least 90% of their stay on stroke unit (A = 90%)	85% (B)	75.4% (D)	84.8% (C)	

Domain 2: Delivery Plan

Delivery Plan	Timescale for completion	Comment
1. To complete a breach analysis of every patient not achieving direct transfer to SU and not achieving 90% stay	ongoing	<ul style="list-style-type: none"> Act immediately on any breach themes Feedback as needed to relevant staff groups
2. Ensure all non-stroke patients on the SU have appropriate re-triage in place to facilitate transfer off the SU	ongoing	<ul style="list-style-type: none"> To proactively move non-stroke patients off the stroke unit rather than waiting until SU full
3. To undertake QI project with QI Team to address patient flow on/off the stroke unit	September 2015	<ul style="list-style-type: none"> To commence in September
4. Ensure all SU/CST staff are aware not to move stroke patients whilst medical patients on the ward.	ongoing	<ul style="list-style-type: none"> Stroke Outreach to update CST re. stroke patients and timescales for transfer to SU
5. To implement hospital pre-alert for all stroke patients	April 2015	<ul style="list-style-type: none"> KC in liaison with ED/SWAST re implementation of pre-alert for all stroke patients – meeting in September
6. To promote stroke pathway throughout Trust clearly identifying care stroke patient should receive and by when	Complete	<ul style="list-style-type: none"> This has been arranged for September. Stroke Outreach doing stroke awareness and stroke recognition training throughout September throughout the Trust.
7. To implement changes to MDT working/organisation as per Stroke Leads Away Day on 7 th October	November 2015	<ul style="list-style-type: none"> To implement changes i.e. new twice daily HASU MDT Ax, therapy/nursing teams etc

Domain 3: Thrombolysis - Domain Leads: Becky Jupp & Katherine Chambers

DOMAIN KEY INDICATORS	Plan (B)	Last SSNAP (C)	Q2 to date	Key Improvement Actions
3.1 Proportion of all stroke patients given thrombolysis (A=20%)	15% (B)	12% (C)	11.6% (D)	<ul style="list-style-type: none"> To maintain good standards of awareness of acute stroke identification and management, including thrombolysis eligibility across the Trust. To ensure that all patients eligible for thrombolysis are appropriately and prompted screened for consideration for treatment – review validation process for SSNAP To reduce door to needle times for thrombolysis treatment through engagement with those involved in the pathway. To use stakeholder engagement to identify training needs and areas for service improvement to optimise prompt and effective care and decision making. Note that our Door to Needle time is significantly less in hours than OOH due to delays OOH waiting for radiographer to come in and for Radiologist to report
3.2 Proportion of eligible patients given thrombolysis (A=90%)	80% (C)	75% (D)	86.4% (B)	
3.3 Proportion of patients who were thrombolysed within 1 hour of clock start (A=55%)	50% (B)	45.5% (C)	40% (C)	
3.4 Proportion of applicable patients directly admitted to a stroke unit within 4 hours of clock start and received thrombolysis or have a pre-specified justifiable reason (“no but”) for why it couldn’t be given (A = 65%)	65% (A)	65.3% (A)	75.3% (A)	
3.5 Median time between clock start and thrombolysis (A=< 40mins)	< 60 mins (C)	68 mins (D)	74 mins (D)	

Domain 3: Delivery Plan

Delivery Plan	Timescale for completion	Comment
1. To review validation for SSNAP of all deemed eligible for thrombolysis and not thrombolysed and all other domain KI	ongoing	<ul style="list-style-type: none"> To undertake a review of validation process for this domain and complete review of all Q2 cases to date to ensure 100% accurate on SSNAP
2. To complete a breach analysis of all thrombolysis cases taking more than 1 hour and identify themes to be addressed	ongoing	<ul style="list-style-type: none"> To develop action plan to address any contributing factors/themes i.e. out-of-hour radiology reporting
3. Stroke outreach to collate information re door to needle for all cases and also discuss this at weekly Thrombolysis/Imaging meeting to support identification of areas to improve.	Ongoing	<ul style="list-style-type: none"> New meeting format commenced in September 2015
4. To support developing stroke outreach service and other staff delivering thrombolysis with skills to support thrombolysis pathway to help speed to stroke specific assessment and reduce door to needle time.	Ongoing	<ul style="list-style-type: none"> Arrange SIM training for all involved in thrombolysis pathway re. thrombolysis situations and leadership/organisation of the team at each thrombolysis call On-going supervision and competency sign-off with each member of the Stroke Outreach Team
5. Implement new Thrombolysis workbook/documentation	October 2015	<ul style="list-style-type: none"> Due to be implemented by end of October
6. Liaise with Radiology re. timescales for CT3 and/or extending current CT hours	October 2015	<ul style="list-style-type: none"> To be discussed at next Internal Stroke Board meeting
7. Complete Risk Assessment and develop action plan regarding consistent delivery of thrombolysis on the SU rather than in ED and also confirm the pathway for thrombolysis for patients having stroke as in-patient	January 2015	<ul style="list-style-type: none"> To be discussed at next Internal Stroke Board meeting Competency training plan for all Nursing staff supporting the Hyper-Acute Stroke Unit
8. To develop business case re. extending Hyper-Acute Stroke Unit to meet National Stroke Strategy and National Clinical Guidelines for Stroke	TBC	<ul style="list-style-type: none"> To be discussed at next Internal Stroke Board meeting

2015/16 PROPOSED PERFORMANCE INDICATOR MATRIX FOR BOARD OF DIRECTORS



Area	Indicator	Measure	Target 15/16	Monitor	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-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	n/a	1.0	9			6			2	3	3	n/a	n/a			
	Clostridium difficile	C. Difficile cases due to lapses in Care	14 (1 pcm)		-			1			1	4	1					
Referral to Treatment	RTT Admitted	18 weeks from GP referral to 1 st treatment – aggregate	90%	1.0	90.2%			90.1%			90.8%	90.5%	90.1%			<90%		≥90%
	RTT Non Admitted	18 weeks from GP referral to 1st treatment – aggregate	95%	1.0	91.9%			93.0%			93.3%	94.0%	94.2%			<95%		≥95%
	RTT Incomplete pathway	Patients on an 18 week pathway awaiting treatment – aggregate	92%	1.0	92.6%			92.6%			94.3%	94.1%	94.1%			<92%		≥92%
Cancer	2 week wait	From referral to date first seen - all urgent referrals	93%	1.0	91.6%			96.4%			96.4%	93.3%				<93%		≥93%
	2 week wait	From referral to date first seen - for symptomatic breast patients	93%	1.0	98.1%			98.6%			100.0%	100.0%				<93%		≥93%
	31 day wait	From diagnosis to first treatment	96%	1.0	96.2%			96.5%			97.0%	93.0%				<96%		≥96%
	31 day wait	For second or subsequent treatment - Surgery	94%	1.0	86.1%			94.8%			87.0%	90.0%				<94%		≥94%
	31 day wait	For second or subsequent treatment - anti cancer drug treatments	98%	1.0	100.0%			100.0%			100.0%	100.0%				<98%		≥98%
	62 day wait	For first treatment from urgent GP referral for suspected cancer	85%	1.0	81.9%			85.5%			84.2%	80.4%				<85%		≥85%
	62 day wait	For first treatment from NHS cancer screening service referral	90%	1.0	89.6%			91.3%			90.0%	84.6%				<90%		≥90%
A&E	4 hr maximum waiting time	From arrival to admission / transfer / discharge (Type 1 & 2)	95%	1.0	92.39%			93.3%			97.36%	95.96%	93.81%			<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			1			(3)			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	29	4			> 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 *	90%		100.0%	100.0%	100.0%	66.7%	66.7%	100.0%	100.0%	100.0%				< 90%		≥90%
VTE	Venous Thromboembolism	Risk assessment of hospital-related venous thromboembolism	95%		95.5%	95.8%	96.1%	95.4%								<95%		≥95%
Diagnostics	Six week diagnostic tests	More than 99% of patients to wait less than 6 wks for a diagnostic test	>99%		94.2%	94.8%	98.4%	94.8%	97.9%	97.7%	96.2%	92.8%	91.8%			<99%		≥99%
A&E	Admission via A&E	No. of waits from decision to admit to admission over 12 hours	0		2	5	0	0	0	0	0	0	0			≥1		0
	Ambulance Handovers	No. of breaches of the 30 minute handover standard	0		66	55	49	20	20	22	43	56	85	n/a	n/a	tbc		
	Ambulance Handovers	No. of breaches of the 60 minute handover standard	0		31	31	6	5	2	2	4	9	10	n/a	n/a	tbc		
Cancelled Operations	28 day standard	No. of patients not offered a binding date within 28 days of cancellation	0		0	2	0	0	0	1	0	1	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	SSNAP threshold tbc		66.7%	83.7%	72.7%	51.1%	69.4%	84.3%	88.9%	89.6%	81.7%	tbc	tbc	tbc		
	SSNAP indicator	Direct admission to Stroke Unit within 4 hours of admission	SSNAP threshold tbc		64.9%	68.1%	70.0%	53.3%	75.0%	62.9%	86.8%	69.1%	73.0%	tbc	tbc	tbc		
	SSNAP indicator	Patients receive CT Scan within 24 hours of admission	SSNAP threshold tbc		98.2%	97.9%	98.1%	96.7%	100.0%	92.0%	100.0%	n/a	n/a	tbc	tbc	tbc		
	SSNAP indicator	Patients with acute stroke receive brain imaging within 1 hr	SSNAP threshold tbc		35.1%	42.6%	55.8%	46.7%	41.1%	40.0%	56.6%	35.1%	40.6%	tbc	tbc	tbc		
	SSNAP indicator	Thrombolysis Rate	SSNAP threshold tbc		14.0%	19.1%	17.3%	13.3%	12.5%	12.3%	17.0%	10.5%	7.8%	tbc	tbc	tbc		
	SSNAP indicator	% appropriate patients receiving thrombolysis (within 1 hour of clock start)	SSNAP threshold tbc		37.5%	33.3%	11.0%	50.0%	14.3%	62.5%	33.3%	33.3%	60.0%	tbc	tbc	tbc		
	TIA indicator	High risk TIA cases investigated and treated within 24hrs	SSNAP threshold tbc		75.0%	70.0%	71.0%	67.2%	63.0%	60.0%	60.0%	39.0%	53.0%	tbc	tbc	tbc		
	TIA indicator	Low risk TIA cases, seen within 7 days	SSNAP threshold tbc		76.0%	86.0%	91.0%	89.2%	92.0%	91.0%	86.0%	90.0%	90.0%	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	tbc		n/a	n/a	n/a	5976	6097	5967	5967	6306	6222	n/a	n/a	tbc		
	Clocks still running - admitted	Number of patients with an admitted incomplete pathway over 18 weeks	tbc		n/a	n/a	n/a	656	600	568	669	753	790	n/a	n/a	tbc		
	Clocks still running - non admitted	Total number of patients with a non admitted incomplete pathway	tbc		n/a	n/a	n/a	14169	13434	13054	13265	13717	12951	n/a	n/a	tbc		
	Clocks still running - non admitted	Number of patients with a non admitted incomplete pathway over 18 weeks	tbc		n/a	n/a	n/a	826	581	499	448	425	349	n/a	n/a	tbc		
	RTT Clocks still running - Combined	100 - GENERAL SURGERY	92%		92.4%	94.0%	92.8%	91.1%	93.0%	92.3%	91.6%	91.3%	90.5%			<92%		≥92%
	RTT Clocks still running - Combined	101 - UROLOGY	92%		92.1%	91.9%	91.0%	89.9%	90.1%	90.0%	89.0%	88.4%	87.2%			<92%		≥92%
	RTT Clocks still running - Combined	110 - TRAUMA AND ORTHOPAEDICS	92%		87.3%	84.8%	86.3%	89.2%	92.9%	94.2%	94.5%	93.9%	93.7%			<92%		≥92%
	RTT Clocks still running - Combined	120 - EAR NOSE AND THROAT	92%		85.1%	87.2%	85.3%	87.8%	87.4%	90.3%	95.0%	98.4%	98.9%			<92%		≥92%
	RTT Clocks still running - Combined	130 - OPHTHALMOLOGY	92%		94.9%	95.7%	96.3%	97.4%	97.3%	97.5%	96.6%	95.4%	94.8%			<92%		≥92%
	RTT Clocks still running - Combined	140 - ORAL SURGERY	92%		90.4%	87.5%	86.5%	80.5%	73.3%	65.8%	59.5%	84.9%	98.0%			<92%		≥92%
	RTT Clocks still running - Combined	170 - CARDIOTHORACIC SURGERY	92%		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	92%		94.0%	98.2%	96.0%	93.0%	94.6%	97.6%	97.5%	96.9%	96.4%			<92%		≥92%
	RTT Clocks still running - Combined	320 - CARDIOLOGY	92%		94.0%	94.7%	94.5%	94.6%	94.9%	95.8%	95.8%	94.2%	93.5%			<92%		≥92%
	RTT Clocks still running - Combined	330 - DERMATOLOGY	92%		77.6%	72.1%	79.4%	84.6%	89.3%	89.1%	92.1%	92.1%	91.7%			<92%		≥92%
	RTT Clocks still running - Combined	340 - THORACIC MEDICINE	92%		95.8%	100.0%	99.5%	97.9%	99.4%	97.9%	98.6%	99.4%	100.0%			<92%		≥92%
	RTT Clocks still running - Combined	400 - NEUROLOGY	92%		98.5%	94.1%	91.8%	86.7%	85.6%	81.7%	87.7%	96.8%	97.5%			<92%		≥92%
	RTT Clocks still running - Combined	410 - RHEUMATOLOGY	92%		99.5%	99.1%	99.5%	97.1%	96.1%	94.5%	96.9%	98.2%	98.6%			<92%		≥92%
	RTT Clocks still running - Combined	430 - GERIATRIC MED	92%		98.0%	98.9%	100.0%	97.8%	97.0%	98.1%	97.0%	99.2%	98.5%			<92%		≥92%
	RTT Clocks still running - Combined	502 - GYNAECOLOGY	92%		96.5%	95.8%	93.3%	91.8%	95.1%	92.5%	92.1%	92.3%	93.7%			<92%		≥92%
	RTT Clocks still running - Combined	Other	92%		99.8%	99.3%	98.6%	97.3%	97.7%	97.6%	95.6%	95.9%	97.7%			<92%		≥92%
Planned waits	Planned waiting list	% of patients overdue from their planned date	0		n/a	n/a	n/a	96.9%	95.2%	95.6%	98.1%	95.8%	91.8%			tbc		
Cancer	Cancer 62 day by Tumor Site	Haematology	85%		76.9%			100.0%			100.0%	100.0%				<85%		≥85%
	Cancer 62 day by Tumor Site	Lung	85%		75.0%			79.4%			71.4%	65.0%				<85%		≥85%
	Cancer 62 day by Tumor Site	Colorectal	85%		73.8%			84.2%			82.6%	88.2%				<85%		≥85%
	Cancer 62 day by Tumor Site	Gynae	85%		92.6%			85.7%			100.0%	80.0%				<85%		≥85%
	Cancer 62 day by Tumor Site	Skin	85%		94.2%			95.8%			100.0%	100.0%				<85%		≥85%
	Cancer 62 day by Tumor Site	UGI	85%		77.1%			95.3%			90.5%	88.9%				<85%		≥85%
	Cancer 62 day by Tumor Site	Urology	85%		73.8%			72.1%			70.1%	53.4%				<85%		≥85%
	Cancer 62 day by Tumor Site	Breast	85%		97.1%			93.7%			92.3%	95.2%				<85%		≥85%
	Cancer 62 day by Tumor Site	Head & Neck	85%		69.2%			80.0%			100.0%	100.0%				<85%		≥85%
	Cancer 62 day by Tumor Site	Brain/central nervous system	85%		n/a			n/a			n/a	n/a		n/a	n/a	<85%		≥85%
	Cancer 62 day by Tumor Site	Children's cancer	85%		n/a			n/a			n/a	n/a		n/a	n/a	<85%		≥85%
	Cancer 62 day by Tumor Site	Other cancer	85%		55.6%			100.0%			n/a	n/a				<85%		≥85%
	Cancer 62 day by Tumor Site	Sarcoma	85%		75.0%			0.0%			n/a	n/a				<85%		≥85%
SUS Submissions	NHS Number Compliance	Completion of NHS Numbers in SUS Submission (IPS/OPS)	99%		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	95%		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

BOARD OF DIRECTORS	
Meeting Date and Part:	30 th October 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 – September 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 September 2015

2. Serious Incidents

One Serious Incidents (SI) was confirmed and reported on STEIS in September 2015. The incident involved a patient having a Dual Lumen PICC line inserted instead of a planned Hickman Line procedure. The incident has also been reported as a Never Event.

A pre panel meeting has been held and immediate action taken in Radiology to improve checklist and consent procedures. A full SI panel meeting has been arranged and will be chaired by the Medical Director.

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	15/16 Target	Apr	May	June	July	Aug	Sept
Safety Thermometer % Harm Free Care	90.68%	93.80%	95%	92.56%	92.51%	89.1%	90.1%	92.4%	88.9%
Safety Thermometer % Harm Free Care (New Harms only)	97.18%	97.59%	98%	96.78%	97.86%	98.9%	97.6%	97.9%	96.6%

	April 15	May 15	June 15	July 15	Aug 15	Sept 15
New Pressure Ulcers	12	6	3	8	8	14
New falls (Harm)	2	2	1	2	2	0
New VTE	0	0	0	0	0	1
New Catheter UTI	2	2	1	1	0	1

	Jan 2015	Feb 15	Mar 15	April 15	May 15	June 15	July 15	Aug 15
Risk assessment compliance								
• Falls	86%	88%	88%	90%	89%	90%	95%	NA
• Waterlow	91%	91%	91%	91%	96%	94%	97%	NA
• MUST	74%	76%	81%	83%	87%	90%	89%	NA
• Mobility	87%	88%	89%	89%	92%	91%	94%	NA
• Bedrails	88%	90%	89%	92%	93%	94%	95%	NA

On the 13th July the Trust introduced a new eNURSE Assessment (eNA) IT system for the routine recording of the following patient assessments:

- Mobility & Frailty
- Falls and Bedrails
- Waterlow
- MUST
- VTE
- Dementia

Each assessment app was developed to match current Trust policies and procedures regarding the timescales required for the completion of each individual assessment on admission (to the Trust or the ward) and subsequently repeat assessments based on identified risk.

August 2015 figures for eNA were not collected as the system was in early implementation phase across all ward areas, values recorded were not therefore a true reflection of compliance.

September Compliance

	Initial assessment on admission to ward	Reassessment as per Trust policy
Waterlow	37%	96%
Mobility and Frailty	34%	95%
Falls and Bed rails	35%	97%
MUST	34%	95%

At the end of September eNA had recorded over 79,000 risk assessments as completed on the new system – an average of 1021 assessments a day. Compliance had improved by 15-21% between August and September indicating a steady improvement.

A further enhancement 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.

4. Patient Experience Report

4.1 Friends and Family Test: National Comparison with NHS England data base

In-Patients and Day Case Family and Friends Test ranking

	July 2015	August 2015
FFT Ranking	3 rd (with 20 others out of 170 hospitals)	4 th (with 43 others out of 171 hospitals)
Our score: Number of patients who would recommend	98%	97%
Our response rate based on activity	21.3%	20.9%
Number of participating Trusts	170	171
Top score	100%	100%
Lowest score	74%	75%

Emergency Department (ED) - Family and Friends Test ranking

	July 2015	August 2015
FFT Ranking	6 th (with 11 others out of 141 hospitals)	5 th (with 8 others out of 141 hospitals)
Our score: Number of patients who would recommend	93%	95%
Our Response Rate	7.4%	6%
Trusts sample size	141	141
Top score	98%	99%
Lowest score	71%	62%

Outpatients Family and Friends Test ranking

		August 2015
FFT Ranking		4 th (with 20 others out of 234 hospitals)
Our score: Number of patients who would recommend		97%
Our Response Rate		N/A
Trusts sample size		234
Top score		100%
Lowest score		0%

All results remain largely consistent with no statistical variation – In patient compliance rates remains 15% or above for inpatients with variation internally.

4.2 In Monthly FFT responses results and compliance (September 2015 data)

Table below is shown for consistency and comparison to previous reports

Ward/Area	Recommended (%)		Not Recommended (%)		Compliance Rate	
	Sep-15	(Aug-15)	Sep-15	(Aug-15)	Sep-15	(Aug-15)
Trust	96.7%	(97%)	1.2%	(1.4%)	-	-
All ED Depts	93.2%	(95%)	3.4%	(2.9%)	7%	(6%)
All Inpatient Depts	97.6%	(97%)	0.5%	(1.7%)	37%	(38%)
All Daycases	99.6%	(99%)	0.2%	(0.9%)	9%	(13%)
All Maternity Depts	97.5%	(99%)	1.3%	(0.0%)	-	-
All Outpatients	96.3%	(97%)	1.4%	(1.2%)	-	-

4.3 Extremely Unlikely results from FFT – September 2015 data

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

Unlikely & Extremely Unlikely Responses	Apr-15**	May-15**	Jun-15**	Jul-15**	Aug-15**	Sep-15**
FFT submission areas						
No of FFT responses for submission areas only: Unlikely or Extremely Unlikely to recommend.	32	64	65	54	51	45
No of FFT responses	2347	3239	3960	4535	3550	3633
% Unlikely or Extremely Unlikely to recommend from FFT responses	1.4%	2.0%	1.6%	1.2%	1.4%	1.2%
% Unlikely or Extremely Unlikely from total activity	Not available	Not available	Not available	Not available	Not available	Not available

4.4 FFT patient comments September 2015

Positive	Negative	Mixed	Irrelevant
1702	148	132	30
85%	7%	7%	1%

A total of 2012 discernible comments populated from 3771 cards. Further analysis of the comments indicates that some patient reflect they would recommend the Trust but acknowledge areas for improvement. Comments are reviewed by Ward Sisters and can be accessed by Matrons and HONs and inform improvement projects that are evidenced through the quarterly patient experience templates.

4.5 Extremely unlikely responses throughout ED, Maternity, inpatient, outpatient and day case areas (September 2015).

Ward / Area	No. of Ext. Unlikely	% Ext. Unlikely	% Ext Unlikely against total eligible
Pharmacy RBH	5	6.7%	N/A
ED	4	3.5%	0.1%
Eye Unit A&E	4	2.1%	0.3%
Derwent OPD	3	4.7%	N/A
SAU	3	5.6%	1.4%
Ortho Outpatients	1	0.5%	N/A
Short Stay Unit	1	1.6%	0.4%
BDEC	1	5.9%	N/A
Pre-assessment	1	0.5%	N/A
Ante Natal	1	2.6%	N/A
AMU	1	1.3%	0.2%
Main OPD Xch	1	0.7%	N/A
Eye Unit Out-patients	1	4.0%	N/A

Note that activity data for OPD is not collected for submission but this data impacts on analysis of results, for example one patient from the Eye unit OPD reflects as 4% when compared with 3 patients from Derwent OPD 4.7%

4.4 Care Audit Trend Data

Overall	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Red	50	67	64	61	52	68	33	49
Amber	64	87	56	47	44	81	45	43
Green	210	171	148	214	172	175	243	203
N/A	1	0	57	3	7	26	29	55

There were a total of 350 care audit surveys completed in both August and September. The data is reviewed at HAC noting an increase in the number of reds in September.

4.5 Patient Opinion and NHS Choices: September Data

6 patient opinion comments were left in September, 5 express satisfaction with the service they received and 1 portrayed negative comments regarding poor service due to repeated cancelled appointments. This was followed up by the Head of Nursing.

5. Recommendation

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

BOARD OF DIRECTORS	
Meeting Date and Part:	30 October 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 30 September 2015 and the new style reporting.	
Summary: The Board of Directors will note the new style financial report which informs the Board across a wider range of financial metrics. Following previous discussion, the financial reports are now presented fully in the open Board meeting.	
Related Strategic Goals/ Objectives:	Goal 7 – Financial Stability
Relevant CQC Outcome:	Outcome 26 – Financial Position
Risk Profile: A current risk related to next year's financial planning has been amended on the risk register and will be discussed at the Finance Committee on the 28 October 2015.	
Reason paper is in Part 2	N/A

The Royal Bournemouth and Christchurch Hospitals
NHS Foundation Trust

Finance Report

For the period to 30 September 2015

Pete Papworth
Deputy Director of Finance

Executive Summary

The Trust has delivered a cumulative deficit of £7.1 million as at 30 September. This is £130,000 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

September 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, and non elective activity was slightly above plan in month. This results in total activity to date being 1% below planned levels.

Income

Due to the nature of the Trusts contracts with its three key commissioners, income remains broadly on plan at the end of month six with a moderate adverse variance of £264,000 (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 £394,000 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 six month of the year resulting in an overall pay under spend of £788,000. 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 £3.3 million which is £91,000 less than the target; and whilst there is a small forecast under achievement against the full year target, the more significant issue is the level of non recurrent savings within this forecast, which places a further pressure going into 2016/17.

Capital Programme

As at 30 September the Trust has committed £9.2 million in capital spend representing an under spend to date of £795,000. Key areas of spend include the Christchurch development (£2.5 million), the Jigsaw new build (£2.9 million), and the approved IT Strategy (£0.9 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 are being actively pursued. Detailed aged debt reports are being shared with Directorate management teams to help facilitate the timely payment of invoices raised. Specific issues have been escalated as appropriate, and are being actively progressed.

Cash

The Trusts current cash balance includes two one-off timing benefits. After adjusting for these, the Trust currently holds £32.4 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

The new Financial Sustainability Risk Rating came into effect from 1 August 2015 as part of Monitor's revised Risk Assessment Framework. Under this new framework the Trust achieves a Financial Sustainability Rating of 2 meaning that it is within the 'Material Risk and Potential Investigation' category. Further clarity has been sought in relation to the application of the new 2* rating.

Income and Expenditure

To date the Trust has delivered a deficit of £7.1 million. Within this, income is below budget by £264,000 and expenditure is below budget by £394,000, resulting in a net favourable variance of £130,000.

The Trusts overall income and expenditure position is summarised below.

£'000	Budget	Actual	Variance
NHS Clinical Income	120,778	121,110	332
Non NHS Clinical Income	3,822	3,150	(672)
Non Clinical Income	10,321	10,397	76
TOTAL INCOME	134,921	134,657	(264)
Employee Expenses	85,738	84,950	788
Drugs	14,642	15,304	(663)
Clinical Supplies	18,139	18,251	(111)
Misc. other expenditure	18,962	18,566	396
Depreciation	4,708	4,725	(18)
TOTAL EXPENDITURE	142,189	141,796	394
SURPLUS/ (DEFICIT)	(7,268)	(7,139)	130

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. 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	83,557	83,557	0
NHS England (Wessex LAT)	21,947	22,000	53
NHS West Hampshire CCG	12,422	12,427	5
Non Contracted Activity	1,348	1,635	287
Public Health Bodies	1,314	1,205	(109)
NHS England (Other LATs)	843	800	(43)
NHS Wiltshire CCG	371	392	21
Other NHS Patient Income	290	299	10
Private Patient Income	2,210	1,665	(545)
Other Non NHS Patient Income	297	280	(17)
Non Patient Related Income	10,321	10,397	76
TOTAL INCOME	134,921	134,657	(264)

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 has seen an increase in drugs expenditure, resulting in a significant year to date over spend. Specific increases have been seen 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 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 30 September 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 £7.6 million. Agency expenditure to date totals £5.1 million, with a further £4.5 million spent on bank and overtime. This results in a total 'premium' cost of £2.1 million to date.

DIRECTORATE	WORKFORCE COST							Premium Funding £	Residual Variance £
	Budget £	Substantive £	Pay Underspend £	Agency £	Bank £	Overtime £	Variance £		
ANAESTHETICS AND THEATRES	8,813	8,250	563	382	146	118	(83)	92	9
MATERNITY	1,120	1,097	23	0	21	3	(2)	5	3
ORTHOPAEDICS	3,340	2,825	515	48	212	13	243	44	287
SURGERY	7,317	6,882	435	599	477	37	(678)	544	(134)
SURGICAL CARE GROUP	20,590	19,054	1,536	1,029	855	172	(520)	685	165
CARDIOLOGY	5,781	5,608	173	107	128	30	(93)	74	(19)
ED AND AMU	5,566	4,595	971	1,027	501	47	(605)	488	(117)
OLDER PEOPLES MEDICINE	11,360	9,634	1,726	1,675	853	74	(876)	962	86
MEDICINE	6,585	5,884	701	341	558	39	(238)	82	(156)
MEDICAL CARE GROUP	29,292	25,720	3,571	3,151	2,042	190	(1,811)	1,605	(206)
CANCER CARE	3,231	3,079	152	117	168	7	(140)	80	(60)
OPHTHALMOLOGY	2,800	2,750	49	(7)	104	16	(64)	0	(64)
PATHOLOGY	3,142	2,882	261	167	103	12	(21)	81	60
RADIOLOGY	4,103	3,851	252	68	106	11	68	10	78
SPECIALIST SERVICES	4,786	4,258	528	167	114	2	246	0	246
SPECIALTIES CARE GROUP	18,062	16,820	1,242	511	595	47	89	171	259
ESTATES	922	861	61	7	31	33	(10)	0	(10)
FACILITIES MANAGEMENT	3,050	2,754	296	16	232	33	15	0	15
FINANCE AND BUSINESS INTELLIGENCE	1,759	1,503	256	192	46	2	16	0	16
HR, TRAINING AND POST GRAD	1,228	1,262	(34)	52	(104)	9	9	0	9
INFORMATICS	2,878	2,547	330	32	192	8	99	0	99
NURSING, QUALITY & RISK	771	749	22	16	11	3	(8)	0	(8)
OPERATIONAL SERVICES	1,211	1,119	92	1	31	15	45	0	45
OUTPATIENTS	998	881	117	0	84	1	32	0	32
RESEARCH	800	902	(102)	13	2	9	(126)	0	(126)
TRUST BOARD & GOVERNORS	1,295	1,098	196	14	4	0	178	0	178
CORPORATE SERVICES	14,912	13,677	1,235	343	528	113	250	0	250
AUDIT & ASSURANCE	6	4	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	99	0	0	(99)	416	317
CENTRALLY MANAGED BUDGETS	6	4	2	99	0	0	(96)	416	320
GRAND TOTAL	82,861	75,276	7,586	5,133	4,020	522	(2,089)	2,877	788

Cost Improvement Programme

The Trust has delivered financial savings amounting to £3.3 million to date, being £91,000 behind target. The forecast is for total savings of £8.8 million against the full year target of £9 million.

In addition to the forecast under delivery of £158,000 a large proportion of the forecast savings fall within the latter half of the year. This presents a further financial risk if schemes slip.

The Surgical Care Group is forecasting full delivery of the full year target; however the majority of this achievement is through non recurrent measures. Further work is required to establish whether these savings can be achieved on a recurrent basis, to avoid a recurrent pressure falling within 2016/17.

The Medical Care Group is forecasting an under achievement against the current years target. Planned schemes within Medicine and Older Peoples Medicine have been withdrawn following a detailed review of the Trusts winter resilience plan, and the impact of this has only been partially mitigated through additional procurement opportunities within Cardiology.

The Specialties Care Group reports a favourable position to date, however is not currently expecting to meet the target in full. The Care Group continue to review and identify additional schemes, and will endeavour to implement these as quickly as possible to mitigate this shortfall.

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

Trust wide, non recurrent savings amount to £2.6 million which represents a significant financial pressure moving into 2016/17.

DIRECTORATE	YEAR TO DATE			FULL YEAR		
	TARGET £'000	ACTUAL £'000	VARIANCE £'000	TARGET £'000	ACTUAL £'000	VARIANCE £'000
ANAESTHETICS AND THEATRES	47	0	(47)	164	164	0
MATERNITY	36	21	(15)	84	84	0
ORTHOPAEDICS	124	123	(1)	346	346	0
SURGERY	98	35	(63)	310	310	0
CARE GROUP A	305	179	(127)	904	904	0
CARDIOLOGY	74	58	(16)	255	245	(9)
ED AND AMU	21	5	(16)	78	5	(73)
OLDER PEOPLES MEDICINE	77	78	1	243	125	(117)
MEDICINE	140	126	(15)	249	251	2
CARE GROUP B	312	266	(46)	825	627	(197)
CANCER CARE	87	121	34	265	325	60
OPHTHALMOLOGY	106	95	(11)	258	207	(51)
PATHOLOGY	86	82	(3)	268	226	(42)
RADIOLOGY	41	43	2	131	139	8
SPECIALIST SERVICES	584	606	22	1,139	1,091	(48)
CARE GROUP C	904	948	44	2,061	1,990	(72)
ESTATES	18	15	(3)	509	509	0
FACILITIES MANAGEMENT	97	87	(9)	354	354	0
FINANCE AND BUSINESS INTELLIGENCE	209	206	(2)	544	544	0
HR, TRAINING AND POST GRAD	100	97	(3)	185	185	0
INFORMATICS	176	154	(22)	777	777	0
NURSING, QUALITY & RISK	68	68	0	92	92	0
OPERATIONAL SERVICES	39	39	0	122	122	0
OUTPATIENTS	5	0	(5)	19	19	1
TRUST BOARD & GOVERNORS	54	135	82	154	265	111
CORPORATE	765	802	38	2,755	2,867	112
PRODUCTIVITY	1,154	1,154	0	2,307	2,307	0
DIRECT ENGAGEMENT	0	0	0	115	115	0
CROSS DIRECTORATE	1,154	1,154	0	2,422	2,422	0
GRAND TOTAL	3,440	3,349	(91)	8,967	8,809	(158)

Care Group Performance

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

£'000	Budget	Actual	Variance
Surgical Care Group	8,203	7,831	(372)
Medical Care Group	3,623	3,346	(277)
Specialties Care Group	2,787	2,695	(92)
Corporate Directorates	(18,434)	(17,933)	501
Centrally Managed Budgets	(3,447)	(3,078)	369
SURPLUS/ (DEFICIT)	(7,268)	(7,139)	130

Surgical Care Group

The Surgical Care Group remains on trajectory to achieve the reforecast position for the year. September saw two key movements in the financial position, resulting from a further reduction in Orthopaedic income, and an increase in maternity pathway recharges. The former is expected to recover in the latter part of the year following the appointment of new consultant posts; however the latter will need to be 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.

The Care Groups successful recruitment campaigns have continued during September and should be further helped by the renewed prospects of overseas theatre staff being recruited following a welcome change in policy by the Home office.

Medical Care Group

September saw an improvement against the forecast position for the Medical Care Group, mainly due to recruitment being better than expected. In particular, the recruitment of qualified nursing staff exceeded leavers in month by 7 whole time equivalents. Further improvement is expected in October following the intake of newly qualified nurses.

Agency expenditure within the Care Group reduced across both nursing and medical staffing, suggesting that new workforce incentives are having a positive impact. Agency spend is expected to increase over the coming months as part of the Trusts winter resilience plan, and this expectation is inherent within the revised forecast.

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

Specialties Care Group

Whilst expenditure continues to be managed as close to budget as possible, some financial pressures remain, including expensive drugs and blood storage within Cancer Care, maintenance contracts within Radiology and reductions in private patient activity across all directorates. There remains a continued focus to mitigate these pressures, and the forecast position for the Care Group is being closely monitored.

Key cost improvement schemes continue to deliver, with new schemes being identified to mitigate the risk against a small number of existing schemes which have not progressed as planned.

Corporate Directorates

Corporate directorates continue to perform well financially, delivering a significant favourable variance to date. Pressures continue within the Informatics directorate, mainly as a result of increases in the cost of IT maintenance contracts.

Statement of Financial Position

The Trust is reporting a number of variances against its planned Statement of Financial Position. The key drivers for this are set out below:

- **Non-current assets:** The Trusts capital programme is currently behind plan by £795,000, as set out overleaf. This, together with the timing impact of capital schemes and 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. 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:** Further delays in the payment of invoices, mainly by one local NHS organisation, account for the receivables variance to plan. These outstanding balances are being actively pursued and have been escalated where appropriate.
- **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.
- **Provisions:** The variance on the provisions line reflects a timing issue only; with the full year forecast remaining in line with the annual plan.

The Trust has commissioned a detailed re-valuation of its estate, which once complete, will be reflected within the Statement of Financial Position. This is expected to result in a revenue saving through a reduced depreciation charge.

£'000	Plan	Actual	Variance
Property, plant and equipment	175,731	175,077	(654)
Intangible assets	2,042	1,894	(148)
Investments (Christchurch LLP)	1,039	995	(44)
Non-Current Assets	178,812	177,966	(846)
Inventories	5,891	6,114	223
Trade and other receivables	9,870	11,611	1,741
Cash and cash equivalents	59,542	59,470	(72)
Current Assets	75,303	77,195	1,892
Trade and other payables	(42,744)	(44,002)	(1,258)
Borrowings	(389)	(389)	0
Provisions	(275)	(167)	108
Other Financial Liabilities	(551)	(551)	0
Current Liabilities	(43,959)	(45,109)	(1,150)
Trade and other payables	(1,031)	(1,031)	0
Borrowings	(20,674)	(20,686)	(12)
Provisions	(519)	(519)	0
Other Financial Liabilities	0	0	0
Non-Current Liabilities	(22,224)	(22,236)	(12)
TOTAL ASSETS EMPLOYED	187,932	187,816	(116)
Public dividend capital	79,665	79,665	0
Revaluation reserve	74,609	74,609	0
Income and expenditure reserve	33,658	33,542	(116)
TOTAL TAXPAYERS EQUITY	187,932	187,816	(116)

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 £9.2 million against a budget of £10 million. Key updates 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 now complete and services have transferred and are operating within their new setting.
- The Atrium project has commenced and is broadly on plan at present.
- 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.
- The IT Strategy is currently behind plan; however this is expected to catch up in the latter part of the year.

£'000	Annual	IN MONTH			YEAR TO DATE		
	Budget	Budget	Actual	Variance	Budget	Actual	Variance
Christchurch Development	7,565	832	378	454	3,044	2,472	572
JIGSAW New Build	3,050	459	667	(208)	2,709	2,879	(170)
Relocate and Expand AEC	900	10	0	10	20	0	20
Atrium Project	1,200	195	212	(17)	960	999	(39)
CT3 Build	500	10	0	10	20	5	15
Ward Refurbishment	400	100	51	49	150	283	(133)
Estates Maintenance	400	50	67	(17)	110	231	(121)
Aseptic Unit	510	0	5	(5)	510	543	(33)
Miscellaneous Schemes	100	25	(108)	133	50	20	30
Traffic Congestion Works	100	25	0	25	35	0	35
Residences Refurbishment	50	25	0	25	50	41	9
Catering Equipment	150	75	35	40	75	35	40
Macmillan Development	0	0	0	0	0	15	(15)
Capital Management	300	25	31	(6)	150	108	42
Medical Equipment	1,500	225	(1)	226	750	659	91
IT Strategy	3,062	173	33	140	1,369	915	453
TOTAL	19,787	2,229	1,371	859	10,002	9,206	795

Cash

The Trust is currently holding £59.5 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 £32.4 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, representing approximately 32 days of operating cash expenditure.

Cash is held within the Trusts Government Banking Service current account, with day to day transactions through its local current account. The summarised cash forecast for the current financial year is shown below.

<i>£ million</i>	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
OPENING CASH	59.47	56.69	54.20	51.65	49.88	47.96
NHS Clinical Income	19.76	19.75	19.75	19.75	19.75	19.77
Non NHS Clinical Income	0.56	0.60	0.60	0.59	0.59	0.89
Non Patient Related Income	1.53	1.46	1.46	1.38	1.46	1.46
Working Capital	(0.10)	(0.10)	(0.10)	(0.10)	(0.10)	(14.03)
CASH INFLOWS	21.75	21.71	21.71	21.62	21.70	8.09
Revenue Account	(21.85)	(21.64)	(21.69)	(21.48)	(21.61)	(24.60)
Capital Account	(1.56)	(1.62)	(1.63)	(1.30)	(1.95)	(1.73)
Christchurch Investment	(0.52)	(0.44)	(0.51)	(0.06)	(0.26)	(0.58)
ITFF Loan Repayment	0.00	0.00	0.00	0.00	0.00	(0.54)
Working Capital	(0.60)	(0.52)	(0.43)	(0.55)	0.19	(0.60)
CASH OUTFLOWS	(24.53)	(24.21)	(24.26)	(23.38)	(23.63)	(28.04)
CLOSING CASH	56.69	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 30 September 2015 is set out below.

	Plan Metric	Actual Metric	Risk Rating	Weighted Rating
Capital Service Cover	(0.34)x	(0.56)x	1	0.25
Liquidity	34.0	34.8	4	1.00
I&E Margin	(5.39)	(5.30)	1	0.25
I&E Variance to Plan	(1.17)%	0.09%	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.

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.

Thresholds and Regulatory Actions

	1	2	3	4
Capital Service Cover (times)	<1.25x	1.25x - 1.75x	1.75x - 2.5x	>2.5x
Liquidity (days)	<(14)	(14) - (7)	(7) - 0	>0
I&E Margin (%)	≤(1%)	(1%) - (0%)	0% - 1%	>1%
I&E Variance to Plan (% of income)	≤(2%)	(2%) - (1%)	(1%) - 0%	≥0%

Overriding rules:

- Scoring a 1 on any metric will cap the weighted rating to 2, potentially leading to investigation.
- Scores are rounded to the nearest number, i.e. if the trust scores 3.6 overall, this will be rounded to 4.
- A 2* rating may be awarded to a trust where there is little likelihood of deterioration in its financial position.

Rating	Description	Regulatory Activity
4	No evident concerns	None
3	Emerging or minor concern potentially requiring scrutiny	Potential enhanced monitoring
2*	Level of risk is material but stable	Potential enhanced monitoring
2	Material risk	Potential investigation
1	Significant risk	Likely investigation, and potential appointment of contingency planning team

BOARD OF DIRECTORS	
Meeting Date and Part:	30 th October 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. The Workforce Committee met recently on the 12 th October and issues and highlights are shown below: <ul style="list-style-type: none"> ▪ Strong performance regarding recruitment of Health Care Assistants following a successful open day on the 26th September with 19 confirmed offers made and accepted. ▪ Staff Impressions: 90% of staff feel mainly positive toward the Trust, which is a sign of an engaged workforce. ▪ Workforce Committee reviewed Essential Core Skills and Appraisal compliance in detail and received details of action taken to improve compliance levels across the Trust and at local care group level. ▪ Successful recruitment to Change Champions to support the OD work, with the first session to be held on 5th November. ▪ Good progress on Work Experience/Careers events. 	
Related Strategic Goals/ Objectives:	To listen to, support, motivate and develop our staff
Relevant CQC Outcome:	Outcomes 12, 13 & 14 - Staffing
Risk Profile: <ul style="list-style-type: none"> i. Have any risks been reduced? No ii. Have any risks been created? No 	
Reason paper is in Part 2	N/A

WORKFORCE REPORT – OCTOBER 2015 *** AMENDED ***

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 30 September			Rolling 12 months to 30 September			At 30	
Surgical	21.6%	88.6%	77.6%	4.41%	14371	14.3%	12.9%	2.6%
Medical	23.5%	80.5%	79.1%	4.07%	19162	19.2%	12.8%	8.4%
Specialities	43.7%	76.4%	79.3%	3.43%	9569	11.3%	12.0%	4.6%
Corporate	28.1%	50.0%	81.1%	3.74%	11898	11.4%	16.2%	2.9%
Trustwide	28.4%	81.6%	79.1%	3.95%	55000	14.6%	13.4%	5.2%

Staff Group	Appraisal Compliance		Mandatory Training Compliance	Sickness		Joining Rate	Turnover	Vacancy Rate (from ESR)
	Values Based	Medical & Dental		Absence	FTE Days			
	At 30 September			Rolling 12 months to 30 September			At 30	
Add Prof Scientific and Technical	39.3%		74.3%	2.56%	1104	20.2%	13.2%	3.3%
Additional Clinical Services	18.0%		81.3%	6.34%	15903	25.2%	13.2%	3.9%
Administrative and Clerical	37.7%		82.4%	3.38%	10390	11.0%	15.1%	5.1%
Allied Health Professionals	40.2%		87.7%	1.93%	1749	11.1%	12.2%	0.1%
Estates and Ancillary	9.0%		76.4%	5.17%	6040	18.3%	19.7%	2.3%
Healthcare Scientists	51.6%		91.9%	2.77%	586	17.7%	17.7%	7.6%
Medical and Dental		81.6%	58.1%	1.06%	1657	6.2%	6.2%	0.6%
Nursing and Midwifery Registered	28.6%		82.0%	4.32%	17569	11.1%	11.9%	9.6%
Trustwide	28.4%	81.6%	79.1%	3.95%	55000	14.6%	13.4%	5.2%

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

1. Appraisal

As previously advised, appraisal compliance was reset to zero with the introduction of the new values based appraisal. The appraisal rate has increased to 28.4% for values based appraisal (17.1% last month) but this continues to be significantly below trajectory.

2. Essential Core Skills Compliance

Overall compliance has increased to 79.1% from 78.8% last month. The table below shows the 10 areas with the lowest compliance as at 30th September:

Directorate	Organisation	Headcount	Compliance
Elderly Care Services Directorate	153 MFE Medical Staff 10077	51	40.97%
Cancer Care Directorate	153 Haematology Snr. Medical 11346	23	41.90%
Surgery Directorate	153 Obs/Gynae Medical Staff 10100	15	46.35%
Surgery Directorate	153 Surgery - General 10085	30	49.24%
Specialist Services Directorate	153 XCH Derm. Med Staff 10030	11	51.33%
Medicine Directorate	153 Medical General Staff 10075	72	53.22%
Facilities Directorate	153 Portering 14615	41	55.23%
Operational Services Directorate	153 Cancer Information Team 13495	16	57.50%
Pathology Directorate	153 Phlebotomy 11330	40	58.75%
Elderly Care Services Directorate	153 Discharge Co-Ordination 15001	14	58.94%

3. Sickness Absence

The Trust-wide sickness rate has dropped slightly to 3.95% (4.02% last month) which represents an amber rating. The table below shows the 10 areas with the highest 12-month rolling sickness absence as at 30th September: **(amended)**

Directorate	Organisation	Headcount	Absence Rate
153 Outpatients Directorate	153 Outpatients 10370	37	12.28%
153 Elderly Care Services Directorate	153 MFE IP Therapy 10581	15	9.68%
153 Surgery Directorate	153 Colorectal Ward 16 10427	34	9.36%
153 Elderly Care Services Directorate	153 MFE Ward 4 10382	32	9.28%
153 Medicine Directorate	153 Medical R.E.D.S. 11536	13	9.20%
153 Elderly Care Services Directorate	153 MFE Ward 22 10594	34	8.38%
153 Medicine Directorate	153 Ward 3 10598	22	7.96%
153 Surgery Directorate	153 Surgical Admissions Unit 10535	29	7.95%
153 Orthopaedics Directorate	153 Ward 7 10590	38	7.84%
153 Medicine Directorate	153 Medical Respiratory 11535	20	7.83%

4. Turnover and Joiner Rate

Joining and turnover rates of 14.6% and 13.4% respectively are little changed from last month 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 5.2% of funded posts, from 6.6% last month.

6. Recruitment

On the 15th October changes to the recruitment of Non-EU nurses were announced by the Government. This was following the strong evidence provided by the Trust and others as to the impact that the current restrictions were having on the ability of NHS providers to recruit sufficient numbers of qualified nurses. This change is welcomed, however it is a temporary placement of nurses on the shortage specialty list pending the national review next year.

We held an open day for prospective newly qualified nurses on Saturday 17th October and have made 10 offers to attendees to join us in the early Spring. We continue to attend suitable events and conferences to highlight the opportunities available at the Trust. These include:

- 24th October: Bournemouth University recruitment event for February Newly Qualified nurses;
- 9th November: Bournemouth University Operating Department Practitioner Employability day;
- 17th November: Southampton University careers event;
- 23rd November: NHS careers day;
- 25th & 26th November: Occupational Therapy Show - NEC Birmingham;
- 11th & 12th February: RCN job fair - West London.

In addition, detailed below are the school careers fairs we have attended and will be attending in the next few months:

- 08/10/15 – Glenmoor & Winton Academy (Evening event)
- 14/10/15 – Avonbourne College (Afternoon event)
- 15/10/15 – Queen Elizabeth School (Evening event)

The above three held so far have been well attended, particularly QE where there was a lot of interest.

- 22/10/15 – Talbot Heath School (Evening event)
- 05/11/15 – Ringwood School (Evening event)
- 11/11/15 - Corfe Hills School (Evening event)
- 02/12/15 – Oak Academy (All day event).

We are also hosting an open day at the Trust on Monday 23rd November and have invited local schools to nominate pupils interested in careers in health.

BOARD OF DIRECTORS	
Meeting Date and Part:	30 th October 2015 – Part 1
Subject:	Infection and Prevention Control – Board of Director's Statement
Section:	Performance
Executive Director with overall responsibility	Paula Shobbrook, Director of Nursing and Midwifery
Author(s):	Paul Bolton, Infection Control Nurse Dr Layth Alsaffar, Infection Control Doctor, Consultant Microbiologist
Previous discussion and/or dissemination:	n/a
Action required: For decision: The Board of Directors is asked to approve the statement for publication on the website.	
Summary: The Board of Directors is required to sign and publish an annual statement which reaffirms its commitment to Infection Prevention and Control. The statement details the processes which are in place to meet the duties under The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (2011). This has been updated to include reference to the CQC essential standards and the Trust's Quality Strategy. The Terms of Reference for the Infection Prevention and Control Committee were approved by the Board of Directors in January 2015 and are available for Board members on request. Once approved, the statement will be published on the Trust's website to reaffirm to the public the Board's commitment to Infection Prevention and Control.	
Related Strategic Goals/ Objectives:	All
Relevant CQC Outcome:	All
Risk Profile: i. Have any risks been reduced? No ii. Have any risks been created? No	
Reason paper is in Part 2	Not applicable

ROYAL BOURNEMOUTH & CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUST

Board of Directors' Statement of commitment to the principles of the Code of Practice for the Prevention and Control of Health Care Associated Infections

The successful management, prevention and control of infection is recognised by the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust as a key factor in the quality and safety of the care of our patients and of those in the local health community, and in the safety and wellbeing of our staff and visitors.

The Board of Directors is aware of its duties under the The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (2011). The Board has collective responsibility for infection prevention and control including minimising the risks of infection.

The Board receives assurance that the Trust has mechanisms in place for minimising the risks of infection by means of the Infection Control Committee and the Director of Infection Prevention and Control (DIPC). Assurance is provided by performance reports, audit reports, root cause analysis reports and verbal presentations from the DIPC.

The Infection Control Committee is chaired by the DIPC. It is a sub-committee of the Healthcare Assurance Committee (HAC), which receives its minutes, annual report and exception reports. It has terms of reference and produces an annual plan, both of which are approved by the Board.

The DIPC is appointed by the Board and reports directly to the Chief Executive and the Board. The post holder is a member of the Trust Management Board and Healthcare Assurance Committees, and produces an annual report. The DIPC role is incorporated in the Director of Nursing's portfolio and the post holder is assisted in discharging the relevant responsibilities by the Hospital Infection Control Doctor and the Infection Control Team.

The Board is committed to the exemplary application of infection control practice within all areas of the Trust. To this end the Board will ensure that all staff are provided with access to infection control advice with a fully resourced infection control and occupational health service, access to personal protective equipment and training and policies that provide up-to-date infection control knowledge and care practices. Individual and corporate responsibility for infection control will be stipulated as appropriate in all job descriptions with individual compliance monitored annually through the appraisal systems and personal development plans.

The policies in place in the Trust and the arrangements set out above are to encourage, support and foster a culture of trust wide responsibility for the prevention and control of infection in practice, with the aim of continually improving the quality and safety of patient care. This extends to all relevant departments; clinical directorates, care groups, clinical support services, estates and ancillary services.

The Trust's policies and practices in respect of infection prevention and control accord with the aims and objectives in national policy and strategy and, in addition, the Trust participates fully in all national mandatory reporting requirements. This is aimed at ensuring the full confidence of the local population in the quality of care the Trust delivers.

Endorsed and adopted by the Board of Directors October 2015

For review October 2016

BOARD OF DIRECTORS	
Meeting Date and Part:	30 th October – part 1
Subject:	Charity Funds Committee meeting 10 September 2015
Section:	Performance
Executive Director with overall responsibility	Stuart Hunter
Author(s):	Bill Yardley
Previous discussion and/or dissemination:	
Action required: The Board of Directors is asked to note the committee minutes and approve the Charity Annual Report and Accounts for 2014/15	
Summary: Key points from Charitable Funds Committee on 10 September 2015: Lindsey Sturman on maternity leave and temporarily replaced by Debbie Anderson as Fundraising Manager Committee approved business case for recruitment of new Head of Fundraising. 2014/15 Charity Annual Report and Accounts approved by Committee with recommendation that it is approved by all charity trustees at October 2015 meeting of Trust Board	
Related Strategic Goals/ Objectives:	Not applicable
Relevant CQC Outcome:	Not applicable
Risk Profile: <ul style="list-style-type: none"> i. Have any risks been reduced? Not applicable ii. Have any risks been created? Not applicable 	
Reason for Part 2	N/A

BOARD OF DIRECTORS	
Meeting Date and Part:	30 October 2015 - Part 1
Subject:	Progress on Vanguard Project – One NHS for Dorset
Section:	Strategy
Executive Director with overall responsibility	Tony Spotswood
Author(s):	Tony Spotswood
Previous discussion and/or dissemination:	TMB, Board of Directors
Action required: The Board is asked to note the report	
Summary: To provide an update on the progress of the Vanguard Project	
Related Strategic Goals/ Objectives:	All
Relevant CQC Outcome:	All
Risk Profile: <ul style="list-style-type: none"> i. Have any risks been reduced? No ii. Have any risks been created? No 	
Reason paper is in Part 2	N/A

Progress on our Vanguard Project – One NHS for Dorset

This paper briefly appraises the Board of ongoing work with Vanguard partners to determine a value proposition (which will set out the benefits of our proposed work, including the quantification of the non-recurrent resources we require to support the project). We have until the 30th November to develop and submit the Value Proposition.

A number of related streams of work are therefore underway, these include:-

- Work to agree a collective shared vision for the Vanguard
- The identification of those specialties and services which will form part of the Vanguard in both an initial and later phase of work
- Quantification of the key benefits to emerge from this work, including advancing the Clinical Service Review
- Developing the governance arrangements to support the Vanguard and joint venture vehicle
- Determining the appropriate structure of the joint venture vehicle
- The development of an engagement strategy to underpin this work and specifically ensure that clinical and non-clinical colleagues are fully involved in shaping the future service design using as backcloth the CSR proposals

In the lead up to the submission of the Value Proposition specific help is being provided via NHS England to help inform and shape our work. A fuller update on the process will be given at the Board meeting.

For information I have appended a copy of the original Vanguard submission.

Tony Spotswood
Chief Executive

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

The Royal Bournemouth and
Christchurch Hospitals 
NHS Foundation Trust

Board of Directors 30 October 2015

Part 1

Reading pack

Communications activities October 2015

1. Introduction

The following paper includes:

- recent and future communication activities
- media coverage summary key performance indicators
- October's Core Brief

2. Recent activities

- Widespread communications in preparation for CQC inspection – including CQC Briefing pamphlet
- Production of Trust Strategy 2015/20 summary document for directorates and communication of this
- Pride Awards – filming of shortlisted candidates
- Website updates
- Buzzword production
- Flu fighters campaign
- Video of highlights of the year for Annual Members' Meeting
- Introduction to governors video for Annual Members' Meeting
- PR around stroke support team reaching 1,000 patient landmark
- Promotion of new Medical Bank for junior doctors

3. Upcoming activities

- The 2015 Pride Awards
- Workforce transformation communications
- Quality improvement communications
- Promote range of Health & Wellbeing services
- Writing a communications strategy with Nicola Hartley in OD
- Communications support for opening of Jigsaw building
- Updating staff intranet
- Booking Understanding Health Talks for 2016
- Production of Budget Holders' Handbook
- Analysis of 7 Day Work results
- Promotion of nurse revalidation
- Promotion of drug safety in wards
- Production of Nursing Strategy

4. Recommendation

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

The Trust received several pieces of negative media coverage during August. The coverage related to the re-hire of Medical Director Basil Fozard. While a standing statement was submitted to the media by the Communications Department, there has been substantial follow up coverage in the local press and follow up interviews have been arranged with both Jane Stichbury and Tony Spotswood.

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 PRINT coverage (includes adverts)	Total OTHER coverage (online, radio, TV)	Positive media coverage	Neutral media coverage	Negative media coverage	Media enquiries
September	15	100%	20	4	19	4	1	14 enquiries most relating to the effects of the road works on the A338
August	7	100%	30	8	8	3	27	17 media enquiries, mainly relating to the re-employment of Basil Fozard
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	100%	32	17	46	3	0	10 (including the Clinical Services Review and nursing migration laws)

	news and Cardiology Department ten year anniversary							
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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

October 2015

Patients to benefit from new hospital collaboration

A proposal by Poole, Dorset County and the Royal Bournemouth and Christchurch hospitals to better integrate care has been selected as one of 13 new hospital 'vanguards' announced by NHS England Chief Executive Simon Stevens.

The three trusts will work to develop new models of care, representing the next stage of implementing the NHS Five Year Forward View.

Known as acute care collaboration vanguards, they are designed to spread excellence in hospital services and management across multiple geographies and explore new options for the future of local hospitals across the NHS.

The new vanguards will receive financial and practical support, and learning from their experience will be used by other areas in the coming years. This is part of a joint programme led by NHS England and NHS Improvement with other NHS Five Year Forward View partners.

Under the 'developing one NHS in Dorset' programme, patients will benefit from a reduction in

avoidable variations in care, the implementation of standardised best practice and the spread of service innovation. There will be a more equitable delivery of services to patients across the whole of Dorset, with clinical

networks organised to ensure that all patients have faster access to a consistent, high standard of care irrespective of where they live. The needs of patients will consistently come first, rather than the needs of organisations.



Chief Executive Tony Spotswood, said: *"This provides a genuine opportunity to enhance and strengthen the care we provide to patients across Dorset and in West Hampshire. It offers scope for the Dorset trusts to lead the way nationally in collaborating in new and innovative ways."*

More information on the wider New Care Models Vanguard programme can be found at www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models

Safety and Quality Conference

The first **Safety and Quality Conference** was held at the Royal Bournemouth Hospital last month. One of the principal aims of this week-long event was to share key points of learning widely across all staff groups, so that in the future our patient care is as safe as possible.

The main conference was attended by over 350 members of staff from across the Trust and was a great opportunity to hear very frank and honest talks from a range of clinicians on what happened when things went wrong and what we have learnt from these events.

There were also talks on our growing range of quality improvement campaigns which will help ensure these events do not happen in the future - including the World Health Organisation Safety Checklist campaign 'Never Get to Never'.

During the week, over 100 staff attended our Open Space, which was an opportunity for them to say what more we could all be doing to help improve quality and safety at RBCH, with a range of interactive displays.

Medical Director Basil Fozard said: ***"We set ourselves a target to be the most improved hospital by 2017 and that links into safety and quality."***

"Anything we can do to reduce avoidable harm, to reduce mortality, increase safety and to better patient outcomes is vital and I would want that to be the legacy of this conference. We will need to keep up our efforts, and we will need to repeat this conference next year."



Writing for publication for nurses - study morning

Have you undertaken an innovative piece of work, an interesting audit or just have something pertinent to say about your practice and area of expertise? Well you should be telling others about it, publishing your findings, informing other nurses about your practice and writing for publication.

To help you with this, a special study morning has been organised to help point you in the right direction. It will take place on Monday 19 October from 9.30am to midday in seminar rooms 3 and 4 of the Education Centre at RBH.

The Royal College of Nursing Institute (RCNi) produces 11

nursing publications including the Nursing Standard, a range of specialist journals including Cancer Nursing Practice and Learning Disabilities Practice. They provide peer-reviewed content, news, opinions, jobs, events and awards.

Gary Bell, Senior Editor at Specialist Journals will be attending the event to talk to us about preparing to write for publication.

There will also be a presentation from Heather Johnson, IBD Advanced Clinical Nurse Specialist in Gastroenterology, who has significant experience of publishing audit data and findings



at national and international conferences in the form of articles, abstracts and posters.

There are still places available, so to secure a place on this study morning please email Tania Spurgeon, Team Secretary: **Tania.Spurgeon@rbch.nhs.uk** or leave a message on extension **5852**.

Flu campaign

On **Monday 5 October** we officially launched our Flu Campaign for 2015 as we aim to encourage as many of you as possible to get your jab and protect yourself as well as our patients as winter draws nearer.

This year's campaign will be very similar to the last given the high number of vaccinations that were given. More than 2,500 members of staff made sure they had the jab last year, and we want to build on this success this time round.

Once again our dedicated teams will be travelling across both hospitals giving out the free immunisation primarily targeting patient-facing members of staff in wards and departments during the first few weeks of the campaign, but the jab is available to anyone working in the Trust who wants it.

They will begin with hospital walk-rounds during the first week with pop up clinics scheduled towards the end of the month. These will be communicated through screensavers and global emails. Remember managers (or others) can also book specified times when they would like their teams to be visited.

We will continue to use our innovative 'jab-o-meter' to give us a running tally of how many people are making the most of the opportunity to stamp out the flu. This will be published on the front page of our intranet site.

Everyone who has the jab will receive free sweets.

Key flu messages:

- if you have a long term health condition or you are pregnant, you are at greater risk of severe complications if you catch the flu
- the vaccination is particularly important for those who are at increased risk of flu
- it's vital you have the flu vaccine every year as the vaccine will protect against different strains of flu which evolve each year
- the vaccine is the most effective way to reduce harm from flu
- the vaccine reduces the risk of serious illness, hospitalisation and even death among those who are most at risk



**Chief Executive
Tony Spotswood:**

"The vaccination offers protection to staff and patients - it is all of our responsibility to get the jab"



**Consultant for Elderly Care
Divya Tiwari:**

"I get my flu jab regularly every year as I am in constant contact with patients and more prone to getting the virus. It is vital we all get vaccinated."



*Remember, so many of us come into contact with patients
**so please help protect them from flu and protect yourself,
your colleagues and your family too.***

Revamped Outpatient Therapy Department making the difference



Patients visiting the Outpatient Therapy Department at Christchurch Hospital are making the most of a new stylish environment with modernised facilities.

The department has been given a facelift as part of the ongoing multi-million redevelopment of the Christchurch Hospital site. Work on the Outpatient Therapy Department began back in December 2014 and was completed in July 2015.

The area now boasts a new modern open plan staff office which houses the entire therapy team, the individual therapy rooms have been updated with new facilities and the hand therapy room has been freshened up with new equipment and décor.

The corridors leading to the department are now finished and bring a clean and airy feel to the area.

Occupational Therapist and Team Lead Pete Webster said: *"We are delighted to be up and running in the new-look*

department. It has been tough for the team to continue the good work they do in what was quite a chaotic environment while work was being carried out in the area, but the results have been well worth it.

"Patients have already commented on what a difference the revamp has made and staff enjoy being able to make the most of a cleaner more professional environment."

CQC briefing sessions

In the run up to this month's CQC inspection from Wednesday 21 to Friday 23 October, we are arranging some briefing sessions. These will cover the background to the inspection, our past inspections in 2013 and 2014 and also explain what to expect during the next. They are open to all staff so please do try and attend if you can and if you do pop along, please share what you learn with your colleagues afterwards.

The sessions will take place at the following locations and times:

Royal Bournemouth Hospital:
Lecture Theatre, Education Centre:
Thursday 8 October: 1-2pm
Monday 12 October: 12:30-1:30pm
Friday 16 October: 3-4pm

Christchurch Hospital: The Howard Centre:
Wednesday 14 October: 3-4pm

Strategic Plan 2015/20

We have updated our Strategic Plan for the next five years. This includes a refresh of our vision, mission and values. There is a full version and a summary version of our Strategic Plan available on our

intranet pages, under the Important Documents tab. There are also versions which will be shared by directorate.

We have produced a summary poster of the Strategic Plan that is on the back page of this edition of Core Brief.

If you would like further laminated copies of this to display in your area, or a copy of the accompanying presentation, please email the Communications Team: communications@rbch.nhs.uk



WHO Safety Checklist film now online

Different teams across our hospitals have joined up to make a film about why WHO Safety Checklists are so important for our patients.

Featuring Ali Murguia of Christchurch Dermatology, Balint Eross of Endoscopy, Heath Taylor of Orthopaedics and many more, the film is available to watch on the first page of the intranet or on YouTube.



For more information, please email joanne.sims@rbch.nhs.uk or ask your heads of nursing

Stroke Unit achievement

Our Stroke Unit has seen a large improvement in the latest Sentinel Stroke National Audit Programme (SSNAP) results. For the first quarter (Q1) of this year the unit has achieved level B with a score of 70.3.

We are the only unit to have been awarded level B within Wessex and the only unit that routinely admits acute patients in the south west to have reached this standard.

This also puts us into the top 27 per cent of teams in the country. For Q3 last year we were level D, with a score of 57.8, which then rose to a C and 66.7 for Q4.

This result shows the results of the focused improvement work the team has made with 44 key performance indicators across the entire stroke pathway that are used in the assessment.

This work includes our new stroke outreach service which enables new stroke patients to access stroke specialist care as soon as they arrive at hospital (or have a stroke whilst an in-patient) before they are transferred to the Stroke Unit.

Another part of the success is because we have changed the process for requesting a CT scan for patients suspected of having



a stroke. Only consultants used to be able to request a CT scan, but now we have a new process for requesting scans involving appropriately trained staff.

Claire Stalley, Stroke Services Manager, said: *"This is absolutely fantastic news and reflects the masses of hard work that everyone has put in to improving the service for our patients and their families. This has been a joint effort which has involved several departments, including colleagues in ED, radiology and CST."*

Let's talk about IT

Printers in Trust Management offices

Following the successful introduction of the **FollowMe printers**, the executive team have agreed to remove all local printers from the management corridor. This has a number of benefits:

- reduction in the cost of printer cartridges;
- reduction in volumes of printing (the introduction of FollowMe printing has led to a reduction in volume printed by approx. 25% and is therefore more sustainable)
- printing is quick and good quality
- printing can be collected from any printer in the hospital, is confidential and will be deleted after a day if not collected

Local printers will be collected early October (date to be confirmed) to give you enough time to ensure that the FollowMe printers work with your PCs and laptops.

An audit will be conducted in the next couple of weeks to identify the number of printers to be removed so we can identify storage requirements.

We understand that this requires a change in local processes however for the Trust to remain financially sustainable, we need to maximise the benefit of cost reduction options such as the central printers. We cannot do this if local printers remain in use.



eCaMIS Outpatients

Training on the eCaMIS Outpatient module is now available.

If you are still using the CaMIS/PMS module for Outpatients but would rather swap to the eCaMIS please book your training now via ESR Self Service or ring IT Training on ext. 4285.

For the attention of all roster approvers

With the migration from Version 9 to Version 10 of e-rostering, please be aware that the new functionality with V10 of MAPS does not allow you to finalise your own shifts, so please make sure you have plans in place to accommodate this change.

A couple of examples are featured below, but please do think about this now as you do need a plan:

- buddy up - if you are the only one responsible for the roster, buddy up with a colleague
- the manager finalises the roster, the PA could finalise the manager shifts

Please contact Lisa Cain if you have any queries about the migration to V10 of e-rostering:
lisa.cain@rbch.nhs.uk.

Urology Department welcomes new stent register

Over the past year our IT team have helped to create an in-house stent register for the Urology Department to keep track of all of our ureteric stents.

These are inserted into many of our patients to both relieve obstruction due to stones, malignancy or stricture.

The new electronic stent register is very easy to use and allows our team to track all ureteric stents inserted, included projected timescales for change or removal. It can be accessed from anywhere in the hospital through a link on the Trust's intranet.

Trust looks to improve digital communication across hospital sites

New cabling will soon be installed across our two hospital sites as part of the Trust's strategy to improve digital communication technologies for staff, patients and visitors.

This work is vital as our current cable infrastructure is no longer fit-for-purpose and is unable to provide capacity to cope with the increasing growth in bandwidth and access via mobile devices in support of enhanced patient care.

We will endeavour to give you as much notice as possible before the engineers arrive as it may have a slight impact on your working that cannot be avoided.

The engineers will be from BSCL and Sceptre Communications, so in the event of suspected security breach, please feel free to ask for any identification that proves who they are and where they

are from. They should all have branded clothing.

Requests for new network cable installation, moving of network cables or repair of suspected faulty cables should continue as before, including the room location, cost centre and description of the work required.

If you have any questions or issues concerning any aspect of the work being done, please contact the IT Service Desk via email leaving your name, a means of contact and your concern/issue.



VitalPAC upgrade update

The issue fix upgrade for VitalPAC will take place on Thursday 15 October from 11am.

The system will be down for around three hours so patient observation charts need to be printed off prior to that time as they will not be viewable on VPClinical.



eNA update

Since the Launch of eNA more than 11 weeks ago, there has been a total of 79,700 risk assessments completed, with an average of 1,021 completed each day by you.

- On Wednesday 23 September there were 671 logins to the eNA app:

Total number of completed assessments by care group

Care group A	33919
Care group B	42850
Care group C	2938

Between August and September there has been the following improvements in compliance

MUST	17%
Waterlow	19%
Dementia	14%
Mobility	19%
Falls	21%

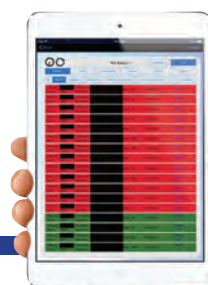
We have listened to all of your feedback and the next upgrade to eNA, which is scheduled to take place in mid-October includes the following:

- the re-use of height and weight across assessments

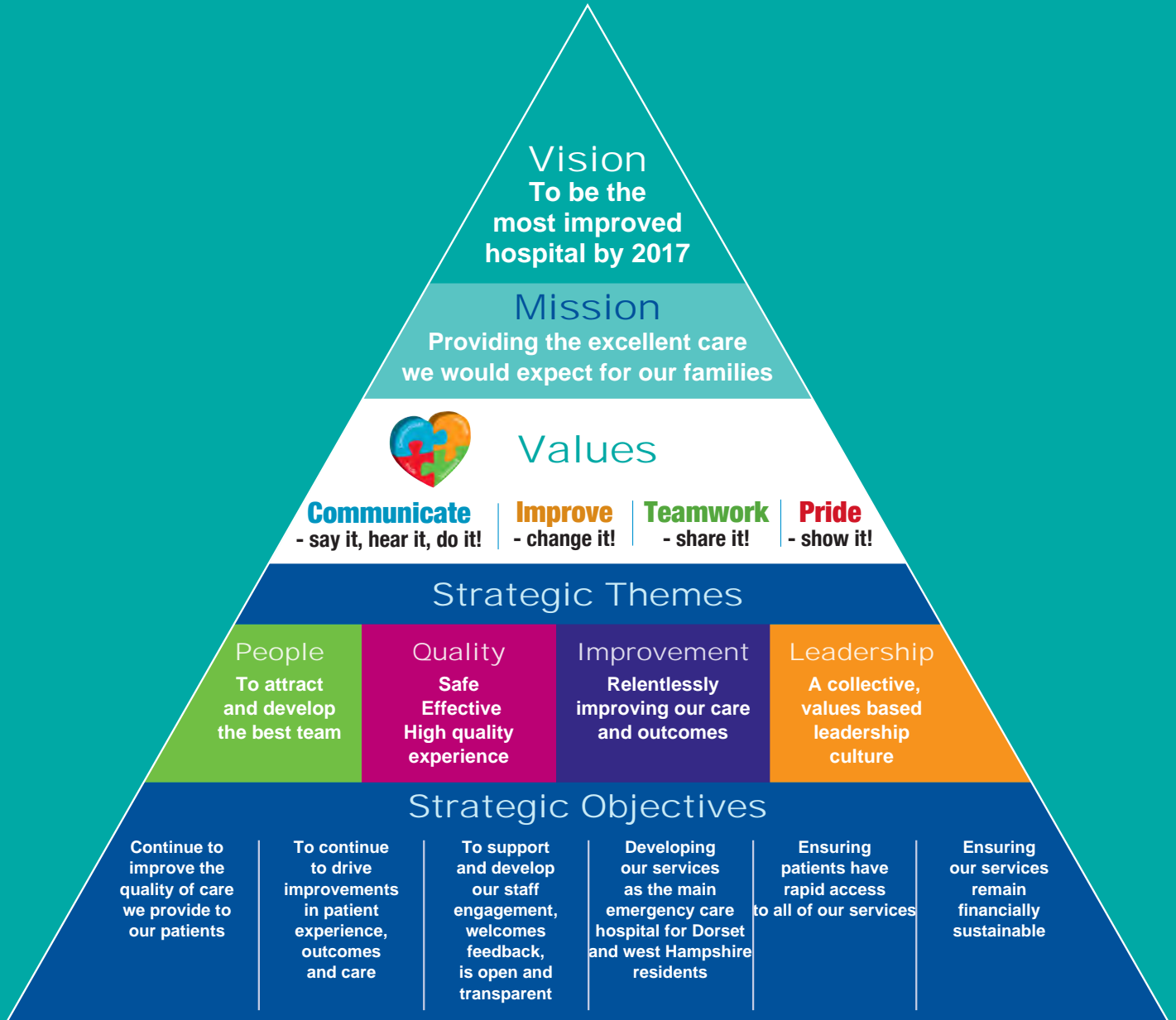
- the ability to move to the next assessment for your patient without reloading the ward list
- consistency of units across the assessments
- we have turned the 'red flag' for Waterlow actions into a 'blue flag' as the red was causing concern that it was compliance related

Remember if you need help to use eNA please speak to a super user in your area or contact the IT helpdesk on ext. 4222 or helpdesk@rbch.nhs.uk

Thank you for your on-going support - a feedback form will be added to the eNA area of the intranet soon.



Our Strategic Plan for patient care 2015/20



A summary document and the full Trust Strategy 2015/20 are both available to download at www.rbch.nhs.uk

The Royal Bournemouth and
Christchurch Hospitals

NHS Foundation Trust



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: 7 October 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:

Patients to benefit for new hospital collaboration: Plans by RBCH, Dorset County and Poole hospitals to better integrate care has been announced by NHS Chief Executive Simon Stevens as one of 13 new hospital 'vanguards'. The idea would see the three trusts working together to develop new models of care, representing the next stage of implementing the NHS Five Year Forward View. Known as acute care collaboration vanguards, they are designed to spread excellence in hospital services and management across multiple geographies and explore new options for the future of local hospitals across the NHS.

Action: Please can all managers ensure this message is circulated to their staff. The Communications Team will continue to provide updates on the progress made with the initiative. If you wish to find out more, you can log on to www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models

Safety and Quality Conference: We held our first Safety and Quality Conference here at RBH last month. The week-long event was aimed at sharing key points of learning widely across all staff groups, so that in the future our patient care is as safe as possible. More than 350 members of staff from across the Trust attended the event to hear from a range of clinicians on what happened when things went wrong and what we have learnt from these events.

Strategic Plan 2015/20: Our strategic plan has been updated for the next five year's. The document includes a refresh of our vision, mission and values. We have produced a summary poster of the Strategic Plan on the back of this edition of Core Brief.

Action: The new version of the new strategy on our intranet pages under important documents. There is also a summary version in the same place and copies that will be shared at directorate level. If you would like laminated copies of the poster attached to this edition of Core Brief to display in your area please email the Communications Team at communications@rbch.nhs.uk.

Flu campaign: Our flu campaign for 2015 is officially up and running. Once again we are encouraging as many of you as possible to get your jab and protect yourself as well as our patients as winter draws nearer, and more than 2,500 of you made the most of the free vaccination last year. Our dedicated teams will be travelling across both hospital sites over the coming weeks, and will begin with the usual hospital walk-rounds and pop-up clinics.

Action: A schedule detailing the whereabouts of our flu team will be published in our Staff Bulletin every week. There will also be regular screensavers with this information on. As a manager or regular member of staff, you can request the team to visit your ward or department by contacting them on 07920 490 427 or by emailing occupational.health@rbch.nhs.uk

WHO Safety Checklist film now online: A number of different teams across our hospitals have joined up to make a film about why WHO Safety Checklists are so important to our patients. The film features Ali Murguia of Christchurch Dermatology, Balint Eross of Endoscopy and many more familiar faces.

Action: The film is available to watch on the home page of the intranet or on YouTube.

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

Signed:

Date:

CORPORATE EVENTS CALENDAR OCTOBER 2015

Date and Time	Event Description	Venue	Contact Details
Friday 23 October	Light up the Prom - Orchard Garden Project	8pm Bournemouth Pier	01202 704060
Monday 26 October – Thursday 17 December	Christmas Raffle	Bournemouth Hospital Charity office	01202 704060
Wednesday 28 October	Sustainability	Atrium (dependent upon building work)	01202 704394
Friday 30 October	Board of Directors' Meeting	Committee Room, Trust Management Office, Royal Bournemouth Hospital	01202 704777
Tuesday 3 November	UNISON	Between the restaurants	01202 704394
Thursday 5 November	Council of Governors' Meeting	Conference Room, Education Centre, Royal Bournemouth Hospital	01202 704246
Thursday 12 November	Carers Stakeholder Event	Conference Room, Education Centre	01202 704394
Thursday 13 November	Pride Awards	Lighthouse, Poole	01202 704394
Tuesday 17 November	Travel information	Between the restaurants	01202 704373
Wednesday 18 November	Camps International – recruiting volunteers	Between the restaurants	01202 704394
Wednesday 25 November	Camps International – recruiting volunteers	Between the restaurants	01202 704394
Friday 27 November	Board of Directors' Meeting	Committee Room, Trust Management Office, Royal Bournemouth Hospital	01202 704777
Friday 4 December	Understanding Knee Pain	The Village Hotel 11:00	01202 704271

Tuesday 8 December	Staff benefits	Between the restaurants	01202 704394
Wednesday 9 December	Christmas Cake Sale	Bournemouth Hospital Charity office	01202 704060
Monday 14 December	Wellbeing Day	Between the restaurants	01202 704394
Tuesday 15 December	UNISON	Between the restaurants	01202 704394
Wednesday 16 December	Travel information	Between the restaurants	01202 704373
Thursday 17 December	Tree of Lights Service	Hospital Atrium	01202 704060
Friday 18 December	Board of Directors' Meeting	Committee Room, Trust Management Office, Royal Bournemouth Hospital	01202 704777

Key

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

[illegible]

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

[illegible][illegible][illegible]

To: NHS foundation trust and NHS trust chief executive officers

Cc: NHS foundation trust and NHS trust nurse directors, medical directors, finance directors and operations directors

15 October 2015

Dear colleague,

New measures to support trusts and foundation trusts in managing workforce challenges

Last week's data on Q1 trust and foundation trust financial performance highlighted the need for concerted further action in 2015/16, specifically to address some immediate workforce challenges, including the rapid growth of spending on agencies and the need for a rounded approach to staffing decisions.

We are writing to inform you of two important steps being taken – with the support of the national system leaders – which we hope will help you meet these challenges.

Safe staffing and efficiency

You will have received on Tuesday 13 October a joint letter from Sir Mike Richards, Mike Durkin, Jane Cummings, Sir Andrew Dillon and Ed Smith, setting out our shared view on how providers should approach the need to ensure safe, quality care for patients on a sustained, financially stable basis, and reinforcing the need to use guidance and best practice to support but not replace local judgement about the best use of resources.

National price caps for agency staff

We have been strongly pressed by a large number of providers to take urgent national measures to cap the rates paid for agency staff and to encourage workers back into substantive and bank roles. We have therefore accelerated our timescale for making this happen.

Subject to consultation, we propose to introduce hourly price caps for all agency staff across all staff groups – doctors, nurses and all other clinical and non-clinical staff. The intention would be to have these in place from 23 November 2015. The consultation is being published today, along with detail of the proposed caps, the proposed rules and an impact assessment.

Subject to the consultation process, the price caps would ratchet down in two further stages so that from 1 April 2016, agency staff would not be paid any more than the equivalent substantive worker. It is proposed that the caps would also apply to bank rates.

Full compliance would be essential for these measures to work. All trusts would be expected to limit and reduce their spending on agency staff over time, and we would continue to work

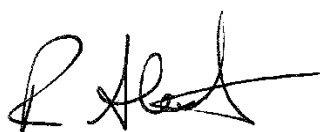
closely with all trusts to monitor and limit levels of agency use across the sector as the measures are implemented. The maximum rates would apply to all NHS trusts, NHS foundation trusts receiving interim support from the Department of Health and NHS foundation trusts in breach of their licence for financial reasons. All other NHS foundation trusts would be very strongly encouraged to comply¹ and all trusts would be required to report shift-level detail when they exceed the price caps and the reason for doing so in their reporting to Monitor/TDA. Ambulance trusts and ambulance foundation trusts would initially be exempt,² but there would be no other up-front exemptions, either for individual trusts or specialties.

We recognise that adhering to price caps would not always be without challenge and that the effect on staffing supply, though difficult to predict, could be significant, particularly in the short term and for some trusts and specialties. Where appropriate, national bodies will work together to support trusts in meeting the price controls and other agency rules.

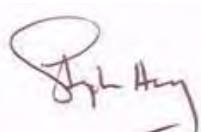
The proposed price caps have been developed with, and are fully supported by, clinical leaders in Monitor, TDA, Care Quality Commission (CQC) and NHS England, but trusts would nevertheless need to ensure they maintain patient safety at all times. We propose a 'break glass' provision for trusts that need to override the caps on exceptional safety grounds. Any overrides would be scrutinised by Monitor and TDA and inappropriate use would be subject to regulatory action as appropriate. We would also monitor closely the overall impact of the policy to ensure patient safety concerns are being managed appropriately. In addition, it is proposed that pay for interim very senior managers paid on an agency basis would be subject to the Monitor/TDA consultancy approvals process. NHS England would take an equivalent approach with respect to clinical commissioning groups.

We very much hope that you will find these steps helpful and a positive response to some of the staffing issues you have highlighted – and we can assure you that the national system leaders remain focused on the wider set of workforce challenges.

Yours sincerely,



Robert Alexander
Chief Executive
NHS Trust Development Authority



Stephen Hay
Managing Director Provider Regulation
Monitor

¹ The new value for money risk assessment trigger means that Monitor will take into account inefficient or uneconomic spending practices when considering the need for regulatory action concerning any potential breaches of governance licence conditions

² We are considering how to introduce equivalent measures for ambulance trusts in the near future and will gather views through the consultation process.

providing the excellent care we
would expect for our own families

The Royal Bournemouth and
Christchurch Hospitals 
NHS Foundation Trust

Charity Annual Accounts and Trustee Annual Report for 2014/15



The Royal Bournemouth and Christchurch Hospitals NHS
Foundation Trust Charitable Fund
Charity Number: 1057366

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Chairman's Foreword

I am delighted to be able to write this forward to our 2014/15 Annual Report at the end of my first year as the Chair of the Royal Bournemouth and Christchurch NHS Foundation Trust Charitable Funds Committee.

Every year the charity's aim is to improve our patient's experience of health care at the Royal Bournemouth and Christchurch hospitals, as well as the hospital environment for both patients and staff and I am confident that aim has been achieved in 2014/15. Since taking over as Chair from Ken Tullett, just over a year ago, I have been truly amazed by the dedication and commitment of all concerned to support the charity and its objectives.

The major achievement during the past year has been the progress on the delivery of the Jigsaw Building at the Bournemouth Hospital site. This is the culmination of 10 years of fundraising which has raised nearly £3m under the Jigsaw Appeal to provide a one stop outpatient and day care unit for oncology, haematology and women's health, including breast cancer care clinics and a new chemotherapy suite.

Once open the new building will provide facilities for patients and staff which will allow more patients to be treated more effectively and quickly as day cases, with fewer visits to hospital and in a much more pleasant environment. I am pleased to report that the new facilities will open later this year and fundraising continues in order to provide a garden for the new building and to help to provide state of the art equipment within the new facility.

While the charity predominantly directly supports projects and purchases to improve the patient experience it is also there to support staff. During the year we have been able to provide help in areas such as staff development and training. In addition the

charity sponsored the annual Trust Pride Awards, a truly memorable occasion where the charity can show its appreciation to the many Trust staff who have provided exemplary care to our patients throughout the year.

During 2014/15 we have also started to give more thought to the future of the charity and how it can continue to thrive over the period up to 2020. This work is particularly important at this time given the wider challenges faced by the NHS, the increasingly competitive charity marketplace and the need to ensure that the charity will continue to improve and add value to the patient experience in the future. We are now starting to plan for the future looking at our marketing, governance and resourcing, how we prioritise the funds we raise and how we can increase our fundraising in future years.

Finally I think all of those involved in the work of the charity should be proud of the achievements during 2014/15. I would like to thank our donors and supporters, the many hard working members of the public and volunteers for supporting the charity, the hospital's charity team and my fellow committee members and trustees for their contributions throughout the year. Without their dedication and hard work we would not be able to support the many good causes that allow the patient experience to be improved.

Your continuing support remains vitally important for the future. Thank you in anticipation.



Bill Yardley - Chairman

1.0 Reference and Administrative Details

The accounts on which this report is based have been prepared in accordance with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and the provisions of the trust deed.

The registered Charity Commission number for the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust Charitable Fund is 1057366.

The registered address is:

The Royal Bournemouth and Christchurch
Hospitals NHS Foundation Trust
Castle Lane East
Bournemouth
Dorset
BH7 7DW

The Governing Document (dated 17th May 1996) of the charity is in the form of Trust Deeds and has been registered with The Charity Commission. This document encompasses the main objectives of the charity for the provision of patient care and staff welfare at the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust, with the Board of Directors acting as a Trustee. The Trustee is given the authority to efficiently and effectively manage the Charitable Funds.



Young stroke patient, Lucy Mander, completed the Pier to Pier swim in July raising money for Bournemouth Hospital Charity

2.0 Trustee Report

2.1 About Bournemouth Hospital Charity

Bournemouth Hospital Charity raises funds for the Royal Bournemouth and Christchurch hospitals to benefit the patients and staff within its local community and specifically to:

- improve the hospital environment;
- provide both state-of-the art and extra equipment to make a real difference not just to patients' treatment but their lives beyond; and
- support and develop hospital staff.

We do this by raising valuable funds through a variety of ways including:

- events;
- community activities;
- legacies and in memory giving;
- applying for grants; and
- corporate partnerships.
- effectively managing the charity funds and investing wisely;

Working with inspirational local people, we aim to make a difference to every patient and every condition that is treated at our hospitals above and beyond that provided by NHS funding.



2.2 Structure, Governance and Management

Our charity raises funds that can be accessed and not unreasonably restricted for the benefit of all members of the public. Due regard has been paid to the public benefit guidance published by the Charity Commission.

The Trustee of the Charitable Fund is the Board of Directors of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust. The Board of Directors has appointed a Charitable Funds Committee to oversee the arrangements of the charity. This committee monitors the requirements imposed on the Trust by statutory legislation and by the Charity Commission. The committee is also responsible for monitoring the performance of the investments of the charity through its external advisors and approves significant expenditure proposals.

The following were members of the Charitable Funds Committee at the financial year end:

Bill Yardley

Non-Executive Director and Chair of Committee

Stuart Hunter

Director of Finance and Commercial Services

Karen Allman

Director of Human Resources

Safa Al-Shamma

Consultant Surgeon

Dave Bennett

Non-Executive Director

Alex Pike

Non-Executive Director

Paula Shobbrook

Director of Nursing

In addition to the voting members, the following attend committee meetings in an advisory capacity:

Pete Papworth

Deputy Director of Finance

Tracey Hall

Head of Communications

Lindsey Sturman

Fundraising Manager

Graham Swetman

Governor

The Trustee has delegated authorisation of requests for funds based on the following limits:

- Up to £500: Authorised Fund Manager.
- Up to £5,000: Fund Manager and Director of Finance.
- Over £5,000: Fund manager, Business Case Review Panel and Director of Finance.
- Any requests for funds above £20,000 require the additional approval from the Charitable Funds Committee.
- Any requests for medical equipment, regardless of value, must receive approval from the Medical Equipment Committee in addition to the financial approvals above.

The Trustee has agreed that The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust will provide administrative support to the charitable funds. This takes the form of managerial and accounting services, financial monitoring and advice. An annual fixed sum is recharged, together with actual fundraising costs incurred throughout the year.



Nurse, Zoe Clark has raised over £3,000 running the London Marathon.

Members Induction/Training

Non-executive directors of the Board of Directors are appointed by the Council of Governors. The chief executive is appointed by the non-executive directors, subject to the approval of the Council of Governors. Executive directors of the board are appointed by a committee, normally comprising the chairman, the chief executive, at least two other non-executive directors and an independent assessor, to be approved by the Board of Directors. Members of the Board of Directors and the Charitable Funds Committee are not individual trustees under Charity Law but act as agents on behalf of the Corporate Trustee.

The charity provides, in collaboration with the NHS Foundation Trust, an induction pack for newly appointed members of the NHS Board of Directors and Charity Trustee Committee. As part of their induction programme, new executive and non-executive directors of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust are made aware of their responsibilities as Board members of the Corporate Trustee of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust Charitable Fund. All executive and non-executive directors are invited to attend core induction and diversity training programmes. A guided tour of the beneficiary NHS Foundation Trust's facilities and any additional training that their role(s) may require is also offered.

The chair of the Charity Committee gives new members of the Charitable Funds Committee a briefing on the current policies and priorities of the charitable funds. This induction includes an introduction to the objectives, scope and policies of the Charitable Funds, member responsibilities and a copy of the latest Charity Annual Accounts and Trustee Annual Report.

The Trustee employed the following professional advisors during the year:

- a) Bankers
Barclays Bank
London
- b) Solicitors
Beachcroft LLP
Bristol
- c) Independent Auditor
Deloitte LLP
Reading
- d) Investment Managers
Quilter Cheviot
Bristol

A full set of Annual Accounts relating to Charitable Funds held on Trust for the year ended 31 March 2015 are included in section 4 of this report.

The Royal Bournemouth and Christchurch hospitals website can be found at:
www.rbch.nhs.uk

The Bournemouth Hospital Charity website can be found at:
www.bournemouthhospitalcharity.co.uk

Risk Management

The major risks to which the charity is exposed have been identified and considered by the Trustees. Key risks include increased local competition; the current economic climate; adverse publicity; and a potential fall in the value of investments.

A five year Strategy has been prepared and approved to actively mitigate these risks; and where appropriate, systems, policies and procedures have been established to mitigate specific risks. The trustee is confident that reliance can be placed upon the management arrangements in place, which include internal and external audit services, to minimise any risk to the funds.

The most significant risk identified is the possibility of losses from a fall in the value of investments and the level of reserves available to mitigate the impact of such losses. Investments are held by qualified and experienced Investment Fund Managers who act in accordance with the agreed Investment Policy. These investments are subject to regular review, with unrealised gains and losses allocated to funds at agreed intervals. Procedures are in place to ensure that financial commitments remain affordable within the fund balance. Income and expenditure are covered by the Trusts standing financial instructions and there is an agreed recognition criteria in place for the receipt of donations.

There are clear approval procedures in place which give the corporate trustee confidence that expenditure will remain in line with the limits of the charities resources, ensuring continued compliance with the agreed reserves policy.



2.3 Review of the year

During 2014/15 Bournemouth Hospital Charity's fundamental objective was to raise as much money as possible to continue to support the welfare of hospital patients and staff. To support this objective, the charity approved a 5 year strategy which provides a strategic framework within which the charity will operate, to maximise donated income.

This strategy includes a plan to develop the charity profile and call for support through brand awareness, marketing and the education of staff and the public.

The profile of the charity brand has developed during the year and has encouraged new members of the public together with new and existing members of staff to become involved and raise money for the charity. Additionally, the internal awareness of the charity has increased significantly, with more departments applying for funding to support demonstrable enhancements to patient experience.

Whilst this has been a positive year; brand awareness for Bournemouth Hospital Charity still needs further development. As such, a key objective for 2015/16 is to continue to enhance the charity brand. This will include working closely with the various hospital teams to ensure that their needs are matched by appropriate fundraising plans and that these are appropriately supported. This will include understanding and publicising the individual cases for investment.

In addition to the overall objective, the charity trustees set clear objectives in support of the new Jigsaw Building; enhanced medical equipment to improve patient outcomes; the heart unit; and older peoples medicine.

The charity is delighted to be able to report its achievements against these objectives:



The Jigsaw Building

The charity was thrilled to finally see the construction of the new Jigsaw Building begin in 2014 and has watched with delight as the building has taken shape over the year. The project has gone from strength to strength and once completed the new building will be home to two key services and facilitate expanded outpatient and day care treatments in a state of the art setting.



A foundation stone was laid by members of the charities supporters and the building was officially blessed by the Bishop of Southampton, the Rt Reverend Jonathan Frost, in July 2014.

Dr Rachel Hall, Consultant Haematologist at RBH said: “The laying and blessing of the foundation stone marked the beginning of the next stage of the Jigsaw Building. It’s extremely exciting to witness the building take shape and we’re looking forward to opening the Unit in 2015.

“The Jigsaw Building is a fantastic development for the hospital and indeed the community. This building is really going to make a difference to those patients needing care in the Women’s Health Unit and Oncology and Haematology Unit.”



Left to right: Past Jigsaw Appeal Chairman - Robin Scott, Hospital Chaplain - Brian Williams, The Rt Reverend Dr Jonathan Frost, Consultant Haematologist - Dr Rachel Hall, Trust CEO - Tony Spotswood, Trust Chairman - Jane Stichbury.

Situated between the Eye Unit and the Derwent Suite for Orthopaedics, the building will bring together oncology, haematology, gynaecology, and breast care. It has been tailored to meet the needs of patients following extensive patient, public and staff engagement.

The Jigsaw Building is funded through donations and fundraising from two key appeals, as well as NHS investment.

Despite moving into the construction phase of the development; Bournemouth Hospital Charity continued to support the development of the Jigsaw Building. Specifically; the Charity established two new patient and staff involvement groups to enhance patient experience further:



- An Arts User Group was developed to ensure that once built, the new facility contained a range of art work to enhance the patient experience by providing a more welcoming environment which acts as a distraction whilst receiving treatment. This was something established from the patient and staff involvement group who stated that surroundings were an important part of the treatment pathway.
- An Orchard Garden User Group to develop the immediate surrounding area of the building specifically in support of cancer patients. A patient's environment is a vital element to therapy and can have a really positive impact on their experience at what can be a frightening and difficult time of their lives. Patients value a tranquil space to retreat to between treatments and the new garden will provide this.

The charity is thrilled to have met its fundraising target for the arts project and the artwork for the building has now been ordered. The money will be released by the charity in 2015/16 when the art work is ready to be installed.

Whilst fundraising has commenced in relation to the Orchard Garden project; the charity is still fundraising for this, and this will be a key fundraising objective for 2015/16.

The charity also continued to raise money for additional equipment in the building itself and the money raised from the annual Twilight Walk for Women will be used in 2015/16 to purchase new scanners and other state of the art equipment once the build is complete.

Medical Equipment

The trustees approved bids amounting to £580,000 from the charity funds to purchase medical equipment which covered many aspects of the hospital and benefited both patients and staff. Bids for standard replacement medical equipment are not supported, as the Hospital Trust is required to fund the equipment required to deliver the commissioned services. However, the Charity is delighted to support new and state of the art medical equipment which goes above and beyond the standard equipment and demonstrates enhanced patient care or provides a clear benefit to the user.

Whilst many items of medical equipment are inexpensive; some key purchases include:

- Motomed arm and leg bike - £9,000
- Alter G machine for Rehabilitation - £36,000
- Bariatric Operating Table for theatres - £60,000;
- Blood pressure monitors and Lifecard monitors for Cardiac- £31,500;
- Patient monitors for the Cardiac Intervention Unit - £18,000;

The Charity was fortunate to receive over £40,000 in individual donations together with almost £400,000 from a single legacy to support this expenditure.



Physiotherapy staff with the Motomed arm and leg bike

Keith and Cynthia Reynolds, from St Leonards donated almost £9,000 to Bournemouth Hospital Charity to buy a Motomed arm and leg bike – used by patients either in or on their beds to keep up their movement and circulation.

They were full-time carers for their son Ian, who was 23 when he sustained head injuries in a motorbike accident in 1984 and was regularly treated in the hospital until he passed away recently.

The Motomed will be used for patients who are bed bound for long periods of time, which can cause problems with blood flow, muscle strength, nutrition, breathing and circulation.

Stimulating circulation can help prevent thrombosis and improve muscle tone and strength throughout the body depending on which function is used. This can help patients become more mobile sooner and can help improve bladder and bowel functions.

“Our son, Ian, received the most outstanding treatment in the hospital over the last few years. We wanted to give our heartfelt thanks to the doctors, nurses and all the teams involved for the wonderful care and support given not only to Ian but also us, his parents, who had to be with him continuously. We wanted to donate the Motomed so that any future patients may benefit from the use of it.”

Cynthia Reynolds



"The AlterG has really helped me to walk properly by looking ahead and not down at the ground. It has improved the muscle mass in my legs and has increased my confidence. Because of this machine, I feel that I can fight my degenerative disease – it has really given me hope."

Physio patient Phil Ducker

Physiotherapy staff with the Alter G Machine

A specialist treadmill invented by NASA is now available to patients at the Royal Bournemouth Hospital, helping them to walk or run and speeding up their rehabilitation recovery time.

The £36,000 AlterG machine was funded by Bournemouth Hospital Charity and is one of just a handful in the country.

Heart Unit



Cardiac Novacore Monitors

Cardiac Novacor Monitors were bought with money raised at Pedal Power 2014. Costing £2,000 each, the monitors track the their heart rhythm over a seven day period while patients are at home. This gives the heart unit a comprehensive report on their heart rhythms.

Without this kit the patient would have to come into the hospital to be monitored.

They have reduced waiting times and mean patients are able to collect a monitor straight after a consultant appointment and don't have to wait for one to come back from other patients. Use of this type of monitor in the past has given the heart unit enough information to provide patients with pacemakers and other potentially life-saving interventions.

Older Peoples Medicine

Bournemouth Hospital Charity's first 'Brew Up for Dementia' campaign launched in April and raised £3,800 to benefit those patients who are admitted onto the Elderly Care wards with dementia. The money raised was used to purchase Therapeutic Intervention Kits which include portable music players with calming music that helps patients relax; picture albums; reminiscence folders; and rummage bags which can help distract and interest dementia patients.

The therapeutic kits will make a real difference to patients with dementia and to the staff caring for them.

Last year around 2,600 patients with dementia were treated at the Hospital and although the sum of money raised for dementia was relatively low in comparison to some of the other high value items such as medical equipment, these lower value items provide just as much of an impact to patient care in the hospitals, as well as raising awareness for key services.


Dr Sue Hazel, Consultant in Older Peoples Medicine said:

"The key to dementia care is that it is person-centred and simple measures regarding getting to know the person, their habits, their likes and dislikes and who and what is important in their lives has a beneficial effect. Similarly simple things like photo albums and life diaries can help to orientate, and calm a person with dementia and engage them in conversation."




Our flagship events

The charity has been delighted with the support it has received for its key events, which have gone from strength to strength with the addition of a fourth main event, Light up the Prom.



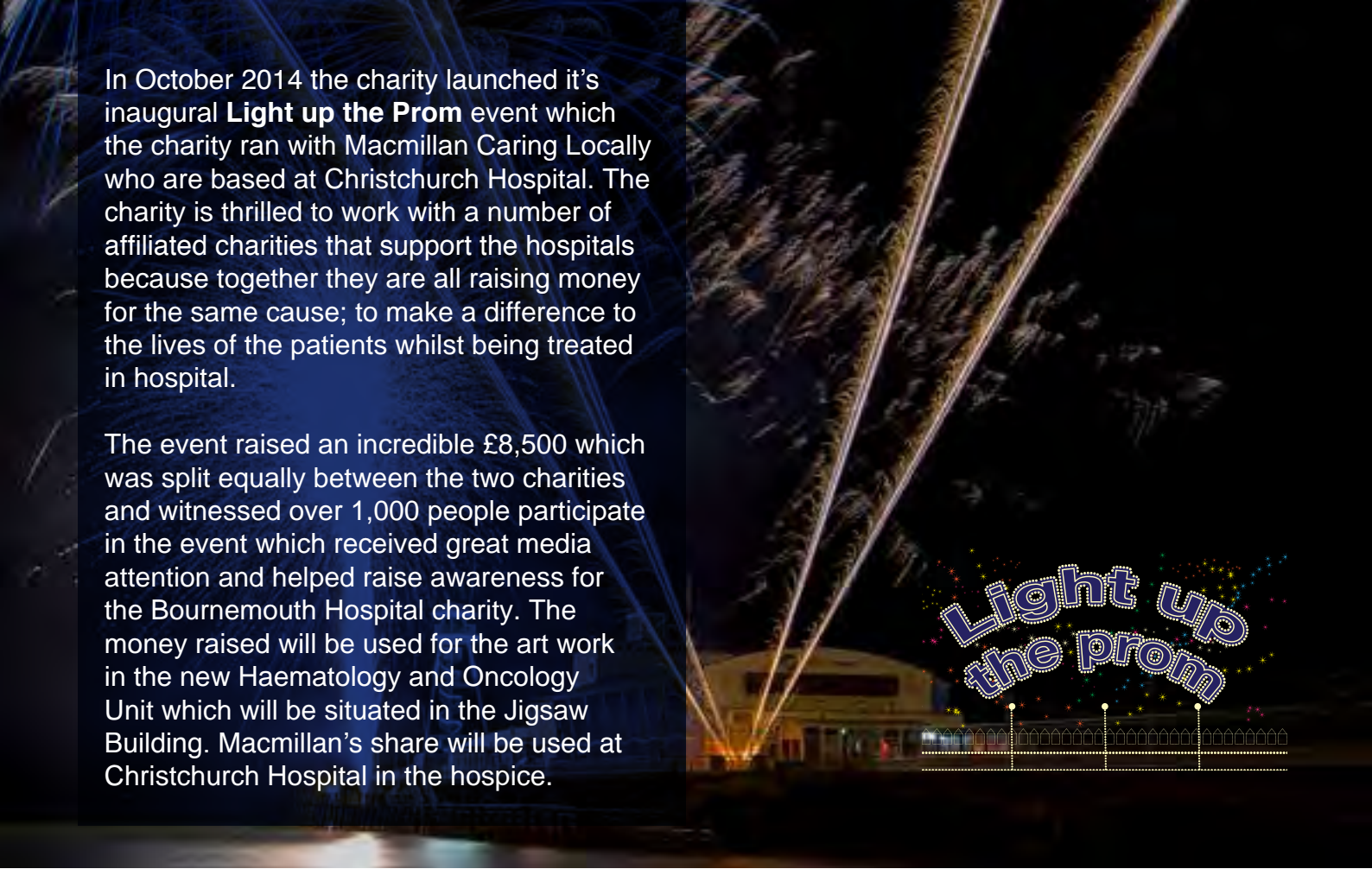
The Twilight Walk for Women took place in June 2014 and raised an amazing £24,500. This was the fourth annual walk and the event continued to prove to be very popular exceeding previous year participants. Over 460 people registered for the event and they turned Bournemouth Pier into a sea of pink for another great evening. The money raised from the Twilight Walk was put into the Jigsaw Building equipment fund which is to be used once the new women's Health Unit is complete.

Twilight Walk for women



Pedal Power took place in September 2014 with over 160 cyclists participating in the event raising a fantastic £6,000. This event was previously the New Forest Bike Ride and included a brand new 50 and 100 kilometre routes as our challenge rides. We also had a more relaxed 10 kilometre family ride for all age groups and abilities. All routes were around the New Forest and were strictly on the quieter roads for the safety of our participants.

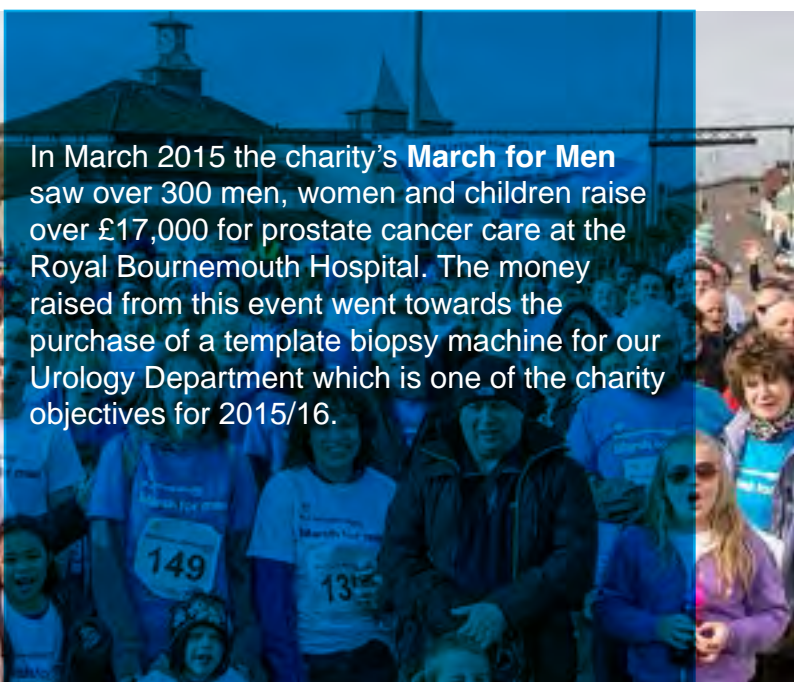
The money raised from Pedal Power was used for the Heart Unit at the Royal Bournemouth Hospital to purchase additional Cardiac Novacor Monitors which are used to monitor patients heart rhythms crucial for diagnosis and treatment. We received great support from patients and families of patients who had used the Heart Unit.



In October 2014 the charity launched its inaugural **Light up the Prom** event which the charity ran with Macmillan Caring Locally who are based at Christchurch Hospital. The charity is thrilled to work with a number of affiliated charities that support the hospitals because together they are all raising money for the same cause; to make a difference to the lives of the patients whilst being treated in hospital.

The event raised an incredible £8,500 which was split equally between the two charities and witnessed over 1,000 people participate in the event which received great media attention and helped raise awareness for the Bournemouth Hospital charity. The money raised will be used for the art work in the new Haematology and Oncology Unit which will be situated in the Jigsaw Building. Macmillan's share will be used at Christchurch Hospital in the hospice.

Light up
the prom



In March 2015 the charity's **March for Men** saw over 300 men, women and children raise over £17,000 for prostate cancer care at the Royal Bournemouth Hospital. The money raised from this event went towards the purchase of a template biopsy machine for our Urology Department which is one of the charity objectives for 2015/16.

Other charity events included the following:

- Sky Dive, raising £5,200;
- Charity World Cup event, raising £4,900;
- Summer and Christmas raffles, raising £3,780.

These events all raised vital funds for Bournemouth Hospital Charity through the efforts of the many participants and supporters.

2.4 Income and how we manage our charity funds

Money which is donated to Bournemouth Hospital Charity is managed via restricted and unrestricted funds. Some of this money is donated for a specific purpose, such as to buy medical equipment, whilst other donations are more generic and donated for the Trustees to use where they think is the greatest need in the hospital.

The money the charity receives is banked into the area of choice as stipulated by the donor and in accordance with their wishes.

The Board of Directors, on behalf of the corporate trustee, believes that all of the unrestricted and restricted funds are able to meet their current and future commitments.

The income the charity receives comes from a variety of different sources, as detailed in figure 1.

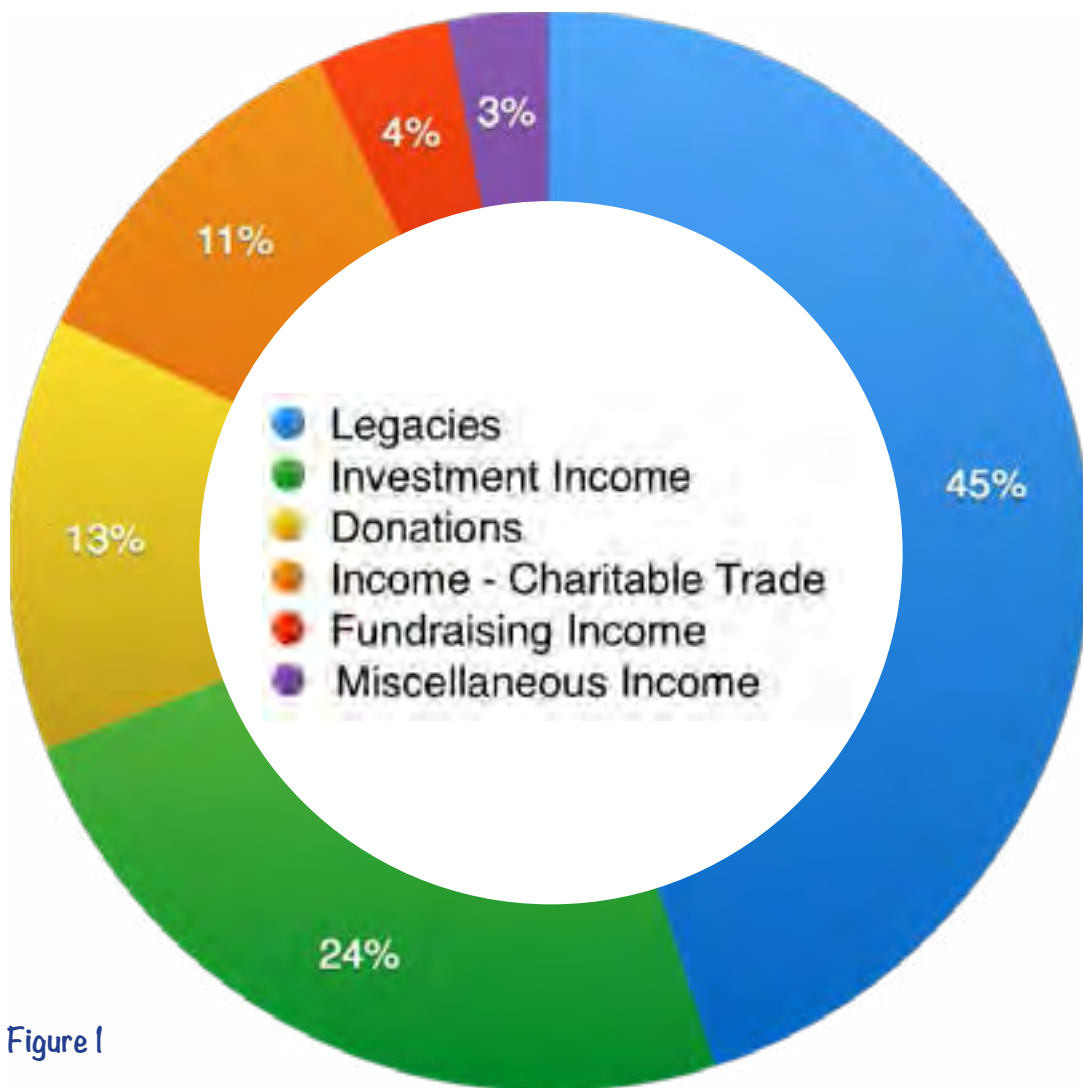


Figure 1

A detailed breakdown of the individual charity funds including a brief description is listed in the Accounts - Note 11. Further details about the funds are available from the main charity office including ways you can help support your area of choice.

2.5 How we have spent your money

The funds have helped people in many different ways. This year the charity has awarded funding totalling £1.4 million to improve care and treatment with the Royal Bournemouth Hospital and Christchurch hospital.

Total spend can be categorised as follows:

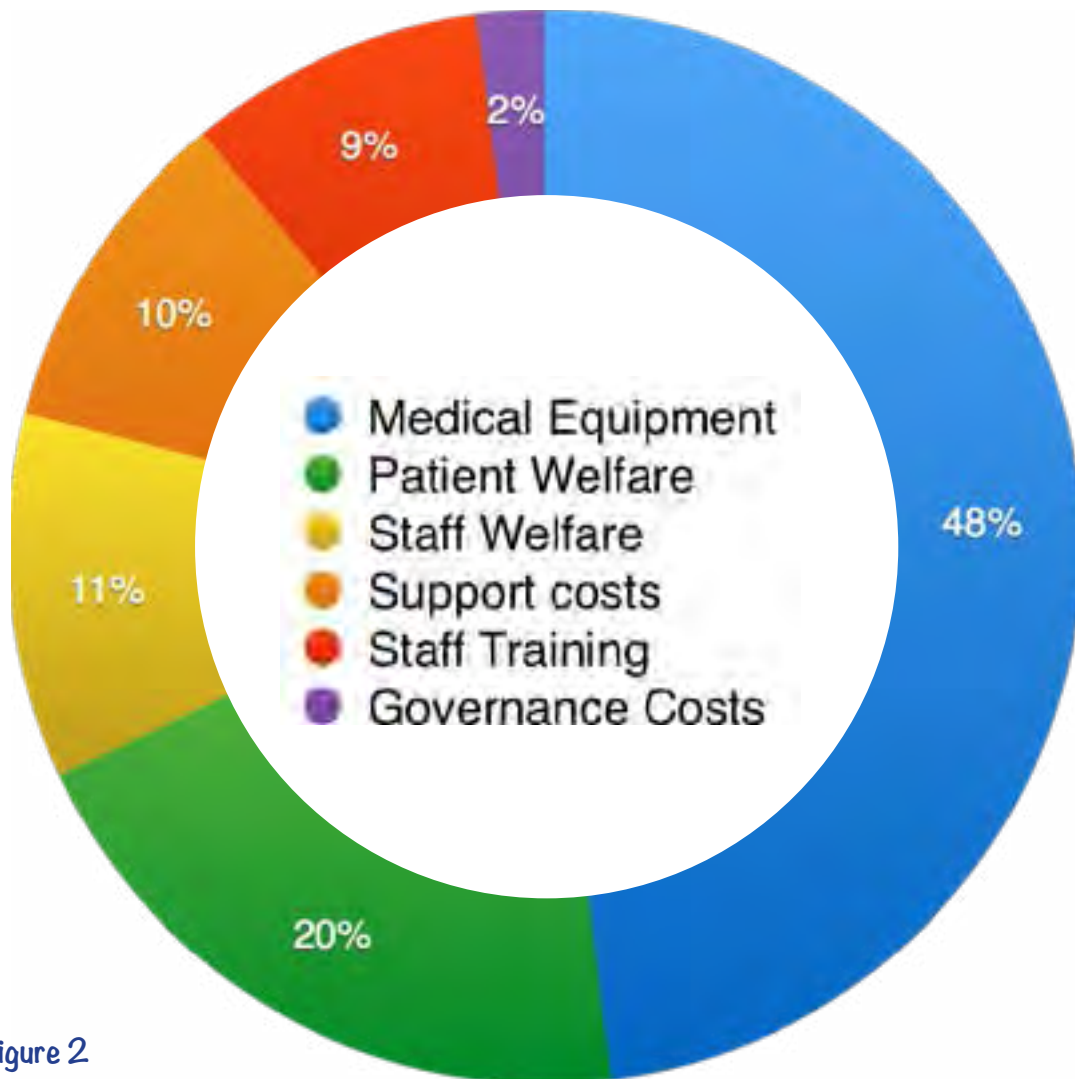


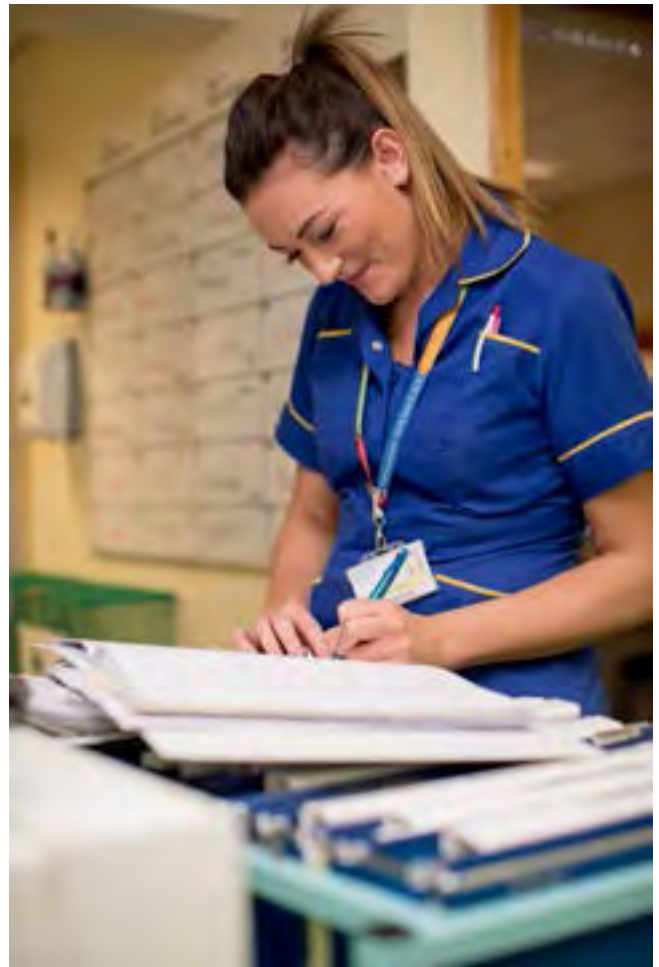
Figure 2

We have continued to invest in key areas such as equipment, research, patient and family support and the transformation of our hospitals into more comfortable, practical and welcoming environments.

With your help we have supplied some amazing schemes to benefit our community, some examples are set out overleaf.

People

- Education and development for staff – the charity is proud to support the development of staff and awarded £224,000 during the year in support of individual and team development. The money awarded was the result of over 100 individual applications. In each case, the benefit will be seen by both patients and staff, and could not have been funded without charitable donations.
- Upgrades and refurbishment of various staff areas - £34,000
- Pride Awards - £27,000. Every day, more than 4,300 staff at our Trust work around the clock to give patients the devoted care they would expect for their own families. The Pride Awards are the Trust's very own red carpet 'Oscars', to celebrate those who consistently go the extra mile to make the care and experience for our patients the very best it can be.



“We are very grateful to the charity for supporting the upgrade to the surgeons rooms and the staff rest rooms in theatres. These refurbished rooms have improved morale and provide a better working environment for staff”

Consultant Gynaecologist
Mr Alex Taylor





Patient and Family Support

- Cancer support nurse and psychological social worker - £139,000 The charity was approached to support these two posts. These posts do not form part of the base staffing requirement of the service and thus could not be Trust funded. However, the charity thought that these were a great use of charitable funds and agreed to fund the posts for 2 years. These posts will provide invaluable additional support to cancer patients and their families who are treated at the Hospital.
- New counselling area in the Eye Unit - £1,200.
- Redesign of the Patient Advice and Liaison (PALS) office to allow disabled access and a quiet area - £12,400.

“The refurbishment to the PALS Office has been wonderful. Now we have enough space to accommodate disabled patients/visitors in the office as well as having a separate space where visitors will have privacy and dignity when discussing confidential matters. This new design has also enabled the office to have 2 advisors to work in the front office to meet the demand for the service to reduce the need for patient queuing and thus reducing waiting times.”

Jennie Moffat, PALS Co-ordinator



Equipment

- £64,000 for a PRP laser for the Eye Unit which will be used for the treatment of diabetic retinopathy and retinal vascular disease. The PRP laser will enable treatment to be delivered much more quickly, reducing treatment time from 30 min to 10 and painlessly. The new laser will also enable more patients to be treated as an outpatient as currently some patients require laser treatment in theatre with a local anaesthetic if they find treatment too painful to tolerate.
- £8,000 for an insufflator for use in Urology theatres which is used in conjunction with the state-of-the-art De Vinci Robot used in prostate cancer surgery. The robot combines the advantages of open surgery (such as 3D vision) with the advantages of laparoscopic “keyhole” surgery (such as small incisions and rapid recovery). It is available to patients across the whole county, eliminating the need to travel to other centres such as Reading, Bristol, Exeter or London. During robotic surgery pressures in the surgical area change and by using the insufflator it means the surgeons can keep the pressures constant which makes surgery simpler. The insufflator works by maintaining gas pressure which helps to keep the area visually clear for the surgeon and helps to reduce the time that patients are in surgery.
- £7,000 for bladder scanner on one of our Elderly Care Wards (Ward 22). This prevents unnecessary catheterisation which is a potential source of infection.
- £3,000 for an upgrade to a defibrillator on the Acute Medical Unit which allows a temporary means of pacing a patient’s heart during a medical emergency, improving the management of a critically ill patient.



Patient Environment

- New signage and way finding in the Emergency Department - £7,400 The new signage for the Emergency Department made way finding much easier for patients and visitors, the signage is now up to date and means that the department is more accessible and visible.
- TV’s and additional patient chairs for the Sandbourne Unit - £3,600
- Chairs and tables for the Discharge Lounge - £3,000
- TV’s for our Coronary Care Unit - £17,000
- Patient property baskets - £700



2.6 Looking forward – our objectives for 2015/16

The Bournemouth Hospital Charity has developed a detailed strategy which provides a framework within which charitable fundraising linked to the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust should be conducted; and how charity money raised is spent to benefit staff and patients within the Trust.

The overarching aim within the agreed strategy is to significantly increase charitable income by 2020. This is vital to ensure that the charity remains financially viable and appropriately supports the Trust's objectives.

The primary objective of the charity during 2015/16 is to ensure that the operational implementation of this strategy is delivered, and that charitable income increases in line with the agreed trajectory.

In addition to the delivery of the strategy; there are a number of additional objectives that the charity will focus on:

Jigsaw Building

The Jigsaw building is expected to open in September, therefore a key objective is to support the completion of the development, and in particular raise additional funding to support the Orchard Garden Project.

Medical equipment

Medical equipment continues to be a main priority for the hospital with further support required to enable state of the art equipment to be purchased above and beyond the standard trust funded medical equipment. The charity has identified two key areas it would like to support:

- CT3 Scanner for the ED Department. This equipment would provide quicker diagnosis of conditions such as stroke which is vital for a quicker treatment pathway for the patient.
- Template Biopsy in Urology. This equipment will allow the department to carry out a template biopsy of a patient's prostate using a scanner which examines the whole prostate, providing a more thorough analysis of the area and highlighting any abnormalities immediately. Template biopsies can be carried out under anaesthetic as a day case so patients avoid an overnight hospital stay, and have a low infection risk as the biopsy is carried out through the skin rather than the rectal wall.

The charity also hopes to support and grant smaller purchases of medical equipment above and beyond that which the hospital can support.

Education and training for staff

Given the recruitment and retention issues the Trust is facing, the charity has set a specific objective to support increased education and training to make the Trust a more attractive place to work. This in turn will enhance the care that patients receive by continuing the development of the staff to make them the best that they can be.

2.7 Thank you

The Trust and the Charity would like to say a tremendous thank you to all of the individual supporters, fundraising groups, community groups and local businesses who have donated generously to support their local hospitals. Whether it has been just to give back locally or in recognition of care received by them, their family or their friends.

Bournemouth Hospital Charity is overwhelmed by the generosity and loyalty of the people of Dorset and Hampshire and patients from the South West region who continue to support the charity year after year.

The length people will go to in order to raise funds are impressive, and listed below are just a chosen few of the incredible supporters and their stories:

- Alan Stanton raised £4,000 this year through collection tins; Alan has now raised an amazing £10,000 for the charity since he started fundraising 8 years ago.
- Lucy Mander Pier to Pier swim and Bournemouth Half Marathon - £1,000 for the stroke unit
- Julia Thomas - £1,200 for Heart fund
- Staff Hospital Show - £4,000



Pam Roberts - donated £3,000 for a defibrillator upgrade in memory of her sister



Kevin and Jason Hill - £1,200 for Wards 10 and 11



Karen Roberts ran the London Marathon raising over £3,000 for the new Jigsaw Building



Elaine donated £500 to the Orchard Garden Project following her ice-bucket challenge



Lynn Deller is a breast cancer patient who has raised £2,700 this year taking her fundraising total to date to over £5,000. Lynn has set herself a personal fundraising target for the new women's health unit of £10,000.



Bournemouth Half Marathon - £706 was raised by Adam Saunders, Oliver Topliss, Daniel Lane and Simon Stevenson for the women's health unit.



Joyce Woolnough and Jackie Milward – Garden Fete £1,300 for the general charity fund.



Rosemary Breslin £682 for women's health unit by abseiling down the Spinnaker Tower.

Numerous other events were also held on behalf of Bournemouth Hospital Charity, including garden parties, fashion shows, coffee mornings, wedding and birthday donations.

The charity is also extremely thankful to its huge number of corporate fundraisers who have sponsored events and volunteered for the charity, including Thomson Airways who supported the charity with on-board collections for the year and an amazing ball raising over £17,000 for equipment in the new women's health unit to be situated in the Jigsaw Building.



Along with third party supporters we also benefit from the amazing support and donations from our hospital affiliated charities:

- League of Friends Bournemouth
- League of Friends Christchurch
- Friends of the Eye Unit
- MacMillan Caring Locally
- Bournemouth Healthcare Trust
- Royal Voluntary Services
- Appeal Shop
- Chaplaincy
- Voluntary Services
- Sustain

Throughout the year these great charities support the hospital and help to improve both the patient experience and working lives of staff. Bournemouth Hospital Charity continue to work closely with all the affiliated charities to ensure they receive support, advice and encouragement when needed.

The charity's fundraising office has been able to support everyone's fundraising ideas from cake sales, Christmas concerts, cycling events, mower racing and loves to hear about the new and amazing ways its supporters want to raise funds and the profile of their NHS hospital. It means the world to the charity to know that the local community want to support the facilities at their local hospital and that it means as much to them to make their hospital the best as it does to the charity.

People also give to the charity by volunteering their precious time at our events and to help in the charity office. Without their support many of our events would not happen, their valuable time enables us to actively promote the charity but also make our events safe.

The charity is also extremely fortunate to be remembered by way of in memory gifts and legacies which continue to be a vitally important source of income for the charity. Many of the hospital wards and departments are now better equipped, staff better trained and innovative research under way thanks to these gifts.



Volunteers at March for Men

3.0 Financial Review

Summary

During the financial year 1 April 2014 to 31 March 2015, £1,155,000 of income (£1,259,000 2013/14) was received. Legacy income accounted for £684,000 (£337,000 2013/14) of the total income. Donation income received totaled £156,000 (£346,000 2013/14). Income from activities for generating funds amounted to £133,000 (£52,000 2013/14). Other incoming resources of £180,000 (£353,000 2013/14) inclusive of £154,000 relating to income from recharges to third party charities. (see note 2.3).

Short term investments brought income of £2,000 (£21,000 2013/14) into the charitable fund.

Direct charitable resources expended during the year totaled £1,599,000 (£1,497,000 2013/14), £1,365,000 of which related to grants payable, of which £458,000 (£571,000 2013/14) was expended on patient's welfare and amenities at The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust. A further £368,000 (£224,000 2013/14) is related directly to improve staff welfare and amenities.

Large contributions were made during the year towards Capital Schemes totaling £616,000 (£496,000 2013/14).

Details of the above can be found in note 3.1 to the accounts.

The charitable funds overall reduced by £155,000 during the financial year leaving a closing balance of £5,506,000.

Investment Summary and Performance

At the year end the capital invested with Quilter was £2,850,000 this remained the same as the opening position.

The valuation of the investment at the year-end was £3,456,000 (£3,166,000 2013/14). At the year end the closing valuation for the investment showed an in year increase in the portfolio of £289,000 (£209,000 2013/14).

The Charitable Funds Committee is continually reviewing the investments made by charitable funds ensuring that maximum growth is achieved with minimal risks to the charitable funds.

Short Term Investments

Cash held on an interest bearing deposit account with our bankers is £2,458,000 (£2,880,000 2013/14), and there were no short term cash investments at the year-end (none 2013/14).

Equity Shares

In prior years it was the policy for shares to be sold before legacies are distributed to The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust Charitable Funds. Due to the low market value of all shares on the stock market, it was decided to retain the shares and dispose of them when the market picks up. We have received £2,000 (2013/14 £2,000) in dividends from the stocks and shares that we hold.

The market value of these stocks and shares at the year-end was £70,000 (£76,000 2013/14) and they are included in the short term investments and deposits in the Balance Sheet. The movement in the revaluation of the investment asset is shown in the Statement of Financial Activities.

Investment Policy

The trustee policy is to invest charitable funds with investments that maximise capital and are the most suitable investment type. This includes ethical considerations consistent with being an NHS charity, for example the charity does not permit investment in tobacco or alcohol stocks. The long-term objective is to invest capital to give the maximum growth on income with minimal risk.

Reserve Policy

Most of the expenditure incurred by the charity is in respect of contributions to patients, staff and the purchase of medical equipment. The policy of holding a reserve is a balance between keeping a relatively small sum of money in individual funds for which specific donations have been made and planning for additional capital investment.

The Trustee would normally expect to retain reserves equal to two to three years of annual expenditure, excluding the balance held for the Jigsaw Appeal. We exclude the Jigsaw Appeal as this is a specific appeal for an intended specific expenditure. The reserves policy will continue to be reviewed annually.

The reserves are replenished through the receipt of significant legacies and donations together with the income generated from the fundraising events held by the Jigsaw Appeal.

In 2014/15, the charity undertook a review of its restricted and unrestricted designated funds. As many of them are very old, it was impossible to trace some to original documents. In accordance with the Charity Commission guidance for NHS charities, it is now presumed that those with no traceable documentation are not restricted and are treated as designated. Fund authorising signatories were also reviewed and streamlined. This review was intended to make the application for funds easier and more timely.

Most of the charity's unrestricted funds have been designated for particular purposes such as medical equipment, the heart unit or cancer care. However, the trustees believe that the current level of undesignated funds, £3.2 million, is adequate for the charity's general purposes, both in the short and medium term.



Charity Annual Accounts

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Statement of Trustee Responsibilities	32
Independent Auditor's Report	33
Statement of Financial Activities	35
Balance Sheet	36
Notes to the Accounts	37

Funds held on Trust Annual Accounts 2014-15

Foreword

The Charity's annual report and accounts for the year ended 31 March 2015 have been prepared in accordance with the Charities Act 2011 and the Charity (Accounts & Reports) Regulations 2008, and Accounting and Reporting by Charities: Statement of Recommended Practice, 2005 (SORP) as updated.

Statutory background

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust is the Corporate Trustee of the charitable funds governed by the law applicable to Trusts, principally the Trustee Act 2000 and the Charities Act 2011.

The Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust Charitable Funds are registered with the Charity Commission, registration number 1057366 and include funds in respect of the Royal Bournemouth and Christchurch Hospitals.

Main purpose of the funds held on Trust

The main purpose of the charitable funds held on trust is to apply income for any charitable purpose relating to the National Health Service wholly or mainly for the services provided by the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust.

Executive Summary

The year ended 31 March 2015 was a successful year for the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust Charitable funds in the current market conditions.

The charitable funds had total incoming resources amounting to £1,155,000. This includes legacies bequeathed totalling £684,000, donations of £156,000 and investment income of £2,000. The charitable funds also received £180,000 from other income and £133,000 from events. These fundraising events help raise the profile of the Hospitals in the local community.

Resources expended in 2014/15 totalled £1,599,000, of which £458,000 related to patient welfare, £368,000 to staff welfare & amenities and £580,000 was spent on capital schemes throughout the Trust.

The net incoming resources for 2014/15, was a £444,000 loss to the funds with an additional gain of £289,000 on the revaluation of investment assets. The charitable funds

therefore decreased overall by £155,000 leaving a closing balance of £5,506,000 (£5,661,000, 2013/14). The Financial Report is set out in two parts: namely an Annual Report followed by the Financial Statements and Notes to the Account.

Charitable expenditure is of paramount importance in the continuation of the high quality service offered to our patients and also assists staff in their working lives.

The Trustee wishes to thank all patients, relatives, staff, volunteers and supporters whose energy and dedication has enabled us to achieve our charitable objectives.

Member of the Charitable Funds Committee

Mr S Hunter

Director of Finance

Date:

Statement of Trustee's responsibilities

The Trustee is responsible for preparing the Trustee's Annual Report and Financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

The law applicable to charities in England and Wales requires the Trustee to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources of the charity for that period. In preparing these financial statements, the Trustee is required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP
- make judgements and estimates that are reasonable and prudent
- state whether applicable accounting standards and statements of recommended practice have been followed, subject to any departures disclosed and explained in the financial statements
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

The Trustee is responsible for keeping accounting records which disclose with reasonable accuracy the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and Accounting and Reporting by Charities : statement of Recommended Practice, 2005 (SORP) as updated, and the provisions of the trust deed. They are also responsible for safeguarding the assets of the charity and hence for taking

reasonable steps for the prevention and detection of fraud and other irregularities.

The Trustee is responsible for the maintenance and integrity of the charity and financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

The Trustee confirms that due regard has been paid to the public benefit guidance published by the Charity Commission.

The financial statements set out on pages 35 to 49 attached have been compiled from and are in accordance with the financial records maintained by the Trustee. By Order of the Trustee.

Chairman of the Charitable Funds Committee
Mr B Yardley Non Executive Director
 Date:

Member of the Charitable Funds Committee
Mr S Hunter Director of Finance
 Commercial Services
 Date:

Independent Auditor's Report

Independent auditor's report to the Trustees of The Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust charitable fund

We have audited the financial statements of The Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust Charitable Fund for the year ended 31st March 2015 which comprise the Statement of Financial Activities, the Balance Sheet and the related notes 1 to 15. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charity's trustees, as a body, in accordance with section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of trustees and auditor

As explained more fully in the Trustees' Responsibilities Statement, the trustees are responsible for the preparation of the financial statements which give a true and fair view.

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements
An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the charity's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the trustees; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

In our opinion the financial statements:
give a true and fair view of the state of the charity's affairs as at 31st March 2015, and of its incoming resources and application of resources, for the year then ended;
have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
have been prepared in accordance with the requirements of the Charities Act 2011.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Charities Act 2011 requires us to report to you if, in our opinion:
the information given in the Trustees' Annual Report is inconsistent in any material respect with the financial statements; or
sufficient accounting records have not been kept; or
the financial statements are not in agreement with the accounting records and returns; or
we have not received all the information and explanations we require for our audit.

Deloitte LLP

Chartered Accountants and Statutory Auditor
Abbots House
Abbey Street

Deloitte LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006 and consequently to act as the auditor of a registered charity.

Statement of Financial Activities

for the year ended 31 March 2015

	Note	Unrestricted Funds £' 000	Restricted Funds £' 000	2014-15 Total Funds £' 000	2013-14 Total Funds £' 000
Incoming resources					
Donations, legacies and similar resources					
Donations		132	24	156	346
Legacies		684	0	684	337
Other grants receivable		0	0	0	150
Total donations and legacies		816	24	840	833
Operating activities					
Activities for generating funds	4.2	89	44	133	52
Investment income	8.4	2	0	2	21
Other incoming resources		179	1	180	353
Total incoming resources	2	1,086	69	1,155	1,259
Resources expended					
Costs of generating funds	4.2	(176)	(3)	(179)	(140)
Governance costs	4.1	(55)	0	(55)	(53)
Grants payable	3.1	(1,242)	(123)	(1,365)	(1,304)
Total resources expended	5	(1,473)	(126)	(1,599)	(1,497)
Net outgoing resources		(387)	(57)	(444)	(238)
Unrealised gain - Investments	8.1	289	0	289	210
Net movement in funds	6	(98)	(57)	(155)	(28)
Fund balances brought forward at 31 March 2014		3,411	2,250	5,661	5,689
Fund rationalisation at 01 April 2014		(88)	88	0	0
Fund balances carried forward at 31 March 2015	11.1	3,225	2,281	5,506	5,661

The notes on pages 37 to 49 form part of these accounts.

There are no recognised gains or losses for the current or prior years other than as stated in the statement of financial activities. All activities are continuing and there are no movements in total funds other than the net movement in funds for the year, therefore no reconciliation of movements in funds is presented.

Balance Sheet as at 31 March 2015

	Note	Unrestricted Funds £' 000	Restricted Funds £' 000	Total at 31 March 2015 £' 000	Total at 31 March 2014 £' 000
Fixed assets					
Investments	8.1	3,456	0	3,456	3,166
Total fixed assets		3,456	0	3,456	3,166
Current assets					
Debtors	9	14	0	14	131
Short term investments and deposits	8.3	70	0	70	76
Cash at bank and in hand		176	2,281	2,457	2,880
Total current assets		260	2,281	2,541	3,087
Creditors: amounts falling due within one year	10	(491)	0	(491)	(592)
Net current assets		(231)	2,281	2,050	2,495
Total assets less current liabilities		3,225	2,281	5,506	5,661
Funds of the charity					
Unrestricted		3,225	-	3,225	3,412
Restricted		-	2,281	2,281	2,250
Total funds	11.1	3,225	2,281	5,506	5,661

The notes on pages 37 to 49 form part of these accounts.

Member of the Charitable Funds Committee
Mr S Hunter Director of Finance
 Date:

Notes to the Account

1. Accounting policies

1.1 Accounting convention

The financial statements have been prepared under the historic cost convention, as modified for the revaluation of certain investments, and in accordance with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008, and Accounting and Reporting by Charities: statement of Recommended Practice, 2005 (SORP) as updated.

1.2 Incoming resources

- a)** All incoming resources are recognised once the charity has entitlement to the resources, it is certain that the resources will be received and the monetary value of the incoming resources can be measured with sufficient reliability.

b) Gifts in kind

The charity received no gifts in kind during 2014/15.

c) Intangible income

The charity had no intangible income/ expenditure during the year.

d) Legacies

Legacies are accounted for as incoming resources once the receipt of the legacy becomes reasonably certain. This will be once confirmation has been received from the representatives of the estates that payment of the legacy will be made or property transferred and once all conditions attached to the legacy have been fulfilled.

Material Legacies which have been notified but not recognised as incoming resources in the Statement of Financial Activities are disclosed in a separate note to the accounts with an estimate of the amount receivable. (Note 12)

1.3 Resources expended and Arrangements with RBCH staff

The funds held on trust accounts are prepared in accordance with the accruals concept. All expenditure is recognised once there is a legal obligation to make a payment to a third party.

a) Cost of generating funds

The cost of generating funds are the costs associated with generating income for the funds held on trust.

The Trust fundraising team continues to organise fundraising and provides the opportunity to increase income. The costs associated with fundraising and the overhead facility costs, are recharged from the Royal Bournemouth (RBH) and Christchurch (XCH) Hospitals NHS Foundation Trust, and these are on an accruals basis based on actual costs incurred.

b) Grants payable

Grants payable are payments, made to third parties (including NHS bodies) in the furtherance of the funds held on Trust's charitable objectives are the provision of patient care and staff welfare. They are accounted for on an accruals basis where the conditions for their payment have been met or where a third party has a reasonable expectation that they will receive the grant. This includes grants paid to NHS bodies.

c) Management and administrative costs

Staff provision for financial information support has been agreed. Associated costs are accounted for on an accruals basis and are recorded as recharges of appropriate proportions from the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust. The recharge for 2014/15 totalled £54,507 (2013/14 £52,500).

The recharge is made up as follows:

	2014-15	2013-14
Financial Services:		
RBCH staff	16	11
Internal audit	3	6
External audit	5	5
Non pay costs	8	8
Ext NHS Finance Services	22	22
Indemnity insurance	1	1
	55	53

Fundraising cost are also recharged to the charity from the Foundation Trust and are detailed below:

	2014-15	2013-14
RBCH staff	120	99
RBCH Non - Pay Costs	25	17
	145	116

1.4 Structure of funds

The funds are classified and structured as follows

Unrestricted funds

The majority of the charitable funds are unrestricted in their classification. They are “designated” unrestricted funds which are classified into individual areas, to be used for a particular purpose in the future. The use of these funds are at the discretion of the Trustee to benefit both patient & staff in their use within a specified area of the Hospital.

Restricted Funds

The Jigsaw new build fund is a restricted fund, that is expendable at the discretion of the Trustee in furtherance of the particular aspect of the objectives of the charity and in line with the donor’s wishes.

This fund has arisen from income generated and is for use by the fund managers to benefit the area specified in the Appeals purpose. The funds must be utilised in line with the specified purpose.

The Trust has no Endowment (Capital - Expendable or Permanent) Funds.

Analysis of the unrestricted and restricted funds can be found in Note 11.1 & 11.2.

Details of the funds and their individual purpose can be obtained from the Charity Office along with information on the fund performance for the year 2014/15.

1.5 Fixed asset investments

Investment Fixed Assets are shown at Market Value, as detailed in Note 8 to the Statement of Financial Activities.

The Trustee policy is to invest charitable funds with investments that maximise capital and are the most suitable investment type. The long-term objective is to invest capital that will give the maximum growth on income with minimal risk. The investment held as at balance sheet date are units within a Common Investment Fund and are included in the Balance Sheet at the closing price at 31st March 2015.

1.6 Investment gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (or date of purchase if later).

Unrealised gains and losses are calculated as the difference between the closing market value and the opening value (or date of purchase if later). These are shown in the Statement of Financial Activities under gains on revaluation of investment assets. and

are accounted in the general fund.

Analysis of the Investment gains and losses can be found in Note 8 to the Statement of Financial Activities.

1.7 Short Term Investments

These include investments placed by The Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust on behalf of the charitable funds and are held in the Trusts name. Once a fixed term period has ended the monies are either reinvested in another fixed term investment for a further period of time agreed with Charity Trustee or are repaid to the Charitable Funds.

Short Term Investments include Stocks & Equities that have been received as part of Legacy distributions given to the Charitable Funds. These are revalued at yearend and any gain or loss on revaluation of the investment asset is shown in the Statement of Financial Activities.

1.8 Apportionment of Investment Income

The Fixed Asset Investment (Common Investment Fund) is revalued every month and any unrealised gains or losses on the difference between the closing balance and the opening balance are charged to the general fund.

It was agreed by the Committee that any short-term investment interest, would be distributed to the General Fund.

1.9 Pensions contributions

There are no employees within the charity.

1.11 Pooling scheme

An official pooling scheme is registered for investments with the Charity Commission on 16 June 1998.

1.12 Related party transactions

The Charitable Trust has made revenue and capital payments to the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust where the Trustees are also members of the Board of Directors. A summary of the Turnover and Net Surplus / (Deficit) for the NHS Foundation Trust for 2013/14 and 2014/15 is shown in Note 15.

Arrangements are in place with the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust for the completion of a monthly recharge relating to all charitable expenditure incurred by the Trust. The recharge is paid in arrears.

Details of Resources Expended with related parties during 2014/15 are shown in Note 3.2.

1.13 Reserves policy

Most of the expenditure incurred by the Charity is in respect of contributions to patients, staff and the purchase of medical equipment. The policy of holding reserves is a balance between keeping a relatively small sum of money in individual funds for which specific donations have been made and planning for additional capital investment.

The Trustees would normally expect to retain reserves equal to two to three year's annual expenditure, not including the balance of the Restricted Jigsaw Funds. The reserves are replenished through the receipt of significant legacies and donations.

1.14 Supporters

Recognised organisations as major supporters to the Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust Charitable Funds, are as follows:

- The League of Friends Bournemouth and League of Friends Christchurch
- Macmillan Caring Locally

- RVS
- Friends of the Bournemouth Eye Unit
- Bournemouth Chest Diseases
- WBCF - Tulip Appeal
- The Bournemouth Healthcare Trust (BHT)

Income and Expenditure relating to Third Party Recharges are included in donations within Incoming Resources and Expenditure is included within Grants Payable. Details of all Third Party Recharges during 2014/15 are shown in Note 2.3.

1.15 Trustee remuneration

There have been no payments made during the year for the refund of expenses or remuneration to the Trustee.

1.16 Donations policy

Donations are received and receipted to the donor. All donations are allocated to the specified fund, as stated by the donor. Any restrictions on donations usage are adhered to by the Fund Managers and the funds are classified accordingly.

Further details of the purposes of various funds can be seen within the Annual Report.

1.17 Activities in furtherance of charity objectives

In the furtherance of charity objectives, events have been held throughout the year by the fundraising office to generate income to the charitable funds.

Income from the fundraising events held, can be seen within Operating Activities for generating funds.

All related expenditure to these fundraising events has been included within costs of generating funds and can be separately seen on the Statement of Financial Activities for the year.

1.18 Post Balance Sheet events

There are no post Balance Sheet events.

1.19 Support Cost Apportionment

The current approach is that all charges are debited to the General Fund rather than apportioned against all funds. This ensures that specific and small balances are not eroded through admin and fundraising charges. To off-set this, and to ensure equity, all interest and investment gains/losses are also accounted in the General Fund.

2. Incoming resources

2.1 Details of material incoming resources

	Unrestricted Funds	Restricted Funds	Total Funds 2014-15	Total Funds 2013-14
	£' 000	£' 000	£' 000	£' 000
Material incoming resources				
A Bournemouth Eye Unit	38	0	38	294
B Christchurch Refurbishment	6	0	6	4
C Bournemouth General Fund	288	0	288	386
E Jigsaw New Build	0	69	69	275
G Haematology / oncology	25	0	25	51
H Colorectal	1	0	1	2
O Heart Fund	45	0	45	122
P Palliative Care - Mac Unit	6	0	6	0
Q Cancer	101	0	101	0
R Chest diseases	1	0	1	2
Others	575	0	575	122
Total incoming resources	1,086	69	1,155	1,259

2.2 Incoming resources received by category

	Total Funds 2014-15	Total Funds 2013-14
	£' 000	£' 000
Description of the sources of any incoming resources by category		
Donations	156	347
Legacies	684	337
Activity Income from fundraising events	133	51
Other grants receivable	0	150
Interest / Dividends	2	21
Other income	180	353
Total	1,155	1,259

2.3 Income from third parties for recharged expenditure

	Total Funds 2014-15 £' 000	Total Funds 2013-14 £' 000
Details of material third party recharges during the year, included in other incoming resources		
The League of Friends (Bournemouth and Christchurch)	30	7
Friends of the Bournemouth Eye Unit	18	86
Bournemouth Healthcare Trust	101	239
Bournemouth Chest Diseases	0	6
Other	5	15
Total	154	352

3. Charitable expenditure

3.1 Details of resources expended - grants

	Unrestricted Funds £' 000	Restricted Funds £' 000	Total Funds 2014-15 £' 000	Total Funds 2013-14 £' 000
Grants Payable:				
Patients welfare and amenities	448	10	458	571
Staff welfare and amenities	268	100	368	224
Contributions to NHS	616	0	616	496
Miscellaneous	16	0	16	16
End of year commitments	(105)	14	(92)	(2)
Total	1,242	123	1,365	1,304

Further breakdown of the resources expended during the year can be found in the Annual Report 2014/15.

3.2 Grants made to institutions

	Aggregate amount paid £' 000
Name of recipient	
Grants paid to:	
The Royal Bournemouth and Christchurch Hospital NHS Foundation Trust	925
Total	925

Details of grants paid to institutions during the year can be found in a summary of Charitable Fund Balances which is available on request from the Trust.

3.3 Grants paid to individuals

	Unrestricted Funds £' 000	Restricted Funds £' 000	Total Funds 2014-15 £' 000	Total Funds 2013-14 £' 000
Total number of grants made to individuals:				
There was one grant made to an Individual during the year	0	0	0	0
Total	0	0	0	0

4. Resources expended

4.1 Analysis of governance costs

	Unrestricted Funds £' 000	Restricted Funds £' 000	Total Funds 2014-15 £' 000	Total Funds 2013-14 £' 000
Audit fee - external	5	0	5	5
Miscellaneous	49	0	49	47
Total	55	0	55	53

A breakdown of these costs can be found in note 1.3 c

4.2 Costs of generating funds

	Total 2014-15	Total 2013-14
	£' 000	£' 000
Fundraising recharge (including staff recharge costs)	145	116
Publicity costs *	34	25
Total fundraising costs	179	140
Total funds raised from events held during the year **	133	51

Note: * Publicity costs are included within total fundraising costs within the financial statements.

** The total funds raised excludes donations received directly into the charity office, these are included within donations.

4.3 Support cost

Details of support cost apportionment can be found in note 1.19.

5. Analysis of total resources expended

	Cost of Generating Funds	Cost of Activities for Charitable Objectives	Governance Costs	Total 2014-15	Total 2013-14
	£' 000	£' 000	£' 000	£' 000	£' 000
External audit fee	0	0	5	5	5
Indemnity insurance	0	0	1	1	1
Bought-in services from NHS	0	0	48	48	46
Other	179	1,365	1	1,545	1,444
Total	179	1,365	55	1,599	1,497

6. Changes in resources available for charity use

	Unrestricted Funds	Restricted Funds	Total Funds 2014-15	Total Funds 2013-14
	£' 000	£' 000	£' 000	£' 000
Net movement in funds for the year	(98)	(57)	(155)	(28)
Net movement in funds available for future activities	(98)	(57)	(155)	(28)

7. Tangible fixed assets

There are no Tangible Fixed Assets.

8. Fixed assets

8.1 Analysis of fixed asset investments

	2014-15	2013-14
	£' 000	£' 000
Fixed Asset Investments:		
Market value at 31 March	3,166	2,957
Net gain on revaluation	289	210
Market value at 31 March	3,456	3,166
Historic cost	2,850	2,850

8.2 Common funds

	Held in UK	2014-15	2013-14
	£' 000	£' 000	£' 000
Market value at 31 March:			
Investments in a common deposit fund or common investment fund	3,456	3,456	3,166

8.3 Analysis of narrow range investments

	UK Holdings	Non-UK	2014-15	2013-14
	£' 000	£' 000	£' 000	£' 000
Short-term deposits:				
Stocks and Equities	62	9	70	76
Total	62	9	70	76

8.4 Analysis of gross income from investments

	2014-15 Total	2013-14 Total
	£' 000	£' 000
Total gross income:		
Interest bearing bank account	2	21
Total	2	21

Included in this total is income from non-UK stocks and equities amounting to less than £1,000.

9. Analysis of debtors

	2014-15 £' 000	2013-14 £' 000
Amounts falling due within one year as at 31 March:		
Other debtors	14	41
Amounts falling due over one year:		
Accrued income	0	90
Total debtors falling due after more than one year	0	90
Total Debtors	14	131

10. Analysis of creditors

	2014-15 £' 000	2013-14 £' 000
Amounts falling due within one year as at 31 March:		
Other creditors	117	126
Accruals (see note 13) for commitments	375	467
Total creditors	491	592

11. Funds of the charity

11.1 Analysis of funds

	Balance 31 March 2014	Incoming Resources	Resources Expended	In Year Commitments	Gains and Losses	Balance 31 March 2015
	£' 000	£'000	£' 000	£' 000	£' 000	£' 000
Unrestricted						
Research	13	0	(2)	1	0	12
Palliative Care - Macmillan Unit	116	6	(53)	(2)	0	67
Stroke	240	60	(11)	(3)	0	286
Rheumatology	67	2	(1)	0	0	67
Physiotherapy	0	0	0	0	0	0
Medical equipment	83	417	(1)	(146)	0	353
General funds	472	288	(919)	191	289	321
Others	2,332	313	(591)	65	0	2,119
Total Unrestricted	3,323	1,086	(1,579)	105	289	3,225
Restricted						
Jigsaw new build	2,338	69	(113)	(14)	0	2,281
Total restricted	2,338	69	(113)	(14)	0	2,281
Total of all funds	5,661	1,155	(1,692)	92	289	5,506

11.2 Details of material funds

Name of group funds		
A	Research	Research into cure of sickness and advancement of medical education
B	Palliative Care	Any purposes relating to the Palliative Care Unit of the Trust
C	Stroke	Any purpose relating to the stroke rehabilitation within the Trust
D	Rheumatology	Any purpose relating to the treatment of rheumatology within the Trust
E	Physiotherapy	Provision of physiotherapy services at Christchurch Hospital
F	Medical Equipment	For purchases and/or maintenance of medical equipment within the Trust
G	General Fund	General purpose of the Royal Bournemouth and Christchurch hospitals
H	Jigsaw new build	To extend and improve the Oncology / Haematology Unit and Womens Health within the Royal Bournemouth Hospital
	Others	This represents all other unrestricted funds under the classification of "Umbrella funds"

12. Contingencies

The following contingent gains have not been included in the accounts:

	2014-15	2013-14
	£' 000	£' 000
Contingent gains:		
Outstanding legacies	138	131
Total contingent gains	138	131

13. Commitments, liabilities and provisions

Commitment breakdown for 2014/15

	Capital	Other	Total
	£' 000	£' 000	£' 000
Brought forward commitments as at 31 March 2014	131	331	462
13/14 Commitments spent during 14/15	(131)	(277)	(408)
Remaining 13/14 commitments	0	54	54
New commitments during 14/15	200	121	321
Commitments as at 31 March 2015	200	174	374

Commitments totalling £374,381 relating to grants payable have been included in the accounts

Large Commitments 14/15 - Projected expenditure dates

	CFA Number	Value	Estimated Expend Date
		£' 000	
Increased Employee Engagement	RBH0590	24	2015/16
2-years funding for Quality based roles in Ward 10	RBH0728	81	2015/16
New obstetric ultrasound machine	RBH0775	52	2015/16
To provide a template biopsy service at RBCH	RBH0960	148	2015/16

The Trustee recognise liabilities in the accounts once they have incurred either a legal or constructive obligation to expend funds.

14. Indemnity insurance

	2014-15	2013-14
	£' 000	£' 000
Description of cover:		
Trustee indemnity insurance	1	1

15. Connected organisations

	2014-15 (Audited)		2013-14 (Audited)	
	Income of Connected Organisation	Deficit for Connected Organisation	Income of Connected Organisation	Surplus for Connected Organisation
	£' 000	£' 000	£' 000	£' 000
Name of Organisation				
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	266,381	(5,232)	259,802	558



The Royal Bournemouth Hospital
Castle Lane East
Bournemouth
Dorset
BH7 7DW
Tel: 01202 303626

Christchurch Hospital
Fairmile Road
Christchurch
Dorset
BH23 2JX
Tel: 01202 486361

www.bournemouthhospitalcharity.org



@Bmthhospcharity



bournemouth.hospitalcharity

Forward View into Action: Dorset Clinical Services

REGISTRATION OF INTEREST FOR FUTURE MODELS OF ACUTE CARE COLLABORATION

Please keep your applications to no more than 4 pages.

Q1. Who is making the application?

(What is the entity or partnership that is applying? Interested areas may want to list wider partnerships in place, e.g with the voluntary sector. Please include the name and contact details of a single CEO best able to field queries about the application and whether you are applying to lead a partnership or are applying to be part of a partnership.)

The three district general hospital providers in Dorset together serve a population of 850,000 (including parts of West Hampshire) with a complex mix of urban and rural communities. We already have a number of clinical networks and lead provider arrangements within the County which help deliver high quality cost effective services e.g. the vascular services network, the renal services network and the Dorset Cancer network.

However we know we can do much more, therefore together we have agreed a *vision to create a new joint venture “one NHS” to improve the delivery of health services to the people of Dorset*. The achievement of this vision will need to address historic organisational cultures and behaviours, remove barriers to decision making and ensure high quality innovative services are delivered within the limited resources available. The organisations making this application are;

- Dorset County Hospital NHS Foundation Trust
- Poole Hospital NHS Foundation Trust
- The Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust

Dorset Healthcare University NHS Foundation Trust are fully committed to support us in achieving this vision for all services, including primary and community care and mental health. Finally this joint application is supported by NHS Dorset Clinical Commissioning Group (main commissioner), NHS England (Wessex hub specialised services commissioner), South West Ambulance Trust and all three local authorities (Borough of Poole, Bournemouth Borough Council and Dorset County Council).

Lead Chief Executive: *Debbie Fleming (Chief Executive of Poole Hospital NHS FT), contact number - 01202 442624, email address - Debbie.Fleming@poole.nhs.uk*

Q2. What are you trying to do?

(Please outline your vision and what you want to achieve by being part of the new care models programme)

Joining the programme will allow the acute providers to respond more quickly to the vision which has arisen from the Dorset CCG led Clinical Services Review (CSR). Dorset is the 3rd largest CCG in the country (766,000 population) with a diverse geography (urban and rural), and a demography marked by a growing elderly population (over 75's to increase by 30% by 2021) as well as a growing younger population, both of which require different solutions to address their wide ranging health needs. Our elderly demographic includes the greatest concentration of over 75's in England. Therefore the future health needs of the Dorset population are significant and it is essential that services are urgently redesigned and reorganised to meet these needs.

The Dorset CSR was launched in October 2014 and it is clinically led public review of health services in the County, which starts with addressing the health needs of the population, in a sustainable way. The vision from this review and engagement undertaken to date is outlined below;

Dorset CSR Vision – sustainable models of care for, in and out of acute hospital care, to meet the needs of our local people. 24 hours a day, 7 days a week and is accessible to everyone.

Dorset CSR Engagement – the review has engaged and is continuing to engage extensively with the public, partners and stakeholders across Dorset as follows:

Public, patients and carers: 525 people at 9 public events, 5 major patient and public engagement group meetings, analysis of 29,000 survey responses from over 6,000 people and information to 1,400 Health Involvement Network members.

GPs and primary care teams: 13 locality based out of hospital discussion meetings, 50 cluster and locality meetings and 38 practice visits and workshops and membership events.

Senior Managerial and Clinical Leadership: Senior leadership from all organisations, with Chief Executives, Medical Directors, Director of Finance, Director of Operations and Chairs.

Wider NHS Staff: Meetings and briefings with primary care, acute hospitals, community and mental health services, ambulance service including NHS 111 and private providers.

Other stakeholders: Meetings and briefings with NHS England, Health and Wellbeing Boards, Healthwatch, MPs, Monitor, Health Oversight Scrutiny Committees, Councillors, Communication leads for the Police, Fire sectors and voluntary organisations.

The outcome of the Dorset CSR will be to design new models of health and social care to respond to the challenges of the *Keogh review* and the *Five Year Forward Review* and ***what is already clear is support from our clinicians and the public for change, including seven day working***. Recognising this desire for change the challenge for Dorset acute care providers is threefold (a) how to implement the agreed outcome of the Dorset CSR at *pace and scale* and (b) how to make those changes within the current organisational and regulatory structures and (c) how existing services can still be delivered through a financially (and clinically) sustainable model during the transition period.

The route considered best to achieve this CSR vision in Dorset is a multi-service joint venture.

For this Dorset joint venture to help achieve the whole system change envisaged in the CSR, will require firstly robust clinical network models for a range of acute services, secondly successfully address the significant organisation development (behavioural and cultural) challenges created by cross organisational working and thirdly agree new governance, legal, workforce and commercial models for the joint venture. It is these three areas that being part of the Programme will help us, through access to peer and centrally based expertise.

In summary the three district hospital providers in Dorset aim to use one of the suggested models outlined in the Dalton Review i.e. a Joint Venture to remove the organisational barriers that if left unmanaged will slow or even stop the implementing of future sustainable health services in Dorset.

Q3. Please articulate how your vision will deliver clinically and financially sustainable high quality acute services to maintain local access for patients and their families and/or how you will help codify and replicate effective clinical and managerial operating models in order to reduce avoidable variations in the cost and quality of care?

Dorset clinicians will ***work horizontally across organisations***, delivering care in a variety of settings, within a model that involves patients and their families in service design and thereby best meets the needs of patients, rather than the needs of individual organisations. This will lead to;

- a reduction in unwarranted variation of care
- standardised implementation of best practice
- ensure the rapid spread of innovation
- encourage research
- quality improvements being mainstreamed (supported by larger scale clinical audit)
- raise professional standards
- best use our workforce and improve recruitment and retention of staff
- support seven day working
- ensure the achievement of current and future national standards
- maximise value for money
- improve outcomes including reducing avoidable mortality.

There will be a more equitable delivery of services across the whole of Dorset, with the clinical network(s) organised to ensure that all patients are able to access a consistent, high standard of care, with a parity of esteem irrespective as to where they live. It is envisaged that there will be movement to a single shared rota for many clinical service across Dorset which will ensure the best use of scarce human resources, whilst at the same time, the creation of job plans that allow for the recruitment and retention of high calibre clinicians, thus ensuring the development of sustainable clinical models.

Our vision will be to create an organisational model that removes barriers, empowers clinicians, involve patients and the public to improve services for the benefit of the population of Dorset.

Q4. Please describe where you are currently and what steps you have already taken in thinking through and delivery towards your proposed care model.

The Dorset health system already incorporates a number of clinical networks and lead provider arrangements, for example the vascular services network, the renal services network and the Dorset Cancer network. Each of these has been set up to operate in different ways, depending on their history, background and service requirements. There are already strong links between clinicians in a wide range of specialties across Dorset, something which has been strengthened through the clinical engagement work associated with the Dorset CSR. In addition a significant number of clinical leaders have taken part in a joint Leadership Development programme.

We are also currently working collaboratively to develop a proposal to establish a joint venture for Integrated Pathology Services, a partnership that also involves Salisbury Hospital NHS FT. We already share a number of business services for example, Information Technology Services. We have a history of working together to procure non-clinical support services, and have established outsourced arrangements in areas such as payroll and laundry services.

This acute care collaboration Vanguard provides a real opportunity to “accelerate” the next stage of implementation. However, the barriers (both “hard and soft”) to horizontal collaboration are real, and unless these are removed there remains a significant threat to the viability of acute services across Dorset. Only by working together effectively can any of the organisations hope to deliver the scale and pace of savings that will be required in taking forward the Five Year Forward View.

Therefore are stated aims are that;

- We will create a Dorset Acute Care Alliance Steering Board in Dorset to improve the delivery of health services to the people of Dorset.
- We will create a separate joint venture to run an agreed range of Dorset wide services (both clinical and business).
- We have agreed the initial number of clinical services (based on their importance to the CSR) that will be assessed, with the aim of transferring into the joint venture organisation, alongside a criteria based approach for services which may benefit from joining the Joint Venture and creating the critical mass for a successful organisation.
- We will involve patients and their families in the process of designing the network models drawing on experience-based design principles.

The acute care providers in Dorset have already made the decision to work together, this vanguard application will help us achieve our vision quicker and allow learning to be shared with others.

Q5. Where do you think you could get to over the next year?

(Please describe the changes, realistically, that could be achieved by then.)

Deliverables by October 2016 will include:

1) **Governance:** Dorset Acute Care Alliance Board to be formed by **October 2015** with initial membership comprising: 3 Chairs, 3 CEOs, 3 Medical Directors and 3 Executive Directors (one of each drawn from each FT, ensuring a broad and balanced overall skill-set).

2) **Programme Management;** arrangements to support the programme of work (work streams) of the Dorset Acute Care Alliance Steering Board will be agreed by **October 2015**.

3) **Joint Venture:** Scoping exercise completed by **November 2015** and Joint Venture framework (unpopulated) vehicle created by **July 2016**.

4) **Formal Programme Review;** formal six month review on progress by **March 2016**. This will include governance, membership and progress on individual work streams.

5) **Identified services:** The following initial priority services to be assessed against the agreed criteria, prior to a decision to transfer into the joint venture by **July 2016 are;**

- **Clinical services:** Maternity, Paediatrics, Cardiac, Stroke, Ophthalmology and non-surgical cancer services (including radiotherapy and chemotherapy)
- **Clinical support:** Imaging (note Pathology is subject to a separate process)
- **Business Services:** Dorset wide IT and other transaction related services

6) **Implementation plan:** (including workforce issues) agreed with all relevant partners by **July 2016**

7) **Go Live:** Transfer of initial agreed services into Joint Venture by **October 2016**.

The future challenge is harnessing our collective leadership capabilities to overcome the soft behavioural and cultural challenges, as well as the hard governance, legal and commercial issues.

Q6. What do you want from a structured national programme?

(Aside from potential investment and recognition: i.e. what other specific support is sought?)

We recognise that it is essential that appropriate organisational arrangements are implemented as soon as possible, to remove organisational barriers that inhibit horizontal working across the health system in Dorset. We are therefore keen for support from the New Care Models, this may include:

- **Programme Management** – advice, expertise, analytics and resources to establish an appropriate structure to deliver the programme of work within a challenging timescale.
- **Organisational Development** – expertise to help address behavioural and cultural issues.
- **Creating the joint venture** - by exploring appropriate options e.g. commercial or social enterprise. Receiving advice, governance, commercial, legal, taxation and workforce employment issues.
- Support in dealing with **competition issues as these arise** – particularly given the history associated with the previous failed merger on the eastern side of the county.
- To agree **innovative contracting and payment models** - within the cash constrained environment - that blend existing funding streams into one flexible pot, and better serve the needs of Dorset patients by removing existing unintended barriers and perverse incentives. Examples may include (a) **moving away from single year contracting**, thereby increasing the certainty associated with the CSR implementation and early stages of deliver and (b) **capitation based payments** to ensure financial incentives are in the right place with the provider best able to add best possible value
- Developing **innovative workforce solutions** - which may include single contracts and rotas via a Dorset-wide joint venture vehicle, sharing clinical workforce - planning, modelling, recruitment, training and employment contracts as well as developing new roles and approaches to skill mix.
- Taking full advantage of **digital technology** to rethink entirely the way services could be delivered in line with the Dorset CSR vision.
- Developing and **making better use of the collective Dorset NHS estate** to support the new models designed by clinicians as part of the CSR.

Finally as an aspirant Vanguard, the Dorset providers are committed not only to finding the optimal solution that will enable delivery of the Dorset CSR, but also to ensuring that all learning is shared, so that the model can be rolled out elsewhere as appropriate.

Please send the completed form to the New Care Models Team (england.newcaremodels@nhs.net) by **31 July**