

A meeting of the Board of Directors will be held on Friday 16 December 2016 at 8.30am in the Conference Room, Education Centre, the Royal Bournemouth Hospital.

If you are unable to attend on this occasion, please notify me as soon as possible on 01202 704777.

Karen Flaherty
Trust Secretary

A G E N D A

Timings		Purpose	Presenter
8.30-8.35	1. WELCOME, APOLOGIES FOR ABSENCE and DECLARATIONS OF INTEREST		
8.35-8.40	2. MINUTES OF PREVIOUS MEETING		
	a) To approve the minutes of the meeting held on 25 November 2016		<i>All</i>
8.40-8.45	3. MATTERS ARISING		
	a) To provide updates to the Actions Log		<i>All</i>
8.45-10.00	4. QUALITY		
	a) Patient Story (verbal)	Information	<i>Paula Shobbrook</i>
	b) Feedback from Staff Governors (verbal)	Information	<i>Jane Stichbury</i>
	c) Quality Improvement Progress (presentation)	Discussion	<i>Tony Spotswood</i>
	d) Medical Director's Report – Mortality and Sepsis (paper)	Information	<i>Alyson O'Donnell</i>
10.00-10.05	5. PERFORMANCE		
	<i>Due to the date of the Board meeting in December being earlier than usual, the performance information for November will not be available in time for the meeting. The regular performance reports for November will be circulated to the Board separately once available.</i>		
10.05-10.30	6. STRATEGY AND RISK		
	a) Sustainability and Transformation Plan (paper)	Information	<i>Tony Spotswood</i>
	7. GOVERNANCE		
	a) <i>No items</i>		
	8. NEXT MEETING		
	Friday 27 January 2017 at 8.30am in the Conference Room, Education Centre, the Royal Bournemouth Hospital		
	9. ANY OTHER BUSINESS		
	Key Points for Communication to Staff		
10.30-10.45	10. COMMENTS AND QUESTIONS FROM THE GOVERNORS AND PUBLIC		
	Comments and questions from the governors and public on items received or considered by the Board of Directors at the meeting.		

11. 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.

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Part I Minutes of a Meeting of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust **Board of Directors** held on **Friday 25 November 2016** in the Conference Room, Education Centre, the 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>
	Tea Colaianni	(TC)	<i>Non-Executive Director</i>
	Derek Dundas	(DD)	<i>Non-Executive 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>
	Alex Jablonowski	(AJ)	<i>Non-Executive Director</i>
	John Lelliott	(JL)	<i>Non-Executive Director</i>
	Alyson O'Donnell	(AOD)	<i>Medical Director</i>
	Steve Peacock	(SP)	<i>Non-Executive Director</i>
	Richard Renaut	(RR)	<i>Chief Operating Officer</i>
	Paula Shobbrook	(PS)	<i>Director of Nursing and Midwifery</i>
In attendance:	Sarah Cordery	(SC)	<i>Deputy Clinical Site Manager</i>
	James Donald	(JD)	<i>Head of Communications</i>
	Karen Flaherty	(KF)	<i>Trust Secretary</i>
	Denise Gilroy	(DG)	<i>Deputy Clinical Site Manager</i>
	Anneliese Harrison	(AH)	<i>Assistant Trust Secretary(minutes)</i>
	Nicola Hartley	(NH)	<i>Director of OD and Leadership</i>
	Dily Ruffer	(DR)	<i>Governor and Membership Manager</i>
	Darren Sparks	(DS)	<i>Physiotherapist</i>
	Dr Pankaj Verlekar	(PV)	<i>SPR, Diabetes & Endocrine</i>
Public/ Governors:	Andrea Addis		<i>Patient Champion</i>
	Ann Abraham		<i>Chair, Dorset Healthcare University NHS Foundation Trust</i>
	David Bellamy		<i>Public Governor</i>
	Derek Chaffey		<i>Public Governor</i>
	Eric Fisher		<i>Public Governor</i>
	Bob Gee		<i>Public Governor</i>
	Paul McMillan		<i>Public Governor</i>
	Keith Mitchell		<i>Public Governor</i>
	Margaret Neville		<i>Representative of the Friends of the Eye Unit</i>
	Roger Parsons		<i>Public Governor</i>
	Alan Radley		<i>Public Governor</i>
	Guy Rouquette		<i>Public Governor</i>
	Graham Swetman		<i>Public Governor</i>
	David Triplow		<i>Public Governor</i>
Apologies	None.		

WELCOME, APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

The Chair welcomed those attending including Tea Colaianni, recently appointed as Non- Executive Director, and Ann Abraham, Chair of Dorset Healthcare University NHS Foundation Trust.

The Chair reflected on the Board Charter and the importance of being approachable, inquisitive and taking action. A number of exciting developments were underway at the Trust including work with staff to develop new Trust objectives and taking time to celebrate our successes.

MINUTES OF PREVIOUS MEETINGS**(a) Minutes of the meeting held on 28 October 2016 (Item 2a)**

The minutes of the meeting held on 28 October 2016 were **approved** as an accurate record of the meeting subject to the amendment at 83/16(b) from *"IT services were developing options for an integrated pathology service"* to:

- *"IT services were developing options for an integrated service;*
- *Pathology services for the 3 acute trusts in Dorset are planning to form a single service using a single Laboratory Information Management System (LIMS)."*

MATTERS ARISING**(a) To provide updates to the action log (Item 3a)**

An update was provided on action reference 81/16(d) (proposals to reduce the use of medical agency staff) that this was to be discussed at the Workforce Transformation Steering Group and with Clinical Directors to create transparency around the associated pressures and trends which would then be considered by the Workforce Strategy and Development Committee.

The updates on actions 71/16(a) and (d) were noted.

QUALITY**(a) Patient Story (Item 4a)**

Andrea Addis presented to the Board her experience as a patient within the physiotherapy and occupational therapy departments. She had trained as a GP and had aspirations to work in palliative care until she was diagnosed with Hyper Acute Complex Regional Pain syndrome (CRPS). She explained how the condition was diagnosed and her treatment at the National Hospital for Rheumatic Diseases in Bath initially and subsequently at the Trust from a range of different healthcare professionals.

The importance of a specifically tailored therapy programme and a patient centred approach was emphasised as having the team working with her and incorporating her own needs and goals as a patient and a person in the care which was provided had been

incredibly empowering.

The team at the Royal Bournemouth Hospital had sought to make improvements following her treatment to ensure that desensitisation was introduced at an early stage for CRPS, to incorporate methods to support patients with everyday tasks and improve patient liaison with better communication.

For the Board it was encouraging that staff were representing the Trust's values and objectives in the care that they were providing. It was discussed how the Trust could further improve engagement and a holistic care approach through having open conversations with patients and treating patients as individuals. It was also raised how the Trust could increase the visibility of patients who were being treated in different areas of the Trust at the same time in order to ensure they were receiving more holistic care.

Andrea also mentioned that she was an Ambassador for Physiotherapy and Occupational Therapy services at the Hospital. Special thanks were paid to James Creasey and the wider team involved in her treatment.

(b) Feedback from Staff Governors (Item 4b)

Staff Governors were unable to meet with the Chair and Chief Executive but the following themes had been identified at the Junior Doctors listening event early that week:

- Junior Doctors' experiences at the Trust were positive. The induction process was welcomed and was highly rated in comparison with other organisations;
- suggestions from the event included increasing access to computers on Ward 22 and focused work to address deteriorating patients, which was in line with the Trust's objectives;
- retention of staff in challenging areas required additional support. There was a perception that it took too long to appoint to posts when vacant;
- the Hospital felt pressurised at times and this was being addressed through targeted focus on patient flow and early discharge at the beginning of every week;
- addressing waits for beds in Ophthalmology.

Feedback on the actions taken to address the themes raised would be provided to Staff Governors.

(c) Complaints Report (item 4c)

Discussions at the Healthcare Assurance Committee (HAC) the previous day had reflected positively on a significant improvement in complaints response times. Performance was above trajectory and there was confidence that the Care Groups had a robust, responsive

service in place to sustain the improvement.

Staff were more frequently addressing concerns as they were arose by providing responses to patients and relatives in person at an early stage. Themes identified through the care campaign audit and noise at night survey had been triangulated with complaints and areas had been identified for improvement including food and drink.

Feedback from the external review of the complaints process would be provided at the next meeting of the HAC before being presented to the Board.

**Agenda
item**

(d) Medical Director's Report - Mortality (Item 4d)

The report reflected a sustained improvement with a downward trend in the reportable mortality rate. The main measures were within the better than expected range which reflected the extent of focus at the Trust and the improvement in care.

The performance measure for sepsis was average and this remained a focus of the Quality Improvement (QI) work to deliver further improvement. Feedback from Dr Foster through mortality alerts had led to the provision of increased support for junior staff when completing death certificates to ensure the information was accurate. It was requested that the themes identified were communicated to staff.

JD

It was anticipated that service changes proposed by the Clinical Services Review (CSR) would support the reduction in the degree of variation within mortality rates across Dorset.

90/16

PERFORMANCE

(a) Performance Exception Report (Item 5a)(paper)

The key themes from the report were highlighted:

- Overall performance remained strong;
- Confirmation had been received that the full funding from the Sustainability Transformation Fund (STF) would be received for achieving the Q2 targets;
- Risks to performance and the STF trajectory included 18 week Referral to Treatment (RTT) and outpatient waits. Although the Trust had achieved the national standard it had been challenging and plans were being developed to address the risks going forward;
- The level of work and progress made on cancer and emergency and elective pathways was commended;

- The winter period would be challenging due to the anticipated increase in activity, however, robust plans and escalation processes were in place.

Board members debated the risks associated with not achieving the RTT trajectory, particular in light of the reduction in the tolerance level. Positive changes within the rules nationally could enable the Trust to 'bank' positive performance in previous quarters and Dorset Clinical Commissioning Group (CCG) had been providing positive support.

Assurance was provided to the Board about the actions in place to maintain performance and the extensive work been undertaken within each specialty around capacity and demand planning, staffing and missed appointments. The impact of the new Theatre template was also highlighted. Alternative solutions were being considered at with local GPs including greater provision for advice and guidance to reduce the volume of referrals which were not necessary.

The Board considered that in the context of how difficult and constrained the position was across the NHS, the level of performance achieved was exceptional particularly as the Trust had remained within its financial control total. However, focus should continue on those areas which remained challenging.

The position with delayed transfers of care was predicted to deteriorate within the winter months due to the limited additional capacity which social services would be providing to address peaks in activity during this period due to a lack of funding. The Trust was doing everything within its control to identify alternatives with increased internal focus on early discharge to improve patient flow. Options would be considered in the private meeting of the Board.

Board members acknowledged that engagement with local authorities and MPs would be essential to influence the changes required for local people and patients.

(b) Quality Report (Item 5b)

The report was summarised highlighting that one serious incident had been reported in October. Performance in harm-free care was also encouraging with a reduction in patient falls and pressure damage.

The Trust remained within the top quartile for patient feedback and friends and family were increasingly recommending the Trust. The volume of responses obtained in the Emergency Department continued to be challenging, however staff were focusing on patients within the minors department and trialling a telephone follow up

service.

Themes identified through the care campaign audit remained consistent and extra steps were being taken to implement the plans already in place with increased engagement to ensure consistency.

The internal peer review process recognised that more work was required around medicines storage. The value of the peer review process was commended and the change in the perception of peer reviews within teams was recognised with teams now inviting peer reviews.

The Board requested a regular, more detailed update on different aspects of the QI work on a cyclical basis.

**Agenda
item**

(c) Finance Report (Item 5c)

Despite the constraints within the NHS the Trust was in a strong financial position year to date. The reduction in the reliance upon agency staff had been maintained and the Trust was operating within the nationally set ceiling. In addition, the financial control total year to date had been achieved thereby securing access to the Sustainability Transformation Funding. Under the new Single Oversight Framework the Trust had achieved a 'Use of Resources' score of 2 (1 rated as the best and 4 being the worst performing.)

Inherent risks included increases in non-elective activity which would impact upon performance targets. CIP savings were £0.9 million behind the plan for the full year, however, schemes continued to be developed. Private patient income remained significantly below plan however it was anticipated this would increase in future years. In addition the sustained increase in emergency demand was having a detrimental impact but capacity within the Trust's contingency had been created to support winter pressures.

Care Group performance had improved significantly and recovery plans had been presented to the Finance and Performance Committee. The Committee had suggested that a greater consistency in reporting from the Care Groups would be helpful as well as a giving a clearer sense of the risks to delivery.

(d) Workforce Report (Item 5d)

The key themes from the report were summarised and included:

- the vacancy rate had improved in month from 5.3% to 4.8% despite the usual difficulties in recruiting at this time of year;
- 93% of medical appraisals and revalidations had been completed;
- improvements had been made with the values based

- appraisal trajectory although further work was in train;
- medical staff compliance with essential core skills training had increased and would positively impact the overall position;
- sickness absence had deteriorated having seen significant improvements in some areas as a result of delivery of the actions plans to implement the recommendations in the internal audit;
- the turnover rate year compared positively nationally with an improvement this year;
- a staff member had received a Health Service Journal (HSJ) award set up to acknowledge the contribution of EU staff in the NHS which recognised their innovation and enthusiasm.

Sickness absence was being rigorously monitored and support was being provided for local management discussions to ensure that these took place at an early stage. A deep dive exercise had been planned with support from the Medical Director to address sickness absence in challenging areas. The profile of health and wellbeing was being elevated within the Trust and funding had been secured.

The Board recognised the progress on appraisal and training compliance however were reminded of the importance of providing relevant mandatory training to individuals so that the Board could be confident that it was using the correct measure for staff training. This was an area of continual focus for the Workforce Strategy and Development Committee, recognising national requirements, and developing more internal training modules to ensure greater relevance for staff.

In response to a query about increasing productivity and efficiency at the Trust the focused programme of QI work underway was outlined which would drive improvements in high quality care which, in turn, would generate gains in terms of productivity, cost efficiencies and a reduction in waste. Better ways of demonstrating this to the Board would be considered.

(e) Stroke Services Update (Item 5e)

The Trust remained within the top 5% of trusts for the quality stroke measures. Risks to the service and status related to medical staffing and the stroke outreach service.

The stroke services involvement in the Stroke Vanguard workstream as part of the CSR was highlighted. This work involved the reconfiguration of stroke services across Dorset to provide the best outcomes for patients and generate savings. Evidence supported targeted treatment within an hour to provide the best outcome for patients. Access to scans on a 24/7 basis would increase from January and the new CT scanner would be installed at the end of

April.

The Board were informed that Endoscopy had gained accreditation from the Joint Accreditation Group. The glowing report reflected the dedication of the team, particularly in achieving timely access to diagnostics for all patients within six weeks. This was one of largest and busiest endoscopy services nationally. CH would send a letter on behalf of the Board to congratulate the team on their success.

CH/JS

91/16

STRATEGY AND RISK

(a) Clinical Services Review (Item 6a)

Confirmation had been received from NHS England (NHSE) that the CCG could advance with the consultation from the 1 December 2016. The release of the consultation document was embargoed until this time but would outline the proposed changes to community services and the reconfiguration of hospital services.

The proposed changes to accident and emergency and maternity services were likely to feature strongly in the public debate. It was important to emphasise that the emergency care clinicians supported the proposals as the right model of care and there would be a 24/7 medical presence at the urgent care centre on the planned site. Maternity services would see different patterns of care for the east and west of Dorset

The CCG were encouraging local foundation trusts to share the document widely in order to encourage responses to the consultation. Responses would be assessed independently and take into account concerns in different areas. The final decision would be provided by the CCG in September 2017 which would be the trigger for the discussions about the capital required to fund the changes and discussions with the Competition and Markets Authority about releasing the undertakings provided by the Trust and Poole Hospital NHS Foundation Trust in order to progress the changes required by the CSR.

Chief executives from the four foundation trusts, together with the CCG, Director of Social Services and Council leaders had met to consider the future pattern of primary and social care across Dorset and the potential for integration. It was noted that the outcome of the local authority consultation on reshaping local councils would heavily influence the future strategy.

Board members reinforced the importance of progressing with the CSR in order to achieve the outlined benefits for patients in Dorset.

(b) Vanguard: One NHS in Dorset (Item 6b)

Updates were provided on the progress on stroke services, which was targeting April 2017 for changes to the pattern of provision to one or two hyperacute stroke units in Dorset, and back office

services such as the integrated pathology service.

The Board were keen to see the practical and tangible outcomes from the significant investment. It was noted that pathology and back office services had been identified nationally as areas for priority.

(c) Update on OD Strategy and Leadership (Item 6c)

Following its organisational development work, the Trust had been identified as a case study promoted by NHS Improvement (NHSI) specifically for the work with the Change Champions. This had generated national interest and the Trust was also invited to join the national project team on leadership along with NHSI, The King's Fund and the Centre for Creative Leadership.

The Board were updated on the developments within the strategy which included:

- 25 pieces of work were underway, split between three categories - just do it, do it with a plan, take to design phase;
- recognition, reward and celebrating success were in the design phase, recasting how to recognise hard work and reward staff;
- working on the leadership model for the Trust for release next year, taking into account the NHSI national leadership framework launched that day;
- leadership development and quality improvement focused on working on pan-Dorset initiatives as well;
- the leadership model reflected collective leadership - moving away from command and control and focusing on team efforts;
- initial feedback on the ten leadership behaviours had been positive;
- the documentation from the national project team would be made available for use anywhere in the NHS;
- developing a 360° feedback tool as part of the national project which would be piloted in the Trust.
- training was been provided to groups of staff on team coaching, resilience in challenging and difficult environments and vital conversations and customer care training would be provided to all staff.

A further update would be provided to the Board in March.

**Agenda
item**

92/16

DATE OF NEXT MEETING

16 December at 8.30am in the **Conference Room, Education Centre, Royal Bournemouth Hospital**

93/16

Key Points for Communication:

1. Positive performance within reports and national recognition.

2. Thank you to staff for their hard work.
3. Winter pressures.
4. Organisational Development update.

94/16

QUESTIONS FROM GOVERNORS AND MEMBERS OF THE PUBLIC

- DB questioned whether the Trust did enough in terms of holistic care by referring patients back to their GPs if the GP's diagnosis was not correct instead of onward referral to colleagues within the Trust. While the CCG had preferred that patients were referred back to GP, the Trust would like to support this although there was some variability as to how this operated in the Trust. The payment system had not been an obstacle to achieving this in recent years but providing advice and guidance to GPs at the point of referral would help achieve the same goal from a patient's perspective;
- AR queried whether email was being used effectively to communicate with GPs as part of the Trust's plan to support delayed discharges. 'System one' already existed which allowed instant communication with GPs for advice and information. However this required agreement from each GP practice to implement. The Trust also operated a telephone service to a 'Geriatrician of the day' to advise GPs. There was still more to be done by the Trust and GPs to digitise information. Discharge summaries could be created and transmitted digitally but around 40% of these were still on paper which was a block to communicating quickly;
- DC expressed concerns regarding the potential merger with Poole Hospital NHS Foundation Trust and whether this presented any greater opportunities than already available under the CSR. He did not want to see money or staff effort diverted to the merger. He was assured that there would be in-depth discussions with the Council of Governors before any merger. At the current time the work with the CMA was to secure the release of the undertakings in order to progress the CSR. It was important to consider the local population as a whole not just the Trust when planning for the future and there were a range of new and different organisational forms emerging nationally to deliver better care to the local community.

Date of Meeting	Ref	Action	Action Response	Response Due	Brief Update
25.11.16	88/16	QUALITY			
	(c)	<u>Complaints Report</u>			
		Provide the feedback from the external review of the complaints process to the Board.	PS Agenda item	Complete	January Part 2 Agenda item.
	(d)	<u>Medical Director's Report - Mortality</u>			
		Communicate the themes identified in the report to staff.	JD	Complete	Updates will feature in the monthly Medical Director's blog
	89/16	PERFORMANCE			
	(a)	<u>Quality Report</u>			
		Include regular updates on the QI work around quality and patient flow on the agenda.	Agenda item/ RR	Complete	Included as standing agenda item.
	(e)	<u>Stroke services</u>			
		Draft a letter on behalf of the Board to congratulate the team on their success.	CH/JS	In progress	Letter to be drafted.
	90/16	STRATEGY AND RISK			
	(c)	<u>Update on OD Strategy and Leadership</u>			
		Provide a further update to the Board in March.	NHa/ Agenda item	Complete	Included as a draft agenda item March 2017.
28.10.16	81/16	PERFORMANCE			
	(d)	<u>Workforce Report</u>			
		Identify proposals to reduce the use of medical agency staff.	Workforce Committee	December	In progress. Workforce Committee meeting scheduled 15 December.
30.09.16	71/16	QUALITY			
	(a)	<u>Patient Story</u>			
		Recording of patient discussions to be shared as an idea. This enables patients to review at a later stage.	PS	In progress	To be followed up by QARC and Associate Medical Director

	(d)	<u>Adult Safeguarding and Child Protection Safeguarding Report</u>			
		DoLs mandatory training. Report to be brought back at a later date to ensure improvement.	PS	Report to Workforce Committee December 16	November: A report will be taken for discussion at the TPSC and Workforce Committee in early December.
	74/16	GOVERNANCE			
	(e)	<u>EPRR Assurance Declaration</u>			
		Update of the action plan and timeframe.	RR	January	EPRR action due January Board. Place in Forward plan
26.02.16	13/16	MATTERS ARISING			
	(a)	<u>CQC Report Update</u>			
		Utilise the Monitor well- led self-assessment to measure Trust improvements ahead of the next CQC inspection together with the peer review programme. Remit the overarching assessment to the Healthcare Assurance Committee.	PS	In progress	Not yet due – self assessment to be refined and submitted to independent assessor in December.

Key:	Outstanding
	In Progress
	Complete
	Not yet required

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The Royal Bournemouth and
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BOARD OF DIRECTORS

Meeting Date and Part:	16 th December 2016 – Part I
Subject:	Mortality Report
Section on agenda:	Quality
Supplementary Reading (included in the Reading Pack)	Appendices referred to in the paper
Officer with overall responsibility:	Alyson O'Donnell, Medical Director
Author(s) of papers:	Alyson O'Donnell, Medical Director
Details of previous discussion and/or dissemination:	Mortality Surveillance Group Directorate Governance
Action required: Approve/Discuss/Information/Note	Information / Note / discuss
Executive Summary:	This paper updates the Board on the current Trust position and activities to reduce mortality.
Relevant CQC domain: Are they safe? Are they effective? Are they caring? Are they responsive to people's needs? Are they well-led?	Safety
Risk Profile: i. Impact on existing risk? ii. Identification of a new risk?	No

Medical Director's Report on Mortality and Outcomes

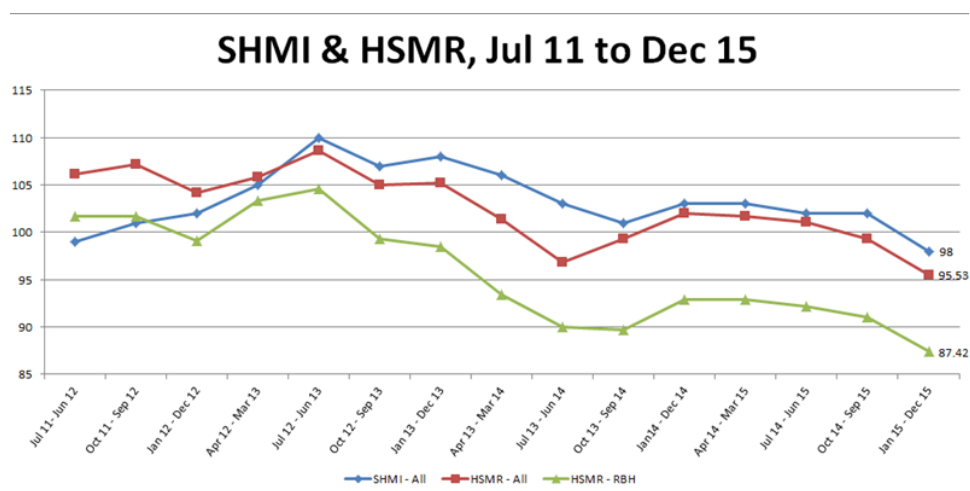
November 2016

Introduction:

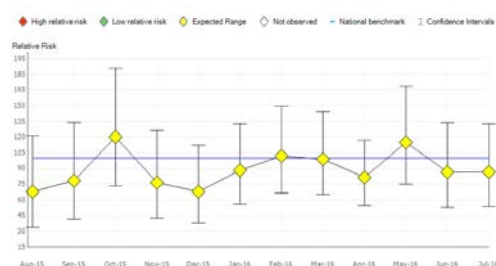
The Trust continues to make positive progress with continued decreases in observed mortality. Further areas for quality improvement work as part of the Trust's objectives have been identified

Mortality Metrics:

The Trust continues to receive data on mortality metrics which provides rolling averages in arrears. Performance is re-based to reflect the national picture of improvement on annual basis. However, the improving trend in HSMR remains encouraging. Over the last 12 months SMR is 94.5 in the 'better than expected category'. The last quarter (Apr-July) shows an even more positive position as the SMR is 88. Depth of coding remains good with an improvement in palliative care coding.



Relative risk of deaths – pneumonia and sepsis



Although mortality associated with sepsis lies within the 'expected' range this is at odds with the overall Trust position where mortality is better than expected. Further work is underway with the quality improvement team to improve our management of patients with sepsis and of deteriorating patients.

Mortality Newsletter

This is included as Appendix A. This continues to be circulated widely within the clinical teams to spread the learning from mortality reviews.

The focus in this edition is around the quality assurance of the e-mortality review process with recommendations to ensure robust recommendations and actions where learning has been identified which may improve clinical care.

Learning from line associated sepsis in neutropenic patients, those with learning difficulties (which included response to sepsis) and the mortality associated with acute kidney injury are also included.

Dr Foster Quality Summary Report

The most recent quarterly report is included as Appendix B

Interpretation of individual results must be treated with caution as these will naturally vary with time particularly where there are small numbers. There are no worrying trends contained within the current report.

A new alert has been raised around the category 'Respiratory Failure, respiratory arrest'. This has been discussed at the Mortality review group. Preliminary enquiries suggest that this may relate to how the deaths are being recorded on death certificates. A piece of work will be undertaken to review processes and to support juniors in completing certificates appropriately. Further reviews of vascular mortality will also continue as femoral bypass surgery has been raised as an alert within the report.

Other National Reporting – Systemic Anti-Cancer Treatment Registry (SACT)

It has been a mandatory requirement for the Trust to upload data to the national dataset since 2014. The Trust has previously flagged as an outlier in data submissions for deaths within 30 days of commencing systemic anticancer treatment with a curative intent. 2015 data is due for publication imminently and the Trust has until 30 November to refresh the data submission. There are significant concerns about data quality. IT are working on a process to effectively pull data from the Somerset Cancer registry but there are concerns that identified patient gaps may not be remedied before the final submission date. This may result in the Trust maintaining an outlier status with reputational impact. The key issue appears to be the accurate recording of treatment intent at the start of chemotherapy. All efforts are being made to resolve this issue in the time frames given.

Other outcomes

Report from the National Joint Registry

The Trust uploads data on knee and hip replacement surgery to the national joint registry and is acknowledged as a high volume provider. Compliance with audit requirements is good and outcomes are generally better than expected particularly revision rates. One surgeon with a high volume practice is noted to have very much better than expected revision rates. National PROMs data remains good especially for hip replacements but a disappointing number of patients undergoing knee replacements continue to report no benefit or a decline following knee replacement. This reflects the national picture.

Further work is being undertaken in response to a data matching process from the national team which is as yet incomplete

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BOARD OF DIRECTORS

Meeting Date and Part:	16 th December 2016 – Part I
Subject:	Sustainability and Transformation Plan (STP) Update
Section on agenda:	Strategy and Risk
Supplementary Reading (included in the Reading Pack)	Sustainability and Transformation Plan
Officer with overall responsibility:	Tony Spotswood, Chief Executive
Author(s) of papers:	Sandy Edington, Associate Director of Service Development
Details of previous discussion and/or dissemination:	On-going discussion at the Board
Action required: Approve/Discuss/Information/Note	For information
Executive Summary:	Update on the development and submission of the Dorset health system STP.
Relevant CQC domain: Are they safe? Are they effective? Are they caring? Are they responsive to people's needs? Are they well-led?	All
Risk Profile: i. Impact on existing risk? ii. Identification of a new risk?	

Sustainability and Transformation Plan

Introduction

The Sustainability and Transformation Plan (STP) for the Dorset CCG “footprint” has now been updated and submitted in its final form. A copy of the final version is at in the Reading Pack. Key features of the process of developing this plan were the inclusion of all statutory health and local authority organisations within Dorset, the parallel development of a senior leadership team led by the Chief Officer of the CCG and the aggregation of the existing major plans such as the Clinical Services Review (CSR) and the Integrated Community Services (ICS) under the umbrella of the STP.

The STP’s intention is to address 3 gaps in health services:

- Health and Well-being Gap – inequalities; demographics; mental health
- Care and Quality Gap – service variation; patient information; meeting national standards
- Finance and Efficiency Gap – substantial financial gap in both health and local authorities budgets

Content

The plan itself includes the principal sections:

- 1. Prevention at scale** – including economics/employment, housing, staying healthy (Live Well Dorset) , staying well (My Health My Way) , staying independent
- 2. Integrated Community Services**
 - Developing a network of community hubs, integrated workforce, transforming general practice
 - Integrate Urgent Care procurement
 - Mental Health Acute Care Pathway Review
 - Transforming general practice
- 3. One Acute Network**
 - Consultation and implementation of the Clinical Services Review (CSR)
 - Vanguard programme - developing a networked approach to services e.g. Vascular Network

The above three components are supported by the two enabling programmes – “Leading and Working Differently” and “Digitally Enabled Dorset”. The former of these recognises a particular demographic issue regarding the reduction in the available working population and, within this, shortages across many of the clinical professions. The latter programme has as its primary component the development of the Dorset Care Record, which intends to safely and securely share patient level information across health and social care boundaries.

Highlights

For our Trust the most significant parts of the STP are those relating to the development of the acute services across Dorset. The current Vanguard programme is developing a shared network ethos across a series of clinical and non-clinical specialities and the development of this approach is an essential precursor to the successful implementation of the CSR itself. However, the development of the Integrated Community Service programme and the stabilisation of GP services is also fundamental to the success of the CSR as well as the immediate operation of the hospital itself.

Conclusion

In essence the STP is both an umbrella for a number of existing major programmes such as CSR, but is also a request for financial and political support for the implementation of a high level of changes to transform the Dorset healthcare system. We have the advantage that the plans within the overall STP umbrella are relatively well advanced, have substantial clinical support and now are going through a formal consultation process. This chronological lead, the size of the CCG (one of the largest in the country) and the relative simplicity of our geography we hope puts us in a good position to receive the financial and political support required. This would enable us to take a once in a generation opportunity to make significant changes to the Dorset health system that will position us to address the three Gaps mentioned in the introduction and to secure successful high quality services for Dorset for the foreseeable future.

We anticipate a formal response to the plan from NHS England by the end of March 2017. This is important because it will be our first real indicator of the likely availability of capital to support the CSR proposals. Meanwhile the plan provides a strategic context and backcloth to the development of our own Annual Plan considered in draft form in our Part 2 meeting.

This is provided to the Board for information.

Tony Spotswood
Chief Executive

BOARD OF DIRECTORS MEETING – 16 DECEMBER 2016

PART 2 AGENDA - **CONFIDENTIAL**

The following will be taken in closed session i.e. not open to the public, press or staff

The reasons why items are confidential are given on the cover sheet of each report

Timings		Purpose	Presenter
11.00	1. MINUTES OF PREVIOUS MEETING		
	a) To approve the minutes of the meeting held on 25 November 2016		<i>All</i>
11.10	2. MATTERS ARISING		
	a) To provide updates to the Actions Log		<i>All</i>
	b) RBCH Winter Plan Update and Costings (paper)	Information	<i>Richard Renaut</i>
11.30	3. STRATEGY AND RISK		
	a) Significant Risk and Assurance Framework (paper)	Discussion	<i>Paula Shobbrook</i>
	b) Annual Plan (paper)	Decision	<i>Tony Spotswood</i>
	c) Update on Trust Objectives (presentation)	Information	<i>Tony Spotswood</i>
	d) Capital Plan 2017/18 (paper)	Discussion	<i>Richard Renaut</i>
12.10	4. GOVERNANCE		
	a) Well-Led Self-Assessment Review (paper)	Decision	<i>Karen Flaherty</i>
	b) Clinical Services Review Update (paper)	Information	<i>Tony Spotswood</i>
	c) Dorset Heart Clinic – LLP Agreement (paper)	Approval	<i>Stuart Hunter</i>
12.40	5. QUALITY		
	a) CQC 'Should' Action on Trust Board and Council of Governors relationship (paper)	Discussion	<i>Jane Stichbury/ Karen Flaherty</i>
13.00	6. PERFORMANCE		
	a) Consultant Job Planning (paper)	Information	<i>Alyson O'Donnell</i>
13.10	7. ANY OTHER BUSINESS		
	a) Key Points for Communication to Staff		
	b) Reflective Review		

The first Schwartz round will take place in the Conference Room in the Education Centre at 2.30pm and all Non-Executive Directors are welcome to attend.