

A meeting of the Board of Directors will be held on Friday 30 September 2016 at 8.30am in the Hilary Christy Room, Greyfriars Community Centre, Ringwood, BH24 1DW (map attached)
If you are unable to attend on this occasion, please notify me as soon as possible on 01202 704777.

Alison Buttery
Interim Trust Secretary

A G E N D A

Timings		Purpose	Presenter
8:30-8:35	1. 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 29 July 2016		<i>All</i>
8.40-8.45	3. MATTERS ARISING		
	a) To provide updates to the Actions Log		<i>All</i>
	b) 2017 Board of Directors meeting dates (dec'n needed for December 2017)	Approval	<i>All</i>
8.45-9.15	4. QUALITY		
	a) Patient Story (verbal)	Information	<i>Paula Shobbrook</i>
	b) Feedback from Staff Governors (verbal)	Information	<i>Jane Stichbury</i>
	i. Governor Election Results (verbal)	Information	
	c) Complaints Report (paper)	Information	<i>Paula Shobbrook</i>
	d) Adult Safeguarding and Child Protection and Safeguarding Report (paper)	Information	<i>Paula Shobbrook</i>
9.15-10.10	5. PERFORMANCE		
	a) Performance Exception Report (paper)	Information	<i>Richard Renaut</i>
	b) Report from Chair of HAC (verbal)	Information	<i>Dave Bennett</i>
	c) Quality Report (paper)	Discussion	<i>Paula Shobbrook</i>
	d) Report from Chair Finance and Regulatory Performance Committee (verbal)	Information	<i>John Lelliott</i>
	e) Finance Report (paper)	Discussion	<i>Stuart Hunter</i>
	f) Report from Chair of Workforce and Strategy Committee (verbal)	Information	<i>Derek Dundas</i>
	g) Workforce Report (paper)	Discussion	<i>Karen Allman</i>
	h) Medical Director's Report – Mortality (paper)	Information	<i>Basil Fozard</i>
	i) NHSI Single Oversight Framework (paper)	Information	<i>Richard Renaut</i>

10.10-10.45	6. STRATEGY AND RISK	
	a) Clinical Services Review (paper)	Information <i>Tony Spotswood</i>
	b) Local Authority Reorganisation (paper)	Discussion/ Decision <i>Tony Spotswood</i>
	c) Sustainability and Transformation Plan Update (paper)	Information <i>Tony Spotswood</i>
	d) Junior Doctors' strikes (verbal)	Information <i>Richard Renaut</i>
10.45-10.55	7. GOVERNANCE	
	a) Updated Board Skills Matrix (paper)	Information <i>Karen Allman</i>
	b) Chair Recruitment update and NED recruitment (verbal)	Information <i>Karen Allman</i>
	c) Progress Update on Board Objectives Q1 (paper)	Information <i>Tony Spotswood</i>
	d) Standing Financial Instructions Revision (paper)	Decision <i>Stuart Hunter</i>
	e) EPRR Assurance Declaration (paper)	Information <i>Richard Renaut</i>
	8. NEXT MEETING	Friday 28 October 2016 at 8.30am in the Conference Room, Education Centre, The Royal Bournemouth Hospital
	9. ANY OTHER BUSINESS	Key Points for Communication to Staff
10.55-11.00	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.

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

Our Charter

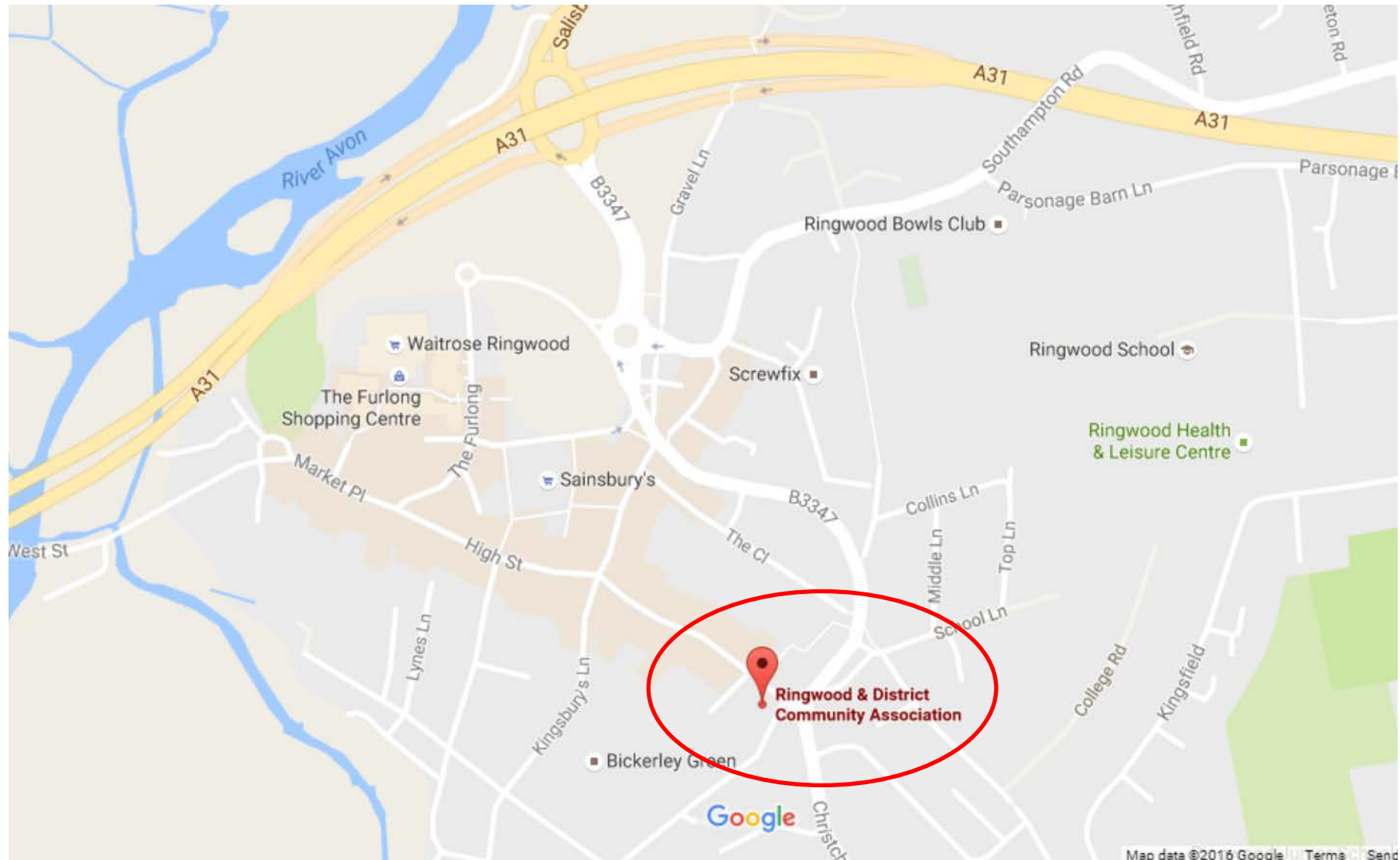


As a Board team we will:

- Empower and care for our staff so they can provide compassionate high quality care for our patients
- Trust our staff; encourage & support their innovation and celebrate successes
- Be transparent and consistent in our decision-making and mindful of our impact
- Role model the Trust values
- Be approachable, inquisitive and listen in order to understand and take action
- Provide an inspiring vision and a clear direction for our Trust
- Reflect on the way we work and learn from our mistakes

Location Map for RBCH Board of Directors September meeting

Ringwood & District Community Centre, Greyfriars, 44
Christchurch Road, Ringwood, Hants, BH24 1DW



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

Part I Minutes of a Meeting of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust **Board of Directors** held on **Friday 29 July 2016** in the Committee Room, The Royal Bournemouth Hospital.

Present:	Jane Stichbury	(JS)	<i>Chairperson (in the chair)</i>
	Tony Spotswood	(TS)	<i>Chief Executive</i>
	Dave Bennett	(DB)	<i>Non-Executive Director</i>
	Ellen Bull	(EB)	<i>Deputy Director of Nursing & Midwifery</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>
	Alex Jablonowski	(AJ)	<i>Non-Executive Director</i>
	Steven Peacock	(SP)	<i>Non-Executive Director</i>
	Richard Renaut	(RR)	<i>Chief Operating Officer</i>
In attendance:	Debbie Detheridge	(DD)	<i>Improvement Facilitator</i>
	Anneliese Harrison	(AH)	<i>Assistant Trust Secretary (minutes)</i>
	Kate Southern	(KS)	<i>Deputy Clinical Leader, Derwent Ward</i>
	Lucy Thomas	(LT)	<i>Communications Assistant</i>
Public/ Governors:	David Brown		<i>Public Governor</i>
	Derek Chaffey		<i>Public Governor</i>
	Carole Deas		<i>Public Governor</i>
	Eric Fisher		<i>Public Governor</i>
	Paul Higgs		<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>
	Maureen Todd		<i>Public Governor</i>
	Graham Swetman		<i>Public Governor</i>
Apologies	Karen Allman		<i>Director of Human Resources</i>
	Nicola Hartley		<i>Director of OD and Leadership</i>
	John Lelliott		<i>Non-Executive Director</i>
	Paula Shobbrook		<i>Director of Nursing and Midwifery (Ellen Bull attending)</i>

60/16

WELCOME

Action

The Chairperson welcomed those attending. Recent and familiar themes, identified at patient walkarounds and at meetings, were emphasised including the importance of communication and managing through change. The Board charter was emphasised and in particular that the team would provide an inspiring vision and a clear direction for the Trust in light of the challenges ahead. The Board would continue to positively influence what was within the Trusts control.

Minutes of the meeting held on 24 June 2016 (Item 2a)

The minutes of the meeting held on 24 June were **approved** as an accurate record.

To provide updates to the action log (Item 2b)

- 54/16 (a) (i) Staff Experiences of violence- an options appraisal was being developed.
- 44/16 (a) the STF trajectories had been agreed.
- 24/16 (d) Complaints- improvement trajectories had been included within the paper.

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

The patient story focused on the Orthopaedic pathway and the work undertaken over the last 10 years to improve patient experience. It was noted that the Derwent had recently been restructured and the number of beds reduced to enable the Trust to maintain the volume of cases more efficiently and increase patient flow.

Feedback about the service 12 years ago highlighted that patients were previously admitted for up to 7 days following an operation. In comparison to the service today, patients were admitted for up to 4 days following spinal anaesthetic or light sedation. Positive feedback received included that the department was *"the best and most professional nursing unit, staff were motivated"* and that the service had, *"Exceeded expectations, staff were professional, skilled and attentive."*

The team outlined plans to expand and improve the service to include a clinical psychologist, in light of innovative procedures such as 'waking hips', whereby patients could be awake under light sedation. Clinical psychology would help to support patient choice going forwards.

Board members queried the challenges the department had encountered. The consistency of implementing assisted discharge protocols was raised noting that there were a variety of views about safe approaches. The importance of medical leadership was reinforced and it was suggested that support was provided by the Heads of Nursing (HoN), Directors of Operations and Clinical Directors. The Board supported the need for further work to align views and protocols for early discharge.

Furthermore, the impact of the outreach service was highlighted in reducing the number of lost bed days and supporting the discharge process. The obstacles for the outreach service included the NICE guideline requirement for patients to wear stockings for 6wks following an operation as some patients required assistance at home. An invest to save scheme was suggested to maintain the

service and support developments with integrated care through the Clinical Services Review (CSR).

The Board commended the powerful input to improve patient experience and generate greater efficiency. The team expressed ambition to secure greater links with research at Bournemouth University.

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

The Chairperson outlined the themes from the meeting with Staff Governors which included:

- To include a staff representative on the Board. It was considered that the cultural audit identify how to improve engagement with staff in an effective way;
- The implementation of the Lord Carter recommendations to reduce management costs was raised. The realignment of back office services across Dorset was being considered in the context of wider changes;
- Success of the Junior Doctor listening event organised by Staff Governors;
- Concerns about delays for patient hospital transport post procedure;
- The road surface at the rear of the site. Resurfacing had been incorporated within the programme of works made possible from the increases to staff permit charges and this also included additional bike sheds and CCTV.

The Board received the feedback and would provide responses to Staff Governors.

(c) CQC Inpatient Survey Results (item 4c) (Paper)

The report identified that the Trust had sustained its position, in light of increased activity, however was rated within the top 20% of trusts for patient information and danger signals following discharge. The results from the survey would be shared with directorates to examine performance and develop actions in conjunction with other feedback. Progress would be monitored by the Healthcare Assurance Committee.

In an environment with greater oversight and regulatory control it was emphasised that the Trust needed to set greater aspirations and to guard against averages. There was discussion about how the results could be used as a measure to gain assurance that the Trust was progressing towards an outstanding rating.

It was requested that a proposal was developed to measure progress against the Trust's vision to be the 'most improved Trust by 2017'. The positive results and identified areas for improvement in the future would be promoted to staff. **DM/PS (Comms)**

(d) Complaints Report (Item 4d) (Paper)

The report was outlined noting that one care group required further support due to the volume and complexity of complaints. Actions had been identified to improve response times and directorate managers, administrative support and Clinical Directors were engaged and understood that this was high priority for the Trust.

It was noted that informal face to face responses had a positive impact and this had resulted from an improved change in clinical staff attitude. In addition there was an increase in clinical attendance at meetings with complainants. Increasingly consultants were taking more time to speak with patients directly.

The recent Healthwatch report was debated noting that the Trust had voluntarily participated and that the response rate was 21% of a small cohort. The themes identified were known to the Trust however the report had focused departments on the improvement priorities.

Concerns were raised that measurements against progress were not being seen and the effectiveness of the complaints process was queried. Board members discussed the tolerance of poor behaviours which was not reflective of a culture of excellence. The importance of communication and early intervention was supported to encourage expression of concerns by patients whilst in hospital.

It was emphasised that the PALS team were committed to addressing concerns as they occurred and that consultants had received additional communication support. The importance of quality customer service from every member of staff was emphasised. This formed one of the recommendations from the Cultural Audit. It was suggested that run charts were included within the reports by directorate to provide more detailed analysis.

It was acknowledged that there was great enthusiasm to improve through a balanced approach by incorporating data holistically to reflect positive feedback. The Board reinforced that greater progress needed to be made to address serious issues. The commissioning of an external independent review was proposed.

63/16

PERFORMANCE

(a) Performance Exception Report (Item 5a)

Performance against the key national priorities were highlighted to the Board:

- Single oversight framework- the proposed methodology would focus on the broader operation of Trust performance. Feedback from Executives had been requested and this was consistent with the feedback from regulators;
- The Trust had achieved the four national indicators for July in light of challenges;
- A balance of internal reporting with what the regulator requires will be developed going forwards.

(b) Outcome of the NHS Improvement (Monitor) Investigation (Item 5b) (Verbal)

The letter from NHSI had been circulated and provided reassurance that the Trust was implementing the appropriate financial controls. Recommendations had been provided and the Trust was developing a response which would be circulated in due course. It was emphasised that the latest national target data ranked the Trust as the 6th best performing trust in England.

SH

(c) Report from Chair of HAC (Item 5c) (Verbal)

The Chair reflected upon the volume of operational data considered at the meeting and trend analysis following the restructuring of the Committee. The format would be reconfigured for the next meeting in September.

The positive performance within the patient experience survey report was referenced. In addition crash trolley audit compliance had significantly improved. There had been an in depth review of noise at night and an action plan was being developed.

There were concerns that some of the targets for harm free care were not being met. The care audit also identified some persistent red areas which required additional focus. Prioritisation would be discussed at the next meeting.

It was emphasised that attendance at the information governance sub- committee was too narrow and should include more clinicians.

PG

(d) Quality Report (Item 5d) (Paper)

The key themes of the report were highlighted:

- Two serious incident had been reported and were progressing through the appropriate processes;
- Safety Thermometer- performance had improved slightly;
- Patient experience- performance was within the top quartile of Trusts. Work would continue to improve the response rate in ED;
- Care Audit- in month reporting highlighted performance had been consistent;
- Complaints- the Trust would focus on achieving the response time targets. Themes would be triangulated with the Friends and Family Test feedback and addressed;
- Outpatient's survey- results identified concerns about the delays in phlebotomy. Communication about the provision of the service would be increased. Capacity and the booking system at Christchurch were being considered.

Board members queried the analysis of the quality report data and format of reporting. It was proposed that the process was reviewed.

PS

(e) Finance Report (Item 5f) (Paper)

The report was summarised and the following themes were noted:

- The External Auditor's report was well received by the Council of Governors. The Auditors also praised the Finance team;
- The Trust was broadly on plan for both finance and performance and slightly ahead for Q1. Care Groups had achieved a balanced position;
- The Sustainability and Transformation Fund conditions were less severe than anticipated however would still present a risk if the Trust did not achieve the targets. The risks had been analysed and included within the report;
- Cost Improvement Plan- the Trust was behind plan and schemes needed to be identified to address the gap. The Board meeting in September would focus on current and future CIPs with Directors of Operations;
- Junior Doctors- further strikes presented a risk due to the impact upon the shortfall of income. Additional costs would also be incurred as a result of the implementation of the new contract in 17/18 and compliance with rotas;
- Private practice- the June position had improved and it was anticipated that the financial benefits would be realised. The unit would be opened to private patients in January next year;
- Significant level of contingency had been released in April.

It was requested that the private practice strategy was reviewed by the Board.

SH

(g) Workforce Report (Item 5g) (Paper)

The Chair summarised the main themes discussed at the meeting:

- Appraisal compliance was behind target particularly within surgery particularly. Recovery plans would be considered with DOOs at the next Workforce Committee meeting;
- Performance remained static for both mandatory training and sickness;
- The Cultural Audit and Organisational Development work would be discussed in September;
- Information Governance training compliance was at 97% following escalation. The sustained campaign and targeted approach could be used in other areas.

The Board were advised that values based appraisals for consultants had been considered by the Trust Management Board (TMB) and Medical Staffing Committee (MSC). It was agreed that it would be aligned with GMC good practice guidelines and that managers have values based discussions within job planning.

The Board requested an update on the recommendations from the Internal Audit sickness absence report.

(KA)

(h) Medical Director's Report (Item 5h) (Paper)

The report highlighted that the mortality process was effective and mortality performance was positive. The areas for further consideration were outlined.

The Board noted the positive progress. The consistency and embedding of processes would continue to be monitored in light of the succession of the Medical Director.

64/16

STRATEGY AND RISK

(a) Clinical Services Review (Item 6a) (Paper)

There had been a shift in the approach to the CSR proposals from the Poole Hospital Board. In addition there were deep seated views amongst staff that progress needed to be made.

Concerns remained around the Capital provision. The reintroduction of the merger was discussed and the emphasis this placed on moving the CSR proposals forward. The previous undertakings put in place by the Competition and Markets Authority would be discussed together with the approach on 7 September.

It was noted that the CCG proposal would be considered by the National Investment Committee on 9 August who would sanction the consultation. It was anticipated that the consultation would be launched in November.

(b) Cultural Audit Next Steps (Item 6b) (Paper)

The Board noted the contents of the paper. It was emphasised that culture was the most important factor in embedding the changes to improve care for patients and make the organisation an attractive place to work. The Board **approved** the actions within the plan.

(c) Dorset CCG Community Site Specific Consultation Options (Item 6c) (Paper)

The content of the paper was outlined to the Board. The proposal to close community hospitals including Alderney, Wimborne and St Leonards was noted.

Board members acknowledged the importance of retaining beds but also to consider the impact upon the wider community. Further, it was emphasised that the out of hospital provision of care would be fundamental to the success of both the green and purple hospitals. The Trust was already implementing actions in line with the outlined strategy including utilising nursing homes. This had been reflected to the CCG. Board members supported that patient proximity to a range of services would promote better outcomes and greater independence for patients.

The Board **noted** the report. It was agreed that a Board session would be held to discuss the detailed impact of the community provision proposal.

**AB/ Blue
Skies
Agenda
item(s)**

(d) Vanguard Progress Report (Item 6d) (Paper)

It was confirmed that the Board would be sighted on both the clinical and non-clinical workstreams over the next few months. It was noted that there had been a national drive to advance integrated pathology and back office functions. The funding levels were lower than anticipated however the deliverables had been prioritised.

Board members discussed that the workstreams needed to be progressed in a way that was beneficial for the Trust and Dorset.

(e) Dorset Sustainability and Transformation Plan (Item 6e) (Paper)

The Board **noted** the report.

65/16

GOVERNANCE

(a) Medical Director Role (Item 7a) (Verbal)

The role and structure of support for the Medical Director had been considered by both TMB and the Board. The consensus view from TMB was to develop two deputy director support roles.

The post would be advertised internally and externally and it was anticipated that once shortlisting was complete that four candidates would be considered for interview in August. Executives were confident an appointment could be made with an overlap with BF.

(b) Feedback from the Council of Governors Meeting on 21 July (Item 6b) (Verbal)

The main discussion points from the meeting included:

- A Youth Representative Working Group had been developed with governor membership to consider youth involvement;
- Constitutional matters were discussed however the position was retained;
- The External Auditors report was positively received. The work of the Chair of the Audit Committee and Finance team was highlighted;
- Governor participation in the noise at night survey was praised;
- 1:1 meetings had taken place with governors. The suggestion for executives to attend constituency engagement events was raised. The Board confirmed that they would support the events and would develop a standard presentation on the Trust which would be extended to include the CSR. The importance of aligning the events with the CSR consultation was emphasised as the main focus for the public would be

Execs

the reconfiguration of services;

- Governor tours were being considered to provide a further insight into the organisation and a broader view of services. The disruption in some areas would be evaluated.

66/16

DATE OF NEXT MEETING

30 September 2016 at 8.30am in the **Hilary Christy Room, Greyfriars Community Centre, Ringwood**

67/16

Key Points for Communication:

1. Performance
2. Recognising the progress made with regards to complaints
3. The commitment to address the themes identified through the Cultural Audit.

68/16

QUESTIONS FROM GOVERNORS AND MEMBERS OF THE PUBLIC

1. The availability of beds at the Christchurch site was queried. It was emphasised that the development was a private and commercially operated nursing home and was not in the control of the Trust. The Trust was in discussion with local nursing homes to provide local and quality care.
2. Non- Executives perspectives were requested on the proposed merger and in light of the financial position of Poole Hospital. They supported that it was the right decision, as a prerequisite to the CSR, and that working together as a single organisation would be beneficial with a single governance framework delivering change more efficiently. Caveats would be required around the process and completion of due diligence in light of the financial uncertainty however this would be part of the process to ensure that this could be obtained. The main focus was the benefits to the provision of services.
3. It was questioned whether the Board were in favour of upholding the Lord Carter of Coles recommendations and methodology. Board members confirmed their support emphasising that the methodology provided robust benchmarking to identify variation. An action plan had been developed in response to the recommendations.
4. To assist with the quality of responses to complaints it was suggested that telephone calls were made to patients from the PALS team. It was highlighted that this was determined by the complainant and the internal policy was to provide a response within 25 working days. Trust performance against this was 75% allowing for the complexities of some complaints.
5. A governor recounted their care following a recent knee replacement emphasising they had been exceedingly happy with the service. Some areas for improvement included staffing, answering call bells and continuity of clinician care. It was outlined that the unit had been ringfenced for orthopaedic patients and staffing had been increased to improve the service. It was suggested that call bell technology and innovation was explored to support resolving on going issues with delays in answering call bells.

PG/RR

Date of Meeting	Ref	Action	Action Response	Response Due	Brief Update
29.07.16	62/16	QUALITY			
	(c)	<u>CQC Inpatient Survey Results</u>			
		Develop a proposal to measure progress against the Trust's vision to be the 'most improved' by 2017.	DM/TS	In progress	A paper is being developed for submission to the Board.
	63/16	PERFORMANCE			
	(b)	<u>Outcome of the NHSI Investigation</u>			
		Circulate the Trust's response to the NHSI feedback.	SH	Complete	Complete.
	(c)	<u>Report from the Chair of HAC</u>			
		Review the membership of the information governance sub- committee and increase clinical presence.	PG	Weds 21 Sept	
	(d)	<u>Quality Report</u>			
		Review the method of analysis of the quality report data and process of reporting.	PS	Complete	The report has been revised and new dashboards have been produced for Sept HAC with exception reporting to Board.
	(e)	<u>Finance Report</u>			
		Submit the Private Patient Strategy to the Board for review.	SH	In Progress October	A paper will be provided firstly to the Finance Committee and then to the Board in October.
	(f)	<u>Workforce Report</u>			
		Provide an update on the recommendations arising from the internal audit sickness absence report.	KA	Complete	Update included within the Workforce Report for Board 30/9/16.
	64/16	STRATEGY AND RISK			
	(c)	<u>Dorset CCG Community Site Specific Consultation Options</u>			
		Arrange a Board session to discuss the detailed impact of the community provision proposal.	Blue Skies Agenda item	Complete	Added to the Blue Skies schedule for November.

RBCH Board of Directors Part 1 Actions July 2016 & previous

	65/16	GOVERNANCE			
	(b)	<u>Feedback from the Council of Governors meeting 21 July</u>			
		Develop a standard presentation on the Trust which can be extended to include the CSR at governor constituency events.	Execs	Complete	A presentation is being trialled at a meeting with Bournemouth Borough Council next week .
	68/16	QUESTIONS FROM GOVERNORS AND PUBLIC			
	5.	Explore call bell technology and innovation to support resolving on going issues with delays in answering call bells.	PG/RR	In progress	Solutions are currently being investigated and an update will be provided to the Board once received.
24.06.16	53/16	QUALITY			
	(i)	<u>Workforce Report</u>			
		Provide the action plan and further detail to address security and staff experiences of violence.	PS	Complete	Security provision reviewed and process agreed at Executives meeting. Internal Audit have reviewed staff experience of violence and will be reported to the Audit Committee.
	56/16	GOVERNANCE			
	(a)	<u>IPCC Annual Report and board Statement of Commitment to Prevention of Healthcare Associated Infection</u>			
		A summary of the impact of the reduction of side rooms would be provided to the Board for awareness once available.	PS	Complete	Reviewed at IPCC on 21/09 use of side rooms reviewed by IC Nurses current occupancy for infection control reasons is 40-50%.
01.04.16	24/16	QUALITY			
	(d)	<u>Complaints Report</u>			
		Ensure that additional focus is paid to complaint response times and report on improvements within the next two months.	PS	Complete	Included within the September road. On- going monitoring by complaints performance committee and HAC.
26.02.16	13/16	MATTERS ARISING			
	(a)	<u>CQC Report Update</u>			

RBCH Board of Directors Part 1 Actions July 2016 & previous

		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		Not yet due – pre-self assessment being prepared and self assessment to be refined and submitted to independent assessor.
18.12.15	108/15	PERFORMANCE			
	(g)	<u>Workforce Report</u>			
		Develop and agree a retention plan. Provide a timescale for the outline retention plan.	Execs/KA	Complete	Sept: An update on retention is included within the Workforce Report for Board 30/9/16.

Key:

	Outstanding
	In Progress
	Complete
	Not yet required

AGENDA DATES – 2017/18

Item 3b

BOARD OF DIRECTORS (COG tba)

Date of Meeting	Document submission Deadline (12 noon)	Papers Distributed
2016		
Friday 28 October	19 October	Friday 22 October
Friday 25 November	16 November	Friday 18 November
Friday 16 December (early due to Christmas break)	6 December	Friday 9 December
2017		
Friday 27 January	18 January	Friday 20 January
January		
Friday 24 February	15 February	Friday 17 February
Friday 31 March	22 March	Friday 24 March
Friday 28 April	19 April	Friday 21 April
April		
Friday 26 May	17 May	Friday 19 May
Friday 30 June	21 June	Friday 23 June
Friday 28 July	19 July	Friday 21 July
July		
Friday 29 September	20 September	Friday 22 September
Friday 27 October	18 October	Friday 20 October
October		
Friday 24 November	15 November	Friday 17 November
Friday 15/22 December	6/13 December	Friday 8/15 December
2018		
Friday 26 January	17 January	Friday 19 January
January		
Friday 23 February	14 February	Friday 16 February
Friday 23 March (early due to Easter break)	14 March	Friday 16 March

Part 1 Board (Public) held in the Conference Room, Education Centre at 8.30am

Part 2 Board (Confidential) held in the Committee Room, Management offices at 11.00am

 **To be confirmed at September 2016 BoD**

Governor Election Results

The results of the recent governor election results, which took place over the summer, are as follows:

Public Governor - Bournemouth and Poole Constituency

There two vacancies, as of the AMM being held on Saturday 10 September 2016, due to current governor's term of office coming to the end, both Guy and Alan were able to re-stand,. There were four candidates and so it went to ballot to members of the Bournemouth and Poole constituency. The result was **Sue Parsons** was elected and **Alan Radley** was re-elected, both for a three-year term of office. Below are the personal statements of the successful candidates.

Sue Parsons

I hope that, through my professional involvement in medical services, medical PR and Medico/Political arenas through much of my working life, I could make an effective and useful contribution to ensuring efficient and empathic delivery of care for sick patients in Bournemouth. My experience stems from the fields of Chiropractic services in the UK, costing medical procedures and developing patient information material at Nuffield and servicing GP Committees and organisation of GP meetings/conferences in Dorset, Hampshire and Wiltshire; I am also a qualified counsellor.

On a voluntary basis after the birth of my first child, I was invited to sit on the Maternity and Child Welfare Committee of my local CHC and was one of those instrumental in improving local maternity services. Currently, I am an ambassador for Naomi House Childrens Hospice and a Macmillan Advocate, supporting patients with cancer. I also served as a magistrate for fourteen years.

Having worked in so many aspects of healthcare I hope I have gained an awareness and appreciation of the needs of patients and I am committed to enabling and supporting seamless and sensitive delivery of healthcare in both the primary and secondary care sectors together with greater input from the charity/voluntary services.

Declaration of Interests:

Political Party: None

Financial or other interest in Trust: None

Alan Radley

I am seeking re-election as Governor to extend a term that began in January 2016 and ends in September 2016. I have two reasons for standing. The first is to make patients' and carers' views central to this Trust's aim of delivering a first class service. The second is to use the knowledge I have gained about health care to inform decisions that affect how local people are cared for by RBCH. As a retired academic, with a research career lasting more than thirty years, I have interviewed patients and their families about all aspects of illness, in outpatient clinics, on hospital wards, in GP surgeries and in patients' homes. I have listened to people tell stories of both good and poor care, and how things might have been improved had something in the hospital organization been different. To this I can add my personal experience of being an inpatient having received NHS treatment.

In the short time since being elected I have:

- taken part in public events to hear people's views about the Trust
- attended Council of Governors and Trust Board Meetings, asking questions that I

believe members of the public would want raised

taken the initiative to engage Governors' support for a new project to improve quality of staff-patient communication across the hospital.

If re-elected my continuing intention is to ensure that the patient's voice is always heard during a time of NHS financial tightening.

Declaration of Interests:

Political Party: None

Financial or other interest in Trust: None

Staff Governor – Nursing, Midwifery and Healthcare Assistants Staff Group

There was one vacancy, as of the AMM being held on Saturday 10 September 2016, due to Petrina's term of office coming to the end. There were three candidates and so this also went to ballot to members of the Nursing, Midwifery and Healthcare Assistants Staff Group. The result was that Petrina Taylor was re-elected for a three-year term of office. Below is Petrina's statement for your information.

Petrina Taylor *Standing for re-election*

I have been working as a nurse for the Trust for more than thirty years in an orthopaedic setting. My role as a Deputy Clinical Leader requires me to be approachable, a good communicator, a sympathetic listener, a negotiator and above all a problem solver both for patients and staff. We aim to provide the best possible care to our patients, although, I am extremely aware of the daily challenges we all face in trying to achieve this.

In April 2015 I was encouraged and supported to become one of the staff governors, representing my nursing and midwifery colleagues. What an honour this is. During my time I have become a member of both the Constitution Committee & Valuing Staff & Wellbeing Committee. It is important staff feel valued for the important role they play in providing excellent care to our patients with their views and opinions heard and fairly represented. I have heard some of your concerns and opinions and these have been listened to and hopefully addressed.

The future will undoubtedly bring many challenges to overcome for the nursing staff as a result of the clinical services review. We need to be involved in influencing future development and decisions which affect patient care. I feel I have the motivation and commitment to represent the nursing workforce whatever their role

Declaration of Interests:

Political Party: None

Financial or other interest in Trust: None

Congratulations to all the successful candidates but I am very sorry that **Guy Rouquette** will be leaving us as of Saturday. May I take this opportunity to thank Guy for all his fantastic work he has given to the Trust over the past 18-months and I really hope that he applies again in the future.

BOARD OF DIRECTORS

Meeting Date:	30 September 2016: Part 1
Subject:	Report on Formal Complaints Performance against the Trust Policy, Informal Complaints and Clinical Claim Summary position
Section on agenda:	Quality
Supplementary Reading (included in the Reading Pack):	n/a
Officer with overall responsibility:	Paula Shobbrook, Director of Nursing and Midwifery
Author(s) of papers:	Ellen Bull, Deputy Director of Nursing and Midwifery Anton Parker, Information Manager
Details of previous discussion and/or dissemination:	Healthcare Assurance Committee 29 th September 2016
Action required:	The paper is provided for information

Executive Summary:

The Complaints report includes aggregate, Care Group and directorate complaint acknowledgement and **response performance**. This is a key focus of the Board of Directors and this has been reported through the Healthcare Assurance Committee and Trust Management Board.

Key messages:

The corporate team operational processes have been explored in detail in month. This includes formal complaints, PALS and Clinical Claims. Over the past three months, the claims and complaints function has been temporarily separated (at a cost pressure but within the budget envelope) to enable a review of case load, service need, resource required and job roles. The review of this will be presented through September and October 2016 to the HAC.

Some complaints received in July were not acknowledged on time, which will further impact on response delivery, which will mainly affect August and some September 2016 data. Mitigating actions were put in place and have been sustained while the service operating function is reviewed.

1. Current Trust aggregate response time in month (August 2016) is 64% against a standard of 75% (20 out of 32 complaints were closed within the 25 working day time that were due in month).
2. The response time improvement focus continues and has reached the required trajectory for month 5 (quarter 2 YTD) above 65%. This **has** been achieved by two out of the three care groups with only Care Group B now requiring improvement;

- Care Group A = 80% (1 in orthopaedics, 1 in Surgery)
- Care Group B = 31% (6 in medicine, 2 in OPM)
- Care Group C = 83% (1 in pathology)

Improvement trajectories for formal responses are:

- Q1 above 60%
- Q2 above 65%
- Q3 above 70%
- Q4 to maintain 75% from the start of quarter 4.

3. 25 formal complaints were received in August 2016.

4. Acknowledgement times for August are 80% in the data set. Manual checking is underway to validate this position.

5. Concerns (informal issues) in month have been reported. The volume is much higher than formal complaints, however the response times are reported by care group in section 5.1.

Relevant CQC domain: Are they safe? Are they effective? Are they caring? Are they responsive to people's needs? Are they well-led?	All domains
Risk Profile: i. Impact on existing risk? ii. Identification of a new risk?	N/A

Complaints Report July 2016

1.0 Introduction

This summary paper includes information on formal complaints received, acknowledged and responded to times in month (August 2016). Complaints are presented in terms of incidence, response times and themes. This is measured against our own Trust Policy and reviewed in detail at the Healthcare Assurance Group and Committee.

2.0 Number of complaints

25 formal complaints were received in August 2016.

3.0 Acknowledgement and response times

- 3.1 Of the 25 complaints received for August 2016, 80% were acknowledged within three days. A manual check against the data set has commenced to validate this position which will be updated next month. Revalidated data updates the July position to 84% as opposed to 80% previously reported. A review of the resource contingency has been performed and action taken to mitigate this for the future.
- 3.2 Responses to complaints should be within 25 working days (quality strategy standard of 75%), which is monitored at the Healthcare Assurance Committee. For August on aggregate the first response times were 64% a drop from the previous month which was expected due to reasons previously reported.
- 3.3 In terms of Care Group response times, the performance of two out of the three care groups has sustained in month and meets the expected trajectory target for July of in excess of 65%. Care Group B requires further support to deliver a recovery plan. The directorate with the most late responses is medicine (n=6).
 - Care Group A = 80% (1 in orthopaedics, 1 in Surgery)
 - Care Group B = 31% (6 in medicine, 2 in OPM)
 - Care Group C = 83% (1 in pathology)

4.0 Themes and trends - Complaints received

The highest theme again in month was implementation of care.

- 4.1 Implementation of care is broken down into subcategories and directorates for complaints received in August 2016. The largest of the subcategories is quality, suitability of care and treatment. A detailed review of this sub type of complaints will be examined through the Complaints Performance meeting to determine overall improvements or actions taken and required. Actions being taken forward include:
 - A request was made for some education and training for the different staff groups in how to manage an arising concern, and how to manage confrontation/anger/anxiety.
 - A request was made for an agreed corporate approach when someone is dis-satisfied which will be picked up with the meeting

5.0 Informal Concerns Response rates

- 5.1 Informal concerns are raised by patients, carers, relatives or others about a wide variety of

subjects. These are managed at the point of contact by the PALS team at the front entrance of the hospital. Informal concerns can be verbal, or written but the decision to make them formal remain with the person raising the concern. The outcome measurement metric time remains 25 days. The volume of the informal concerns is larger than formal complaints and the opportunity to close and resolve arising concerns is very responsive and less formal in terms of style. The current response time which is recorded against a 25 working day deadline for both written and verbal by Care Group is as follows

- **Written** – (n = 42 in month) 84% acknowledged in the timeframe
 Care Group A 100%
 Care Group B 82%
 Care Group C 100%
- **Verbal concerns** (n = 59 in month) 87% - acknowledged within the timeframe
 Care group A 95%
 Care Group B 88%
 Care Group C 100%

5.2 Parliamentary Health Service Ombudsman Referrals (PHSO)

The PHSO received referrals from the Trust and direct from complainants. They assess each case for investigation and then again produce a verdict on upheld, partially upheld or not upheld. The current status 1 April to 20 September 2016 is summarised in the table below

Enquiries received	18
Enquiries closed	7
Upheld	1
Partly upheld	2
Not upheld	4
Open and on time	10
Paused by PHSO	1

6.0 Healthwatch report

- 6.1 In January 2016, the Trust was approached by Healthwatch to work in partnership to facilitate completion of an independent survey of individuals who had submitted a formal complaint to this Trust. As a Trust we agreed and we partook in this alongside two other local Trusts. Actions against this are in progress, driven in the Complaints Performance meeting and presented at the Healthcare Assurance Committee.

7.0 Recommendations

The Board of Directors is requested to note the Complaints report which is provided for information.

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

BOARD OF DIRECTORS

Meeting Date and Part:	30 September 2016 Part 1
Subject:	Annual Protection and Safeguarding Report for Vulnerable Adults and Children 2015/2016
Section on agenda:	Quality
Supplementary Reading (included in the Reading Pack):	n/a
Officer with overall responsibility:	Paula Shobbrook, Director of Nursing and Midwifery
Author(s) of papers:	Ellen Bull, Deputy Director of Nursing and Midwifery Jenny House, Senior Nurse Lead Adult Safeguarding Vicki West, Facilitator for Adult Safeguarding and Learning Disability Pippa Knight, Named Nurse Safeguarding Children
Details of previous discussion and/or dissemination:	Trust Protection and Safeguarding Committee
Action required: Discuss/Information	For information and assurance
Executive Summary: <p>This report details activity in respect of Safeguarding vulnerable adults and children in the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust during the year 2015/16.</p> <p>The report is presented to the Board of Directors on behalf of the Trust Protection and Safeguarding Committee, which sets and oversees the work programme for the Trust. This is to provide assurance of compliance with the legislative requirements and fundamental standards monitored by the Care Quality Commission, Working Together (Dept. of Health) and Ofsted.</p>	
Relevant CQC domain:	Safe, Caring, Effective, Responsive & Well Led
Risk Profile: i. Impact on existing risk? ii. Identification of a new risk?	No

Annual Protection and Safeguarding Report for Vulnerable Adults and Children 2015/2016

Adult Protection and Safeguarding Report 2015/16

1. Introduction

The report details the Trust actions and improvements in 2015/16 in Adult Safeguarding to inform and provide assurance to the Trust Board of Directors. This report is also to inform the Bournemouth and Poole Safeguarding Adults Board and Dorset Safeguarding Adults Board.

The Trust Safeguarding Policy reflects the pan Dorset Multi-Agency Policy and Procedures.

2. Trust Adult Safeguarding Structure

- Paula Shobbrook, Director of Nursing and Midwifery is the Trust's Executive Lead for Adult and Children's Safeguarding.
- Ellen Bull, Deputy Director of Nursing and Midwifery nominated Designated Adult Safeguarding Manager (DASM) and corporate Safeguarding Lead.
- Jenny House is the Senior Nurse Adult Safeguarding Lead for the Trust.
- Vicki West is the Case Facilitator for Adult Safeguarding and Learning Disability.

3. Safeguarding Training

The Adult Safeguarding awareness training sessions continue to be delivered to all staff groups' clinical, non-clinical and medical staff within the Trust on a regular basis. Training is also delivered at Trust induction and to volunteers. Mental Capacity Act (MCA) training, including Deprivation of Liberty (DoLS), and WRAP is now delivered within the Essential Core Skills programme. In order to gain full compliance the Adult Safeguarding Team (ASG) have delivered extra sessions facilitated by the Training Department. Bespoke training has been offered and departments have also requested extra training sessions to meet their compliance.

The level 1 Adult Safeguarding programme is now accessed by BEAT VLE. This is aligned to the UK Core Skills Training Framework. Level 1 is for all staff, including paid and voluntary staff. Level 2 is for all Clinical staff.

Adult Safeguarding Training:

Level 1: Compliance in April 2015 was 82.4% and March 2016 up to 91.4%

Level 2; Compliance in April 2015 was 23% and March 2016 up to 86.2%

Staffing Group	Percentage compliance
Nursing and Midwifery staff	100%
Allied health professionals	100%
Medical staff	78%
Additional Clinical Services	91%
Additional Prof Scientific and Technic	97%
Healthcare Scientists	91%
Administrative and Clerical	92%
Estates and Ancillary	90%

The Medical staff compliance is improving however they still do not meet the Trust target of 95%.

Deprivation of Liberty Safeguards (DoLS)

The ASG Team have met with the local authority DoLS leads to establish a sound working relationship. The Trust now receives notification from the Local Authorities (LA's) of all DoLS applications, authorisations and those that are declined. The three LA's have signed up to one on-line application form and following discussion RBCH has also signed up to use this form. This will help improve all applications and legibility.

All applications are recorded on the Central Spread Sheet which is managed by the ASG team and is more accurately reflecting the overall compliance.

The Trust is compliant with the weekly reporting to the CQC of the number of applications made. Ten patients died while under a Deprivation of Liberty Safeguard and all were reported to the Coroner as per trust guidelines and policy.

Applications made 2015 /2016 = 260.

Mental Capacity Act (MCA)

Mandatory training was only introduced in February and compliance to the end of March was: 11.9%.

WRAP (Workshop to Raise Awareness of PREVENT)

WRAP was made mandatory in February 2016. Figures for training are monitored at the TPSG.

4. Collaboration with Social Services

Strong relationships have been forged with Social Services the ASG Team and they now work more closely to confirm the status of applications and to decide whether the case needs to progress as a Safeguarding issue or a complaint. If it is classified as Safeguarding an open and transparent investigation is undertaken this will then lead onto an enquiry meeting.

Safeguarding referrals investigated = 17.

(These are only Section 42 investigations only and do not include enquiry or cause for concerns raised).

5. Serious Case Review

The Trust has had one serious case review which was led by the CCG and is now closed. However the lessons learnt are to be shared at Matrons, Sister's / Charge Nurses meetings and all staff meetings.

Main Themes

The main themes in the past year continue to be around safe discharge planning. Work is in progress to intensify our training to ensure Trust policy and best practices are adhered to when discharging patient.

6. Sharing Lessons Learnt

The internal Trust Protection and Committee meeting is held quarterly chaired by the Director of Nursing and attended by all partnership organisations. This reviews and monitors alerts raised and examines any recognised themes. This ensures that action plans developed following concerns raised are managed by care groups and individual Directorates.

7.
 - The Trust Adult Safeguarding Policy has been updated to reflect the Savile report, The Government Prevent Policy and FGM.
 - There is a monthly Adult Safeguarding Leads meeting which is attended by the ASG Teams across Dorset for supervision and education this is now chaired by a member of the team. The CCG attend part of the meeting and give updates on government initiatives.
 - Adult safeguarding themes and learning are shared with the Care Group, Directorate Matrons, Sisters and Charge Nurses at monthly meetings.

Areas for Development 2016 / 2017

- Increased compliance with training to meet the Trust target of 95%.
- ASG Team to develop a quarterly newsletter to share themes and learning from cases.
- The CQC issued their report on the Royal Bournemouth and Christchurch Hospitals in January 2016 from their visit in October 2015. The outcome resulted in the overall rating as 'requires improvement'. Of the five domains 'Caring' resulted in a 'Good' rating, and one service was described as outstanding. Overall Safeguarding Practice was described as positive with specific mention of the multiagency practice. Actions to take forward relate mainly to ensuring a strong feedback structure from Adult Safeguarding and Adult safeguarding training compliance improvement within designated areas. Actions are in place for these to drive the improvements required. Improvement actions are reported to the Trust Protection and Safeguarding Committee and to the Healthcare Assurance Committee internally, which in turn is reported to the Trust Board of Directors.
- An online ASG Cause for Concern form and Body Map is being developed so all parts of the ASG referral process is electronic.

8. Summary

There is a new ASG Team who has made it their prime focus to be more visible throughout the Trust, visiting wards and departments to promote Safeguarding and to be available for advice and support.

9. Learning Disabilities

It is recognised that people with learning disabilities are frequent users of healthcare services and have far greater health needs than the general population, so these needs must be recognised and planned into care accordingly.

- 10.** The Trust proactively agrees to commissioning 1:1 support for individuals during their stay and whilst accessing services within the Hospital. This includes 24hour support if required. The 1:1 support should ideally be provided by a person who is familiar to the individual such as a relative or paid carer/support worker especially if the individual has complex needs as continuity of care is then achieved promoting positive outcomes.

270 people with a Learning Disability were admitted to the Trust during the year.

These individuals are from anywhere on the Learning Disability spectrum and not just those that need 'reasonable adjustments'. If the patient is admitted via E-Camis the ASG Team can run a live report at any time to show the number of patients in the hospital with a Learning Disability.

Learning Disability Training is taught with Level 2 Adult Safeguarding and is currently 86.2%.

- **Jenny House**
Senior Nurse Lead for Adult Safeguarding
- **Vicki West**
Facilitator for Adult Safeguarding and Learning Disability

Safeguarding Children Report 2015/16

1. Introduction

This report details activity in respect of Safeguarding Children in the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust during the year 2015/16. It is presented to provide assurance of compliance with the Care Quality Commission, Working Together (Dept. of Health) and Ofsted.

2. Local Arrangements

The Local Safeguarding Children Boards (LSCB) for Bournemouth-Poole (B-P) and Dorset meet four times per year. The Boards share an Independent Chair and progressively more sub-groups. RBCH attends the B-P Board; Executive representation is the Director of Nursing and Midwifery or Deputy Director of Nursing. The Named Nurse for Safeguarding Children and the Named Midwife deputise at these meetings and represent the Trust at sub-groups as appropriate.

LSCBs are based on the premise that safeguarding and promoting the welfare of children depends on effective joint working between agencies and professionals. The LSCBs are currently engaged with a modified MASH (multi-agency safeguarding hub) which is positive step in sharing relevant family information to safeguard children.

The local LSCB PAN Dorset Safeguarding Procedures are revised and updated to reflect current practice and legislation. The LSCBs jointly commission an external agency for the formatting and updating of the Procedures. Our Trust staff access the PAN Dorset procedures via the Trust Intranet Safeguarding Children page.

Section 11 of the Children Act 2004 places a duty on all partners to make arrangements to safeguard and promote the welfare of children. The LSCBs have not undertaken their annual multiagency Section 11 audit in 15/16.

3. Trust Arrangements

There is comprehensive contemporary reference material available across the Trust which is accessible via the Safeguarding Children page on the Trust Intranet and the library. Those holding the statutory positions in respect of safeguarding children during the year have been:

- ❖ **Executive Trust Lead Nurse:** Paula Shobbrook - Director of Nursing and Midwifery
- ❖ **Named Nurse for Safeguarding Children:** Pippa Knight
- ❖ **Named Doctor:** Mr Karim Hassan - Consultant, Emergency Department
- ❖ **Named Midwife:** Carmen Cross - Head of Midwifery

They are supported by:

- ❖ **Deputy Executive Lead Nurse:** Ellen Bull - Deputy Director of Nursing and Midwifery
- ❖ **Lead Midwife:** Julie Davies - Team Leader Sunshine Team, Maternity
- ❖ **Lead Nurse:** Cheryl Chainey - Nurse, Emergency Department
- ❖ **CSE Lead Nurse:** Nicky Stewart - Clinical Lead Nurse Department of Sexual Health
- ❖ **FGM Lead:** Dr E Herieka - Consultant, Department of Sexual Health

Additionally there is a very dedicated group of staff across most areas of the Trust who take the lead as a child champion for their area. Areas where children frequent as patients have at least one such champion. These staff do not have specific time for this role.

The Trust specifically allocates 0.6WTE (Named Nurse) 0.2WTE (Lead Nurse in ED) and 1PA (Named Doctor) to Safeguarding Children.

4. Training

Training at all levels is now deeply embedded within the Trust programme. Overall training compliance set by the CCG is 90%. In year training compliance has improved but remains below target at levels 2 and 3. The Named Nurse has completed monthly training report detailing areas of concern; Level 2 compliance mostly concerned medical and dental staff group and the Medical Director has actively been involved with targeting this group. Level 3 compliance is below target as all ED nurses are now required to complete level 3, a significant number of additional staff. To overcome this demand the Trust has invested in a series of bespoke training days, bringing in an approved LSCB trainer but enhancing the day with a health focus. The days have proved to very popular and as this has been a joint venture with Poole Hospital, teams across Emergency Departments and Maternity Units have worked together during the training days.

- Level 1 – 90.8%
- Level 2 – 87.1%
- Level 3 – 76.3%

For 2015-16, a new e-learning module was created following poor feedback from staff about the national e-programme Two e-learning modules have been developed by BEAT, with oversight from the Named Nurse. Level 1 training is all e-learning, Level 2 training consists of both an e-learning module and face to face case presentation and Level 3 is a multi-agency taught day. Level 2 training is supported by the Named Nurse, Kate Bond and Odette Rodda.

Staffing Group	Percentage compliance
Nursing and Midwifery staff	89%
Allied health professionals	94%
Medical staff	81%
Additional Clinical Services	89%
Additional Prof Scientific and Technic	94%
Healthcare Scientists	91%
Administrative and Clerical	92%
Estates and Ancillary	91%

In-year there have been good opportunities for staff to attend education/practice development events including:

- Clinical Supervision sessions
- Named professionals network meetings
- LSCB Safeguarding Children Conference (Early Help and Teenage Neglect focus)
- Child Sexual Exploitation courses, Self-Harm
- Child Death workshops
- Domestic Abuse and MARAC training

The Named Nurse, Named Doctor and Lead Nurse for ED have all previously completed level 4 equivalent training. They all attend and contribute to multi-agency/partner meetings and have the opportunity to attend national learning events to maintain these skills.

The Trust Named Midwife requires level 4 initial training, however there is a lack of opportunities for this level training. The Named Nurse has escalated this to the Designated Nurse who is trying to support training opportunities.

Evaluation of the Essential Core Skill safeguarding training by staff attending is positive, from the written comments the session appears well received and valued by staff. There has also been constructive comments regarding some natural overlap between adult and child training and so the Named Nurses and training lead are considering how face to face training can be delivered in a more valuable, less repetitive way for staff in 16/17. Staff feedback positively regarding the e-learning modules and so there is the potential to further develop this aspect of training.

5. Serious Case Reviews/Audits

Serious Case Reviews are conducted for every case where abuse or neglect is known or suspected and **either**:

- a child dies; or
- a child is seriously harmed and there are concerns about how organisations or professionals worked together to safeguard the child (Working Together 2015)

In year there have been 2 SCRs published by the Dorset and Bournemouth-Poole LSCBs. The Trust has directly participated in one of these reviews and disseminated the learning points from both.

Learning from Serious Case reviews and audits are incorporated into essential core skills training programmes and are available to staff via the Trust Safeguarding Children page. These will both be included in 16/17 programme. Additionally 2 further reviews have been published in April 2016 and will be incorporated into the training programme.

6. Referrals to Social Care from Trust

Trust Area	2015/16	2014/15	2013/14
Emergency Department	566	781	580
Maternity	40	58	48
Other corporate	50	14	17

Analysis: Increase in corporate referrals reflects activity in the eye unit and department of sexual health predominantly. When referrals for these two areas are removed, the numbers falls to 19.

Decrease in ED referrals compared to last year however, last year there was a spike in numbers.

Decrease in maternity referrals may reflect the fall in number of women booking for care. Approximately 10% less women booked with RBCH for maternity care than in the preceding year. An audit of safeguarding within maternity is planned for year 16/17.

7. Examples of improvements in practice during 2015/16

NHS England published 5 key priorities for safeguarding in 15/16. The Trust adopted these as our priorities too and can demonstrate alignment and quality improvement against them.

Female Genital Mutilation (FGM)

The Serious Crime Act, October 2015, mandates that all professional staff identifying FGM in a woman report it and that any cases of FGM in a child (under 18) are reported direct to the Police.

The Trust has worked exceptionally well with partner agencies to ensure Dorset pathways are robust and staff are aware of their responsibility. Dr Herieka has championed FGM training (delivering sessions on Level 3 programmes), supported the development of FGM policy and guidance and engaged with the CCG and partner agencies. The Information and IT teams have supported a mechanism across the Trust to allow central reporting and data extraction. NHS England training slides are being included within the e-learning update in year 16/17.

The Trust Safeguarding Committee monitors numbers of cases reported and currently all staff reporting cases are followed up by the Named Nurse and offered support, guidance and opportunity to feedback. In year (part year) 6 women with FGM have been identified, no children under 18 years.

Child Sexual Exploitation (CSE)

Within year there have been more reports and much more focus around CSE. The Trust engages within our multi-agency partners including the Police, Social Care and voluntary networks to offer support to vulnerable children. All staff receive training regarding CSE and key areas where staff have level 3 training have additional training. The department of sexual health have identified 2 key staff and together they have developed strong 'spotting and reporting' pathways and supported development of the Trust policy. This has supported Level 3 training and ED staff training in year. NHS England have recently released a training video which will be included within Essential Core Skills e-learning update up-date for clinical staff and has been sent to level 3 trained staff.

Looked After Children (LAC)

The Trust has implemented an IT development prompting all children attendances to capture who attends with the child and what the relationship between them is. Initially there was some concern from staff that carers/parents would find this intrusive however several

staff have fed back that it has prompted needed discussions around who a child's social worker is or whether the person attending has parental responsibility and can therefore consent for younger children.

Domestic Abuse

Children's Social Care has identified that domestic abuse is a real concern for our local population. Together with mental health and substance misuse (alcohol or drugs); domestic abuse makes the 'Toxic Trio' of parental concerns for safeguarding children. NICE identify that 1:3 women and 1:5 men experience Domestic Abuse.

In year the Trust has confirmed the Lead for Domestic Abuse sits within the Named Nurse Safeguarding Children role. All staff receive some domestic abuse training however this is being further developed for 16/17. Leads across the trust, from all areas, have been identified and training days, co-ordinated by Named Nurse and delivered by Bournemouth's Domestic and Sexual Violence Co-ordinator have been well received.

A Trust guidance policy is in development and the Trust Safeguarding Committee will monitor compliance and improvement in performance. An initial performance improvement marker will be an increase in identified cases of Domestic Abuse.

Early Help

Additionally there is greater attention around the Early Help offers in Children's Services which focuses on sharing information with partners to support families early, as soon as a difficulty or potential difficulty is identified. The hope is through early intervention protective factors are established around the child which ultimately reduces the need for higher level social care intervention. Throughout the areas where children attend in the Trust there is evidence of much more working with health visitors, school nurses and paediatric services for example at Poole Hospital. Orthodontics Ophthalmology Dermatology and Orthotics are good examples of where staff link with partners for Early Help.

Reports and Inspections

8. The CQC inspected the Trust in year a safeguarding summary has been produced from the report which is monitored through the Trust Protection and Safeguarding Committee. In year the following policies have been updated/reviewed/produced:
 - Trust Safeguarding Children Policy – reviewed and update
 - Missed Appointments Policy – reviewed and updated
 - Recruitment and Selection Policy – reviewed and updated
 - Child Sexual Exploitation – produced
 - Female Genital Mutilation – produced

Areas for development in 2016/17

9. The Children's group devise an annual work plan based on risks and gaps to our current service. It reflects local and national needs and drivers. The work plan is combined with adult safeguarding into a single document for 16/17 and is monitored at the Trust Protection and Safeguarding Committee.
 - **Pippa Knight**
Named Nurse Safeguarding Children

BOARD OF DIRECTORS

Meeting Date and Part:	30 th September 2016 – Part 1
Subject:	Performance Report to the end of August 2016
Section on agenda:	Performance
Supplementary Reading (included in the Reading Pack)	Performance Matrix
Officer with overall responsibility:	Richard Renaut, Chief Operating Officer
Author(s) of papers:	Donna Parker / David Mills
Details of previous discussion and/or dissemination:	PMG
Action required: Approve / Discuss / Information / Note	<p>The Board is requested to note the performance exceptions to the Trust's compliance with the 2016/17 STF, Monitor Framework and contractual requirements.</p> <p>This includes full compliance with STF trajectories, but noting the diminishing margin for elective 18 week pathways, and pressures in both Radiology and Endoscopy services.</p> <p>Finally, the Board is also requested to note the detailed report on cancer performance and the significant improvements, but also the growing risk to performance from rising fast track referrals.</p>
<p>Summary:</p> <p>The full Performance Report for August is attached and accompanies the Performance Indicator Matrix which is available in the Reading Room. The report outlines the Trust's actual and predicted performance against key access and performance targets and this month, provides a detailed focus on Cancer.</p> <p>NHS Improvement has also published the final Single Oversight Framework which will take effect from 1 October. Reporting will be reviewed in line with this. A separate paper is provided to the Board on this.</p> <p>An Executive Summary and Key Risks page has also been provided.</p>	
<p>Relevant CQC domain:</p> <p>Are they safe?</p> <p>Are they effective?</p> <p>Are they caring?</p> <p>Are they responsive to people's needs?</p> <p>Are they well-led?</p>	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>
<p>Risk Profile:</p> <p>i) Impact on existing risk?</p> <p>ii) Identification of a new risk?</p>	<p>The following risk assessments are currently being reviewed in light of the latest performance and STF rules of engagement:</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. iii. RTT due to reduced performance.

1. Executive Summary

Trust performance in August secured the Sustainability and Transformation Fund (STF) with all KPIs achieving national target and trajectory submission, excepting RTT. RTT was narrowly below trajectory, predominantly due to unplanned and sudden additional medical staff absence on top of existing pressures. However, this remained within the 1% tolerance required to secure funds.

RTT 18 Weeks Incomplete Pathways (12.5% of funds) – 91.8%, just below the 92% target and trajectory but within the 1% tolerance for STF.

A&E 4 hour (12.5% of funds) – achieved above the 95% national target and our trajectory of 91% in August (97.2%). September is currently at 93.9% and close management of increasing pressures is in place.

Cancer 62 Day from Referral to Treatment (5% of funds) – achieved compliance above the 85% national target in July (87.5%). This is in line with the submitted trajectory and the Urology recovery programme. Compliance is currently indicated for August.

Diagnostics 6 Week Wait (0% of funds) – achieved compliance and above trajectory, at 99.8%.

All other Monitor Risk Assessment Framework (RAF) and key contractual targets were met for August except C Difficile where we have just exceeded the YTD objective. The finalised Single Oversight Framework will be implemented from 1 October 2016 signalling a different approach to key financial, quality and risk targets. See *separate Board paper*. The Board reporting will be reviewed in response to this new Framework.

2. Key Risks

From a performance perspective the key risks are:

RTT 18 Weeks Incomplete Pathways – the backdrop of an increased overall waiting list and higher proportion of patients waiting over 18 weeks means a reduced tolerance to mitigate speciality risks. Therefore, sudden/unplanned medical staff absence as well as Junior Dr strikes remains a risk to our ability to manage this. In particular Ophthalmology, Gastroenterology and the visiting specialities are key areas of demand and capacity pressure which will require close management and additional actions. In addition the pressure of non elective activity levels and our need to remain within the financial control total also remain challenges. However, we have seen good progress in some areas such as Urology and some general surgical sub specialities and a number of additional medical posts are coming on line. These actions will be closely managed to remain within STF tolerance thresholds will secure national funds.

A&E 4 hour – the national requirement is that RBH must achieve 93.6% for March 2017. If the strong performance in recent months is maintained, together with a robust winter plan, this should be achievable, though increased activity (11% YTD) and system-wide pressures remain a significant risk with factors outside our control. Details of the national A&E 'reset' plan have now been released. Our Urgent Care Improvement Programme is already progressing a number of the key interventions and the system-wide assessment against the detailed national requirements is being overseen by the new Dorset A&E Delivery Board.

Cancer 62 Day from Referral to Treatment – the most significant risk to achieving the agreed trajectory is the potential impact of the new fast track referral forms in January reflecting the new NICE guidance. For some tumours sites estimates include up to 15% increase in referrals. Detailed work is continuing to review referral pathways and capacity together with joint work with our CCG

colleagues for early intervention where peaks in demand are experienced. Funding has also been made available. We are also looking to support this work with national programmes for improvement, including our successful bid to participate in the 28 day diagnostic project.

Diagnostics 6 Week Wait – the impact of the above potential increase in cancer referrals, together with scanner down time and some staff shortages in Radiology and Endoscopy present risks to performance. Additional activity and the potential for outsourcing continues. However, payment is not expected to be withheld.

Performance Report



For the period to end August 2016

Richard Renaut
Chief Operating Officer

Performance Report

As at 19/09/2016

1. Introduction

This report accompanies the Performance Indicator Matrix (*available in the Reading Room*) and outlines the Trust's actual and predicted performance against key access and performance targets. In particular it highlights progress against the trajectories for the priority targets set out in the Sustainability and Transformation Fund.

The detailed performance levels against the remaining key targets, which form part of the Monitor Risk Assessment Framework (RAF) or national/contractual obligations, are included in the Performance Indicator Matrix. Narrative is included in this report on an exception basis.

Following a 5 week consultation period, NHSI have now published the Single Oversight Framework (SOF) which will replace the Monitor Risk Assessment Framework from 1 October 2016. See separate paper provided to the Board.

This report covering performance for August 2016 includes a focus on the Month 2 Indicators – Cancer Waiting Times - as per attached quarterly cycle (*Table 1*).

The Trust's Balanced Dashboard integrating Quality, Clinical Outcomes, Performance, Finance and Workforce is provided quarterly on an ongoing basis. The next one will be available following the end Q2.

Quarter Cycle	NHS Improvement (STF) Indicators	RAF and Contractual Indicators
Report Month 1 (Apr, Jul, Oct, Jan)	ED 4 hours (incl flow)	Infection Control (C Diff) Mixed sex accommodation Ambulance handovers DToCs MRSA VTE
Month 2 (May, Aug, Nov, Feb)	Cancer 62 days	Cancer 2 weeks, 31 days Tumour site performance 62 day upgrade and screening 104 day 'backstop' breaches
Month 3 (Jun, Sept, Dec, Mar)	RTT and Diagnostics	Learning Disabilities RTT speciality level Admit/non admit total list and >18wks 52 week wait breaches 28 day cancelled ops 2 nd urgent cancelled ops,

Table 1 – Quarterly Cycle for Focus on Performance Indicators

2. Sustainability and Transformation Plan (STF) and Monitor Risk Assessment Framework (RAF) Indicators – August 2016 Performance

2.1 Sustainability and Transformation Fund 16/17

As reported last month STF payment was earned in Q1 following submission of agreed performance trajectories. The Trust was at national threshold or in line with trajectories for all 4 KPIs for the quarter. July and August have predominantly seen positive performance, with the only target below national target and submitted STF trajectory is RTT. However, this remained well within the 1% tolerance to secure the funds.

Table 2 - Sustainability and Transformation Fund 2016/17 Key Indicators

Target or Indicator (per Risk Assessment Framework)	National Target	STF Trajectory Target*	Q1 16/17		Q2			
			Performance Against National Target	Performance Against STF Trajectory	July		Aug	
					Performance Against National Target	Performance Against STF Trajectory	Performance Against National Target	Performance Against STF Trajectory
Referral to treatment time, in aggregate, incomplete pathways	92%	92%						Within STF 1% threshold
A&E Clinical Quality - Total Time in A&E under 4 hours	95%	91.7%						
Cancer 62 Day Waits for first treatment (from urgent GP referral)	85%	80%						est. only**
Diagnostic 6 week wait	99%	99%						

*NHS Improvement Q1 STF payment based on agreeing trajectories only.

**Validated final position awaited - upload is early October

RTT Incomplete Pathways (18 week) and 52 Week Breaches

Following a compliant Q1 and July we have seen a slight deterioration in performance in August against the RTT Incomplete Pathways indicator. This meant we were just below the national target and our STF submitted trajectory, however, we remained within the tolerance to secure the Sustainability and Transformation funds for the month.

Performance for August was 91.8% with 22,835 patients continuing to wait less than 18 weeks.

As highlighted previously, due to demand and capacity pressures both in elective and non-elective, alongside the need to remain within the national agency cap and our financial control limit, securing capacity has sometimes proven challenging. This has usually been balanced with RTT performance sustained through close management.

Unfortunately, in August, we had some additional pressures resulting from sudden or unplanned medical staff absence. This meant a few key specialities were unable to reduce their 18 week patients as much as planned (e.g. Ophthalmology, Orthopaedics) and some additional pressures in some areas (e.g. ENT, Oral Surgery, Neurology and Dermatology).

This target remains challenging going forward and key risks particularly in Ophthalmology, Gastroenterology, Orthopaedics and the visiting specialities (ENT, Oral, Neurology) will require further action to sustain an STF compliant position, particularly going into Q4 when the overall impact of winter pressures will also be evident.

Plans include:

- Recruitment of locums and substantive posts in Ophthalmology (subject to availability), potentially together with outsourcing;
- Demand and capacity work in Gastroenterology, again with some outsourcing;
- Optimising productivity and capacity in Orthopaedics through Q3
- Joint work with Poole to reduce long waiters in 'hub & spoke' services (ENT, Vascular, Oral, Neuro).

Positively, substantive appointments and embedding of existing plans mean that sustainability of improvement plans in Urology, General

Surgical sub specialities (including Vascular), Gynaecology and Dermatology are expected to continue in Q3 and Q4.

There were no 52 week wait breaches in August.

The other major risk is the junior doctor strikes.

A&E 4 Hour Target, 12 Hour Breaches and Ambulance Handovers

The Trust achieved compliance again in August with the national ED 4 hour target, with performance further improved, at 97.2%. There were no 12 hour breaches.

This is an extremely positive position given the continued high level of ED attendances (12.2% up on last year, type 1 & 2) and non-elective admissions (12.3% up on last year).

The Trust's urgent care Quality Improvement (QI) work has sustained the improved bed occupancy position which has meant better flow of patients through the hospital and out of the Emergency Department. The reduced inpatient pressures and consequential reduction in delays out of the ED also have the knock on effect of releasing staff time to focus on the emergency patients, processes and flow within the department. In addition to the opening of the Frailty Unit in September, the next steps are to fully develop the internal professional standards and escalation triggers across all areas of the hospital. This is nationally known as SAFER care bundles.

August has seen a slight decrease of 0.9% in total ambulance handovers (conveyances) compared to August '15, and a decrease of 1.9% compared to July 2016. We are working jointly with the local ambulance services to implement improved systems for handovers and the ongoing metrics and trajectories for the year are being agreed, including the process of data validation. A system-wide action plan is being agreed across Dorset.

Some additional challenges both in ED and flow are being seen in mid-September with both higher acuity and staff sickness contributing. This is resulting in an increase in outlying patients, and patients medically fit for discharge. We currently continue to remain compliant with the national 4 hour target and indications are that this will be achieved for Q2.

62 Day from Referral for Suspected Cancer to Treatment

The Cancer 62 Day performance was fully compliant in Q1, ahead of our recovery trajectory and this has been maintained into July as per our STF trajectory. July saw a reduction in breaches overall with 6.5 Urology and 4 non Urology, a much improved position and August projections indicate a similar position, a positive indicator for Q2.

The biggest risk remains the increasing GP fast track referral demand. The new NICE guidance is expected to increase this further still. More detail is provided in Section 4.

Diagnostic 6 Week Wait

Pleasingly our improved, compliant performance was sustained in August with 99.78%, in line with our STF submission. This did however require some additional locum support in Endoscopy through the month to maintain our position.

September onwards is currently being reviewed alongside our Endoscopy JAG accreditation requirements. Further additional support and outsourcing is being actively managed, within budget, to deliver the required patient demand.

Currently performance remains on track in the key areas (Radiology, Cardiology and Urology) though this continues to be closely managed with the need for additional capacity on an ad hoc basis to respond to peaks in demand. Medical staffing gaps in Radiology, allied to rising demand creates a further risk.

2.2 Other Monitor Risk Assessment Framework Indicators

The new NHS Improvement Single Oversight Framework proposes a reduced set of national KPIs as from 1 October 2016 (*see separate Board paper*). However, below indicates our August performance against previous projections for the remaining Monitor RAF indicators, together with Quarter 1 and July confirmed performance.

Table 3 - Monitor Risk Assessment Framework

Target or Indicator (per Risk Assessment Framework) not included within STF	%	16/17						
		Q1	Q2	Q3	Q4	Q1	July	Aug
		Pred	Pred	Pred	Pred	Actual	Actual	Actual
Cancer 62 day Waits for first treatment (from Cancer Screening Service)	90							*
Cancer 31 Day Wait for second or subsequent treatment - surgery	94							*
Cancer 31 Day Wait for second or subsequent treatment - drugs	98							*
Cancer 31 Day Wait from diagnosis to first treatment	96							*
Cancer 2 week (all cancers)	93							*
Cancer 2 week (breast symptoms)	93							*
C.Diff objective								
MRSA								
Access to healthcare for people with a learning disability							**	**

Note:

*Cancer reflects our predicted position to date. Final upload early Oct 16.

**Learning Disabilities reflects our predicted position to date. Compliance is confirmed quarterly.

Cancer

62 Days from Screening to Treatment

Compliance was achieved in July (100%), and is expected to be maintained for the quarter.

31 Days Subsequent Treatment

The 31 day subsequent surgical treatment performance was compliant for July at 94.4% and August predictions remain above threshold.

31 Days from Diagnosis for First Treatment

Performance was compliant for July at 98.9%, ahead of our recovery trajectory and is expected to be sustained.

2 Week Wait

Performance was compliant for July at 97.4%. Continued increase in fast track referrals continues to pressure specialities, but we currently expect compliance through Q2 due to additional ad hoc capacity. The additional post in Colorectal (and further post in October) will also help move to a more sustainable capacity position for this high risk specialty. Therefore the issues leading to Q1 non-compliance have been addressed.

Breast Two Week Wait

Performance was compliant at 100%.

Infection Control – C Diff and MRSA

Our trajectory already highlighted some risk in the second half of the year based on the current target of 14. This requires a much lower incident per 1,000 bed days than surrounding providers. This is before the expected increases in incidence over the winter period. 12 cases of C Diff have been reported up to the end of August 2016. Of these, lapse in care is deemed to have contributed to 6, being just above the 5.9 YTD threshold.

There have been no reported cases of hospital acquired MRSA.

Access to Healthcare for People with a Learning Disability

Whilst reported quarterly, we expect compliance to be confirmed for July and August.

Performance Report

As at 19/09/2016

3. Contractual and Other Targets Exception Reporting

Compliance was maintained on all other key targets in August.

Table 4 – Contractual and Other Targets

Indicator	Measure	Target 16/17	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Mixed Sex Accommodation	Minimise no. of patients breaching the mixed sex accommodation requirement	0	2	0	0	1	0
MRSA Bacteraemias	Number of hospital acquired MRSA cases	0	0	0	0	0	0
62 day – Consultant upgrade	Following a consultant's decision to upgrade the patient priority *	90%	42.9%	100.0%	100.0%	100.0%	
Venous Thromboembolism	Risk assessment of hospital-related venous thromboembolism	95%		96.6%			
Planned waiting list	% of patients less than 6 weeks past their due date	0	95.5%	96.0%	95.6%	95.5%	93.2%
Admission via A&E	No. of waits from decision to admit to admission over 12 hours	0	0	0	0	0	0
Ambulance Handovers	No. of breaches of the 30 minute handover standard	0	66	67	67	58	67
Ambulance Handovers	No. of breaches of the 60 minute handover standard	0	7	2	10	1	4
28 day standard	No. of patients not offered a binding date within 28 days of cancellation	0	0	0	1	0	0
Urgent ops Cancelled for 2nd time	No. of urgent operations cancelled for a second time	0	0	0	0	0	0
NHS Number Compliance	Completion of NHS Numbers in SUS Submission (IPS/OPS)	99%	99.7%	99.7%	99.7%		
NHS Number Compliance	Completion of NHS Numbers in SUS A&E Submissions	95%	98.3%	98.4%	98.2%		
SSNAP indicator	% of Stroke patients are treated on a dedicated stroke ward for 90% of spell		81.6%	86.7%	89.1%	94.5%	92.3%
SSNAP indicator	Direct admission to Stroke Unit within 4 hours of admission		66.7%	76.4%	66.0%	78.9%	70.4%
SSNAP indicator	Patients receive CT Scan within 24 hours of admission		100.0%	91.8%	96.2%	100.0%	95.8%
SSNAP indicator	Patients with acute stroke receive brain imaging within 1 hr		46.3%	37.0%	35.8%	36.8%	38.9%
SSNAP indicator	Thrombolysis Rate		7.4%	12.3%	5.7%	5.3%	12.5%
SSNAP indicator	% appropriate patients receiving thrombolysis (within 1 hour of clock start)		50.0%	44.4%	66.7%	100.0%	55.6%
TIA indicator	High risk TIA cases investigated and treated within 24hrs		72.0%	61.0%	79.0%	46.0%	71.0%
TIA indicator	Low risk TIA cases, seen within 7 days		87.0%	89.0%	89.0%	90.0%	88.0%
Clocks still running - 52 weeks	Zero tolerance of over 52 week waiters (Incomplete Pathways)	0	0	0	0	0	0
Clocks still running - admitted	Total number of patients with an admitted incomplete pathway	tbc	6679	6634	6421	6397	6397
Clocks still running - admitted	Number of patients with an admitted incomplete pathway over 18 weeks	tbc	1227	1191	1177	1099	1135
Clocks still running - non admitted	Total number of patients with a non admitted incomplete pathway	tbc	16558	17304	17651	18600	18471
Clocks still running - non admitted	Number of patients with a non admitted incomplete pathway over 18 weeks	tbc	570	626	665	856	898

4. Performance Focus - Cancer

4.1 Performance and Activity

Table 5 – Cancer Performance Q1 and July Q2

Key Performance Indicators	Threshold	Apr-16	May-16	Jun-16	Q1 2016-2017	Jul-16
2 weeks - Maximum wait from GP	93.0%	84.3%	93.6%	97.7%	91.6%	97.4%
2 week wait for symptomatic breast patients	93.0%	100.0%	100.0%	100.0%	100.0%	100.0%
31 Day – 1st treatment	96.0%	94.3%	98.9%	99.5%	97.6%	98.9%
31 Day – subsequent treatment - Surgery	94.0%	97.6%	97.8%	97.8%	97.1%	94.4%
31 Day – subsequent treatment - Drugs	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%
62 Day – 1st treatment	85.0%	88.5%	85.6%	86.7%	86.7%	87.5%
62 day – screening patients	90.0%	100.0%	100.0%	100.0%	100.0%	100.0%
62 day – Consultant upgrade (local target)	90.0%	42.9%	100.0%	100.0%	78.9%	100.0%

Note: Final validated August data will be uploaded early October.

May, June and July saw three fully compliant months in relation to all of the cancer targets. This reflects the significant work by the Cancer Team and across all MDTs and particularly in Urology, to improve our overall position. This is an extremely positive position for the Trust but more importantly, for patients referred on a suspected cancer pathway. Benchmarking against other Trusts, we are seeing an improving position moving us into the top trusts achieving 100% for some targets (Breast 2ww, 31 day subsequent drug treatment and 62 day screening) and top third or quartile in others (2ww and 62 day).

In line with national guidance we are working with CCGs to monitor further cancer metrics, including 104 day 'backstop' breaches.

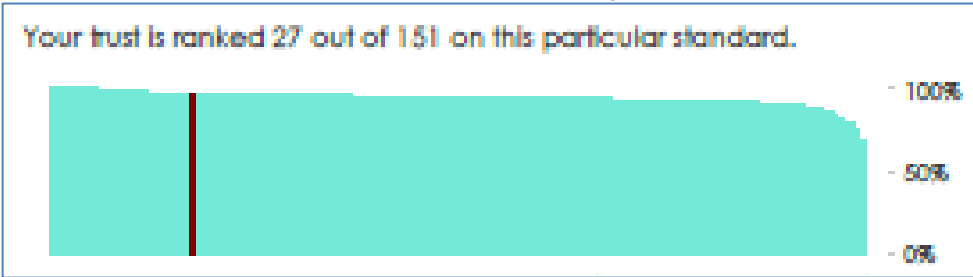
Histopathology remains an area of focus, to provide a timely and cost effective service. Reducing wait times and reliance on high cost reporting will be a focus of work to help cancer and other patient pathways.

4.2 Two Week Wait

Following some demand and capacity pressures particularly in Colorectal and Gynae back in April, we have since maintained a strong position on Two Week Wait performance, being fully compliant each month.

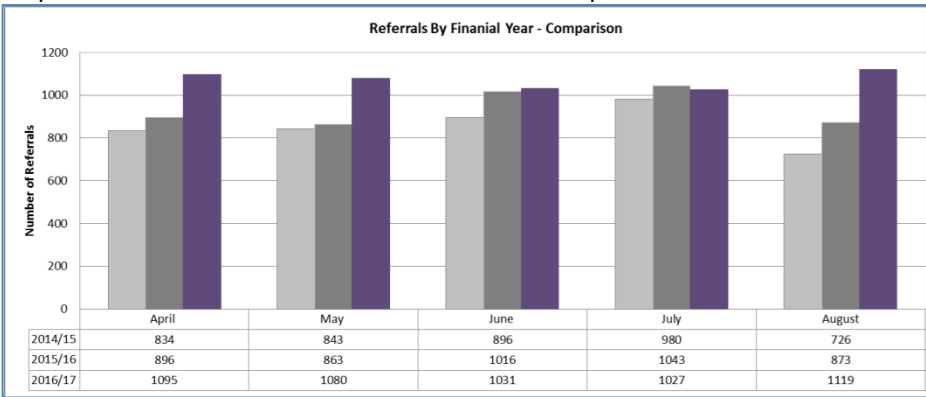
The below graph shows our June benchmarking and we maintained top quartile position in July.

Graph 1 – Cancer Two Week Wait National Benchmarking – RBH June 2016



This however, is despite a continued increase in fast track referrals - 12% compared to monthly average 15/16. This is expected to continue through the year and particularly in Q4 when the new fast track referral forms are fully released across Dorset.

Graph 2 – Two Week Wait Referrals Year on Year Comparison



The most significant increases have been seen in the following specialities, with Dermatology most affected with 55 more patients (26%) referred through the fast track route per month. Urology and Breast are also seeing 20+ patients per month compared to last year.

Table 6 – Two Week Wait Referrals Increase on 2015/16 – Tumour Site Level

	Monthly Ave		% Increase
	15/16	16/17	
Colorectal	142	155	9.2
Gynae	77	83	7.8
Skin	211	266	26.1
Urology	183	205	12.0
Breast	135	155	14.8
H&N	46	51	10.9

To date, this demand has been met through additional ad hoc sessions or by moving routine appointments, impacting on our RTT waiting times in some areas. A number of these specialities have recruited additional substantive or locum medical posts which will provide more sustainable capacity going forward. However, a particular impact will be on diagnostic capacity which is coming under increasing pressure.

Dorset projections are for an increase of 4% overall with 5-20% expected in Children’s, Urology, Lung and Colorectal services when the new fast track referral forms are fully launched. Locally, there is also ongoing discussion in relation to Skin referrals given the levels of increase we have already seen year to date, and the wide scope for fast track criteria.

Dorset CCG have provided some additional funds to support implementation and work is underway to secure additional diagnostic capacity. In addition, we have been successful in our bid to participate in the national 28 day diagnostics project which will support pathway

Performance Report

As at 19/09/2016

developments in response to the NICE referral guidance and the national aim to achieve cancer diagnoses within one month.

4.3 Overall 31 day performance by specialty

Table 7

31 Day First Treatment (Tumour) (96%)

Site	Quarter 1 2016/17			Jul-16		
	Total	Within Target	Performance	Total	Within Target	Performance
Haematology	37	37	100.0%	14	14	100.0%
Lung	39	39	100.0%	9	9	100.0%
Colorectal	57	57	100.0%	19	19	100.0%
Gynae	16	16	100.0%	3	3	100.0%
Skin	128	128	100.0%	33	33	100.0%
UGI	40	40	100.0%	6	6	100.0%
Urology	156	143	91.7%	61	59	96.7%
Breast	81	80	98.8%	30	30	100.0%
Others						
Head & Neck	4	4	100.0%			
Brain/central nervous system	1	1	100.0%	4	4	100.0%
Children's cancer						
Other cancer	8	8	100.0%	1	1	100.0%
Sarcoma	10	10	100.0%	1	1	100.0%
Total	577	563	97.6%	181	179	98.9%

There were a total of 2 breaches out of 181 treatments in July, both of which were in Urology. One was due to surgical capacity and one due to other interventional capacity. This is a significant improvement on previous month which is a direct result of the improvements to the prostatectomy pathways.

Although positive performance, the Trust ranked 79 out 155 Trusts in July and we continue to seek shared learning from other organisations where applicable. Being a Urology centre we do know adversely affects us, along with high levels of patient choice delays.

31 day subsequent treatment compliant performance is also expected to be sustained in August.

4.4 62 Day Referral/Screening to Treatment by Speciality

We are now in a much better position in relation to the 62 day wait, with a smaller number of patients breaching in July compared to the monthly average in Q1.

Table 8

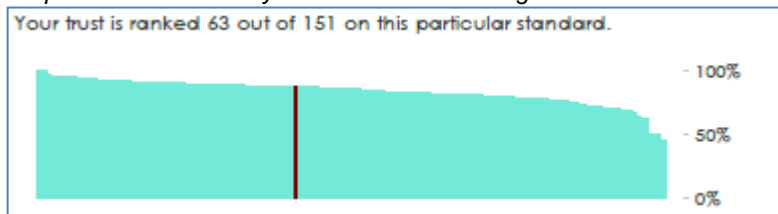
Cancer Plan 62 Day Standard (Tumour) (85%)

Site	Quarter 1 2016/17			Jul-16		
	Total	Within Target	Performance	Total	Within Target	Performance
Haematology	10	8	80.0%	5	4	80.0%
Lung	13.5	9	66.7%	3	2	66.7%
Colorectal	20.5	16	78.0%	7	5	71.4%
Gynae	10	8.5	85.0%	2.5	2.5	100.0%
Skin	76.5	75	98.0%	17	17	100.0%
UGI	17	14	82.4%	3	3	100.0%
Urology	107.5	87.5	81.4%	37.5	31	82.7%
Breast	41.5	39.5	95.2%	8	8	100.0%
Others						
Head & Neck	4	3	75.0%			
Brain/central nervous system						
Children's cancer						
Other cancer	4	3	75.0%			
Sarcoma	6.5	6	92.3%	1	1	100.0%
Total	311.0	269.5	86.7%	84.0	73.5	87.5%

There were a total of 10.5 breaches out of 84 treatments in July, broken down as follows: Haematology (1), Lung (1), Colorectal (2), Urology (6.5).

There were a range of breach reasons with no particular themes. 3 were due to medical deferral, 2 due to diagnostic capacity, 2 breaches due to complex pathway/pathway sequence and 2 due to surgical capacity.

Graph 3 – Cancer 62 day National Benchmarking – RBH June 2016



The Trust also moved from a ranking of 63 to 50, in the top third of all Trusts, including those who do not have specialist centre MDTs (e.g. Urology), on 62 day in July.

Compliance for July against the 62 day from screening target was also fully compliant at 100% and compliance is expected for August.

4.5 104 day 'backstop' breaches

The Cancer Team closely track all patients on a 62 day pathway. This includes an escalation process for patients not meeting timed pathway points. Full clinical and pathway monitoring, together with root cause analysis, is in place for all patients passing 62 days and by extension, 104 days. This monitoring and review seeks to ensure the avoidance of harm to the patient as well as highlighting and cascading any learning for improvement. This is also in line with national guidance that would require any harm to be reported under the Serious Incident procedure.

At the time of reporting, there were 2 patients past 104 days who had confirmed cancer with a decision to treat. 1 patient had declined an earlier operation date and requested one in September. The other patient was on a complex and palliative pathway where the patient wished to consider their treatment options. The pathway analysis, however, is still being reviewed by our clinicians for any learning, particularly in terms of whether any pathways or processes could be improved for other patients.

There are a further 12 patients whose pathways are currently under review where there is either no confirmed cancer diagnosis or decision to treat.

Reviews to date have demonstrated longer pathways for patients with:

- multiple/clinically iterative diagnostic pathways, and/or
- patient instigated delays
- patients with other conditions delaying pathways
- waiting times at other providers.

However, our tracking, escalation and clinical reviews to date have confirmed no harm to the patient.

5. Recommendation

The Trust Board of Directors is requested to note the performance exceptions to the Trust's compliance with the 2016/17 STF, Monitor Framework and contractual requirements.

This includes full compliance with STF trajectories, but noting the diminishing margin for elective 18 week pathways, and pressures in both Radiology and Endoscopy services.

Finally, the Board is also requested to note the detailed report on cancer performance and the significant improvements, but also the growing risk to performance from rising fast track referrals.

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

BOARD OF DIRECTORS

Meeting Date:	30 September 2016: Part 1
Subject:	Quality report
Section on agenda:	Quality
Supplementary Reading (included in the Reading Pack):	n/a
Officer with overall responsibility:	Paula Shobbrook, Director of Nursing and Midwifery
Author(s) of papers:	Ellen Bull, Deputy Director of Nursing and Midwifery Jo Sims, Associate Director of Quality and Risk
Details of previous discussion and/or dissemination:	Healthcare Assurance Committee 29 th September 2016
Action required:	The paper is provided for information
Executive Summary The Quality report is a summary of the key quality indicators in Month. <ul style="list-style-type: none"> • Three serious incidents have been reported. • Safety Thermometer has improved in month • Inpatient FFT has been sustained in the top quartile in month • Care Campaign Audit chronic performers have assigned leads and plan of action. 	
Relevant CQC domain: Are they safe? Are they effective? Are they caring? Are they responsive to people's needs? Are they well-led?	All domains
Risk Profile: i. Impact on existing risk? ii. Identification of a new risk?	N/A

Quality Report



**For the period to end August
2016**

Paula Shobbrook
Director of Nursing and Midwifery

Quality Report

As at 21/09/2016

1.0 Introduction

This report accompanies the Trust Quality Dashboard and outlines the Trust's actual performance against key patient safety and patient experience indicators. In particular it highlights progress against the likely trajectories for the priority targets set out in the Board objectives for 2016/17.

2.0 Serious Incidents – August 2016

2.1 Serious Incidents

Three Serious Incidents were reported in August 16:

- 1 Treatment delay meeting SI criteria
- 1 Breach of Information Governance. Ward handover sheet found in a public location.
- 1 Breach of Information Governance. Email sent from personal Yahoo email address to NHS email address by member of staff, email contained patient level data. Email was not secured using encryption.

Root cause analysis (RCA) investigations and panel meetings are in progress for both incidents. Both Information Governance breaches have been reported to the Information Commissioners Office.

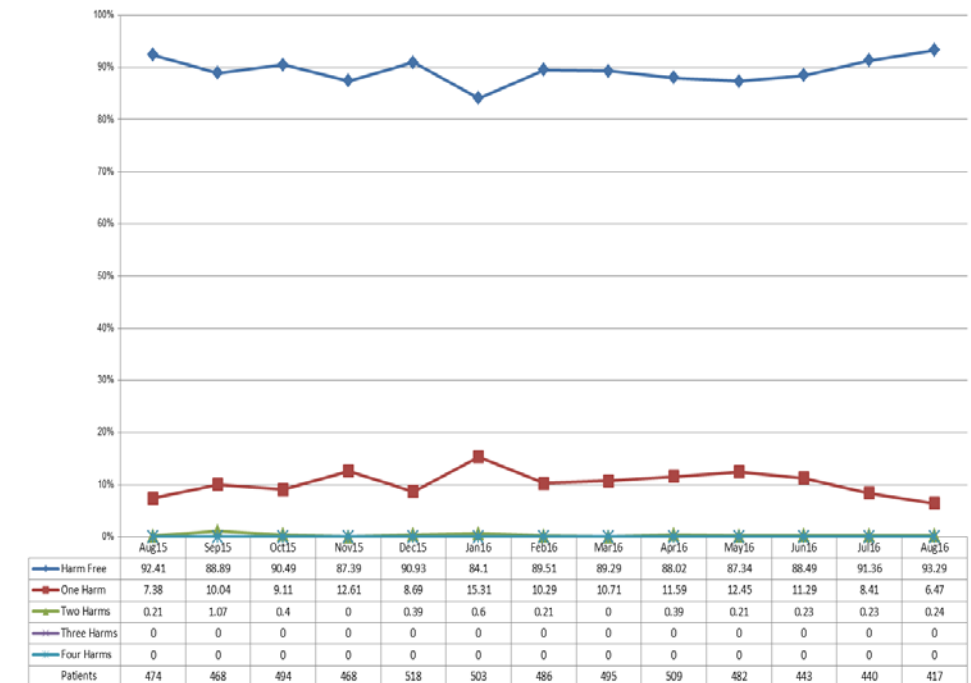
3.0 Safety Thermometer

Performance has improved in month due to a reduction in reported new (hospital acquired) pressure ulcers (5 in month) and no reported falls with harm. The harm free care score for August 16 is the highest (best) achieved in 2016 and is above the Trust average for 15/16.

NHS Safety Thermometer	15/16 Trust Average	April 16	May 16	June 16	July 16	Aug 16
Safety Thermometer % Harm Free Care	89.79%	88.02%	87.34%	88.49%	91.36%	93.29%
Safety Thermometer % Harm Free Care (New Harms only)	97.53%	95.87%	98.13%	98.6%	97.73%	98.32%

Harm Free: patients with Harm Free Care

ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITAL'S NHS FOUNDATION TRUST, All Wards, All Settings, All Services, All Ages, All Sexes



4.0 Friends and Family Test: National Comparison using the NHS England data base

The benchmarking data below is taken from the national data provided by NHS England which is retrospectively available and therefore, represents July 2016.

- Inpatient and day case Friends and Family Test (FFT) national performance in July 2016 ranked RBCH Trust 2nd with 14 other hospitals out of 172 placing RBCH in the top quartile based on patient satisfaction. The response rate was sustained above the 15% national standard at 23.2%.
- The Emergency Department FFT performance in July 2016 ranked RBCH Trust 7th with 3 other hospitals out of 141 placing RBCH ED department in the second quartile. The response rate 4.9% against the 15% national standard.
- Outpatients FFT performance in July 2016 ranked RBCH Trust 4th with 22 other Trusts out of 234 Trusts, placing the departments in the second quartile. Response rates are variable between individual outpatient departments; there is no national compliance standard.

In-Patient Quartile	February	March	April	May	June	July
Top	98.202%	98.259%	98.068%	98.086%	98.704%	98.703%
2						
3						
Bottom						

ED Quartile	February	March	April	May	June	July
Top	92.636%			95.103%	94.186%	
2		86.857%	92.086%			92.470%
3						
Bottom						

OPD Quartile	February	March	April	May	June	July
Top						
2	96.522%		95.705%		96.734%	96.734%
3		95.069%		95.497%		
Bottom						

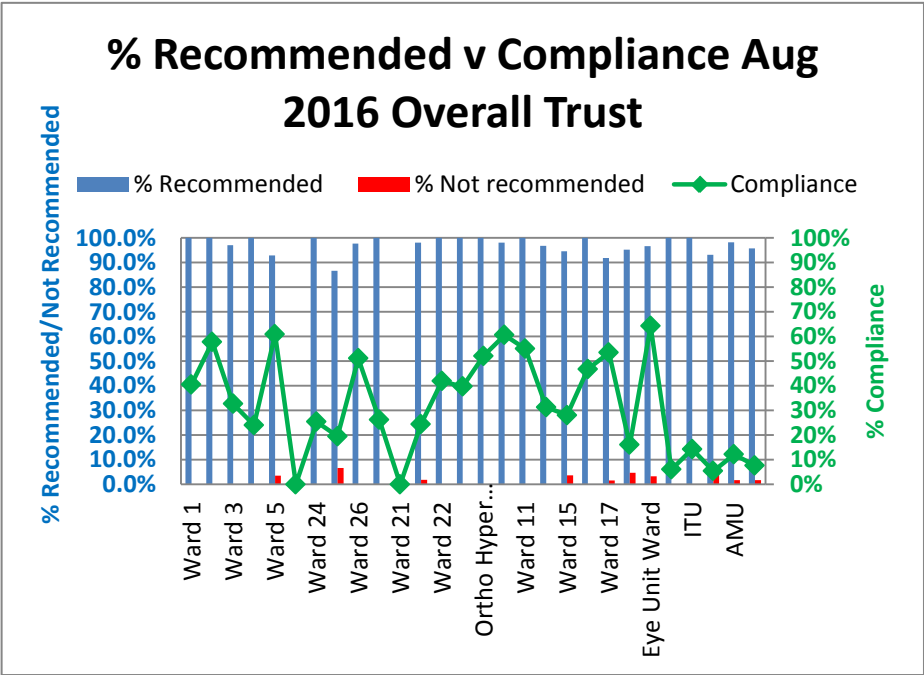
4.1 Friends and Family Test: Inpatient and ED performance

Table 1 below represents the Trust ward and department performance for FFT percentage to recommend, percentage to not recommend and the compliance rate. This data is taken from internal sources.

A significant amount of areas attained FFT 100% scores although some of these areas have very small FFT returns. Areas with an FFT score below 95% are Main ED, Ward 5, 15, 17, 25, Ante Natal, Jigsaw OPD, PMB, Dorset Prosthetics Centre, Orthodontics, Main Outpatients, Pathology RBH, Outpatient Therapy Services RBH, X-Ray Christchurch and Outpatient Therapy Services Christchurch.

Areas not achieving the national 15% compliance target include Main ED (5% of total activity), AMU (12% of total activity) Eye ED (8% of total activity), ITU (14%), Ward 12 (6%).

Table 1



There is an increase in “unlikely or extremely unlikely to recommended” from 54 in July to 69 in August.

4.3 Care Campaign Audit

The four areas of focus for from the care Campaign Audit are:

- Noise at Night
- Pain
- Nutrition
- Call Bells

Each of these now has a Matron lead and agreed actions which will report to the Healthcare Assurance Group and by exception to the Healthcare Assurance Committee.

5.0 Patient Opinion and NHS Choices: August Data

5 patient feedback comments were posted in August, 2 express satisfaction with the service they received. 3 negative responses relating to staff attitude, communication and a missed appointment. All information is shared with clinical teams and relevant staff, with Senior Nurses responses included in replies following complaints.

6.0 Recommendations

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

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

The Royal Bournemouth and
Christchurch Hospitals
NHS Foundation Trust



BOARD OF DIRECTORS

Meeting Date and Part:	30 th September 2016 – Part I
Subject:	Financial Performance
Section on agenda:	Performance
Supplementary Reading (included in the Reading Pack)	Yes
Officer with overall responsibility:	Stuart Hunter, Director of Finance
Author(s) of papers:	Pete Papworth, Deputy Director of Finance
Details of previous discussion and/or dissemination:	Finance and Performance Committee
Action required: Approve/Discuss/Information/Note	The Board of Directors is asked to note the financial performance for the month ending 31 August 2016.
Executive Summary:	The financial reports are detailed in the attached papers.
Relevant CQC domain: Are they safe? Are they effective? Are they caring? Are they responsive to people's needs? Are they well-led?	Goal 7 – Financial Stability Outcome 26 – Financial Position
Risk Profile: i. Impact on existing risk? ii. Identification of a new risk?	One current financial risk exist on the risk register related to the next year's financial planning. The actions are being monitored through the Finance Committee.

The Royal Bournemouth and Christchurch Hospitals
NHS Foundation Trust

Finance Report



For the period to 31 August 2016

Pete Papworth
Deputy Director of Finance

Executive Summary

The Trust has delivered a cumulative deficit of £0.6 million as at 31 August. Whilst this is £103,000 better than the internal budget plan, this has relied upon the utilisation of a proportion of the Trusts contingency budget.

As a result of this favourable financial performance, the Trust has achieved its year to date financial control total thereby securing access to the Sustainability and Transformation Fund during August. Through also achieving all performance trajectories, the Trust has accrued the associated Fund income in full.

Within this position, savings of £3.1 million have been achieved, which is £0.3 million behind the year to date target. The full year savings forecast increased by £0.2 million in month, and the current forecast is for total savings of £8.4 million against the full year target of £9.5 million. Further savings must be identified as a priority to ensure the overall financial plan is achieved.

The Trust has significantly reduced its reliance upon agency staff, and this together with the national price controls has reduced the overall premium cost. As a result, the Trust is operating within the agency ceiling put forward by NHS Improvement. It is pleasing to report that for the third month running, there was no requirement to utilise agency nursing staff above the national capped amount.

As at 31 August £3.3 million of capital spend has been committed, which is £2 million less than planned at this point in the year. The Trust is currently reforecasting its capital programme due to some slippage against key schemes. As a result, the Trust is expecting to under spend against the full year programme.

The Trust continues to report a favourable cash position against its plan, with a current cash balance of £34.2 million. The forecast end of year cash balance is £18.7 million meaning that no Department of Health support is required.

The Trust's Financial Sustainability Risk Rating increased to a 3 during August in line with the agreed plan. The new Single Oversight Framework will come into effect from 1 October, and further details are included below.

Key Financial Risks

The Trusts financial position deteriorated during July; however the key financial uncertainties and risks remain unchanged. Key risks can be summarised as follows:

1. Sustainability and Transformation Fund

The significant increase in non-elective activity and emergency department attendances is placing pressure on the Trusts elective and outpatient capacity. This puts at risk the Trusts ability to achieve the agreed performance improvement trajectories, and thus the achievement of the full STF funding. Plans are currently being developed to mitigate this risk, and these need to be implemented as a priority, to ensure the Trust continues to achieve its 2016/17 budget and planned cash balance.

2. Cost Improvement Programme

There remains a gap between the CIP target for the year and the value of schemes currently identified. This amounts to £1.1 million and poses a significant risk to the Trusts 2016/17 budget and cash forecast. Closing this gap remains a key focus for the weekly CIP delivery group.

3. Junior Doctors Contract

The new contract was rejected following ballot, and there is a real risk of further strike action. This could result in a material loss in revenue unless there is a national intervention to manage this pressure across the commissioner/ provider sectors.

4. Private Patient Income

Private patient income has continued to decline. Plans are in place to improve this position; however this may not recover the full in year loss.

The overall financial risk within the Board Assurance Framework, risk register entry 169, resulting from these specific risk items remains unchanged. This continues to be considered a high risk and is being managed as such.

Finance Report

As at 31 August 2016

Income and Expenditure

To date the Trust is reporting a deficit of £0.6 million. Within this, income is below budget (adverse) by £3.1 million and expenditure is below budget (favourable) by £3.2 million. This results in a net favourable variance of £103,000.

The Trusts overall income and expenditure position is summarised below.

£'000	Budget	Actual	Variance
NHS Clinical Income	110,300	108,249	(2,051)
Non NHS Clinical Income	2,772	2,139	(634)
Non Clinical Income	9,944	9,537	(407)
TOTAL INCOME	123,016	119,925	(3,091)
Employee Expenses	73,503	72,088	1,415
Drugs	14,997	13,566	1,431
Clinical Supplies	15,660	15,711	(51)
Misc. other expenditure	19,511	19,112	399
TOTAL EXPENDITURE	123,672	120,478	3,194
SURPLUS/ (DEFICIT)	(654)	(551)	103

Income

NHS clinical income was £564,000 below budget during August, further adding to the year to date adverse variance. £246,000 of this related to the Hepatitis C network which is a pass through cost and therefore has no net effect on the Trusts overall financial performance. The remainder reflects the level of activity during August as set out in the Care Group Performance section below.

Private patient income continued its trend during August, with an adverse variance in month of £99,000. Non clinical income also saw a reduction in August of £81,000.

Further detail at contract level is set out below.

£'000	Budget	Actual	Variance
NHS Dorset CCG	73,294	73,222	(72)
NHS England (Wessex LAT)	21,179	19,040	(2,139)
NHS West Hampshire CCG	10,391	10,388	(2)
Non Contracted Activity	1,203	1,402	199
Public Health Bodies	1,284	1,071	(213)
NHS England (Other LATs)	744	663	(80)
NHS Wiltshire CCG	324	357	34
Other NHS Patient Income	0	11	11
Private Patient Income	1,241	819	(422)
Other Non NHS Patient Income	247	249	2
Non Patient Related Income	9,944	9,537	(407)
Sustainability and Transformation Fund	3,167	3,167	0
TOTAL INCOME	123,016	119,925	(3,091)

Expenditure

Pay reported an in month under spend of £349,000 due to a number of on-going vacancies together with a reduction in anticipated agency costs. It is pleasing to see a continued increase in staff working through the Trusts internal resource pool.

Drug expenditure was £324,000 below plan during August, mainly in relation to a £246,000 reduction in the estimated cost of Hepatitis C drugs through the network.

Clinical supplies budgets reported a favourable variance of £131,000 in month reflecting the reduction in elective activity. This has reduced the year to date adverse variance.

Employee Expenses

The Trust continues to rely heavily upon agency and bank staff to cover substantive vacancies, as set out by Care Group below.

£'000	Substantive Budget	Substantive Cost	Substantive Variance	Agency Cost	Bank Cost	Overtime Cost	Workforce Variance
Surgical Care Group	18,596	16,863	1,733	838	422	184	289
Medical Care Group	26,745	23,484	3,261	1,023	1,863	139	236
Specialties Care Group	15,563	14,382	1,180	252	373	50	505
Corporate Directorates	12,534	11,698	835	168	205	76	386
Centrally Managed Budgets	66	66	0	0	0	0	(1)
TOTAL	73,503	66,495	7,009	2,281	2,862	450	1,415

The Trust has agreed to the agency 'ceiling' cost requested by NHS Improvement, which amounts to £5.9 million for the year and represents a significant reduction against the 2015/16 outturn of £8.6 million. It is pleasing to report that agency expenditure to date is below the agency ceiling value of £2.652 million.

Where possible, block bookings are placed for specific agency staff to secure a reduced rate and provide consistency of cover within ward areas. Agency expenditure during August can be summarised as follows:

£'000	Block Booked	Off-Framework	Other	TOTAL
Nursing	40	6	87	133
Medical	0	74	214	288
Non Clinical	35	0	0	35
TOTAL	74	81	301	456

The Trust welcomes the national support in reducing agency costs, and has pro-actively embraced the new governance measures. However, by exception the Trust has been required to engage staff above the capped rates to ensure services are delivered safely. This 'break glass' procedure is subject to a rigorous executive approval process, and the exceptions recorded during August were as follows:

	Medical	Nursing	Other
Shifts covered (Number)	296	0	43
Approximate Cost above Cap (£)	103,208	0	289

Whilst a significant number of medical shifts were approved through this 'break glass' procedure, this relates to only a small number of individuals who provide vital sessions.

Cost Improvement Programme

The Trust has delivered financial savings amounting to £3.1 million to date, being £311,000 behind plan.

The current forecast is for full year savings amounting to £8.2 million against the target of £9.5 million. This represents a £0.2 million improvement as a result of new schemes being identified during August. Further schemes are also being worked up, which should improve this forecast position further.

It should be noted however, that at present, £2 million of the forecast £8.4 million is reported as non recurrent. If this position continues, there is a significant financial risk when moving into the 2017/18 financial year which will put significant pressure on the Trusts overall budget.

The Surgical Care Group position remained consistent during August; however there remains considerable risk within this forecast as a result of the significant increase in emergency surgery activity above planned levels.

The Medical Care Group forecast increased by £213,000 due to a number of new schemes being agreed. These include drug savings and a review of the Trusts Treatment and Investigation Unit. Further schemes have been identified and are currently being assessed for feasibility through the Quality Impact Assessment process.

The Specialties Care Group forecast improved by £40,000 following the identification of one new non-pay scheme. Further opportunities continue to be worked up to close the gap further.

Corporate savings have increased by £8,000 in month with a number of smaller schemes being identified. Work remains on-going within Facilities to identify further savings opportunities.

DIRECTORATE	YEAR TO DATE			FULL YEAR		
	TARGET £'000	ACTUAL £'000	VARIANCE £'000	TARGET £'000	FORECAST £'000	VARIANCE £'000
ANAESTHETICS AND THEATRES	(131)	155	24	(389)	349	(40)
MATERNITY	(39)	42	4	(104)	62	(42)
ORTHOPAEDICS	(243)	218	(26)	(986)	1,028	42
SURGERY	(114)	144	30	(712)	745	33
CARE GROUP A	(527)	559	32	(2,191)	2,185	(6)
CARDIOLOGY	(243)	245	3	(607)	625	18
ED AND AMU	(70)	26	(44)	(181)	129	(53)
OLDER PEOPLES MEDICINE	(398)	396	(3)	(1,150)	1,130	(20)
MEDICINE	(123)	59	(64)	(672)	158	(514)
CARE GROUP B	(833)	725	(108)	(2,610)	2,041	(569)
CANCER CARE	(265)	143	(121)	(428)	373	(55)
OPHTHALMOLOGY	(84)	57	(26)	(291)	152	(139)
PATHOLOGY	(115)	93	(22)	(244)	272	28
RADIOLOGY	(153)	152	(1)	(327)	317	(10)
SPECIALIST SERVICES	(291)	270	(21)	(826)	780	(46)
CARE GROUP C	(908)	716	(192)	(2,116)	1,895	(221)
NURSING, QUALITY & RISK	(38)	32	(5)	(116)	74	(42)
ESTATES	(236)	226	(9)	(726)	654	(72)
FACILITIES MANAGEMENT	(161)	146	(15)	(486)	368	(118)
FINANCE AND BUSINESS INTELLIGENCE	(71)	73	1	(162)	174	12
HR, TRAINING AND POST GRAD	(62)	40	(22)	(159)	126	(32)
INFORMATICS	(406)	404	(1)	(656)	666	10
OPERATIONAL SERVICES	(70)	77	7	(180)	154	(26)
OUTPATIENTS	(36)	37	1	(57)	67	10
TRUST BOARD & GOVERNORS	(23)	23	0	(22)	23	1
CORPORATE	(1,102)	1,059	(42)	(2,564)	2,308	(256)
GRAND TOTAL	(3,371)	3,060	(311)	(9,481)	8,428	(1,053)

Care Group Performance

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

£'000	Budget	Actual	Variance
Surgical Care Group	6,862	6,927	65
Medical Care Group	4,323	4,038	(285)
Specialties Care Group	2,420	2,171	(249)
Corporate Directorates	(14,286)	(14,069)	218
Centrally Managed Budgets	27	382	355
SURPLUS/ (DEFICIT)	(654)	(551)	103

Operationally, August was a challenging month due to a further sustained increase in non-elective activity which was 10.9% above budgeted levels, and emergency department attendances, which were 12.7% above budgeted levels. The Trust continues to work with its Commissioners to understand the drivers for this considerable and unexpected increase in demand.

Elective activity was below budget in month by 12.4%, and outpatient activity was 10.2% below budget. This is conducive to both an increase in unplanned activity and the summer holiday period.

The Care Group financial performance reflects the change in activity profile against the agreed budget, together with the under achievement against the cost improvement programme target to date. The latter is being proactively managed through the Trusts CIP Governance arrangements, and in particular, the weekly CIP Delivery Group.

Sustainability and Transformation Fund

Members will recall that the financial control total is a binary on/off switch to secure STF Funding. Only if the Trust achieves its control total in a quarter, does it become eligible for STF Funding. The amount of funding achieved is then determined by the level of success with the other criteria.

The Trust has achieved the financial control total to date, and has forecast the achievement of each of the agreed performance improvement metrics. As such, the Trust has therefore met all conditions associated with the Fund to date and has accrued the associated income in full.

The current financial position against the Fund is set out below.

CRITERIA	FUND		YEAR TO DATE		
	WEIGHTING %	VALUE £	BUDGET £	ACTUAL	VARIANCE £
Revenue Control Total	70.0%	5,320,000	2,216,667	2,216,667	0
RTT Performance Trajectory	12.5%	950,000	395,833	395,833	0
A&E Performance Trajectory	12.5%	950,000	395,833	395,833	0
Cancer 62 Day Performance Trajectory	5.0%	380,000	158,333	158,333	0
Diagnostics Performance Trajectory	0.0%	0	0	0	0
TOTAL	100.0%	7,600,000	3,166,667	3,166,667	0

It should be noted however, that the significant and sustained increase in non-elective activity and Emergency Department attendances is placing pressure on the Trusts elective and outpatient capacity. This puts at risk the Trusts ability to achieve the RTT performance trajectory, and thus the achievement of the full STF funding. Plans continue to be progressed to mitigate this risk.

Statement of Financial Position

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

- **Non-current assets:** The Trusts capital programme is currently behind plan by £2 million, as set out overleaf. This, together with the timing impact of capital schemes on the associated depreciation and amortisation charges account for the variances shown against property, plant and equipment and intangible assets totalling £1.9 million. In addition, the delay in the Christchurch development has resulted in the Trust delaying its investment contribution into the Christchurch Fairmile Village LLP, explaining the adverse variance against the investments heading.
- **Trade and other receivables:** This variance results from the level of clinical activity undertaken and accrued being higher than the cash payment received from the Trusts commissioners, based on the agreed contract value. Dorset CCG have now agreed that cash payments can reflect the current activity levels, which will reduce this variance.
- **Cash and cash equivalents:** The Trusts cash balance is currently £6.9 million above plan. This reflects the under spend against the capital programme, an increase in the level of capital creditors, the early receipt of the Sustainability & Transformation Fund (STF) together with the timing of the investment into the Christchurch Joint Venture.
- **Trade and other payables:** A significant proportion of this variance relates to an increase in capital creditors. In addition, a small number of invoice payables remain unpaid, and these are being actively pursued.

This Consolidated Statement of Financial Position excludes the Trusts Charitable Fund, to align with the monthly reporting to NHS Improvement.

£'000	Plan	Actual	Variance
Property, plant and equipment	178,669	176,933	(1,736)
Intangible assets	3,526	3,404	(122)
Investments (Christchurch LLP)	6,268	3,291	(2,977)
Non-Current Assets	188,463	183,628	(4,835)
Inventories	5,868	5,678	(190)
Trade and other receivables	11,783	16,202	4,419
Cash and cash equivalents	29,233	36,196	6,963
Current Assets	46,884	58,076	11,192
Trade and other payables	(29,602)	(35,573)	(5,971)
Borrowings	(307)	(307)	0
Provisions	(222)	(133)	89
Other Financial Liabilities	(1,102)	(1,102)	0
Current Liabilities	(31,233)	(37,115)	(5,882)
Trade and other payables	(1,000)	(1,002)	(2)
Borrowings	(18,745)	(18,795)	(50)
Provisions	(519)	(587)	(68)
Other Financial Liabilities	0	0	0
Non-Current Liabilities	(20,264)	(20,384)	(120)
TOTAL ASSETS EMPLOYED	183,850	184,205	355
Public dividend capital	79,681	79,681	0
Revaluation reserve	72,570	72,570	0
Income and expenditure reserve	31,599	31,954	355
TOTAL TAXPAYERS EQUITY	183,850	184,205	355

Capital Programme

The Trust undertook a detailed clinical prioritisation process to inform the capital programme for 2016/17. As a result of this process, the Trust has approved a capital programme amounting to £12.3 million, and comprising only the existing contractually committed schemes, schemes that relate to clinical priorities, and a small number of quality improvement/ invest to save schemes.

The programme for 2016/17 is focussed around three key strategic projects, being the finalisation of the Christchurch development (£3.4 million), the refurbishment of the cardiology laboratories (£2.4 million), and the Trusts approved five year IT Strategy (£3.4 million).

Expenditure to date totals £3.3 million, representing a year to date under spend of £2 million. Whilst this is attributable to further slippage against the Christchurch development, which will be corrected in the coming months, a number of schemes have not commenced as quickly as anticipated. As a result, the Trust is currently reforecasting its capital programme and it is likely that the Trust will under spend against its full year capital programme.

Full detail at scheme level is set out below.

£'000	Annual	IN MONTH			YEAR TO DATE			FORECAST	
	Budget	Budget	Actual	Variance	Budget	Actual	Variance	Outturn	Variance
Christchurch Development	3,425	650	160	490	2,940	1,169	1,771	3,425	0
Cardiac Laboratories	2,400	30	0	30	30	0	30	2,400	0
CT3 Building Alterations	450	130	1	129	180	8	172	450	0
Estates Maintenance	400	90	30	60	220	97	123	400	0
Sterile Services Department	300	80	0	80	130	17	113	300	0
QI Projects (Frailty unit, AEC, Cardiac)	300	30	62	(32)	232	261	(29)	300	0
Miscellaneous Schemes	300	0	0	0	0	46	(46)	300	0
Capital Management	265	22	23	(1)	110	95	15	265	0
Catering Equipment	100	0	0	0	100	76	24	100	0
Medical Equipment	1,000	100	48	52	300	299	1	1,000	0
IT Strategy	3,409	39	107	(68)	1,043	1,210	(167)	3,409	0
TOTAL	12,349	1,171	431	740	5,285	3,277	2,008	12,349	0

Cash

The Trust is currently holding £34.2 million in cash reserves. However, delays in the Christchurch development to date have resulted in a cash timing benefit when compared to the agreed phasing of the ITFF loan drawdown. As a result, the underlying cash position is significantly lower at £27.6 million.

The forecast closing cash balance for the current financial year is £18.7 million, and thus there is no requirement for Department of Health financial support at present.

The Trusts 24 month rolling cash flow forecast indicates that at the end of the next financial year, 31 March 2017, the Trusts cash balance will be reduced to £16.3 million. However, this is predicated on a range of assumptions within which there is material risk.

The Trust must ensure that it achieves its financial plan in the current year and secure the Sustainability and Transformation Fund payment in full to protect its medium term cash balance.

Financial Sustainability Risk Rating

The Trusts Financial Sustainability Risk Rating as at 31 August 2016 is set out below.

	Plan Metric	Actual Metric	Risk Rating	Weighted Rating
Capital Service Cover	1.7x	1.48x	2	0.50
Liquidity	11.0	19.9	4	1.00
I&E Margin	(0.62%)	(0.56%)	2	0.50
I&E Variance to Plan	0.96%	0.06%	4	1.00
Trust FSRR				3
Mandatory Override				No
Final FSRR				3

This represents an improvement from the previous rating of 2, and moves the Trust out of the 'material risk' category in line with the Trusts annual plan.

Following consultation, the new Single Oversight Framework will be introduced with effect from 1 October 2016, replacing the Financial Sustainability Risk Rating.

The new financial metrics are:

- Financial Sustainability: Capital Service Capacity
- Financial Sustainability: Liquidity
- Financial Efficiency: Income and Expenditure Margin
- Financial Controls: Distance from Financial Plan
- Financial Controls: Agency Spend

Each metric has an equal weighting, and the Trust will receive a Use of Resources score between 1 (best) and 4 (worst). A score of either 3 or 4 against this overall financial assessment will trigger a potential concern, as will scoring a 4 (i.e. significant underperformance) against any of the individual metrics. The best overall score a provider scoring 4 for any of the individual metrics can obtain is a 3.

Had this new Framework been in place as at 31 August, the Trust would have achieved a Use of Resources score of 2.

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

The Royal Bournemouth and
Christchurch Hospitals
NHS Foundation Trust



BOARD OF DIRECTORS

Meeting Date and Part:	30 th September 2016 – Part 1
Reason for Part 2:	n/a
Subject:	Workforce Report
Section on agenda:	5(g) Performance
Supplementary Reading (included in the Reading Pack)	“Getting OSCE support right at Royal Bournemouth and Christchurch” – an article which features on the NHS Employers website
Officer with overall responsibility:	Karen Allman
Author(s) of papers:	Karen Allman & Ellen Bull
Details of previous discussion and/or dissemination:	Specific issues are reviewed at Workforce Committee, HAC, Education & Training Committee
Action required: Approve/Discuss/Information/Note	For discussion and noting areas highlighted.
<p>Executive Summary:</p> <p>The report shows the performance of the Trust by care groups across a range of workforce metrics: Appraisal, Essential Core Skills, Turnover and Joiner rates, Sickness and Vacancies; plus safe staffing data. The report also includes an update on staff retention, and a good news story regarding NHS Employers highlighting the Trust's work in supporting overseas staff.</p>	
<p>Relevant CQC domain:</p> <p>Are they safe? Are they effective? Are they caring? Are they responsive to people's needs? Are they well-led?</p>	<p>Well Led.</p> <p>Providing appropriate staffing to deliver effective and safe care.</p>
<p>Risk Profile:</p> <p>i. Impact on existing risk? ii. Identification of a new risk?</p>	<p>Recruitment, Appraisal Compliance, Essential Core Skills (mandatory training) compliance, and workforce planning are all existing risks on the risk register.</p>

WORKFORCE REPORT – SEPTEMBER 2016

The monthly workforce data is shown below, both by care group and category of staff. A Trust target for appraisal compliance has been set at 90% of eligible employees to be appraised by 30/9/16; mandatory training (essential core skills) compliance target is 95%; sickness absence target is 3%. Performance has been RAG rated against these targets. The trend line is a twelve month rolling picture and the values based appraisal reflects the zeroing of compliance from April 16.

Care Group	Appraisal Compliance		Mandatory Training Compliance	Sickness		Joining Rate	Turnover	Vacancy Rate (from ESR)
	Values Based	Medical & Dental		Absence	FTE Days			
	At 31 August			Rolling 12 months to 31 August			At 31 August	
Surgical	27.1%	73.9%	90.5%	4.56%	14986	14.0%	11.2%	2.0%
Medical	52.7%	85.7%	89.3%	4.05%	20287	18.2%	11.9%	9.9%
Specialities	51.0%	89.7%	92.4%	3.16%	8991	8.3%	11.3%	6.8%
Corporate	41.1%	0.0%	94.1%	3.82%	12286	7.5%	11.2%	3.4%
Trustwide	44.0%	82.4%	91.0%	3.94%	56550	12.8%	11.5%	6.2%

Staff Group	Appraisal Compliance		Mandatory	Sickness		Joining Rate	Turnover	Vacancy Rate (from ESR)
	Values Based	Medical & Dental	Training Compliance	Absence	FTE Days			
	At 31 August			Rolling 12 months to 31 August			At 31 August	
Add Prof Scientific and Technical	66.9%		94.8%	2.95%	1331	14.5%	10.9%	6.8%
Additional Clinical Services	37.1%		90.4%	6.01%	15586	18.2%	14.4%	12.1%
Administrative and Clerical	47.3%		95.2%	3.51%	10637	7.9%	10.9%	5.4%
Allied Health Professionals	54.3%		91.3%	2.16%	1954	14.6%	15.0%	1.8%
Estates and Ancillary	23.7%		91.5%	4.79%	6009	11.2%	10.4%	3.2%
Healthcare Scientists	40.2%		90.9%	3.47%	987	12.3%	12.3%	2.0%
Medical and Dental		82.4%	85.2%	1.47%	2353	5.7%	6.1%	4.8%
Nursing and Midwifery Registered	47.7%		90.9%	4.17%	17692	14.1%	10.6%	5.5%
Trustwide	44.0%	82.4%	91.0%	3.94%	56550	12.8%	11.5%	6.2%

1. Appraisal











Year 2 of the values based appraisal process commenced 1st April 2016 and compliance was reset to zero (apart from medical and dental staff). A trajectory was set through to the 6-month period end date of 30th September, reflecting the cascade nature of the process and we should have seen momentum gather as it spread throughout the organisation. However, current performance is substantially behind this plan and managers have been asked to review the reporting and execution of the appraisals again.

Performance against the key workforce KPIs is reviewed at monthly care group meetings and at the Strategic Workforce Committee.











2. Essential Core Skills Compliance

Overall compliance continues its upward trend, increasing to 91% from 90.2% last month. This represents an 12.2% increase over the position at the same point last year (78.8%).

The table below shows the 10 areas with the lowest compliance as at 31st August:

Directorate	Organisation	Headcount	Compliance	Trend
Surgery Directorate	153 Obs/Gynae Medical Staff 10100	16	69.86%	
Elderly Care Services Directorate	153 MFE Medical Staff 10077	35	78.01%	
Cancer Care Directorate	153 Haematology Snr.Medical 11346	18	78.26%	
ED Directorate	153 ED Admin Clerical/Receptionist 10456	27	78.84%	
Medicine Directorate	153 Medical General Staff 10075	51	79.50%	
Medicine Directorate	153 Ward 2 10369	31	80.55%	
Anaesthetics/Theatres Directorate	153 ICU/HDU 10315	52	82.42%	
ED Directorate	153 ED Medical Staff 10015	31	82.83%	
Medicine Directorate	153 Ward 3 10598	31	83.10%	
ED Directorate	153 ED Nursing and Income 10455	93	83.65%	

Areas with highest compliance:

Directorate	Organisation	Headcount	Compliance	Trend
Human Resources Directorate	153 Blended Education and Training 18100	13	100.00%	
Finance and Business Intelligence	153 Information 13541	16	100.00%	
Informatics Directorate	153 Telecoms 13585	22	100.00%	
Cardiac Directorate	153 Cardiac Administration 11523	39	99.74%	
Finance and Business Intelligence	153 Supply Chain Management 14915	20	99.50%	
Informatics Directorate	153 Health Records 13540	39	99.23%	
Other Directorate	153 Transformation Prog. Management 1415	11	99.09%	
Ophthalmology Directorate	153 BEU Admin 13520	21	99.04%	
Facilities Directorate	153 XCH I/H Dom Contract 14350	16	98.96%	
Informatics Directorate	153 IT Development Recurrent 13597	11	98.90%	

Some additional sessions for Moving & Handling and Falls level 2 were added in August/ September; all sessions for the rest of the year are now full. There is currently no capacity to add further sessions due to unavailability of trainers within the Trust but we trying to recruit additional resource to address this.

3. Sickness Absence

The Trust-wide sickness rate remains at 3.94%, continuing its amber rating. This compares favourably with the red-rated 4.02% at this point last year.

The table below shows the 10 areas with the highest 12-month rolling sickness absence as at 31st August:

Directorate	Organisation	Headcount	Absence Rat	Trend
153 Elderly Care Services Directorat	153 MFE Ward 5 10378	41	8.55%	
153 Anaesthetics/Theatres Director	153 Day Surgery Services 10385	32	8.44%	
153 Elderly Care Services Directorat	153 MFE Ward 24 10594	38	8.36%	
153 Surgery Directorate	153 Surgical Admissions Unit 10535	26	8.27%	
153 Clinical Governance Directorate	153 Risk Management 14115	14	8.11%	
153 Elderly Care Services Directorat	153 XCH Nurs Day Hospital 10576	35	8.09%	
153 Elderly Care Services Directorat	153 MFE Ward 4 10382	32	8.06%	
153 Surgery Directorate	153 Ward 17 10428	30	7.85%	
153 Cancer Care Directorate	153 Macmillan Unit 10565	41	7.62%	
153 Elderly Care Services Directorat	153 OPAL ESD & Outreach 10593	31	7.30%	

Areas with the lowest sickness:

Directorate	Organisation	Headcount	Absence Rat	Trend
153 Pathology Directorate	153 Medical Staff - Histology 11300	11	0.12%	
153 Other Directorate	153 Postgraduate Centre 13531	14	0.17%	
153 Surgery Directorate	153 Surgery - Urology 10084	20	0.28%	
153 Surgery Directorate	153 Surgery - General 10085	33	0.36%	
153 Cardiac Directorate	153 Cardiac Medical Staff 10076	43	0.43%	
153 Medicine Directorate	153 Medical General Staff 10075	93	0.66%	
153 Other Directorate	153 Chief Executive 13535	28	0.72%	
153 Elderly Care Services Directorat	153 Dietitians 13315	15	0.84%	
153 Elderly Care Services Directorat	153 MFE Medical Staff 10077	53	1.03%	
153 Finance and Business Intelliger	153 Information 13541	16	1.07%	

Sickness absence surgeries continue to be held weekly within the HR department, providing managers with an opportunity to discuss concerns and identify action plans to address these areas if required. However, in the main these have not been well attended and we will be reviewing attendance and triangulating this with the individual department levels and other relevant data (staff survey results, ECS levels) and highlighting areas of good and poor performance.

4. Turnover and Joiner Rate

Joining and turnover rates of 12.8% and 11.5% respectively are little changed over the previous month (12.9% and 11.8%). The joining rate continues at a higher level than the turnover rate; and encouragingly the turnover rate has fallen over the past year, down from 13.3% at this point in 2015.

5. Vacancy Rate

Work has been undertaken to resolve the Information/Establishment issues and the new process produces in a vacancy rate of 6.2% as at 31st August. This compares favourably to national figures across the NHS, and is against the background of the cost improvement programme for the organisation including a vacancy factor where non-clinical vacancies are held if appropriate to contribute towards the financial savings programme.

6. **Safe Staffing**

The Trust overall actual against planned nurse fill rate on aggregate is the following in month:

Registered nurse days	90%
Healthcare assistant days	97.5%
Registered nurse nights	97.2%
Healthcare assistant nights	116.5%

Reasons for the variations remain similar to previous months. A data anomaly occurred due to a ward move in month. Care hours per patient per day are being monitored as this is a new metric.

The requesting for tier three agencies has been nil for this month for registered nursing staff and healthcare assistants. This is mindful of the registered nurse fill rate being less than 100% and the healthcare assistant fill rate reducing. Focus remains on the quality metrics and staff metrics to ensure mitigation does not have a consequential effect.

7. **Sickness Audit – Actions Update**

Further to the recent audit concerning the management of sickness absence in the Trust, I can confirm that recommendations highlighted in the audit have now been considered and implemented.

These include the review of the sickness absence policy and procedure; the development of flow charts and a local procedure template for reporting sickness; the reinforcement of “Return to Work” interviews; further promotion of the Employee Assistance Programme; the development of the Health and Wellbeing strategy and supporting action plan; and the holding of surgeries for the management of sickness absence (see section 3 above). Redeployment processes have also been reviewed to ensure that we are effectively supporting and managing staff who are unable to continue in their current role for health reasons.

One of the areas that has not yet been implemented is the lowering of the Bradford score intervention level - this followed discussion at a variety of meetings and dissonance of views but will remain under discussion as part of our regular review of sickness management.

8. **Retention of Staff**

At an earlier Board meeting it was requested that we develop a retention strategy. NHS Employers have previously researched this and produced a checklist in consultation with NHS Trusts to consider if they have the right elements in their staff engagement processes and policies. There are ten elements that are designed to ask questions and prompt individual employers to consider a range of factors, and a further two elements to help focus on continuous improvement:

- Know your workforce - this includes gathering data and intelligence on age profiles, vacancy rates, sickness absence, working patterns, drilling down as far as possible into staff survey results, complaints, grievances, and raising concerns, data, etc.
- Review the effectiveness of your staff engagement plans and activity.
- Test whether your engagement and communication routes with managers around people issues are effective.
- Review recruitment and selection processes, induction and preceptorship.
- Consider how your values are used in recruitment and throughout the employee life cycle.
- Review your health, work and well-being strategy and its effectiveness.
- Look at your whole reward package and how you describe this to potential new recruits as well as your current workforce.
- Explore if your e-rostering practice is compatible with encouraging flexible working.
- Review your approach to flexible retirement options.
- Review your approach to talent management and development.
- Understanding the impact of activity. Build time and measures into your retention plan to enable you to reflect on what has and hasn't worked. Drill down into team level data.
- Use some of the data sets identified to help track trends, highlight where additional detail from an area may be needed, or where something is working well so that you can replicate it.

The Board will be aware that there are workstreams on many of the areas above already. We have already carried out a deeper dive into the reasons why people have left the organisation and created actions to address these; refreshed recruitment and selection training; revised the preceptorship framework; introduced a new recruitment system to help us track and plan more effectively; regularly review ward and staffing templates; we have rolled out e-rostering widely across most of the organisation, and have plans in place to utilise the results of the cultural audit in informing our leadership and organisational development work.

The Workforce Strategy and Development Committee will review the Trust performance on these elements at the next meeting to identify areas for further development and action.

9. Supporting Overseas Staff

The Trust is very keen to recruit and welcome staff from overseas to the Trust. As part of this approach Claire Beeston, Senior Clinical Educator in the BEAT department, developed the programme outlined below. I am delighted that this supportive practice has been picked up by NHS Employers and publicised on their internet site and was also sent out on the national workforce bulletin to all Trusts.

Getting OSCE support right at Royal Bournemouth and Christchurch

SAVE ITEM



05 / 09 / 2016

SEPTEMBER 2016

ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUST GETTING OSCE SUPPORT RIGHT

The organisation

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCH) serves a culturally diverse population of approximately 500,000 people in Bournemouth, Poole, and Christchurch. The trust includes the three Bournemouth Hospital, Christchurch Hospital and a sterile services department based at Bournemouth Hospital.

Staff from overseas are a vital and valued part of the workforce. This case study focuses on how the trust has supported nurses from the Philippines to prepare for and pass the Observed Structured Clinical Exam (OSCE), the required English language test.

The challenge

Like many other acute trusts, RBCH experiences issues around the recruitment and retention of registered nurses. Working together, colleagues from human resources, communications, education and training and clinical staff have used innovative approaches to find recruitment. Alongside local recruitment campaigns, the trust has run a recruitment campaign in the Philippines for a number of years.

All nursing and midwifery applicants trained outside of the European Economic Area (EEA) must register to practice in the UK with the Nursing and Midwifery Council (NMC). The NMC criteria includes specifics around language requirements and a test of competence (TAC) which consists of two parts.

Applicants must:

- have an acceptable level of English (IELTS level seven)
- pass part one of the TAC, a computer based test (CBT), before arriving in the UK
- pass part two of the TAC - the Observed Clinical Structured Exam (OSCE), after they arrive in the UK (within 12 weeks of the start date on their Certificate of Sponsorship).

Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has developed an Observed Structured Clinical Examination preparation programme to help international recruits prepare for their new nursing role in the UK. The programme includes a workbook and weekly workshops for candidates to practice the various skills that will be tested in the final exam.

Colleagues across the trust have been involved in designing and delivering the OSCE programme, which has led to high pass rates and an increased opportunity for staff to work together across teams.

Download File

OPEN FILE

A link to the webpage is provided below and a copy of the download file is included in the reading room.

<http://www.nhsemployers.org/case-studies-and-resources/2016/09/getting-osce-support-right-at-royal-bournemouth-and-christchurch-hospitals>

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BOARD OF DIRECTORS

Meeting Date and Part:	30 th September 2016 – Part I
Subject:	Mortality Report
Section on agenda:	Performance
Supplementary Reading (included in the Reading Pack)	No
Officer with overall responsibility:	Basil Fozard, Medical Director
Author(s) of papers:	Sandy Eddington, Associate Director
Details of previous discussion and/or dissemination:	Mortality Surveillance Group Directorate Governance
Action required: Approve/Discuss/Information/Note	Information / Note
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

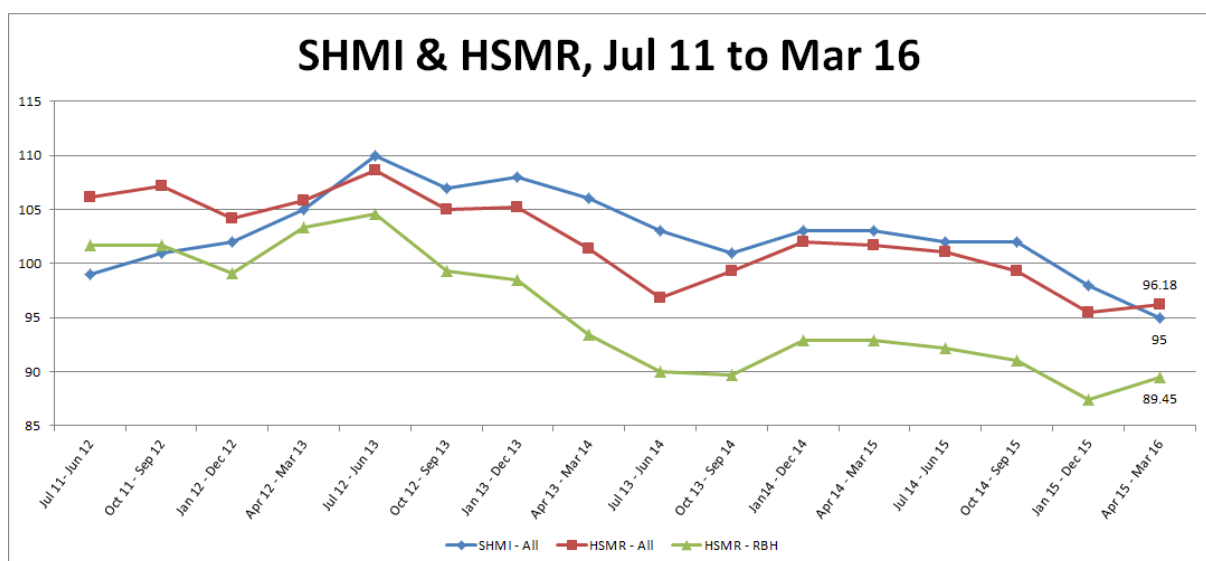
Board Paper on Mortality

Introduction

The Trust has made positive progress on mortality and this paper describes both the recent reviews and actions and the metrics that reflect this.

Mortality Metrics

An updated figure for the NHS's mortality metric - Summary Hospital Mortality Indicator (SHMI) was published recently and this showed a further reduction. The recently updated SHMI and HSMR figures are shown together below.



Mortality Newsletter

We recently published a further edition of the Mortality Newsletter a copy of which is appended at Annexe A. This included features on ERCP and stroke and articles from Older Peoples' Medicine, Gastroenterology and Respiratory Medicine.

We have also taken a recent opportunity to highlight the work on mortality in Core Brief.

Systemic Anti-Cancer Therapy 30-day post chemotherapy mortality data (SACT)

There was a recent publication of national data on 30 day survival after cancer treatments and the Trust was flagged as an outlier. The category related to lung cancer with their treatment having curative intent. The number of patients in this category was very small (5) and unfortunately one of these patients died from pulmonary embolism. This resulted in an adjusted mortality rate of

26%. The patient's notes are being reviewed and any actions resulting from this will be discussed and monitored by the Mortality Surveillance Group (MSG).

Dr Foster Report

The Dr Foster representatives presented their quarterly report at the MSG on the 15th September. The Results Summary from the report is at Appendix B.

HSMR and associated metrics can vary over time and therefore assigning too much significance to an individual result or a specific category should be done with caution. None of the categories in the report give rise to any specific anxieties or requirement for further review, but these will continue to be closely monitored.

Takeover of Dr Foster by Telstra

We have had a contract with Dr Foster for many years; they have been the source of our HSMR information and have periodically undertaken reviews and reports for us over this time. They have recently been bought out by an Australian telecommunications company (Telstra), but it is not yet clear what impact this may have on the content and price of the service we currently receive.

Mortality in Mental Health and Learning Disability

There has been a recent investigation and analysis by the CQC into mortality rates associated with patients with mental health conditions or learning disabilities, based on the fact that their mortality is significantly higher than would otherwise be expected. The CQC requirements were very complex and highlighted that the data we collect on whether patients fall into either of the above categories is incomplete. Work is underway to more accurately assign the appropriate flags and codes to patients who have a learning disability or mental health condition.

Mortality Reviews

Some of the recent reviews and their actions are as follows;

Review	Consultant	Actions / Recommendations
Intestinal obstruction without perforation and intestinal abscess and peritonitis (SW)	Sanjaya Wijeyekoon	<ul style="list-style-type: none">• Ensure low threshold for CT scan, particularly where unsure of diagnosis.• Expedite time to be seen by consultant - should be facilitated by job plans.
Respiratory Failure Notes Review	Dawn Edwards	<ul style="list-style-type: none">• If an electronic solution to prescribing / monitoring / recording oxygen use could be identified this could transform this area of practice.• The BTS guidelines regarding the use of Non-invasive ventilation (BIPAP) have recently been updated and presenting these to relevant staff may help to improve this aspect of management (The thoracic department educational meetings would be a suitable forum with additional invitations to relevant ward 2 / AMU / ED staff)• Ongoing education about oxygen prescription and

		<p>management within the trust is aimed to address the issues in this area and our thoracic practice educator continues to focus on this issue and is liaising with AMU staff to improve education there.</p> <ul style="list-style-type: none"> • Education regarding death certification may reduce the influence of this (and indeed there has been some focus on this within the trust recently). Perhaps the next mortality / governance newsletter could be used to remind clinicians to avoid using modes of death.
Review of Coma, Stupor and Brain Damage Deaths	Jehangir Din	<ul style="list-style-type: none"> • Effect of coding anoxic brain damage on Dr Foster data • Consider PM where cause of death uncertain • For sudden arrhythmic death, consider underlying cardiomyopathy and need for family screening
Heart Failure Walkthrough (annual review)	Chris Critoph	<ul style="list-style-type: none"> • Refer more patients to heart failure team: New diagnoses (remember BNP) Chronic HF with symptoms • HF guidelines available in AMU / intranet • HF data manager post benefits the Trust
Interventional gastroenterology procedures	Earl Williams	<p>Gastroenterology to:</p> <ul style="list-style-type: none"> • Review their selection criteria for ERCP • Arrange an anaesthetic or heart failure opinion in advance of the procedure, where appropriate • Address coding issue - some patients being coded as elective when transferred here acutely.
Acute Kidney Injury (AKI) (annual review)	Helen Partridge / Steve Trowbridge	<ul style="list-style-type: none"> • Fluid balance charts • Daily urea and electrolytes • Earlier escalation • Earlier referral to nephrology

Conclusion

Although we can report some success in reducing mortality within the Trust, this is still work in progress. In particular finding ways of ensuring that diagnostic, monitoring and escalation processes work consistently and efficiently requires continual effort. These processes need to become automatic (perhaps using existing or future IT systems), rather than relying on human competence and communications. Ensuring that we maximise the ways in which our IT systems can complement the skills and experience of our clinical staff is an area for continued development.

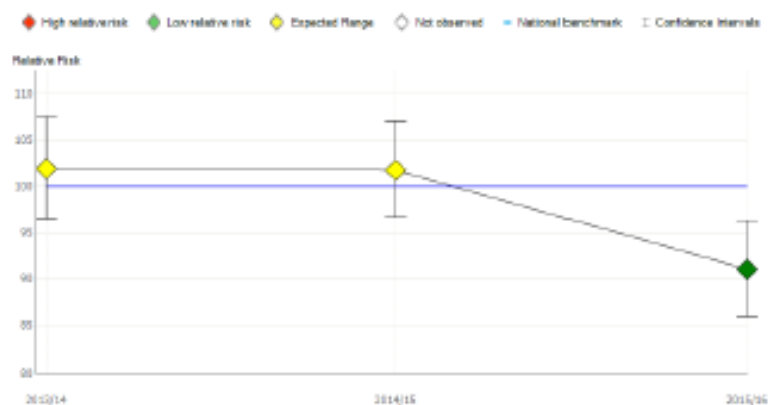
Appendix A

Mortality News Letter June 2016

Dear Colleague

HSMR new financial year (Trends for last three financial years)

Our Hospital Standardised Mortality Ratio (HSMR - Dr Foster indicator) for this financial year is the best since records began. The overall HSMR for our Trust is 'better than national average'. HSMR calculations are based at 95% confidence intervals and so at any one time only 5% Trust nationally can record better than average figures. This composite measure reflects the success we have achieved in reducing harm and avoidable mortality by the various quality improvement projects and focussed mortality reviews.



Rebase: Figures are rebased annually/ quarterly to compare our trends with national trends. This is rebased till November 2015.

E-Mortality (Retrospective Case Record Review)

We have modified the e-mortality review form and the mortality policy in accordance with national guidance (February 2016 and this came in to effect from April 2016. We will be happy to receive feedback on the new format and contents so please let us know. We also participated in a national calculation of avoidable mortality and this suggested that we are still under-recording avoidable mortality and therefore we hope to make improvements with the

categorising of mortality using the new gradings. We hope to analyse the first quarter trends in July.

Speciality feature/ learning from mortality reviews

Respiratory medicine:

- Ward round notes: Clearly document history taken during the ward round, remember to document EWS and that patients with high temperature can score 1.
- Although rare remember to consider thoracic aortic dissection in patients with severe sudden onset chest pain and collapse
- Discuss imaging that doesn't fit the clinical picture with radiology and remember that no scan is a perfect test.
- Modern CTPAs do not visualise the aorta well and cannot exclude dissection.
- HIV testing should be offered for indicator conditions, can use confidential additional death certificate if relatives unaware of a confidential diagnosis

Dawn Edwards, Consultant Thoracic Physician

Medicine for the Older People (OPM)

- Ensure patients are put on the EOLC Plan when it is decided they are dying and that paperwork is completed & anticipatory drugs prescribed.
- All deaths under DOLS need to be referred to coroner after death, therefore handover this information if patient moves to another ward.
- Remember Sepsis 6, delayed antibiotic administration and fluid resuscitation can increase mortality.
- Monitor hospital acquired infections and treat promptly in the patients waiting discharge to adequate facility.
- Prescribe oxygen therapy in the drug chart for the patients receiving oxygen therapy.

Sue Hazel, Consultant Physician, Elderly Medicine

ERCP in older adults and PCT for palliation

- Older adults with co-morbidities should be considered for anaesthetic assessment prior to procedure in view of high post procedure mortality in this subgroup.
- Patients transferred from Poole Hospital for PCT should follow the same pathway as RBCH and the specialist palliative team should be consulted prior to procedure.

Earl Williams, Consultant Gastroenterologist

Stroke medicine

- Patients presenting with stroke like symptoms need prompt CT BRAIN within an hour of arrival. Please exclude bleed and do not give antiplatelet on clinical grounds.
- All stroke patients need driving advice at the time of the discharge.

Kamy Thavanesan, Consultant Stroke Physician

Basil Fozard/ Divya Tiwari

June 2016

Appendix B

DATA PERIOD: JUNE 2015 TO MAY 2016

Metric	Result
HSMR	98.63, within the expected range
HSMR diagnosis groups with statistically significantly higher than expected relative risk	<p>4 HSMR groups have a statistically significantly higher than expected relative risk:</p> <ul style="list-style-type: none"> ▪ Secondary malignancies – 117 deaths vs. 56.4 expected ▪ Cancer of bronchus, lung – 90 deaths vs. 54.8 expected ▪ Leukaemias – 23 deaths vs. 12.7 expected ▪ Senility and organic mental disorders – 35 deaths vs. 22.9 expected
SMR (all diagnoses)	96.94, statistically significantly lower than expected
SMR diagnosis groups with statistically significantly higher than expected relative risk	<p>2 non-HSMR groups have a statistically significantly higher than expected relative risk:</p> <ul style="list-style-type: none"> ▪ Other nervous system disorders – 15 deaths vs. 4.7 expected ▪ Other male genital disorders – 2 deaths vs. 0.2 expected
CUSUM alerts (April and May 2016)	<p>3 diagnosis groups have generated negative CUSUM alerts during the last 2 months of the review period</p> <ul style="list-style-type: none"> ▪ Cancer of bone and connective tissue ▪ Respiratory failure, insufficiency, arrest (adult) ▪ Secondary malignancies <p>No procedure group has generated negative CUSUM alerts during the last 2 months of the review period</p>
Patient Safety Indicators	<p>Mortality metrics - deaths in low risk diagnosis groups and deaths after surgery - both within the expected range</p> <p>None of the indicators are showing as statistically significantly higher than expected, 5 are statistically significantly lower than expected</p>
SHMI (January to December 2015)	98.43, within the expected range using the HSCIC's 95% control limits adjusted for over dispersion and using 95% confidence intervals
Readmissions within 28 days (June 2015 to February 2016)	97.40, within the expected range
Long Length of Stay	80.15, statistically significantly lower than expected

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BOARD OF DIRECTORS

Meeting Date and Part:	30 th September 2016 – Part 1
Subject:	NHSI Single Oversight Framework
Section on agenda:	Performance
Supplementary Reading (included in the Reading Pack)	NHSI Single Oversight Framework
Officer with overall responsibility:	Richard Renaut, Chief Operating Officer
Author(s) of papers:	Richard Renaut / NHS Improvement
Details of previous discussion and/or dissemination:	
Action required: Approve/Discuss/Information/Note	For Information
<p>Executive Summary:</p> <p>As our main regulator this document is very important as it sets out the Framework and measures by which we will be judged, and action taken.</p> <p>There are five broad headings:</p> <ol style="list-style-type: none"> 1. Quality of Care (CQC, 7 day services and quality metrics) 2. Finance (metrics and Carter) 3. Operational performance (4 hours, RTT, Cancer, diagnostics) 4. Strategic Change (STPs) 5. Leadership and improvement capability (well led, staff and data quality indicators) <p>As the overall document is relatively short, and given its importance, this summary does not replicate the information contained in the text or the Annexes listing the metrics being measured.</p>	
<p>Relevant CQC domain:</p> <p>Are they safe?</p> <p>Are they effective?</p> <p>Are they caring?</p> <p>Are they responsive to people's needs?</p> <p>Are they well-led?</p>	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>
<p>Risk Profile:</p> <p>i) Impact on existing risk?</p> <p>ii) Identification of a new risk?</p>	

NHSI Single Oversight Framework

1. Summary

As our main regulator this document is very important as it sets out the Framework and measures by which we will be judged, and action taken.

There are five broad headings:

1. Quality of Care (CQC, 7 day services and quality metrics)
2. Finance (metrics and Carter)
3. Operational performance (4 hours, RTT, Cancer, diagnostics)
4. Strategic Change (STPs)
5. Leadership and improvement capability (well led, staff and data quality indicators)

Providers are then “segmented” from special measures, mandated support, target support, to earned autonomy.

The triggers for “identifying potential support needs” are both numerous and often without a clear threshold. Many are also subjective e.g. insufficient engagement and progress with an STP (Stability and Transformation Plan). However the Framework does at least provide some indication of relative hierarchy of importance.

The “model hospital” on line portal is promoted as becoming the single oversight monitoring tool, which would allow easy benchmarking and comparison. This may supersede the need for every Trust to rebuild their own Single Oversight Framework (SOF) monitoring tool.

As the overall document is relatively short, and given its importance, this summary does not replicate the information contained in the text or the Annexes listing the metrics being measured.

2. Discussion

The Framework is not for negotiation. It should be seen alongside our contractual duties to our main commissioners. It does also align with the CQC.

Work will begin to see if there are any areas of particular non-compliance, especially where they are below the sector wide norms.

There are for example many criteria triggered by our CQC ‘Requires Improvement (RI)’ score, but as 80% of acute Trusts are RI, the calibration of the NHSI response is likely to be affected by this context.

At this stage therefore RBCH does not appear to be an outlier on any of the major indicators. However we are some way off the ‘earned autonomy’ position.

We will take advice from others on whether to rebuild our performance reporting across quality, finance, operational, HR and other indicators, to build a new SOF report, or whether the Model Hospital will provide this in a timely and usable way.

The work on Board “well led” domains should continue.

3. Recommendations

- 3.1 It is crucial the Board and senior leaders in the organisation fully understand the SOF, what is required and the consequences.**
- 3.2 In developing our objectives for 2017 and beyond, the five headings of quality, finances, operations, strategic change, and leadership for improvement could form the structure of Board to individual objectives.**
- 3.3 The Trust level reporting of the Framework will be reviewed and advice sought, on whether to build our own, or use the Model Hospital.**
- 3.4 The 2016/17 priorities need to remain:**
 - **Delivery of the financial control total**
 - **Delivery of the 4 hours, RTT and Cancer Waits**
 - **CQC improvement plan**
 - **Developing the well-led organisation**

Our continual progress against these will position us well for our “most improved hospital” goal.

Annex – NHSI Single Oversight Framework document (reading room)

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The Royal Bournemouth and
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BOARD OF DIRECTORS

Meeting Date and Part:	30 September 2016 Part 1
Reason for Part 2:	N/A
Subject:	Clinical Services Review
Section on agenda:	Strategy and Risk
Supplementary Reading (included in the Reading Pack)	Copy of the Undertakings
Officer with overall responsibility:	Tony Spotswood, Chief Executive
Author(s) of papers:	Tony Spotswood, Chief Executive
Details of previous discussion and/or dissemination:	On-going work to finalise proposals to enable consultation on CSR
Action required:	Board is asked to note progress
<p>Executive Summary:</p> <p>This paper sets out the process required to secure agreement for Dorset CCG to consult on its CSR proposals. The paper outlines the role of the CMA in implementation of the plan and the progress being made in the west of Dorset.</p>	
<p>Relevant CQC domain:</p> <p>Are they safe?</p> <p>Are they effective?</p> <p>Are they caring?</p> <p>Are they responsive to people's needs?</p> <p>Are they well-led?</p>	All
<p>Risk Profile:</p> <p>i. Impact on existing risk?</p> <p>ii. Identification of a new risk?</p>	

Update on Clinical Service Review

Proposed Public Consultation

At the time of writing this paper we are awaiting a decision from the National Investment Committee on whether they will at this stage, sanction the CCG launching its public consultation on the Clinical Service Review proposals.

Such a decision does not represent a tacit agreement to funding the capital spending necessary to create the new physical buildings and facilities required throughout Dorset. This will be the subject of a separate detailed business case. It does, however, confirm NHS England's support for the proposed models of care. The informal feedback we have received from NHS England and NHS Improvement is that work undertaken by partners in Dorset represents one of the strongest and most compelling STPs. Should a decision not be made at this time, then we will need to provide further information to enable agreement to be given to consult. Such a decision to delay consultation does not mean a rejection of the proposal.

From a timing perspective the CCG anticipates a six week lead in period to finally launching a 12 week consultation process. At the end of the consultation it anticipates a two-three month period to analyse the responses and make a final decision. Such a decision is therefore not expected before June 2017.

Business Case to secure Capital Funding

In parallel with the consultation process, which the Trust will actively participate in via various engagement events, as well as providing detailed feedback, the Trusts will be working together with the CCG to develop the business case for capital funding to enable the creation of new facilities. One of the advantages of the Dorset proposal is the relatively short payback period given the relatively modest request for between £147m and £189m dependent on the chosen option. It has already been made clear that capital availability is severely constrained. Nevertheless the proposals represent value for money and a cogent way forward to consolidate, sustain and improve health care in Dorset.

The Role of the Competition and Markets Authority (CMA)

There is a commonly held view across Dorset that the merger of the two East Dorset acute Trusts would help facilitate rapid and effective implementation of the Clinical Service Review and therefore aid the timely realisation of benefits including improvements in our services to patients. In order to achieve merger the Trusts will need to persuade the CMA to lift the current undertakings which prohibit merger. There are some 55 undertakings preventing merger of given services. (These are shown in the Reading Pack.) These relate to elective, outpatient, maternity and private patient services. The route to achieve this, is the development of a new patient benefits case which provides fresh evidence to the CMA that the patient benefits of merger significantly outweigh the perceived loss of competition. By dint of the fact that the CMA

have already made a decision to prohibit the merger, the evidence presented will need to be compelling and sufficient to allow them to reverse this decision. The new and revised benefits case relates to a far broader raft of services than the original case. It also gives effect to implementation of national guidance including that developed by Professor Sir Bruce Keogh to help sustain and improve emergency services. Moreover this is a commissioner led reconfiguration which has support from NHS England, NHS Improvement and various Clinical Senates.

Once the undertakings are lifted, assuming they are, then the two organisations would need to secure the agreement of NHSI to the proposed merger. It would also need to be agreed by the respective Governing Bodies.

It is important for the Board to be aware of the fact that irrespective of potential to merge the two Trusts, partners in Dorset will need to persuade the CMA to lift the undertakings to allow implementation of the CSR. Without their agreement these changes cannot occur.

Development of Strategic Alliance in the West

It is encouraging for the Board to note the progress being made in the west of Dorset between Dorset County Hospital NHS FT and Yeovil Hospital NHS FT, who are considering forming a strategic alliance to provide maternity and paediatric services. Dorset County colleagues will be able to provide a further update on this work at our Part 2 meeting when they present their future strategy.

The Board is asked to note the current progress. Pending a decision to support consultation, work will be finalised to demonstrate how we will resource the work necessary to deliver the business and benefits case and structure of our implementation plan for CSR.

Tony Spotswood
Chief Executive

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BOARD OF DIRECTORS

Meeting Date and Part:	30 th September 2016 – Part 1
Subject:	Local Authority Reorganisation
Section on agenda:	Strategy and Risk
Supplementary Reading (included in the Reading Pack)	Consultation Document
Officer with overall responsibility:	Tony Spotswood, Chief Executive Officer
Author(s) of papers:	Sandy Edington, Associate Director Service Development
Details of previous discussion and/or dissemination:	None
Action required: Approve / Discuss / Information/Note	For discussion / decision
Executive Summary: <p>The Dorset local authorities have collectively launched a consultation process on their further integration and have posed the question as a choice between the <i>status quo</i> of nine separate councils / unitary authorities (Option 1), versus three alternative options, all of which envisage two much larger organisations, broadly based on an east / west division.</p> <p>This report looks at the Trust perspective of this</p>	
Relevant CQC domain: Are they safe? Are they effective? Are they caring? Are they responsive to people's needs? Are they well-led?	N/A
Risk Profile: i) Impact on existing risk? ii) Identification of a new risk?	N/A

Local Authority Reorganisation

1. Introduction

The Dorset local authorities have collectively launched a consultation on their further integration and have posed the question as a choice between the *status quo* of nine separate councils / unitary authorities (Option 1), versus three alternative options, all of which envisage two much larger organisations, broadly based on an east / west division.

The consultation information and questionnaires can be accessed via <http://www.opinionresearch.co.uk/DorsetOpenConsultation>. A copy of the consultation document can be found in the Reading Pack.

2. The Options

Option		
1	Retaining all nine councils	
Option	Unitary council A	Unitary council B
2a	LARGE CONURBATION: Bournemouth, Christchurch, East Dorset and Poole, plus the services currently provided by Dorset County Council in this area	SMALL DORSET: North Dorset, Purbeck, West Dorset, Weymouth & Portland, plus the services currently provided by Dorset County Council in this area
2b	MEDIUM CONURBATION: Bournemouth, Christchurch and Poole, plus the services currently provided by Dorset County Council in this area	MEDIUM DORSET: East Dorset, North Dorset, Purbeck, West Dorset, Weymouth & Portland, plus the services currently provided by Dorset County Council in this area
2c	SMALL CONURBATION: Bournemouth and Poole	LARGE DORSET: Christchurch, East Dorset, North Dorset, Purbeck, West Dorset, Weymouth & Portland, plus the services currently provided by Dorset County Council in this area

3. The Trust Perspective

The principal current impact on the Trust is associated with the local authority command of the social services spend and the effect that has had on our ability to discharge patients has been profound. This has especially been the case in the recent years when the pressure on social service budgets within local authorities has been at its most severe. Aside from this financial pressure, the other main issue is one of boundaries - dealing with multiple social service departments and their staff (principally Bournemouth, Dorset and Hampshire) is complex and since significant financial commitments are involved, there is little cross over between different departments. There also is limited sharing of IT systems between social service

departments and with health and finally, as a Trust, we also have to try to provide physical accommodation for more than one set of social services staff.

Local authorities took over the public health remit some years ago but this is predominantly held by Dorset County Council on behalf of all the authorities. This includes commissioning sexual health services (a significant service for us) and the changes envisaged may mean dealing with two public health department rather than one.

Overall there are two significant issues for the Trust. Firstly, we would want to see as much resource as possible being recycled into social services budgets, either improving the provision of funding for both domiciliary and residential care or mitigating existing and future cuts. Secondly, the minimum number of separate social service departments the Trust has to deal with; the easier it is to manage the operationally complex process of discharging patients. Additionally a smaller number of departments makes the process of developing new services or changes to existing services more straightforward.

4. Conclusion

Given the range of options above and the Trust's interests and priorities, it is recommended that the Trust support Option 2a which wraps East Dorset into the Poole / Bournemouth / Christchurch amalgamation. This would minimise the number of departments the Trust has to deal with and also provides the maximum savings.

A downside of this is that the remaining rural authority would be relatively small and smaller than the recommend minimum, on a population basis. Another consideration might be that the new conurbation authority would have a more complex mix of suburban and rural populations, but it is suggested that these are outweighed by the advantages indicated above.

The consultation closes on the 25th October.

We would propose that the Chief Executive and the Chairman write to the organisation running the consultation process, in accordance with the views of the Board.

The Board is asked to determine its support for a specific option.

This paper has been developed by Sandy Edington on behalf of the Chief Executive.

Tony Spotswood
Chief Executive

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BOARD OF DIRECTORS

Meeting Date and Part:	Friday 30 th September 2016 Part 1
Subject:	Sustainability and Transformation Plan Update
Section on agenda:	Strategy
Supplementary Reading (included in the Reading Pack)	Revised Sustainability and Transformation Plan and Appendix
Officer with overall responsibility:	Tony Spotswood, Chief Operating Officer
Author(s) of papers:	Sandy Edington, Associate Director of Service Development
Details of previous discussion and/or dissemination:	
Action required: Approve / Discuss / Information/Note	Note
Executive Summary: The Trust is a participant in the development of a county wide Sustainability and Transformation Plan, led by the CCG. This is now being updated in line with feedback on the draft submissions. This paper describes the updated content.	
Relevant CQC domain: Are they safe? Are they effective? Are they caring? Are they responsive to people's needs? Are they well-led?	All of these
Risk Profile: i) Impact on existing risk? ii) Identification of a new risk?	

Team/Group/Committee/Board Date
Name of item

Board Report on Sustainability and Transformation Plan (STP) and Planning for 2017/18 and 18/19

Introduction

The planning guidance for 2016/17 developed the concept of a health system Sustainability and Transformation Plan, which included the statutory health organisations as well as the local authorities in the Dorset county footprint. This was submitted to NHS Improvement (NHSI) at the end of June in line with the expected timetable.

Subsequent to the submission there was national guidance that the submitted documents were to be considered as drafts, with further submissions to be concluded and submitted by the 21st October. We also had some specific feedback on the Dorset STP itself.

This paper describes the feedback and the changes to the STP and an indication of the planning process for the development of operational plans.

Feedback from NHSI on the Dorset STP

The feedback on our plan was very positive, with an indication that we were ahead of most other health systems in terms of our clinical engagement and the extent of existing transformational plans. However there were also suggested improvements to the plan in the following areas:

- Primary care at scale
- Stronger plans for Mental Health
- Set out more fully your plans for public engagement

As a result of this an amendment to the STP has been developed and has been approved by the System Leadership Team. The text of the revision is at Annex A. A revised STP is held within the Reading Pack

This update will be submitted along with a refreshed financial template on the 21st October.

Trust Planning for 2017/18 and 18/19

NHSI have indicated that Trusts will be expected to develop operational plans for 2 years (17/18 and 18/19) and submit these in draft by the end of November, with substantive documents by Christmas. The specific guidance detailing this is expected to be published on the 20th September.

There will be two key differences compared with previous years:

1. There will be a clear expectation that an individual Trust's plan will relate closely to their local STP(s)
2. These plans will be expected to have been shared and iterated with other organisations within a given footprint.

As further guidance is forthcoming the Board will be kept informed.

Board Action: The Board is asked to note this report.

Amended Text - Dorset Sustainability and Transformation Plan

Creating a network of community services

To deliver our priorities we intend to create a network of community services hubs throughout Dorset. These services will enable people to access a wider range of health services, from routine care to urgent and specialist care, closer to their homes.

Mixed teams of health and care professionals providing care for people who have physical and mental health needs will staff these services hubs. They will offer services for children, adults and our growing older population.

The health and care system will address a wide range of different needs of our local population, including:

- people who are mostly healthy but with some recurrent health needs, such as young children, pregnant women and people with short-term illnesses
- people at moderate risk of requiring higher sudden levels of care need, or sudden care needs, including those with long-term conditions, learning or physical disabilities, and frail older people
- people with a very high risk of a deterioration in their health, who require regular supervision and support, including people at the end of life and those with multiple health and social care needs

The services will include:

- routine care including traditional primary care, screening, baby clinics and checks, contraception services and prevention advice
- rapid same-day access to GP-led urgent care, with on-site diagnostic testing including imaging and x-rays
- self-management support for patients with long-term conditions
- outpatient appointments
- urgent and unplanned care
- secondary care consultations and minor procedures
- rehabilitation and services to support recovery after periods of ill-health
- specialist care and support for people with complex needs, including 24/7 crisis support to help people receive the urgent care they need without going into hospital

Transforming General Practice

General practice is the fundamental building block for the delivery of health services. "Should General practice fail, the NHS will fail" (Stevens 2016); ensuring long-term sustainability of General Practice is therefore critical.

Our analysis to date suggests that if we continue with the current 98 GP practices delivering care in 131 sites this will over-stretch our workforce and finances; a challenge compounded by the workforce crisis and our local ageing population.

Update on STP
Strategy and Risk

The ongoing engagement with GPs to develop the Primary Care Commissioning Strategy has identified the key barriers to sustainability of General Practice: workload and workforce and this has shaped our thinking around enablers to overcome these barriers: adequate resourcing to facilitate transformation (financial and workforce), common health record (with appropriate information governance arrangements) to minimise duplication and improve efficiency, reducing unnecessary workload and improved responsiveness of social care.

The STP permits an opportunity to consider at a practice, locality and countywide level the short, medium and long term stages to enable transformation and thereby establish sustainability.

We have been working collaboratively with GPs and other key stakeholders over recent months to develop our Primary Care Commissioning Strategy to determine how general practice within Dorset will seek to evolve given the current challenges and to reflect the General Practice Forward View, in particular to address workload and workforce whilst seeking to address the STP aims.

The strategy outlines our vision for delivery of community based care and identifies the opportunities for how general practice could work at scale to strengthen delivery of the 3 key aims of the STP:

1. prevention at scale
2. integrated community services
3. Appropriate use of acute services.

A reduction in the number of GP sites and development of community hubs will allow more services to be consistently and more efficiently delivered across the county for more hours of the day and days of the week. However, there is no 'one size fits all' approach to how general practice should best be organised. The solution depends upon the needs of the local population and our additional modelling work and on-going discussions across primary care will help to determine the right approach for each area within Dorset. Community hubs are expected to be supported by strengthened networks of GP practices, offering patients a wider range of universal and more specialist services, including urgent care seven days a week.

The RCGP Ambassador and Local medical committee have indicated their support for our approach and continue to be involved in the consultation. The strategy document is due to be presented to the Primary Care Commissioning Committee in October

Transforming mental health services

We are committed to tackling mental health with the same energy and priority as we have tackled physical illness in order to deliver 'parity of esteem' in line with the Five Year Forward View for Mental Health. Our vision (see page 8) applies equally to people with mental health problems and learning disabilities.

We want to see more being done to prevent the development of mental health problems, and early intervention across primary care and other services to NICE standards and national targets so that people get timely access to the help that they need. We want our integrated community services to support as many people as possible to stay independent and provide appropriate health and care closer to home.

We also want to improve the linkages with our acute services and raise the quality of the care that is provided at a time of crisis, including for people with anxiety and depression as a result of pain, living with a long-term condition or following an acute physical health event, as well as those living with dementia.

To help to achieve our ambition, in 2015 we began a Mental Health Acute Care Pathway Review to understand how services such as inpatient assessment and treatment, psychiatric liaison, crisis response and home treatment, street triage and community mental health teams need to change.

In line with 'Implementing the Five Year Forward View for Mental Health', the co-produced Acute Care Pathway review has developed options for:

- the delivery of safe spaces
- further development of peer support workers
- improving choice and access options for people with the aim of preventing crises and
- enabling people to self-refer into some services when they feel that they need support.

We are also looking at the future demand for acute inpatient beds to ensure these are fit for the future, sustainable, safe and best placed for people to access within 33 miles from their place of residence.

The first phase of the review was to gather views from local people, carers, staff, the voluntary sector as well as our health, social care and public service partners. We gathered over 3350 pieces of feedback. We are now in the second phase, describing and shortlisting options for new models of care. These will be considered by Dorset CCG Governing Body before public consultation in late 2016.

The new model will reflect best practice and national guidance, and will be focused on improving patient outcomes. It will also take account of the work of the Integrated Community Service and One Acute Network programmes.

When a final decision is made in 2017, implementation will begin and will include close partnership working with the third sector.

We have also started a Dementia Services Review jointly with our local authority partners this year, in support of our commitment to the 2020 NHS Mandate goals for dementia care. This will include looking closely at how to improve the time it takes to access a diagnostic assessment and post diagnostic support, our inpatient services and specialist dementia intermediate care. We expect to identify opportunities to deliver more services to reduce social isolation that could be provided from the proposed community hubs. We will also be working with technology partners to trial innovative new ways of working.

In 2017 we will start a review of the complex care and recovery pathway of people with mental health problems, to include supported housing and employment. We aim to ensure that people are not held in restrictive settings for longer than they need to be. This will require ongoing support across the system in supported housing and employment services as these are critical to prevention of MH problems and the promotion of recovery.

30 September 2016

As part of the national Transforming Care Programme we are progressing our plans to ensure that people who have the most complex needs have appropriate and personalised care and support. This will ensure we can reduce the numbers of people who are placed in specialist hospital provision outside Dorset. Our three local authorities and Dorset CCG are also developing The Big Plan, a joint commissioning strategy for people with a learning disability which will be implemented from April 2017.

Mental health services: the impact to date

Since 2013 there has been important work taking place to ensure there is more equitable treatment and outcomes for people with mental health problems.

To improve prevention and increase emotional resilience more mental health well-being education is being delivered in educational settings with training support for teachers (see page 17). We also have in place CAMHS liaison roles as part of our psychiatric liaison service.

Our Dorset talking therapy service, Steps to Wellbeing, is consistently delivering high recovery rates that are above the national target.

In 2013 acute mental health services changed in line with national models and developments, which meant that there was a reduction in inpatient bed numbers accompanied by development of crisis and home treatment services as an alternative to hospital admission; and the additional investment made to establish a recovery house to provide an alternative choice of place of care for people in crisis.

In Autumn 2016 a female Psychiatric Intensive Care Unit will be opened in the county, as currently local people have to travel out of the area. We have also worked in partnership with 16 organisations on the development and on-going delivery of the Dorset Crisis Care Concordat.

We have commissioned the Alzheimer's Society to deliver an innovative pre and post diagnostic support service for people who are concerned about their memory. Dorset HealthCare Mental Health acute wards for adults of working age and psychiatric intensive care unit was awarded outstanding and is currently the only outstanding unit in the country.

Our three local Learning Disability Partnership Boards have a strong track record of partnership working. This includes collaboration with people with learning disabilities and their carers to design and commission services which promote quality of life, choice, inclusion and personalised care.

Acute Reconfiguration- progress to date

Having obtained Stage 1 assurance in 2015, and Stage 2 assurance in summer 2016, Dorset CCG is now seeking the support from NHS England's Investment committee.

Alongside this they have been working closely with the Wessex Clinical Senate to address their detailed valuable independent feedback.

In late 2016 the CCG intends to hold a public consultation to obtain views of local people on our plans, including the site-specific reconfiguration options for our acute and community hospitals. Once the consultation and assurance has been complete, Dorset CCG's Governing Body will then make a decision in 2017. We expect to phase in the implementation of the plans over five years with the early stages beginning in 2017.

A sustainable approach to funding

1. Commissioner led savings

We could deliver around £63 million of potential savings by reducing variation, supported by the national programme on RightCare. Reducing high intervention rates, improving the management of long term conditions, stopping some of the work done in outpatients and moving care closer to the person's home – much of which is the cornerstone to our Integrated Community Service programme for our lower and medium need patients.

2. Local provider: agreed cost improvement plans

Our local providers have agreed to find 2% savings on their costs through cost improvement plans, supported by the national Lord Carter review areas. This would see the delivery of more activity with better outcomes for less money by maximising effectiveness across the workforce and in areas such as supplies, information technology and estates. This could close the gap by £46 million.

The Acute Vanguard plans for networks and sharing of back office functions will be a key element in how this is delivered, with estimated savings of £20 million.

3. Integrated Community Services programme reconfiguration

We are at an early stage of determining the financial implications of the model of Care for the Integrated Community Services programme. We know that workforce costs make up around 70% of our local revenue costs. We need to deliver care in new ways, our workforce will need to be reorganised to deliver services in the right place and with the appropriate skill set.

Digitally-Enabled Dorset

Rolling out the plans in our Digital Vision 2020 strategy for a Digitally-Enabled Dorset will underpin the ability to deliver safe and higher quality services, and improved outcomes for local people.

We want to:

- align the digital strategies of health and care providers in Dorset into a single digital plan for our area
- implement the Dorset Care Record, a unified record of local people's interaction with services, with a priority focus on clinical record integration and record sharing between health and social care practitioners
- build on our work to date on Advanced Care Plans, starting with the most vulnerable and linking with ambulance systems during 2017/18
- ensure that diagnostic reports and images are made available as appropriate across organisations, including specific improvements to support the radiology and pathology networks
- work with experts in the Health and Social Care Information Centre (HSCIC), Academic Health Science Network (AHSN), The King's Fund and NHS England to develop a network of visionary collaborators from across the clinical, academic, digital and life science sectors with the passion to accelerate development and integration of innovative technology across Dorset

Update on STP
Strategy and Risk

- provide more timely access to clear and appropriate patient records, prevention information and advice, and the means to increase self-care
- increase the number of patients who take-up accessing their patient records, and support enabling carer access where desired
- align current GP, district nurse and community hospital systems. Develop standard templates to support an integrated approach to working
- ensure transfer of care documents are sent between partners promptly and efficiently
- extend the use of online record access, SMS texting, email and virtual clinics across all services to support self-management of appointment bookings, reminders and cancellations
- rolling out electronic prescribing and medicines administration across our hospitals
- promote mobile working, with extended Wi-Fi in GP practices and across NHS premises. Ensuring appropriate hardware, software and infrastructure is available

We will continue to review Our Dorset and our models of care to ensure our digital strategy adapts and responds to our evolving requirements and the rapid pace of technology development.

Digitally-Enabled Dorset: the impact to date

This digital plan has been developed and delivered by our recently established Dorset Informatics Group made up of senior clinical, social care and technical leaders including Chief Information Officers and Clinical Chief Information Officers. Together they are responsible for setting the priorities regarding how to best respond to emerging clinical need and driving forward the delivery of our vision of a paperless system across the Dorset health and social care community. Our clear aim is for clinical leadership of the priorities that are enabled through technology.

To support our services, and to deliver our ambitions we are working together on clinical noting and electronic prescribing in secondary care, implementing national systems such as Electronic Prescription Service, GP2GP, Summary Care Record and the Enhanced Summary Care Record. All three local authorities have procured new Case Management systems. We have 100% of GP practices providing access to patient records and have introduced SMS texting facilities. Secure remote access to relevant clinical applications is helping clinicians to offer more flexible delivery of services to our patients.

Our Ambulance services have implemented mobile records systems, including electronic handover at A&E. We have held discussions on enhancing shared diagnostic reporting.

Engagement

Our Dorset STP has been developed through the system wide planning group, which consists of members from each of the nine organisations within our footprint and partners including Wessex LMC and Academic Health Science Network.

It has been shared widely and the draft plan approved by each organisation and both our Health and Wellbeing Boards. It has also been presented at all three Local Authority Cabinet meetings and Overview and Scrutiny Committee Meetings.

In addition to this, as set out in 'Our Plans' section of the STP, we have been continuously engaging with the public, staff and organisations across Dorset in the development of our

programmes, including the acute reconfiguration, acute mental health and integrated community services.

CSR and Young People.

CSR poster co-designed with young people. Two CSR young people's conferences co-designed and co-hosted with young people in October and November 2015.

Engagement "road show" and two informed audience meetings in June and July 2016.

Local people have asked us to come to where they are and to provide engagement opportunities across a wider geographical area. During June and July 2016 we held our mobile vehicle covered a wide area of Dorset's geography – providing information and an opportunity for people to

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The Royal Bournemouth and
Christchurch Hospitals
NHS Foundation Trust



BOARD OF DIRECTORS

Meeting Date and Part:	30 th September 2016 – Part 1
Reason for Part 2:	n/a
Subject:	Board Skills Matrix
Section on agenda:	7(a) Governance
Supplementary Reading (included in the Reading Pack)	
Officer with overall responsibility:	Karen Allman
Author(s) of papers:	Karen Allman
Details of previous discussion and/or dissemination:	Discussed at Execs 28/6 and Blue Skies 11/8.
Action required: Approve/Discuss/Information/Note	For discussion.
Executive Summary:	
Updated skills matrix attached for review.	
Relevant CQC domain: Are they safe? Are they effective? Are they caring? Are they responsive to people's needs? Are they well-led?	Well Led.
Risk Profile: i. Impact on existing risk? ii. Identification of a new risk?	

NED Skills Matrix

NON EXECUTIVE	Key Area of Performance									
	Operational Finance	Corporate Finance/ Restructuring	Strategy & Process	Governance, Legal, Regulation & Compliance	Commercial Operations Management	Marketing & Communications	University	Healthcare Experience	Clinical Experience	Human Resources/ Organisational Development
Skills, experience, attributes specific to key area	Financial management skills	Qualified Accountant or Solicitor	Experience of implementing processes and driving change	Experience of working at Executive or Non Executive level in a large or complex organisation	Experience of working at a senior level in an operational role within a complex organisation	Experience of working at senior level in a marketing and/or communications role	Experience in relevant field at University	Experience of working in a healthcare management role	Experience of working in a senior clinical role in a healthcare setting	Extensive previous experience of operating at a senior HR/OD executive level in complex or diverse organisations
	Qualified Accountant	Able to evaluate and approve financial proposals	Able to link various strategic problems e.g. Finance, IT, Capital and the Market	Detailed understanding of corporate governance frameworks and regulatory environments	Experience of critically appraising options and performance	Ability to understand and articulate the application of marketing concepts to the NHS	Ability to provide meaningful link with University	A track record of holding senior management positions in the wider NHS	Able to understand the context of working in an NHS Foundation Trust	A record of success in communicating and engaging with a wide range of staff
	Proven track record in managing major financial transactions	Analytical thinker	Experience of leading strategy formulation and process implementation	Ability to analyse corporate risks and development of appropriate risk assurance procedures	Experience in managing major organisational change	Experience of managing communications within a complex organisation	Previous experience at Board level	Previous experience at Board level	Experience of working in a senior clinical management role in a relevant environment	Strong organisational development skills and experience
	Finance Director experience in a large company or experienced accountant handling large business portfolios	Experience of working as consultant on large scale mergers and acquisitions	Analytical thinker	Knowledge and understanding of corporate law	Knowledge and understanding of the tension between quality initiatives and profitability	Experience of developing marketing programmes in the commercial sector	Operated at a senior level in University with significant responsibilities	Knowledge and understanding of the commissioning and provider functions, structures and governance	Knowledge of the primary/secondary/ tertiary mental health or community health environment	Previous employee engagement experience and able to translate to the NHS environment
	Able to evaluate and approve financial proposals	Experience of audit and compliance	Able to analyse wider environment and assess suitability of approach	Knowledge and understanding of the 'Terms of Authorisation' for Foundation Trusts	Track record of managing operational performance against quality and financial indicators	Understanding how to exploit new digital capabilities (e.g. social media, automation, telemedicine, genomics, assistive technology, Internet of Things, Apps etc) for citizen engagement, patient safety and operational efficiency	Able to use experience in the healthcare FT environment	A track record of success in a complementary healthcare role	Credibility in a senior clinical role	Collaborative partnership working across stakeholders and building relationships and productive partnerships
	Bring an element of entrepreneurial vision to the financial management of the Trust	Experience of corporate re-structuring, due diligence and associated processes	Able to review critically existing processes and generate new processes	Qualification in law/ experience in a law practice	Able to consider commercial operating best practice in the context of the NHS	Able to transpose commercial marketing principles to NHS environment	Experience of critically appraising business options	Experience of managing relationships with significant stakeholders	Collaborative partnership working across stakeholders	Experience of managing during major organisational change
	Track record in managing performance in a contractual environment	Able to transfer commercial principles to NHS environment	Brings commercial experience from outside the NHS for business development	Detailed understanding of structure of and inter-relationship between public sector organisations	Experience of managing relationships with significant stakeholders		Experience of working at a senior level in a large organisation	Detailed understanding of structure of and inter-relationship between public sector organisations	Experience of managing relationships with significant stakeholders	
	Able to transfer commercial principles to NHS environment		Experience of critically appraising business options		Brings commercial experience from outside the NHS for business development			Experience of managing stakeholder relationships during major organisational change		
			Track record in managing the implementation of new business opportunities		Track record in managing the implementation of new business opportunities					
					Experience of working at a senior level in a large organisation					

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BOARD OF DIRECTORS	
Meeting Date and Part:	30 th September 2016, Part 1
Subject:	Performance Against Trust Objectives
Section on agenda:	Strategy
Supplementary Reading (included in the Reading Pack)	
Officer with overall responsibility:	Tony Spotswood, Chief Executive
Author(s) of papers:	Sandy Edington
Details of previous discussion and/or dissemination:	
Action required: Approve / Discuss / Information/Note	To note for information.
Executive Summary: This is the internal assessment of the performance against the Trust objectives for Quarter 1, 2016/17	
Relevant CQC domain: Are they safe? Are they effective? Are they caring? Are they responsive to people's needs? Are they well-led?	All CQC Standards
Risk Profile: i) Impact on existing risk? ii) Identification of a new risk?	N/A

Team/Group/Committee/Board Date
Name of item

2016/17 Monitoring of Performance against Board Objectives

Success Criteria / Milestone	Lead Exec	Monitored By	Information Provided By	RAG / Achieved Q1	RAG / Achieved Q2	RAG / Achieved Q3	RAG / Achieved Q4	Commentary
1. To continue to improve the quality of care we provide to our patients ensuring that it is safe, compassionate and effective, driving down reductions in the variation of care whilst ensuring that it is informed by, and adheres to best practice and national guidelines. Our specific priorities are:								
Ensuring patients are cared for in the correct care setting on Wards by improving the flow of patients admitted non electively and reducing the average number of outlying patients and non clinical patient moves by at least 10%	RR							
To ensure that there are no MRSA bacteraemia cases and that the Trust achieves its target of no more than 14 Clostridium Difficile	PS	IPCC	Information					0 MRSA, 6 c.diff. CDI discussed at monthly resource staff meetings. Updates of current trajectory relayed at monthly Infection Control directorate leads meetings and quarterly Infection Prevention & Control Committee. Newsletter to promote awareness and compliance with improved management of patients with CDI. 100 day initiative for CDI promoted by the Infection Control Dr. Education sessions for staff.
To be within the top quartile of hospitals reporting patient satisfaction via the Family and Friends Test	PS	HAC	Governance					
Promoting the recognition of avoidable mortality and potential links to deficiencies in care by improved and comprehensive eMortality review . Monitor eMortality review compliance and ensure lessons are disseminated and actions completed.	BF / AOD	MSG	Information					
Ensuring patients are cared for in the most appropriate place for their needs by Supporting more patients who want to die at home to achieve this.	RR							
To deliver consistent standards in quality care for our patients demonstrated by further improvements in reducing the number of avoidable pressure ulcers and falls which happen in our hospital in 2016/17 by a further 10%, measured through Serious Incident Reports	PS	HAC	Governance					
To address all issues highlighted within the CQC Report during 2016/17	PS							Progressing, reviewed at BOD Sep 16
2. To drive continued improvements in patient experience, outcome and care across the whole Trust. The Trust will use a QI methodology to support this work. Key priorities are:								
Improving the management of sepsis, ensuring we implement the six key interventions (high-flow oxygen, fluid bolus, blood cultures, IV antibiotics, monitoring urine output, and measuring lactate) within one hour of patients being identified as having sepsis or being in septic shock.	DM	Improvement Board	PMO					The new sepsis clinical markers and screening tool launched 5th September. Use of the screening tool and the sepsis stickers extended to the in-patient areas. Main emphasis has been on getting the IV antibiotics within 1 hour to patients showing evidence of high risk factors. Methodology now being developed to embed the delivery of the other components of the sepsis 6 bundle.
Implementing the Department of Health's best practice guidance for effective discharge and transfer of patients from hospital and intermediate care. These including developing a clinical management plan for every patient within 24 hours of admission; all patients having an estimated date of discharge within 24-48 hours of admission; use of a discharge checklist, daily discharge board rounds and the involvement of patients and carers to make informed decisions about their on-going care and discharge. The full list is shown as Annex 1.	DM		PMO					Plans in place to extend the use of the discharge planning toolkit following feedback from wards. In addition there will be a re-launch of the safer-care bundle and a Trust wide agreement to establish the use of estimated date of discharge
Implementing the NICE guidelines for patients referred with suspected GI cancer ensuring a minimum of 93% of patients receiving an appointment within two weeks.	DM		PMO					Resource pressure in the first month of the quarter resulted in target being missed. The 'straight to test' trial using PDSA cycles was very successful resulting in a bid for funding to provide a nurse practitioner to run the clinics being approved. Following a recruitment process an appointment has been made, to start in quarter 3.
Implement internal professional standards - ' 5 Daily Actions ' and a new frailty pathway to improve hospital flow and ensure every patient has the right care, in the right place, at the right time	DM		PMO					Test taking place on use of direct admissions to ward. Continuing to test the use of the 'silver phone' taking calls from GPs. Christchurch Locality hub opened 5th September and the new Frailty Unit opened 7th September. These both support the improved patient pathways to provide for early senior clinical assessment and coordination of support services to help patients leave hospital as soon as they are medically fit
Improve surgical productivity and operating theatre efficiency to reduce 'lost' theatre time and release patient slots. This will include a reduction in variation, removing waste and improving flow across elective pathways in orthopaedics and urology	DM		PMO					A key target for 16/17 is to treat an additional 1,000 patients. Work is being done to improve the scheduling and reconfigure the standard theatre day. Current throughput in theatres is encouraging and variation in number of procedures each month is reducing.
Reduce last minute clinic cancellations by 50% and DNA rates to an average of 4% in outpatients through more effective utilisation of current resource and standardisation of clinic templates	DM		PMO					New portal being developed to provide for improved clinic forward planning. In addition work is underway to identify the reasons for Did Not Attend (DNA) and better ways of communicating appointment reminders. The junior doctors' strikes have put added pressure on achieving the targets as time is required to carry out Plan Do Study Act cycles on some of the ideas for improvement
Applying standards of care for all patients undergoing emergency laparotomy with the aim of maintaining mortality below 5%	DM		PMO					The Trust continues to work with the Emergency Laparotomy Collaborative and is one of four Trusts also taking part in the sub project around peri-operative care for frail elderly patients. Outcomes from this study will be available in 2017. In the meantime there is further work being done on the patient pathway to maintain the improved level of mortality
Uniform use of surgical checklists across the whole organisation with the intention that there are no Never Events associated with failure to use checklist. Monitor compliance, response and better education.	DM		PMO					Safety Checklists have now been developed and are in use across 14 areas in the Trust carrying out invasive procedures including theatres. The next step is finalise the standardised operating procedures, in line with National Safety Standards for Invasive Procedures (NaSSIPs). In addition a new IT system is being developed, starting with Theatres, Endoscopy and Ophthalmology to help record and monitor compliance. This is due for live usage in Q4 2016/17.
To embed the use of VitalPac within the Trust and its application as a trigger tool for escalation. Development of a clear escalation protocol and the accompanying education. Measurable reduction in SIs related to lack of escalation.	DM		PMO					Senior engagement in Wessex Patient Safety Collaborative: The Deteriorating Patient. Launch event in September 2016.
3. To support and develop our staff so they are able to realise their potential and give of their best, within a culture that encourages engagement, welcomes feedback, and is open and transparent in its communication with staff, public and service users. Key priorities include:								
To ensure all staff have a values based appraisal and agreed personal development objectives which reflect both the needs of the service and their own development requirements	KA	Workforce Committee	Information					Appraisal champions have been created and supported, communications campaign, trajectories developed and performance reviewed at care group meetings, PMG, workforce committee and in board papers
Providing support and interventions for the health and wellbeing of our staff .	KA		Information					policy updated and agreed, regular health and wellbeing events have been run
Providing appropriate education, training and development opportunities and support for staff, and demonstrate the return on investment for the organisation.	KA		Information					Education committee established, new DME appointed, new Medical Education Manager appointed, TNA plans reviewed, action plans developed following Wessex surgical review
To develop and implement a comprehensive leadership and organisational development strategy which reflects the organisation's values and views of staff and focuses on good organisational health and a positive development and learning culture.	NH		Information					Now in Discovery Phase, on schedule

Success Criteria / Milestone	Lead Exec	Monitored By	Information Provided By	RAG / Achieved Q1	RAG / Achieved Q2	RAG / Achieved Q3	RAG / Achieved Q4	Commentary
To strengthen levels of staff engagement within the Trust, creating opportunities for staff to contribute to the design and delivery of services and improvement ideas. This engagement will be measured by an improvement in the national Staff Survey (2016) engagement scores and by an increase in the quarterly Staff Impressions measure of engagement.	KA		Information					KA comment
To promote collective responsibility for the success of the Trust and greater autonomy for staff to manage and deliver their services, within a clear framework of responsibility and accountability.	TS		Information					Progress made within the context of the OD strategy.
4. To develop and refine the Trust's strategy to give effect to the agreed outcomes following the CCG led Dorset Clinical Service Review. Key priorities include:								
To implement the Trust's strategy within the context of the <i>emerging Clinical Service Review</i> being led by Dorset CCG	TS							Progressing with the CCG
To establish the Vanguard "One NHS in Dorset" and implement proposals to unify and standardise patient pathways, thereby strengthening the quality of service for patients across Dorset in the following areas of maternity, paediatrics, stroke, cardiology, imaging, ophthalmology, non-surgical cover and diabetes. This will be taken forward throughout 2016.	TS							Progress in stroke, ophthalmology & women's health.
To develop proposals to evaluate the introduction of an integrated pathology service for Dorset. Proposal developed for the conurbation by 2017.	TS							On schedule
To establish a joint venture vehicle by November 2017 to facilitate provision of a range of Dorset wide hospital services	TS							No longer relevant
Work with the Dorset Community Trust, primary care and local authority partners to extend the range of services available to support patients discharged from hospital and to help local people maintain their independence and health without recourse to admission to hospital.	TS							System-wide implementation of Wilson Report. Significant reduction in local authority funding.
To shape and develop proposals to support and agree a new model of care for hospital and out of hospital services, promoting the Royal Bournemouth Hospital as a future major emergency site for Dorset and West Hampshire residents	TS							Awaiting confirmation of timing of consultation.
To establish a dedicated private patients facility by April 2017	SH							On target
To complete work to create an integrated community hub offering a range of services and facilities at Christchurch including radiology, outpatients, a GP practice, and a community pharmacy	RR							On track
Implement the resilient Data Network , telephone system and refreshed computer room.	PG							The cooling requirements for the edge switches exceed the current air conditioning provision within the cabinets and this may cause delays in the rollout of this last phase of the network upgrade
Embed Electronic Document Management (EDM) so that it no longer appears on the Trust's risk register.	PG							Significant work has taken place on the EDM quality improvement plan however feedback suggests that clinicians, while acknowledging that it is improving are still not considering the retrieval speed and reliability of clinical information to be sufficient.
Undertake all the necessary preparatory work to enable RBCH to move to Graphnet Electronic Patient Record (EPR) by April 2017.	PG							The interface development is underway and we are working with our external partners to bring this to fruition within an appropriate timescale to enable the project to go live in Spring 2017
Implement Order Communications in the four diagnostic areas	PG							It has been agreed by the project board and TMB that Order Comms must follow on from the Strategic EPR launch.
Achieve full compliance with the IG Toolkit .	PG							
Participate in the development of a joint informatics strategy for the three acute trusts in Dorset	PG							Effective engagement with the other 4 health organisations in Dorset.
5. To ensure the Trust is able to meet the standards and targets necessary to provide timely access to high quality responsive elective diagnostic and emergency services. The key targets are:								
95% of patients waiting no more than 4 hours from arrival in ED to their admission discharge or transfer	RR	TMB & PMG	Information					
93% of patients referred using the fast-track cancer pathway being seen within 14 days of referral	RR	TMB & PMG	Information					
93% of patients referred to the symptomatic breast clinic seen within 14 days of referral	RR	TMB & PMG	Information					
96% of patients diagnosed with cancer receiving treatment within 31 days	RR	TMB & PMG	Information					
85% of patients receiving their first treatment within 62 days of urgent GP referral with suspected cancer.	RR	TMB & PMG	Information					
92% on incomplete pathways within 18 weeks	RR	TMB & PMG	Information					
6. The Trust achieves its financial plan with emphasis on reducing agency spend, cutting waste and securing improvements in efficiency and productivity without detriment to patient care.								
	SH	FC & BOD	FINANCE					On target

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

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The Royal Bournemouth and
Christchurch Hospitals
NHS Foundation Trust



BOARD OF DIRECTORS

Meeting Date and Part:	30 th September 2016 – Part I
Subject:	Standing Financial Instructions – Tendering Procedure
Section on agenda:	Governance
Supplementary Reading (included in the Reading Pack)	No
Officer with overall responsibility:	Stuart Hunter, Director of Finance
Author(s) of papers:	Eddie Rathbone, Associate Director of Commercial Services
Details of previous discussion and/or dissemination:	Finance and Performance Committee
Action required: Approve/Discuss/Information/Note	The Board of Directors is asked to approve the amendments to the SFI policy.
Executive Summary:	The Standing Financial Instructions Tendering Procedure requires amendment following the publication of revised OJEU regulations, and the threshold above which OJEU is required. The attached document highlights which tables and narrative within the policy requires updating. This has been discussed at the last Finance and Performance Committee meeting and is at the Board for approval.
Relevant CQC domain: Are they safe? Are they effective? Are they caring? Are they responsive to people's needs? Are they well-led?	Well led domain
Risk Profile: i. Impact on existing risk? ii. Identification of a new risk?	N/A

Commercial Services

AMENDMENT TO POLICY/PROCEDURAL DOCUMENT

STANDING FINANCIAL INSTRUCTIONS

TENDERING PROCEDURE

Due to the publication of revised OJEU regulations, and the threshold above which OJEU is required, it is recommended to amend the Trust Standing Financial Instructions (SFI's) as affects the relevant contract approval thresholds and to replace the tables and narrative which appears within the SFI's at page numbers as indicated below:

Page 26 of 47:

At 10.3 this clarifies better the levels and incorporates a link for the detail which also provides detail for other levels which can be found within the government procurement policy note; at 10.8.3 this changes the £170k threshold to £164k & clarifies the FC levels more accurately

10.3 Following are Thresholds applicable to supply of goods and services

Value (i)	Minimum number (ii)	Quotation or Tender
£1 to £20,000	1	Quotation
£20,000 to £50,000	2	Quotation
£50,000 to OJEU (iii)	3	Quotation
OJEU Threshold and above	4	Tender

(i) Exclusive of VAT

(ii) Subject to specific product/market considerations as verified by applicable procurement officer

(iii) Current OJEU £164,000 (link below for Procurement Policy Note)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484497/PPN_1815_New_Thresholds_2016.pdf

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10.8.3

Contract Approval Thresholds	
Aggregated Value (i)	Authorising Officer/ Committee
£1 to £99,000 (ii)	Associate Director of Commercial Services
£100,000 to £164,000	Director of Finance
£164,001 to £999,999	Finance Committee
£1,000,000 +	Board of Directors

- (i) Exclusive of VAT and where the total forecasted value of purchases and/or life cycle cost is calculated for duration of the proposed contract.
- (ii) Where the lowest price/best value for money offer is recommended.
- (iii) Where other than lowest price/best value for money is recommended then escalation is required in accordance with 10.8.1 of these SFIs.

Eddie Rathbone
Associate Director of Commercial Services

Approved

Name _____

Position _____

Signature _____

Date: _____

On behalf of the Trust Finance Committee



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BOARD OF DIRECTORS

Meeting Date and Part:	30 th September 2016 – Part 1
Subject:	Emergency Preparedness, Resilience and Response (EPRR) Assurance Declaration
Section on agenda:	Governance
Supplementary Reading (included in the Reading Pack)	EPRR Core Standards EPRR Improvement Plan
Officer with overall responsibility:	Richard Renaut, Chief Operating Officer
Author(s) of papers:	Malcolm Keith / Richard Renaut
Details of previous discussion and/or dissemination:	
Action required: Approve / Discuss / Information/Note	For Information
<p>Executive Summary:</p> <p>The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident. The Civil Contingencies Act (2004) requires NHS organisations, and providers of NHS-funded care, to show that they can deal with such incidents while maintaining services.</p> <p>NHS England has published NHS core standards for Emergency Preparedness, Resilience and Response arrangements. These are the minimum standards which NHS organisations and providers of NHS funded care must meet. The accountable emergency officer in each organisation is responsible for making sure these standards are met.</p> <p>As part of the national EPRR assurance process for 2016/17, the Royal Bournemouth and Christchurch NHS Foundation Trust has been required to assess itself against these core standards by October 2016.</p>	
<p>Relevant CQC domain:</p> <p>Are they safe?</p> <p>Are they effective?</p> <p>Are they caring?</p> <p>Are they responsive to people's needs?</p> <p>Are they well-led?</p>	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>
<p>Risk Profile:</p> <p>i) Impact on existing risk?</p> <p>ii) Identification of a new risk?</p>	

Emergency Preparedness, Resilience and Response (EPRR)

1. Summary

The Board is asked to note the Statement of Compliance submitted to Dorset CCG as part of the annual EPRR process.

This results in a 'partial assurance', with plans for six standards to be compliant by January 2017 and the remaining three by August 2017.

This level is in line with many Trusts, and our own self-assessment. The year on year need to provide greater assurance levels, and to provide more resilient responses, plus 'deep dives' continues to generate new insight and opportunities for strengthening our preparedness. Therefore areas felt compliant in previous years are now marked in the nine areas for further in year work, e.g. reviewing all our business continuity plans, and the interplay between energy supply, physical access and IT continuity.

2. Areas of non-compliance where further work is required (summary) standard

Standard		Example
2	Annual work programme	Includes updating our major incident plans, action cards etc.
8	Responses to particular types of emergencies	Update plans for Pandemic Flu, mass casualties, etc.
14	Review learning and debrief processes	Review process and update EPRR policy
18	Recording decisions during an incident	Increase the pod of trained loggists
34	Training Needs Assessment	Staff are clear about their roles and trained to national standards
35	On-going exercising programme	Exercise planned for later 2016
37	On call directors and managers maintain a CPD portfolio	Part of action from training (34)
DD5	Robust business continuity plans, including from sub-contractors	Update tendering and checking process
DD6	Critical services fuel requirements	Assess ability to operate if fuel shortages

The full documentation is available in the reading room.

Quarterly reviews by the CCG EPRR lead will check on progress to give external assurance.

One area of feedback from EPRR review was whether to more closely integrate with Poole Hospital Trust, especially given the interconnectivity of services, locality, IT systems etc. This will be added to the action plan, under Standard 2.

3. Recommendation

The Board is asked to note the self-assessment, subsequent CCG review and rating as partially assured, and the appropriate action plan to address these.

The Royal Bournemouth and Christchurch Hospitals



NHS Foundation Trust

EPRR statement of compliance

The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident. The Civil Contingencies Act (2004) requires NHS organisations, and providers of NHS-funded care, to show that they can deal with such incidents while maintaining services.

NHS England has published NHS core standards for Emergency Preparedness, Resilience and Response arrangements. These are the minimum standards which NHS organisations and providers of NHS funded care must meet. The accountable emergency officer in each organisation is responsible for making sure these standards are met.

As part of the national EPRR assurance process for 2016/17, The Royal Bournemouth and Christchurch Hospital NHS Foundation Trust have been required to assess itself against these core standards Friday 12th August 2016. The outcome of this self-assessment shows that against 37 of the core standards which are applicable to the organisation, The Royal Bournemouth and Christchurch Hospital:

- Is fully compliant with 30 of these core standards; and
- Will become fully compliant with 35 of these core standards by December 2016 and will be fully compliant by June 2017

The attached improvement plan sets out actions against all core standards where full compliance has yet to be achieved.

Richard Renaut



The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

8th August 2016

BOARD OF DIRECTORS MEETING – 30 September 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 29 July 2016		<i>All</i>
11.05	2. MATTERS ARISING		
	a) To provide updates to the Actions Log		<i>All</i>
11.15	3. STRATEGY AND RISK		
	a) Significant Risk and Assurance Framework (paper)	Information	<i>Paula Shobbrook</i>
	b) CSR (paper)	Discussion	<i>Tony Spotswood</i>
	c) Strategic Outline Case for Integrated Pathology across Dorset (paper)	Approval	<i>Richard Renaut</i>
11.30 30 mins required	d) Dorset County Hospital Strategy (presentation)	Discussion	<i>Patricia Miller / Mark Addison</i>
12.00	4. GOVERNANCE		
	a) Q1 2016/17 NHSI Feedback Letter (paper)	Information	<i>Stuart Hunter</i>
12.10	5. QUALITY		
	a) CQC Action Plan Update (paper)	Discussion	<i>Paula Shobbrook</i>
12.30	6. PERFORMANCE		
	a) Job Planning – Consultants (paper)	Discussion	<i>Basil Fozard</i>
	b) Local Clinical Excellence Awards Annual Report (paper)	Approval	<i>Basil Fozard</i>
	c) Histopathology Service Review (verbal)	Discussion	<i>Basil Fozard/ Richard Renaut/ Tony Spotswood</i>
	d) Consultants (verbal)	Information	<i>Basil Fozard</i>
	e) Cost Improvement Plans 2016/17 and 2017/18 (paper)	Discussion	<i>Stuart Hunter</i>
13.00	7. ANY OTHER BUSINESS		
	a) Key Points for Communication to Staff		
	b) Reflective Review		
14.00	8. SEMINAR : Risk Appetite with Internal Auditors BDO		