

A meeting of the Board of Directors will be held on Friday 26 February 2016 at 8.30am in the Macmillan Unit Seminar Room, Christchurch Hospital. (see map attached)

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

Lunch will be provided at the end of the meeting.

Sarah Anderson
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 January 2016		<i>All</i>
	b) To provide updates to the Actions Log		<i>All</i>
8.40-8.45	3. MATTERS ARISING		
	a) CQC Report Update (paper)	Information	<i>Paula Shobbrook</i>
	– Publication is scheduled for 25 February 2016 and the report will follow when received		
8.45-9.15	4. STRATEGY AND RISK		
	a) Draft Trust Objectives 2016/17 (paper)	Decision	<i>Tony Spotswood</i>
	b) Monitoring of Performance against Trust Objectives	Information	<i>Tony Spotswood</i>
	c) Final Workforce Plan (paper)	Decision	<i>Karen Allman</i>
	d) Draft Annual Plan 16/17 (paper)	Information	<i>Richard Renaut</i>
	e) Vanguard Progress Report (verbal)	Information	<i>Tony Spotswood</i>
	f) CSR Update (verbal)	Information	<i>Tony Spotswood</i>
9.15-9.20	5. GOVERNANCE		
	a) Council of Governors Overview of meeting 3 February 2016 (verbal)	Information	<i>Jane Stichbury</i>
9.20-9.45	6. QUALITY IMPROVEMENT		
	a) Feedback from Staff Governors (verbal)	Information	<i>Jane Stichbury</i>
	b) Patient Story (verbal)	Information	<i>Paula Shobbrook</i>
	c) Complaints Report (paper)	Information	<i>Paula Shobbrook</i>
9.45-10.45	7. 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) Staff Survey (presentation)	Information	<i>Karen Allman</i>
e) Report from Chair Finance Committee (verbal)	Information	<i>Ian Metcalfe</i>
f) Finance Report (paper)	Discussion	<i>Stuart Hunter</i>
g) Report from Chair Workforce Committee (verbal)	Information	<i>Derek Dundas</i>
h) Workforce Report (paper)	Discussion	<i>Karen Allman</i>
i) Report from Chair of Audit Committee (verbal)	Information	<i>Steve Peacock</i>
j) Medical Director's Report – Dr Foster (paper)	Information	<i>Basil Fozard</i>

10.45

8. NEXT MEETING

Friday 1 April 2016 at 8.30am in the Conference Room, Education Centre, Royal Bournemouth Hospital

9. ANY OTHER BUSINESS

Key Points for Communication to Staff

10. COMMENTS AND QUESTIONS FROM THE GOVERNORS AND PUBLIC

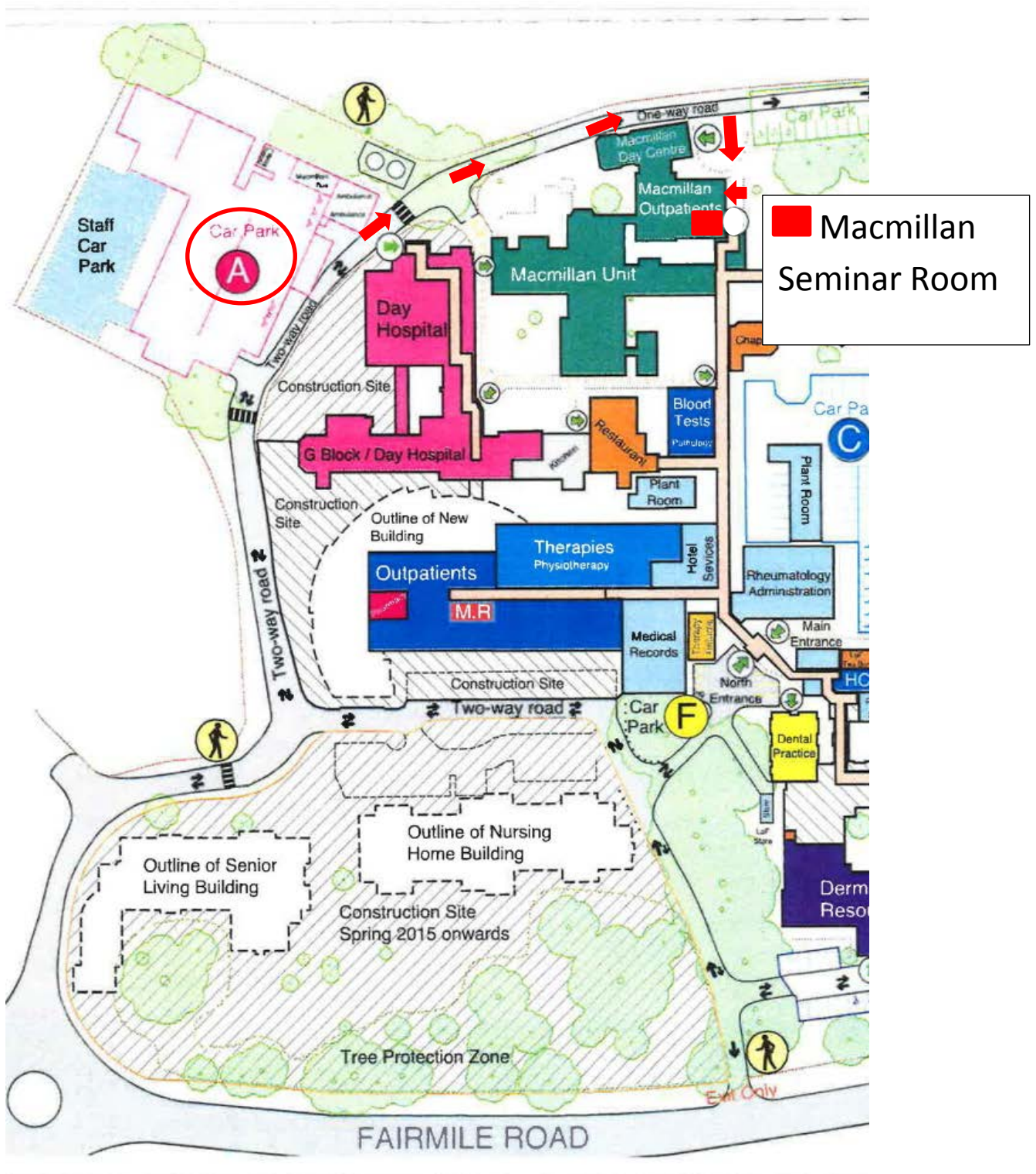
Comments and questions from the governors and public on items received or considered by the Board of Directors at the meeting.

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.

Christchurch Hospital Macmillan Unit Seminar Room

Access directions: Please park in Car park A. Follow the road and temporary signs (red arrows) past the Macmillan Day Centre, turn right towards Macmillan Outpatients. Enter the door on your right and the Seminar Room is on your left. There will be a member of staff at this door.



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

The Royal Bournemouth and
Christchurch Hospitals
NHS Foundation Trust



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

Present:	Jane Stichbury	(JS)	<i>Chairperson (in the chair)</i>
	Tony Spotswood	(TS)	<i>Chief Executive</i>
	Karen Allman	(KA)	<i>Director of Human Resources</i>
	Derek Dundas	(DD)	<i>Non-Executive Director</i>
	Basil Fozard	(BF)	<i>Medical Director</i>
	Peter Gill	(PG)	<i>Director of Informatics</i>
	Christine Hallett	(CH)	<i>Non-Executive Director</i>
	Stuart Hunter	(SH)	<i>Director of Finance</i>
	Ian Metcalfe	(IM)	<i>Non-Executive Director</i>
	Steven Peacock	(SP)	<i>Non-Executive Director</i>
	Richard Renaut	(RR)	<i>Chief Operating Officer</i>
	Paula Shobbrook	(PS)	<i>Director of Nursing and Midwifery</i>
	Bill Yardley	(BY)	<i>Non-Executive Director</i>
In attendance:	Sarah Anderson	(SA)	<i>Trust Secretary</i>
	Dr Chris Chritoph	(CC)	<i>Consultant Cardiologist, Heart Failure Lead</i>
	James Donald	(JD)	<i>Head of Communications</i>
	Anneliese Harrison	(AH)	<i>Assistant Trust Secretary (minutes)</i>
	Nicola Hartley	(NHa)	<i>Director of Organisational Development</i>
	Lisa McManus	(LM)	<i>Heart Failure Nurse, Cardiology</i>
	Shabir Mughal	(SM)	<i>Monitor</i>
	Dily Ruffer	(DR)	<i>Governor Coordinator</i>
	Lorna Squires	(LS)	<i>Monitor</i>
	Sheyee Wong	(SW)	<i>Monitor</i>
	David Bellamy	(DB)	<i>Public Governor</i>
	Derek Chaffey	(DC)	<i>Public Governor</i>
	Carole Deas	(CD)	<i>Public Governor</i>
	Eric Fisher	(EF)	<i>Public Governor</i>
	Bob Gee	(BG)	<i>Public Governor</i>
	Paul Higgs	(PH)	<i>Public Governor</i>
	Doreen Holford	(DH)	<i>Public Governor</i>
	Paul McMillan	(PM)	<i>Public Governor</i>
	Margaret Neville	(MN)	<i>Representative of the Friends of the Eye Unit</i>
	Roger Parsons	(RP)	<i>Public Governor</i>
	Guy Rouquette	(GR)	<i>Public Governor</i>
	David Triplow	(DT)	<i>Public Governor</i>
	Brian Young	(BY)	<i>Public Governor</i>
Apologies	Dave Bennett		<i>Non-Executive Director</i>

01/16 **DECLARATIONS OF INTEREST**

Action

PG declared his involvement in a piece of consultancy work to be undertaken during annual leave.

02/16 **MINUTES OF THE MEETING HELD ON 18 DECEMBER 2015 (Item 2a)**

108/15 (b) to amend the minute *"the risk has been downgraded to level 16 however this was not reflective of the Cardiology department's perception of the issues concerned"* to read *"the risk has been reassessed as level 16 by the cardiology team following the progress in addressing their issues and their better understanding of the risk management grading system."*

03/16 **MATTERS ARISING (Item 3a)**

(a) **To provide updates to the action log**

108/15 (g) the retention plan will be discussed at the Executives meeting. A clear date is to be identified;

KA

99/15 (a) KA will attend a future Council of Governors meeting to provide an overview of the process.

KA

04/16 **QUALITY IMPROVEMENT**

(a) **Feedback from Staff Governors (Verbal)**

JS outlined the themes discussed following the meeting on 25 January 2016:

- The progress with the CQC report was queried. Staff will be provided with the full report once available;
- Staff Governors recognised that issues raised are being addressed;
- Traffic congestion on site and car parking has improved;
- Ensuring training is relevant to individuals and identifying time to be trained within departments through job planning;
- Discussions about linking training to receiving an increment were positive;
- Dates are to be identified for Staff Governor listening events and Executives will also be invited to attend;
- Integration of Allied Health Professionals within the workforce- this will be addressed through the AHP strategy;
- Staffing and pressures within small units;
- Management visibility- Executives have been scheduled to work in various areas for half a day throughout the Trust each month. A full note is always circulated to all Staff Governors.

(b) **Patient Story (Verbal)**

CC and LM presented the patient story relating to developments within the Heart Failure service.

- Access to timely diagnosis and treatment is key. The Heart Failure unit on ward 21 is a valued service with 12 dedicated beds with an Multi-Disciplinary team incorporating Medicine for

- the Elderly and Cardiology experienced staff;
- A patient who was deteriorating on a ward was referred to the unit where the team were able to closely monitor fluid levels. Over a week the patient lost weight and his condition improved;
- The team communicates with patients and provides a variety of quality information giving them greater autonomy and better outcomes. The rehabilitation service also encourages patients to share experiences;
- Heart Failure is linked with readmission rates and mortality. It is a specialist area and the service helps to prevent readmission by incorporating other specialisms;
- The presence of Heart Failure nurses on wards has increased awareness and appropriate referrals to the unit;
- The condition needs to be identified and flagged upon admission. A pilot service will be implemented soon and this needs to be consistently applied. The implementation and processes will be reviewed by the Healthcare Assurance Committee;
- The Trust's performance in the national Heart Failure audit has improved over the last year;
- It was requested that the Board supported the preservation of the unit and its bed base during periods of increased activity levels to maintain the success of the service. CC thanked the Board for being responsive to the National Institute of Cardiovascular outcomes research (NICOR)/ CQC alerts and the action taken to address.

PS

The Board commended the improvements made within a short period of time and the valuable resource the team provides. It was noted that the service also supports the community and reduces length of stay by appropriately supporting people in the right place. It was emphasised that protecting the bed base is key and Cardiology are currently focused on reducing length of stay.

The future direction for the service following its success will be to continue to consolidate and progress work with the community resource team.

(c) **Complaints Report (Item 4c)**

- The Trust is focused on improving timely responses to complaints and actions are in place;
- Currently the target response time set by the Trust is not being achieved however steady improvements in performance have been noted;
- HAC requested a trajectory for improvement over three months and the Trust is confident this can be achieved;
- Lessons learnt- an annual report will be developed for staff to increase sharing of learning.

The Board **acknowledged** the increased confidence in achieving the

target and tackling response times through implementing the plan.

(d) Safe Staffing (item 4d)

PS advised that the review of ward staffing by the Board was required by NHS England every six months. It was emphasised that when staff raise concerns it is flagged and mitigated by providing wards with assistance. When a red flag is identified it is escalated and an assessment can be made.

The caps imposed by Monitor are supporting the drive to reduce agency expenditure. The Trust is also prioritising the use of bank staff and improvements are being made. The substantive workforce will be trained to address band 5 vacancies within MFE.

There have been significant reductions in the use of Tier 3 agency staff and the Trust is working closely with agencies. There is also a strong focus on the risk areas and building the substantive workforce.

The Board **requested** further detail about hot spots within the Trust and the impact upon staff morale.

PS

(e) Internal Peer Review (item 4e)

The review received excellent engagement from staff. Further information will be provided following the publication and comparison with the CQC report. The organisational development work will incorporate the review and will also inform the cultural audit. The Board **acknowledged** that it was one of the earlier Trusts to implement such a review.

The Board discussed the importance of maintaining an audit trail of the required improvements to gain assurance that issues identified are being addressed. The review of implementation of improvements was remitted to the appropriate Board committees. The Audit Committee will also ensure that the processes were being implemented consistently.

Committee
Chairs

(f) QI Update (Item 4f)

The Board **noted** the progress against the plan and the productive discussions with the CCG following the recent Board to Board meeting.

05/16

PERFORMANCE

(a) Performance Exception Report (Item 5a)

- Emergency Department (ED) 4 hour- the target remains challenging. The Trust achieved 91.4% in January and performance was impacted upon by norovirus;
- Cancer targets- performance is improving and the Trust is nearing compliance across all cancer targets. Focus is being

placed on the flow of work from Dorset County Hospital and implementing any recommendations following the positive Royal College of Surgeons review. As a result of the backlog the Trust will be non-compliant for Q1;

- 62 day cancer- the Trust is addressing the backlog and maintaining performance. The back log is being reduced together with 2 week waits and diagnostic times;
- Stroke- despite bed pressures the Trust has made good progress and there is confidence that that performance will be achieved.

The Trust is working with Dorset County Hospital who has consistently achieved the cancer targets. There will be additional Consultant time rostered within ED from February.

The Board **emphasised** the importance of improving performance and that momentum was essential in producing results against all targets. Time during the Board 'blue skies' session would be dedicated to ED 4hr performance.

Detail was **requested** on the impact of the mixed sex accommodation challenges and whether themes have been identified to be addressed. **RR**

(b) Report from Chair of HAC (Verbal)

- The Trust has demonstrated progress in terms of quality and addressing risks;
- There is increased focus and grip to address quality targets by care groups;
- The use of Electronic Nursing Assessment system has been positive and supports the provisions of safer care for patients. Its success has demonstrated a cultural change within the organisation;
- Progress in reducing pressure ulcers. The trajectory for reducing category 3 and 4 pressure ulcer damage for 2015/16 is no more than 14 and 6 have been reported for the year to date;
- Positive developments with mortality and the new process for avoidable mortality.

(c) Quality Performance (Item 5c)

- Increased incident reporting has supported a reduction in patient harm. The Trust has a good reporting culture and learning is being successfully disseminated;
- An increase in the number of falls is an area of concern and focus for the Trust;
- Administration of Medication- more staff need to be encouraged to report incidents although the Trust is performing above trajectory and improvements are being made;
- Reduction in the number of incidents resulting in serious harm has improved;

- Friends and Family Test feedback remains strong and feedback completion within ED will be addressed;
- Noise at night will be an area of focus through care groups.

The Board **queried** whether there was a correlation between the increase in falls and staffing levels. PS confirmed there was no correlation however assessments needed to be consistently completed in full.

(d) Financial Performance (Item 5d)

- The position at the end of December was positive;
- Improvement has been made against the CIP plan with £94k surplus in month;
- Good cost controls are in place together with a strong CIP delivery;
- £348,000 over achievement of the budget position is reflective of the Trust's determination to reduce costs;
- Tier 3 nursing expenditure is a small figure in comparison to the agency/locum expenditure for Doctors. Work is in progress to reduce these costs;
- Capital to revenue transfer- there has been slippage on capital plans and this has been taken into consideration nationally. There is some uncertainty that this will proceed. The Trust will continue to focus on the cash position in considering external risks;
- Monitor has attended the Trust to complete their investigation and the Trust will be notified of the outcome in due course;
- The Trust is in a more positive position although the next year will be challenging with more central control being applied to Healthcare services.

The Board **acknowledged** that January had been a pressured month however the Trust had managed to maximise beds and utilise existing staff. Pressures with delayed transfers of care were the main in month pressure. The sustainability of the transformation fund will be removed if the Trust does not improve performance.

Board members **discussed** the performance of Care Group B. It was noted that a strategy was in place to address the shortfall in cardiology private patient income. The Trust is also considering other areas to develop as private patient income and the dedicated unit is progressing. It was **requested** that the progress made was presented at the next meeting.

RR

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

- Opportunities to improve business capacity and profit are being identified;
- Capital will be constrained;
- Culture- there has been a shift in expenditure and the actions

- implemented are aligning with patient quality and safety;
- 2016/17 will be a challenging with risks and the Trust will need to ensure these are mitigated.

(f) Workforce Report (Item 5f)

- Emphasis is being placed on recruitment and workforce planning;
- Strong performance with essential core skills training however it remains a challenge and the Trust will maintain focus on achieving the target. There has been a drive on refusing non-mandatory training if individuals have not completed essential core skills training;
- Improvements noted in appraisal compliance.

The increase in appraisal compliance was encouraging in light of the ambitious target set with the values based system. The Board **raised** concern that the target of 100% for appraisal compliance by March 2016 for eligible would be challenging.

The Board were advised that the Audit Committee had identified variation in some areas. The quality of appraisal and consistency was emphasised as being essential. Compliance within ED is challenging and is being addressed by allocating time within staff rosters. The staff survey feedback will serve as a quality check for the appraisal process. The Trust is also writing to individuals to highlight that their appraisal is outstanding and that this will affect access to non- essential training.

The Board **noted** the importance of releasing individuals to complete appraisals. There is a plan in place for the next annual appraisal process and the key requirements have been identified and resources have been allocated where possible. Spreading department essential core skills training throughout the year and ensuring that modules are appropriate going forwards will support improvement.

(g) Mortality (Item 5g)

The Trust has maintained a stable and positive position. New guidance received last month from NHS England will impact upon the approach to preventable mortality and the classification will concern probable avoidable death. It will be important to ensure that the new approach is applied consistently. This will increase the work to review mortality within the Trust and education however there is confidence that this can be implemented successfully.

Mortality compliance performance is currently at 46%. The Trust is ahead of other organisations through the introduction of the e-mortality system. The publication of the data and emphasis on the duty of candour will be promoted to ensure there is a clear understanding of the processes amongst staff.

Board members **requested** that the avoidable mortality process should

automatically generate a serious incident review with a root cause analysis and learning from this to be shared.

06/16

STRATEGY AND RISK

(a) Vanguard Progress Report (Item 6a)

The paper was taken as read. The recommendations were outlined and the following agreed:

- The Board **delegated** sign off of the value proposition submission to TS which will continue to be refined. The latest draft is to be circulated; **TS**
- Governance arrangements have been drafted and will be progressed;
- Comments were requested regarding the options for the joint venture vehicle; **All**
- Resources- anticipated requirement for Executives of one day per week to underpin contribution. Additional funding for Executive and clinical input will be provided going forwards. Board members **requested** sight of the tranches of resource to understand the time commitments required; **TS**
- The Chief Executives and Chairs will meet to discuss the capacity of executives and developing relationships. A discussion will be brought back to the Board; **ALL**
- The role description for the independent chair will be circulated to the Board. **TS**

(b) Clinical Services Review Update (CSR) (Verbal)

- The preferred option for consultation will be identified soon;
- There have been further iterations about the green, purple, yellow models. Following discussions with the clinical working group it has been proposed that the medical take will increase by 25% on the purple site;
- The strategy for out of hospital care provision needs to be addressed to support the 25% reduction in medical take;
- Paediatrics and obstetrics- recommendations will be provided by the Royal College of Midwives/Paediatrics.

The Board **noted** the update.

(c) Draft Trust Objectives 2016/17 (Item 6c)

It was agreed that any comments were to be captured outside of the meeting and shared with TS. **ALL**

(d) Forward Planning Guidance and Implications (Item 6d)

The item was noted for information. The Board acknowledged the challenging timescales.

(e) Information Governance Strategy (Item 6e)

The paper was taken as read. The strategy was being implemented and is subject to annual review. The Board **approved** the strategy.

07/16

GOVERNANCE

(a) Race Equality Scheme Progress Report (Item 7a)

The report was taken as read. It was emphasised that it would be important for both the staff and fundamental to the culture and values of the organisation. Executive support was requested for the areas identified and to increase further development of diversity.

Execs

The staff survey results had been collated and positive improvements had been identified in some areas. Further detail will be provided once the data has been triangulated. NHa added that focus group conversations about working at the Trust had begun and formed part of the organisational development work.

The Board **noted** the progress report.

(b) Monitor Q2 Report (Item 7b)

The report was **noted** for information and would be displayed on the Trust website.

08/16

DATE OF NEXT MEETING

26 February 2016 at 8.30am in the Macmillan Unit Seminar Room, Christchurch Hospital

09/16

ANY OTHER BUSINESS

None.

Key Points for Communication:

1. Patient story
2. Developments on quality
3. Safe staffing and processes
4. Finance- positive work needs to continue
5. Workforce
6. Wider explanation of Vanguard funding for this year/next

10/16

QUESTIONS FROM GOVERNORS AND MEMBERS OF THE PUBLIC

1. The Lead Governors of the surrounding Trusts have proposed a joint meeting for governors to consider CSR/Vanguard developments.
2. The avoidable mortality performance was queried. BF advised that 3-5% was the national figure for avoidable mortality and the review would be challenging for the Trust however would be a beneficial

process.

3. A query was raised with regards to the availability of community beds in Christchurch. It was outlined that the Christchurch development would provide a commercial private nursing home. The Trust regularly provides care directly to the community with packages of care. Interim care beds are also utilised at Christchurch and Southbourne. The Trust will continue to work with commissioners and social services to address out of hospital provision of care. It was also emphasised that work was underway with GPs in Christchurch to extend out of hours service. RR to provide a written response.
4. It was requested that the PLACE 2014/15 feedback was made available.

RR
PS

There being no further business the meeting closed at 10:52.
AH 29.01.2016

DRAFT

Date of Meeting	Ref	Action	Action Response	Response Due	Brief Update
29.01.16	04/16	QUALITY IMPROVEMENT			
	(b)	<u>Patient Story</u>			
		Review the impact of the implementation of the pilot service for Heart Failure at HAC	PS	February	Added to the forward programme
	(d)	<u>Safe Staffing</u>			
		Provide the Board with further detail about hot spots within the Trust and the impact upon staff morale.	PS	February	This information is shared with HAC monthly and issues will be flagged to the Board
	(e)	<u>Internal Peer Review</u>			
		Review the implementation of improvements through relevant Board Committees.	Committee Chairs		On-going
	05/16	PERFORMANCE			
	(a)	<u>Performance Exception Report</u>			
		Provide further information to the Board on the impact of the mixed sex accommodation and identify any themes to be addressed.	RR	February	
	(d)	<u>Financial Performance</u>			
		Present the progress on the Private Patient developments to the Board.	SH	Not yet due	Paper to Finance Committee in February. Then a decision for Board later in the year following a Board seminar to gain in-depth knowledge of the issues.
	06/16	STRATEGY AND RISK			
	(a)	<u>Vanguard Progress Report</u>			
		Circulate the latest draft of the value proposition submission to Board members.	TS	Complete	Latest version circulated on 08.02.16.
		Provide any comments about the joint venture vehicle to TS	All	Complete	Briefing re joint venture vehicle in February Blue Skies
		Circulate the role description for the independent Chair	TS	Complete	Circulated 18 February 2016

RBCH Board of Directors Part 1 Actions January 2016 & previous

		Compile a discussion paper for the Board following discussion with partners about the capacity of Executives and developing relationships.	TS	Complete	Presented at Board
	(c)	Draft Trust Objectives 2016/17			
		Provide any comments to TS.	All	Complete	Comments included in version on agenda
	07/16	GOVERNANCE			
	(a)	<u>Race Equality Scheme</u>			
		Provide Executive support to the areas identified within the plan and to increase further development of diversity.	Execs	February	To be led by KA
	10/16	QUESTIONS FROM GOVERNORS/PUBLIC			
	(3)	Provide a written response outlining what the developments at Christchurch will deliver for the community.	RR	February	Newsletter to shortly be circulated. Specifically on the nursing home this is a commercial development and will make its own policy on admissions. It is an enabling development that funds the wider Christchurch development.
	(4)	Provide governors with the 2014/15 PLACE report feedback/action plan.	PS	February	
18.12.15	108/15	PERFORMANCE			
	(b)	<u>Report from Chair of HAC</u>			
		Ensure that the actions on the IG plan are prioritised to drive forward to achieve compliance.	Execs/PG	In progress	Compliance to the action plan is being performance managed by the PMG under the chairmanship of the COO and with the active support of the SIRO and IG manager. All staff (c.1100) that have not completed their IG annual training have been personally written to in December and this will now be a weekly process that will escalate further than a reminder letter as necessary
	(g)	<u>Workforce Report</u>			
		Develop and agree a retention plan.	Execs/KA	In Progress	An outline of the plan will be developed and discussed at Executive Directors and reviewed at the workforce committee.

RBCH Board of Directors Part 1 Actions January 2016 & previous

27.11.15	100/15	PERFORMANCE			
	(c)	<u>Quality Performance Report</u>			
		Consider the use of an integrated quality and performance report in the future.	Execs	BoD Dev March	To be discussed at the next Board development session.
	99/15	QUALITY IMPROVEMENT			
	(a)	<u>Feedback from Staff Governors</u>			
		December clarification: Provide an outlined of the time frames and issues with registration for nurses.	KA/PS	Complete	KA attended the CoG meeting on 3 February.
	98/15	MATTERS ARISING			
	(a)	Provide the Board with an update on the progress with incorporating the values into clinical appraisals.	BF	In progress	Progress has been made and further detail will be provided as developments continue.

Key:

	Outstanding
	In Progress
	Complete
	Not yet required

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

BOARD OF DIRECTORS

Meeting Date and Part:	26 February 2016, Part 1
Subject:	Trust Objectives 2016/17
Section on agenda:	Strategy and Risk
Supplementary Reading (included in the Reading Pack)	None
Officer with overall responsibility:	Tony Spotswood, Chief Executive
Author(s) of papers:	Sandy Edington, Associate Director of Service Development
Details of previous discussion and/or dissemination:	The Board initially considered the Trust draft objectives for 2016/17 at its January meeting
Action required: Approve/Discuss/Information/Note	The Board is asked to formally agree the objectives set out in this paper
Executive Summary: These give effect to the implementation of the Trust's Strategy and aid implementation of the National Planning Guidance and Practices set out by NHS England for 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 of these
Risk Profile: i. Impact on existing risk? ii. Identification of a new risk?	

Trust Objectives 2016/17

Background

I have set out below a final draft of the proposed objectives the Board is asked to consider and agree for the organisation for 2016/17. There is a natural correlation between the Board objectives we set for 2015/16 and those proposed for the coming year. Traditionally the Board has tracked the performance of the organisation against these objectives through a series of key metrics which we report on a quarterly basis. Generally, our performance against our corporate objectives has been strong, often demonstrating achievement or significant progress towards quantified outcomes. It is proposed that the objectives agreed by the Board provide a central framework and become the basis for individual objective setting across the whole organisation. The intention is to ensure objectives for all Executive Directors are agreed and finalised before the end of March 2016. Specifically it is expected that every member of staff will agree objectives which reflect the following themes:

- **The Quality of Care** ensuring it is safe compassionate and effective.
- Creating a **culture of transparency and learning**; demonstrating the Trust vision, mission and values in everything we do
- **Improvement.** All staff will have an improvement objective, it will either focus on one of the five priority areas for the Trust or be localised to their area if it does not directly contribute to one of the priorities identified without corporate objectives. All staff should, however, focus on how their services can be improved.
- A focus on their **personal and professional development and team work.**
- **Performance.** Their personal contribution towards ensuring that the Trust meets the standards and targets which govern the delivery of our services.
- **Value for Money.** The responsibility all members of staff have to ensure the Trust operates within an agreed budget using resources wisely and cutting waste to allow as much resource as possible to go to front line patient care.

There is an important balance to be struck when considering the objectives we set for the Trust between, on the one hand, the need for these to be clear and measurable and on the other, the importance of not over-specifying to the point that they fail to be relevant to the broader church of staff or lack ownership and connectivity due to their relevance to small defined areas of the Trust. I have sought to establish the balance necessary between the two positions and have taken account of comments received in doing so.

Objectives 2016/17

I have detailed below the proposed Trust objectives, including the metrics that will underpin our monitoring of the progress we have made. The final section of this paper

provides a simple summary explanation. I have, however, set them out below in their full form.

1. To continue to improve the **quality of care** we provide to our patients ensuring that it is safe, compassionate and effective, driving down variations in care whilst ensuring that it is informed by, and adheres to, best practice and national guidelines. Our specific priorities are:
 - Creating a **fair and just culture**; being transparent when things go wrong and **embedding learning**, measured by a reduction in Serious Incidents and avoidance of Never Events
 - 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.
 - Ensuring patients are cared for in the most appropriate place for their needs by:
 - **Improving the flow** of patients and reducing the average number of outlying patients and non-clinical patient moves by at least 10%.
 - Supporting more patients who want to die at home to achieve this.
 - 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
 - To ensure that there are **no MRSA cases** and that the Trust achieves its target of **no more than 14 Clostridium Difficile cases** due to lapses in care
 - To be within the **top quartile of hospital reported patient satisfaction** via the Family and Friends Test
 - To address all issues highlighted within the **CQC Report** during 2016/17
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:
 - **Improve the management of sepsis**, ensuring we implement 'sepsis 6' within one hour of patients being identified as having severe sepsis or being in septic shock
 - 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.

- 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
 - 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
 - **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
 - Applying standards of care for all patients undergoing **emergency laparotomy** with the aim of maintaining mortality below 5%
 - 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.
 - Implementing the **NICE guidelines for patients referred with suspected GI cancer** ensuring a minimum of 93% of patients receiving an appointment within two weeks.
 - 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.
 - **Exploit the opportunities for automation** using advanced IT systems where possible, to reduce human error.
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
 - Providing support and interventions for the **health and wellbeing of our staff**.
 - Providing appropriate **education, training and development opportunities and support** for staff, and demonstrate the return on investment for the organisation, ensuring 95% of staff complete mandatory training.
 - 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. Strategy completed by December 2016

- To build the management and leadership capability of the Trust through the development of a **comprehensive leadership development programme** that reflects the needs of the Trust and individuals at all levels who are managing and leading services.
 - 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.
 - 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.
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 *emerging Clinical Service Review* being led by Dorset 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.
 - To develop proposals to evaluate the introduction of an **integrated pathology service** for Dorset. Proposal developed for the conurbation by 2017.
 - To establish a **joint venture vehicle** by November 2016 to facilitate provision of a range of Dorset wide hospital services
 - 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.
 - 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**
 - To implement in full the **Trust's Capital Programme**
 - To establish a **dedicated private patients facility** by April 2017
 - 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
 - Implement the **resilient Data Network**, telephone system and refreshed computer room.

- **Embed Electronic Document Management (EDM)** so that it no longer appears on the Trust's risk register.
 - Undertake all the necessary preparatory work to enable RBCH to move to Graphnet **Electronic Patient Record (EPR)** by April 2017.
 - Implement **Order Communications** in the four diagnostic areas
 - Achieve **full compliance with the IG Toolkit**.
 - Participate in the development of a **joint informatics strategy** for the three acute trusts 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
 - 93% of patients referred using the **fast-track cancer pathway** being seen within 14 days of referral
 - 93% of patients referred to the **symptomatic breast clinic** seen within 14 days of referral
 - 96% of patients **diagnosed with cancer** receiving treatment within 31 days
 - 85% of patients **receiving their first treatment** within 62 days of urgent GP referral with suspected cancer.
 - 95% of patients admitted within 18 weeks of referral and requiring **elective treatment**
 - 95% of patients seen within **18 weeks of referral** when no admission is required
- A key deliverable linking the above will be the need to deliver the performance targets associated with the 16/17 Sustainability and Transformation fund.
6. The Trust **achieves its financial plan** operating to a deficit control total of no more than £1.7m deficit, with emphasis on **reducing agency spend, cutting waste and securing improvements in efficiency and productivity** without detriment to patient care. The Trust will fully engage with the Lord Carter of Coles work to assist with the objective to improve the productivity and efficiency including reporting and sharing data in line with the national timetable and compliance with the NHS Improvement agency controls guidance

Summary

The objectives outlined above are naturally detailed when including the metrics that underpin attainment of the objectives. However, it is important that the Trust objectives

are widely understood and owned within the Trust. I am therefore proposing the following summary to capture our work and focus.

- **Quality** - providing safe, effective and compassionate care
- a **culture of transparency and openness** demonstrating our vision, mission and values in everything we do.
- **Improvement** - using the QI methodology to support achievement of the Trust priorities
- **Strategy and Partnerships** - to have a clear strategy that responds to the Clinical Service Review and provides a basis for maintaining viable high quality services through until its implementation
- **Staff** - focusing on good organisational health with a positive development and learning culture, strong leadership and team work
- **Performance** - delivering the performance required to maintain access to elective diagnostic and emergency services
- **Value for Money** - staying within budget using resources wisely and cutting waste to allow the maximum funding to go to front line patient care

Decision

The Board is to consider and agree the proposed objectives for 2016/17.

Tony Spotswood
Chief Executive

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

BOARD OF DIRECTORS

Meeting Date and Part:	26 th February 2016, Part 1
Subject:	Performance Against Trust Objectives
Section on agenda:	Strategy
Supplementary Reading (included in the Reading Pack)	None
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 3, 2015/16	
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

2015/16 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:								
Achieving consistency in quality of care by a year on year improvement in providing harm free care, measured by a reduction in Serious Incidents	PS	HAC	Governance					Plan for 15/16 is no more than 35 SIs – 13 at end of Q1, 18 at end Q2, 29 at end Q3 □
Ensuring patients are cared for in the correct care setting on Wards by improving the flow of patients admitted non electively and reducing the average number of outlying patients and non clinical patient moves by at least 10%	RR							Out of hours ward moves - 10% target reduction achieved Q1, Q2 & Q3. Outliers > than in 14/15 in Q1, but < in Q2 & Q3.
To reduce the number of avoidable category 3 and 4 pressure ulcers acquired in our hospital in 2015/16 by 25%, measured through Adverse Incident Reports	PS	HAC	Governance					Plan for 15/16 is no more than 14 PU SIs . 3 at end of Q1, 3 at end Q2, 6 at end Q3
To ensure that there are no MRSA bacteraemia cases and that the Trust achieves its target of no more than 17 Clostridium Difficile	PS	IPCC	Information					We have not had an MRSA case. The Trust is above trajectory for c.diff cases at end Sept (13 cases against a trajectory of 10). There are cases under review and therefore anticipate an increase in Q4
To be within the top quartile of hospitals reporting patient satisfaction via the Family and Friends Test	PS	HAC	Governance					Top quartile for in-patients. 2nd quartile for ED.
2. To drive continued improvements in patient experience, outcome and care across the whole Trust. The Trust will use a QI methodology to support this work. Key priorities are:								
Improving the management of sepsis, ensuring we implement the six key interventions (high-flow oxygen, fluid bolus, blood cultures, IV antibiotics, monitoring urine output, and measuring lactate) within one hour of patients being identified as having sepsis or being in septic shock.	DM	Improvement Board	PMO					Improved from March 2015 baseline measurement of 26% to 52% at end of PDSA 1 cycle. Challenge is to maintain momentum. Next steps - complete comms video, refresh poster campaign and launch new education package, stickers and screening tool.
Implementing the Department of Health's best practice guidance for effective discharge and transfer of patients from hospital and intermediate care. These including developing a clinical management plan for every patient within 24 hours of admission; all patients having an estimated date of discharge within 24-48 hours of admission; use of a discharge checklist, daily discharge board rounds and the involvement of patients and carers to make informed decisions about their on-going care and discharge. The full list is shown as Annex 1.	DM		PMO					Strengthened focus in PMG of the performance management of five daily actions with COO. Five daily actions focus week held w/c 14th Dec. Key enabler for 5DA is delivery and full roll out of EBM. Ongoing challenges in delivering sustained improvement part of discussion with Exec sponsor. Focused work on Ward 4 board round process to identify how daily challenges can expedite
Using a standard operating procedure for all patients undergoing emergency laparotomy with the aim of reducing mortality from 11.4% to 9% during 2015.	DM		PMO					New pathway designed and implemented. Challenge is to embed and making it easier to use by incorporating in current inpatient record, MFE fellow joined team to focus on frailty. Trust also now part of new E-Lap collaborative two year programme to improve and sustain outcomes. Also now part of the e-Lap frailty collaborative, one of four Trusts.
Uniform use of surgical checklists across the whole organisation with the intention that there are no Never Events associated with failure to use checklist.	DM		PMO					All relevant areas either SOP now in place or plans to implement. Trust wide comms schedule being developed to support early September checklists from now on launch. This will incorporate compliance monitoring and enforcement through existing clinical governance framework. Results of compliance review shows some improvement and further work needed to make it easier to complete and monitor checklist. IT solution agreed and now in development.
Implementing the NICE guidelines for patients referred with suspected GI cancer ensuring a minimum of 93% of patients receiving an appointment within two weeks.	DM		PMO					Challenge is around the capacity constraints. Work being done to develop a 'straight to test' model for fast track colorectal PDSA. First trial starts November 2015 for 6 weeks. Second PDSA February 2016 using clinician and Nurse Practitioner to run clinic.
3. To support and develop our staff so they are able to realise their potential and give of their best, within a culture that encourages engagement, welcomes feedback, and is open and transparent in its communication with staff, public and service users. Key priorities include:								
Introducing a new staff appraisal system, using a value based behavioural framework which will launched in April 2015, with all staff appraisals completed by November 2015*	KA	workforce and BOD	ESR/Workforce/OD					70.4% completion rate for values based appraisal end December. All areas have been required to show a plan to achieve 100% by the end of quarter 4
Ensuring all staff have agreed personal development plans, which reflect both the needs of the service and their own development requirements	KA	Care Group/Directorate	Workforce					Personal Development Plans form part of a values based appraisal. TNA completed and agreed following consultation in November.
The development and implementation of a comprehensive leadership and organisational development strategy to ensure delivery and develop an open, transparent culture where staff are readily able to take responsibility and have authority for the provision of their services. The strategy will be finalised by September 2017.	NH		Workforce					Discovery Phase commenced, Change Champions appointed and Discovery Phase underway. Report of findings and recommendations will be made to the Board meeting on 6 th June 2016.
The strengthening of engagement within the Trust, facilitating opportunities for staff to contribute to the design and delivery of services (this will be measured through the Trust improving its staff survey results to the upper quartile).	KA	Workforce	Picker					Staff survey in Sep-Dec. Results in March 2016.
Promoting greater autonomy within a clear framework of responsibility and accountability for staff to manage their services.	TS							The cultural audit and leadership strategy will drive this work with proposals being considered by the Board, presented by the change leaders at the June 16 meeting.

Success Criteria / Milestone	Lead Exec	Monitored By	Information Provided By	RAG / Achieved Q1	RAG / Achieved Q2	RAG / Achieved Q3	RAG / Achieved Q4	Commentary
4. To develop and refine the Trust's strategy to give effect to the agreed outcomes following the CCG led Dorset Clinical Service Review. Key priorities include:								
The development of clear proposals to maintain the provision of resilient, high quality, viable services in the lead up to full implementation of the Clinical Service Review. Proposals developed by December 2015	TS	BOD						The Vanguard proposal has been completed and submitted. The Trust has accepted the offer from NHS Improvement for Sustainability and Transformation Fund (STF) funding, to underpin the overall financial position.
The continued development of Christchurch Hospital, offering a community hub for provision of healthcare services	RR	BOD						Project on track.
The provision of new facilities for patients with blood disorders and those requiring women's health services, through the completion of building work by September 2016	RR	BOD						Project on track.
Launch of the Trust's Vision in April 2015 providing clarity to staff and members of the public about our core purpose and values	TS	BOD						Completed
Electronic Document Management: To implement the necessary process changes within clinical and administrative practices within all care groups and corporate departments to seize the full benefits of the new EDM service which enables patient's Health Records to be available 24/7, instantly in a searchable format. To achieve the EDM business case expectations of cost improvements of £759k within 2015/16 and £1.1M in 2016/17.	PG							£280k savings at Q3 of FYE
5. To ensure the Trust is able to meet the standards and targets necessary to provide timely access to high quality responsive elective diagnostic and emergency services. The key targets are:								
95% of patients waiting no more than 4 hours from arrival in ED to their admission discharge or transfer	RR	TMB & PMG	Information					As per monthly BOD report
93% of patients referred using the fast-track cancer pathway being seen within 14 days of referral	RR	TMB & PMG	Information					As per monthly BOD report - achieved Q3
93% of patients referred to the symptomatic breast clinic seen within 14 days of referral	RR	TMB & PMG	Information					As per monthly BOD report - achieved Q3
96% of patients diagnosed with cancer receiving treatment within 31 days	RR	TMB & PMG	Information					As per monthly BOD report - achieved Q3
85% of patients receiving their first treatment within 62 days of urgent GP referral with suspected cancer.	RR	TMB & PMG	Information					As per monthly BOD report - achieved Q3
92% on incomplete pathways within 18 weeks	RR	TMB & PMG	Information					As per monthly BOD report - achieved Q3
6. The Trust achieves its financial plan with emphasis on reducing agency spend, cutting waste and securing improvements in efficiency and productivity without detriment to patient care.								
	SH	FC & BOD	FINANCE					The trust is reporting a favourable varaince against the financial plan as at q3. Monitor requested the trust to complete a new plan by the end of September taking account of a greater level of ambition in delivering cost improvement. The plan was resubmitted and the deficit target reduced to £11.9m. Although an additional £2m of additional cost savings were found, the major reforecasting exercise identified additional pressures of £1m.

Table:

G - Delivered, or on track and on time

A - Risk of delay or partial completion

R - Risk of non-delivery or delay

- not yet done

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

BOARD OF DIRECTORS

Meeting Date and Part:	26 th February 2016
Reason for Part 2:	n/a
Subject:	Workforce Plan
Section on agenda:	4. Strategy & Risk
Supplementary Reading (included in the Reading Pack)	None
Officer with overall responsibility:	Karen Allman
Author(s) of papers:	Karen Allman
Details of previous discussion and/or dissemination:	Strategic Workforce Transformation Steering Group meetings
Action required: Approve/Discuss/Information/Note	For Information/Discussion
Executive Summary: To update the Board regarding the Strategic Workforce Plan developed by Denis Gibson and links to workforce elements of the Transformation Steering Groups.	
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. Providing appropriate staffing to deliver effective and safe care.
Risk Profile: i. Impact on existing risk? ii. Identification of a new risk?	Workforce planning is an existing risk on the risk register.

STRATEGIC WORKFORCE PLAN AND WORKFORCE TRANSFORMATION

Introduction

This paper sets out an update on the actions of Strategic Workforce Transformation Steering Group (SWTSG) and the areas highlighted as key priorities from the external strategic workforce plan developed by Denis Gibson in conjunction with the Trust.

Background

Following on from previous board papers, this report highlights key areas of progress relating to the workforce transformation project and other workforce related workstreams; Premium Cost Avoidance TSG, Medical Staffing TSG, Nursing Skill mix TSG. As a reminder, the Workforce plan developed with the help of Denis Gibson provided an analysis of the Trust comparing and benchmarking RBCH with others and highlighting areas for review. The quality of occupation coding across the NHS and the benchmarking group used means that additional work has been completed since the development of the plan to clarify areas of opportunity and concern.

Workstreams and Recommendations

10 specific recommendations were made:

1. Enhance the infrastructure in the Trust to increase the numbers of support workers prepared for Band 3 and Band 4 roles in the nursing workforce.
2. Maximize recruitment from the adult nursing programmes at Bournemouth University and the University of Southampton, through attendance at job fairs and other events.
3. Explore incentives and contractual arrangements to increase recruitment and working time in groups in the nursing workforce, for example a one-off joiner allowance to new starters; a one-off payment to existing staff for introducing applicants who are appointed; 40 hour contracts.
4. Continue existing international recruitment efforts to supply additional registered nurses.
5. Enhance the infrastructure in the Trust to increase the numbers of support workers prepared for Band 3 and Band 4 roles in physiotherapy and occupational therapy.
6. Increase the deployment of operating department practitioners in place of registered theatre nurses. Undertake further work to decide the extent of this substitution.

7. Review management roles and structures in the Trust and implement staffing reductions in the first two years of the plan.
8. Review administrative, clerical and estates roles in the Trust and implement staffing reductions in the first two years of the plan.
9. Complete the options appraisal for the future provision of catering, housekeeping and portering services and revise the demand and supply forecasts for this staff cluster.
10. Develop the medical and dental workforce plans as more is known about changes arising from the acute collaborative project in Dorset and the review of postgraduate education by Health Education England.

Progress

1. Formal introduction of Band 4's is being scoped as part the Nursing Workforce project and is part of the wider Workforce Transformation work. The senior nursing team are scoping all areas and identifying where band 4's can be implemented taking account of the patient interventions they can perform. This is mostly complete and currently being modelled into the off duty. The Band 4 scoping includes future needs and will inform the educational planning for places for September 2016.

In parallel a Trust-wide band 4 job description has been developed together with a governance structure modelled on the Non-medical prescribing structure. A corporate advert for already qualified band 4's to attract candidates to the Trust will be ready within the next month. Our plan is to recruit and or develop a significant cohort over the next two years to help relieve the pressure on recruiting qualified nurses.

2. We attended job fairs at Southampton and Bournemouth last year and recruited over 50 newly qualified nurses. Plans are in place to continue our commitment to local university careers fairs and we are expanding our presence to Portsmouth, Bath and Exeter to attract students undertaking Nursing, Radiography, Biomedical Sciences and Therapy courses. Every careers event is followed with an invitation to a recruitment event hosted by the Trust. We have a significant programme of recruitment activity and events for 2016/17 and are maximizing our use of social media and other initiatives. For your information appendix 1 contains information about the events attended and current plans for the future. We are developing resourcing plans and trajectories for each care group currently.
3. The "refer a friend" scheme offering £300 as an incentive was launched in January 16 and will be assessed with other schemes. We continue to review other incentives to attract staff to work at the Trust, including support with accommodation, provision of return to acute nursing programmes and other education provision. The Director of Nursing is leading the work to improve retention of nursing staff, using data from exit interviews and questionnaires and other sources of information.

- 4 Overseas recruitment campaigns continue and we have outline plans for our activity for 2016/17. These are being informed by care group trajectories based on anticipated turnover and other demographics.

Ellen Bull, Deputy Director of Nursing, is heading a procurement exercise to identify new partners to support effective search and selection. We are widening our geographical area to cover other countries given the changes in employment legislation and NMC processes as the supply of EU nurses has reduced considerably.

We have recruited and appointed 70 EU nurses in 2015/16. We have reviewed the retention rates for our overseas nurses - we have lost 9 and have retained over 85% so far - this is significantly better than the 40% for trusts in London and is a reflection on the recruitment process, orientation and induction and pastoral care provided. We have a further 8 EU nurses due to join the trust in April.

Two Philippino nurses are due to join us in theatres in March. The time lag from offer to appointment is significant and we are trying to minimise attrition to enable us to plan more effectively. 16 were originally offered posts and we are now still working 6 and hope to have them join soon. This links with the work being developed through the care groups and HR to identify the resourcing plan.

5. The figures for support workers in therapy roles have been reviewed as there were discrepancies in the comparators and data used. A workstream to review the therapy structure and workforce exists within the SWTSG and will be led by Deb Matthews, Director of Improvement. This is one of the seven current workstreams within the SWTSG - opportunity costs and plans are being developed currently. A review of structures and bands is incorporated into this project and will work across the Trust as a whole. This project should provide support for care group B to identify SIP opportunities and productivity increases and forms part of the £1.25m savings targeted for 2016/17.
6. ODPs (Operating Department Practitioners) and theatre nurses are an interchangeable resource in the Trust. We have marginally increased the number of ODP students but ODPs are more difficult to recruit currently than theatre nurses. HEW (Health Education Wessex) has increased commission numbers for ODPs but this will take time to impact on numbers available. We have made excellent progress with theatres recruitment - currently we have very few vacancies with the prospect of the Philippino recruits providing us with additional headroom for the future and accounting for any turnover.
7. A workstream to review the management structure is another project being overseen by the SWTSG. This has been divided into 2 streams - corporate and clinical - and project plans are being developed currently. An SRO is being identified to lead the corporate review. The Board will be aware of the Lord Carter of Coles review and the projected target across the NHS to reduce management costs. This workstream forms part of the £1.25m savings targeted for 2016/17.
8. As reported previously, there were some issues with the comparator organisations used. However, there are now two specific strands of work under this heading - one being led by Peter Gill and reviewing SOPs adopted within

administrative and clerical staff cohorts across the Trust. The intention is to maximise the opportunities to automate and lean processes. The second will focus on a further review of medical and consultant secretarial provision and will be led by me. This workstream forms part of the £1.25m savings targeted for 2016/17.

9. Work continues to develop proposals for this workstream following discussions at the Board meeting in January. Modeling of data as requested at the last Board is ongoing. The planned timetable for Facilities transformation project is to take the proposal for consultation to the March Finance Committee, and then the run the 45 day consultation from April-May, but this is subject to securing the sufficient finance and payroll input to inform the process. Work to secure this is underway.
- 10 Medical workforce plans and utilization will be reviewed through the medical workforce TSG being led by Basil Fozard. Current key focus is completing job plans for all consultant medical staff across the Trust; reduction in WLI expenditure and reducing agency spend on locum doctors. The Premium Cost Avoidance WTSG has been focusing successfully on driving down the agency usage for non- medical workforce. Overall there is a target of £1.5m reduction for this combined workstream and to date progress has been significant on non-medical but we have seen the costs rise for medical locums. The apportionment of overall target is being finalized at time of writing the paper.

The Board is asked to note the areas of progress and overall activity across the workstreams and comment as appropriate. Appendix 1 and 2 provide information on recruitment activity for 2015/16 and planned for 2016/17.

Recruitment activity April 2015-Mar 2016	Date	Outcome	Comments	Expenditure
Recruitment events				
HCA Days x 5- permanent - catering (1 outstanding)	Various	117 HCAs recruited and started	There are currently approx 20 vacancies	900
HCA Days x 1- Bank - catering (2 outstanding)	Various	12 HCA recruited	Now doing monthly recruitment days	300
Newly Qualified Days x 3- catering	Various	50 NQ Nurses recruited	Also completed retention events	651
University events- BU & STON	April & Nov	Raised awareness of Trust, vacancies and invited to events		300
RCN Congress- Bournemouth (advert & stand)	21.06.15-25.06.15	272 contacts, 6 nurses recruited	Excellent for branding Trust, Hold database of nurses to contact regarding Trust open days	7688
RCN recruitment event- Birmingham & Glasgow (event & expenses)	April & July	54 contacts (contacts of nurses interested in RBH), 1 nurse recruited	Agreed at recruitment to consider closer RCN events- e.g.London	14700
London RCN Event- Event, expenses	11.02.16-12.02.16	Excellent event, 82 good leads.	Follow up being completed. All invited to open day	6500
Therapy Show- Birmingham		48 contacts, 3 interviews/visits	Following up when band 5 vacancies arise	1817
Castle point pod x 1	30.01.16-31.01.16	following up 36 contacts	Cost includes additional event Easter time	430
Recruitment open day- advertising	12.03.16		Radio, campaign, banners, social media	4500
				37786
Promotional Material				
Freebies for events	12.05.15,28.07.15, 09.11.15		includes £1k for outstanding events	6202
Pop up banners	23.04.15,			228
Car stickers	09.11.15			252
Business cards	04.11.15			44
T-shirts for Airshow & other events	02.08.15			150
Postcards/appintment card	Various			155
Leaflets	25.01.16			175
				7206
Other advertising				
Recruitment internet pages updated		10,000 increase in hits		0
Twitter account		Regular updates, increase in followers	increase social media	0
Facebook advertising	weekly from 25.01.16		Weekly job & event up to end of March	100
Bus advert	April	Known to have recruited 1 HCA	Difficult to fully evaluate success of campaign as the majority of recruits say they seen vacancy on NHS jobs	5968
Recruitment banners	30.11.15	Regular enquires- to be evaluated		162
Bournemouth FC		To be evaluated		420
Civvy Street publication	10.09.15		Difficult to evaluate as applicants say they applied via NHS jobs	1646
				8296

Overseas recruitment (excluding agency fees)				
EU recruitment- welcome events	11.11.15, 24.02.11		includes costs for outstanding event	667
EU recruitment- welcome bags	Various		Sainsburys Vouchers	490
				1157
Remuneration Initiatives				
2% OPM payment		Vacancies improved. Awaiting full evaluation		Costed by caregroup
Relocation expenses		Applications increased		
3 months free accommodation for EU nurses		Increased numbers of EU nurses applying for RBH		Costed by Edwin/Richard
Refer a friend		No applications, more comms being done		
Training initiatives				
Return to acute nursing programme		8 nurses appointed		Funded by training
Salary support		9 HCAs undertaking foundation degree		Funded by training
Future workforce				
Work experience		50 plus applications for work experience		
Careers in the NHS day-catering		84 students attended		400
Career events		attended 8 events		
				400
Other costs				
Ipad holder for recruitment stand	04.04.15			395
Additional panels for recruitment stand	22.05.15			234
Ipad for stand	01.05.15			606
				1235
Staffing for recruitment Initiatives				
Overseas Co-ordinator - band 4 25 hrs			Co-ordinators all overseas recruitment	14824
Work experience co-ordinator- band 3- 25 hrs			charitable funds- started 22.09.15- 1 yr FT	6487
Overtime for events			Approx amount	1500
Recruitment Lead-HC- band 7- 30 hrs			01.04.15-31.12.15- recruitment only	24578
				47389

Total Expenditure- Recruitment

55961

Total Expenditure- Staff

47389

Recruitment expenditure	Included in expenses	Date (2016/17)	Estimated Cost (£)	Comments	Agreed
Trust recruitment events					
HCA Days	Catering	Various	£1,200	based on ROI 2015/16	Agreed
Careers in the NHS Day x 2	Catering	November	£800	For careers events and RBH careers events	Agreed
Newly Qualified Days	Catering	Various	£1,000	based on feedback and conversion	Agreed
Trust Open Day & Recruitment open day	Advertising	Sep & March	£6,000	Trust open day plus March 2017 dependant on success of previous events	Under consideration depending on success on 12th March open day
Overseas nursing (non agency costs)	Welcome events	Various	£1,000	Welcome events have been excellent for nurses arrival	Agreed
			£10,000		
External recruitment events					
RCN Recruitment event x 1	Event & travel expenses	TBC	£6,000	Attendance dependant on outcome of London, reviewed costs- agreed to 1 event- social media advertising rather than RCN Bulletin/ Separated promotional costs	Under consideration-to be agreed (dependant on success of RCN London)
RCN Congress- Glasgow	Event & travel expenses	18th-22nd June	£6,000	4,000 nurse delegates expected. Excellent for branding and future recruitment contacts	Under consideration-to be agreed
Additional Recruitment event	Event & travel expenses	TBC	£8,000	Dependant on outcome of other events- either Health Sector Job fair or Acute and General Medicine event	Under consideration-to be agreed
University events	Event & travel expenses	Various	£2,000	Very successful last year for inviting students to NQ events. Plan to attend events to potentially recruit Biomedical Scientists, Radiographers & Therapy Staff	Agreed
Local shopping centres	Event & travel expenses	Various	£3,000	Castle Point, West Quay & another	Agreed
Therapy Show	event, freebies & travel expenses	November	£2,000	Under consideration as still evaluating	Under consideration
			£27,000		
Advertising campaigns					
Other Advertising campaigns		TBC	£3,000	Ideas discussed at weekly recruitment meeting (petrol pumps, Billboards)	Agreed
Social media campaigns		Various	£2,000	targeted Facebook campaigns & Linkin	Agreed
			£5,000		
Other expenditure					
Promotional Material	Folders, inserts, freebies, leaflets & banners	Various	£7,000	For all events	Agreed
Welcome bags for overseas nurses			£700		Agreed
			£7,700		
Remuneration Initiatives					
2% OPM payment		Vacancies improved. Awaiting full evaluation	TBC	Dependant on outcome of evaluation	Under evaluation
Relocation expenses			TBC	By care group as per terms and conditions	Terms & conditions
3 months free accommodation for EU nurses		Increased numbers of EU nurses applying for RBH	TBC	Costed by Edwin/Richard	Under consideration
Refer a friend	Approx. 10 applications		£3,000		Agreed
			£3,000		
Staffing for recruitment Initiatives					
Overseas Co-ordinator - band 4 25 hrs			14824	Co-ordinators all overseas recruitment	Agreed
Work experience co-ordinator- band 3- 25 hrs			6487	charitable funds-funded up to Sep	TBC
Overtime for events			2000	Approx amount	Agreed
			23311		

Total- recruitment

52,700

Total-staffing

23311

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

BOARD OF DIRECTORS

Meeting Date and Part:	26 th February 2016 - Part 1
Subject:	Draft Annual Plan 2016/17
Section on agenda:	Strategy and Risk
Supplementary Reading (included in the Reading Pack)	None
Officer with overall responsibility:	Richard Renaut, Chief Operating Officer
Author(s) of papers:	Sandy Edington, Associate Director of Service Development
Details of previous discussion and/or dissemination:	Draft sent to Monitor
Action required: Approve / Discuss / Information/Note	For Information
Executive Summary: <p>The annual plan for the Royal Bournemouth and Christchurch Hospitals NHS FT for 2016/17 will ensure that we deliver the priorities for the NHS, including the 9 must-do priorities in the Monitor guidance, as well as the Trusts own local and immediate priorities. There is a substantial overlap between these and all are covered in the following report.</p>	
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?	

2016/17 Draft Annual Plan for Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

Introduction

The annual plan for the Royal Bournemouth and Christchurch Hospitals NHS FT for 2016/17 will ensure that we deliver the priorities for the NHS, including the 9 must-do priorities in the Monitor guidance, as well as the Trusts own local and immediate priorities. There is a substantial overlap between these and all are covered in the sections below. In particular whilst continuing to develop higher quality services we recognise that we must do so within the financial envelope indicated by our Control Total whilst providing services that meet the associated performance criteria.

As part of the development of this plan we have developed a set of objectives for the Trust in 2016/17 and these summarise much of the focus for our efforts for next year. We will use these objectives as one of the monitoring vehicles for the care groups and directorates to ensure that we deliver the objectives we have set ourselves in this plan. The objectives are also used to support a number of key processes such as staff appraisals, supporting the quality improvement programme and as the basis for a communication programme – the latter will ensure that all staff are aware of the Trust objectives and their relevance for their part of the organisation. A summary of the objectives is below – the full set are at Annexe A.

This annual plan is structured according to the guidance provided, but many of the initiatives and programmes cross the boundaries between, for example, quality planning and activity planning and therefore whilst they may appear under one heading, they may also have a significant impact in many other areas within the overall plan. This also includes delivering the nine “must do” which feature in many of the sections of this document.

In concert with the development of this draft there has been a number of documents published which will have bearing on the substantive version of this plan. This includes our latest CQC report, following an inspection in October 2015; the Carter Report, published in February 2016; and the on-going development of both Vanguard and Dorset Clinical Service Review (CSR) developments, referenced elsewhere in this document.

Summary of Objectives

- **QUALITY:** To continue to improve the quality of care ensuring it is safe, compassionate and effective.
- **IMPROVEMENT:** To drive continued improvements in patient experience, outcome and care across the whole Trust.
- **STAFF:** 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.
- **STRATEGY:** To develop and refine the Trust’s strategy to give effect to the agreed outcomes following the CCG led Dorset Clinical Service Review
- **PERFORMANCE:** 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.
- **FINANCE:** To ensure 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.

Approach to activity planning

Capacity and demand planning to deliver NHS Constitution Standards

The Trust has significantly strengthened its forward planning capability, allowing better assessment of capacity and demand. However there remains a considerable range of assumptions underpinning such modelling, meaning the outputs always remain a judgement call, trading cost, demand and performance levels.

Key assumptions are:

- Level of demand e.g. emergency admission numbers, GP referrals;
- Backlog of demand e.g. size and complexity of cases on waiting lists;
- Capacity, mainly staffing with the right skill sets;
- Emergency care capacity, especially into the community, such as residential care and domiciliary care, as well as community beds and packages;
- Variation in demand, especially for short term peaks hidden amongst monthly averages, which can impact performance significantly e.g. peak in ambulances arriving over a weekend, leading to 4 hour + waits;
- Cost is the biggest variable, for commissioner and provider affordability, and the requirement for CIP savings leads to a downward pressure on capacity e.g. taking out beds, or flex capacity;
- Productivity improvement is the mainstay to reconcile cost and performance, such as reduced length of stay. These however are in year improvements (i.e. above baseline), therefore if they do not deliver the level of productivity gain then cost or performance suffers.

All these assumptions are then modelled. The underpinning data is crucial, and we have significantly improved our systems and data to allow better modelling. This is especially for the c20,000 patients on RTT pathways, endoscopy patients and cancer pathways. The latter has relied on detailed Root Cause Analysis of longer waits.

As a result of this work the capacity plan for 2016/17 indicates:

- Quality Improvements (QI) for reduced bed occupancy is crucial, to deliver over 30 bed days improvement everyday (5%) and to absorb 5% growth in emergency demand;
- Whole system improvement to reduce delayed transfers of care, both formal and informal. Currently the trend is to worsen. This could easily negate the QI work. For this reason, and because of risks to emergency demand, the 4 hour target is at risk;
- Theatre and elective pathway productivity gains, especially in Orthopaedics and Urology are crucial;
- Endoscopy demand is likely to rise considerably, once again, as a result of more active cancer surveillance to achieve the 99% within 6 weeks, and 93%+ for two weeks. This is likely to require 16% more procedures in 2016/17.

The proposed activity levels are as set out in the financial and activity schedules. These are yet to be agreed with commissioners, but the modelling indicates they are the best balance between activity, demand, performance and affordability (based upon improved productivity levels).

The improvement trajectory for performance is then considered. This is set on a monthly basis and is shown below.

Declaration of risks against healthcare targets and indicators for 2016/17																
These targets and indicators are set out in the Risk Assessment Framework Updated August 2015 Definitions can be found in the Risk Assessment Framework Updated August 2015																
AMPP: If a website indicator does not exist, it is marked as N/A. If a website indicator exists, it is marked as Yes/No.																
Target or Indicator (per Risk Assessment Framework)	Threshold or Target YTD	Scoring under Risk Assessment Framework	Risk declared at Annual Plan	Scoring under Risk Assessment Framework	Planned performance against metric if declared a risk											
					Plan M1 Month Ending 30 Apr 16	Plan M2 Month Ending 31 May 16	Plan M3 Month Ending 30 Jun 16	Plan M4 Month Ending 31 Jul 16	Plan M5 Month Ending 31 Aug 16	Plan M6 Month Ending 30 Sep 16	Plan M7 Month Ending 31 Oct 16	Plan M8 Month Ending 30 Nov 16	Plan M9 Month Ending 31 Dec 16	Plan M10 Month Ending 31 Jan 17	Plan M11 Month Ending 28 Feb 17	Plan M12 Month Ending 31 Mar 17
Referral to treatment time, 18 weeks in aggregate, incomplete pathways	%	52%	1.0	No	0	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%
A&E Clinical Quality- Total Time in A&E under 4 hours	%	95%	1.0	Yes	1	93.0%	93.0%	93.0%	94.0%	94.0%	92.0%	92.0%	92.0%	90.0%	93.0%	93.0%
Cancer 62 Day Waits for first treatment (from urgent GP referral for suspected cancer)	%	85%	1.0	Yes	1	70.0%	70.0%	70.0%	82.0%	82.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)	%	90%	1.0	No	0	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
Cancer 31 day wait for second or subsequent treatment - surgery	%	94%	1.0	No	0	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%
Cancer 31 day wait for second or subsequent treatment - anti-cancer drug treatments	%	90%	1.0	N/A	0											
Cancer 31 day wait for second or subsequent treatment - radiotherapy	%	94%	1.0	No	0	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%
Cancer 31 day wait from diagnosis to first treatment	%	96%	1.0	Yes	1	90.0%	90.0%	90.0%	94.0%	94.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%
Cancer 2 week for all urgent referrals (cancer suspected)	%	93%	1.0	No	0	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%
Cancer 2 week for symptomatic breast patients (cancer not initially suspected)	%	93%	1.0	No	0	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%
Care Programme Approach (CPA) follow up within 7 days of discharge	%	95%	1.0	N/A	0											
Care Programme Approach (CPA) formal review within 12 months	%	95%	1.0	N/A	0											
Admissions to inpatient services had access to crisis resolution / home treatment teams	%	95%	1.0	N/A	0											
Meeting commitment to serve new psychosis cases by early intervention teams	%	95%	1.0	N/A	0											
Ambulance Category A 8 Minute Response Time - Red 1 Calls	%	75%	1.0	N/A	0											
Ambulance Category A 8 Minute Response Time - Red 2 Calls	%	75%	1.0	N/A	0											
Ambulance Category A 19 Minute Transportation Time	%	95%	1.0	N/A	0											
Clostridium Difficile - meeting the C Diff objective	#	47.5%	1.0	Yes	1	0	0	0	0	0	0	0	0	0	0	0
Minimising MH delayed transfers of care	%	57.5%	1.0	N/A	0											
Early intervention in psychosis: first experience treated with a NICE-approved package within 2 weeks	%	50%	1.0	N/A	0											
Improving access to psychological therapies: treated within 6 weeks of referral	%	75%	1.0	N/A	0											
Improving access to psychological therapies: treated within 18 weeks of referral	%	95%	1.0	N/A	0											
Data completeness: MH identifiers	%	97%	1.0	N/A	0											
Data completeness: MH outcomes	%	50%	1.0	N/A	0											
Compliance with requirements regarding access to healthcare for people with a learning disability	Text	N/A	1.0	No	0	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved
Community care - referral to treatment information completeness	%	50%	1.0	N/A	0											
Community care - referral information completeness	%	50%	1.0	N/A	0											
Community care - activity information completeness	%	50%	1.0	N/A	0											
Risk of, or actual, failure to deliver Commissioner Requested Services	Text	N/A														
CQC compliance action outstanding (as at 31 Mar 2016)	Text	N/A														
CQC enforcement action within last 12 months (as at 31 Mar 2016)	Text	N/A														
CQC enforcement action (including notices) currently in effect (as at 31 Mar 2016)	Text	N/A														
Moderate CQC concerns or impacts regarding the safety of healthcare provision (as at 31 Mar 2016)	Text	N/A														
Major CQC concerns or impacts regarding the safety of healthcare provision (as at 31 Mar 2016)	Text	N/A														
Unable to maintain, or certify, a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements	Text	N/A														
Score of 7 or less in standard 1 assessment at last NHSLA CNST inspection (maternity or all services)	Text	N/A														
Trust unable to declare ongoing compliance with minimum standards of CQC registration	Text	N/A														
Results left to complete	Score															
Total Score	Score															

This would allow for the Trust to be compliant with a green governance rating of 3 or less in each quarter, but with heightened risk for Q4 (winter pressures impact on 4 hours, C.Diff seasonal profile, with limited headroom for any cancer or RTT slippage).

Approach to quality planning

The Trust has a Quality Strategy split into three distinct sections- Patient Safety, Clinical Effectiveness and Patient Experience. This is reviewed and refreshed annually, in Q4 ready for approval at year end, in parallel with the preparation of the Annual Plan and the Trusts objectives. The Quality Strategy sets out the strategic quality goals of the Trust in relation to clinical priorities set against the previous year's risk profiles, patient outcomes and new clinically based evidence or published guidance. Each of the three sections has distinct quality patient focussed goals to achieve to deliver the strategic aim, and sets out how this will be monitored and the governance framework within which it will be monitored against. This is developed with key stakeholders in the Trust led by the associate director of quality and deputy director of nursing and is approved and monitored by the Healthcare Assurance Committee (HAC) as subcommittee of the Board of Directors. The HAC scrutinises the plans and approves them, monitoring monthly the quality performance, together with the risk profiles and the Trust Assurance Framework. Quality profiles included in this are Pressure Damage, Falls, medications management, Friends and Family Test (FFT), developing patient and public engagement and complaints management, sustaining duty of candour, clinical audit plan compliance and further development of the risk assurance and Trust Assurance process.

Improving the Patient Experience

Our patient experience plans for 2016/17 includes:

- Contribute to service and strategy development for a framework of discharge support provided by the local Voluntary sector.
- Redesign and re-launch the Dignity pledge
- Perform independent observational dignity audits every 6 months.

- Design and drive a campaign for Protected mealtimes and protected night time
- Action the improvements from the National Inpatient Survey
- Design a visible framework for actioning feedback from Diverse groups
- Work with Communications to develop a plan for expanding the patient and public engagement role
- Further develop the Voluntary body in terms of age diversity and roles to perform.

Avoidable Mortality

A specific area of focus for this year will be the development of our understanding of “avoidable mortality” and our pursuit of its reduction. We have used the letter and guidance from the NHS England to check our own mortality review process and whilst we had already adopted most of the suggestions in the guidance, it has nevertheless provided an opportunity to highlight areas where we believe we can improve our approach. These include:

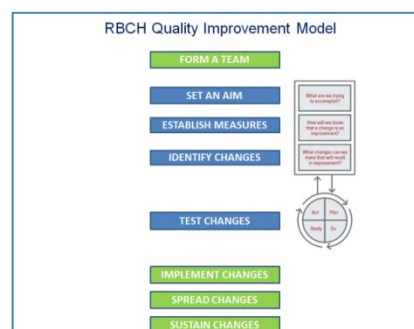
- All deaths will have a consultant review
- Junior medical staff must discuss death certification of individual patients with the relevant consultant(s)
- The Medical Director will report annually to Part One Board of Directors meeting and monthly to the Healthcare Assurance Committee (HAC), a subcommittee of the Board of Directors
- Invitations to the Mortality Surveillance Group will be extended to the CCG and to HealthWatch
- The eMortality form will be adjusted to include:
 - venous thromboembolism and nutrition issues
 - whether the death was expected at the time of admission (yes / no)
 - source of admission
 - adoption of the Confidential Enquiry into Stillbirths in Infancy (CESDI) mortality classification bandings:

Grade 0- Unavoidable Death, No Suboptimal Care,
Grade 1- Unavoidable Death, Suboptimal care, but different management would not have made a difference to the outcome.
Grade 2- Suboptimal care, but different care MIGHT have affected the outcome (possibly avoidable death)
Grade 3- Suboptimal care, different care WOULD REASONABLY BE EXPECTED to have affected the outcome (probable avoidable death).

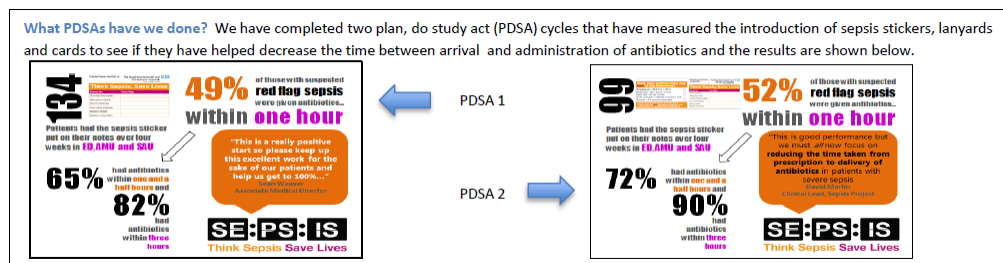
- Establish the full list of relevant audits and ensure all actions arising from these all appropriate audits need to come to the MSG on a calendarised basis
- The Complaints Manager will alert MSG to any complaints relating to a death and the resulting action plan. We will look for clusters, for example, wards / procedures / clinicians
- We will undertake an annual notes review on high risk patient groups including pneumonia, congestive cardiac failure, sepsis, stroke and acute kidney injury. This will entail a thorough notes review, and a walk-through of the patient pathways.

Quality Improvement

We adopted a formal approach to Quality Improvement in 2014, with a Plan, do Study, Act (PDSA) approach and an initial tranche of 5 projects and we appointed a Director of Transformation, Deborah Matthews, to lead this. The initial 5 projects were Sepsis, Hospital Flow, GI Cancer (2 weeks waits), Safety Checklists, and Non-Elective Laparotomy.



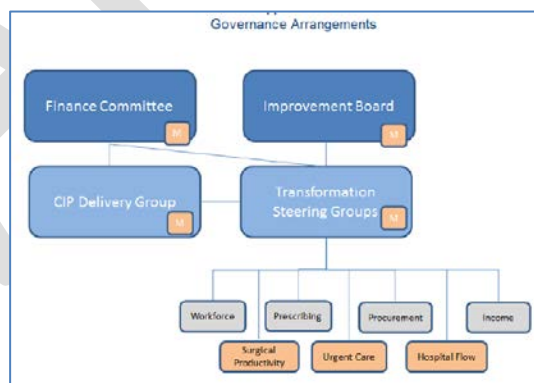
We substantially updated our approach to Sepsis via the Quality Improvement process which had a much stronger focus on the definition (i.e. what constitutes sepsis), measurement (developing processes for measuring various metrics such as door or diagnosis to antibiotic time), and communication (involving the Trust Communications Team). This has had a significant impact and we are now preparing for QI Cycle 3. An example of the results for Cycles 1&2 is below.



Since then the QI programme has been expanded to include the following priorities:

- Implementing the Department of Health's best practice guidance for effective discharge and transfer of patients from hospital and intermediate care.
- Improve surgical productivity and operating theatre efficiency to reduce 'lost' theatre time and release patient slots.
- 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
- 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.

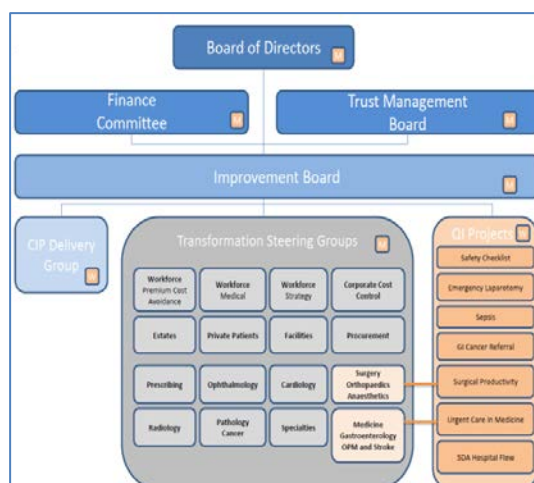
The Trust has had an Improvement Board in place for some time and this has overseen the Quality Improvement Programme and linked this into the CIP programme. This relationship is shown in the diagram alongside.



We have now developed this a stage further, with the introduction of a series of Transformation Steering Groups (TSGs) relating to specific work streams. The governance arrangements for this are shown below.

The TSGs are a fundamental and crucial element of our governance for delivery of the 2016/17 CIP programme. The Terms of Reference for each TSG will be to:

- compile and be accountable for the delivery of a range of schemes and ensure that these are translated into genuine delivery;
- support achievement of the required cost avoidance for 2016/7 and beyond;
- ensure all schemes are fully risk assessed according to the QIA criteria and appropriate actions taken to minimise any identified risks;
- provide a forum for discussion on local and national guidance and recommendations to support service redesign, delivery and quality assurance;
- maintain an iterative approach to continuous ideas development;



- collectively review all savings, income and cost avoidance opportunities and determine which individual or group has responsibility to develop and deliver the schemes as they are generated;
- ensure that sub groups or individuals produce a rolling action plan and the sub-group or individual delivers the products and provides regular progress reports to the TSG, and in turn to the Improvement Board.

Seven Day Services


Of the 10 key standards for the development of 7 day services, 4 have been selected as short term targets along the road to full implementation of all 10 by 2020. The 4 core standards are: Time to first consultant review; Diagnostics; Intervention / key services; On-going review

There have been significant increases in 7 day consultant delivered care at the front door in 2015/16 both in the Emergency Department and for patients admitted to the Acute Admissions Unit. The levels of consultant delivered care will continue to increase during 2016/17 with the last consultant vacancies filled in January 2016, resulting in the ability to implement new consultant rotas with greater coverage into the evenings and weekends.

Building on the investment in medical and nursing resources for Ambulatory Care in previous years we are working towards an integrated ambulatory care service based within the template of our Acute Admission Unit that will operate seven days a week. This unit will support the flow of those patients who require specialist medical review out of the Emergency Department and provide senior medical and nursing assessment earlier in the patient's pathway, increasing same day discharges with robust medical follow-up when indicated.

In parallel with the above we have seen the development of separate on-call rotas for cardiology, including interventional, interventional radiology, vascular surgery and urology. Gastroenterology now delivers a gastric bleeding endoscopy list at weekends.

The HiSLAC report in 2015 showed improvements in the deployment of consultant hours over the previous year and this will continue in 2016.

 «Det_A»						
	2014	Sunday 2015	2016	2014	Wednesday 2015	2016
Consultants and Associate Specialists per 10 Beds ⁶ :	0.19	0.29		1.45	1.31	
Consultant and Associate Specialist Hours per 10 Beds ⁶ :	1.08	1.37		5.03	5.64	
Consultants and Associate Specialists per 10 Emergency Admissions ⁶ :	1.67	2.25		10.80	8.55	
Consultant and Associate Specialist Hours per 10 Emergency Admissions ⁶ :	9.50	10.49		37.47	36.96	

Quality Impact Assessment (QIA)

The revised Trust QIA process has been developed to ensure that we have the appropriate steps in place to safeguard quality whilst delivering significant changes to service delivery. This process is used to assess the impact that any individual CIP, service development or improvement project may have on the quality of care provided to patients and service users at RBCH. A flowchart describing the QIA process is described in Annexe B.

QIA documents are populated during the development of the CIP by the care group and / or corporate department. They are measured in terms of patient experience, patient safety and clinical quality. KPIs, risk ratings and mitigations are assigned and agreed by the executive sponsor and the project lead and regularly challenged throughout the development phase. The risks associated with the deliverability of the schemes and the amount of financial savings to be delivered are also assessed, risk rated and

appropriate mitigations identified. A regular reassessment of the quality impact of CIP schemes is an integral part of the monitoring arrangements by the Quality Impact Assessment Review Group..

The QIA Review Group receives feedback against quality milestones from the schemes / projects and discusses escalated quality Issues. Quality issues which cannot be resolved will be escalated by the Medical Director and/or Director of Nursing and Quality to the Improvement Board and Health Assurance Committee (HAC) as appropriate. The Group will also ensure appropriate benchmarking information is made available wherever possible in order to triangulate assurances over viability and safety of any proposed scheme.

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

Triangulation of indicators

The Healthcare Assurance Committee is attended by all the Executive directors and Chief Executive Officer, and seeks to ensure scrutiny on integrated governance, and discuss and ensure the risks in the Trust are reviewed and appropriately challenged in terms of their scoring, mitigation and resolution planning.

The Trust Assurance Framework is also reviewed collectively in terms of its content against the strategic aims of the Trust, and the scoring and mitigation of it.

Approach to workforce planning

Workforce Planning

The Trust has recognised the need to develop stronger workforce plans that support our overall plans and strategies and our recruitment planning, education, training, and development and transformation programme activities. The current workforce cost is unsustainable and difficult to recruit to and it is vital that we develop comprehensive workforce plans based on our model of future service delivery and knowledge of demographic and other changes.

As part of this and our transformation and cost improvement work we established a Strategic Workforce Transformation Steering Board. Specific work streams identified and being scoped currently include the following with indicative timescales

- Implementation of vacancy freeze and stringent review of planned recruitment across support roles
- A review of administrative and clerical/support functions and roles identifying areas for greater automation, reduction in duplication and validation
- Review of management roles and structures in the Trust
- Review of long-term temporary bank/agency bookings
- Revisit Consultant/Medical Secretary provision
- Review and development of salary sacrifice options and uptake
- The structure, numbers, banding of therapy roles across the trust

In addition there are a number of other initiatives relating to the workforce included in other transformation steering groups such as Premium Cost Avoidance, and Medical Staffing (job planning and locum usage).

An external Strategic Workforce Plan was commissioned to provide a strategic workforce plan (SWP) for the Trust for the period 2015/16 to 2019/20. This considered the current workforce and how it is likely to change, developed specific plans for each of 14 staff groups and drew conclusions and developed actions. The report was discussed at the Board of Directors and the Trust Management Board (which includes the clinical directors) in December 2015.

A summary of the key recommendations from the report is below;

- Review management roles and structures in the Trust in parallel with the Organisation Development programme (see below) currently underway in the Trust.
- Develop the medical and dental workforce plan as more is known about changes arising from the acute collaborative project in Dorset and the review of postgraduate education by Health Education England.
- Enhance the infrastructure in the Trust to increase the numbers of support workers prepared for Band 3 and Band 4 roles in the nursing workforce.
- Maximise recruitment from the adult nursing programmes at Bournemouth University and the University of Southampton, through attendance at job fairs and other events.
- Explore incentives and contractual arrangements to increase recruitment and working time in groups in the nursing workforce, for example: a one-off joiner allowance to new starters; a one-off payment to existing staff for introducing applicants who are appointed; 40-hour contracts.
- Continue existing international recruitment efforts to supply additional registered nurses.
- Enhance the infrastructure in the Trust to increase the numbers of support workers prepared for Band 3 and Band 4 roles in physiotherapy and occupational therapy.
- Increase the deployment of operating department practitioners in place of registered theatre nurses. Do further work to decide the extent of this substitution.
- Complete the option appraisal for the future provision of catering, housekeeping and portering services and revise the demand and supply forecasts for this staff cluster.

eRostering

The Trust has been operating an eRostering system for some years and has recently upgraded this to the latest cloud-based version. The system is in use in 90 different areas across the Trust and continues to be rolled out to new areas. We have developed training programmes for this and performance data and have recently purchased a “safe staffing” module.

The new upgrade offers a live interface, combining patient acuity and staffing and allows us to make the best of staffing resources and allows us to respond to variations in need.

Temporary Staffing / Agency Spend

The Trust has experienced similar problems to others with the recruitment of staff into an expanded professional workforce. We have made efforts to extend the support the bank offer to the Trust and have substantially increased the size of contracted staff numbers via a variety of recruitment events and we are developing this to include a bank for medical staff as well.

Over the last years we have seen a significant increase in expenditure on agency expenditure and to this the Trust put in place a process to oversee this area. Supporting this, head of the bank/agency department reports to the Executive team on weekly basis on the current position in terms of spend on temporary staffing. We are exploring whether we can extend the role of the staff bank to helping GP practices with their recruitment issues.

Local Developments

We also participate in wide variety of local and regional workforce groups; the HR Director is a member of the Local Education Training Board and also chairs the Dorset and South Wiltshire Workforce Development Group. In addition to this and of particular strategic significance is the workforce

component of the Clinical Service Review. To support this a Workforce Reference Group for Dorset was established, including senior representation from NHS providers, Health Education Wessex, Thames Valley and Wessex Leadership Academy. In recognition of the shared workforce challenges, the membership of this group has been extended to local authority partners. The overarching remit of the group is to play a collective role to support the current and future sustainability of NHS services across Dorset, championing organisational development in line with Dorset's local and system transformational programmes. Each section of the plan has informed comment and has been validated by the CSR Clinical Delivery Group Chairs, and senior leaders and managers from across the system.

There are some workforce challenges which have been identified through the development of the workforce plan and through discussions across the system. Just a few of the hot spots in Dorset are as follows:

- GPs- in practice roles and covering junior doctor rotas, out of hours rotas, 111 and urgent care centres;
- Consultants- including emergency medicine, maternity and paediatrics, radiologists, dermatologists, rheumatologists, critical care, respiratory, stroke, psychiatrists;
- Middle grades doctors- notably in maternity and paediatrics, radiologists, critical care;
- Paramedics;
- Nurses – particularly in mental health, critical care, primary care practices, social care settings. In addition the demand for nurses in acute settings is having an effect on the recruitment in community setting;
- Support staff- particularly domiciliary care.

There are many examples and best practice evidence which support new ways of working to deliver new models of care. This ranges from the development and introduction of new roles such as GPs with a clinical special interest (GPSI), advanced care practitioners, or health and social care coordinators to the introduction of new employment models which support integrated services. Dorset is not unique in its aspiration to change the ways services are configured and maximise the capacity, capability and deployment of its workforce.

Network rotas: In recognition of the number of consultants available currently and the impending gap of future supply, consultants are working together in many specialties to develop network rotas. This will ensure the needs of the services locally will be met, as well as working across the system to provide consultant cover over more hours of the week.

Integrated teams: We have good examples in Dorset of integrated service models delivered through multi-professional and multi-agency workforce arrangements which mirror national good practice examples;

- The Integrated Urgent Care hub which will be in place from 1 April 2016 will bring together a range of healthcare professionals to ensure the delivery of the service
- GP federations have emerged in Dorset covering the vast majority of practices and 5 community vanguard projects are bringing together multi-agencies to plan future integration, including workforce integration
- The Labour line will shortly be implemented working across the system and staffed by midwives from each acute trust

Education and Training: there is progress across the county in both health and social care, which will not only ensure the continued professional development of the workforce but also create an attractive working environment for a new workforce to come to Dorset.

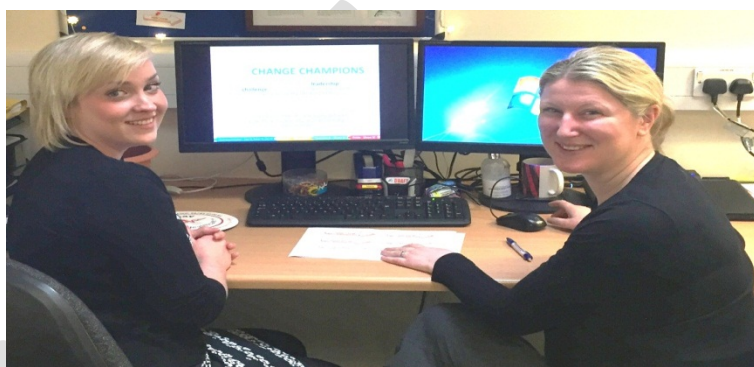
Engagement: Investment in the engagement of the new, current and future workforce in Dorset has been a key enabler to support continued professional development, networking and also to create an attractive working environment.

Attraction: A number of organisations are working in partnership to attract and recruit across a number of professions, including a joint presence at education recruitment fairs.

Organisational Development

There is compelling evidence that health care organisations secure better outcomes for patients where there is a collective approach to leadership where all staff take responsibility for the success of the organisation in delivering continually improving, high quality and compassionate care.

We have launched an ambitious culture change programme led by our Director of OD and Leadership to help achieve our vision and strategy.



The aim is to:

- Develop a long term vision and strategy for culture change
- Engage with our staff to define the culture we want to create
- Design a sustainable and strategic approach to changing culture through our clinically led leadership model
- Develop our leaders to help them create and sustain that new culture ensuring they are skilled, competent and confident to meet our leadership challenge

This work will take time and commitment and we have appointed a team of dedicated Change Champions to lead the first phase of a three phase programme. The Discovery phase is designed to find out, through interviews and focus groups, what it feels like to work here and what needs to change. The Change Champions will report back their findings to the Trust Board in June 2016 and make recommendations for the Design phase.

Our plan for developing a Leadership Strategy:

0-6 months Discover (complete June 2016)	What are the gaps between what we have and what we need to deliver? Mission, vision, values Needed vs. existing capabilities – number of leaders, qualities, diversity, medical/clinical Review against CQC culture measures
6-12 months Design (complete December 2016)	A clear and unique Leadership Strategy to deliver priorities for the next three to five years to improve patient care, performance and finances Talent, organisation design, leadership culture and development
12-24 months Deliver	Talent management Leadership development – programmes and interventions Organisation development – culture, teams, boundary spanning, collaboration

We will continue to support our staff and to embed the new care group structure by providing bespoke development programmes. These will be further refined once the results of the Discovery phase are known. We have made great progress in the implementation of the new values based appraisals – training over 800 staff so far. We will continue to provide focused and bespoke training in order to continually improve the quality of the appraisal process in order to ensure that every member of staff understands how their work contributes to the success of the organisation.

Approach to financial planning

Financial Context

Historically the Trust has performed very well financially and through the delivery of significant surpluses over many years, has been able to accumulate a considerable cash balance. This has underpinned investments in services and particularly supported a measured expansion in staffing infrastructure.

However, an annual increase in activity, coupled with the sustained reduction in the national tariff has resulted in a significant financial pressure. This has been exacerbated by the debilitating marginal rate payments for emergency admissions, which given the increase in non-elective activity (particularly in 2014/15) has resulted in a material shift between profitable elective activity and loss making emergency activity. Specifically the rapid increase in emergency admissions, allied to a doubling in the number of patients who remain in hospital when medically fit for discharge has resulted in an unsustainable financial pressure. Moreover this has almost obviated scope to achieve efficiencies, with the Trust compensating both through additional bed provision and interim teams in the community compensating for the inadequate provision of community and social care. These factors have been compounded by a significant premium pay cost as a result of an increased reliance upon expensive agency staff due to national workforce shortages (particularly over the last two years); unfortunately, this has resulted in an unprecedented financial challenge.

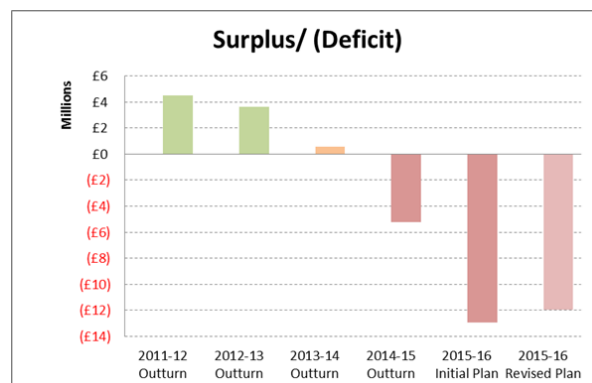
The Trust has worked consistently to identify and deliver new cost improvement schemes each and every year, and whilst the Trusts performance is comparable with the national average, neither has been sufficient to meet the tariff requirement in full in any of the last 4 years.

These unprecedented financial challenges are being faced consistently across the provider sector, and have resulted in 73% of Foundation Trusts and 97% of medium acute Foundation Trusts (of which the Trust is one) reporting a deficit during 2015/16.

In addition to these challenges, the Trust has continued to implement its vision and aspiration to be the most improved hospital in the country by 2017. This has included important investments underpinning safety and improving patient outcomes, in line with improvements requested by the Care Quality Commission including investment in nurse staffing levels, increased weekend infrastructure leading to a reduction in Trust wide mortality, responding to discharge delays by the development of an in-house interim care team to compensate for social services not offering this service to the required level, and the associated establishment of Ward 9 as a base for medically fit patients.

As a result of the above factors, the Trusts financial performance has significantly deteriorated as illustrated here:

The current deficit is being sustained through the utilisation of the Trusts strong cash balance, and a financial strategy has been approved which focuses on reducing the deficit each and every year to ensure the future financial sustainability of the Trust.



2016/17 Financial Plan

The Trust has undertaken a detailed activity and financial planning process to ensure an appropriate and achievable operational revenue budget is approved for 2016/17. Specifically, the following key steps have been undertaken:

- Detailed demand and capacity planning has been completed by Care Group management teams (clinical and operational), supported by finance and information colleagues;
- Income budgets have been calculated based on this activity plan, including the impact of the 2016/17 tariff package;
- The expenditure (marginal cost) impact of this activity plan has been calculated and included within directorate budgets;
- Directorate specific cost pressures have been discussed and budgeted where appropriate;
- Corporate cost pressures have been assessed and budgeted, including nationally agreed pay inflation, the financial impact of changes to the Pensions Act, increases in the Trusts CNST contributions, together with cost inflation in relation to business rates and utilities;
- The Cost Improvement Target has been agreed at directorate level, and removed from the budget.

The draft Operational Revenue Budget based on the above work is set out within the detailed finance template, and confirms a planned deficit of £1.628 million.

The high level bridge from the 2015/16 forecast outturn to the 2016/17 draft operational revenue budget can be summarised as follows:

2015/16 Forecast Outturn	(11.9)
Tariff Income from Activity Growth	9.9
Cost of Activity Growth	(7.5)
Net impact of reduced Private Patient Activity	(0.7)
Tariff Inflation	2.5
Cost Improvement Programme	6.4
Pay, Pensions, CNST, Rates, Utilities, Other	(7.9)
Sustainability and Transformation Fund	7.6
2016/17 Draft Operational Revenue Budget	(1.6)

Through the submission of the draft Annual Plan, the Trust is signalling its intent to accept the offer of payment from the Sustainability and Transformation Fund. This amounts to £7.6 million, and includes the following conditions:

- Agreement of a milestone-based recovery plan and agreement to a revenue control total. The maximum deficit control total for 2016/17 is £1.7 million.
- Agreement of a capital control total for 2016/17 (value to be confirmed).

- Financial improvement plans which include milestones for Carter implementation, including reporting and sharing data in line with the national timetable.
- Compliance with the NHS Improvement agency controls guidance.
- Agreeing a credible plan for maintaining performance trajectories for the delivery of core standards for patients, including the four-hour A&E standard and the 18-week referral to treatment standard.
- Working with commissioners to develop an integrated five-year plan in line with the national Sustainability and Transformation Plan timetable.
- Continue to make progress towards achieving seven-day services in 2016/17.

The Trust is mindful however, that it is being asked to agree to these conditions, in particular the revenue control total, before the contracting process with its commissioners has commenced in detail. As such, whilst the Trust is signalling its intent to accept the offer, this remains subject to the outcome of the contracting process and in particular, the financial support from commissioners for the forecast demand increases during 2016/17.

The Trust's sensitivity analysis has highlighted a number of risks to the financial plan for 2016/17. Key risks can be summarised as follows:

1. Commissioned Activity/ Income

The Trusts detailed demand and capacity modelling is forecasting significant activity growth during 2016/17. This reflects the current waiting lists, expected demand increases, and the additional capacity required to achieve the national access standards.

Detailed contract negotiations have yet to commence with the Trusts Commissioners, however the Trust has been advised through early discussions that although CCG allocations have increased significantly (between 3% and 6%), this growth comes with a range of nationally prescribed commitments which leaves nothing for acute providers. As such, there is a significant risk that CCGs will not commission this level of activity.

This would result in a three risks:

1. Loss of the current contribution included within the draft plan;
2. An inability to achieve the national access standards resulting in the loss of the Sustainability and Transformation Fund income;
3. A significant financial pressure due to demand continuing to increase, with the Trust required (for patient safety reasons) to undertake this activity without the corresponding payment.

2. Cost Improvement Programme

The Trust is targeting 2% across clinical directorates and 3.5% across corporate directorates; amounting to £6.4 million. However, when added to the recurrent shortfall from the current year, the CIP requirement for 2016/17 is £8.9 million.

At present the Trust has a credible plan to achieve this through risk adjusted schemes. However, there remains a risk that schemes may not achieve as quickly or to the level currently predicted.

3. Commissioning for Quality and Innovation (CQUIN)

It has been confirmed that with the introduction of the Sustainability and Transformation Fund, there will be no 'double jeopardy' whereby if the Trust fails to achieve the agreed performance improvement targets, it will lose the Sustainability and Transformation Fund monies and also be fined by its Commissioners through the NHS standard contract.

However, the guidance is currently unclear as to whether CQUIN is included within this. In the absence of this clarity, the Trust has assumed that as CQUIN is an incentive payment rather than a contractual penalty/ fine, this will still be live within the contract and thus at risk if the Trust does not achieve the CQUIN standards.

4. Capacity

The Trust will need to increase internal capacity to manage the forecast activity levels. This will require recruitment into new clinical posts, which presents a risk given the national workforce shortages and may therefore result in an additional agency premium cost. In addition, the detailed bed modelling currently being finalised, when aligned with the lack of appropriate community provision and associated increase in delayed discharges, may have a negative financial impact.

5. Capital flexibility

When accepting the Sustainability and Transformation Fund, the Trust will be committing to agree a capital control total for the year. This significantly reduces and potentially removes the Trusts flexibility to agree additional capital schemes in year.

In addition to the above risks, the Trust has identified a small number opportunities which could mitigate, at least in part, the above risks.

1. Contingency

A small, currently uncommitted, contingency has been included within the draft annual plan.

2. Cost Improvement Programme

Consistent with the current year, additional CIP schemes could be developed in year, which exceed the target and provide mitigation to unbudgeted financial pressures.

3. Private Patient Income

Private patient income has reduced significantly in the current year, mainly in relation to private cardiology procedures. The latter has been reflected within the proposed budget, mitigating this risk to a manageable level.

However there is a significant income opportunity to increase income in relation to private patients. This is not limited to cardiology, with growth expected in a number of specialties.

2016/17 Cost Improvement Programme

The Trust's focus on the overall financial position and the need to correct this has remained unrelenting. As part of this focus, the Trust developed a new governance structure during 2015/16 supporting the process of cost improvement and transformation. The resulting Transformation Steering Boards comprise multi-disciplinary teams across clinical and non-clinical, operational, non-operational and cross cutting areas and have been developed with the explicit mandate to focus on ideas generation and implementation. The transformation process includes cross-cutting workshops bringing together a wide range of attendees from across the organisation to examine areas for change and development across the organisation. These focus on systemic opportunities including the development of more radical ideas in a 'safe' environment.

A number of options papers have been considered by the Board of Directors, with a range of schemes progressing (either in terms of further work-up, or in terms of actual delivery) and a number of schemes being considered but not progressed due to the potentially detrimental impact they may have had.

The result is that the Trust currently has a credible, risk adjusted cost improvement programme that provides confidence that the Trust will achieve the savings target required during 2016/17. It should be emphasised however, that many of the schemes are complex and require significant work to ensure full delivery in a timely fashion. As a result, there remains a risk to the delivery of the overall programme. With this in mind, all QI projects have already commenced and are being supported by the Improvement Programme Team.

The key themes and projects that make up the 2016/17 cost improvement programme are:

Programme	Description
Workforce (Agency)	Significant reduction in agency premium costs. Introduction of incentivised bank, revised agency controls, adherence to national caps.
Workforce (Medical)	Medical job planning and reduction in WLI. Introduction of policy for cut-off point at which regular WLI sessions should be made substantive within individual job plans. Standardise rate of payment for WLI sessions.
Workforce (Nursing)	Implementation of a skill mix review based on benchmarking against other relevant organisations. Detailed review of all existing ward nursing templates. Reduction in substantive nursing templates to align with the peer group average.
Workforce (Other)	Delivery of external workforce review based on comparison to the peer group average.
Prescribing	Medicines optimisation on all wards. Review of variation and prescribing thresholds. Expansion of home delivery service.
Income Generation	Development of a private patient strategy to increase delivery as a % of trust turnover. Increase staff and patient car parking. Outsourcing pharmacy. Research income.
Surgical Productivity	Improving the utilisation of our theatre capacity to reduce 'lost' theatre time, release patient slots and WLIs. Focusing on ambulatory care to reduce bed base.
Procurement	Major tenders in cardiology and orthopaedics. Driving increased value from spend through reductions in price, improved product and service output and delivery, supporting appropriate reductions in demand. Consideration of Managed Equipment Service within Radiology.
Front Door Redesign and Patient Flow	Improving patient flow, reductions in length of stay and reducing bed base by expansion of ambulatory care, 'discharge to assess,' new frailty pathway and direct admission to cardiology and Older Peoples Medicine.
Outpatients	Reduction in DNA and clinic cancellations; standardisation of clinic templates.
Estates	Benchmarking using ERIC data returns to optimise use of the Trust premises and estates function. Reviewing the asset valuation methodology and remaining asset lives.
Other	Locally developed directorate schemes

There are a number of schemes that have not yet been costed as well as number of more radical opportunities that will require Board approval following identification of the financial and quality benefits. The Transformation Steering Groups will continue with their mandate for ideas generation and translating the ideas into practice.

Embedded within these schemes is the work the Trust is undertaking in relation to the Lord Carter of Coles efficiency metrics. Lord Carter's review is based on the 2014/15 Reference Costs submission, and compares the Trusts average unit cost for each HRG (unit of activity), against the national average cost for that HRG. The fundamental premise is that where the Trust is cheaper than the national average cost, it must sustain this level; and where the Trust is more expensive than the national average it has a potential savings opportunity.

The Trust wholeheartedly supports the principle of benchmarking against similar organisations in order to identify areas for improvement. However, it is recognised that both locally and nationally there are further refinements required in the calculation methodology behind Reference Costs. Once these are implemented, any improvements will change the benchmarked figures and a more realistic savings opportunity will be identified.

However, that is not to say that the savings opportunity will be achievable in full. For example, where the Trust has higher costs than the national average as a result of a greater number of delayed discharges, this will result in a savings opportunity. However, this will not be realisable without Dorset system-wide improvements in the current level of community provision.

A detailed work programme has been established, focusing on the services which have been identified as having the highest savings opportunities (Cardiology, Geriatric Medicine and General Medicine) to rationalise the findings and identify a realistic savings opportunity in these areas. Whilst we are still in the early stages of our investigations and analysis, progress has been made in the three key areas and with further clinical input into the costing methodology, the savings opportunity has reduced significantly through improved data capture and refined cost apportionment. The outcome of this work will feed into the overall cost improvement programme for 2016/17 and beyond.

2016/17 Capital Programme

The Trust has been considering its 2016/17 capital programme for many months, and through a risk based approach has reduced the initially requested items to a shortlist. Given the financial constraints, this shortlist was further prioritised into four categories.

- *Contractually committed* – contracts have been signed, which would incur significant penalties to exit, as well as potential impact on service provision.
- *Must* – this is a strict definition of (i) we cannot continue to provide a service without this investment, to the extent this would harm patients or staff, and/or (ii) there is a significant financial penalty which would impact on the Trust's ability to live within the proposed revenue control total.
- *Should* – these are schemes which are strongly supported, but there is some degree of choice, or a level of risk that will need to be managed.
- *Could* – this list has been heavily reduced. The remaining items are ones which are deemed significant, such as ward refurbishments for dementia friendly layouts, but are optional in that the Trust can still deliver a safe service without this investment.

The proposed capital programme for 2016/17 includes only the contractually committed and must categories.

Financial Sustainability

Whilst the Trust has confidence in its financial planning, a great deal of uncertainty remains in a number of key areas which are outside of the Trusts direct control, namely:

- Agreement of contract values for 2016/17, including activity growth assumptions
- Future years tariff packages, and the impact of HRG4+
- The value and timing of financial benefits associated with the Dorset Vanguard
- The value and timing of financial benefits associated with the Dorset Clinical Services Review

As a result, it is difficult to prepare detailed financial forecasts over the medium term with any degree of certainty.

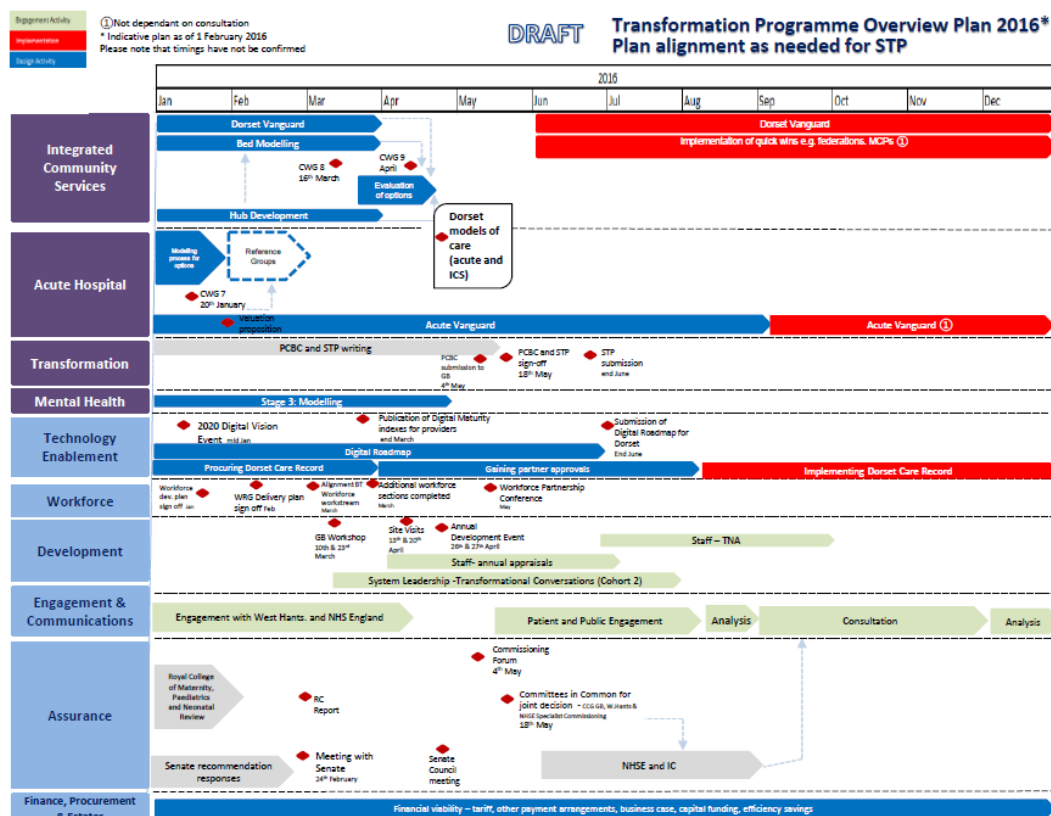
However, the most up to date information has been factored in to the Trusts financial projections for 2016/17 and beyond. This provides confidence that in the base case scenario, the Trust remains financially sustainably during this Comprehensive Spending Review period, with a return to surplus, and a sustainable cash balance.

Risks remain in the downside scenario, whereupon the Trust would move into a significant deficit position and require significant cash support.

Link to the emerging ‘Sustainability and Transformation Plan’ (STP)

Dorset CCG commenced a Dorset Clinical Services Review (CSR) in 2015, with a view to transforming the acute services across Dorset and developing a health system that is financially and clinically sustainable. This has been supported by a number of supporting reviews including specifying the costs of the capital development of the acute Trusts and a review of the obstetrics, maternity and paediatrics provision jointly done by the Royal Colleges of Obstetrics & Gynaecology and Paediatrics. The CSR has progressed to the point where it has been established that there is a need for one major acute hospital in the east of the County, with a reciprocal hospital in the east undertaking predominantly elective work. Thus two principal options have been described; one option considers Royal Bournemouth Hospital (RBH) as the major acute organisation and the other with Poole hospital in this role. We believe that we are best placed to take on this role for reasons of being in main population centre, having a large estate easily accommodating the level of expansion required and the most modern existing facility and part of our strategies and plans is to place us in the best position to become the major acute facility. The financial review undertaken by Dorset CCG shows RBH to be 50% less expensive than developing Poole as the main emergency hospital.

In addition to the CSR development Dorset has a number of Vanguard developments underway. These include the Dorset Integrated Community Service Vanguard in which groups of GP practices and localities and their associated community and social service providers will pilot a number of novel community models. In parallel with this, we are part of an acute services vanguard project “One NHS in Dorset”, whereby certain services will be committed to a joint venture model and shared across the County. Under this initiative there are developing proposals to unify and standardise patient pathways, thereby strengthening the quality of service for patients across Dorset in the Vanguard specialities of maternity, paediatrics, stroke, cardiology, imaging, ophthalmology, non-surgical cover and diabetes. This will be taken forward throughout 2016 and it is intended that a joint venture vehicle will be in place by November 2017. This will therefore operate as a prelude to the wider integration and reconfiguration envisaged by the CSR. Both of these Vanguard developments and this Annual Plan constitute components of a Dorset Sustainability and Transformation Plan (STP) and a schematic representation of this can be seen below.



Beyond the key features of the STP development indicated above the Trust has a number of key developments agreed to be taken forward in 2016/17, including:

- To develop proposals to evaluate the introduction of an integrated pathology service for Dorset.
- To establish a dedicated private patients facility.
- 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

As indicated above other key enabling strategies that support the STP and our participation in it, are Workforce and IT. Our Strategic Workforce Plan is covered elsewhere in this Plan, but key strategic IT developments include:

- Embed Electronic Document Management (EDM) so that it no longer appears on the Trust's risk register.
- Undertake all the necessary preparatory work to enable RBCH to move to Graphnet Electronic Patient Record (EPR) by April 2017.
- Implement Order Communications in the four diagnostic areas
- Achieve full compliance with the IG Toolkit.
- Participate in the development of a joint informatics strategy for the three acute trusts in Dorset
- Respond to the seven clinical Vanguard areas with effective IT solutions to enable their clinical strategies

Membership and elections (NHS foundation trusts only)

Governor Report 2015/16 and Plan 2016/17

April 2015 – to date, January 2016

Elections

There have been a number of elections held during the year:

Staff Governor – Medical and Dental

Staff Governor – Nursing, Midwifery and Healthcare Assistants

Public Governor – Bournemouth and Poole (2 positions)

Public Governor – New Forest, Hampshire and Salisbury

Engagement with Patients, Public and Members

Governors had many opportunities in the year to engage with patients, public and members at various events, tours, and surveys including:

Understanding Health Talks,

Listening events held in the hospital

Taking part in PLACE national audit

Governors participating in the Executive walkrounds (monthly) and Infection Control walkrounds (fortnightly)

Patient and Public Outpatient Survey

Governors visiting community groups e.g. Patient Participation Group (PPG), Residents Associations, Townswomen's Guild

Training

Training delivered to Governors includes:

Safeguarding – Adult and Paediatrics

Workforce planning development and education commissioning

Medical Recruitment, Appraisals and Revalidation

An Update on Health Professional Education and Research

Public Health

SSNAP Stroke Data

Cancer Service

Speaking to the Media

Member and Public Engagement and effective questioning and challenge

PLAN - April 2016-March 2017

Elections

A number of elections are planned for the following constituencies:

Staff Governor – Medical and Dental

Staff Governor – Nursing, Midwifery and Healthcare Assistants

Public Governor – Bournemouth and Poole (2 positions)

Public Governor – Christchurch and Dorset County.

Annexe A

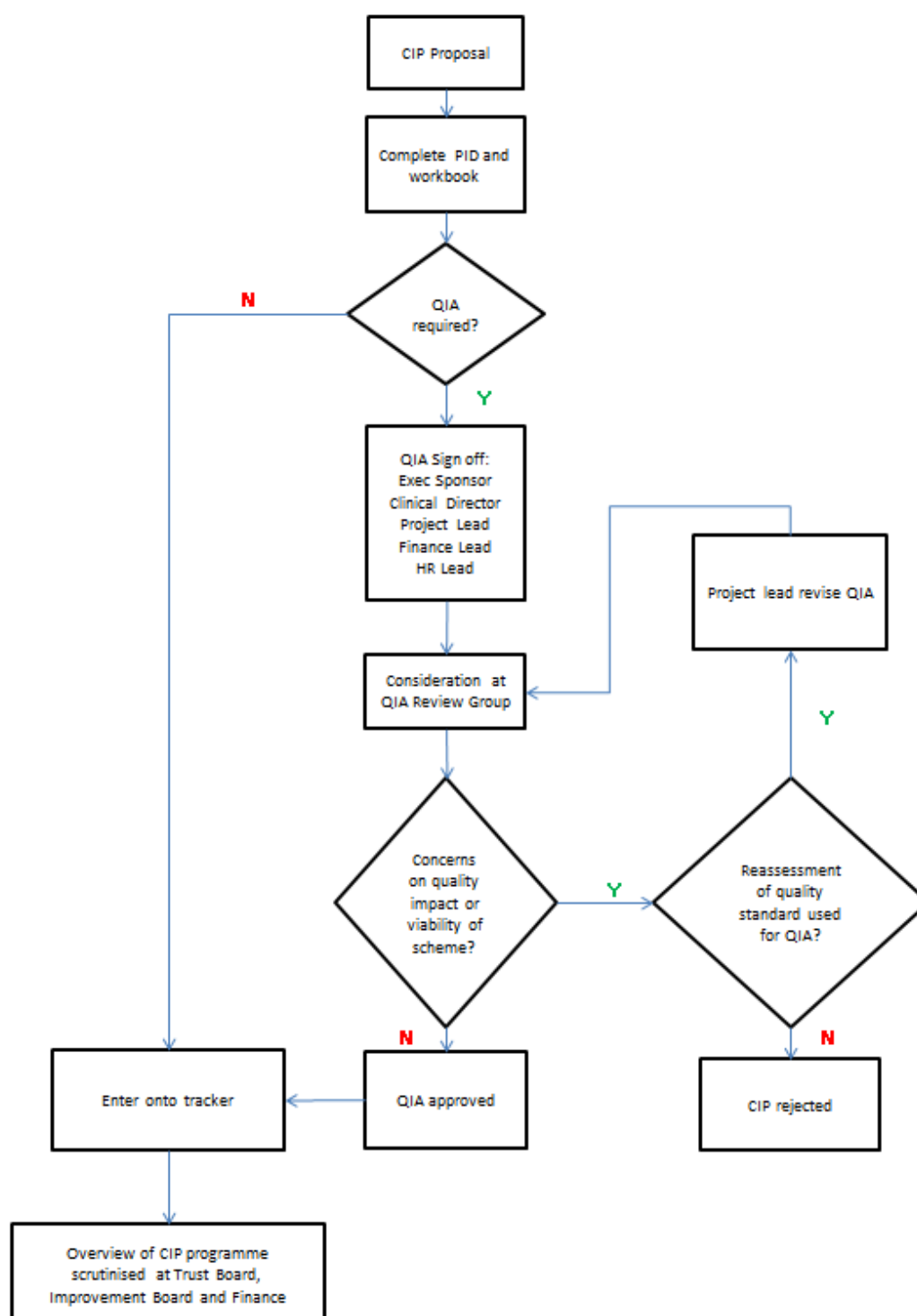
Trust Objectives 2016/17

1. To continue to improve the **quality of care** we provide to our patients ensuring that it is safe, compassionate and effective, driving down variations in care whilst ensuring that it is informed by, and adheres to, best practice and national guidelines. Our specific priorities are:
 - Creating a **fair and just culture**; being transparent when things go wrong and **embedding learning**, measured by a reduction in Serious Incidents and avoidance of Never Events
 - 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.
 - Ensuring patients are cared for in the most appropriate place for their needs by:
 - **Improving the flow** of patients and reducing the average number of outlying patients and non-clinical patient moves by at least 10%.
 - Supporting more patients who want to die at home to achieve this.
 - 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
 - To ensure that there are **no MRSA cases** and that the Trust achieves its target of **no more than xx Clostridium Difficile cases** due to lapses in care
 - To be within the **top quartile of hospital reported patient satisfaction** via the Family and Friends Test
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:
 - **Improve the management of sepsis**, ensuring we implement 'sepsis 6' within one hour of patients being identified as having severe sepsis or being in septic shock
 - 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.
 - 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
 - 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
 - **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
 - Applying standards of care for all patients undergoing **emergency laparotomy** with the aim of maintaining mortality below 5%

- 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.
 - Implementing the **NICE guidelines for patients referred with suspected GI cancer** ensuring a minimum of 93% of patients receiving an appointment within two weeks.
 - 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.
 - **Exploit the opportunities for automation** using advanced IT systems where possible, to reduce human error.
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
 - Providing support and interventions for the **health and wellbeing of our staff**.
 - Providing appropriate education, training and development opportunities and support for staff, and demonstrate the return on investment for the organisation.
 - 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.
 - To build the management and leadership capability of the Trust through the development of a **comprehensive leadership development programme** that reflects the needs of the Trust and individuals at all levels who are managing and leading services.
 - 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.
 - 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.
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 *emerging Clinical Service Review* being led by Dorset CCG
 - To evaluate 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 Vanguard specialities of maternity, paediatrics, stroke, cardiology, imaging, ophthalmology, non-surgical cover and diabetes. This will be taken forward throughout 2016.
 - To develop proposals to evaluate the introduction of an **integrated pathology service** for Dorset. Proposal developed for the conurbation by 2017.
 - To establish a joint venture vehicle by November 2017 to facilitate provision of a range of Dorset wide hospital services

- Work with Dorset 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.
 - 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**
 - To establish a dedicated private patients facility by April 2017
 - 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
 - Implement the resilient Data Network, telephone system and refreshed computer room.
 - Embed Electronic Document Management (EDM) so that it no longer appears on the Trust's risk register.
 - Undertake all the necessary preparatory work to enable RBCH to move to Graphnet **Electronic Patient Record (EPR)** by April 2017.
 - Implement Order Communications in the four diagnostic areas
 - Achieve full compliance with the IG Toolkit.
 - Participate in the development of a joint informatics strategy for the three acute trusts in Dorset
 - Respond to the seven clinical Vanguard areas with effective IT solutions to enable their clinical strategies
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
 - 93% of patients referred using the **fast-track cancer pathway** being seen within 14 days of referral
 - 93% of patients referred to the **symptomatic breast clinic** seen within 14 days of referral
 - 96% of patients **diagnosed with cancer** receiving treatment within 31 days
 - 85% of patients **receiving their first treatment** within 62 days of urgent GP referral with suspected cancer.
 - 95% of patients admitted within 18 weeks of referral and requiring **elective treatment**
 - 95% of patients seen within **18 weeks of referral** when no admission is required
- A key deliverable linking the above will be the need to deliver the performance targets associated with the 16/17 Sustainability and Transformation fund.
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. The Trust will fully engage with the Lord Carter of Coles work to assist with the objective to improve the productivity and efficiency including reporting and sharing data in line with the national timetable and compliance with the NHS Improvement agency controls guidance

Annexe B – Quality Impact Assessment - Process



Annexe C – Quality Impact Assessment Form

[illegible]

BOARD OF DIRECTORS

Meeting Date and part:	26 th February 2016 Part 1
Subject:	Complaints report
Section on agenda:	Quality
Supplementary Reading (included in the Reading Pack)	None
Officer with overall responsibility:	Jennie Moffat (Complaints and Claims Manager)
Author(s) of papers:	Jennie Moffat, Complaints and Claims Manager Ellen Bull, Deputy Director of Nursing Anton Parker, Information Manager
Details of previous discussion and/or dissemination:	HAC 25 th February 2016
Action required:	The paper is provided for information
<p>Executive Summary:</p> <p>The Complaints scorecard with commentary and related metrics summarises the variety of concerns about services provided by the Trust. The report includes aggregate and directorate complaint acknowledgement and response performance. This is a key focus of the Board of Directors and this has been reported through the Healthcare Assurance Committee and Trust Management Board. There is an improving trend in closure times and numbers of open complaints are reducing as directorates recover the position. Directorate engagement remains strong.</p> <p>Key messages:</p> <ol style="list-style-type: none"> 1. Current acknowledgment time in month is 100% 2. Current Trust response time in month (January 2016) is 50% against a standard of 75% 3. PHSO YTD confirmed investigations is 8 4. The number of complaints received in month (30) which was 6 more than the same point last year <p>Information about PALs and claims is also included.</p>	
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 and clinical negligence claims

1. Summary

This is the Complaints and Clinical Negligence paper including information on Formal Complaints received, acknowledged and responded to times in month (January 2016). Complaints and clinical claims are presented by directorate in terms of incidences, response times and themes. This is measured against our own Trust Policy.

2. Number of complaints and concerns

- 30 formal complaints were received in January 2016, an increase of 6 from the same period last year. Additionally a further two issues would have been complaints, but were able to be resolved locally.
- PALS saw a significant increase in concerns from the same period last year (93) to 125 (64 written) concerns raised in January 2016.

3. Acknowledgement and response times

Acknowledgements to the patient/carer/relative may be by telephone/letter and email within the timeframes to acknowledge the complaint. Performance in January against the 95% standard was 100%.

Responses to complaints should be within 25 working days (quality strategy standard of 75%). Reports have been rebuilt following data anomalies within the technical database. This slightly refined the previously reported position positively. Of the complaints due to be responded to in month the figures are below:

January 2016	= 50%
December 2015	= 60%
November 2015	= 54%

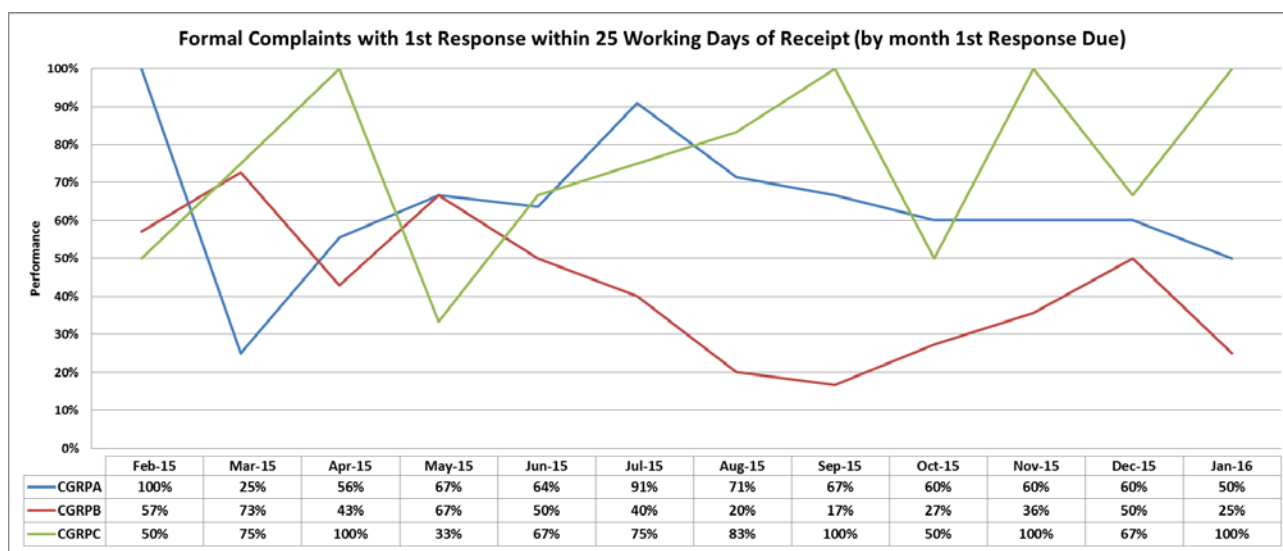
Response times are below the standard of 75% and designated actions have been taken to recover this position. Excellent progress has been made in reducing the backlog of outstanding complaints. As at 31st January 2016 the total number of open complaints (including reopened) was 47. Of those requiring first responses 10 are late and will be carried forward to February 2016 which includes two complaints brought forward from December. Twenty complaints should have been responded to in January to meet the 25 day deadline; 10 were replied to within 25 working days, 1 complex complaint involving other Trusts was given a longer response time which was met, 9 are late. Responses are being chased. Response time improvement remains a strong focus and action continues to be taken with excellent engagement from directorate managers and matrons.

The graphs below show the performance for first responses due in January 2016 by Care Group and Directorate:



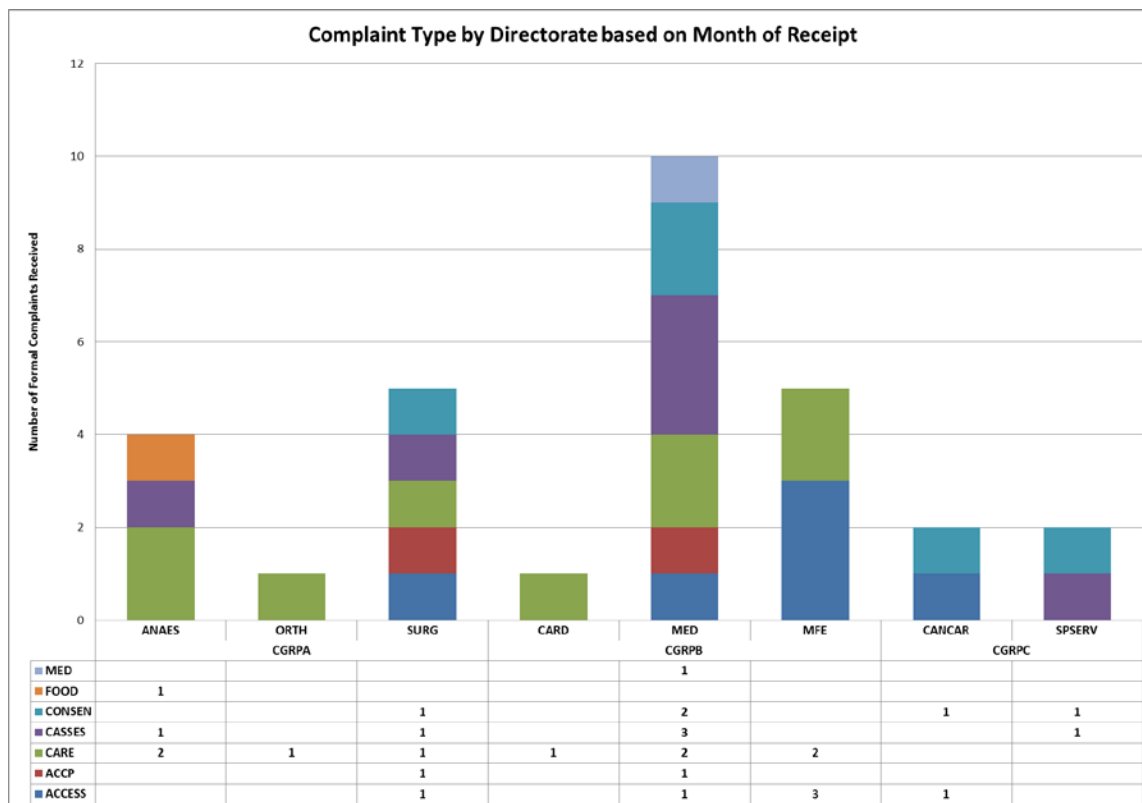
The Directorates taking the longest time to respond to a complaint were Medicine, Surgery and Older Peoples Medicine (OPM).

The graph below shows response times by Care Group over the last 12 month period:



Response times are being monitored closely and further improvement is anticipated as directorate managers, heads of nursing and directors of operations support teams to meet timeframes for responses.

4. Themes and trends – Complaints received



In January the 3 directorates with the highest number of received complaints were; Medicine 10 (ED/AMU 7, OPM and Surgery (5 each).

Top themes for complaints were:

- quality/suitability of care - 9
- communication (including staff attitude) - 5
- clinical assessment - 5.

5. Outcomes

Actions resulting from complaints should be documented on the complaint acknowledgement form and ensure this is reported via the care group governance structure. Where actions are not clear, this is kept as an open complaint, and sent back to the directorate to complete.

Seventeen complaints received first responses in January 2016. Of those 13 forms were received, managers have been asked to complete the outstanding forms.

6. Clinical negligence claims

There were 4 new requests for copies of medical records during December and two new claims. Four Letters of Claim were received; two relating to Orthopaedics, one

Stroke Unit and one Gynaecology. These claims are in the very early stages of investigation and will follow due legal process.

7. Inquests

One inquest was held in January 2016. The case has been through the incident investigation process and it was found that the fall could not have been prevented. A further meeting has been arranged with the family in March.

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

BOARD OF DIRECTORS

Meeting Date and Part:	26 th February 2016 – Part 1
Subject:	Performance Report February 2016
Section on agenda:	Performance
Supplementary Reading (included in the Reading Pack)	None
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	The Board of Directors is asked to consider the information provided in the Performance Indicator Matrix.
<p>Executive Summary:</p> <p>The attached Performance Indicator Matrix shows performance exceptions against key access and performance targets for the month of January 2016 (where these have been finalised). This is at the Board as compliance against these standards is a regulatory and contractual requirement.</p> <p>The report also includes benchmark data for ED and supporting indicators of length of stay and readmissions.</p> <p>Q3 compliance against the Monitor KPIs is expected for the 62 day and 31 day subsequent surgery targets, evidencing improvement to date, particularly in Urology. Non-compliance is expected against the ED 4 hour target, though December was positively, above 95% and benchmarking indicates strong performance compared to others. The 31 day first treatments for cancer and C Difficile targets are likely to be non-compliant, resulting in a score of 3 (below the trigger score of 4).</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 remain on the risk register:</p> <ul style="list-style-type: none"> i. Cancer 62 day wait non-compliance and national guidance on 'high impact' changes. ii. 4 hour target. iii. Endoscopy wait times. <p>The urgent care impact risk assessment remains on the Trust Risk Register given the continued activity pressures, 4 hour performance and other indicators such as the increase in outliers.</p>

Performance Report February 2015/16 For January 2016

1. Introduction

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

2. Risk assessment for 2015/16 – Q3 Summary

The below shows the final position for Q3 and current predictions for Q4 against the key Monitor indicators.

Monitor Risk Assessment Framework: 2015-16 Q1 Actual & Q2 Predicted	Q4 14/15 Actual	Q1 15/16 Actual	Q2 15/16 Actual	Q3 15/16 Actual	Q4 15/16 Predicted
Referral to treatment time, 18 weeks in aggregate, incomplete pathways					
A&E Clinical Quality- Total Time in A&E under 4 hours					
Cancer 62 Day Waits for first treatment (from urgent GP referral)					
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)					
Cancer 31 day wait for second or subsequent treatment - surgery					
Cancer 31 day wait for second or subsequent treatment - drug treatments					
Cancer 31 day wait for second or subsequent treatment - radiotherapy					
Cancer 31 day wait from diagnosis to first treatment					
Cancer 2 week (all cancers)					
Cancer 2 week (breast symptoms)					
Clostridium Difficile -meeting the C.Diff objective					
Compliance with requirements regarding access to healthcare for people with a learning disability					

95.7% was achieved against the ED 4hr 95% threshold in December. With the high admissions in January, exacerbated by the incidence of Norovirus with up to 4 closed wards during the month, we still achieved 91% in January. This position and the continuation of these pressures into February, is likely to mean the 4 hour target will be unachievable for Q4. Through initiatives in Q4 such as trialing more consultant led shifts and 4 hour commander role, the Trust is expected to see gradually improving performance through the quarter for a stronger position going into Q1.

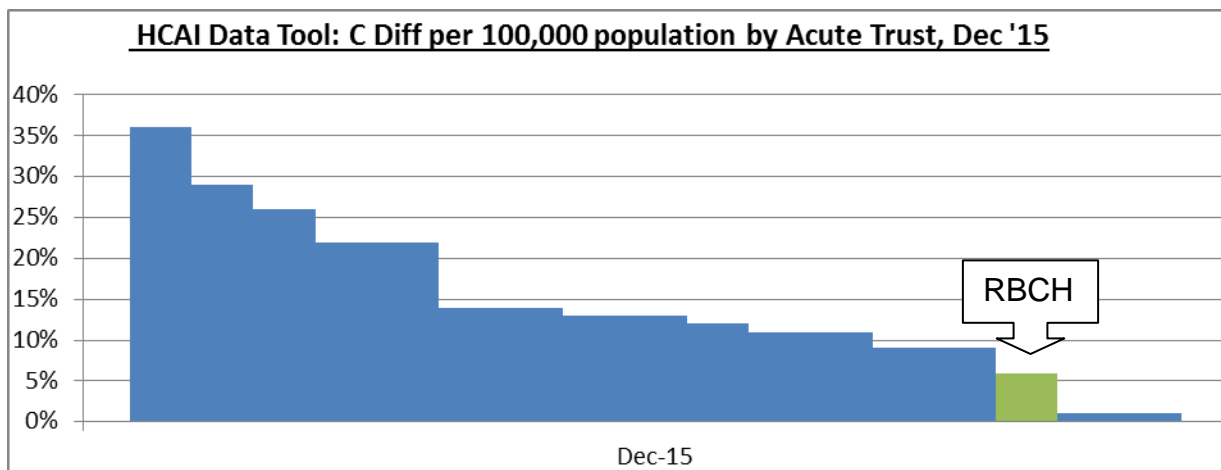
We are also pleased to confirm achievement of the cancer 62 day target in Q3. The 31 day first treatment target was only just non compliant as we treated the longer waiting patients to reduce backlogs. Predictions for Q4 are currently borderline against 62 day threshold and compliance will be dependent on confirmation of the full plans for additional prostatectomy capacity jointly with Dorchester. This will result in more patients being treated in the quarter who have already breached whilst we reduce the overall wait. This is already having an impact on the 31 day target and is unlikely to be complaint for quarter 4.

For the C Difficile indicator where there was evidence of lapses in care, we exceeded the "stretch" trajectory for CDiff YTD (maximum of 10) for end Q3. YTD confirmed cases are now at 14 and therefore, there is a very high risk that we will exceed our target (14 full year). It should be noted that our numbers are similar to last year and we continue to benchmark low to comparable Trusts (see chart in next section).

3. Infection Control

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

By the end of January 2016, we reached the annual allowed target of C Diff cases due to lapses in care (14). This means any further reported cases will result in non compliance for this indicator.



There have been no reported cases of hospital acquired MRSA.

4. Cancer

Performance against Cancer Targets

Key Performance Indicators	Threshold	2015-2016 Qtr 3	Nov-15	Dec-15
2 weeks - Maximum wait from GP	93.0%	97.0%	97.7%	95.9%
2 week wait for symptomatic breast patients	93.0%	100.0%	100.0%	100.0%
31 Day – 1st treatment	96.0%	94.9%	95.4%	95.6%
31 Day – subsequent treatment - Surgery	94.0%	94.3%	96.8%	90.9%
31 Day – subsequent treatment - Drugs	98.0%	100.0%	100.0%	100.0%
62 Day – 1st treatment	85.0%	88.6%	89.6%	91.0%
62 day – screening patients	90.0%	98.1%	100.0%	95.7%
62 day – Consultant upgrade (<i>local target</i>)	90.0%	58.3%	66.7%	75.0%

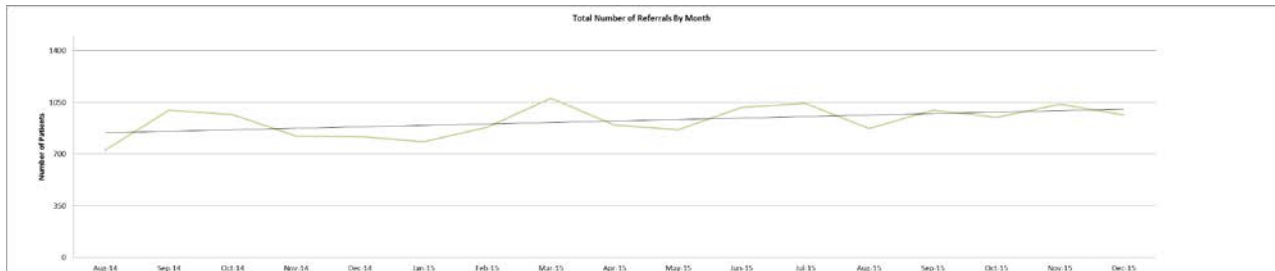
4.1 Two Week Wait

The overall improvement against the Two Week Wait target has now been sustained for three full quarters, despite a significant increase in volume over this period (see chart below). Therefore, we were compliant for Q3 and expect continued performance in Q4.

Endoscopy capacity is now on a much firmer footing with a significant reduction in our 6 Week Wait backlog and regular fast track capacity secured. This will present a much

lower risk to the cancer targets going forward (further detail in Diagnostics Section 8 below).

We continue to monitor fast track referral demand following the publication of the new NICE guidance last summer. A review of increased and expected demand and capacity for 16/17 is being incorporated in budget and contract setting. The table below shows the trend in growing referrals. December 2015 was 18% higher than December 2014.



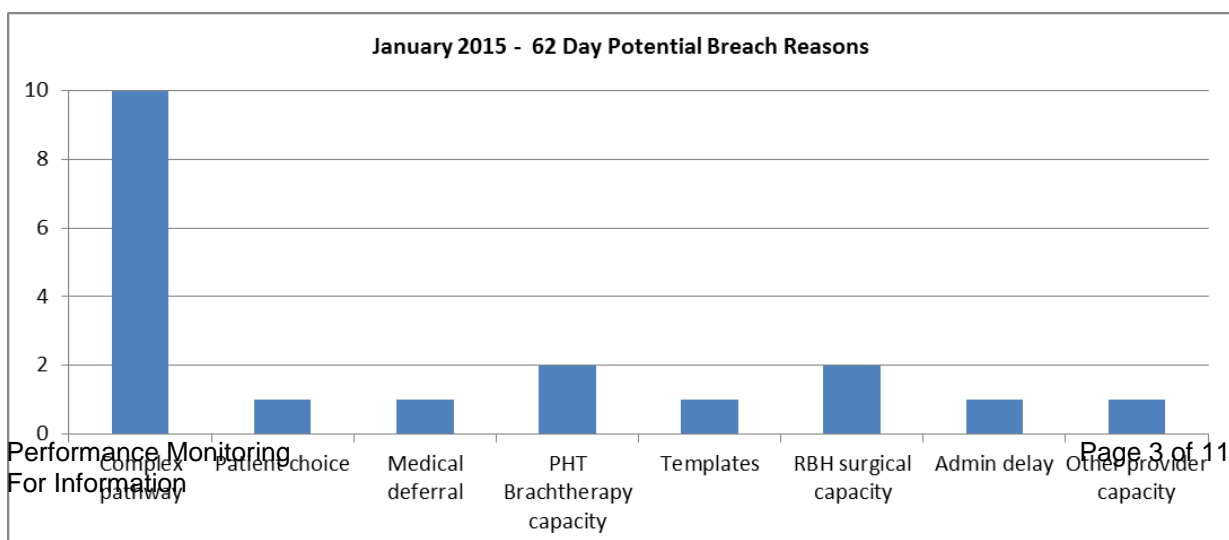
4.2 62 Day Referral/Screening to Treatment

Following a compliant Q3, we are working jointly with our commissioners and Dorset County Hospital to finalise our plans for pooling our waiting lists for robotic prostatectomy patients and for providing additional capacity. A number of additional lists have been secured in February and March. Exact numbers scheduled will have a large impact on our performance trajectory as we balance treating a number of patients who will already have breached, whilst reducing the overall backlog and waiting times.

We also continue to progress the actions included in our Remedial Action Plan which was detailed in last month's report.

In Q3 all patients from a screening pathway were screened within 62 days as per target. Compliance for Q4 is currently borderline due to the impact of a number of patients affected by earlier capacity pressures in the bowel cancer screening programme. However, these have now resolved.

In January, our root cause analysis of potential breaches showed an increase in the number of patients breaching due to complex pathways. Positively there were less breaches due to robot prostatectomy surgical capacity. Detail of these complex pathways is provided to the MDTs to review whether there are opportunities for improvements to pathways to avoid future breaches.



4.3 Overall 62 day performance by specialty

Site	Nov-15			Dec-15			Quarter 3 2015/16		
	Total	Within Target	Performance	Total	Within Target	Performance	Total	Within Target	Performance
Haematology	4	4	100.0%	4.5	4.5	100.0%	13.5	12.5	92.6%
Lung	5	4	80.0%	9	9	100.0%	20.5	18	87.8%
Colorectal	9	9	100.0%	10.5	8.5	81.0%	24.5	20.5	83.7%
Gynae	4.5	4.5	100.0%	3	3	100.0%	10	10	100.0%
Skin	35	34	97.1%	8	8	100.0%	69.5	68.5	98.6%
UGI	7	5	71.4%	6.5	6.5	100.0%	23	21	91.3%
Urology	45.5	37	81.3%	30.5	25.5	83.6%	106	83.5	78.8%
Breast	20	20	100.0%	12	12	100.0%	51	49	96.1%
Others									
Head & Neck	0.5	0.5	100.0%						
Brain/central nervous system									
Children's cancer									
Other cancer	1	1	100.0%	2	2	100.0%	3.5	3.5	100.0%
Sarcoma	3	1.5	50.0%	2.5	1.5	60.0%	7	4.5	64.3%
Total	134.0	120.0	89.6%	88.5	80.5	91.0%	328.5	291.0	88.6%

62 day performance

The areas of 62 day breaches are mainly Urology with some colorectal. The demand and capacity pressures in our Colorectal services are predominantly due to longer waits for Endoscopy. The Endoscopy wait times are improving. Breaches on Lung pathways also improved in Q3.

4.4 31 First Treatment and Subsequent Surgery

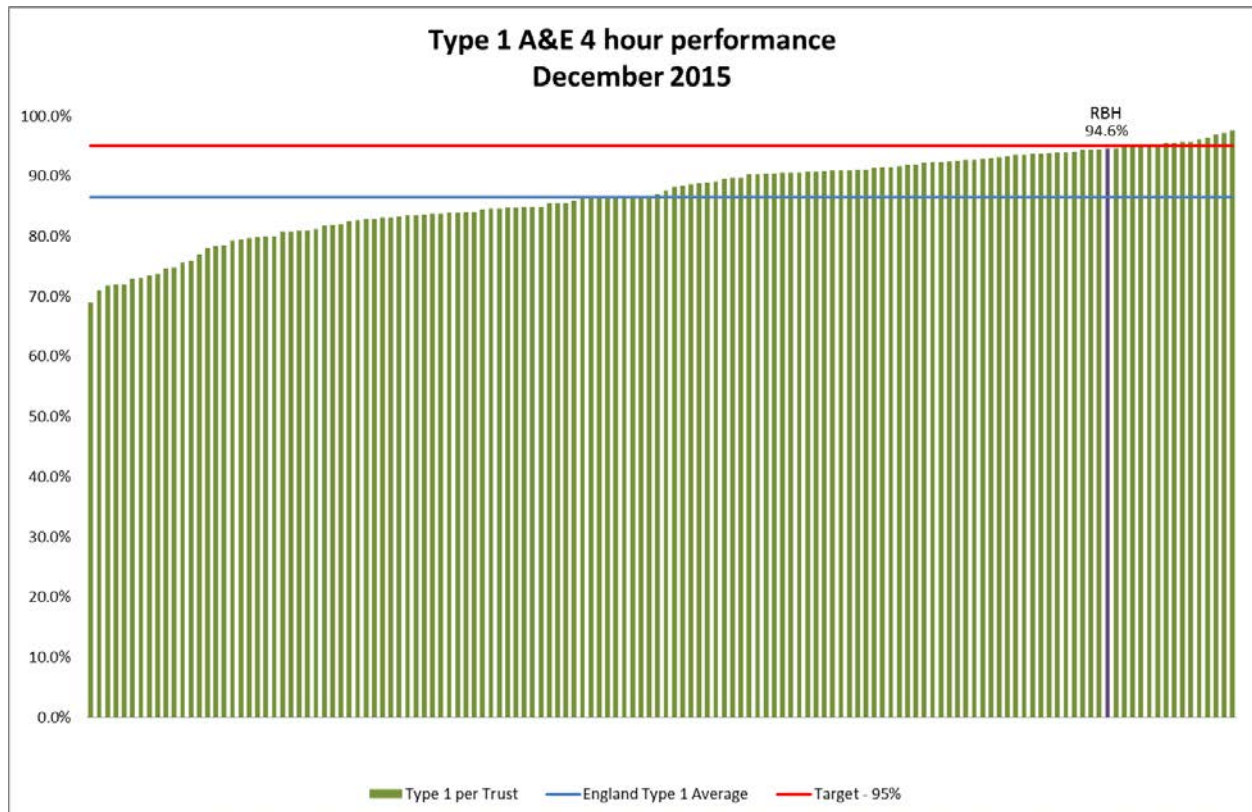
Due to the focus on the Urology backlog, we saw a number of breaches against the 31 day first treatment target which impacted on our overall compliance in Q3 and will continue to do so in Q4. The 31 day subsequent treatment target returned to compliance in Q3. These targets are predominantly impacted when we treat the longer waiting robot prostatectomy patients and therefore, remain at risk during the joint recovery programme with Dorset County Hospital. However, this will improve on completion of the recovery programme and we are also working with Dorchester to improve the pathway between the two hospitals from “decision to treat” to treatment, so as to reduce this risk.

5. A&E

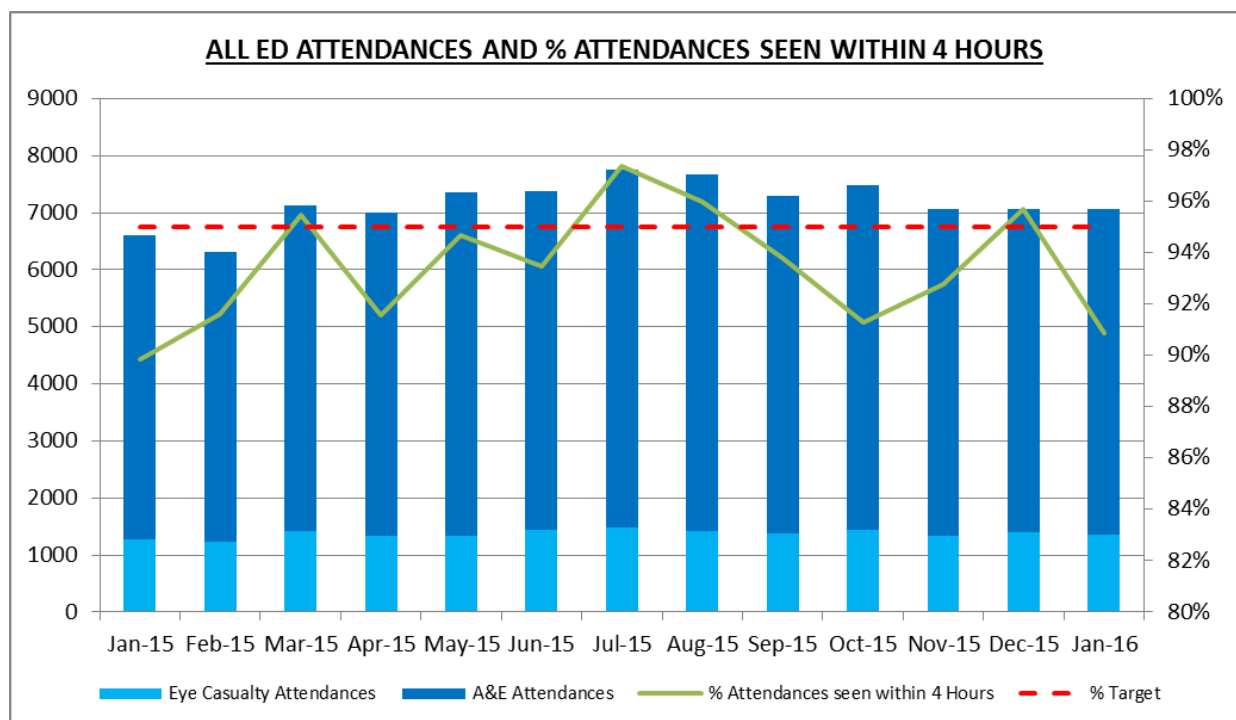
95% of patients waiting less than 4 hours from arrival to transfer/discharge

5.1 Performance and Activity

As highlighted in last month's report, the Trust achieved compliance against the ED 4 Hour target in December 2015, (though the quarter remained below threshold by 1%). The graph below shows our performance which can now be benchmarked against other trusts for December. The graph shows Type 1 (A&E attenders).



January has seen extreme pressures with a significant increase in non elective admissions compared to last year, above projected levels. This, along with a rise in the incidence of norovirus which closed up to 4 wards during the month and a high level of delayed discharges, resulted in a reduction in patient flow through the hospital. This meant that the Trust missed compliance with the ED 4 hour target, at 90.88% (only marginally better than January 2015).



A&E **Attendances** were up 7.2% compared to January last year, which itself was exceptionally high. Total non-elective **admissions** were also up, 11.6% compared to January 2015.

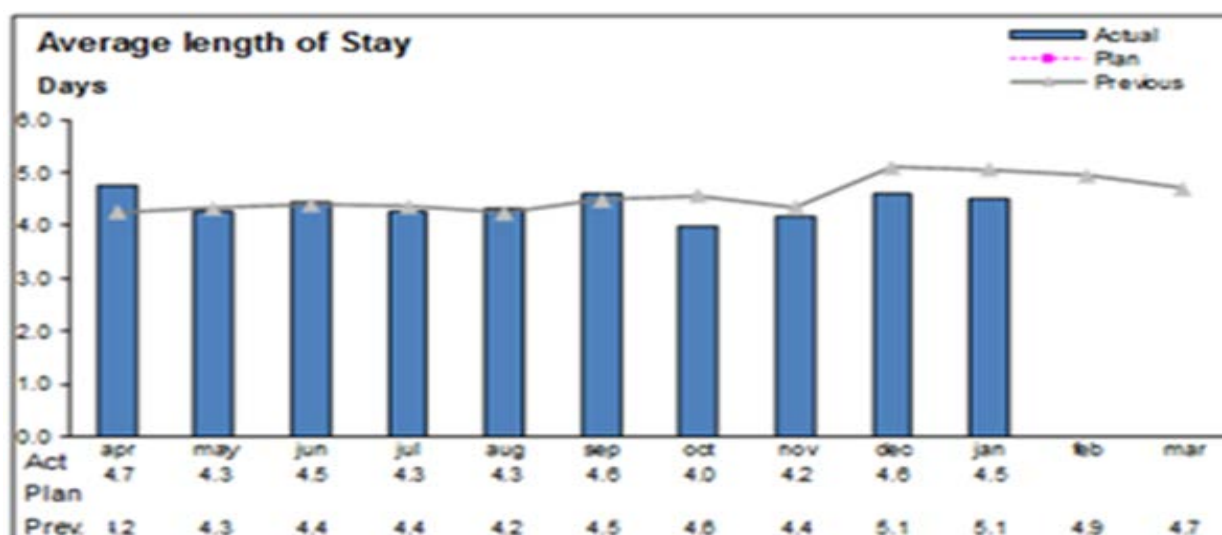
Demand, as measured by admissions, has varied significantly over the year, with the first 5 months broadly flat, and the second half much higher.

Non-Elective Activity - % variance

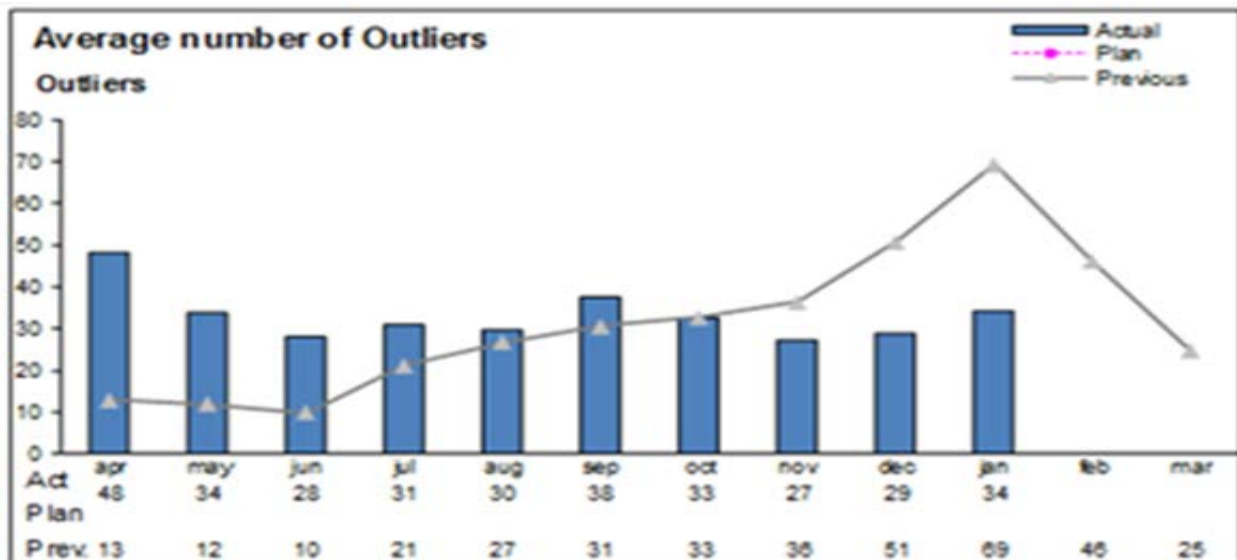
	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Variance against 14/15	-1.2%	-0.3%	1.8%	-2.3%	0.3%	7.2%	5.2%	13.0%	1.6%	11.6%

5.2 Progress Against ED and Trust-wide Actions

Analysis of the January performance shows 53.33% of the breaches were attributed to the inability to move patients to downstream beds, and 39.84% of delays were within the ED itself. However, these are often because of the Department reaching a position of exit block, and/or have a full resus. Positively average length of stay has been consistently below last year's levels since October reflecting the focus on ambulatory care and short stay models which have come into their own as acuity rises from October and avoided the rise seen last winter.

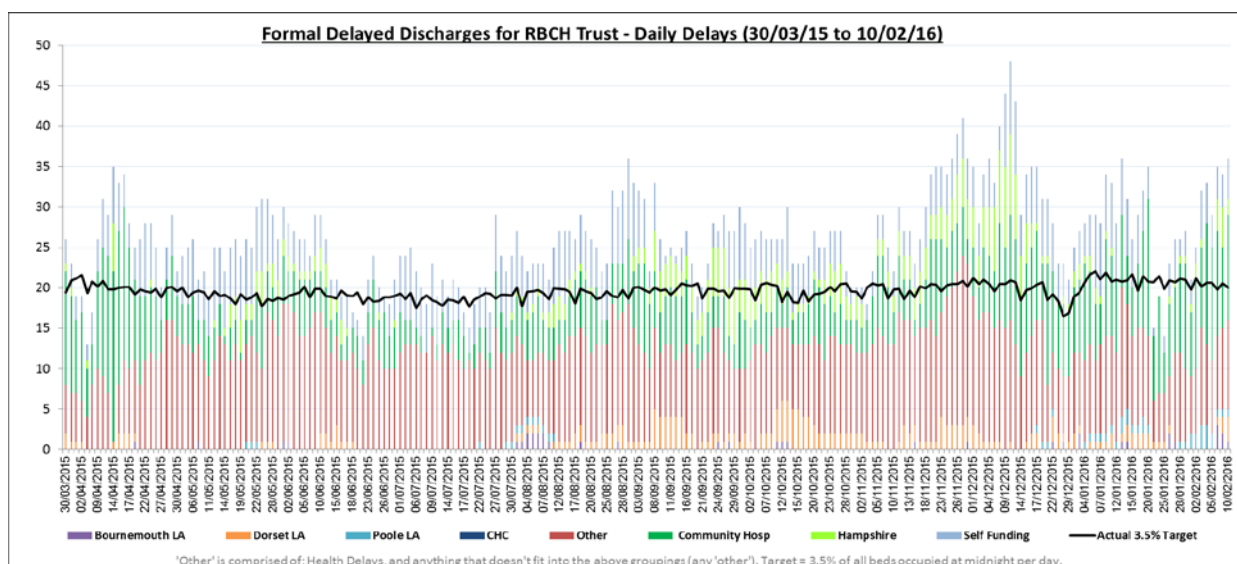


Though in-month peaks in outliers, especially in January, have been evidence of bed pressures, average outliers have been below last year's levels since November. This reflects new approaches to outlier management this year, supported by Nurse Practitioners, as well as planned winter bed opening based on better demand and capacity planning.



The detailed actions outlined in last month's report are continuing, although due to the extreme pressure in January we are unlikely to achieve the quarter performance. The actions are however expected to support an improving trend through the quarter and a stronger position going into Q1.

Delayed Transfers of Care together with patients 'medically fit for discharge' who are still in hospital, have remained a pressure. A peak was seen in December and has remained a pressure of around 30 beds to date. Some additional support to provide increased packages of care across health and social care was provided through January, in response to the extreme pressures.



6. Learning Disability

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

We were compliant with the requirement to healthcare access for Q3 15-16 and January '16 against the target.

7. Mixed Sex Accommodation

Minimise no. of patients breaching the mixed sex accommodation requirement

January is the sixth month of reporting under the revised MSA policy, in line with contractual agreements with Dorset CCG. 1 episode of MSA breach occasion occurred during January, affecting just 1 patient in critical care:

	Breach Occasions	Patients Affected
ITU/HDU	1	1

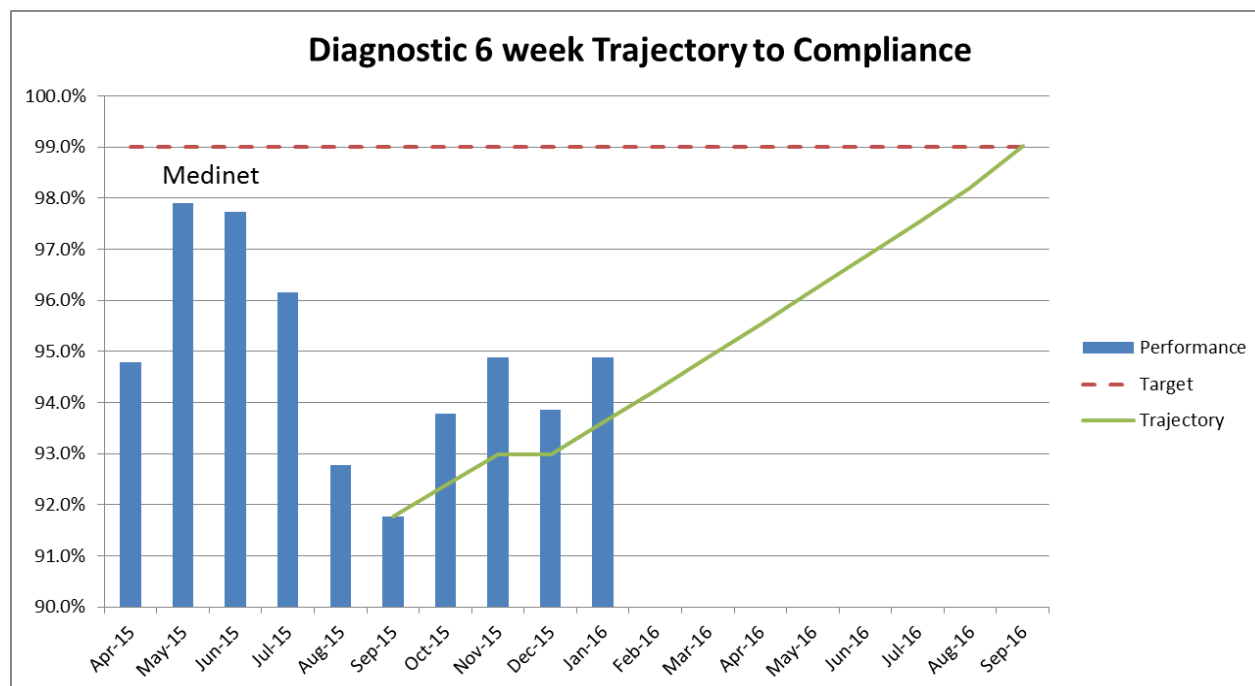
For Q3 in total, there were 10 patients affected during 5 MSA breach occasions.

Reviews of each potential breach continues to be undertaken via root cause analysis (RCA).

8. Diagnostics

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

January's diagnostic result was 94.9% (against the 99% threshold). However this was ahead of our improvement trajectory linked to the significant improvement work and backlog reduction plan in Endoscopy. The January junior doctor strikes, meant a number of patients were cancelled and could not be reinstated due to the bowel preparation requirements. Joint commissioning of some additional in-sourcing capacity through February and March will accelerate the Trust's improvement trajectory which is now likely to be achieved by June or earlier.



Planned Patients

In addition to our patients who have been newly referred for a diagnostic procedure, we also have patients who are on a 'planned' or 'surveillance' waiting list. These are patients that have repeated procedures on a planned basis (e.g. annually or three/five yearly). Currently we have 383 patients out of 6,018 (6.4%) who have been waiting greater than 6 weeks past their indicative due date. This is predominantly due to the pressures referred to above in Endoscopy (5.1%). The other 1.3% are mainly in Urology, Cardiology and Ophthalmology, 3 specialities all facing increasing RTT demand from rising referral levels. The work being undertaken in Endoscopy along with the additional insourcing will support our forward plans for reducing this. Planned patients continue to be monitored on a weekly basis, with clinical reviews of longer waiting patients being undertaken.

9. Cancelled Operations

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

We were fully compliant in January. Additional cancellations due to the extreme bed pressures January will present increased challenge to the 28 day rescheduling over February.

10. Stroke

We continue to await the published Q3 SSNAP results but currently anticipate that we will retain at least a level B. Strong team work across Radiology, ED and within the Stroke Unit continues to drive forward improvements in the service. These include ambulatory care developments and dedicated, case by case evaluation of patient care not meeting the SSNAP standards.

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

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

Incomplete Pathways

The Trust continues to perform well against the Incomplete Pathways target, achieving 93.7% in January, with 20,033 patients waiting less than 18 weeks.

Some pressure is being seen in Urology, General Surgery, Orthopaedics, Ophthalmology and Cardiology.

Urology has continued to build some routine backlog due to the need to secure timely capacity for cancer pathways. Additional capacity is currently being provided through outsourcing to prevent further delays to patients.

Orthopaedics has also seen an increase in admitted backlog however, this is expected to improve with some additional theatre capacity for consultant specific cases and additional outpatient capacity which is reducing pathway delays.

In addition, Ophthalmology and Cardiology have experienced an increase in referrals, which together with some capacity reduction, has led to an increase in backlog. Additional sessions are underway to prevent further deterioration a key area of work has commenced with commissioners to assist with the efficient management of Ophthalmology demand through improved referral triage and this will be key to maximising utilisation of clinics.

Finally, we will continue to monitor the Dermatology service performance as referrals increase. We continue to work with our commissioners to improve referral pathways to ensure appropriate referrals to the service.

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16		
										<18 wks	Total	Performance
100 - GENERAL SURGERY	91.1%	93.0%	92.3%	91.6%	91.3%	90.5%	91.9%	92.2%	92.0%	2368	2575	92.0%
101 - UROLOGY	89.9%	90.1%	90.0%	89.0%	88.4%	87.2%	89.8%	90.5%	86.5%	1229	1470	83.6%
110 - TRAUMA AND ORTHOPAEDICS	89.2%	92.9%	94.2%	94.5%	93.9%	93.7%	94.8%	94.2%	92.5%	3682	3988	92.3%
120 - EAR NOSE AND THROAT	87.8%	87.4%	90.3%	95.0%	98.4%	98.9%	98.9%	98.2%	96.3%	348	355	98.0%
130 - OPHTHALMOLOGY	97.4%	97.3%	97.5%	96.6%	95.4%	94.8%	93.4%	93.4%	93.2%	4071	4336	93.9%
140 - ORAL SURGERY	80.5%	73.3%	65.8%	59.5%	84.8%	98.0%	100.0%	100.0%	100.0%	235	235	100.0%
170 - CARDIOTHORACIC SURGERY	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	8	8	100.0%
300 - GENERAL MEDICINE	93.0%	94.6%	97.6%	97.5%	96.9%	96.4%	96.9%	95.8%	96.9%	860	868	99.1%
320 - CARDIOLOGY	94.6%	94.9%	95.8%	95.8%	94.2%	93.5%	95.2%	95.1%	93.8%	1679	1770	94.9%
330 - DERMATOLOGY	84.6%	89.3%	89.1%	92.1%	92.1%	91.7%	93.8%	93.8%	96.4%	565	583	96.9%
340 - THORACIC MEDICINE	97.9%	99.4%	97.9%	98.6%	99.4%	100.0%	99.2%	99.5%	98.6%	416	426	97.7%
400 - NEUROLOGY	86.7%	85.6%	81.7%	87.7%	96.7%	97.5%	97.0%	98.8%	96.5%	199	200	99.5%
410 - RHEUMATOLOGY	97.1%	96.1%	94.5%	96.9%	98.1%	98.6%	98.7%	98.4%	98.0%	1006	1035	97.2%
430 - GERIATRIC MED	97.8%	97.0%	98.1%	97.0%	99.2%	98.5%	100.0%	98.9%	100.0%	137	139	98.6%
502 - GYNAECOLOGY	91.8%	95.1%	92.5%	92.1%	92.3%	93.7%	94.6%	94.0%	94.1%	958	1030	93.0%
Other	97.3%	97.7%	97.6%	95.6%	95.9%	97.7%	96.4%	97.9%	96.8%	1739	1793	97.0%
TOTAL	92.6%	94.0%	94.4%	94.3%	94.1%	94.1%	94.5%	94.5%	93.7%	20033	21377	93.7%

12. Dr Foster benchmarking – LoS and readmissions

The informatics provider company Dr Foster have recently supplied us with some useful, casemix adjusted information. There are numerous methodologies for calculating readmits and this is probably the most sophisticated. This shows positive trends in both reducing Length of Stay (LoS) and readmission rates. Both of these have allowed us to better cope with extra emergency demand. Reducing LoS is often associated with an increase in readmissions (or “failed” discharges). This has been avoided through good pathway and whole system working.

Fig. 9.0 shows the relative risk for readmissions is 95.39 (92.82 – 98.01), this is statistically significantly lower than expected.

Fig. 9.0 – Trend in Readmissions, November 2014 to July 2015

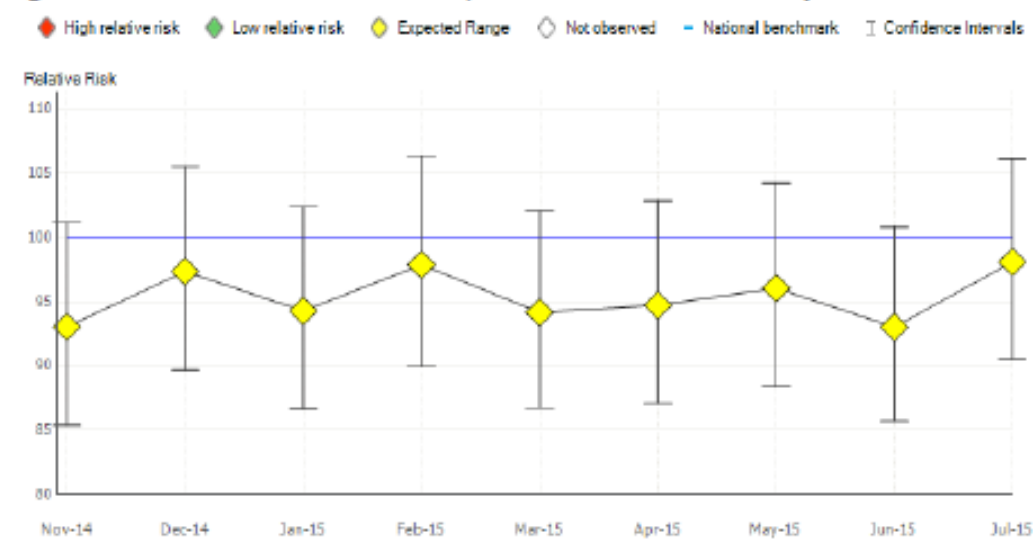
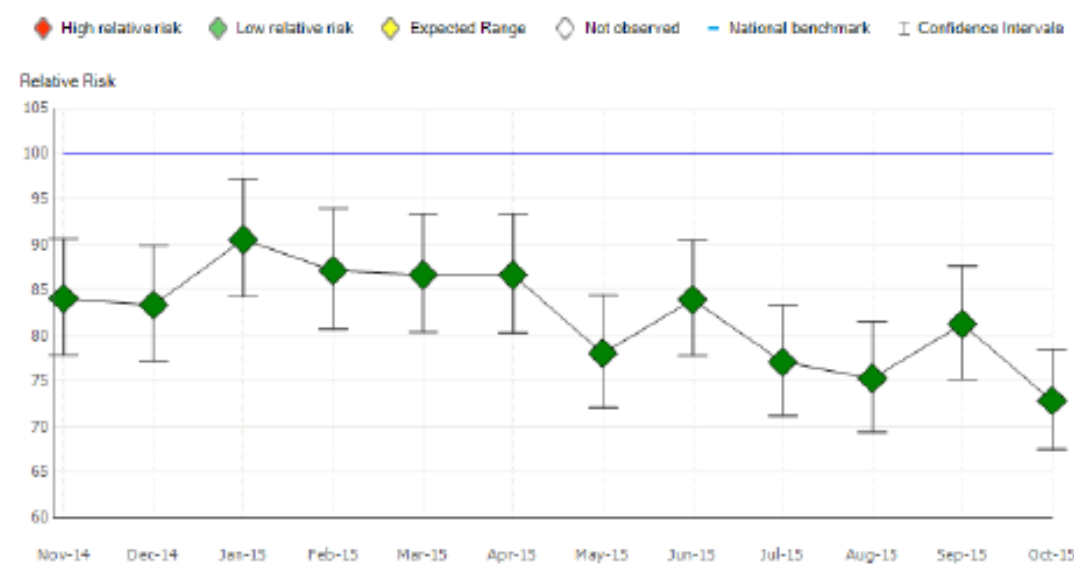


Fig. 14.0 shows the relative risk for long length of stay is 82.14 (80.36 – 83.95), this is statistically significantly lower than expected.

Fig. 14.0 – Trend in Long Length of Stay, November 2014 to October 2015



13. Recommendation

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

2015/16 PERFORMANCE INDICATOR MATRIX FOR BOARD OF DIRECTORS

Area	Indicator	Measure	Target 15/16	Monitor	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Forecast - Next Month	Forecast - Quarter	RAG Thresholds		
Monitor Governance Targets & Indicators																	> trajectory		<= trajectory
Infection Control	Clostridium difficile	Total number of hospital acquired C. Difficile cases under review	n/a	1.0	6				3			1		2	n/a	n/a			
	Clostridium difficile	C. Difficile cases due to lapses in Care	14 (1 pcm)		1			6			6		1				>1		<1
Referral to Treatment	RTT Admitted	18 weeks from GP referral to 1 st treatment – aggregate	90%	1.0	90.1%				90.5%			82.8%		81.6%			<90%		≥90%
	RTT Non Admitted	18 weeks from GP referral to 1st treatment – aggregate	95%	1.0	93.0%				93.8%			95.2%		95.2%			<95%		≥95%
	RTT Incomplete pathway	Patients on an 18 week pathway awaiting treatment – aggregate	92%	1.0	92.6%				94.2%			94.2%		93.7%			<92%		≥92%
Cancer	2 week wait	From referral to to date first seen - all urgent referrals	93%	1.0	96.4%				95.1%			97.0%					<93%		≥93%
	2 week wait	From referral to date first seen - for symptomatic breast patients	93%		98.6%				100.0%			100.0%					<93%		≥93%
	31 day wait	From diagnosis to first treatment	96%	1.0	96.5%				96.2%			94.9%					<96%		≥96%
	31 day wait	For second or subsequent treatment - Surgery	94%	1.0	94.8%				92.2%			94.3%					<94%		≥94%
	31 day wait	For second or subsequent treatment - anti cancer drug treatments	98%		100.0%				100.0%			100.0%					<98%		≥98%
	62 day wait	For first treatment from urgent GP referral for suspected cancer	85%	1.0	85.5%				82.6%			88.6%					<85%		≥85%
	62 day wait	For first treatment from NHS cancer screening service referral	90%		91.3%				87.2%			98.1%					<90%		≥90%
A&E	4 hr maximum waiting time	From arrival to admission / transfer / discharge (Type 1 & 2)	95%	1.0	93.3%				95.75%			93.21%		90.88%			<95%		≥95%
LD	Patients with a learning disability	Compliance with requirements regarding access to healthcare	n/a	1.0													No		Yes
TOTAL	CURRENT QUARTERLY MONITOR (PREDICTION) / SCORE		0.0	0.0	1				2			3			n/a	n/a	n/a		

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

MSA	Mixed Sex Accommodation	Minimise no. of patients breaching the mixed sex accommodation requirement	0		0	0	0	0	29	4	6	2	2	1			> 0		0
Infection Control	MRSA Bacteraemias	Number of hospital acquired MRSA cases	0		0	0	0	0	0	0	0	0	0	0			>0		0
Cancer	62 day – Consultant upgrade	Following a consultant's decision to upgrade the patient priority *	90%		66.7%	66.7%	100.0%	100.0%	100.0%	85.70%	0.0%	66.7%	75.0%				< 90%		≥90%
VTE	Venous Thromboembolism	Risk assessment of hospital-related venous thromboembolism	95%		95.4%				96.1%			96.4%					<95%		≥95%
Diagnostics	Six week diagnostic tests	More than 99% of patients to wait less than 6 wks for a diagnostic test	>99%		94.8%	97.9%	97.7%	96.2%	92.8%	91.8%	93.8%	94.9%	93.9%	94.9%			<99%		≥99%
A&E	Admission via A&E	No. of waits from decision to admit to admission over 12 hours	0		0	0	0	0	0	0	0	0	0	0			≥1		0
	Ambulance Handovers	No. of breaches of the 30 minute handover standard	0		20	20	22	43	56	85	106	87	31	95	n/a	n/a	tbc		
	Ambulance Handovers	No. of breaches of the 60 minute handover standard	0		5	2	2	4	9	10	38	12	3	12	n/a	n/a	tbc		
Cancelled Operations	28 day standard	No. of patients not offered a binding date within 28 days of cancellation	0		0	0	1	0	1	0	1	2	0	0			≥1		0
	Urgent ops Cancelled for 2nd time	No. of urgent operations cancelled for a second time	0		0	0	0	0	0	0	0	0	0	0			≥1		0
Stroke & TIA	SSNAP indicator	% of Stroke patients are treated on a dedicated stroke ward for 90% of spell	SSNAP threshold tbc		51.1%	69.4%	84.3%	88.9%	89.6%	81.7%	67.5%	69.8%	83.3%	82.5%	tbc	tbc	tbc		
	SSNAP indicator	Direct admission to Stroke Unit within 4 hours of admission	SSNAP threshold tbc		53.3%	75.0%	62.9%	86.8%	69.1%	73.0%	66.0%	73.1%	70.8%	72.7%	tbc	tbc	tbc		
	SSNAP indicator	Patients receive CT Scan within 24 hours of admission	SSNAP threshold tbc		96.7%	100.0%	92.0%	100.0%	n/a	n/a	n/a	n/a	n/a	n/a	tbc	tbc	tbc		
	SSNAP indicator	Patients with acute stroke receive brain imaging within 1 hr	SSNAP threshold tbc		46.7%	41.1%	40.0%	56.6%	35.1%	40.6%	31.5%	34.0%	46.3%	40.0%	tbc	tbc	tbc		
	SSNAP indicator	Thrombolysis Rate	SSNAP threshold tbc		13.3%	12.5%	12.3%	17.0%	10.5%	7.8%	11.1%	7.5%	9.0%	9.1%	tbc	tbc	tbc		
	SSNAP indicator	% appropriate patients receiving thrombolysis (within 1 hour of clock start)	SSNAP threshold tbc		50.0%	14.3%	62.5%	33.3%	33.3%	60.0%	0.0%	50.0%	50.0%	60.0%	tbc	tbc	tbc		
	TIA indicator	High risk TIA cases investigated and treated within 24hrs	SSNAP threshold tbc		67.2%	63.0%	60.0%	60.0%	39.0%	53.0%	65.0%	47.5%	44.0%	64.0%	tbc	tbc	tbc		
	TIA indicator	Low risk TIA cases, seen within 7 days	SSNAP threshold tbc		89.2%	92.0%	91.0%	86.0%	90.0%	90.0%	94.0%	91.4%	88.0%	91.0%	tbc	tbc	tbc		
Referral to Treatment	Clocks still running - 52 weeks	Zero tolerance of over 52 week waiters (Incomplete Pathways)	0		0	0	0	0	0	0	0	0	0	0			≥1		0
	Clocks still running - admitted	Total number of patients with an admitted incomplete pathway	tbc		5976	6097	5967	5967	6306	6222	6430	6372	6766	6634	n/a	n/a	tbc		
	Clocks still running - admitted	Number of patients with an admitted incomplete pathway over 18 weeks	tbc		656	600	568	669	753	790	787	787	967	942	n/a	n/a	tbc		
	Clocks still running - non admitted	Total number of patients with a non admitted incomplete pathway	tbc		14169	13434	13054	13265	13717	12951	13166	13324	14035	14743	n/a	n/a	tbc		
	Clocks still running - non admitted	Number of patients with a non admitted incomplete pathway over 18 weeks	tbc		826	581	499	448	425	349	286	299	348	402	n/a	n/a	tbc		
	RTT Clocks still running - Combined	100 - GENERAL SURGERY	92%		91.1%	93.0%	92.3%	91.6%	91.3%	90.5%	91.9%	92.2%	92.0%	91.96%			<92%		≥92%
	RTT Clocks still running - Combined	101 - UROLOGY	92%		89.9%	90.1%	90.0%	89.0%	88.4%	87.2%	89.8%	90.5%	86.5%	83.6%			<92%		≥92%
	RTT Clocks still running - Combined	110 - TRAUMA AND ORTHOPAEDICS	92%		89.2%	92.9%	94.2%	94.5%	93.9%	93.7%	94.8%	94.2%	92.5%	92.3%			<92%		≥92%
	RTT Clocks still running - Combined	120 - EAR NOSE AND THROAT	92%		97.8%	97.4%	90.3%	95.0%	98.4%	98.9%	98.9%	98.2%	96.3%	98.0%			<92%		≥92%
	RTT Clocks still running - Combined	130 - OPHTHALMOLOGY	92%		97.4%	97.3%	97.5%	96.6%	95.4%	94.8%	93.4%	93.4%	93.2%	93.9%			<92%		≥92%
	RTT Clocks still running - Combined	140 - ORAL SURGERY	92%		80.5%	73.3%	65.8%	59.5%	84.9%	98.0%	100.0%	100.0%	100.0%	100.0%			<92%		≥92%
	RTT Clocks still running - Combined	170 - CARDIOTHORACIC SURGERY	92%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			<92%		≥92%
	RTT Clocks still running - Combined	300 - GENERAL MEDICINE	92%		93.0%	94.6%	97.6%	97.5%	96.9%	96.4%	96.9%	95.8%	96.9%	99.1%			<92%		≥92%
	RTT Clocks still running - Combined	320 - CARDIOLOGY	92%		94.6%	94.9%	95.8%	95.8%	94.2%	93.5%	95.2%	95.1%	93.8%	94.9%			<92%		≥92%
	RTT Clocks still running - Combined	330 - DERMATOLOGY	92%		84.6%	89.3%	88.1%	92.1%	92.1%	91.7%	93.8%	93.8%	96.4%	96.9%			<92%		≥92%
	RTT Clocks still running - Combined	340 - THORACIC MEDICINE	92%		97.9%	99.4%	97.9%	98.6%	99.4%	100.0%	99.2%	99.5%	98.6%	97.7%			<92%		≥92%
	RTT Clocks still running - Combined	400 - NEUROLOGY	92%		86.7%	85.6%	81.7%	87.7%	96.8%	97.5%	97.0%	98.8%	96.5%	99.5%			<92%		≥92%
	RTT Clocks still running - Combined	410 - RHEUMATOLOGY	92%		97.1%	96.1%	94.5%	96.9%	98.2%	98.6%	98.7%	98.4%	98.0%	97.2%			<92%		≥92%
	RTT Clocks still running - Combined	430 - GERIATRIC MED	92%		97.8%	97.0%	98.1%	97.0%	99.2%	98.5%	100.0%	98.9%	100.0%	98.6%			<92%		≥92%
	RTT Clocks still running - Combined	502 - GYNAECOLOGY	92%		91.8%	95.1%	92.5%	92.1%	92.3%	93.7%	94.6%	94.0%	94.1%	93.0%			<92%		≥92%
	RTT Clocks still running - Combined	Other	92%		97.3%	97.7%	97.6%	95.6%	95.9%	97.7%	96.4%	97.9%	96.8%	96.2%			<92%		≥92%
Planned waits	Planned waiting list	% of patients less than 6 weeks past their due date	0		96.9%	97.1%	95.6%	98.1%	97.9%	96.3%	96.5%	93.6%	93.5%	93.5%			tbc		
Cancer	Cancer 62 day by Tumor Site	Haematology	85%		100.0%			100.0%	100.0%	50.0%	80.0%	100.0%	100.0%				<85%		≥85%
	Cancer 62 day by Tumor Site	Lung	85%		79.4%			71.4%	65.0%	80.0%	58.3%	77.8%	100.0%				<85%		≥85%
	Cancer 62 day by Tumor Site	Colorectal	85%		82.6%			88.2%	83.3%	60.0%	100.0%	81.0%					<85%		≥85%
	Cancer 62 day by Tumor Site	Gynae	85%		85.7%			100.0%	80.0%	100.0%	100.0%	100.0%	100.0%				<85%		≥85%
	Cancer 62 day by Tumor Site	Skin	85%		95.8%			100.0%	100.0%	93.4%	100.0%	97.1%	100.0%				<85%		≥85%
	Cancer 62 day by Tumor Site	UGI	85%		90.5%			88.9%	100.0%	100.0%	100.0%	71.4%	100.0%				<85%		≥85%
	Cancer 62 day by Tumor Site	Urology	85%		72.1%			70.1%	53.4%	65.2%	70.0%	81.3%	83.6%				<85%		≥85%
	Cancer 62 day by Tumor Site	Breast	85%		93.7%			92.3%	95.2%	88.9%	100.0%	100.0%					<85%		≥85%
	Cancer 62 day by Tumor Site	Head & Neck	85%		80.0%			100.0%	100.0%	100.0%	n/a	100.0%	n/a				<85%		≥85%
	Cancer 62 day by Tumor Site	Brain/central nervous system	85%		n/a			n/a	n/a	n/a	n/a	n/a	n/a		n/a	n/a	<85%		≥85%
	Cancer 62 day by Tumor Site	Children's cancer	85%		n/a			n/a	n/a	n/a	n/a	n/a	n/a		n/a	n/a	<85%		≥85%
	Cancer 62 day by Tumor Site	Other cancer	85%		100.0%			n/a	n/a	n/a	n/a	100.0%	100.0%				<85%		≥85%
	Cancer 62 day by Tumor Site	Sarcoma	85%		0.0%			n/a	n/a	100.0%	100.0%	50.0%	60.0%				<85%		≥85%
	Cancer 62 day by Tumor Site																		
SUS Submissions	NHS Number Compliance	Completion of NHS Numbers in SUS Submission (IPS/OPS)	99%		99.9%	99.9%	100%	99.9%	99.8%	100%	99.8%						<99%		≥99%
	NHS Number Compliance	Completion of NHS Numbers in SUS A&E Submissions	95%		97.9%	97.9%	98%	97.5%	97.2%	97%	97.5%						<95%		≥95%

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

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

BOARD OF DIRECTORS

Meeting Date and Part:	26 th February 2016 Part 1
Subject:	Quality Report
Section on agenda:	Performance
Supplementary Reading (included in the Reading Pack)	Patient Experience information – care audit action plan
Officer with overall responsibility:	Paula Shobbrook, Director of Nursing and Midwifery
Author(s) of papers:	Joanne Sims, Associate Director Quality & Risk Ellen Bull, Deputy Director of Nursing Sue Mellor Head of Patient Experience
Details of previous discussion and/or dissemination:	Healthcare Assurance Committee (HAC)
Action required: Discuss/Information	The Board is invited to discuss the Trust's quality performance; to note the improvements which have been made and areas for focus which are reviewed in detail at the HAC and will be reported by the Chair.

Executive Summary:

This report provides a summary of information and analysis on the key quality performance indicators, linked to the Board objectives for 15/16, for January 2015.

1. **Serious Incidents:** 2 reported
2. **Safety Thermometer:** Harm Free Care reduced in month but this related to an increase in patients admitted with community acquired pressure damage. .
3. **2015/16 Quality Objectives:**
 - Meeting quality objectives for: reducing severe harm events, SIs, serious pressure damage, staff incidents.
 - Not meeting quality improvement aim for: falls, medication incidents and never events.
4. **Patient experience:**
 - Friends and Family Test (FFT) performance- The Trust is 2nd with 20 other hospitals out of 171 placing RBCH in the top quartile.

Relevant CQC domain:	Safe, Caring, Effective, Responsive & Well Led
Risk Profile: i. Impact on existing risk? ii. Identification of a new risk?	No

Quality and Patient Safety Performance Exception Report: January 2016

1.0 Purpose of the report

This report accompanies the Quality/Patient Performance Dashboard and outlines the Trust's performance exceptions against key quality indicators for patient safety and patient experience for the month of January 2016

2.0 Serious incidents

Two Serious Incidents (SI) were confirmed and reported on STEIS in January 2016

- Incorrect treatment and escalation resulting in patient admitted to ITU (Cardiology)
- Potential missed diagnosis (Medicine)

3.0 Safety Thermometer

All inpatient wards collect the monthly Safety Thermometer (ST) "Harm Free Care" data. This records whether patients have had an inpatient fall within the last 72 hours, a hospital acquired category 2-4 pressure ulcer, a catheter related urinary tract infection and/or, a hospital acquired VTE. If a patient has not had any of these events they are determined to have had "harm free care".

NHS SAFETY THERMOMETER	14/15 Trust Average	14/15 National Average	Aug	Sept	Oct 15	Nov 15	Dec 15	Jan 16
Safety Thermometer % Harm Free Care	90.68%	93.80%	92.4%	88.9%	90.3%	86.97%	90.9%	84.10%
Safety Thermometer % Harm Free Care (New Harms only)	97.18%	97.59%	97.9%	96.6%	97.6%	97.7%	97.1%	96.62%

	Aug 15	Sept 15	Oct 15	Nov 15	Dec 15	Jan 16
New Pressure Ulcers	8	14	6	6	10	13
New falls (Harm)	2	0	3	3	3	4
New VTE	0	1	1	0	0	0
New Catheter UTI	0	1	1	0	2	0

4.0 Patient Experience Report Friends and Family Test: National Comparison using NHS England data February 2016 (containing January data)

4.1 The national performance benchmarking data bullet pointed below is taken from the national data provided by NHS England which is retrospectively available and therefore, represents December 2015 data.

- Inpatient and day case Friends and Family Test (FFT) national performance in December 2015 ranked RBCH Trust 2nd with 20 other hospitals out of 171 placing RBCH in the top quartile. The response rate was sustained above the 15% national standard at 18.7%.

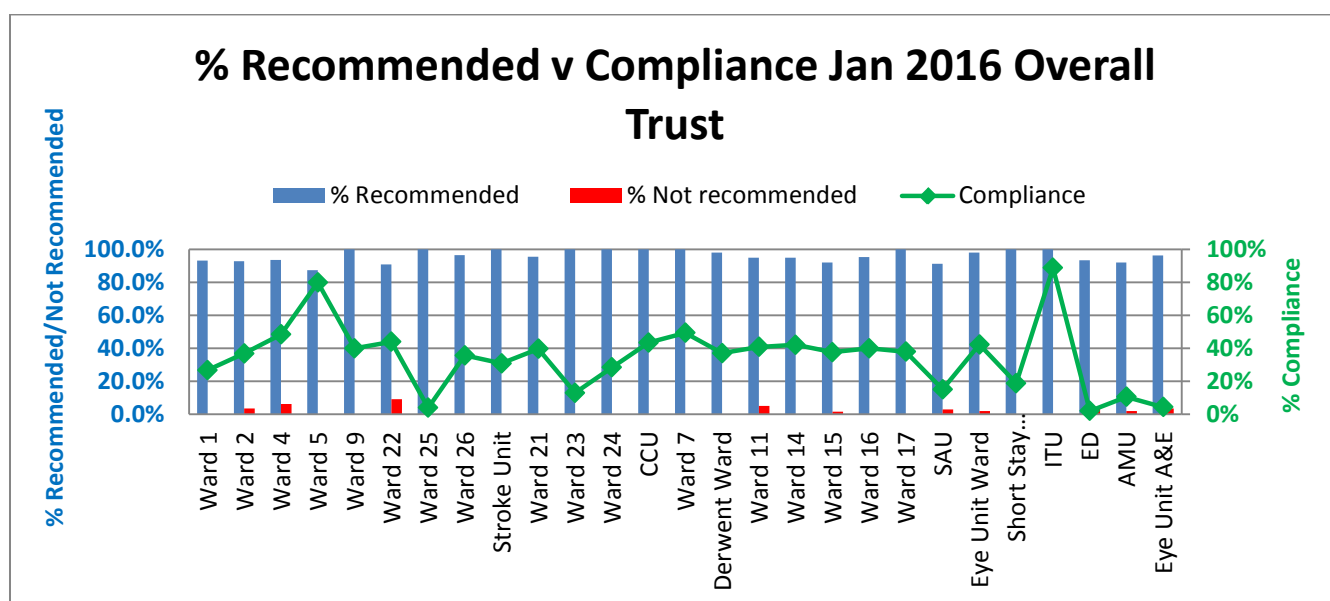
- The Emergency Department FFT performance in December 2015 ranked RBCH Trust 9th with 13 other hospitals out of 141 placing RBCH ED department in the second quartile. The response rate 3.3% against the 15% national standard.
- Outpatients FFT performance in December 2015 ranked RBCH Trust 4th with 27 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 standard.

4.2 The following data is taken from internal data sources

Table 1 below represents Trust ward and department performance for FFT percentage to recommend, percentage to not recommend and the response compliance rate.

A significant amount of areas attained FFT 100% scores although some of these areas have very small FFT returns and 16 areas with an FFT score below 95%. Five areas did not meet the 15% national response compliance rate. Low returns impact on the overall score.

Table 1



4.3 Corporate Outpatient areas

Main OPD have increased their response rate in excess of 100 returns. There is a lower in month not recommend rate. Derwent have increased their response rate form 33 (Dec 2015) to 75. Christchurch OPD have seen a significant decrease in the number of returns from 132 (Dec) to 82.

Table illustrating main outpatient areas FFT results.

Corporate	No FFT Cards	No FFT responses	Recommended %	Not Recommended %
Main Outpatients RBH	398	385	95.8%	1.6%
Derwent OPD	75	75	96.0%	4.0%
Oral and Maxillofacial	39	39	97.4%	0.0%
Main Outpatients Xch	82	80	99.3%	2.5%
Total	499	476	96.8%	2.1%

There were 3379 cards completed in total. 84% of comments were very positive.

Themes for negative comments include:

- staff behaviours and inappropriate comments
- lack of communication, re waiting times and care
- waiting times, pathology
- noise at night

4.4 Care Audit Trend Data

Overall	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Red	52	68	33	49	51	51	45	60
Amber	44	81	45	43	69	73	61	58
Green	172	175	243	203	178	199	163	229
N/A	7	26	29	55	52	27	81	28

There is a small increase in the number of reds and greens in month, reflective of the increased number of audits attain (414) by volunteers. Chronic issues (patients reporting noise levels, call bells not considered to be answered in a timely manner, staff not checking analgesia is effective remain). Trend graphs to evidence and support improvement are in draft and audit questions have been refined and agreed with implementation from 1st February. Additionally, there is a space for patients to highlight and name exceptional individual and offer team compliments, this will support revalidation and also create a systematic methodology for collecting compliments for reporting. The Care group leads continue driving actions locally.

4.5 Patient Opinion and NHS Choices: January 2016 Data

7 patient opinion comments were left in January, all express satisfaction with the service they received.

5.0 Recommendation

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

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

BOARD OF DIRECTORS

Meeting Date and Part:	26 th February 2016 – Part I
Reason for Part 2:	N/A
Subject:	Financial Performance
Section on agenda:	Information
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 Committee
Action required: Approve/Discuss/Information/Note	Members are asked to note the financial performance as at 31 January and continue to reinforce the importance of managing within agreed budgets.
<p>Executive Summary:</p> <p>The Trust has delivered a cumulative deficit of £10.3 million as at 31 January. This is £526,000 better than plan. Whilst some financial pressures are expected through the remainder of the winter period, the monthly expenditure run rate has improved and has stabilised in recent months. As a result, the Trust is expecting to achieve a year end deficit marginally below the revised plan of £11.9 million.</p> <p>To date the Trust has recorded cost improvement savings of £7.5 million which is £358,000 ahead of the year to date target. The full year savings forecast reduced marginally in month and stands at £9.5 million which is £454,000 more than the target. However, the level of non-recurrent savings within this forecast remains a cause for concern.</p> <p>The Trust has committed £12.3 million in capital spend, with key areas of spend being the Christchurch development (£3.4 million), the Jigsaw new build (£2.9 million), and the Trusts IT Strategy (£2.0 million). The full year forecast is for an under spend of £3.8 million, reflecting delays in the Christchurch Development and</p>	

the decision not to progress the relocation of Ambulatory and Emergency Care.

The Trusts current cash balance includes two one-off timing benefits, and after adjusting for these, is currently holding £30.2 million of cash. The current forecast is that the Trust will end the year with an underlying cash balance of £23.2 million. The Trust must continue to reduce its deficit forecast in future years and proactively manage its working capital to avoid the need for external financing.

Under Monitor's new risk assessment framework the Trust achieves a Financial Sustainability Rating of 2 meaning that it is within the 'Material Risk and Potential Investigation' category. Monitor is in the process of conducting its investigation, and the outcome is expected during March.

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?

- i. No risks have been reduced
- ii. No risks have been created

The Royal Bournemouth and Christchurch Hospitals
NHS Foundation Trust

Finance Report



For the period to 31 January 2016

Pete Papworth
Deputy Director of Finance

Executive Summary

The Trust has delivered a cumulative deficit of £10.3 million as at 31 January. This is £526,000 better than plan. Whilst some financial pressures are expected through the remainder of the winter period, the monthly expenditure run rate has improved and has stabilised in recent months. As a result, the Trust is expecting to achieve a year end deficit marginally below the revised plan of £11.9 million.

Activity

January reported an increase in activity, being 1.2% above planned levels overall. Particular pressures were seen in relation to non-elective activity, which was 6% above budget. Elective activity, despite capacity issues resulting from additional emergency patients together with the Junior Doctors strike action, was above budgeted levels by 2%. Primarily, this reflects the additional capacity within Orthopaedics. Outpatient activity also saw an increase during January, being 3% above budget, whilst Emergency Department attendances were 6% below budgeted levels in month.

Income

Due to the nature of the Trusts contracts with its three key commissioners, income remains broadly on plan with a moderate adverse variance of £500,000 (0.2%). Increases in non contracted activity and non patient related income are more than off-set by the significant under achievement against planned private patient income. Income reported an adverse variance of £15,000 during January.

Expenditure

Expenditure reported an under spend of £146,000 during January resulting in a modest under spend of £1 million to date and equating to a variance of 0.4%. This is mainly driven by a significant pay under spend, off-set by over spends against drugs and clinical supplies budgets.

Whilst the Trust remains heavily reliant upon agency staff, the premium cost has been considerably less than expected. This reflects the relentless internal focus supported by the introduction of national controls and support.

Cost Improvement Programme

To date the Trust has recorded savings of £7.5 million which is £358,000 ahead of the year to date target. The full year savings forecast reduced marginally in month and stands at £9.5 million which is £454,000 more than the target. However, the level of non-recurrent savings within this forecast remains a cause for concern.

Capital Programme

As at 31 January the Trust has committed £12.3 million in capital spend. Key areas of spend include the Christchurch development (£3.4 million), the Jigsaw new build (£2.9 million), and the Trusts IT Strategy (£2.0 million). The full year forecast is for an under spend of £3.8 million, reflecting delays in the Christchurch Development and the decision not to progress the relocation of Ambulatory and Emergency Care.

Statement of Financial Position

Overall the Trust's Statement of Financial Position is on plan; however some key variances remain against individual balances. Specifically, the trust continues to report high levels of outstanding payables and receivables. The main balances are with local NHS organisations and work to resolve a number of outstanding issues has continued. This is expected to conclude shortly, for payment before 31 March.

Cash

The Trusts current cash balance includes two one-off timing benefits. After adjusting for these, the Trust currently holds £30.2 million of cash. The current forecast is that the Trust will end the year with an underlying cash balance of £23.2 million. The Trust must continue to reduce its deficit forecast in future years and proactively manage its working capital to avoid the need for external financing.

Financial Sustainability Risk Rating

Under Monitor's new risk assessment framework the Trust achieves a Financial Sustainability Rating of 2 meaning that it is within the 'Material Risk and Potential Investigation' category. Monitor is in the process of conducting its investigation, and the outcome is expected during March.

Income and Expenditure

To date the Trust is reporting a deficit of £10.3 million. Within this, income is below budget (adverse) by £500,000 and expenditure is below budget (favourable) by £1.026 million. This results in a net favourable variance of £526,000.

The Trusts overall income and expenditure position is summarised below.

£'000	Budget	Actual	Variance
NHS Clinical Income	203,318	203,972	653
Non NHS Clinical Income	6,384	4,990	(1,393)
Non Clinical Income	17,377	17,618	240
TOTAL INCOME	227,080	226,580	(500)
Employee Expenses	142,188	140,462	1,726
Drugs	26,291	27,383	(1,092)
Clinical Supplies	30,124	30,458	(334)
Misc. other expenditure	31,503	30,756	747
Depreciation	7,846	7,867	(21)
TOTAL EXPENDITURE	237,952	236,926	1,026
SURPLUS/ (DEFICIT)	(10,872)	(10,346)	526

Income

NHS clinical income is above budget, mainly due to increases in the level of out of area, non contracted activity. The Trusts main contractual income remains in line with the contracted level.

Non NHS clinical income remains significantly below budget due to a material reduction in private patient activity, specifically within cardiology, cancer care and radiology. The Trust is developing plans to recover this position during 2016/17.

Non patient related activity is marginally ahead of plan.

Further detail at contract level is set out below.

£'000	Budget	Actual	Variance
NHS Dorset CCG	139,410	139,410	0
NHS England (Wessex LAT)	38,419	38,488	70
NHS West Hampshire CCG	20,730	20,752	22
Non Contracted Activity	2,253	2,609	357
Public Health Bodies	2,190	2,165	(25)
NHS England (Other LATs)	1,405	1,386	(20)
NHS Wiltshire CCG	620	674	55
Other NHS Patient Income	483	653	170
Private Patient Income	3,698	2,399	(1,300)
Other Non NHS Patient Income	495	426	(69)
Non Patient Related Income	17,377	17,618	240
TOTAL INCOME	227,080	226,580	(500)

Expenditure

Pay reported an over spend in month, reflecting the operational pressures faced by the Trust during January. Despite this, the Trust continues to report a significant under spend due to agency expenditure being below expected levels. This is the result of considerable efforts in relation to both substantive and bank recruitment across the Trust, together with a number of more tactical workforce initiatives.

The Trust continues to report additional drugs expenditure, resulting in a significant year to date over spend. Particular increases are the result of the Trusts joining the new Hepatitis C network.

Clinical supplies expenditure is above budget to date, mainly due to a significant increase in non-elective cardiac activity, off-set in part by a reduction in the level of planned orthopaedic activity undertaken to date.

Employee Expenses

The Trust continues to rely heavily upon agency staff to cover substantive vacancies. The year to date under spend against substantive staffing budgets is £11.8 million. Agency expenditure to date totals £8.7 million, with a further £5.7 million spent on bank and overtime. This results in a total 'premium' workforce cost of £2.5 million to date.

£'000	Substantive Budget	Substantive Cost	Substantive Variance	Agency Cost	Bank Cost	Overtime Cost	Workforce Variance	Premium Funding	Residual Variance
Surgical Care Group	34,446	31,972	2,474	1,952	826	268	(571)	875	303
Medical Care Group	48,837	43,487	5,351	5,195	2,598	352	(2,794)	2,502	(292)
Specialties Care Group	30,109	28,041	2,068	1,040	604	90	334	239	573
Corporate Directorates	24,545	22,607	1,938	464	797	161	516	0	516
Centrally Managed Budgets	10	8	2	0	0	0	2	624	626
TOTAL	137,948	126,114	11,833	8,651	4,825	871	(2,514)	4,240	1,726

Where possible, the Trust places block bookings for agency staff to secure a reduced rate and provide consistency. Agency spend during January can be summarised as follows:

	Block Booked	Off-Framework	Other
Nursing	100,554	32,691	88,017
Medical	0	61,731	414,230

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. The exceptions recorded during January were as follows:

	Medical	Nursing	Other
Shifts covered	68	63	129
Approximate Cost above Cap	£32,809	£12,263	£4,469

The Trust recognises that the current level of premium workforce cost is unsustainable and is actively working to reduce this. As such, three key work streams have been established to support the management of the workforce in a clinically safe and appropriate manner. These cover medical job planning, premium cost avoidance, and strategic workforce management. Each work stream operates through a Transformational Steering Group chaired by the appropriate executive sponsor.

Cost Improvement Programme

The Trust has delivered financial savings amounting to £7.5 million to date, being £358,000 ahead of plan. The forecast is for total savings of £9.5 million against the full year target of £9 million.

In month, improvements in the full year forecast within the Medical and Specialties Care Group have mitigated some minor slippage in Corporate forecasts, together with the removal of the forecast savings through Direct Engagement. This scheme requires further consideration prior to continuation.

Whilst further validation and challenge is taking place, currently £3.3 million continues to be reported as non recurrent. This remains a risk moving into the new financial year.

The Surgical Care Group is forecasting full delivery of the full year target. Further validation of the non recurrent savings within this is taking place.

The Medical Care Group position has improved further during January, with additional savings within Medicine and Older Peoples Medicine off-setting slippage against the Cardiology forecast.

The Specialties Care Group continues to forecast an over achievement against the full year target, with a further improvement during January. This is the result of slippage within Cancer Care being more than off-set by additional savings within Specialist Services in relation to drug savings.

Corporate directorates continue to forecast full delivery against their targets. Some risks remain, and these are being followed up as appropriate.

DIRECTORATE	YEAR TO DATE			FULL YEAR		
	TARGET £'000	ACTUAL £'000	VARIANCE £'000	TARGET £'000	ACTUAL £'000	VARIANCE £'000
ANAESTHETICS AND THEATRES	103	12	(92)	164	164	0
MATERNITY	29	30	1	84	85	1
ORTHOPAEDICS	260	259	(1)	346	344	(2)
SURGERY	160	60	(100)	310	309	0
SURGICAL CARE GROUP	552	360	(192)	903	902	(1)
CARDIOLOGY	189	143	(46)	254	186	(68)
ED AND AMU	58	16	(42)	78	19	(59)
OLDER PEOPLES MEDICINE	179	186	7	243	219	(24)
MEDICINE	247	448	202	249	545	296
MEDICAL CARE GROUP	673	794	121	824	969	146
CANCER CARE	206	253	47	265	316	51
OPHTHALMOLOGY	207	165	(43)	258	199	(59)
PATHOLOGY	222	175	(47)	268	214	(54)
RADIOLOGY	101	158	57	131	209	78
SPECIALIST SERVICES	955	1,174	219	1,139	1,335	196
SPECIALTIES CARE GROUP	1,691	1,924	233	2,061	2,275	213
NURSING, QUALITY & RISK	84	85	1	92	94	3
ESTATES	460	463	3	586	596	10
FACILITIES MANAGEMENT	253	226	(27)	354	315	(39)
FINANCE AND BUSINESS INTELLIGENCE	432	421	(11)	544	528	(16)
HR, TRAINING AND POST GRAD	160	160	0	185	185	0
INFORMATICS	587	775	188	777	953	176
OPERATIONAL SERVICES	105	105	0	122	121	(1)
OUTPATIENTS	14	9	(5)	19	14	(4)
TRUST BOARD & GOVERNORS	121	207	86	154	237	82
CORPORATE	2,217	2,450	234	2,832	3,043	211
PRODUCTIVITY	1,923	1,923	0	2,307	2,307	0
DIRECT ENGAGEMENT	38	0	(38)	115	0	(115)
CROSS DIRECTORATE	1,961	1,923	(38)	2,422	2,307	(115)
GRAND TOTAL	7,093	7,451	358	9,042	9,496	454

Care Group Performance

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

£'000	Budget	Actual	Variance
Surgical Care Group	13,801	13,327	(474)
Medical Care Group	6,504	6,162	(341)
Specialties Care Group	4,670	4,504	(166)
Corporate Directorates	(30,033)	(29,618)	415
Centrally Managed Budgets	(5,814)	(4,720)	1,094
SURPLUS/ (DEFICIT)	(10,872)	(10,346)	526

Surgical Care Group

The Care Group reported a small overall deficit in month (£28,000), due to the favourable income position being more than off-set by an over spend against the in month expenditure budget.

The favourable income variance reflects an increase in both elective and day case surgery, together with an increase in elective Orthopaedic activity. The latter is the result of a planned increase in capacity to support the growth in demand and increased waiting list. However, this has been dampened in month due to bed pressures following a significant increase in non-elective activity, and thus this is expected to increase further in future months.

The Care Group expenditure position in month has been adversely affected by a small number of non recurrent pressures, together with expenditure resulting from the Care Group supporting the Trusts winter resilience plans through the provision of care within the surgical and orthopaedic bed base.

Medical Care Group

The Medical Care group reported a small favourable variance to budget during January of £15,000. This was the result of an expenditure over spend being mitigated by a favourable income variance, and reflects the activity pressures reported during January.

Private Cardiology activity increased significantly during January however remains below the budgeted level. This reduced level is forecast to continue for the remainder of the financial year; however proposals to protect and recover private income in the short to medium term are being progressed.

Endoscopy activity pressures have continued during January and action plans are in place to appropriately manage this additional demand. This will result in significant additional activity being performed during February and March.

The Care Group have reported a further reduction in nursing and non medical staff costs; however this has been off-set in part by medical agency expenditure and additional security costs.

Specialties Care Group

Overall the Care Group reported a small favourable variance in month (£17,000). This was the result of an over spend against the in month expenditure budget, off-set by additional income as a result of the increased level of activity.

Specific pressures were reported within Cancer Care in relation to staffing pressures and increased drug costs; whilst Specialist Services saw the reverse of this and reported a favourable position due to a number of staffing vacancies together with reduced drug costs.

Corporate Directorates

Whilst some pressures remain within a small number of directorates, overall the corporate areas continue to perform well financially, delivering a significant favourable variance to date.

Statement of Financial Position

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

- Non-current assets: The Trusts capital programme is currently behind plan by £3.8 million, as set out overleaf. This, together with the timing impact of capital schemes on the associated depreciation and amortisation charges account for the overall non-current assets variance to date.
- Inventories: Stock is currently higher than anticipated, mainly due to an increase within the pharmacy store in relation to the new Hepatitis C network.
- Trade and other receivables: Delays in the payment of invoices, mainly by local NHS organisations, account for a significant proportion of the receivables variance to plan. These outstanding balances are being actively pursued and have been escalated where appropriate. In addition, the new Hepatitis C network has resulted in additional invoices above the level initially planned.
- Cash and cash equivalents: Cash is currently greater than planned, driven mainly by the capital under spend. Further detail is included below.
- Trade and other payables: The Trust is carefully managing cash payments, pending resolution of the outstanding receivables balance, which has resulted in a variance to plan. This is exacerbated by the Hepatitis C network and the timing of capital related payments.

The Trust is currently working through a detailed re-valuation of its estate, which once complete, will be reflected within the Statement of Financial Position.

£'000	Plan	Actual	Variance
Property, plant and equipment	179,733	174,170	(5,563)
Intangible assets	1,909	2,884	975
Investments (Christchurch LLP)	2,531	2,352	(179)
Non-Current Assets	184,173	179,406	(4,767)
Inventories	5,490	7,046	1,556
Trade and other receivables	7,283	13,914	6,631
Cash and cash equivalents	50,226	52,902	2,676
Current Assets	62,999	73,862	10,863
Trade and other payables	(39,479)	(45,412)	(5,933)
Borrowings	(389)	(328)	61
Provisions	(141)	(73)	68
Other Financial Liabilities	(551)	(551)	0
Current Liabilities	(40,560)	(46,364)	(5,804)
Trade and other payables	(1,020)	(1,021)	(1)
Borrowings	(20,556)	(20,620)	(64)
Provisions	(519)	(654)	(135)
Other Financial Liabilities	0	0	0
Non-Current Liabilities	(22,095)	(22,295)	(200)
TOTAL ASSETS EMPLOYED	184,517	184,609	92
Public dividend capital	79,665	79,665	0
Revaluation reserve	74,609	74,609	0
Income and expenditure reserve	30,243	30,335	92
TOTAL TAXPAYERS EQUITY	184,517	184,609	92

Finance Report

As at 31 January 2015

Capital Programme

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

Expenditure to date totals £12.3 million, representing a year to date under spend of £3.8 million. The forecast is for a full year under spend of £3.8 million, attributable mainly to slippage against the Christchurch development due to delays with steel works together with environmental issues, and the decision not to progress the relocation of Ambulatory and Emergency Care.

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	7,565	640	57	583	5,928	3,371	2,557	5,915	1,650
JIGSAW New Build	3,050	0	(141)	141	3,050	2,908	142	2,908	142
Relocate and Expand AEC	900	200	0	200	520	0	520	20	880
Atrium Project	1,200	5	83	(78)	1,200	1,163	37	1,200	0
CT3 Build	500	100	0	100	135	5	130	30	470
Ward Refurbishment	400	0	0	(0)	400	327	73	400	0
Estates Maintenance	400	50	27	23	310	419	(109)	400	0
Aseptic Unit	510	0	0	(0)	510	545	(35)	543	(33)
Miscellaneous Schemes	100	0	7	(7)	75	255	(180)	341	(241)
Traffic Congestion Works	100	0	0	0	100	0	100	0	100
Residences Refurbishment	50	0	3	(3)	50	64	(14)	64	(14)
Catering Equipment	150	0	0	0	75	34	41	50	100
Macmillan Development	0	0	0	0	0	15	(15)	15	(15)
Capital Management	300	25	16	9	250	160	90	192	108
Medical Equipment	1,500	125	78	47	1,250	946	304	1,519	(19)
IT Strategy	3,062	153	163	(10)	2,255	2,061	194	2,421	641
TOTAL	19,787	1,298	293	1,005	16,108	12,273	3,835	16,018	3,769

Cash

The Trust is currently holding £52.9 million in cash reserves. However, there are two significant cash timing benefits within this figure meaning that the underlying cash position is significantly lower at £30.2 million.

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

The forecast closing cash balance for the current financial year is £31 million. After adjusting for the residual cash timing benefits, the Trust is forecasting to end the year with £23.2 million of cash.

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

£ million	Feb-16	Mar-16
OPENING CASH	52.90	48.60
NHS Clinical Income	19.75	19.77
Non NHS Clinical Income	0.59	0.89
Non Patient Related Income	1.46	1.46
Working Capital	(0.10)	(14.03)
CASH INFLOWS	21.70	8.09
Revenue Account	(21.74)	(23.95)
Capital Account	(1.54)	(0.00)
Christchurch Investment	(0.83)	(0.58)
ITFF Loan Repayment	0.00	(0.54)
Working Capital	(1.89)	(0.55)
CASH OUTFLOWS	(26.01)	(25.61)
CLOSING CASH	48.60	31.07

Financial Sustainability Risk Rating

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

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

	Plan Metric	Actual Metric	Risk Rating	Weighted Rating
Capital Service Cover	0.19x	0.35x	1	0.25
Liquidity	22.7	27.3	4	1.00
I&E Margin	(4.64)	(4.57)	1	0.25
I&E Variance to Plan	(1.17)%	0.07%	4	1.00
Trust FSRR				3
Mandatory Override				Yes
Final FSRR				2

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

Monitor's investigation is underway, with the on-site financial reviews completed and a walk through of the Trusts emergency pathway is scheduled for 22 February. Monitor will review the Trusts draft annual plan submission together with the CQC report before confirming the formal outcome. As such, final confirmation of the outcome is expected during March.

The Trusts draft operational plan for 2016/17 has been formally submitted to Monitor, and the medium term financial forecast has been shared as part of the investigation process. Whilst a number of key assumptions and risks remain within this plan, the Trust is forecasting a Financial Sustainability Risk Rating from August 2016. This annual plan and medium term forecast will continue to be updated as the Trust continues through the 2016/17 planning cycle.

*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:	26 th February 2016 – Part 1
Reason for Part 2:	n/a
Subject:	Workforce Report
Section on agenda:	7. Performance
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:	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, Mandatory Training, Turnover and Joiner rates, Sickness and Vacancies.</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>Well Led.</p> <p>Providing appropriate staffing to deliver effective and safe care.</p>
<p>Risk Profile:</p> <p>i. Impact on existing risk?</p> <p>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 – FEBRUARY 2016

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

Care Group	Appraisal Compliance		Mandatory Training Compliance	Sickness		Joining Rate	Turnover	Vacancy Rate (from ESR)
	Values Based	Medical & Dental		Absence	FTE Days			
	At 31 January			Rolling 12 months to 31 January				At 31 January
Surgical	74.5%	91.3%	82.6%	4.50%	14691	13.7%	13.4%	2.1%
Medical	73.0%	96.2%	82.2%	3.12%	19038	18.6%	12.3%	8.0%
Specialities	84.2%	85.9%	84.6%	2.73%	8768	11.0%	12.5%	5.2%
Corporate	88.6%	50.0%	88.0%	3.85%	12348	11.3%	12.7%	2.2%
Trustwide	79.5%	90.5%	83.8%	3.89%	54846	14.2%	12.7%	4.9%

Staff Group	Appraisal Compliance		Mandatory Training Compliance	Sickness		Joining Rate	Turnover	Vacancy Rate (from ESR)
	Values Based	Medical & Dental		Absence	FTE Days			
	At 31 January			Rolling 12 months to 31 January				At 31 January
Add Prof Scientific & Technical	93.6%		86.2%	2.79%	1215	22.6%	13.5%	11.7%
Additional Clinical Services	72.6%		83.7%	6.38%	16555	20.0%	13.5%	6.9%
Administrative and Clerical	80.7%		89.2%	3.35%	10257	8.5%	13.3%	5.8%
Allied Health Professionals	87.2%		88.8%	2.21%	2003	14.0%	14.7%	2.4%
Estates and Ancillary	92.9%		84.8%	4.96%	5889	20.4%	14.7%	-0.6%
Healthcare Scientists	83.3%		96.0%	2.62%	559	13.0%	13.0%	9.7%
Medical and Dental		90.5%	72.6%	1.03%	1635	4.7%	6.9%	0.4%
Nursing & Midwifery Registered	75.2%		83.3%	4.09%	16731	13.8%	11.7%	5.7%
Trustwide	79.5%	90.5%	83.8%	3.89%	54846	14.2%	12.7%	4.9%

1. Appraisal

As previously advised, appraisal compliance was reset to zero with the introduction of the new values based appraisal. The appraisal rate has increased to 79.5% for values based appraisal (70.4% last month). Medical & Dental has increased to 90.5% (85.7% last month).

2. Essential Core Skills Compliance

Overall compliance has increased to 83.8% from 82.7% last month. The table below shows the 10 areas with the lowest compliance as at 31st January:

Directorate	Organisation	Headcount	Compliance
Pathology Directorate	153 Phlebotomy 11330	37	51.37%
Surgery Directorate	153 Obs/Gynae Medical Staff 10100	15	61.00%
Elderly Care Services Directorate	153 MFE Medical Staff 10077	48	61.85%
Medicine Directorate	153 Medical General Staff 10075	73	65.59%
Elderly Care Services Directorate	153 Discharge Co-Ordination 15001	12	66.86%
Surgery Directorate	153 Surgery - General 10085	33	67.78%
Cancer Care Directorate	153 Macmillan Unit 10565	39	67.98%
Medicine Directorate	153 Ward 2 10369	35	71.38%
Anaesthetics/Theatres Directorate	153 Anaesthetic 10025	49	71.83%
Anaesthetics/Theatres Directorate	153 Cstd 55400	31	71.94%

Areas with highest compliance:

Directorate	Organisation	Headcount	Compliance
Finance & Commercial Services Directorate	153 Information 13541	19	100.00%
Pathology Directorate	153 Haematology 11340	27	99.63%
Informatics Directorate	153 Poole IT Services 13586	28	98.21%
Orthopaedics Directorate	153 Orthopaedic Med Secs 13560	15	98.03%
Operational Services Directorate	153 Cancer Information Team 13495	17	97.65%
Pathology Directorate	153 Microbiology 11380	23	96.65%
Elderly Care Services Directorate	153 Dietitians 13315	14	96.53%
Cardiac Directorate	153 Cardiac Rehab 11527	17	96.53%
Human Resources Directorate	153 Human Resources 13570	26	95.77%
Elderly Care Services Directorate	153 MFE IP Therapy 10581	15	95.33%

3. Sickness Absence

The Trust-wide sickness rate shows a slight improvement at 3.89% (3.91% last month), continuing its amber rating.

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

Directorate	Organisation	Headcount	Absence Rate
153 Outpatients Directorate	153 Outpatients 10370	38	12.00%
153 Elderly Care Services Directorate	153 MFE IP Therapy 10581	19	10.07%
153 Surgery Directorate	153 Colorectal Ward 16 10427	34	9.17%
153 Elderly Care Services Directorate	153 MFE Ward 4 10382	29	8.64%
153 Surgery Directorate	153 Surgical Admissions Unit 10535	25	8.32%
153 Medicine Directorate	153 Medical R.E.D.S. 11536	13	8.29%
153 Elderly Care Services Directorate	153 Discharge Co-Ordination 15001	12	8.21%
153 Surgery Directorate	153 Urology Ward 15 10426	37	7.74%
153 Elderly Care Services Directorate	153 MFE Ward 22 10594	32	7.45%
153 Elderly Care Services Directorate	153 OPAL 10575	17	7.42%

Areas with the lowest sickness:

Directorate	Organisation	Headcount	Absence Rate
153 Pathology Directorate	153 Medical Staff - Histology 11300	11	0.00%
153 Surgery Directorate	153 Surgery - Urology 10084	20	0.16%
153 Surgery Directorate	153 Obs/Gynae Medical Staff 10100	16	0.18%
153 Ophthalmology Directorate	153 BEU Ophthalmic 10110	29	0.40%
153 Elderly Care Services Directorate	153 Dietitians 13315	16	0.47%
153 Other Directorate	153 Chief Executive 13535	28	0.54%
153 Cardiac Directorate	153 Cardiac Medical Staff 10076	44	0.59%
153 Surgery Directorate	153 Surgery - General 10085	38	0.62%
153 Surgery Directorate	153 Cancer Nurse Specialist 10425	11	0.64%
153 ED Directorate	153 ED Medical Staff 10015	71	0.64%

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

The absence call pilot through our EAP provider, Care First, has concluded and there appears to be a consistent reduction in % and number of episodes of short term sickness in the final two quarters of 2015 for the pilot areas. The full findings and recommendations are being discussed at Workforce Committee on 22nd February.

4. Turnover and Joiner Rate

Joining and turnover rates of 14.2% and 12.7% respectively show a small change from last month. (14.7% and 12.4%)

5. Vacancy Rate

The vacancy rate at 4.9% remains unchanged from the previous month.

6. Safe Staffing

Safe Staffing Unify data for January 2016:

RN Fill days	87.5%
HCA fill days	99.1%
RN fill nights	100.8%
HCA fill nights	123.5%

The Safe Staffing Unify return illustrates the total amount of registered nurse (RN) actual hours deployed in a percentage against the planned amount. This is captured for all ward areas from E-roster off duty retrospectively.

The fill rate of RNs has the most variance between areas with the lowest area of actual against planned being AMU. However this is explained by the fact the template has been reviewed and refined which explains this variance. The other variances are caused mainly by either vacancies, which cannot then be filled by bank duties, or by short term sickness, when it is most challenging to cover at short notice. Other reasons are loss of the agency block bookers due to the Agency cap.

Where there is higher planned than actual, this is consistently explained extra support for very high acuity, or extra capacity areas needing to be opened. Requirements for enhanced care for patients on Deprivation of Liberties grant (DoLs), or at risk of falling, or a danger to themselves.

Two areas have an agreed cost pressure which means staffing will be required, which means this will be illustrated technically as above their template, and thus above the planned levels.

All shifts are reviewed locally against acuity, skill mix taking into account all the managerial requirements of the area. Red Flags are raised against an agreed criteria, modelled on the national recommendations, agreed locally with the Nursing Team. This is currently reported via the Datix system, but will be re implemented under the E-Roster system with the Safe Care module through 2016.

For January 2016, the number of Red flags raised were being reviewed and validated. This will be verbally updated at the Board meeting.

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

BOARD OF DIRECTORS	
Meeting Date:	26 th February 2016 Part 1
Subject:	Dr Foster Quality Summary Report
Section on agenda:	Performance
Supplementary Reading (included in the Reading Pack)	Full report in reading Pack.
Officer with overall responsibility:	Basil Fozard, Medical Director
Author(s) of papers:	Victoria Butcher, Dr Foster
Details of previous discussion and/or dissemination:	Presented and discussed at Mortality Surveillance Group 17.02.16
Action required: Approve/Discuss/Information/Note	Information
Executive Summary: Actions: <ol style="list-style-type: none"> 1. Review of respiratory failure 2. Coma, Stupor, brain damage – review of cardiac deaths 3. Procedure Groups: Review ERCP and TURBT 	
Relevant CQC domain: Are they safe? Are they effective? Are they caring? Are they responsive to people's needs? Are they well-led?	
Risk Profile: i. Impact on existing risk? ii. Identification of a new risk?	No No

BOARD OF DIRECTORS MEETING – 26 FEBRUARY 2016

PART 2 AGENDA - **CONFIDENTIAL**

The following will be taken in closed session ie 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 January 2016		All
11.05	2. MATTERS ARISING		
	a) To provide updates to the Actions Log		All
11.10	3. QUALITY IMPROVEMENT		
	a) <i>Issues not dealt with in Part 1</i>		
11.20	4. PERFORMANCE		
	a) <i>Issues not dealt with in Part 1</i>		
	b) Update on Financial Plan 16/17 Contract (verbal)	Information	Stuart Hunter
11.40-12.20	5. STRATEGY AND RISK		
	a) CSR Update (paper)	Discussion	Tony Spotswood
	b) Charity Strategy - Review and Refresh (paper)	Decision	Stuart Hunter/ Bill Yardley
	c) Private Patients (presentation)	Discussion	Stuart Hunter
	d) Significant Risk and Assurance Framework (paper)	Information	Paula Shobbrook
12.20-12.40	6. GOVERNANCE		
	a) Board of Directors Governance Structure (presentation)	Information	Sarah Anderson
	b) Internal Audit Review – Sickness Absence (verbal)	Information	Karen Allman/ Steve Peacock
12.40-12.45	7. ANY OTHER BUSINESS		
	a) Key Points for Communication to Staff		
	b) Reflective Review: <ul style="list-style-type: none"> – What has gone well? – What do we need more of? – What do we need less of? 		
1.00pm	Tour of the Site – <i>Please note: all Board members are required to wear “sensible” shoes defined as: “Solid shoes i.e. walking shoes, no heels or soft soles and closed toe”.</i>		

2.30pm Blue Skies Session: Vanguard JVV Contractual Seminar - Capsticks