

**A meeting of the Board of Directors will be held on Friday 29 April 2016 at 8.30am in the Conference Room, Education Centre, Royal Bournemouth Hospital**

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

Sarah Anderson  
Trust Secretary

## A G E N D A

Timings		Purpose	Presenter
8:30-8:35	<b>1. APOLOGIES FOR ABSENCE and DECLARATIONS OF INTEREST</b>		
8.35-8.40	<b>2. MINUTES OF PREVIOUS MEETING</b>		
	a) To approve the minutes of the meeting held on <b>1 April 2016</b>		<i>All</i>
	b) To provide updates to the Actions Log		<i>All</i>
8.40-8.45	<b>3. MATTERS ARISING</b>		
	a)		
8.45-9.25	<b>4. QUALITY</b>		
	a) Patient Story (verbal)	Information	<i>Paula Shobbrook</i>
	b) Feedback from Staff Governors (verbal)	Information	<i>Jane Stichbury</i>
	c) Complaints Report (verbal)	Information	<i>Paula Shobbrook</i>
	d) Picker Inpatient Survey results (paper)	Information	<i>Paula Shobbrook</i>
9.25-10.25	<b>5. PERFORMANCE</b>		
	a) Performance Exception Report (paper)	Information	<i>Richard Renaut</i>
	b) Report from Chair of HAC (verbal)	Information	<i>Dave Bennett</i>
	c) Quality Report (paper)	Discussion	<i>Paula Shobbrook</i>
	d) Report from Chair Finance Committee (verbal)	Information	<i>Ian Metcalfe</i>
	e) Finance Report (paper)	Discussion	<i>Stuart Hunter</i>
	f) Workforce Report (paper)	Discussion	<i>Karen Allman</i>
	g) Medical Director's Report (paper)		
	i. Mortality		
	ii. Medical Staffing Transformation	Information	<i>Basil Fozard</i>
	h) Update from Audit Committee (verbal)	Information	<i>Steve Peacock</i>
10.25-10.40	<b>6. STRATEGY AND RISK</b>		
	a) Vanguard Progress Report (verbal)	Information	<i>Tony Spotswood</i>

- |    |   |             |                       |
|----|---|-------------|-----------------------|
| b) | Clinical Services Review (verbal)                                     | Information | <i>Tony Spotswood</i> |
| c) | Royal College of Paediatrics and Child Health (RCPCH) reviews (paper) | Information | <i>Tony Spotswood</i> |

10.40-10.45

## **7. GOVERNANCE**

- |    |  |             |                       |
|----|--|-------------|-----------------------|
| a) | Annual Plan (paper)                          | Information | <i>Tony Spotswood</i> |
| b) | Amendments to the Trust Constitution (paper) | Decision    | <i>Sarah Anderson</i> |

## **8. INFRASTRUCTURE**

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|--|----------|------------------------|
| Actions to reduce traffic congestion, improve car parking and increase staff parking charges (paper) | Decision | <i>Richard Renault</i> |
|--|----------|------------------------|

## **9. NEXT MEETING**

Friday **27 May 2016** at 8.30am in the Conference Room, Education Centre, Royal Bournemouth Hospital

## **10. ANY OTHER BUSINESS**

Key Points for Communication to Staff

## **11. 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.

## **12. 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.

Part I Minutes of a Meeting of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust **Board of Directors** held on **Friday 1 April 2016** in the Conference Room, Education Centre, The Royal Bournemouth Hospital.

Present:	Jane Stichbury	(JS)	<i>Chairperson (in the chair)</i>
	Dave Bennett	(DB)	<i>Non-Executive Director</i>
	Basil Fozard	(BF)	<i>Medical Director</i>
	Peter Gill	(PG)	<i>Director of Informatics</i>
	Stuart Hunter	(SH)	<i>Director of Finance</i>
	Ian Metcalfe	(IM)	<i>Non-Executive Director</i>
	Richard Renaut	(RR)	<i>Chief Operating Officer</i>
	Paula Shobbrook	(PS)	<i>Director of Nursing and Midwifery</i>
	Derek Dundas	(DD)	<i>Non-Executive Director</i>
In attendance:	Sarah Anderson	(SA)	<i>Trust Secretary</i>
Staff	Ellie Cowley	(EC)	<i>Communications Officer</i>
	Anneliese Harrison	(AH)	<i>Assistant Trust Secretary (minutes)</i>
	Jo Maple Roberts	(JMP)	<i>Matron, Acute Medical Unit</i>
	Dily Ruffer	(DR)	<i>Governor Coordinator</i>
Public/ Governors	David Bellamy	(DB)	<i>Public Governor</i>
	David Brown	(DB)	<i>Public Governor</i>
	Derek Chaffey	(DC)	<i>Public Governor</i>
	Carole Deas	(CD)	<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>
	Keith Mitchell	(KM)	<i>Public Governor</i>
	Margaret Neville	(MN)	<i>Representative of the Friends of the Eye Unit</i>
	Roger Parsons	(RP)	<i>Public Governor</i>
	Alan Radley	(AR)	<i>Public Governor</i>
	Guy Rouquette	(GR)	<i>Public Governor</i>
	David Triplow	(DT)	<i>Public Governor</i>
Apologies	Tony Spotswood	(TS)	<i>Chief Executive</i>
	Karen Allman	(KA)	<i>Director of HR</i>
	Nicola Hartley	(NHa)	<i>Director of Organisational Development</i>
	Steve Peacock	(SP)	<i>Non-Executive Director</i>
	Christine Hallett	(CH)	<i>Non-Executive Director</i>
	Bill Yardley	(BY)	<i>Non-Executive Director</i>

21/16 **DECLARATIONS OF INTEREST**

Action

None.

22/16 **Minutes of the meeting held on 26 February (Item 2a)**

The minutes were **approved** as an accurate record.

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

- 13/16 (a) the Monitor well led self-assessment is due to be finalised in June. A timeline will be circulated to Executives.
- A timeline was requested for the implementation of the changes agreed for the Board and Sub- Committees.
- 07/16 (a) a timeline for completion was requested.
- 108/15 (g) the exit information and retention plan will be considered by the Workforce Committee on 12 April.
- 100/15 (c) to be amended to amber. The use of an integrated quality and performance report will be incorporated within the Board Committee structure review.

SA  
KA

SA

## MATTERS ARISING

- (a) None.

24/16

## QUALITY

### (a) Patient Story (Item 4a) (Verbal)

JMP presented the patient story which reflected upon the improvements made within the Acute Admissions Unit following feedback received from both patients and staff. The themes identified included that nurses felt they lacked time to focus on providing a high standard of care, communication between patients and staff was poor and time was not allocated to complete assessments leading to poor compliance. Overall the workforce was dissatisfied with high turnover and vacancy rates and there was a low perception of the unit within the Trust.

The team sought to improve patient experience in the unit by addressing issues such as call bells and supporting staff to improve attitudes during pressured periods. The staffing template was reviewed incorporating staff needs. The team was reconfigured to include a coordinator, a trained nurse, a Healthcare Assistant (HCA), an additional trained nurse within the hyper acute bay with a Band 3 discharge coordinator throughout the day. For the night shifts a co-ordinator was put in place with a trained nurse in each bay, one band 3 HCA as a second nurse in the hyper acute bay and four HCA's.

The changes imposed increased the visibility of nurses within bays, reduced call bell waiting times, and supported the timely provision of quality care with more time for staff to communicate with patients and relatives. Risk assessment compliance also improved. Staff expressed that they felt they had been listened to, making them feel more valued and increasing job satisfaction and team working, *"It has made such a difference to my working day and the care I give."*

The Board commended the fact that the department had implemented beneficial changes whilst reducing the number of trained nurses by identifying the skill mix required. It was highlighted that AMU is now a

more attractive department to work in with further development opportunities for HCA staff who are working alongside registered nurses. Improvements in performance were also noted and included waterlow scoring, falls, mobility MUST scores. It was emphasised that the team was not complacent and that they were on an improvement journey.

Board members recognised the challenges and achievements made within such a high pressured area whilst reducing costs. The value of the discharge coordinator post was emphasised together with the process of identifying the right skill mix and leadership. The Board were advised that the process was being applied to other areas of the Trust led by the Director of Nursing and Midwifery.

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

Staff Governors had been unable to attend the meeting but had been invited to raise any themes for discussion with the Chairperson.

**(c) CQC Inspection: Trust Action Plan (Item 4c)**

The Quality Summit was held on 4 March and had been a positive and engaging meeting with partners to work through the themes highlighted by the CQC and devise an action plan. The action plan was considered by the Healthcare Assurance Committee alongside the individual plans for the relevant services.

The CQC 'must do' recommendations have been addressed within the plan and all services are aware of their CQC rating. Individual action plans to address the 'should do' recommendations will be monitored through the peer review programme which will align with the requirements of the CQC actions. An overarching steering group will monitor Trust progress against the action plan through HAC and concerns will be escalated to the Board when necessary.

The financial impact of the implementation of the action plan was queried. It was noted that some resources would be required, which have been included within the high level action plan, however the main focus will be on the leadership which will drive the changes forward.

The Board **approved** the Trust Action plan. It was emphasised that the Board was not complacent and would continue to progress improvements and support the achievement of an 'outstanding' rating in all areas. The Board praised progress and the hard work from staff.

**(d) Complaints Report (Item 4d)**

The report was reviewed by HAC and the exceptions were highlighted to the Board. The Trust continues to maintain acknowledgement rates however the response target remains challenging.

Care group C have received a number of complex complaints and these are impacting upon the response target. Within the medical care

group there are a number of overdue complaints however the backlog has been cleared as a result of an increased focus. Positive feedback has been received from the Head of Nursing although it is not reflected within the figures.

The Trust will be appointing a new complaints manager and will continue to manage the risk during the interim. There has been an increase in engagement and focus within care groups however this will need to continue in order to achieve compliance.

Board members raised concern for the consistent poor performance regarding complaints and specifically within Care Group B and queried what additional support could be provided. It was emphasised that the back log had impacted upon performance however that progress was being made as a result of the changes put in place. A trajectory is being developed with care groups which will be shared with CDs and DMs.

The role of the Audit Committee/ Internal Auditors in reviewing the effectiveness of the complaints process was considered by the Board. It was noted that issues related to the priority of complaints within the organisation. The Board requested that additional focus was paid to response compliance with a report on improvement within two months. **PS**  
**PS** confirmed that there was increased focus within care groups with invigorated leadership and this would continue to drive the impact on compliance as reflected by the clearing of the backlog. **PS** confirmed that an overview of holistic feedback would be provided and a review of the complaints process by the Internal Auditors would be considered. **PS**

25/16

## **PERFORMANCE**

### **(a) Performance Exception Report (Item 5a)**

RR outlined the performance exceptions against the key performance targets for February:

- There are three challenging areas for the Trust- Referral to Treatment Times (RTT) due to pressures from growth in activity, demand, increased cancellations, the 31 day cancer target and the ED 4 hour target;
- C. Difficile- the Trust will be non-compliant for this financial year with 17 cases against a trajectory of 14; this will remain an area of focus for the next year. The Board acknowledged the challenging target and the Trust's strong performance nationally for infection control. An external review identified that there were no concerns about the management of infection control. Further detail was requested about benchmarking, the context of C. Difficile performance within the report and further expansion of the definition of lapses in care. It was highlighted that more work was required to address hand hygiene and management responsibility to focus medical staff;
- Endoscopy- the Trust is three months ahead of schedule with 100% of patients seen within the national timeframe due to

**PS/RR**

**PS/BF**

improvements in process, new leadership and an increase in resources. This will support the Trust attaining the external accreditation;

- 62 day Cancer Target- predicting to be compliant for the next quarter. Waiting lists for robotic prostatectomies are now being pooled to address the backlog along with additional sessions at Dorset County Hospital. The main areas of breaches concern Colorectal, Urology, Lung, Haematology and Dermatology;
- Predicted performance against the Trust's actual performance was outlined against the Monitor criteria. Changes in process meant that, despite the growth in demand, the Trust had accommodated and achieved some of the targets. Improvements included cancer fast track, RTT tracking systems, flexing of emergency capacity all within reduced funding. Within urology, fast tracks had varied due to the impact of campaigns which had been out of the norm. It is anticipated that this will continue to be a challenging area but additional capacity will be put in place;
- Delayed transfers of care- following a meeting with NHS England it has been agreed that a senior responsible officer will be appointed to hold parties to account on an action plan to address issues. There will also be a single social worker team. The changes will take time to implement and further work internally will be required with patients, carers and relatives to obtain feedback about their experiences of delayed transfers from hospital.

The Board recognised the importance of external focus but also the responsibility of the Trust to tighten processes internally and these will be monitored weekly to measure progress.

**RR/PS**

#### **(b) Stroke Services Quarterly Update (Item 5b)**

The Stroke team continue to maintain excellent performance and are working towards achieving an 'A' grade for the service. The team are also working with partners to develop the Vanguard service and share learning across the Stroke Network to improve services.

Compliance against the target for out of hours direct reporting of CT scans externally was discussed. The Trust has a 15 minute turnaround objective but is unlikely in the current service model. It must be noted that performance is within 30 minutes reflecting significant improvements in treatment within an hour and against the national standard.

The Board commended the effective delivery of improvements to the service and encouraged that the successful ethos should be imposed throughout the Trust. RR emphasised that identifying the right leadership was key. It was proposed that the Stroke team should attend and present to the Board.

**RR**

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

It was reported that the Committee had reflected upon the positive performance of the Trust noting that some areas required support which would include fundamental changes to some processes and the review of resources and leadership. Board members highlighted that in order to achieve the outstanding rating the Trust could not tolerate complacency. The organisational development work across the organisation has been positive and has focused minds. The Change Champion feedback will also be beneficial to the development of the Trust.

**(d) Quality Report (Item 5d)**

PS highlighted the themes from the report:

- Improvements against the Trust's objectives for 2015/16- there has been a reduction in severe patient harm, pressure damage and staff incidents;
- The Trust did not meet the improvement objective for falls and Serious Incidents. More focus will be required within the coming year;
- Patient experience- score cards have identified areas for improvement however feedback compared to nationally remains strong. Waiting times within pharmacy have been noted as an issue and the department now has its own Friends and Family Test cards and will impact upon service provided. ED FFT compliance rate reduced this month although the number of cards received had increased. Volunteers are being used to encourage feedback within the department and a phone app is being developed;
- Risk assessment compliance- areas identified with low compliance were winter pressure areas with a temporary workforce;
- Quality objectives for 2016/17 will be forward and backwards looking and improvement aims will be linked with the Board objectives. There will be an increased focus on reducing further Serious Incidents and Never Events, E-mortality reporting, reducing patient moves, high standards of infection prevention and control, improvements with pressure ulcers and falls as a priority;
- The Trust will also be working to ensure that it delivers all the requirements within the CQC action plan. The reporting narrative and trajectories will be approved at HAC.

The Board received the quality objectives for 2016-17, and **approved** the recommendation from HAC noting the importance of improving the FFT response compliance.

**(e) Report from Chair Finance Committee (Item 5e) (Verbal)**

The Chair summarised the themes discussed at the recent Committee meeting:

- The Committee had met to consider the draft 2016/17 budget;



- Further to 11 months of reporting the Trust was on course to achieve the agreed deficit target with Monitor of £11.9 million;
- Monitor control total- the Trust is confident this can be achieved if the CIP schemes for 2016/17 are successful;
- The 2016/17 budget has been impacted upon by a number of issues including the late announcement of the tariff and the transformation funding which has impacted upon the CCG contract negotiation. The Trust will need a negotiated outcome to achieve the anticipated control total;
- Premium costs for medical staffing continue. A steering group has been put in place to support and address and a lower agency premium trajectory to be set in new year;
- Going concern- the Committee considered the annual statement in light of the deficit. The Trust intends to meet the control total deficit of £1.45 million and based upon the information currently available the Trust believes it will be a going concern;
- The excellent example and focus on efficiency and quality within AMU reflects the cultural change within the organisation.

**(f) Finance Report (Item 5f)**

SH outlined the key information from the report:

- The Trust is yet to agree the contract with commissioners;
- Financial performance- there has been extreme activity over the last two months however the Trust has managed its finances within the pressured period and this should be commended;
- Expenditure- the Trust has over performed against the agency premium rates and there has been an underspend to date of £1.5 million.
- Capital Programme –key areas of spend include the Christchurch development, the Jigsaw site and IT strategy. An underspend for the full year forecast will reflect delays in the Christchurch Development and the decision not to progress the relocation of Ambulatory and Emergency Care;
- Balance sheet- debtors and creditors have been building. The Trust have agreed a settlement with local NHS organisations within the next month;
- Monitor- the Trust is awaiting the outcome of the investigation. Monitor have confirmed they will provide the final report once the out turn position has been received;
- STF Funding- there are concerns about how this will be achieved and the conditions that will be imposed have not been publicised. Breaches in performance trajectories will impact the funding. There is uncertainty about the application of the conditions however the Trust will work to deliver within the targets set;
- Agency caps- some vulnerability within the process although a number of defaults are in place. Achieving all of the requirements will be challenging for the Trust;

The Board requested an outline of the STF conditions, how they will be monitored and anticipated impact for the Trust. SH outlined that 30%

of Trusts had accepted the STF funding. Board members praised the changes in the approach and management of the core business such as within AMU where efficiencies had been improved whilst supporting financial performance.

**SH**

**(g) Report from Chair of the Workforce Strategy and Development Committee (Item 5g) (Verbal)**

The report was provided by the Chair of the Workforce Committee at 25/16 (h).

**(h) Workforce Report (Item 5h)**

DD summarised the themes from the report noting:

- A slight increase in appraisal compliance however this was reflective of the busy period. The plan over the next year will be to achieve 90% compliance within 6 months;
- Mandatory training- compliance has increased by 9% over the last year. The Essential core skills (ECS) modules are standard as part of the national programme. The target will be reviewed at the next Workforce Committee meeting to identify what more can be done to address the issue;
- Sickness absence- remains stable at under 4%. The internal audit report on sickness will be provided to the Board at the next meeting;
- Safe staffing- 84.5% fill rate. There is on-going focus through Matrons to ensure there is effective and safe staffing. No areas were deemed unsafe however there has been increased pressure on ward teams. Red flag reports indicated three issues within care group B and these are being investigated although one red flag was determined not to be a red flag. Mitigation is in place and positive feedback has been received although there are some areas where risk assessments have not been completed;
- Health and well-being- there are a number of services and initiatives available to staff. It was requested that these were collated and promoted to staff;
- Equality and Diversity- the Trust has launched a number of initiatives to increase equality and diversity within the organisation including the recent LGBT event and the Muslim modesty gowns. Attendance at the Committee meetings requires support as a priority. It was agreed that this would be delegated to the Executive team to address.

**KA/  
Comms**

**Execs**

It was proposed that the Executive team reviewed the process for ECS and appraisal performance to identify what support was required. The importance of investing in staff was emphasised by the Board.

**Execs**

**(i) Medical Director's Report (Item 5i) (Verbal)**

Incorporating the values based appraisal within the process for the medical workforce has been difficult as has identifying where the values should sit. It is recognised that behaviours within the medical

workforce need to be addressed through the values based approach. There is optimism that the behaviours will be addressed by line managers by improving the 360 appraisal process.

26/16

## **STRATEGY AND RISK**

### **(a) Vanguard Progress Report (Item 6a) (Verbal)**

PS highlighted that the governance arrangement including the Steering Board were developing. Appointments for the Chair, Programme Director and PMO were being progressed. The evaluation process is being worked up for the Vanguard and will be approved by the Executive Steering Group. Further detail will be provided to the Board as developments continue.

Clinical Services Review:

Proposals from the CCG for consultation will be outlined at the meeting on 18 May. The Trust is unaware how the proposals will be communicated to each Trust or staff and clarification is being sought.

### **(b) Annual IG Briefing (Item 6b)**

PG advised that the annual information governance review had been submitted and that the Trust was non-compliant having scored 67%. The Trust will continue to work through the action plan to address compliance. Significant improvements have been made in comparison to the Trust's performance last year. Compliance was discussed at the HAC and concerns were raised for the five areas without business continuity plans.

IG training compliance on ECS is at 90%. Further support needs to be provided in order to deliver the training and address business continuity. It was proposed the incentives and accountability should be reviewed. The action was remitted to Executives to address and improve the position by next year.

**Execs**

It was noted that the Commissioners had been satisfied with the Trust's progress and had not confirmed whether any penalties would be applied. Compliance with freedom of information response times also required improvement. The Board emphasised that understanding the issues and addressing perceptions was key to addressing compliance.

27/16

## **GOVERNANCE**

### **(a) Monitor Quarter 3 Report (Item 7a)**

The report was **noted** for information.

28/16

## **DATE OF NEXT MEETING**

**29 April 2016 at 8.30am** in the **Conference Room, Education Centre, The Royal Bournemouth Hospital**

29/16

**Key Points for Communication:**

1. Good practice example within AMU
2. Health and Wellbeing
3. Appraisals and ECS training

30/16

**QUESTIONS FROM GOVERNORS AND MEMBERS OF THE PUBLIC**

1. It was noted that delayed responses to complaints had a negative impact upon the image of the Trust however it was acknowledged that the public did not necessarily appreciate some of the complexities within the process. PS emphasised that individuals are informed of the timeframes within the acknowledgement letter, including an anticipated date for receipt of response. Managers are expected to update individuals on progress and consistency is being addressed. The HAC have agreed a 'pause' criterion for investigations/ safeguarding and individuals will be informed centrally. The CQC inspectors had been satisfied with the processes in place. Implementation of the process is an area of focus although there have been significant improvements in the quality of responses provided to ensure there is a more humanistic approach.
2. It was suggested that the uptake of the Health and Well-being initiatives by staff was analysed. In addition it was proposed that healthy food options and the calorie intake were advertised to staff. RR responded that the provision of healthy options, the calorie content and pricing was being reviewed and the Trust was working with suppliers.
3. The provision of Community beds within the new development at Christchurch Hospital was raised. It was reinforced that the development was a private commercial facility and that the operator would determine whether to accept community beds. The Trust will work with the operator to provide step down beds should this be agreed. It was emphasised that the matter was a commercial decision and was not within the gift of the Trust to authorise as an acute hospital. It was agreed that a briefing note would be provided to the governor to outline the current position. **RR**
4. The Chairperson confirmed that the matter concerning the potential NED conflict of interest was being addressed outside of the meeting.
5. The management of the Trust's cash position was queried. There will be significant pressure on the capital position. The position at the end of 2015/16, including the loan for the Christchurch development, will equate to £23 million. The position for 2016/17 will be £14 million. Loans will be sought if the position drops below £10 million. It was reinforced that achieving the £11.6 deficit is crucial. The plan to deliver the position is being developed and any decisions will be communicated to governors.
6. The recent BBC news report concerning a delay in the replacement of a feeding tube was raised. RR outlined that the condition was best addressed at Poole Hospital however there were concerns for the delay. RBCH was identified within the report as the Trust is supporting a joint investigation.

There being no further business the meeting closed at 11:00. AH 01.04.2016

Date of Meeting	Ref	Action	Action Response	Response Due	Brief Update
01.04.16	22/16	<b>MATTERS ARISING</b>			
	(b)	Provide a timeline for the implementation of the changes agreed for the Board and Sub- Committees following the Board governance review.	SA	Complete	Meeting dates will remain the same as planned for 2016 with the exception that some HAC dates will be converted to operational meetings. No timeline provided as no substantive change.
	24/16	<b>QUALITY</b>			
	(d)	<u>Complaints Report</u>			
		Ensure that additional focus is paid to complaint response times and report on improvements within the next two months.	PS	June 16	Work is in progress and will be reported to HAC
		Provide an overview of the holistic feedback and consider a review of the complaints process by the Internal Auditors.	PS	Complete	PS has met with the internal auditors and complaints will be incorporated into the directorate governance reviews as outlined below: 'These reviews would take a sample of directorates focussing on key areas of governance including management structures, complaints handling, investigations, morbidity and mortality as well as monitoring of patient experience.'
	25/16	<b>PERFORMANCE</b>			
	(a)	<u>Performance Exception Report</u>			
		Provide further detail about benchmarking and the context of C. Difficile performance within the report. And expand the definition of lapses in care.	RR/PS	Complete	Briefing paper provided
		Address issues with hand hygiene within the medical workforce and reinforce the management responsibility message.	BF/PS	In progress	On- going.

RBCH Board of Directors Part 1 Actions April 2016 & previous

		Ensure that the Trust processes for delayed transfers of care are effective and that the monitoring arrangements to measure progress are in place.	PS/RR	Complete	To be incorporated into the improvement programme
	(b)	<u>Stroke Services Quarterly Update</u>			
		Invite the Stroke team to attend and present to the Board.	AH/RR	In progress	Arrangements are being made for the team to attend and present to the Board as part of the patient story.
	(f)	<u>Finance Report</u>			
		Provide an outline of the STF conditions, how they will be monitored and the anticipated impact on the Trust.	SH	Complete	Paper circulated to the Board.
	(h)	<u>Workforce Report</u>			
		Collate the programme of health and well-being initiatives and promote these to staff through communications.	KA/ Comms	Complete	H&W intranet is being reviewed and the Comms team/HR are developing plans for widening understanding of the H&W support and initiatives available in the trust. H&W initiatives are regularly included in comms on an ongoing basis. A H&W strategy has also been drafted.
		Address the attendance rate at the Workforce Committee meetings as a priority.	KA/Execs	In progress	The terms of reference have been reviewed to support appropriate attendance.
		Review the process for ECS and appraisal performance to identify what support is required.	KA/Execs	In progress	This was considered at the last Workforce Committee and will be monitored.
	26/16	<b>STRATEGY AND RISK</b>			
	(b)	<u>Annual IG Briefing</u>			

RBCH Board of Directors Part 1 Actions April 2016 & previous

		Review the incentives and accountability for IG compliance. Provide support to address compliance with the IG toolkit requirements and FOI responses to improve the position by next year.  Also 108/15 (b): Ensure that the actions on the IG plan are prioritised to drive forward to achieve compliance.	PG/Execs	May/Agenda item	Following review at the executives meeting it was recommended that as much information should be proactively published on the trust website as possible to reduce the burden of responding to each FOI. A paper outlining the recommendations will be presented to the May BoD. For the IGT compliance Execs agreed to continue the performance management of the required tasks through the Performance Management Group.
	30/16	<b>QUESTIONS FROM GOVERNORS AND MEMBERS OF THE PUBLIC</b>			
		Provide a briefing note outlining the current position with the provision of community beds at Christchurch Hospital.	RR	Complete	Sent 02.02.16.
26.02.16	13/16	<b>MATTERS ARISING</b>			
	(a)	<u>CQC Report Update</u>			
		Utilise the Monitor well- led self-assessment to measure Trust improvements ahead of the next CQC inspection together with the peer review programme. Remit the overarching assessment to the Healthcare Assurance Committee.	PS	June HAC	Not yet due – pre-self assessment being prepared and self assessment to be refined over the summer.
	(c)	<u>Final Workforce Plan</u>			
		Provide an update on progress with the plan and flag any resource concerns as they arise.	KA	Complete	This is incorporated within the Strategic Workforce Transformation Steering Group and updates are covered under part 2, Strategy & Risk.
	17/16	<b>PERFORMANCE</b>			
	(d)	<u>Staff Survey</u>			

RBCH Board of Directors Part 1 Actions April 2016 & previous

		Incorporate the themes identified, such as harassment and bullying, within the staff survey into the cultural audit along with the CQC assessment. Provide a timeline for completion.	NHa/KA	June	Results of the 2015 staff survey have been shared with care groups and directorates who have been developing their action plans; also discussed at Workforce Committee. Existing themes will be reviewed as part of the cultural audit.
	(i)	Report from Chair of Audit Committee			
		Provide the sickness internal audit report to the Board once finalised.	KA/ Agenda item	Complete	Aspects of the sickness audit will be included in the workforce report to the Board.
	20/16	<b>QUESTIONS FROM GOVERNORS AND MEMBERS OF THE PUBLIC</b>			
	3.	Provide a summary of the Trust objectives and the methodology to measure Trust progress against them.	TS	July	To be provided to the CoG
29.01.16	04/16	<b>QUALITY IMPROVEMENT</b>			
	(e)	Internal Peer Review			
		Review the implementation of improvements through relevant Board Committees.	Committee Chairs	In progress	On-going
	07/16	<b>GOVERNANCE</b>			
	(a)	Workforce Race Equality Scheme			
		Provide Executive support to the areas identified within the plan and increase further development of diversity. Provide a timeline for completion.	KA/Execs	In progress	The WRES is due back to Workforce Committee in June. Care Group attendance at Equality & Diversity Committee improved for April, with care groups A & C represented and a plan in place for care group B.
18.12.15	108/15	<b>PERFORMANCE</b>			
	(g)	Workforce Report			
		Develop and agree a retention plan. Provide a timescale for the outline retention plan.	Execs/KA	June	This will form part of the cultural review. Summary information from the recent Exit Interview exercise is included in the Workforce report and has been shared with relevant areas.



Key:

	Outstanding
	In Progress
	Complete
	Not yet required

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## BOARD OF DIRECTORS

Meeting Date:	29 <sup>th</sup> April 2016; part 1
Subject:	Picker Inpatient Survey Report
Section on agenda:	Quality
Supplementary Reading (included in the Reading Pack):	Picker summary report
Officer with overall responsibility:	Paula Shobbrook Director of Nursing and Midwifery
Author(s) of papers:	Ellen Bull, Deputy Director of Nursing and Midwifery Sue Mellor Head of Patient Experience
Details of previous discussion and/or dissemination:	HAC 28 <sup>th</sup> April 2016
Action required:	The paper is provided for information

### **Key Findings**

#### Comparing Trust performance 2015 to 2014:

Performance *is significantly better* on one question:

- 'Patients using a bath or shower area who shared it with the opposite sex', with a score of 16% compared to a national average of 11.7% (lower scores are better).
- Significantly worse – no questions
- No significant difference on 61 questions

#### Comparing to other participating Trusts 2015

- *Significantly better* than average on 18 questions
- *Significantly worse* than average on 1 question  
Patients using a bath or shower area who shared it with the opposite sex'
- The scores were average on 46 questions

### **Conclusion**

The Trust has performed well in the 2015 Picker inpatient survey with 18 questions significantly above average when compared to other Trusts. The one question which is significantly worse than average is sharing a bath or shower with the opposite sex, which also is the question the Trust has significantly improved on from 2014 performance. From this we can conclude interventions taken to improve the position

have had a positive effect, and there is more work to do in this particular area. There is strong performance in the care, communication from staff and discharge domains. There is focus required to improve elements across the whole patient journey especially operations and procedures. This data will be reviewed and triangulated against all Trust feedback and specific actions taken developed within care groups and directorates.

Relevant CQC domain:

All domains

Are they safe?

Are they effective?

Are they caring?

Are they responsive to people's needs?

Are they well-led?

Risk Profile:

N/A

i. Impact on existing risk?

ii. Identification of a new risk?

# Picker Inpatient Survey Results July 2015

## Report available April 2016

### 1. Introduction

RBCH was one of 81 Trusts to participate the Picker Institute for the national annual inpatient survey. The Trust gathers the patient sample from those over the age of 16 years who stayed overnight in the Trust during July 2015. It is important to note that the Care Quality Commission deploy a different methodology to the raw data and will publish results in May 2016. The 65 question survey yielded a Trust response rate of 57% higher than the Picker average of 45%.

### 2. Key Findings

#### Comparing Trust performance 2015 to 2014

Performance *is significantly better* on one question:

- 'Patients using a bath or shower area who shared it with the opposite sex', with a score of 16% compared to a national average of 11.7% (lower scores are better).
- Significantly worse – no questions
- No significant difference on 61 questions

#### Comparing to other participating Trusts 2015

- *Significantly better* than average on 18 questions
- *Significantly worse* than average on 1 question  
'Patients using a bath or shower area who shared it with the opposite sex'
- The scores were average on 46 questions

### 3. Demographics


80.3% of these patients were aged 60 years and over, 1.5% identified as gay/lesbian or bisexual, 59% (48% 2014)% were emergency admissions, 97.1% described themselves, as white British in comparison to the Picker Average of 90.6% and 47% of our respondents were female.

87.1% of patients completed the survey alone without family or carer support.

### 4. Results

\*When reviewing these results it is important to note that ***lower scores are better.***

When comparing the scores for this Trust against the Picker average from the 2015 survey, the following questions were significantly better.

Your results were significantly better than the 'Picker average' for the following questions:		
	Lower scores are better 	
	Trust	Average
Admission: had to wait long time to get to bed on ward	24 %	32 %
Hospital: room or ward not very or not at all clean	1 %	3 %
Hospital: toilets not very or not at all clean	4 %	5 %
Doctors: did not always get clear answers to questions	25 %	30 %
Doctors: did not always have confidence and trust	16 %	19 %
Doctors: talked in front of patients as if they were not there	20 %	23 %
Nurses: did not always have confidence and trust	18 %	22 %
Nurses: sometimes, rarely or never enough on duty	34 %	38 %
Care: staff did not always work well together	18 %	21 %
Care: not always enough privacy when discussing condition or treatment	20 %	23 %
Care: more than 5 minutes to answer call button	12 %	17 %
Discharge: was delayed	37 %	41 %
Discharge: not given any written/printed information about what they should or should not do after leaving hospital	22 %	33 %
Discharge: not told how to take medication clearly	19 %	24 %
Discharge: not fully told of danger signals to look for	46 %	56 %
Discharge: not told who to contact if worried	12 %	20 %
Overall: not treated with respect or dignity	14 %	16 %
Overall: did not always feel well looked after by staff	17 %	20 %

When comparing the scores for this Trust against the Picker average from the 2015 survey, the following question was significantly worse

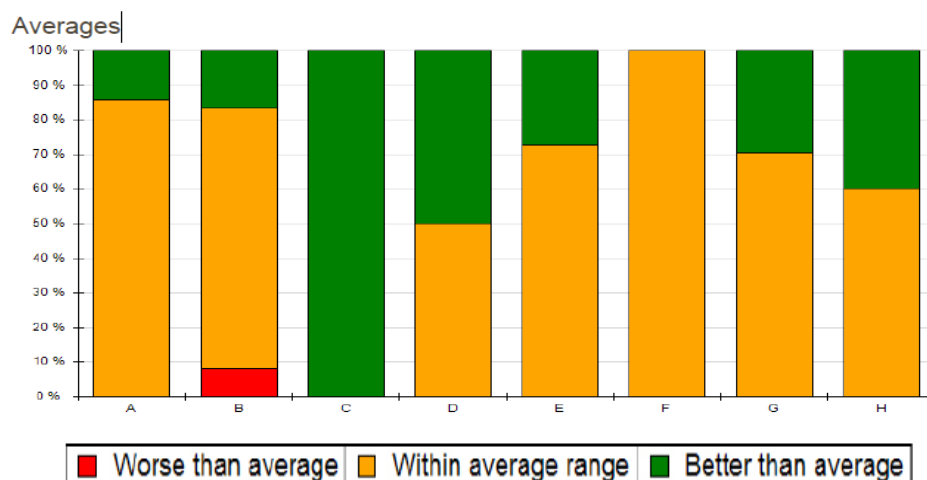
Patients using a bath or shower area who shared it with the opposite sex, with a score of 16% compared to a national average of 11.7%

This question is the question the Trust has significantly improved on when compared to 2014 performance. This demonstrates as a Trust we have made improvements on last year's performance, and recognise there is more to do.

## 5. Results by Theme

The survey is divided into nine sections which reflect the patient journey. The below is a depiction of Trust performance against the Picker average for 2015.

- |                          |                             |
|--------------------------|-----------------------------|
| A. ADMISSION TO HOSPITAL | E. YOUR CARE AND TREATMENTS |
| B. THE HOSPITAL AND WARD | F. OPERATIONS & PROCEDURES  |
| C. DOCTORS               | G. LEAVING HOSPITAL         |
| D. NURSES                | H. OVERALL                  |



## **6. Key findings**

The Hospital and ward section relates to the question: Patients having to share a bath or shower with the opposite sex.

All questions in the Doctors section were significantly above the picker average. Nurses are higher than the picker average on 2 out of 4 questions.

The Trust is significantly better than average on 5 questions in the leaving hospital section.

## **7. Conclusion**

The Trust has performed well in the 2015 Picker inpatient survey with 18 questions significantly above average when compared to other Trusts. The one question which is significantly worse than average is sharing a bath or shower with the opposite sex, which also is the question the Trust has significantly improved on from 2014 performance. From this we can conclude interventions taken to improve the position have had a positive effect, and there is more work to do in this particular area. There is strong performance in the care, communication from staff and discharge domains. There is focus required to improve elements across the whole patient journey especially operations and procedures. This data will be reviewed and triangulated against all Trust feedback and specific actions taken developed within care groups and directorates.

## **8. Recommendation**

The Board of Directors are requested to note the Picker inpatient survey results, noting that the CQC inpatient survey will be published in May 2016.
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## BOARD OF DIRECTORS

<b>Meeting Date and Part:</b>	29th April 2016 – Part 1
<b>Subject:</b>	Performance Report April 2016
<b>Section on agenda:</b>	Performance
<b>Supplementary Reading (included in the Reading Pack)</b>	Performance Matrix
<b>Officer with overall responsibility:</b>	Richard Renaut, Chief Operating Officer
<b>Author(s) of papers:</b>	Donna Parker / David Mills
<b>Details of previous discussion and/or dissemination:</b>	PMG
<b>Action required: Approve / Discuss / Information / Note</b>	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. It is also requested to note the indicative trajectories in relation to the national requirements relating to the Sustainability and Transformation Plan.
<p><b>Executive Summary:</b></p> <p>The attached Performance Report and Indicator Matrix shows performance exceptions against key access and performance targets for the month of March 2016. This is at the Board as compliance against these standards is a regulatory and contractual requirement.</p> <p>The report also includes the projected performance trajectories for 16/17 in relation to the national Sustainability and Transformation Fund requirements.</p> <p>We have seen a significant increase in urgent care activity through the Quarter at 13% and therefore, against the Monitor KPIs for Q4, we expect to be non-compliant for the ED 4 hour target. However, benchmarking continues to indicate strong performance compared to others. The C Difficile target will also be below threshold.</p> <p>Non-compliance is expected against the 31 day Cancer target. The expected position for 62 days is being finalised but current indications suggest this will be compliant. There is some risk however, in relation to potential breaches on the 62 day from screening pathway due to a small number of Colorectal and Breast patients breaching. Also the 31 day subsequent treatment target is at risk due to the Urology backlog clearance. The final position is being finalised and will be uploaded early in May.</p> <p>RTT incomplete pathways remains compliant for the Quarter. However, going forward non compliance for Q1 has been indicated in our STP trajectory due to some speciality pressures and exacerbated by bed related cancellations and junior doctor strikes.</p>	
<b>Relevant CQC domain:</b>	
<b>Are they safe?</b>	Yes
<b>Are they effective?</b>	Yes
<b>Are they caring?</b>	
<b>Are they responsive to people's needs?</b>	Yes
<b>Are they well-led?</b>	Yes

<p><b>Risk Profile:</b></p> <p>i) <b>Impact on existing risk?</b></p> <p>ii) <b>Identification of a new risk?</b></p>	<p>The following risk assessments remain on the risk register:</p> <ul style="list-style-type: none"> <li>i. Cancer 62 day wait non-compliance and national guidance on 'high impact' changes.</li> <li>ii. 4 hour target.</li> <li>iii. Endoscopy wait times – under review now recovery programme largely completed.</li> </ul> <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> <p>A new risk assessment has also been added for RTT due to a reduced performance.</p>
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## Performance Report April 2015/16 For March 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.

In readiness for the report on April performance, a review will be undertaken of the Performance Report structure and content in line with national and local priorities for 16/17. The outputs will be incorporated in the May Board report for approval.

### 2. Risk assessment for 2015/16

The below shows the current position for Q4 and predictions for Q1 against the key Monitor indicators.

*Monitor Compliance Framework*

		15/16				16/17
		Q1	Q2	Q3	Q4	Q1
Target or Indicator (per Risk Assessment Framework)	%	Actual	Actual	Actual	Actual	Pred
Referral to treatment time, in aggregate, incomplete pathways	92					
A&E Clinical Quality - Total Time in A&E under 4 hours	95					
Cancer 62 Day Waits for first treatment (from urgent GP referral)	85					
Cancer 62 day Waits for first treatment (from Cancer Screening Service)	90					
Cancer 31 Day Wait for second or subsequent treatment - surgery	94					
Cancer 31 Day Wait for second or subsequent treatment - drugs	98					
Cancer 31 Day Wait from diagnosis to first treatment	96					
Cancer 2 week (all cancers)	93					
Cancer 2 week (breast symptoms)	93					
C.Diff objective						
MRSA						
Access to healthcare for people with a learning disability						
Note: Cancer for Q4 15/16 remains predicted position. Final upload early May 16.						

#### 2.1 Q4 Performance

Q4 has seen a significant increase in urgent care activity at 13% above the same period last year which has put extraordinary pressure on flow within the hospital. This has continued, with early April showing up to 17% increase. As a result performance for Q4 for the 4 hour target was 91.16%, though overall we achieved 93.37% for the full year 15/16. Despite the significant increase in demand, this was similar to 14/15 which was 93.36%. RBCHFT continues to benchmark high compared to other trusts,

however, our predicted trajectory for 16/17 reflects the continued challenge of system-wide demand, social care funding and limited social care capacity.

Current indications are that we will achieve compliance for the cancer 62 day target in Q4 though the screening target is at risk with a potential 3.5 breaches, including 2 Colorectal. Some remaining diagnoses and validations are being confirmed for the final position (uploaded in early May). The joint prostatectomy pooling and backlog recovery programme with Dorset County Hospital is progressing well with a significant reduction in waiting times already delivered. The programme continues through Q1 in order to meet the jointly agreed recovery trajectory in Q2.

As expected, the knock-on impact of the above recovery programme has been seen on the 31 day targets and with first treatment not expected to be compliant and some risk to subsequent treatment in Q4 when the final upload is complete. The commissioner agreed recovery trajectory is compliance by the start of Q3 16/17.

For the C Difficile indicator where there was evidence of lapses in care, we exceeded the full year “stretch” trajectory with confirmed cases at 17 (target of 14 full year). We have received notification that our target for 16/17 will remain at 14.

Going forward into Q1 there is some risk in April relating to the RTT target due to the increasing backlogs, particularly in Orthopaedics, Urology and Ophthalmology, exacerbated by cancellations over winter and the impact of the junior doctor strikes. Additional capacity is being provided through April and May and it is therefore, anticipated that the position will improve in May. There is a further risk attached to the Two Week Wait target due to demand and capacity pressures in Colorectal and Gynaecology. Additional clinics are being held to improve performance and try to recover compliant performance for the Quarter.

## **2.2 Sustainability and Transformation Plan (STP) and performance trajectories for 16/17**

In response to the national STP requirements the Trust has submitted the outline trajectories to date.

### 4 Hour Target

The complex challenges experienced in achieving the 4 hour target in 15/16 are evidenced across the country. With early indications of further significant increases in demand, together with expectations related to the ongoing limited social care capacity, many trusts are signalling a further deterioration in 4 hour performance. Our own assessment indicates a similar position and we have therefore, indicated a below 95% trajectory for the year, at 90% for Q1/2 and 88% for Q3/4. Clearly significant work will continue in order to strive towards the optimum pathways for our patients, but this position recognises the extent of the challenge.

		15/16				16/17			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Target or Indicator (per Risk Assessment Framework)	%	Actual	Actual	Actual	Actual	Pred	Pred	Pred	Pred
Referral to treatment time, in aggregate, incomplete pathways	92								
A&E Clinical Quality - Total Time in A&E under 4 hours	95								
Cancer 62 Day Waits for first treatment (from urgent GP referral)	85								
Cancer 62 day Waits for first treatment (from Cancer Screening Service)	90								
Cancer 31 Day Wait for second or subsequent treatment - surgery	94								
Cancer 31 Day Wait for second or subsequent treatment - drugs	98								
Cancer 31 Day Wait from diagnosis to first treatment	96								
Cancer 2 week (all cancers)	93								
Cancer 2 week (breast symptoms)	93								
C.Diff objective									
MRSA									
Access to healthcare for people with a learning disability									
Diagnostic 6 week wait	99								
Note:									
Cancer for Q4 15/16 remains predicted position. Final upload early May 16.									
6ww diagnostic target included within STP requirements.									

## Cancer

Our CCG agreed recovery trajectories require that we achieve compliance against 62 day in Q2 and against 31 day in Q3. This has been reflected within our STP. Some caution is also indicated in our amber position against the 31 day subsequent surgery target, due to its close interlink with our Urology recovery plan for 62 and 31 day first treatment.

## Diagnostics 6 Week Wait

Although not within the 15/16 Monitor Framework, this target has been included within the STP requirements for 16/17 and therefore, has been incorporated within the above projections. An amber risk has been indicated against Q4 reflecting caution during known periods of significant activity.

## Other performance at risk

Other amber risks for Q1 are as indicated in section 2.1 above and based on the expected impact of winter, we have also signalled a potential risk relating to C Diff in the second half of the 16/17.

## 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). In February and March, 3 more cases were reported, taking the annual total to 17. This has resulted in non compliance for this indicator for this financial year.

There have been no reported cases of hospital acquired MRSA.

## 4. Cancer

Performance against Cancer Targets

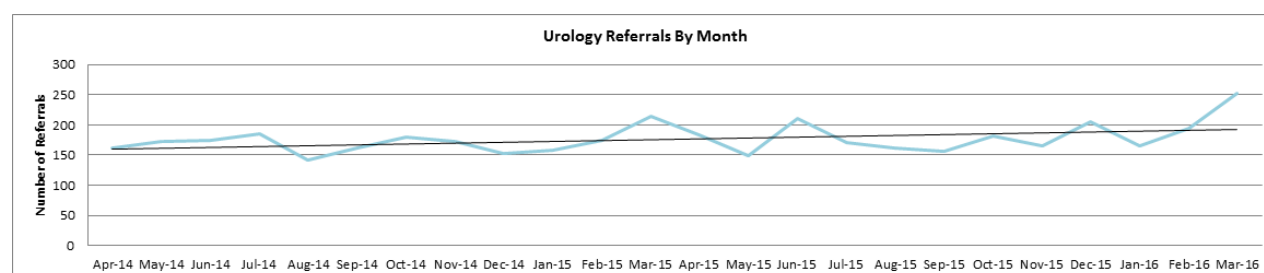
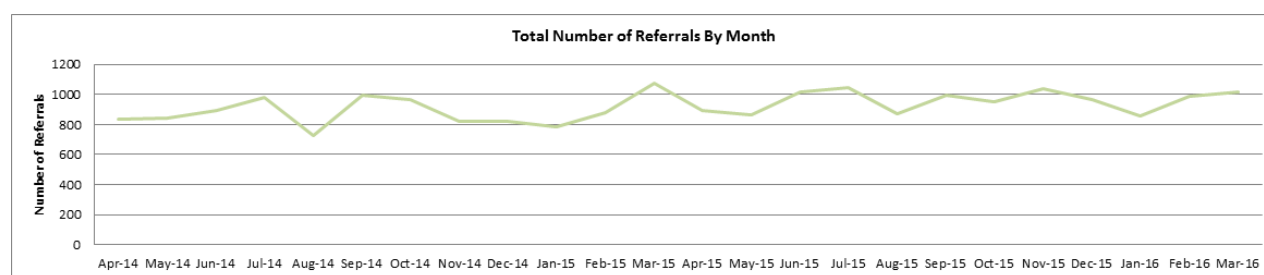
Key Performance Indicators	Threshold	2015-2016 Qtr 3	Jan-16	Feb-16
2 weeks - Maximum wait from GP	93.0%	97.0%	98.1%	96.2%
2 week wait for symptomatic breast patients	93.0%	100.0%	100.0%	100.0%
31 Day – 1st treatment	96.0%	94.9%	94.3%	93.4%
31 Day – subsequent treatment - Surgery	94.0%	94.3%	93.9%	88.5%
31 Day – subsequent treatment - Drugs	98.0%	100.0%	100.0%	100.0%
62 Day – 1st treatment	85.0%	88.6%	84.2%	89.2%
62 day – screening patients	90.0%	98.1%	90.0%	80.0%
62 day – Consultant upgrade ( <i>local target</i> )	90.0%	58.3%	0.0%	100.0%

In line with national guidance we will be working with CCGs in 16/17 to monitor further cancer metrics, including: 104 day ‘backstop’ breaches; time to decision to treat and timings of transfers between trusts. This information will be brought to the Board as it develops.

#### 4.1 Two Week Wait

The Two Week Wait performance has been maintained. However, due to demand and capacity pressures in Colorectal and Gynaecology (the latter due to some sudden unplanned absence) we have seen a number of breaches that will affect April performance. Additional sessions are being arranged and performance is expected to improve for the Quarter.

Overall referrals continue to be above last year’s levels and the impact of the Blood in Pee campaign was seen in March. The Trust were able to respond with first appointment fast track capacity for the Urology patients referred. We are now tracking these through for 62 day pathways and expect that the Urology recovery programme through Q1 will support resulting treatments.

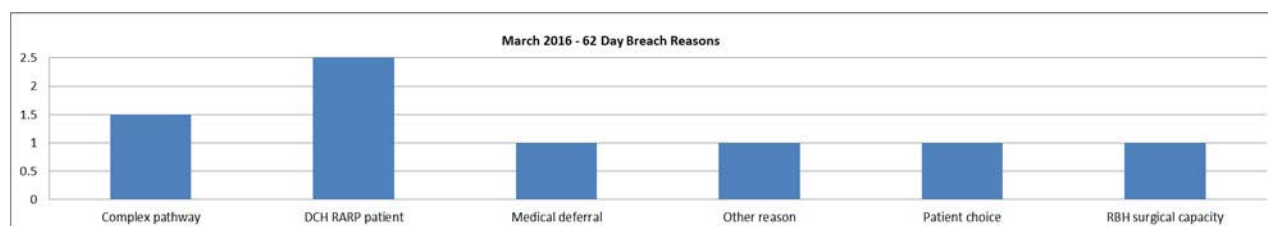


## 4.2 62 Day Referral/Screening to Treatment

Pooling the waiting lists for robotic prostatectomy patients across East and West Dorset together with additional capacity is progressing well. A significant reduction in waits has already been seen for these procedures. March and quarterly compliance will be finalised following final diagnoses and validation though compliance for the quarter is likely. February was compliant at 89.2%.

We continue to progress the actions included in our Remedial Action Plan jointly with our commissioners and Dorset County Hospital and have an agreed recovery trajectory which anticipates full recovery in Q2. Further work is underway to manage risks in Colorectal and Gynaecology where fast track capacity has led to some delays early in pathways which will need to be mitigated as diagnoses are confirmed. As indicated above additional clinic capacity is also being provided to improve the 2 week wait performance for those specialities. The plan to also increase capacity for Urology non prostatectomy cancer cases (e.g. bladder and kidney operations) has commenced in April. This is supported by outsourcing, sessions at Wimborne Hospital and some locum sessions.

Breach analysis so far for March reflects a number due to the robot prostatectomy backlog clearance and related pathways (DCH RARP, RBH surgical capacity).



Compliance for Q4 against the 62 day from screening target is also currently borderline, with potentially 3.5 breaches reported over the Quarter. These were due to various reasons (complex pathway, late referral and/or surgical capacity), 2 of which were in Colorectal pathways and 1.5 in Breast.

## 4.3 Overall 62 day performance by specialty – February 16

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

Site	Quarter 3 2015/16			Jan-16			Feb-16		
	Total	Within Target	Performance	Total	Within Target	Performance	Total	Within Target	Performance
Haematology	13.5	12.5	92.6%	2	1	50.0%	6.5	6.5	100.0%
Lung	20.5	18	87.8%	7.5	4.5	60.0%	5.5	4.5	81.8%
Colorectal	24.5	20.5	83.7%	6.5	5	76.9%	11.5	10.5	91.3%
Gynae	10	10	100.0%	2.5	2.5	100.0%	1.5	1	66.7%
Skin	69.5	68.5	98.6%	18.5	18	97.3%	21	21	100.0%
UGI	23	21	91.3%	5	5	100.0%	11	11	100.0%
Urology	106	83.5	78.8%	40	30	75.0%	34	27	79.4%
Breast	51	49	96.1%	14	14	100.0%	18	16	88.9%
Others									
Head & Neck	5	1	20.0%	1	1	100.0%	1	0.5	50.0%
Brain/central nervous system									
Children's cancer									
Other cancer	1	2	200.0%	1	1	100.0%			
Sarcoma	4	5.5	137.5%	3	3	100.0%	1	1	100.0%
Total	328.5	291.0	88.6%	101.0	85.0	84.2%	111.0	99.0	89.2%

There were a total of 12 breaches out of 111 treatments in February, breaking down as follows: Lung (1), Colorectal (1) Gynaecology (0.5), Urology (7), Breast (2) and Head & Neck (0.5).

#### 4.4 31 First Treatment and Subsequent Surgery

Due to the focus on the Urology backlog, we are continuing to see a number of breaches against the 31 day first treatment target which will impact on our overall compliance for Quarter 4. 9 breaches out of 137 (6 in Urology) were reported in February, resulting in 93.4% performance. The 31 day subsequent treatment performance was also non compliant at 88.5% predominantly for the same reason. Although this has improved in March it remains a risk for the quarter.

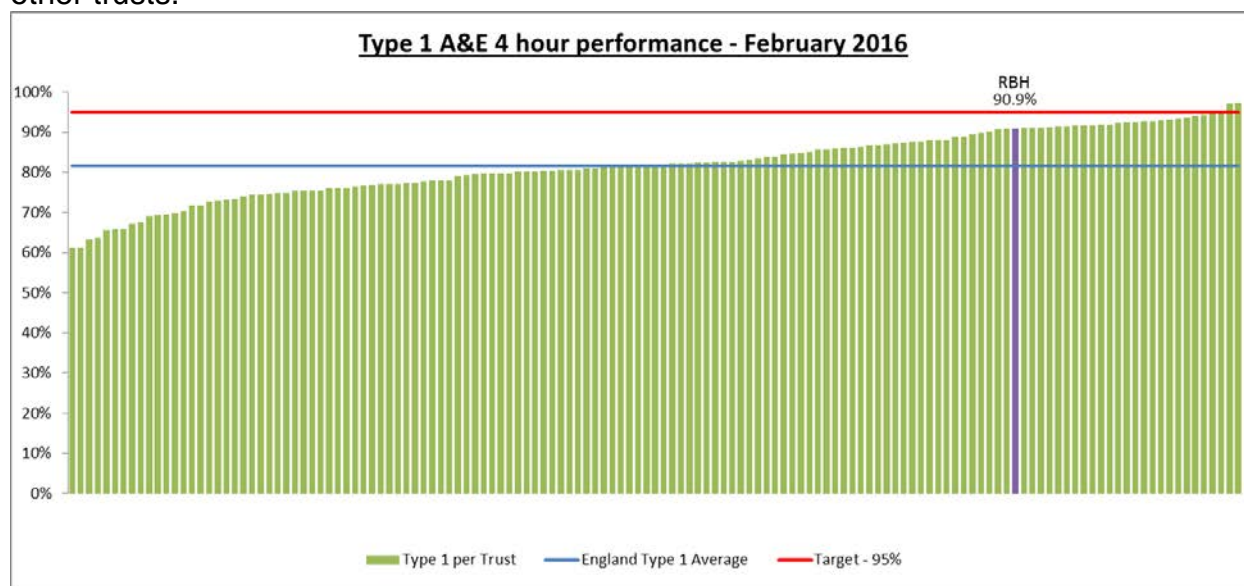
These targets are predominantly impacted when we treat the longer waiting robot prostatectomy (RARP) patients and therefore, remain at risk during the joint recovery programme with Dorset County Hospital. However, this will improve on completion of the recovery programme which is anticipated to be achieved in Q3 as we need to reduce the RARP wait to a 0-2 weeks.

### 5. A&E

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

#### 5.1 Performance and Activity

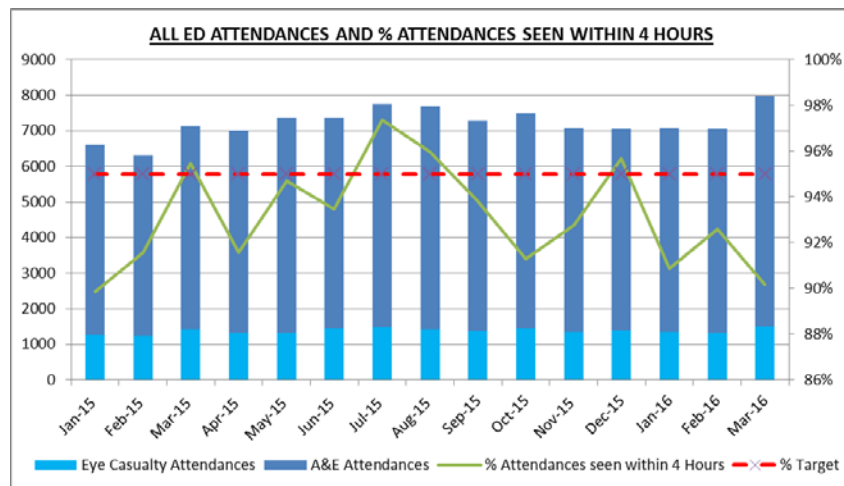
Whilst the Trust failed to achieve compliance against the ED 4 Hour target in March and Q4, the below graph shows our February performance benchmarked against other trusts.



*Note: this data excludes Type 2 attendances*

March has seen pressures with a significant increase in non elective admissions compared to last year (15.5%). This, along with a rise ED attendances (11.8%

compared to last year) and continued delayed discharges, resulted in a reduction in patient flow through the hospital. This meant that the Trust missed compliance in March with the ED 4 hour target, at 90.2% (a decrease compared to February 2016 – 92.6%). This increase in demand has continued into April with, for example, a 17% increase on the same period last year being seen in week commencing 11/4.



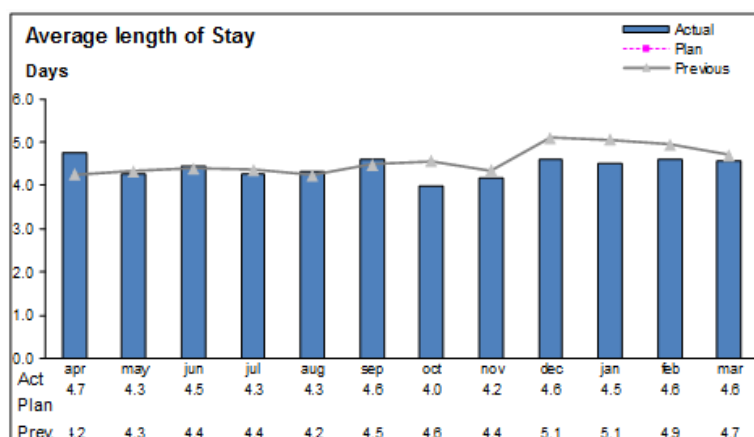
15/16 Non-Elective Activity - % variance

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Variance against 14/15	-1.2%	-0.3%	1.7%	-2.3%	0.3%	7.4%	5.6%	13.2%	1.6%	11.6%	11.8%	15.5%

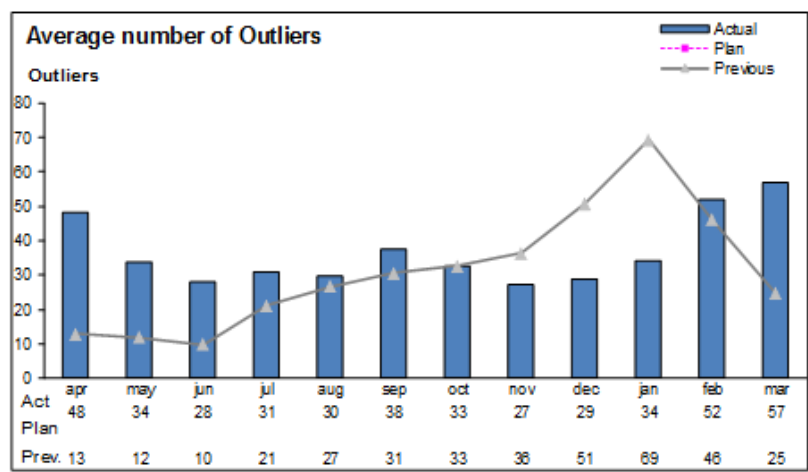
## 5.2 Progress Against ED and Trust-wide Actions

The ongoing pressures of high attendances and activity continue to be a concern and contracted activity plans alongside our significant programme of work to develop Cardiac, Older Persons' and Stroke ambulatory care models, together with the establishment of a Frailty Unit, will be key. Other elements of the ED action plan for 16/17 include: development of a trigger tool and revision of our daily bed predictor linked to review of our Escalation protocols; review of staff rotas; and development of pathways to support the ambulatory care and frailty models.

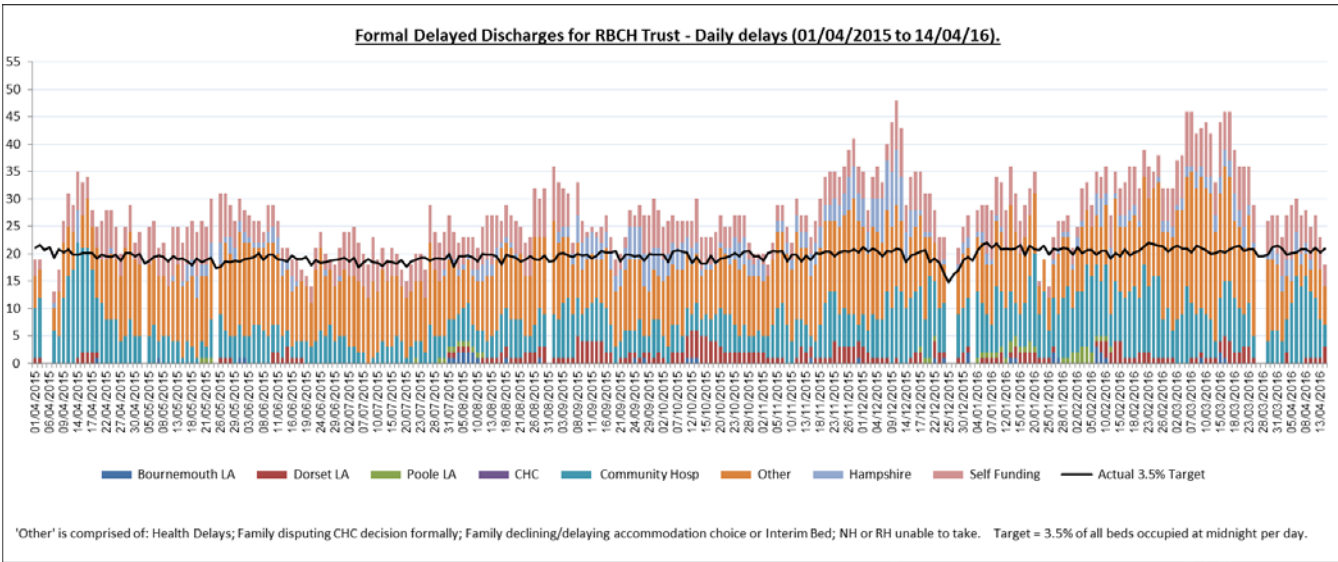
Positively average length of stay has been remained below last year's levels since October reflecting the focus on ambulatory care and short stay models which have come into their own as acuity rises from October.



Despite good progress at the start of the winter, the additional pressures are reflected in the increase in outliers. The developments in our outlier review and management processes however, have meant that patients are reviewed regularly to ensure continued appropriate and specialist care as well as progression of discharge planning.



Delayed Transfers of Care together with patients ‘medically fit for discharge’ who are still in hospital, have remained a pressure, though a reduction has been seen in April to date. Unfortunately, infection control related bed closures have also impacted in April which as well as limiting hospital capacity, also limits our ability to transfer patients to packages of care and care homes. All of this continues to impact on flow in the hospital, the front door and on the 4 hour target.



## 6. Learning Disability

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



We were compliant with the requirement to healthcare access for each month, and each quarter in 2015-16 against the target.

## 7. Mixed Sex Accommodation

Minimise no. of patients breaching the mixed sex accommodation requirement

Under the revised MSA policy, in line with contractual agreements with Dorset CCG, no MSA breach occasions occurred during March.

Q4 resulted in two breach occasions, affecting two patients. This was an improvement on Q3 (5 occasions affecting 10 patients). 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

March's diagnostic result was 99.94% (against the 99% threshold), with only 3 patients waiting longer than 6 weeks by month end. This is a significant recovery and is ahead of our improvement trajectory. It is a huge achievement for the team who have undertaken significant improvement work to actively reduce delays to patients. This position will continue to be monitored, particularly following the completion of the outsourcing. We will also be monitoring any ongoing impact from junior doctor strikes.

Some pressures remain relating to medical staff shortages in Radiology and demand and capacity pressures for Cystoscopies and in Cardiology. However, these are currently being mitigated in both areas through excellent local leadership and Q1 based redesign work.

### 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 264 patients out of 5,889 (4.5%) who have been waiting greater than 6 weeks past their indicative due date, an improvement on February. Although the biggest proportion are patients awaiting Endoscopy procedures, this number has reduced as part of the continuing recovery programme. A much smaller number of patients are awaiting planned appointments across other specialities such as Urology. Planned patients continue to be monitored on a weekly basis, with clinical reviews of longer waiting patients being undertaken as required.

## 9. Cancelled Operations

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

We were fully compliant in March, though additional cancellations due to the Junior Doctor strikes and bed pressures will present increased challenge to the 28 day rescheduling.

## 10. Stroke

Following our positive Q3 SSNAP results narrowly missing A grade, we have seen ongoing improvements against our monthly (unvalidated) reporting. The strong team work across Radiology, ED and within the Stroke Unit continues to drive forward the improvement plan, striving towards a level A SSNAP score.

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

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

### Incomplete Pathways

As expected our performance against the Incomplete Pathways target remained compliant, however, reduced to 92.1% in March, with 20,796 patients waiting less than 18 weeks. This is predominantly due to the significant increase in the waiting list for patients who require elective admission, particularly in: Urology, Orthopaedics, Ophthalmology, and to a smaller degree, General Surgery, Gynaecology and Cardiology. To date, we have performed well on our non admitted pathways, however, overall speciality pressures together with the national requirement to review premium waiting list activity and ongoing junior doctor strikes are increasingly presenting a risk to our RTT performance. Specialities are working on their 16/17 plans to meet planned capacity which includes some backlog and waiting times reduction.

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 a combination of outsourcing, sessions at Wimborne Hospital and locum sessions to prevent further delays to patients and reduce the routine backlog. A gradually improving position is expected through April and May.

Orthopaedics has also seen an increase in admitted backlog together with an increase in referrals, however, with full commencement of their capacity plan this has currently stabilised with a small reduction in backlog so far. A key risk to this is cancellations due to bed capacity, junior doctor strikes and key surgeon or anaesthetist posts.

Ophthalmology are commencing their review of GP guidance and the directory of services, as well as their clinic scheduling processes. This together with additional sessions are aiming to prevent further deterioration but demand management and substantive recruitment will be key to sustainability.

Finally, we will continue to monitor the Dermatology service performance as referrals increase and 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	Feb-16	Mar-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%	92.0%	91.9%	2459	2706	90.90%
101 - UROLOGY	89.9%	90.1%	90.0%	89.0%	88.4%	87.2%	89.8%	90.5%	86.5%	83.6%	82.2%	1308	1599	81.80%
110 - TRAUMA AND ORTHOPAEDICS	89.2%	92.9%	94.2%	94.5%	93.9%	93.7%	94.8%	94.2%	92.5%	92.3%	91.0%	3677	4048	90.80%
120 - EAR NOSE AND THROAT	87.8%	87.4%	90.3%	95.0%	98.4%	98.9%	98.9%	98.2%	96.3%	98.0%	94.2%	457	493	92.70%
130 - OPHTHALMOLOGY	97.4%	97.3%	97.5%	96.6%	95.4%	94.8%	93.4%	93.4%	93.2%	93.9%	92.6%	4164	4555	91.40%
140 - ORAL SURGERY	80.5%	73.3%	65.8%	59.5%	84.8%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	453	456	99.30%
170 - CARDIOTHORACIC SURGERY	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	7	7	100.00%
300 - GENERAL MEDICINE	93.0%	94.6%	97.6%	97.5%	96.9%	96.4%	96.9%	95.8%	96.9%	99.1%	96.5%	1572	1623	96.90%
320 - CARDIOLOGY	94.6%	94.9%	95.8%	95.8%	94.2%	93.5%	95.2%	95.1%	93.8%	94.9%	94.9%	1766	1931	91.50%
330 - DERMATOLOGY	84.6%	89.3%	89.1%	92.1%	92.1%	91.7%	93.8%	93.8%	96.4%	96.9%	97.6%	699	715	97.80%
340 - THORACIC MEDICINE	97.9%	99.4%	97.9%	98.6%	99.4%	100.0%	99.2%	99.5%	98.6%	97.7%	97.2%	434	450	96.40%
400 - NEUROLOGY	86.7%	85.6%	81.7%	87.7%	96.7%	97.5%	97.0%	98.8%	96.5%	99.5%	99.1%	255	258	98.80%
410 - RHEUMATOLOGY	97.1%	96.1%	94.5%	96.9%	98.1%	98.6%	98.7%	98.4%	98.0%	97.2%	97.9%	987	1009	97.80%
430 - GERIATRIC MED	97.8%	97.0%	98.1%	97.0%	99.2%	98.5%	100.0%	98.9%	100.0%	98.6%	100.0%	163	163	100.00%
502 - GYNAECOLOGY	91.8%	95.1%	92.5%	92.1%	92.3%	93.7%	94.6%	94.0%	94.1%	93.0%	91.2%	957	1058	90.50%
Other	97.3%	97.7%	97.6%	95.6%	95.9%	97.7%	96.4%	97.9%	96.8%	97.0%	95.3%	1438	1521	94.50%
TOTAL	92.6%	94.0%	94.4%	94.3%	94.1%	94.1%	94.5%	94.5%	93.7%	93.7%	92.8%	20796	22592	92.05%

## 12. Recommendation

The Board is requested to note the performance exceptions to the Trust's compliance with the 2015/16 Monitor Framework and 'The Forward View into Action' planning guidance requirements. It is also requested to note the indicative trajectories in relation to the national requirements relating to the Sustainability and Transformation Plan.

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would expect for our own families*

## BOARD OF DIRECTORS

Meeting Date and Part:	29 <sup>th</sup> April 2016 Part 1
Subject:	Quality report
Section on agenda:	Performance
Supplementary Reading (included in the Reading Pack):	n/a
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
Details of previous discussion and/or dissemination:	Healthcare Assurance Committee (HAC) 28 <sup>th</sup> April 2016
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 March 2016.

1. **Serious Incidents:** Nil reported
2. **Safety Thermometer:** Harm Free Care slightly reduced in month as a result of an increase in hospital acquired pressure ulcers.
3. **2015/16 Quality Objectives:**
  - Achieved quality objectives for: reducing severe harm events, SIs, pressure damage, staff accidents.
  - Not achieved quality improvement aim for: falls, medication incidents and never events.
4. **Patient experience:**
  - Inpatient and Emergency Department Friends and Family Test performance was in the Top quartile in Month
  - Emergency Department response rates require improvement
  - Care Audit trends largely consistent; focussed work has been agreed for understanding more about how we can improve noise at night.

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: March 2016

## 1. Purpose of the report

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

## 2. Serious incidents

No Serious Incidents (SI) were reported on STEIS in March 2016

## 3. 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	15/16 Trust Average	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Safety Thermometer % Harm Free Care	89.79%	90.3%	86.97%	90.9%	84.10%	89.51%	<b>89.29%</b>
Safety Thermometer % Harm Free Care (New Harms only)	97.53%	97.6%	97.7%	97.1%	96.62%	98.35%	<b>96.77%</b>

	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
New Pressure Ulcers	6	6	10	13	5	13
New falls (Harm)	3	3	3	4	2	1
New VTE	1	0	0	0	1	0
New Catheter UTI	1	0	2	0	0	2

The findings from the point prevalence audit have been reviewed in detail, and a theme noted that patients with hospital acquired pressure ulcers are admitted with underlying pressure damage.

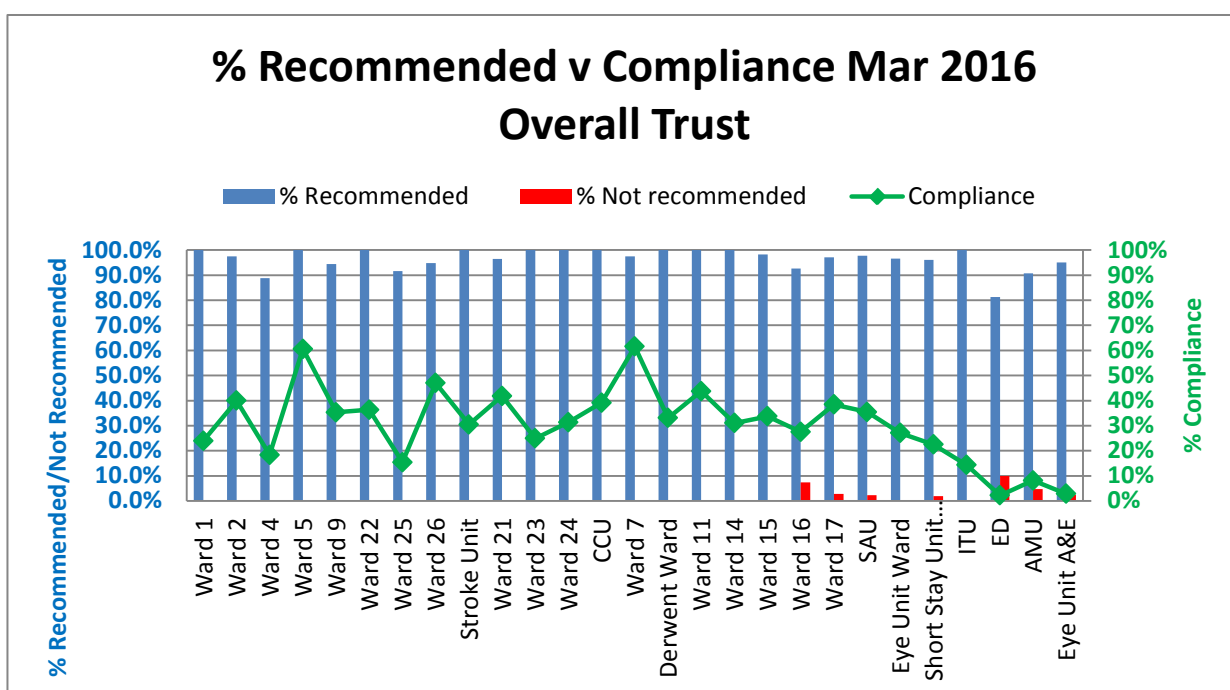
## 4. Patient Experience Report – Report April 2016 (March 2016 data)

- 4.1 Friends and Family Test: National Comparison using NHS England data  
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 February 2016 data.

- Inpatient and day case Friends and Family Test (FFT) national performance in February 2016 ranked RBCH Trust 3rd with 5 other hospitals out of 172 placing RBCH in the top quartile. The response rate was sustained above the 15% national standard at 20.1%.
- The Emergency Department FFT performance in February 2016 ranked RBCH Trust 7th with 9 other hospitals out of 141 placing RBCH ED department in the top quartile. The response rate 4.6% against the 15% national standard.
- Outpatients FFT performance in February 2016 ranked RBCH Trust 4th with 22 other Trusts out of 234 Trusts, placing the departments in the second quartile. Response rates are variable between individual outpatient departments; there is no national 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.



This month has seen a decrease in FFT responses from 3329 (Feb) to 3124 in March. There is an increase in “unlikely or extremely unlikely to recommended” from 48 (Feb) to 66 in March, this is indicative of the increase in the pathology department extremely unlikely to recommend based on waiting times. This is a focused area for improvement.

A significant amount of areas attained FFT 100% scores although some of these areas have very small FFT returns.

#### 4.3 Family and Friends Test: Corporate Outpatient areas

83% of comments were very positive.

The table below shows a breakdown of the main OPD areas FFT results. OPD FFT returns remain low, although compliance rates are not nationally mandated there is a focus on increasing this feedback; this is supported by additional volunteer resource in Main OPD.

Corporate	No. PEC's completed	No. of FFT Responses	% Recommended	% Not Recommended
Derwent OPD	65	63	96.8%	1.6%
Main OPD Xch	81	78	100.0%	0.0%
Oral and Maxillofacial	12	12	100.0%	0.0%
Outpatients General	388	377	95.5%	2.4%
<b>Corporate Total</b>	<b>546</b>	<b>530</b>	<b>96.4%</b>	<b>1.9%</b>

Themes for negative comments include staff behaviours, lack of communication, waiting times and noise at night.

#### 4.4 Care Audit Trend Data

Overall	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Red	33	49	51	51	45	60	91	85
Amber	45	43	69	73	61	58	92	99
Green	243	203	178	199	163	229	194	191
N/A	29	55	52	27	81	28	28	30

There is a generic section for patients to reflect their appreciation of specific staff that deserve recognition and leave a compliment to the ward team, in month this equates to 381 comments. Whilst comments remain overwhelmingly positive the most significant number of negative comments pertains to noise at night, which is already a focus for the all the Care Groups, with support from Governors through a specific audit.

#### 4.5 Patient Opinion and NHS Choices: March 2016 Data

6 patient opinion comments were left in March, 4 express satisfaction with the service they received. 2 negative responses relate to waiting times and a referral to the wrong physiotherapy specialist.

### 5. Recommendation

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

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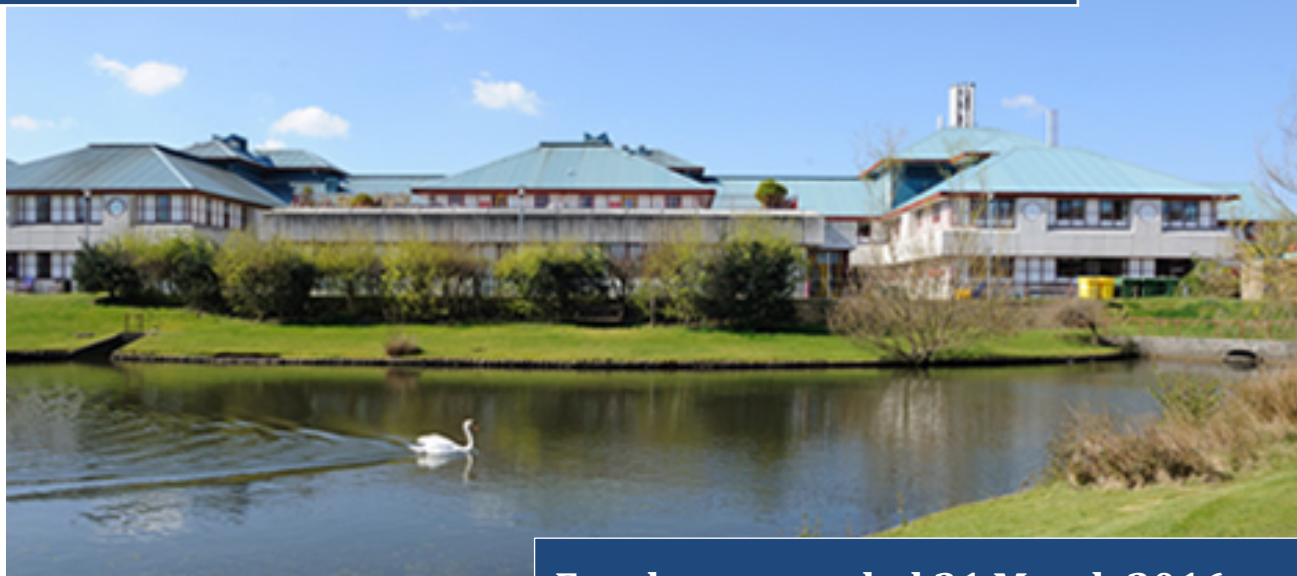
## BOARD OF DIRECTORS

Meeting Date and Part:	29 <sup>th</sup> April 2016 – Part I
Subject:	Financial Performance
Section on agenda:	Performance
Supplementary Reading (included in the Reading Pack)	Yes
Officer with overall responsibility:	Stuart Hunter, Director of Finance
Author(s) of papers:	Pete Papworth, Deputy Director of Finance
Details of previous discussion and/or dissemination:	Finance Committee
Action required: Approve/Discuss/Information/Note	The Board of Directors is asked to note the financial performance for the year ending 31 March 2016
Executive Summary:	The financial reports are detailed in the attached papers.
Relevant CQC domain: Are they safe? Are they effective? Are they caring? Are they responsive to people's needs? Are they well-led?	Goal 7 – Financial Stability  Outcome 26 – Financial Position
Risk Profile: i. Impact on existing risk? ii. Identification of a new risk?	One current financial risk exist on the risk register related to the next year's financial planning and is being monitored through the Finance Committee.



The Royal Bournemouth and Christchurch Hospitals  
NHS Foundation Trust

# Finance Report



**For the year ended 31 March 2016**

Pete Papworth  
Deputy Director of Finance

## Executive Summary

The Trust has ended the year with a cumulative deficit of £11.566 million. This is £1.4 million better than the initial budget plan of £12.9 million and £0.4 million better than the revised plan of £11.9 million. This is the result of a targeted and significant cost improvement programme and a relentless focus on cost control.

### Activity

Whilst total activity was marginally below plan during March, significant financial and operational pressures were seen due to the mix of activity. Non-elective activity was 11% above plan, and Emergency Department attendances were 5% above planned levels. The scale of this increase, together with the Junior Doctors strike action, resulted in the cancellation of both elective and outpatient procedures meaning that both were below plan, by 1% and 5% respectively.

Overall, for the year; activity was broadly in line with the initial plan, with non-elective activity ending the year 4% above plan, elective activity 2% below plan, and both outpatients activity and Emergency Department attendances 1% below plan.

### Income

Due to the nature of the Trusts contracts with its three key commissioners, income ended the year in line with budget, with a small favourable variance of £29,000 (0.01%). Increases in non-contracted activity and non-patient related income were off-set by the significant under achievement against planned private patient income.

### Expenditure

Expenditure ended the year £1.3 million below the initial budget, equating to a variance of 0.5%. This was driven by significant under spends against both pay and depreciation budgets, off-set by over spends against drugs and clinical supplies budgets.

### Cost Improvement Programme

The Trust recorded total aggregate savings of £9.5 million. This represents a saving of 3.5% when measured against the Trusts turnover, and exceeded both the initial and revised target. However, the level of non-recurrent savings is significant at £3.7 million, and this has placed significant pressure on the 2016/17 budgets.

### Capital Programme

The Trust committed £15.5 million in capital spend, primarily in relation to the Christchurch development (£5 million), the Jigsaw new build (£2.7 million), and the Trusts IT Strategy (£3.3 million). This represents a full year under spend of £4.2 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 ended the within a small tolerance of the plan; however some key variances were apparent against individual balances. Specifically, the trust continues to report high levels of outstanding payables and receivables, despite a significant number of high value disputes being resolved and paid during March.

### Cash

The Trusts current cash balance includes a one-off timing benefit as a result of the slippage against the Christchurch Capital Development. After adjusting for this, the Trust currently holds £30.9 million of cash. 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 has concluded its investigation, and the outcome is expected imminently.

## Income and Expenditure

The Trust ended the year with a net deficit of £11.6 million. Within this, income ended the year marginally above budget (favourable) by £29,000 and expenditure ended the year below budget (favourable) by £1.332 million. This results in a net favourable variance of £1.361 million against the initial budget and a favourable variance of £402,000 against the revised plan. The Trusts overall income and expenditure position is summarised below.

£'000	Budget	Actual	Variance
NHS Clinical Income	244,047	244,550	503
Non NHS Clinical Income	7,651	6,148	(1,503)
Non Clinical Income	21,262	22,291	1,028
<b>TOTAL INCOME</b>	<b>272,960</b>	<b>272,989</b>	<b>29</b>
Employee Expenses	170,513	169,721	792
Drugs	31,776	33,351	(1,575)
Clinical Supplies	36,361	36,686	(325)
Misc. other expenditure	37,822	36,826	996
Depreciation	9,415	7,971	1,444
<b>TOTAL EXPENDITURE</b>	<b>285,887</b>	<b>284,555</b>	<b>1,332</b>
<b>SURPLUS/ (DEFICIT)</b>	<b>(12,927)</b>	<b>(11,566)</b>	<b>1,361</b>

### Income

NHS clinical income ended the year 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 progressing with its plans to recover this position during 2016/17.

Further detail at contract level is set out below.

£'000	Budget	Actual	Variance
NHS Dorset CCG	167,176	167,176	0
NHS England (Wessex LAT)	46,246	46,316	70
NHS West Hampshire CCG	24,846	24,874	28
Non Contracted Activity	2,696	2,941	245
Public Health Bodies	2,629	2,706	77
NHS England (Other LATs)	1,686	1,633	(54)
NHS Wiltshire CCG	743	813	70
Other NHS Patient Income	654	798	144
Private Patient Income	4,441	2,950	(1,491)
Other Non NHS Patient Income	582	492	(89)
Non Patient Related Income	21,262	22,291	1,028
<b>TOTAL INCOME</b>	<b>272,960</b>	<b>272,989</b>	<b>29</b>

### Expenditure

Pay reported an over spend in month, reflecting the operational pressures faced by the Trust during March. Despite this, the Trust reported a full year pay 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 reported additional drugs expenditure during the year, resulting in a significant full year over spend. In addition, clinical supplies expenditure ended the year above budget, 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.

## 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 £13.2 million. Agency expenditure to date totals £8.6 million, with a further £8.6 million spent on bank and overtime. This results in a total 'premium' workforce cost of £4 million. These figures include an adjustment in March to correct a small number of previously miscoded costs.

£'000	Substantive Budget	Substantive Cost	Substantive Variance	Agency Cost	Bank Cost	Overtime Cost	Workforce Variance	Premium Funding	Residual Variance
Surgical Care Group	41,176	38,637	2,538	1,892	1,425	328	(1,106)	1,010	(96)
Medical Care Group	58,857	52,482	6,375	5,380	4,069	452	(3,527)	2,915	(612)
Specialties Care Group	36,215	33,683	2,532	763	1,111	111	547	240	787
Corporate Directorates	29,463	27,348	2,115	556	898	193	468	0	468
Centrally Managed Budgets	12	393	(381)	0	0	0	(381)	625	244
<b>TOTAL</b>	<b>165,722</b>	<b>152,543</b>	<b>13,179</b>	<b>8,591</b>	<b>7,503</b>	<b>1,085</b>	<b>(3,999)</b>	<b>4,791</b>	<b>791</b>

Where possible, block bookings are placed for agency staff to secure a reduced rate and provide consistency. Agency spend during March can be summarised as follows:

	Block Booked	Off-Framework	Other
Nursing	68,086	68,790	295,250
Medical	0	21,358	182,671
Non Clinical	41,780	6,000	0

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

	Medical	Nursing	Other
Shifts covered	120	118	144
Approximate Cost above Cap	40,236	26,556	14,343

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.

## Directorate Performance and Cost Improvement Programme

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

£'000	Budget	Actual	Variance
Surgical Care Group	16,744	15,666	(1,078)
Medical Care Group	7,495	7,284	(211)
Specialties Care Group	5,306	5,092	(215)
Corporate Directorates	(36,429)	(35,962)	467
Centrally Managed Budgets	(6,043)	(3,646)	2,397
<b>SURPLUS/ (DEFICIT)</b>	<b>(12,927)</b>	<b>(11,566)</b>	<b>1,361</b>

March saw the continuation of significantly increased emergency activity, with non-elective activity 11% above planned levels, and Emergency Department attendances 4% above planned levels in month. This placed further operational and financial pressure on the Trust, and resulted in reduced elective and outpatient activity due to capacity issues.

The Surgical Care Group variance has mainly been driven by reduced income in relation to planned Orthopaedic procedures; the Medical Care Group variance reflects additional emergency cardiac procedures, off-set by a significant reduction in private activity, and the Specialties Care Group variance reflects additional Cancer Care procedures and a significant increase in Ophthalmology activity. Corporate directorates performed well financially, with all but one managing within their agreed budget.

During the financial year the Trust has delivered financial savings amounting to £9.5 million. This represents a saving of 3.5% when measured against the Trusts turnover, and exceeded both the initial and revised target.

A significant element, £3.7 million and representing 39% of the total savings value, has been achieved non-recurrently. Whilst this places further pressure on the 2016/17 directorate budgets, a comprehensive cost improvement programme has been developed which mitigates this risk.

DIRECTORATE	FULL YEAR		
	TARGET £'000	ACTUAL £'000	VARIANCE £'000
ANAESTHETICS AND THEATRES	164	164	0
MATERNITY	84	84	(0)
ORTHOPAEDICS	346	345	(0)
SURGERY	310	309	0
<b>CARE GROUP A</b>	<b>903</b>	<b>903</b>	<b>(0)</b>
CARDIOLOGY	254	174	(80)
ED AND AMU	78	19	(59)
OLDER PEOPLES MEDICINE	243	219	(23)
MEDICINE	249	575	326
<b>CARE GROUP B</b>	<b>824</b>	<b>987</b>	<b>163</b>
CANCER CARE	265	325	60
OPHTHALMOLOGY	258	198	(60)
PATHOLOGY	268	211	(57)
RADIOLOGY	131	238	107
SPECIALIST SERVICES	1,139	1,485	346
<b>CARE GROUP C</b>	<b>2,061</b>	<b>2,459</b>	<b>397</b>
NURSING, QUALITY & RISK	92	93	1
ESTATES	586	573	(13)
FACILITIES MANAGEMENT	354	316	(38)
FINANCE AND BUSINESS INTELLIGENCE	544	528	(16)
HR, TRAINING AND POST GRAD	185	185	0
INFORMATICS	777	824	47
OPERATIONAL SERVICES	122	122	(0)
OUTPATIENTS	19	14	(4)
TRUST BOARD & GOVERNORS	154	237	82
<b>CORPORATE</b>	<b>2,832</b>	<b>2,891</b>	<b>59</b>
PRODUCTIVITY	2,307	2,307	0
DIRECT ENGAGEMENT	115	0	(115)
<b>CROSS DIRECTORATE</b>	<b>2,422</b>	<b>2,307</b>	<b>(115)</b>
<b>GRAND TOTAL</b>	<b>9,042</b>	<b>9,547</b>	<b>504</b>

## 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 saw significant slippage against its initial capital programme, with a full year under spend of £4.2 million as set out overleaf. This, together with the timing impact of capital schemes on the associated depreciation and amortisation charges account for the 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, 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. A number of key disputes with local NHS organisations have been resolved and payments received.
- **Cash and cash equivalents:** Cash is currently greater than planned, driven mainly by the capital under spend and the timing of capital related payments. Further detail is included below.
- **Trade and other payables:** The Trust is carefully managing cash payments, 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 has completed a detailed re-valuation of its estate, and this has now been reflected within the Statement of Financial Position.

£'000	Plan	Actual	Variance
Property, plant and equipment	182,492	175,833	(6,659)
Intangible assets	1,842	3,408	1,566
Investments (Christchurch LLP)	3,346	3,000	(346)
<b>Non-Current Assets</b>	<b>187,680</b>	<b>182,241</b>	<b>(5,439)</b>
Inventories	5,290	6,393	1,103
Trade and other receivables	6,699	10,276	3,577
Cash and cash equivalents	27,998	39,256	11,258
<b>Current Assets</b>	<b>39,987</b>	<b>55,925</b>	<b>15,938</b>
Trade and other payables	(22,119)	(33,185)	(11,066)
Borrowings	(389)	(307)	82
Provisions	(141)	(154)	(13)
Other Financial Liabilities	(551)	(1,102)	(551)
<b>Current Liabilities</b>	<b>(23,200)</b>	<b>(34,748)</b>	<b>(11,548)</b>
Trade and other payables	(1,015)	(1,015)	0
Borrowings	(19,947)	(19,461)	486
Provisions	(519)	(588)	(69)
Other Financial Liabilities	0	0	0
<b>Non-Current Liabilities</b>	<b>(21,481)</b>	<b>(21,064)</b>	<b>417</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>182,986</b>	<b>182,354</b>	<b>(632)</b>
Public dividend capital	79,665	79,681	16
Revaluation reserve	74,609	72,573	(2,036)
Income and expenditure reserve	28,712	30,100	1,388
<b>TOTAL TAXPAYERS EQUITY</b>	<b>182,986</b>	<b>182,354</b>	<b>(632)</b>

## 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.

The Trust has spent a total of £15.5 million, representing a full year under spend of £4.2 million. This is 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		
	Budget	Budget	Actual	Variance	Budget	Actual	Variance
Christchurch Development	7,565	568	973	(405)	7,565	5,013	2,552
JIGSAW New Build	3,050	0	(194)	194	3,050	2,714	336
Relocate and Expand AEC	900	180	0	180	900	0	900
Atrium Project	1,200	0	48	(48)	1,200	1,263	(63)
CT3 Build	500	190	0	190	500	5	495
Ward Refurbishment	400	0	(46)	46	400	281	119
Estates Maintenance	400	40	(119)	159	400	309	91
Aseptic Unit	510	0	13	(13)	510	562	(52)
Miscellaneous Schemes	100	25	164	(139)	100	390	(290)
Traffic Congestion Works	100	0	0	0	100	0	100
Residences Refurbishment	50	0	(23)	23	50	41	9
Catering Equipment	150	75	(16)	91	150	34	116
Macmillan Development	0	0	(61)	61	0	(46)	46
Capital Management	300	25	18	7	300	210	90
Medical Equipment	1,500	125	402	(277)	1,500	1,430	70
IT Strategy	3,062	504	1,130	(626)	3,062	3,339	(277)
<b>TOTAL</b>	<b>19,787</b>	<b>1,731</b>	<b>2,289</b>	<b>(558)</b>	<b>19,787</b>	<b>15,546</b>	<b>4,241</b>



## Cash

The Trust is currently holding £39.3 million in cash reserves. However, this includes a cash timing benefit as a result of the delay in the Christchurch capital development as compared to the ITFF loan drawdown. After adjusting for this, the true underlying cash position is lower, at £30.9 million.

The detailed, medium term cash flow forecast confirms that the Trust will have sufficient cash throughout 2016/17.

## 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 March 2016 is set out below.

	Plan Metric	Actual Metric	Risk Rating	Weighted Rating
Capital Service Cover	0.20x	0.10x	1	0.25
Liquidity	15.4	19.5	4	1.00
I&E Margin	(4.44)	(3.47)	1	0.25
I&E Variance to Plan	(1.17)%	0.96%	4	1.00
<b>Trust FSRR</b>				<b>3</b>
Mandatory Override				Yes
<b>Final FSRR</b>				<b>2</b>

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

Monitor's investigation has been completed, and the Trust is awaiting final confirmation of the outcome. This is expected imminently.

The Trusts final operational plan for 2016/17 has been 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 of 3 from August 2016.



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would expect for our own families*

The Royal Bournemouth and  
Christchurch Hospitals  
NHS Foundation Trust



## BOARD OF DIRECTORS

Meeting Date and Part:	29 <sup>th</sup> April 2016 – Part 1
Reason for Part 2:	n/a
Subject:	Workforce Report
Section on agenda:	7. Performance
Supplementary Reading (included in the Reading Pack)	Safe staffing
Officer with overall responsibility:	Karen Allman
Author(s) of papers:	Karen Allman, Ellen Bull
Details of previous discussion and/or dissemination:	Specific issues are reviewed at Workforce Committee, HAC, Education & Training Committee
Action required: Approve/Discuss/Information/Note	For discussion and noting areas highlighted.
<p>Executive Summary:</p> <p>The report shows the performance of the Trust by care groups across a range of workforce metrics: Appraisal, Mandatory Training, Turnover and Joiner rates, Sickness and Vacancies, including Trust-wide KPI trends for 2015/16.</p> <p>The report also includes an update on staff retention – exit interviews; medical staffing recruitment; work experience and National Whistleblowing and Freedom to Speak out Guardian.</p>	
<p>Relevant CQC domain:</p> <p>Are they safe? Are they effective? Are they caring? Are they responsive to people's needs? Are they well-led?</p>	<p>Well Led.</p> <p>Providing appropriate staffing to deliver effective and safe care.</p>
<p>Risk Profile:</p> <p>i. Impact on existing risk? ii. Identification of a new risk?</p>	<p>Recruitment, Appraisal Compliance, Essential Core Skills (mandatory training) compliance, and workforce planning are all existing risks on the risk register.</p>

## WORKFORCE REPORT – APRIL 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.

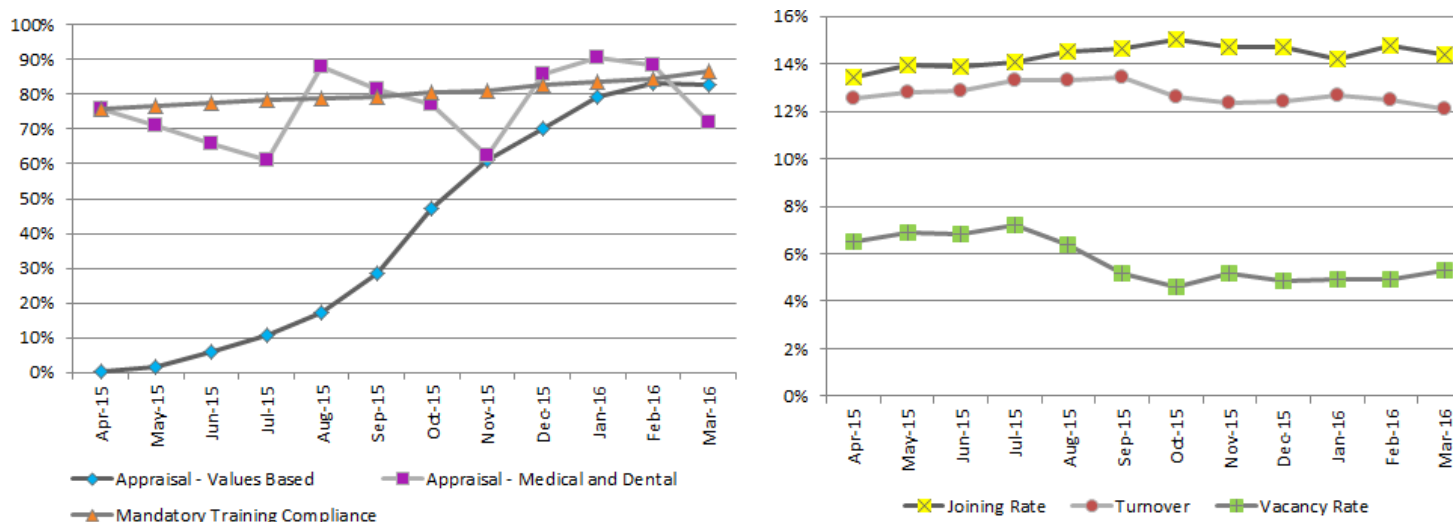
Care Group	Appraisal Compliance		Mandatory Training Compliance	Sickness		Joining Rate	Turnover	Vacancy Rate (from ESR)
	Values Based	Medical & Dental		Absence	FTE Days			
	At 31 March			Rolling 12 months to 31 March				At 31 March
Surgical	80.9%	66.3%	86.2%	4.56%	14983	15.2%	12.6%	1.8%
Medical	76.1%	67.5%	84.7%	4.02%	19631	19.0%	12.2%	8.0%
Specialities	88.2%	82.4%	87.2%	3.14%	8901	11.6%	11.6%	6.0%
Corporate	89.5%	0.0%	90.7%	3.82%	12294	9.2%	11.9%	3.9%
Trust-wide	82.9%	71.9%	86.6%	3.92%	55809	14.4%	12.1%	5.3%

Staff Group	Appraisal Compliance		Mandatory Training Compliance	Sickness		Joining Rate	Turnover	Vacancy Rate (from ESR)
	Values Based	Medical & Dental		Absence	FTE Days			
	At 31 March			Rolling 12 months to 31 March				At 31 March
Add Prof Scientific & Technical	89.8%		90.4%	2.76%	1221	20.2%	11.2%	9.7%
Additional Clinical Services	74.0%		85.5%	6.38%	16683	21.8%	13.0%	8.5%
Administrative and Clerical	83.7%		92.3%	3.34%	10218	8.7%	13.0%	6.7%
Allied Health Professionals	86.0%		90.4%	2.21%	2012	14.3%	15.0%	5.0%
Estates and Ancillary	94.2%		88.7%	4.81%	5847	15.7%	12.5%	-0.5%
Healthcare Scientists	88.3%		92.7%	3.15%	728	8.8%	10.1%	11.9%
Medical and Dental		71.9%	77.9%	1.27%	2022	4.7%	7.3%	1.8%
Nursing & Midwifery Registered	82.0%		85.8%	4.11%	17077	15.1%	11.3%	4.3%
Trust-wide	82.9%	71.9%	86.6%	3.92%	55809	14.4%	12.1%	5.3%

### Trust-wide Workforce KPIs for 2015/16

KPI	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Trend
Appraisal - Values Based	0.3%	1.7%	5.8%	10.6%	17.1%	28.4%	47.3%	61.3%	70.4%	79.5%	83.1%	82.9%	
Appraisal - Medical and Dental	75.9%	71.0%	65.8%	60.9%	87.8%	81.6%	77.0%	62.5%	85.7%	90.5%	88.3%	71.9%	
Mandatory Training Compliance	75.7%	76.5%	77.5%	78.6%	78.8%	79.1%	80.4%	81.1%	82.7%	83.8%	84.5%	86.6%	
Sickness Absence	4.0%	4.0%	4.1%	4.0%	4.0%	3.9%	3.9%	3.9%	3.9%	3.9%	3.9%	3.9%	
Sickness FTE Days	54,949	55,862	56,066	55,872	55,795	55,000	54,540	54,540	55,029	54,846	55,611	55,809	
Joining Rate	13.4%	14.0%	13.9%	14.1%	14.5%	14.6%	15.0%	14.7%	14.7%	14.2%	14.7%	14.4%	
Turnover	12.5%	12.8%	12.8%	13.3%	13.3%	13.4%	12.6%	12.4%	12.4%	12.7%	12.5%	12.1%	
Vacancy Rate	6.5%	6.9%	6.8%	7.2%	6.4%	5.2%	4.6%	5.2%	4.9%	4.9%	4.9%	5.3%	

## Trust Board Workforce KPI Trends for 2015/16



### 1. Appraisal

The appraisal rate of 82.9% is slightly down on the 83.1% recorded at the end of February reflecting leavers from the Trust who had received their appraisal being excluded; and joiners within the last 3 months who had not had an appraisal being included. Medical & Dental is also showing lower at 71.9% (88.3% last month).

From 1<sup>st</sup> April, with the commencement of year 2 of the process, compliance will be reset to zero across the board. As advised last month, the appraisal period for this year will run from 1<sup>st</sup> April to 30<sup>th</sup> September, with a target of 90% of eligible staff to have a completed appraisal within that 6 month period. Executive appraisals are currently being undertaken which will commence the cascade process. The proposed trajectory for this year has been planned accordingly, to reflect the cascade nature of this process which will see momentum gather as it spreads through the organisation.

Directorates and Care Groups are developing plans for their areas, and each department has been asked to identify an appraisal champion to support the process. We will review progress through existing trust mechanisms and meetings and the workforce committee and escalate as appropriate.

### 2. Essential Core Skills Compliance

Overall compliance has increased to 86.6% from 84.5% last month.

The table below shows the 10 areas with the lowest compliance as at 31<sup>st</sup> March:

Directorate	Organisation	Headcount	Compliance
Pathology Directorate	153 Phlebotomy 11330	36	59.52%
Surgery Directorate	153 Obs/Gynae Medical Staff 10100	16	61.69%
Elderly Care Services Directorate	153 MFE Medical Staff 10077	48	67.67%
Anaesthetics/Theatres Directorate	153 Anaesthetic 10025	49	71.70%
Cancer Care Directorate	153 Macmillan Unit 10565	38	72.31%
Medicine Directorate	153 Ward 2 10369	34	72.54%
Medicine Directorate	153 Medical General Staff 10075	72	72.91%
Elderly Care Services Directorate	153 MFE Ward 4 10382	27	73.28%
Orthopaedics Directorate	153 Orthopaedic Outpatients 10587	15	75.61%
Cancer Care Directorate	153 Macmillan Unit Homecare 10560	35	76.60%

Areas with highest compliance:

Directorate	Organisation	Headcount	Compliance
Pathology Directorate	153 Haematology 11340	22	100.00%
Cardiac Directorate	153 Cardiac Administration 11523	37	100.00%
Informatics Directorate	153 Telecoms 13585	23	99.13%
Orthopaedics Directorate	153 Orthopaedic Med Secs 13560	14	98.60%
Informatics Directorate	153 Clinical Coders 13211	14	98.54%
Cardiac Directorate	153 Cardiac Rehab 11527	17	97.92%
Estates and Support Directorate	153 Works Department 17000	51	97.86%
Informatics Directorate	153 Poole IT Services 13586	28	97.14%
Informatics Directorate	153 Information Technology 13584	34	97.03%
Finance and Business Intelligence Directorate	153 Finance 13575	19	96.84%

The Board is asked to note those areas of strong performance against the target as well as the areas that require significant improvement. Compliance was reviewed in detail at the Workforce Committee on 12 April and action plans for improvement were requested. We will also thank and acknowledge those areas that have attained the target of 95%.

Over the last year compliance has improved by 11% from 76% to 87%. We continue to review the content of our eLearning programme through the BEAT VLE (Blended Education and Training Department Virtual Learning Environment) and are requiring line managers to review the compliance of their staff.

### 3. **Sickness Absence**

The Trust-wide sickness rate remains unchanged from the previous month at 3.92%, continuing its amber rating.

The table below shows the 10 areas with the highest 12-month rolling sickness absence as at 31<sup>st</sup> March.

Directorate	Organisation	Headcount	Absence Rate
153 Outpatients Directorate	153 Outpatients 10370	40	11.03%
153 Elderly Care Services Directorate	153 Discharge Co-Ordination 15001	11	10.57%
153 Elderly Care Services Directorate	153 MFE IP Therapy 10581	20	9.85%
153 Clinical Governance Directorate	153 Risk Management 14115	17	8.96%
153 Surgery Directorate	153 Colorectal Ward 16 10427	37	8.68%
153 Surgery Directorate	153 Surgical Admissions Unit 10535	26	8.19%
153 Elderly Care Services Directorate	153 MFE Ward 22 10594	30	8.07%
153 Elderly Care Services Directorate	153 MFE Ward 5 10378	41	8.05%
153 Elderly Care Services Directorate	153 MFE Ward 4 10382	29	8.02%
153 Surgery Directorate	153 Urology Ward 15 10426	34	7.78%

Areas with the lowest sickness:

Directorate	Organisation	Headcount	Absence Rate
153 Surgery Directorate	153 Surgery - Urology 10084	20	0.16%
153 Other Directorate	153 Chief Executive 13535	28	0.19%
153 Specialist Services Directorate	153 XCH Derm. Med Staff 10030	17	0.43%
153 Elderly Care Services Directorate	153 MFE Management 13510	15	0.52%
153 Cardiac Directorate	153 Cardiac Medical Staff 10076	42	0.68%
153 Surgery Directorate	153 Cancer Nurse Specialist 10425	11	0.70%
153 Elderly Care Services Directorate	153 Dietitians 13315	15	0.75%
153 Ophthalmology Directorate	153 BEU Ophthalmic 10110	28	0.76%
153 Surgery Directorate	153 Surgery - General 10085	38	0.80%
153 Elderly Care Services Directorate	153 MFE Medical Staff 10077	56	0.92%

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 Sickness Audit has now been received by the Trust and discussed at the Audit and Workforce Committees. Feedback, opinion and actions identified as part of the audit are contained below.

Sickness is generally managed well at the Trust and is taken seriously at all levels. In particular:

- Comprehensive policies and procedures are in place;
- Detailed management information is available and appears to be reviewed regularly;
- There was positive feedback on the role of HR in advising and supporting Directorates on sickness absence;
- Some Directorates had applied considerable focus on managing absence, with positive results, e.g. Ophthalmology;
- There have been some useful central initiatives, e.g. Employee Assistance Programme, health and wellbeing programmes and trialling of a central call line.

The following areas were highlighted for improvement or consideration:

- The Trust has a relatively high threshold before it starts initiating sickness management procedures and a relatively low number of staff are dismissed for sickness, although more leave voluntarily. Considerable effort is spent on redeploying staff but that has resulted in higher sickness levels in areas accepting redeployments, e.g. Outpatients. We accept there needs to be a balance in dealing with these issues but suggest that the Board discuss a more interventionist approach to sickness;
- The application of sickness procedures was patchy. For example, sickness has been under-reported for some staff and a large backlog of return to work interviews has built up in two areas, and inconsistent or incomplete evidence kept of return to work interviews and sickness absence;
- There is scope to make the guidance more user friendly and to share best practice more across the departments, e.g. through formal directorate manager meetings.

We are in the process of implementing actions and revising processes.

#### **4. Turnover and Joiner Rate**

Joining and turnover rates of 14.4% and 12.1% show a slight change over the previous month (14.7% and 12.5%).

#### **5. Vacancy Rate**

The vacancy rate at has increased slightly to 5.3% (4.9% the previous month).

#### **6. Safe Staffing**

Safe Staffing Unify return - actual against planned staffing for registered Nurse and HCA cover for the Month of March 2016:

Days: RN Fill 83.9%  
HCA Fill 96.9%

Nights: RN Fill 98.7%  
HCA Fill 125.5%

- The Trust is running on aggregate 16% below the planned template for the month of March on qualified nurse staff in the day. This is all risk assessed and mitigated at the point of occurrence.
- At night time, there is an overfill against planned for unregistered staff, mainly due to the specials ordered during the month to meet enhanced care needs, and additional capacity needing to be opened together with episode of high acuity.'

## **7. Staff Retention – Exit Interviews**

A recent detailed staff exit review has been carried out and the results shared with relevant managers for information and action. This review focused again on clinical roles and included nurses and midwives, healthcare assistants, radiographers, physiotherapists, and occupational therapists. Interviews took place with 66 ex members of staff over the telephone.

Some common themes emerged, including staff leaving to take up further training, including 6 HCA's pursuing their nurse or midwifery training, and five leaving for family reasons.

In some roles, notably occupational therapy and physiotherapists, they were concerned that there were limited opportunities to rotate around the Trust.

Several interviewees mentioned that the workload had increased substantially and they felt under pressure and stressed because of this, and this contributed to their departure from the Trust. Issues with parking and exiting the site was also a factor for several interviewees, as well as a perceived lack of access to training and development.

17 interviewees confirmed that they enjoyed working at the Trust or would like to return in the future as they felt supported and were happy in their role.

The Board may remember that an earlier exercise identified flexibility of work pattern as a major reason for people leaving the Trust previously. This has not been a feature on this occasion, which demonstrates that we have been effective in communicating a more flexible approach.

The results of the exercise are also being used as part of the cultural audit work currently underway in the Trust. This will support the development of the retention strategy as we recognise the importance of retaining, supporting and developing our staff.

## **8. Medical Staff Recruitment Planning**

The Strategic Workforce Committee has received a report from the Medical Director at its recent meeting on 12 April regarding current and proposed medical staff recruitment. Many of the hard to recruit to posts are consistent with national shortages and care group leads are aware of the plans. Nationally the new junior doctor contract has raised major concerns about the potential for unfilled posts. A copy of the full paper presented at Workforce Committee is provided in the reading pack.

## **9. Work Experience**

I am pleased to announce that the Trust has won an award for work experience. In the first year of re-launching our work experience and careers programme we have achieved a bronze quality award. This allows us to use the logo on Trust correspondence and we are waiting for our certificate and award to arrive. Once this has been received some communications will be issued highlighting this

achievement. Richard McWilliam, our co-ordinator for work experience, has done a great job in enabling us to achieve this. We have a strong programme of activity in place for this year and have hosted several events already for students interested in careers in the wider NHS.

## **10. National Whistleblowing and Freedom to Speak out Guardian**

Following a [public consultation on the draft policy](#) in November last year, NHS Improvement and NHS England have today published a [single national integrated whistleblowing policy](#) to help standardise the way NHS organisations should support staff who raise concerns.

Recommended by Sir Robert Francis in his [Freedom to Speak Up review](#), this new policy contributes to the need to develop a more open and supportive culture that encourages staff to raise any issues of patient care quality or safety.

The new policy is designed to ensure:

- NHS organisations encourage staff to speak up and set out the steps they will take to get to the bottom of any concerns;
- organisations will each appoint their own Whistleblowing Guardian, an independent and impartial source of advice to staff at any stage of raising a concern;
- any concerns not resolved quickly through line managers are investigated;
- investigations will be evidence-based and led by someone suitably independent in the organisation, producing a report which focuses on learning lessons and improving care;
- whistleblowers will be kept informed of the investigation's progress; and
- high level findings are provided to the organisation's Board and the policy will be annually reviewed and improved.

We will now use this latest information published on 1 April to support our plans for the further development of work in this area.



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## BOARD OF DIRECTORS

<b>Meeting Date and Part:</b>	29 <sup>th</sup> April 2016, Part 1
<b>Subject:</b>	Mortality Report
<b>Section on agenda:</b>	Performance
<b>Supplementary Reading (included in the Reading Pack)</b>	No
<b>Officer with overall responsibility:</b>	Mr Basil Fozard, Medical Director
<b>Author(s) of papers:</b>	Sandy Edington, Associate Director of Service Development
<b>Details of previous discussion and/or dissemination:</b>	
<b>Action required: Approve / Discuss / Information/Note</b>	Information/Note
<b>Executive Summary:</b> This paper updates the Board on changes to the mortality processes and the current Trust position.	
<b>Relevant CQC domain:</b> <b>Are they safe?</b> <b>Are they effective?</b> <b>Are they caring?</b> <b>Are they responsive to people's needs?</b> <b>Are they well-led?</b>	Safety
<b>Risk Profile:</b> i) <b>Impact on existing risk?</b> ii) <b>Identification of a new risk?</b>	

## Trust Mortality Report

### **1. Introduction**

The current focus for the retitled Mortality Surveillance Group (MSG) is delivering against the mortality governance guidance published at the turn of the year by NHS England. As a result of this we have introduced a numbers of changes to a variety of processes and reports relating to the mortality agenda within the Trust.

### **2. Mortality Metrics**

In line with the guidance and to try to develop a consistent, single page overview of mortality, we have recast the metrics that the Mortality Surveillance Group will receive each month. These are appended (Annexe A). This incorporates the number of deaths within the Trust on a monthly basis (in blue on the first chart), the crude death rate (actual deaths divided by spells), as well as Hospital Standardised Mortality Rate (HSMR) and Summary Hospital Mortality Indicator (SHMI). In addition, we have added HSMR in high risk groups (stroke, acute kidney injury, congestive heart failure and pneumonia & sepsis). Finally we have included "Deaths within 36 hours of Admission". These changes will require further refinement and analysis - for example we wish to look closely at the source of admission for the latter category.

### **3. Changes to the eMortality Review Form**

We have made the changes that were indicated by NHS England, the most significant of which has been the re-definition of "avoidable mortality" using the suggested CEPOD categorisation. We will therefore be reporting on any cases of avoidable mortality to the MSG and are seeking ways of tying this into other Trust governance processes such as Serious Incident process, which in turn feed into improvements in our services

### **4. Multi-disciplinary Working**

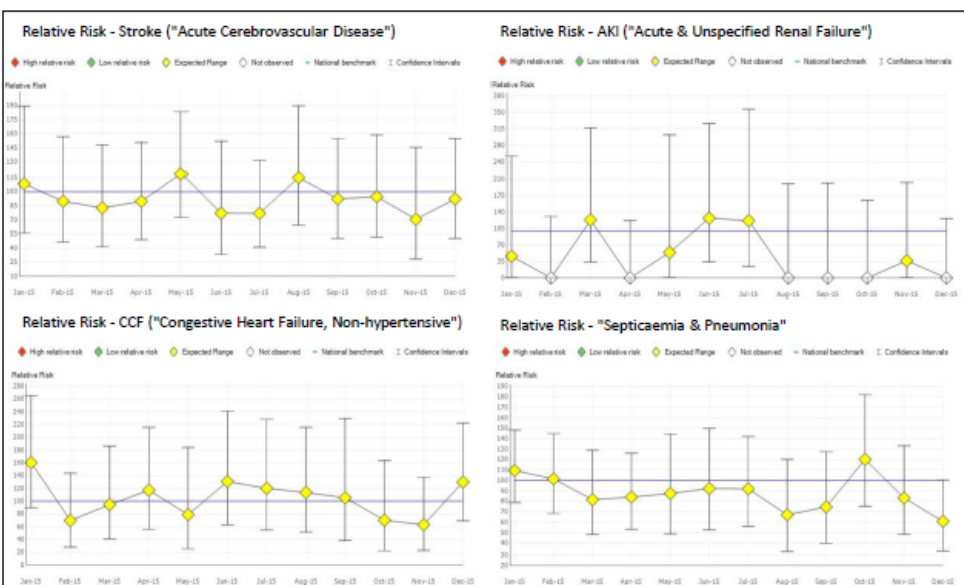
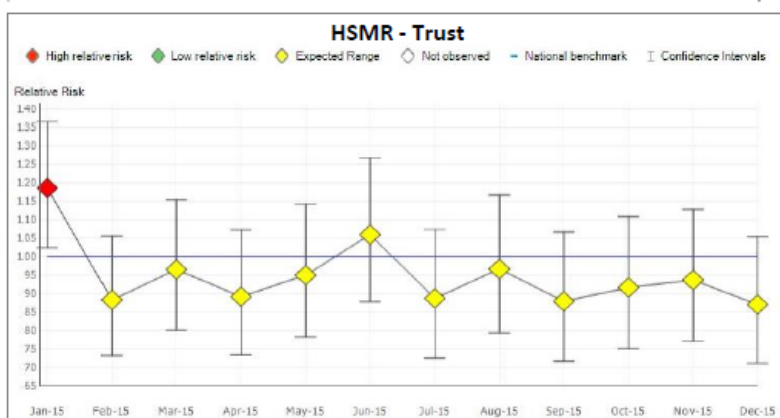
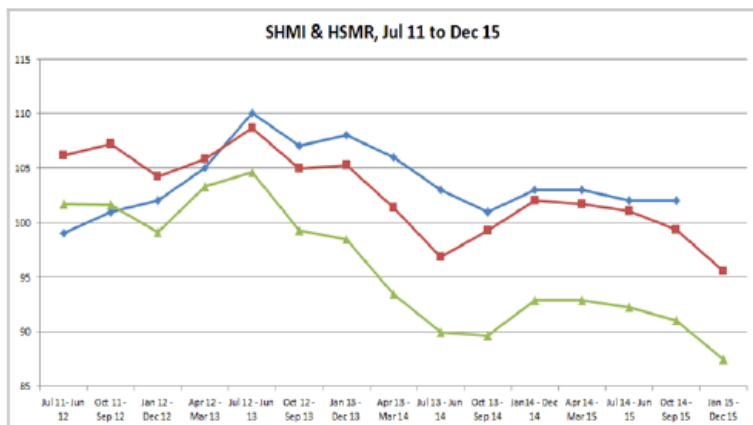
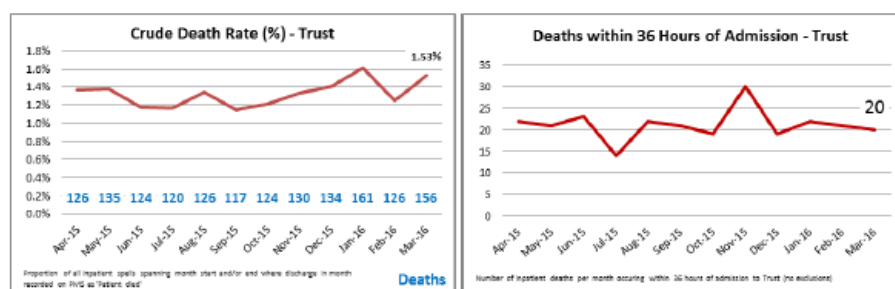
The changes suggested by NHS England have clearly indicated a mandatory review of all patient deaths and the MSG now has a high level of consultant participation and a high level of inter-speciality discussion. There is some evidence that there is a more collaborative approach in a number of areas as a result of this; examples

would include the consideration of the appropriateness of invasive diagnostic procedures or treatments for patients nearing the end of their life; and a focus on improving the speed of specialist opinions between specialities.

We believe that these discussions are an indicator of a developing positive culture toward using the information from mortality reviews to engender constructive changes within the Trust. This is reinforced by the encouraging nature of the data appended, which demonstrate a healthy position on mortality. As an example the latest Dr Foster figures (Apr-Dec 2015) show an HSMR for the whole Trust of 92.89, which is below the national average and is the first time the Trust has been in this position. Although this is a positive position, there is more to do and we intend to continue to use mortality review and reporting as a way to improve our services further.

The Board is asked to note this report.

## Annexe A



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would expect for our own families*

## BOARD OF DIRECTORS

Meeting Date and Part:	29 April 2016 Part 1
Subject:	Medical Director's Report
Section on agenda:	Performance
Supplementary Reading (included in the Reading Pack)	N/A
Officer with overall responsibility:	Basil Fozard, Medical Director
Author(s) of papers:	Ian Neville
Details of previous discussion and/or dissemination:	N/A
Action required: Approve/Discuss/Information/Note	Information
<p>Executive Summary:</p> <p>This paper provides information and assurance around the work being undertaken by the Medical Staffing Transformation Steering Group in driving related cost and quality improvements.</p>	
<p>Relevant CQC domain:</p> <p>Are they safe? Are they effective? Are they caring? Are they responsive to people's needs? Are they well-led?</p>	<p>The cost effective mapping of the Trust's medical staff to optimally meet the demands of its services and the needs of its patients will positively contribute in each of the 5 CQC domains.</p>
<p>Risk Profile:</p> <p>i. Impact on existing risk? ii. Identification of a new risk?</p>	

## **MEDICAL DIRECTOR'S REPORT: MEDICAL STAFF TRANSFORMATION STEERING GROUP**

### **Introduction**

The Medical Staff Transformation Steering Group (MSTSG) meets monthly to review existing Medical Staffing working practices; Bank and Agency usage; job planning progress etc so as to increase efficiency, and therefore reduce cost, in line with the Trust's operational service requirements.

This report provides an update around the Group's current focus across a range of key areas.

### **Financial Reporting**

As a standing MSTSG meeting agenda item, the actual monthly medical staff premium cost expenditure is now reported against the trajectory of planned expenditure, by Care Group. It is of note that in 2015/16 the Trust spent £8.6M on agency costs (medical and non-medical staff) whereas in order to satisfy Monitor's qualification requirements for the £7.6M STP funding, the total agency expenditure for 2016/17 must not exceed £5.9M. Actual monthly medical staff agency expenditure will be reported to the MSTSG from May 2016. (Non-medical staff agency expenditure is monitored separately under the remit of the Premium Cost Avoidance TSG chaired by the Director of Nursing and Midwifery). A further analysis of actual monthly WLI and Additional Payments expenditure also continues to be routinely scrutinised at the MSTSG meetings.

### **Job Planning**

As a long-standing objective, the MSTSG has been driving the completion of Consultant job plans across the Trust. This has proven to be an arduous process throughout, from instigation in March 2015 to the March 31<sup>st</sup> 2016 deadline by which all job plans were required to be completed and filed centrally with HR Medical Staffing. The Chief Operating Officer, Medical Director, Programme Manager and Medical Staffing Manager will meet on 22<sup>nd</sup> April 2016 to review all completed job plans and to assess any discrepancies between current and proposed PAs. The COO and MD will then meet with the Clinical Director and Directorate Manager of each Directorate that has not met the 31<sup>st</sup> March 2016 deadline to task urgent resolution.

### **Recruitment of Medical Staff**

Recruitment into vacant medical staff posts across the Trust will support efforts to minimise Bank/Agency expenditure and to limit the need for Additional Payments and Waiting List Initiative (WLI) expenditure. As core members of the members of the MSTSG, the Directors of Operations have provided recruitment plans for each senior medical staff vacancy (both existing and known-to-be impending) across their Directorates. The MSTSG will continue to actively monitor/challenge the progression of these plans and to seek innovative ways of overcoming recruitment issues as/when they arise.

### **WLI/Additional Payments**

The MSTSG has drafted a policy to document current practices and rates of pay in relation to the use of Additional Payments and WLIs. Having been discussed at TMB this paper will

be used for local reference pending further discussion with PHFT around the inclusion of the effect on the rates of pay of the Monitor cap, and considerations in regard to the potential adverse impact on operational performance in certain specialties should WLI usage be significantly reduced.

**Medical Bank and Agency usage**

As one of its enabling schemes, the MSTSG has supported the establishment of a Trust Medical Bank. Trust doctors have been invited to opt in, thus creating temporary medical staff resource pool which can be called upon to fill vacant shifts prior to going out to Agency.

Furthermore, should vacant shifts need (and be approved) to be subsequently put out to Agency, the MSTSG has also supported the sign up to a Direct Engagement process, whereby locum doctors are temporarily directly employed by the Trust - thus releasing a net 12% cost-saving on the related Agency booking fee.

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The Royal Bournemouth and  
Christchurch Hospitals  
NHS Foundation Trust



## BOARD OF DIRECTORS

Meeting Date and Part:	29 April 2016 Part 1
Reason for Part 2:	N/A
Subject:	Royal College of Paediatrics and Child Health (RCPCH) Reviews
Section on agenda:	Strategy and Risk
Supplementary Reading (included in the Reading Pack)	n/a
Officer with overall responsibility:	Tony Spotswood, Chief Executive
Author(s) of papers:	Tony Spotswood, Chief Executive
Details of previous discussion and/or dissemination:	
Action required:	For Information
<p>Executive Summary:</p> <p>My paper highlights the key recommendations made within this report as they affect the combined provision of paediatric and obstetric services in Dorset</p>	
<p>Relevant CQC domain:</p> <p>Are they safe?</p> <p>Are they effective?</p> <p>Are they caring?</p> <p>Are they responsive to people's needs?</p> <p>Are they well-led?</p>	All
<p>Risk Profile:</p> <p>i. Impact on existing risk?</p> <p>ii. Identification of a new risk?</p>	



## **Royal College of Paediatrics and Child Health (RCPCH) Reviews**

Please find appended a copy of the Royal College of Paediatrics and Child Health and the Royal College of Obstetrics reports on the current provision and future options for the delivery of Obstetrics and Paediatrics in Dorset.

The key recommendations centre on:

- A wish to bring together Women's Health services in the east, which will require the permission of the Competition and Markets Authority
- An urgent need to strengthen paediatric services at Poole by making two further consultant appointments
- The need to urgently provide a new obstetrics unit which is fit for purpose
- The downgrading of the neonatal unit at DCH to a special baby care unit
- To consider the option of DCH and Yeovil Hospital linking to provide obstetrics and paediatrics services to residents in the west of Dorset

This report is provided to the Board for information.

Tony Spotswood  
Chief Executive

# RCPCH Invited Reviews Programme

## Service Review

Poole Hospital NHS Foundation Trust  
The Royal Bournemouth and Christchurch Hospitals NHS  
Foundation Trust

April 2016

RCPCH Invited Reviews Programme  
April 2016

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The Royal College of Paediatrics and Child Health (RCPCH) is a registered charity in England and Wales (1057744) and in Scotland (SC038299)

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## Executive Summary

This report is one of a suite of documents arising from the Invited Review of maternity and paediatric services for Dorset Clinical Commissioning Group (CCG). It provides an overview and impressions of the services at Bournemouth and Poole Hospitals and is intended to support the clinical and management teams in planning and delivering services in the short and longer term.

The Review team visited both units in October 2015 and returned to Poole in December 2015, meeting a number of clinical and managerial staff as well as considering various data and information provided by the Trusts.

The two hospitals work closely together being just eight miles apart. Most of the consultant led maternity and paediatric services are run from Poole but Bournemouth offers antenatal, midwifery, gynaecology, paediatric ophthalmology, and emergency care locally as well as hosting outpatient clinics by Poole consultants. The Clinical Service Review (CSR)'s proposals for a Major Emergency Centre and an elective centre will further stimulate joint working and single services.

The Review team found highly committed staff across the two sites with an upbeat and positive feel generally across the staff and management teams. For maternity services the Review team sees great benefit in moving swiftly towards a combined midwifery team with agreed protocols and procedures working across the various birth settings. There should be a drive to increase midwife-led care and reduce 'medicalization' of birth to alleviate pressure on the labour ward, which faces staffing shortages at busy times. Combining the teams puts the service in a good position to contribute to the design criteria for the new major site and enable overdue improvements to the labour ward facilities to be carried out.

The paediatric unit at Poole is very busy, with a consultant delivered care model, but severe middle grade recruitment difficulties mean the consultants must also act down to cover gaps, limiting the time they are available for duties beyond the consultant rota to comply with service standards. The consultants work flexibly to provide safe cover for a 3-Tier medical rota but this flexibility affects other areas of work and is unsustainable, even with the recent approval of new medical posts. Nurse staffing levels on the wards fall well below requirements to meet RCN standards.

The RCPCH has published standards for acute care of children and young people out of hospital and the service should move rapidly towards implementing these to reduce attendance and length of stay. This will require CCG support to increase the community nursing provision and liaison with GPs but overall should improve the quality and safety of services for children and families.

The Review team did not hear of significant safety issues, but the risks for children attending the Bournemouth ED without onsite paediatrics will be mitigated by the implementation of the CSR's single site, bringing together obstetrics, inpatient and emergency paediatrics, and surgical specialties for children along with complex imaging for paediatric cases. This would lead to an improvement both in quality and safety of care and there is a clear appetite for this to move forwards from the clinicians, although the approach will need considerable investment and further consultant expansion to fully satisfy current national standards irrespective of the arrangements in west Dorset.

It is essential that the CSR does not delay natural and needed developments and the maternity and paediatric teams should begin / continue plans immediately for improved hospital staffing, greater community provision and merging of teams in east Dorset.

## 1 Introduction

1.1 The Royal College of Paediatrics and Child Health (RCPCH) was invited in August 2015 to conduct an evaluation of the maternity neonatal and paediatric services for women and families in Dorset following a major Clinical Service Review (CSR) which was initiated in September 2014 across all acute and community provision in the county. The options proposed by the CSR for maternity, neonatal and children's services were felt by the clinicians to require more detailed analysis in order to reach a clinical consensus, and a request for independent, professional advice from the Royal Colleges was made, led by the Royal College of Paediatrics and Child Health under its Invited Review service.

1.2 The RCPCH is an independent membership organisation, established by the Privy Council as a charity and for this review is working in partnership with four other Royal Colleges which are similarly constituted, including:

- The Royal College of Obstetricians and Gynaecologists (RCOG)
- The Royal College of Anaesthetists (RCOA)
- The Royal College of Midwives (RCM)
- The Royal College of Nursing (RCN)

1.3 This report sets out the Review team's findings relating specifically to the Poole and Bournemouth Hospital provision for maternity neonatal and paediatric services. It is one of a suite of four documents prepared for Dorset CCG as part of the RCPCH Review and forms an appendix to the overarching report which considers the longer term arrangements for services across Dorset under the Clinical Services Review.

The terms of reference for the review, include a requirement for the RCPCH on behalf of RCOG, RCM, RCM and RCoA to jointly:

- |   |
|---|
| <ul style="list-style-type: none"><li>• Conduct an independent review of the maternity, neonatal, and paediatric current models of care pan-Dorset, including Yeovil, evaluating the services based on safety, quality and sustainability<sup>1</sup></li></ul> |
|---|

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<sup>1</sup> Please see separate reports for Dorset County Hospital, Poole Hospital Bournemouth and Yeovil

## 2 General overview

2.1 Poole Hospital and the Royal Bournemouth Hospital are around eight miles apart (17 minutes by road) between them providing the full range of secondary acute care services to their populations.

2.2 Bournemouth Hospital has 692 beds and is part of Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust, serving a population of around 550,000 which increases in the summer with holidaymakers and seasonal workers/students. The hospital is well situated on a main road with access to all support services for inpatient and outpatient care. Poole Hospital has 630 beds and provides general hospital services to Poole, Purbeck and East Dorset – around 280,000 people – as well as a range of additional services such as maternity and neonatal care, paediatrics, oral surgery and neurology to a wider population including Bournemouth and Christchurch. Both units have Emergency Departments (ED), and Poole is the designated Trauma Unit for East Dorset. Tertiary care for most specialties is provided by Southampton hospital.

2.3 There was an unsuccessful attempt to merge the Trusts in 2013 following which there were significant changes at Trust Board level and a new CE at Poole from April 2014. The Trusts are committed to the Clinical Services Review which would see one of the units being designated as a major emergency centre (which will also need to host maternity and paediatrics) and the other as mainly an elective centre although with retention of urgent care and minor injury facilities.





## 3 Obstetrics and Gynaecology

### 3.1 Activity and facilities

3.1.1 St Mary's maternity hospital in Poole is an established medium sized obstetric unit with the full complement of services. There are currently just under 6,000 bookings per annum within the district with a current total delivery rate just below 5,000, around 4,300 of which occur in the Obstetric Unit at Poole Hospital and the remainder at the adjacent Haven Midwife Led Unit (MLU). Poole has consultant expertise in fetal medicine as well as specialist diabetic and maternal medicine clinics.

3.1.2 The maternity and neonatal services comprise:

- Antenatal (12 bed) postnatal (25 bed) wards plus 8 transitional care beds
- Main delivery suite (8 rooms 2 with pools)
- Obstetric theatre (can open a second with team from main site)
- 2 rooms for bereavement
- Haven Midwife Led Unit/ Birth Centre – 5 rooms, 3 with pools
- Level 2 LNU, Transitional care.
- triage room – 3 trolleys
- Clinic facilities
- midwife led antenatal day assessment unit open 7 days to 2am

3.1.3 The Haven suite provides modern, spacious accommodation, but the 1960's-built Consultant Led delivery suite is recognized by the Trust as providing poor quality facilities with undersized rooms, poor privacy for women, no ensuite facilities and insufficient space for essential equipment such as resuscitaires. Equipment is of necessity stored in corridors, hampering movement and increasing risk with a consequence that taking swift action following clinical decisions may be compromised. Babies requiring resuscitation may need to be taken outside of the delivery room which is inappropriate, although the Review team was told that staff receive extra training to manage the risks and communicate clearly with women and their partners. Upgrading is a priority for the Trust but capital expenditure of the magnitude required must await the CSR outcome.

3.1.4 The unit is geographically separate from the main hospital site across a busy road, and the five or so women a year who require transfer to the Intensive Care Unit need ambulance retrieval for the short distance. The interventional radiology C-Arm is housed in the maternity unit and the interventional radiologists are employed by Bournemouth but a good working relationship is in place if needed for planned or emergency work.

### *Gynaecology, fetal and maternal medicine*

3.1.5.. The nurse led Early Pregnancy Unit for women up to 16 weeks of pregnancy is separate from labour ward on the main Poole hospital site and is open 7 days a week, 9am – 1pm.

3.1.6 The Level 5 Harbourside Gynaecology Centre provides routine gynaecological services, including an Early Pregnancy Unit, 4-bed weekday Emergency Gynaecology Unit, Urogynaecology, Advanced Laparoscopic Surgery, Colposcopy and Gynaecology Oncology as the Regional Cancer Centre. The team can offer scanning in department but this is not advertised widely in order to manage demand.

### *Bournemouth*

3.1.7 The Bournemouth maternity team takes over 3000 bookings a year through community and hospital based antenatal clinics and a weekdays-only day assessment unit which has plans to extend its opening and capacity to include early evening and weekend. There is a high focus on low risk birth and women are assessed early in pregnancy and offered a choice of homebirth, the 3-room stand alone birth centre at Bournemouth Hospital or the Haven MLU in Poole. Women with high risk pregnancies are recommended to attend the Poole obstetric unit but care may be provided by one of the Bournemouth obstetricians providing continuity of care; the 'Sunshine' midwifery team cares for the highest risk vulnerable women, providing additional support and liaison with other agencies as appropriate.

3.1.8 Numbers choosing the standalone facilities at Bournemouth are falling with around 300 births in the last year plus 79 home births. The facilities are appropriate and supportive of a normal birth programme with encouraging clinical outcomes of low risk women, and are well placed in terms of access, parking and support services. Midwives work in an integrated model seeing women at home for booking, and providing antenatal care in a variety of settings. 50% of women are booked by midwives without the need to see the GP. 20% of low risk women birth at home, and there are 150 homebirths /year with capacity in the system to accommodate this demand. There are plans to develop an east Dorset homebirth service working with the Poole midwives, to increase the rate from 2.5% to 5%.

## **3.2 Workforce and Training**

3.2.1 There are 12 consultants on the obstetrics/gynae rota providing between them 60 hours of labour ward consultant cover (8-6pm weekdays, 8-1 weekends) and antenatal clinics. Six at Poole cover both obstetrics and gynecology and there are two obstetric only consultants. There are five consultants based in Bournemouth who provide antenatal care for women with high risk pregnancies; four cover the Poole labour ward and one provides on-site fetal and maternal medicine services. There was

an aspiration to move to 24hr consultant presence but the NHS England maternity report<sup>2</sup> (February 2016) does not bear this out.

3.2.2 Most consultants are on a 10PA contract, some on 11. Out of hours Bournemouth operates a 'Hospital at Night' scheme with Poole/Bournemouth consultants on call for obstetrics at Poole being available for any emergency or post-surgical gynaecological issues at Bournemouth. There appeared to be a good arrangement for cross cover and integrated working but it is important to maintain regular dialogue and have strong governance and accountability schemes in place to ensure quality care and prevent resentments between colleagues working in separate Trusts forming. There were no reports that this unusual cross cover had compromised patient safety, but concerns were emerging that reducing availability of trainees in Bournemouth may in future make the current arrangement unsustainable. Staffing was reported not to be a problem, with locums only used to cover sickness absence.

3.2.3 Overall there is a compliant 3 tier rota but this is due to some consultants doing only obstetrics. The obstetric Tier 2 in Poole comprises 12 Tier 2 slots including three trust grade doctors. There are separate rotas for obstetrics and gynaecology, 8.30am-9pm daily, and out of hours a Tier 2 doctor covers both. At Tier 1 the rotas are separate 8.30-5pm, and then a single Tier 1 doctor covers the service out of hours.

3.2.4 Obstetric training was regarded as good with trainees providing positive feedback and receiving a well-rounded experience, as evidenced in the GMC trainees report.. This feedback is performed independently for Bournemouth and Poole which is slightly artificial as the trainees only perform obstetric duties at Poole Hospital

- The ranking for most parameters is very strong with Poole being 11/148 and Bournemouth 27/148 for overall satisfaction
- Clinical supervision was 12/148 for Poole and 39/148 for Bournemouth. Educational supervision was top for Bournemouth
- Adequate clinical experience was 1/148 for Poole and 15/148 for Bournemouth
- The only lower scores were for workload with Poole being 98/148 and Bournemouth 60/148- to a certain extent adequate experience and work load are the opposite ends of the spectrum

### *Anaesthetics*

3.2.5 Obstetric anaesthetic support was available and considered to be excellent. There are 31 consultants providing obstetric cover, 27 Poole employed Consultants and 4 Bournemouth employed consultants with an identified obstetric lead and 13 consultant sessions 8am-6pm weekdays. There is a dedicated theatre team, with a second theatre which can be opened with staff from the main site coming across. Out of

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<sup>2</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf>

hours cover is provided by a general anaesthetist with resident Tier 1 doctors throughout the night. There are 1-2 high risk anaesthetic clinics per week, which are regularly audited, seeing 84% of the high risk women. The anaesthetists reported some staffing challenges at Tier 2 with difficulties recruiting in the summer.

### *Midwifery*

3.2.6. Midwifery staffing at Poole comprises 145.73 funded posts, with 135.41 in post (September). There are gaps at Band 5 preceptors. In 2012 the Birth-rate+ process recorded a ratio of 1:31 midwives to women (national expectation 1:28) and staffing levels have not been reduced, despite a falling birth-rate, due to increasing maternal age and complexity issues. Roles and expectations have changed, particularly around postnatal care and national guidelines and the 2012 review was felt now to be somewhat out of date.

3.2.7 The age profile of the midwifery team is relatively high and there have been some concerns about high sickness rates but these are reducing. The service is not fully integrated, with community and homebirth teams focusing on midwife led care. Community midwives are sometimes asked to work shifts in the labour ward when the service is busy.

3.2.8 There are two band 8 midwives at Poole leading on inpatients and Community/ outpatients, reporting to the Head of Midwifery. This team appears to provide improving stability to support the middle grade doctors. The Review team was told that recruitment is easy, with the unit 'growing their own' Band 6 staff, and that there are sufficient posts in funded establishment but some staff did not feel this was the case.

3.2.9 Despite pressure on the service the midwives try very hard to keep the labour ward and Haven open at all times – by skillful moving of women and pulling in all staff when busy, seeing if for example elective work can be delayed and low risk births can labour at home for a period of time. Recent closures at the Bournemouth birth centre to 2 bedrooms now have had an impact on Poole services.

### *Training and supervision*

3.2.10 There was good feedback from midwifery preceptors about the quality of training received from the Midwife Practice Educator, and midwives value the quality of supervision in place. The eight Poole supervisors have a caseload of 17-20 midwives each but one always attends the labour ward forum. Although three supervisors were planning to leave at the time of the Review team's visit, three more are being trained and there is an aspiration that it will continue irrespective of the national picture. A

recent LSA<sup>3</sup> audit showed good results with a few issues to work on but the team met most criteria and have presented audits. There used to be joint meetings of supervisors with the Dorchester team, but this no longer happens. Poole's eight and Bournemouth's three supervisors still meet regularly, but there should be a regional/countywide Supervisory meeting at least quarterly to help with pathway development, support and guidance.

3.2.11 Community midwives expressed concern to the Review team about having to backfill the labour ward to cover staff shortages, and may in these circumstances be looking after 2-3 women in labour at the same time. They reported feeling unsafe covering a service for which they are not trained and experienced, and also that they are expected to cover a night shift then resume their regular community shift. Such arrangements are inappropriate and rely too heavily on colleagues' goodwill. It was not clear why midwives from the Haven were not used for Labour ward, backfilling Haven from the community team, and providing more appropriately skilled cross cover. .

3.2.12 They also feel that reducing the booking appointment to 15 minutes and not including a home visit could fail to spot important issues, and difficulties in arranging remote online access increases the frustration in completing booking and other paperwork promptly.

3.2.13 Generally morale was reasonable; midwives reported that managers treat them well although heavy caseloads and pressure on the labour ward were cited as possible reasons for community midwives moving jobs between Poole and Bournemouth. Poole midwives spoke positively of the Bournemouth team and their low-risk, midwife-led approach.

### *Bournemouth*

3.2.14 The midwifery team in Bournemouth was staffed consistently with national guidance with an integrated team working well together and with the Poole midwives. A significant number of midwives are trained to carry out the postnatal baby checks which improve the experience of women in terms of continuity of care and swift discharge home. There is a new Head of Midwifery in post, with full time audit/risk lead, smoking cessation midwife, and 0.8 practice development midwife. 4.3WTE midwives and 3.9 WTE support workers cover antenatal care, there are six midwives and 4.7 WTE support workers in the birth centre plus 29 WTE midwives and 4.7 support workers in the community team.

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<sup>3</sup> Local Supervision Authority ((check we have seen i)))

### 3.3 Quality and outcomes

3.3.1. The Review team found committed and passionate staff across midwives, anaesthetists, and obstetricians. Women are booked to the low risk pathway of care unless they opt-out or clinical indicators change the risk and consequent pathway; the pathways were clearly defined and the Review team was told that women are offered assessment at home when in suspected early labour. There is telephone triage with the ambulance service and care appears to be very woman-focused. Several midwives do discharge (NIPE) with several on e-learning and face to face courses.

3.3.2 All teams use the Wessex maternity guidelines and there was strong committed governance infra-structure and a rolling half-day per month for clinical governance.

#### *Review of Maternity Dashboard*

3.3.3 The data submitted covered April until September 2015 and was comprehensive although the components collected differed between the three units included in this review

- The period included 2570 deliveries of which 63% were defined as normal deliveries (although this is shown as 34% under the consensus definition)
- The induction of labour rate was 28% (England average 23.3%)
- 27% of deliveries were by CS (England average 25.4%)
- 10% were assisted vaginal deliveries (England average 12.7%)
- 35 babies with gestational age over 37weeks had a 5minute apgar score below 7
- 66 term babies were admitted to NICU and three babies were recorded as having HIE (grade 2 or 3)
- 81% of new mothers initiated breast feeding within 48 hours
- 4.4% Neonatal readmission within 28 days (England average of 3.0%)

3.3.4 The RCOG Risk adjusted data was analysed for 2013/14 and the observations suggest increased medical activity with multiparous women with higher induction rates, higher LSCS rates, higher assisted vaginal delivery rates and higher episiotomy rates within this group.

3.3.5 The Friends and Family Test results for patient satisfaction is a national measure although implemented in different ways throughout England. Poole's results for December 2015 showed positive feedback from women who had used the service compared with local units and in line with or better than the national picture.



**Percentage of respondents who would 'recommend' the service to Friends and Family**

Unit	Antenatal	Birth	Postnatal ward	Postnatal community	Numbers birth	Numbers postnatal
DCH	88	92	90	97	51/167	42
Poole	96	96	96	100	23/64	77
Bournemouth	98	100	NA	100	16/30	46
Yeovil	NA	*	97	*	*	33
National	95	96	94	98		

*source – national Friends and family test data*

3.3.6 The CQC Patient Feedback survey published in December 2015 showed that for the 154 women giving birth at Poole in February 2015 who responded, the quality scores were 'about the same' as comparative trusts in England. Each Trust has a score out of ten, the higher the better.

- Care in labour and birth 8.8/10
- Staff during labour and birth 8.7/10
- Care in hospital after birth 7.4/10

3.3.7 There is a well-established low risk pathway for woman and they operate under an 'opt out' model for care in labour. There is a home assessment of women in early labour which has great benefits in reducing early admission to maternity and there is good feedback from this service. All other key support services such as anaesthetics and neonatology are provided and have good working relationships with the maternity team. There was a climate of innovation, with ideas from across the team. They are proud of their achievements. for example:

- Booking in can be initiated online from 6 weeks to make appointments to the antenatal clinic
- Following successful vaginal birth after cesarean (VBAC) in the birthing pool the unit now has telemetry
- An outpatient induction service is offered for post-dates women.
- The unit has BFI level 2 breastfeeding status and is applying for Level 3 assessment in January.
- The service is developing Labour Line – a Dorset-wide advice service launching Feb 2016 for women who may be in labour or have concerns about the birth.

3.3.8 The Reviewers were told of some misunderstandings where obstetricians had inappropriately recommended women to be suitable for a low-risk pathway and midwife-led birth without the involvement of Supervisors of Midwives, for decisions about low risk care to provide consistent information and reduce anxiety in women.

3.3.9 The midwives do not have ready access to wifi or internet at the clinic locations nor a link to the central filing system, requiring copious phoning to get blood details which adds stress. They have i-phones but these are apparently too small to use for live data.

3.3.10 The Review team was told that the department is actively engaged in regular audit of its activities, which is an ongoing process. There are monthly Directorate Clinical Governance half-day meetings, and medical staff maintain their own skills and competencies through Continual Professional Development (CPD), undertake appropriate mandatory training, participate in Clinical Audit and Effectiveness work, and Research and Development as appropriate.

### **3.4 Safety and compliance with standards**

3.4.1 The physical distance from the maternity unit to the main Poole hospital site is a longstanding and clear risk to those using the services and also to staff. Transfers of women to intensive care or other departments requires ambulance transfer although the Trust explained there had been five transfers in the previous year and these had proceeded safely and effectively.

3.4.2 The separation also raises concern about the physical safety of medical staff when moving between sites, often in a hurry, when responding to emergency calls; access to the St Mary's site is by a long dark pathway. This is a concern for the CCG and senior doctors at Poole both in terms of time taken and safety of staff moving between gynae/obstetrics/theatres and neonatal/paediatrics. Attempts to construct a bridge were thwarted as there is private land between the sites.

3.4.3 The Obstetric leads meet weekly to discuss risk with separate risk leads for obstetrics and for gynaecology, and they try to involve the co-dependent teams such as imaging, neonatal staff and anaesthetics. There are bi-monthly maternity guideline group meetings and monthly maternity forum meetings. The fetal medicine service was reported to be good, although Interventional radiology is not available on site but there is a consultant on call from Bournemouth. Labour Ward forum was reported to work well and includes anaesthetists. Although the service aims to follow the Wessex guidelines developed by the Strategic Clinical Network, the Review team heard from some staff that they found the clinical guidance to be unclear.

3.4.4 The Caesarean section rate, at 28% is higher than the national average of around 24% and this has been 'redflagged' at departmental meetings and there is a working plan which has been shared with the executive team and CCG. There have been three SUIs in the last year and the Review team was provided with the reports of investigations and SUIs.



3.4.5 VBAC service – there is a service pathway to offer women a vaginal birth following previous caesarean section, but this focusses on discussion at the time of booking rather than postnatally with a previous child so more work is needed to comply fully with RCOG Green Top Guidance No 45 and NICE Accredited – Vaginal Birth after Previous Caesarean October 2015.

3.4.6 The small labour rooms mean the resuscitaire has to be outside the room; whilst the midwives have got used to using it in this way and 'workaround' training is reported to be in place, there is increased risk of slipping or tripping with a newborn and removal from mother's vision is inappropriate.

3.4.7 For high risk deliveries such as placenta accreta, two consultants will be in attendance. There have been two difficult cases in the previous year which were reported to have been managed safely and successfully.

3.4.8 There are some concerns that women are unable to access midwifery advice and support until they are 18 weeks' pregnant, with GP/Early Pregnancy Unit care up until that point. The midwives were concerned that 16-week high blood pressure may not be managed properly in this situation.

3.4.9 Other concerns expressed by staff on the unit related to the two services using different formats for notes and the importance of having the same documentation particularly when women move between the services booking at one and birthing at the other. There are also concerns about the small number of women who are birthing before arrival (BBA) at the unit, and whether any change to the status of Dorchester's consultant led unit may result in women refusing or delaying travel to Poole for consultant led care.

### *Bournemouth*

3.4.10 It was noted that Bournemouth was undergoing an 8-week temporary diversion of the antenatal day assessment services from Bournemouth to Poole, to enable a review and restructure of site arrangements, including revision of antenatal pathways and policies, training of midwives and development of a lead consultant obstetrician post. It is important that close monitoring of the revised service is carried out by the CCG with robust peer supervision and review from the Poole team to ensure the outcomes for women and infants are high quality and care is safe.

## **3.5 Leadership and sustainability**

3.5.1 Clinical leadership in the maternity unit at Poole was very good, with the HoM and Obstetric clinical director providing strong guidance for doctors, midwives and the service. The whole clinical team is keen to develop maternity services across the county, although increasing midwifery led care and reducing interventions should

perhaps feature more prominently in the vision. Strong medical leaders and many young consultants are keen for the challenge and there is nearly unanimous commitment to the CSR's proposal for one Dorset wide obstetric service.

3.5.2 The Board composition at Poole has changed significantly over the past two years which has delayed any action to address the position and fabric of the maternity unit. There have been a number of capital schemes proposed from simple ground floor extension of the labour ward or relocation to the hospital site over many years. None have been implemented for many reasons, but the staff continue to provide good care despite the poor working conditions.

3.5.3 The senior management are very aware of the issues particularly with the progress of the CSR. There is a non-executive director allocated responsibility for maternity and children's services and there is a quarterly performance report meeting where outcome data is presented to the executive Board. There was general support for the CSR proposals for a Dorset-wide model of high risk obstetrics in the east and cover across two sites with 15 consultants and around 7,000 births although there was a recognition that such a model would require a significant change to working arrangements plus the site decision and replacement of labour ward to proceed.

#### *Bournemouth*

3.5.4 At Bournemouth, the Trust appears to be well led with enthusiastic leadership. A new Head of Midwifery was appointed earlier on 2015 to leading the team which does seem at odds for a midwife only birth unit caring for only 300-500 births per annum.

3.5.5 Women are required to sign a 'disclaimer' to give birth at Bournemouth in the Midwife Led Unit stating they understand there is no obstetric provision for care. This is against NHS best practice and is not submissible in legal terms if an untoward incident were to occur. If women are made aware at booking and reminded at 36+ weeks when they reach term this should be satisfactory.

3.5.6 The willingness of obstetricians to work collaboratively across two separate Trusts is commendable and leads the way for any future merger or collaborative working practices, although there are some inevitable issues under the surface around attendance at meetings, the balance of priority between gynaecology and obstetrics and overall team dynamics. There is scope for teleconferencing, for example to ensure attendance at meetings.

3.5.7 The two midwifery teams at Bournemouth and Poole work reasonably well together with supervisors' meetings and low risk pathways, but there is scope for them to actually work as a single team across the two units, making better use of management resources and midwives and providing greater consistency and continuity of care for women. A home birth service has been developed by the midwives and is supported by the same team of staff.

3.5.8 The team at Poole is in a strong position to develop as a modern tertiary service unit that offers high level maternity care receiving and working closely with smaller units (perhaps a mix of midwife led and small obstetric). This could of course be at either site in the east depending upon the outcome of the CSR discussions. However this can only be achieved with significant reorganization of current service location and increased obstetric capacity.

### **3.6 Patient involvement**

3.6.1 The Trust was proud of its 94-96% positive score for the Friends and Family test; There are several mechanisms for feedback – maternity voices, MSLC, with high response rates, but it was not clear whether everyone was offered the opportunity to feed back, and there was a perceived need for better information about transfer to consultant led care.

3.6.2 There is an NHS Patients First group with approximately half and half new and experienced parents, and the meetings are sometimes user led – this began as an antenatal group but parents kept coming so it became a postnatal teaching session and launched into children's centre with midwife drop in.

3.6.3 Women who had used the service told the Review team of a very good bereavement service at Poole (SPRING), and there are excellent support staff who seem to 'connect' well with the women. There appeared to be a good experience of responses to complaints at Poole with reports of a home visit to discuss a complaint, and staff keeping in touch until the issues were resolved.

## 4 Neonatal care

### 4.1 Activity and facilities

4.1.1 The neonatal unit comprises 20 cots and is located on the St Mary's site, close to maternity but across the road from the main site where paediatrics is housed. It was originally operating as a 'Level 2-plus' or enhanced LNU under the BAPM 2010 guidelines, so it has facilities for conventional ventilation, high frequency oscillation, total parenteral nutrition and ultrasonography. Trainee slots were removed in 2013 following a review of network capacity and operation and an innovative two-tier staffing arrangement using ANNPs enables the unit to operate as a Local Neonatal Unit (LNU), with good retention of highly skilled staff.

4.1.2 The unit is spacious and well equipped currently providing four intensive care cots, six high dependency cots and ten special care cots. Occupancy for 2014-5 was reported by the unit to be 80-90%; in previous years this was less due to refurbishment work being carried out, but out of network transfers remain rare. There are four rooms with isolation facilities and an 8-bed (12 infants) transitional care facility which for several years has been an example of good practice, reducing admissions to the neonatal unit although it is not formally funded by the specialist commissioners or CCG.

4.1.3 The unit cares for infants over 27+0 weeks' gestation, with extremely premature or sick infants being transferred, ideally in utero, to the Neonatal Intensive Care Unit (NICU) at Southampton. Activity is significantly greater than the other LNUs in the region, with admissions to the unit over the last 3 years being:

- 2012-2013: 391.
- 2013-2014: 378 (4 cots closed for refurbishment in this period);
- 2014-2015: 479;

Of these numbers, in 2014-5, 59 were of birth weight less than 1500 gm and there were

- 274 Intensive care days
- 1063 High Dependency days
- 4105 Special care days

4.1.4 The community nursing team provides community support for the whole of paediatrics and includes two specialist neonatal nurses who support families of infants with chronic lung disease, home oxygen, etc. A newer, so far unfunded initiative supports preterm infant community nursing (PINC). Through this scheme neonatal nurses from the unit support families to care at home for preterm infants who still require nasogastric feeds. This has apparently proved very popular with parents and there are plans to further expand this service.

4.1.5 Neonatal surgery and cardiology are regional services based at Princess Anne Hospital in Southampton, although two consultants in Poole provide some local cardiology such as echocardiograms, including for families from Dorchester. The obstetricians provide a fetal medicine service locally.

## **4.2 Workforce**

4.2.1 There are four consultant neonatologists and an Associate Specialist providing separate cover from the paediatric consultant rota. There is a consultant of the week model and the on-call consultant is on site 9am-9pm weekdays and 9-5pm at weekends. There are no Tier 1 trainees, and instead of traditional Tier 1 and Tier 2 junior doctors and Tier 3 consultant there is a middle grade level ANNP/clinical fellow and 2 consultants providing care during the daytime. There are nine (8.5WTE ANNPs and a Clinical Fellow) who provide Tier-2 level care, with two on during the day shifts and one at night. Out of hours the consultants are on call and the paediatric registrar on the main site is available to provide an 'extra pair of hands' where required for difficult situations until the consultant arrives. This is an innovative model of care, with the ANNPs having been locally trained with middle grade competencies to provide significant senior input and is a workable alternative to reliance on junior medical staff given the national move toward centralization of specialist neonatal training and shortage of middle grade doctors.

4.2.2 Nurse staffing was reported to be compliant with the BAPM standards in terms of QIS staff. There are 35.78 Registered nurses with 25.68 holding the neonatal QIS qualification, 5.97 band 4 nursery nurses and 9 WTE ANNPs. Based on the rota provided for November 2015, nursing numbers may fall below the number required to staff the unit if it is full. The record of unfilled duties for the month indicated that out of 28 days, with 2-3 shifts per day, there were unfilled registered nurse shifts for part of 23 days/night shifts. On 1<sup>st</sup> November 2015 there were four shifts unfilled on an early, two on a late and one at night. Similarly there were seven days with nursery nurse slots unfilled and twelve days with insufficient support staff. Since the visit more nurses have been/are being recruited and the review team were informed following the visit that all but three of these shifts mentioned above had been covered by moving staff within the unit.

## **4.3 Quality and Safety**

4.3.1 The unit was well functioning and supported by the Neonatal Operational Delivery Network (ODN) to develop further towards centralizing care in Dorset for infants 27 weeks and above. The unit performs well in the National Neonatal Audit Programme (ANNP) and there is a regular teaching programme including weekly neonatal grand rounds and monthly study days with both internal and external speakers. The unit accepts step down neonatal patients from Southampton and a network repatriation pathway is being developed to ensure infants are cared for as close to home as

possible. There is dedicated physiotherapy and dietician support with weekly multidisciplinary ward rounds and speech and language therapy is available as required.

4.3.2 Overnight the ANNP can call upon the Tier 2 'registrar' paediatrician based at the main site for 'hands on' assistance pending the arrival of the on-call consultant. The registrars commence their overnight shifts on the unit to familiarize themselves with the casemix but do not work on the unit during the day. It is important that these individuals feel confident about their role and responsibilities if called to assist.

4.3.3 If the unit at DCH is designated by the Network as a SCU then the Poole unit will need to accommodate approximately 20 additional neonates per year. Whilst there is capacity for this, the labour ward is very stretched and careful planning will be required so that pregnant women at risk of giving birth prematurely can be accommodated.

4.3.4 In terms of facilities and support for parents there are two BLISS 'Champions' associated with the unit who provide support and advice to parents. There are two overnight rooms for parents to stay, a breast feeding room and a family room outside the unit, which was highlighted by BLISS recently as an example of good practice. The neonatal physiotherapist, developmental care, and breastfeeding support nurses and the Bliss champions work closely with families on the unit, and the team is proud to have increased their breast feeding rate from about 33% to 68% in 18 months.

## 5 Paediatrics

### 5.1 Activity and facilities

5.1.1 The service sees children up to but not including 16 years of age, and up to but not including 19 years for specific young people who are vulnerable or from complex groups. It comprises:

- Bearwood ward with 15 beds including 11 cubicles mostly medical and emergency, including the 'Owls' adolescent area for 11yrs upwards
- Acrewood ward – 7 beds in single rooms
- 9-bed Elmwood Paediatric Assessment Unit (PAU), open 24/7.
- 3 bed day care unit on Elmwood ward open 8am-6pm
- 4- bed high dependency unit within Acrewood ward (1 isolation)
- Outpatients clinics at Poole and Bournemouth
- Gully's place – a charity funded suite used for breaking news, Support for families who have experienced sudden infant death and expected end of life care, with a separate on-call rota for medical support when required

5.1.2 There are around 7,600 Emergency admissions, plus surgical admissions for ENT, maxillofacial, general surgery and orthopedics are also managed on the unit.

5.1.3 The PAU sees all acute paediatric referrals from GPs, ED and members of the Primary Care Team including health visitors, midwives and parents via open access.. The unit is used flexibly as a rapid referral unit as well as supporting emergency care, assessing and initiating treatment for children referred to the on-call team with around 65-75% of attendees discharged, Elective day care treatment is carried out on the unit 5 days per week and two less-than-full time psychologists (one WTE) are based there as well as two play therapists. .

5.1.4 The main tertiary centre is Southampton and PICU transfers occur at least weekly to Southampton. Various visiting /specialist clinics are held weekly, monthly or quarterly including oncology, cystic fibrosis, gastroenterology, local diabetes, cardiology, surgery, urology, genetics, neurology, rheumatology and respiratory.

5.1.5 At Bournemouth two ophthalmology surgeons see 2-3 patients per week for routine surgery, using a 3 bed bay in the adult eye unit. The Review team was told that the anaesthetist works to protocols and has regular simulation training.

### 5.2 Workforce

5.2.1 There are 17 consultants in total at Poole, 8 Consultant Paediatricians plus one Associate Specialist (AS) on the acute paediatric rota and 4 Consultant Neonatologists plus 1 AS covering the neonatal unit. There are five consultant community paediatricians and six Tier 2 posts working alongside the acute doctors in a separate team (although the Trust struggles considerably to fill these posts with only 4 in post at the time of the visit and no locum availability). There has been no Consultant



expansion in Poole for 4-5 years despite the current trend towards more consultant delivered services and compounding the middle grade deficiencies. This has resulted in consultants frequently 'acting down' to cover Tier 2 shift there is a commendable ethos of "going the extra mile" to maintain the service but this can be detrimental in the long term and detracts from other Consultant staff activities, not least leading the various service development work referred to elsewhere in this review . There is a Consultant of the Week arrangement between 8 and 6pm weekdays and 8-1 weekends but not for evenings (although the consultants are present in middle grade roles).

<b>Junior Paediatric Staff</b>	
5 x	Specialist Registrars
1 x	Clinical Fellow (Registrar grade)
5 x	Specialty Doctors in Community Paediatrics
9 x	Senior House Officers
1 x	Trust SHO
1 x	F2 grade
2 x	F1 grade
9 x	Advanced Neonatal Nurse Practitioners

5.2.2 The trainees are positive concerning the training opportunities and support they are given, and the consultants were said to be very approachable and helpful, with good feedback reported through the GMC trainees' survey. There is an ambition to extend the training opportunities given the proximity to Southampton but in the short term service and financial constraints mean that the trainees' training time is not always protected as the service struggles to fill the rotas.

5.2.3 We heard from a variety of sources that nursing numbers in children's areas are insufficient for the workload and that a business case has been submitted to increase staffing in the PAU and OPD. Staffing is based on 7 nurses and 3 support workers per shift to cover the wards (26 beds including 4 HDU) and PAU. A separate establishment of 3 nursing auxiliaries and 1 Band 5 nurse covers the OPD and day case activity. The Trust manages nurse staffing using the NHS Nursing Quality Board guidance: 'How to ensure the right people, with the right skills, are in the right place at the right time'. This document was published based on concerns relating to nursing care in adult services at Mid Staffordshire Hospital<sup>4</sup> and the 14 Keogh Trusts<sup>5</sup>, as well as concerns around patient safety<sup>6</sup> and healthcare support workers<sup>7</sup> The document states that a safer

<sup>4</sup> Report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry, The Mid-Staffordshire NHS Foundation Trust Public Inquiry, February 2013. Available at <http://www.midstaffpublicinquiry.com/>

<sup>5</sup> Review into the quality of care provided by 14 hospital trusts in England: overview report, Prof. Sir Bruce Keogh, NHSE July 2013. <http://www.nhs.uk/NHSEngland/bruce-keoghreview/Documents/outcomes/keogh-review-final-report.pdf>

<sup>6</sup> A promise to learn, a commitment to act: improving the safety of patients in England, Don Berwick, DH August 2013. <https://www.gov.uk/government/publications/berwickreview-into-patient-safety>

<sup>7</sup> The Cavendish review: an independent review into healthcare assistants and support workers, Camilla



nursing care tool for children's in-patient services is under development, but in the meantime the Trust has adapted the adult tool for children's nurse staffing, with higher multipliers to reflect the increased nursing needs of children. The Trust states that it has considered the RCN guidance and used professional judgement to determine the staffing levels for children's services. Whilst acknowledging the Trust's efforts to use current guidance to determine nursing establishments, tools for children's services are not yet available, with the exception of PANDA, which was developed for tertiary services and anecdotal evidence suggests overestimates nursing numbers in DGH settings. The RCN guidance provides a baseline for determining nurse staffing for a wide range of children's services and is based on the views of a wide range of senior children's nurse leaders across England and is a tool which can be used to determine local nurse staffing levels.

5.2.4 The review team heard from parents that the nurses are good with children, but there were not enough of them for example, there was often only one nurse looking after all four children in HDU, although the service aims to have two nurses. On the day of the visit there was one nurse for three patients, with the fourth HDU bed empty. The Review team was provided with recent examples where the ward had between 7 and 16 children below 2 years, requiring the higher ratio of nurses. The ratio of nurses to support workers falls below the recommended minimum of 70:30.

5.2.5 Clinical staff stated that the service was safe, but stated that there were frequent shortfalls in nursing numbers and some difficulties recruiting and retaining nurses. They can recruit to Band 5 posts, actively recruiting between March and August for newly registered nurses who start work in October, but they are often 'chasing their tail' due to turnover. It is difficult to recruit to more senior posts and they often had to advertise more than once to get the right person. At the time of the visit they had managed to recruit to Band 6 and 7 posts following long term vacancies. At the time there was 0.56 WTE vacancy at Band 6. Review of the nursing rota across the children's service indicates that nurse staffing falls below the standards recommended in the RCN's staffing guidance of 2013, with a total of 42.1 WTE clinical nurses: 4 at Band 6 and 19 to 21 clinical support workers. The Trust uplift for annual leave, study leave and sickness is 23% and the service has recently been allowed to recruit three Band 5 nurses above establishment but there are insufficient Band 6 nurses to provide 24 hour supervision of more junior staff, which is especially important at night and weekends when there are fewer senior nursing and medical staff to deal with concerns arising. An increase to six Band 6 nurses would enable one senior member of the nursing team to be present for advice relating to children throughout the 24 hour period.

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Cavendish, DH July 2013.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/236212/Cavendish\\_Review.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/236212/Cavendish_Review.pdf)

5.2.6 There is one APNP in PAU, who is a nurse prescriber and able to see and treat patients, but also provides the allergy service. This role was created to support the medical staff in managing the throughput of patients. Four nurses have been trained as advanced practitioners but are working in specialist roles, as there was no support for them to work across the service as they are perceived to detract from medical training. We heard on a number of occasions that there were too few doctors, but this nursing resource is not being used to support this gap. With support and supervision to refresh skills and develop competencies, these nurses could provide cover for PAU for the majority of shifts, reducing the workload for the medical team. An increase to seven APNPs would enable 24 hour cover and time for individual APNPs to attend education and training sessions.

5.2.7 The service employs 6.4 WTE specialist nurses who work across the acute and community teams providing expertise for children with respiratory needs, epilepsy, diabetes, allergy and life limiting conditions. In addition there are 6.5 CCNs with 2.3 WTE Band 4s who support the nurses by distributing equipment and consumables and have been trained in sleep studies, clinics and administrative work. This team is not commissioned to provide an acute children's nursing service and are only just able to provide 24 hour end of life care (NHS at Home).

5.2.8 Nurse Training has been identified as an area requiring further work by the team when undertaking a CQC diagnostic. This relates to access to non-mandatory education and the Review team was told that there was no access to specialist training. There is 0.4 WTE Band 6 Nurse employed in an education role, which is insufficient for a unit of this size. This role would need to be full time to provide support to newly qualified nurses working within the wards, especially in the HDU area.

5.2.9 The four HDU beds are not funded by the network although the unit aspires to meeting the Level 2 designation under the new definition<sup>8</sup>. There is one PICU trained sister on the wards with 11.2 WTE nurses trained in HDU care.

### *Anaesthetics*

5.2.10 Poole Hospital is a designated Trauma Unit for Adults and Children with experienced anaesthetic support for paediatric emergencies. There is an out of hours rota of 1 in 14 and a separate team of six intensivists. The anaesthetists follow clear standards for maintaining airways and other skills in paediatric anaesthesia through the hospital practice of mixed adult and paediatric elective lists.

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<sup>8</sup> See Paediatric Intensive Care Society 'Time to move on' 2014

### **5.3 Quality and outcomes**

5.3.1 A considerable amount of work had taken place on quality measurement in recent months and the unit was at the time of the visits preparing for a CQC visit in January. The Reviewers were shown quarterly reports from various audit projects which included details of actions taken and follow up for service and clinical issues. The Paediatric Risk Meeting appeared to be effective with development of Quality initiatives, review of audit, incidents and risk and plans to implement a paediatric 'dashboard' . Some trainees expressed concern that there were no psychosocial meetings or morbidity and mortality meetings.

5.3.2 The team was proud of the developments in the end of life care service and was endeavouring to establish a Dorset-wide service with DCH through CCG funding. A lead nurse for palliative care had recently been appointed, and the Gully's Place suite appeared to be very well provided and used appropriately.

5.3.3 The safeguarding medical service for assessment of non-accidental injury is essentially consultant delivered by the community paediatricians in the acute unit with separate rotas for child protection medicals and managing child deaths. There is a new SARC in Bournemouth, with a colposcope and facilities to undertake forensic medicals. There are appropriate systems in place for safeguarding supervision and peer review, and when feasible, middle grades are engaged as a supervised training opportunity. Good joint working across safeguarding network and CDOP for Dorset.

5.3.4 The service appeared to be responsive to needs of families, with good waiting times for most services and good achievement on length of stay. Children are seen by a consultant quickly and services appeared to work well together, including community and primary care services in the south of the patch. There is however a severe shortage of administrative support for the doctors, resulting in many of them spending clinical time on paperwork and introducing delays in communications.

5.3.5 Facilities for families within the children's wards are limited to a kitchen with a table on one ward. There is no sitting room for families to have time away from the children when they are resident. Families also expressed concerns about the quality of the food, which they described as poor and expensive and about parking, which is difficult and expensive. They also stated that there was no route to feedback to staff in the children's wards, but staff told us that there was a CCG led mechanism for feedback using focus groups and a survey.

### **5.4 Safety and Compliance with standards**

5.4.1 The unit is not meeting Facing the Future 2015 standards for consultant review within 14 hours (Standard 3) and the inability to recruit to a 10-strong middle grade cell (Standard 8) has left the consultants 'acting down' to provide safe cover. Concerns

were expressed to the Review team that patients are not always seen within time scale by middle grade and consultant. This is having a considerable impact on morale and is not sustainable.

5.4.2 Emergency and urgent activity has increased significantly in recent years without commensurate consultant expansion. This is resulting in long waits for beds and delays in being seen and provides an inequitable service in comparison with services in the west of the county.

5.4.3 The paediatric team is keen to do more specialised shared care work with Southampton, and provide more step-down work, for instance in HDU, oncology, endocrine, cardiology, etc.

5.4.4 The service has assessed itself informally against the Facing the Future Together for Child Health Standards, and would like to develop closer GP working but is resource limited with too few staff in the acute medical rota to develop greater outreach. There is no direct advice line for GPs, the rapid access clinic is offered but with a wait of 1-4 weeks. There are GP-led education sessions approximately annually. There is enthusiasm to develop an acute paediatric nursing team, similar to the COAST model in Southampton/ Portsmouth, and is developing well with the Vanguard proposal although the service is currently 9-5 working hours only. There are some community nursing roles covering 24hr on call such as the diabetes specialist nurse. There is good progress by the CCGs on care pathways, discharge information to parents is good and access to records and results is available at hospital sites.

#### *Bournemouth*

5.4.5 There is no inpatient paediatric service although paediatric ophthalmology is provided by two consultant ophthalmologists with paediatric expertise. This is an accessible service for outpatients and assessment of possible inflicted injury to children from one year of age and the consultants will operate where required. The anaesthetists maintain paediatric expertise. If an ophthalmology patient is unwell and needs a paediatric assessment the child needs to be sent to Poole which is clearly not ideal, especially as the child may be recovering from anaesthesia.

5.4.6 The ED is covered in section 5.7. Although the Review team did not hear of any significant safety issues it is below the 'gold standard' for patient care to have over 11,000 children attending the Bournemouth ED when there is no paediatric service on site.

## **5.5 Leadership and Strategic vision**

5.5.1 Overall there is a positive feel in the Trust with a strong desire from senior management to improve morale and support staff. The historical financial issues since the merger decision in 2013 are being addressed by the new board; there is recognition of previous under investment in paediatrics and an aspiration that the CSR and

Vanguard work will generate efficiencies and resolve staffing issues that they had been unable to address successfully through alternative routes.

5.5.2 The consultants appeared to present a united front of coping with the pressure on the unit despite some unhappiness about the acting down process and shortage of staff, and the Clinical Lead was working hard to keep the service safe and deliver good quality care. Following the Review team's first visit a business case for an additional consultant (to cover two consultants coming off nights on call) and two clinical fellows has been approved but whilst welcome this is unlikely to alleviate the pressure significantly.

5.5.3 There is enthusiasm for the Vanguard opportunities, and during the autumn 2015 there had been considerable development of the strategy for community paediatrics. There remained an assumption that the future lay with an integrated model with DCH, but if DCH & Yeovil develop a service in the west, the model for the east may not be sustainable and sometime down the line there would have to be a pan-Dorset solution.

5.5.4 The paediatric team did not have a clear commissioner-driven strategy for developing care close to home/in the community to reduce pressure on hospital services, and how they could achieve this for their deprived populations in both areas. This has more recently been escalated within the Vanguard and CSR which is commendable. Use of Advanced paediatric nurse practitioners in the community & PAU might help to support medical activity. There would need to be a longer term plan to train sufficient APNPs over 2-3 years, although retraining qualified advanced nurse practitioners in specialist nursing roles could provide a number of APNPs in a shorter timescale. There may be appropriate advanced practice models in areas where there are large community services such as Nottingham or where they provide a number of localized minor injury and illness units with staff specifically trained to manage children.

5.5.5 Poole is a busy unit with severe paediatric middle grade recruitment difficulties and high activity, affecting morale and effectiveness of the unit which can be potentially detrimental in the longer term. Although we did not hear of any significant safety issues the dual Bournemouth/Poole ED, without onsite paediatrics at Bournemouth is inefficient in terms of staffing cover and although ambulances go direct to Poole, those children brought in by parents may require transfer to Poole. Equally the ophthalmology service would be best colocated with inpatient paediatrics, and as previously stated in section 2 it is entirely logical from a maternity and paediatric perspective that the gold standard for patient care would be to bring together on one site all the services for consultant obstetric care, inpatient paediatrics, paediatric ED and surgical specialties providing a high quantity of paediatric activity (orthopaedics, ENT and ophthalmology for example) along with complex imaging for paediatric cases. This would lead to an improvement both in quality and safety of care.

## **5.6 Community paediatrics**

5.6.1 Poole hospital hosts the specialist community paediatric service with five consultant community paediatricians; each covering a geographical patch. The service is based at a purpose built Child Development Centre on the hospital site. The unit hosts outpatient clinics for children with a varied range of neuro-developmental difficulties with assessment and treatment based on an integrated multi-disciplinary approach. The consultants have admitting rights to the acute unit for investigations and or management of conditions. Staff include physiotherapists, occupational therapists, play specialists and speech and language therapists and there are close links with the school teams within the nine special schools covered by the service. Therapy sessions for disabled children and reviews also take place at Christchurch Hospital, and there are clinics in schools and other community settings. Medical assessments for Education Health and care plans are undertaken by the team and services for Looked After Children are provided by three of the paediatricians, working with Specialist Nurses covering all of Dorset. Developmental monitoring is also offered to NICU babies at high risk of disability and Poole was a pathfinder site for the Early Support Programme.

5.6.2 Although the service is considered to be well run and effective the demand/activity exceeds capacity, with longer waits than in west Dorset for some assessments and in the service's view, a long way from where they should be responding to families. There was a general view that the service and some of the facilities they used required modernisation and investment to work efficiently.

5.6.3 Staff were not aware of a programme for development of mobile IT access; they currently use a tablet when offsite then download the data back at base, and they are unable to access the records for schoolchildren although other health professionals have access to the Electronic Patient Record with community nurses and health visitors using SystemOne.

5.6.4 During Autumn there has been a renewed focus on community paediatrics with a business case being prepared to reduce waiting times for LAC. There is a consultation about funding for the SARC, and a replacement consultant being appointed soon. Delivery of the school age autism service was raising concern over meeting ever increasing demand for diagnostic assessment – including adults.

5.6.5 Children with suspected Autistic Spectrum Disorders (ASD) or ADHD are initially seen by the community team. CAMHS is under resourced and access is very difficult as most children referred to the service do not meet the thresholds set by CAMHS. If they do, many receive a 'choice' appointment with therapists or primary mental health worker which may result in waits of up to 16 weeks to be seen for assessment. Families were reported to get disheartened and return to the community paediatric



team. The multidisciplinary Dorset autism focus group is developing a behaviour and developmental pathway, supported by the CCG.

5.6.6 The Community paediatric team sees all new patients requiring assessment of special educational need up to 18 years and there is a good pathway for development of educational health and care plans with good links to safeguarding and social care. A team of community based nurses provide support for acute care in the community including specialists for diabetes, cystic fibrosis, complex disability, epilepsy and oncology. The community nursing team provides palliative care but there is no hospital at home service.

## **5.7 Emergency Department**

5.7.1 The Department at Poole is busy seeing around 15,000 patients, mainly minor injuries, who are seen and treated by nurse practitioners. There is one consultant who is dual qualified in paediatrics and emergency medicine, and a significant shortage of Tier 2 doctors. The service is advertising to recruit an eighth consultant.

5.7.2 The unit has found it difficult to recruit children's nurses, with just 1.8 WTE in post and two full timers on maternity leave, making it difficult to meet the standard of a children-trained nurse on duty at all times. The unit is a popular place to work, and there are various incentives, but children's nurses were reported to be reluctant to take on roles where they may also be required to see adults at busy times and there is movement of children's nurses between Poole and Bournemouth EDs. All staff have yearly Paediatric Immediate Life Support (PILS) and level 2 safeguarding training.

5.7.3 The unit works well within the network of emergency and trauma care. Serious cases are transferred to Southampton and the unit follows network policies and procedures for seriously ill children. All infants attending ED under 1 year of age see an ED consultant or lead paediatric nurse, and may be referred directly to the duty paediatrician for review. Any child not being admitted must be discussed with a registrar before being discharged. All children have a standard safeguarding question asked and three presentations to ED in a year triggers further enquiry.

5.7.4 Staff in ED recognise that Elmwood PAU works well as an assessment unit but commented that it can get full so paediatricians have to come to ED to assess children who may need to be held in ED until the PAU is clearer – often in winter. There are instances where the unit has shut and had to divert patients. When the resuscitation area is full staff use a majors bay or side room for less acute/ monitoring.

### *Bournemouth*

5.7.5 The ED sees 11,095 children per year and one year's analysis showed that 172 needed transfer to Poole for paediatric assessment, and less than one per month

required retrieval from the Paediatric Intensive Care Unit in Southampton (for which the adult Critical Care team would assist). Although there are measures to improve safety such as clear policies of referral to paediatrics, shared imaging systems and expectation of the clinicians to maintain their competences to manage sick children, there are also some barriers such as some different policies and the Symphony patient databases at each site are not connected. It would be far better for patient safety, team working and concentrating the support services if all of the paediatric attendees were seen in one site and co-located with inpatient paediatrics.

## **5.8 Patient and family involvement**

5.8.1 The Review team did not see extensive evidence of patient and family involvement in service design, although the Weymouth and Dorset Young Inspectors group had visited and commented on the epilepsy service, feedback from parents was being sought and recorded in the neonatal unit, and survey results from August 2015 showed positive responses from the sixteen parents involved. The Picker/CQC survey report indicated that the unit was about average for most areas of engagement and quality of care experienced but did benchmark very well for patient information and safety-netting advice for discharge.

5.8.2 The Trust website does not have a direct link or search to child health services but once the page is found the information (designed for parents) is very clear and comprehensive. There is a 'just for kids' section in plain language but it does not indicate involvement of young people in its design. The community paediatrics page still requires some development.



## 6 Recommendations

### Obstetrics / Midwifery

- a) The poor environment and facilities for the labour ward must be addressed as soon as possible within the CSR developments, with a temporary solution if required once the location and timescale for the single site in the east has been agreed. Infants should not be resuscitated out of delivery rooms.
- b) There must be a clear pathway for referral and risk based decision making including better communication with expectant women to reduce the medical interventions and increase the low risk and normal birth rate. This may require investment and/or retraining of some midwives and a clear CCG-supported strategy for communication. As a midwife facility the numbers using the standalone unit at Bournemouth should be projected to increase up to 800-1000 for viability.
- c) The requirement for community midwives to work shifts on labour ward in busy periods must be re-examined to ensure staff are not working beyond practice and effective supervision is in place.
- d) Increase integration between Poole and Bournemouth midwives and doctors, working towards a single team across both units and catchment populations and aligned paperwork and pathways under the Wessex guidelines.
- e) The midwifery staffing levels should be re-examined using a recognized model such as the Birth Rate+ tool, including the changing demographics of the population.
- f) The Bournemouth unit should cease requiring women to sign a disclaimer

### Paediatrics and neonatal services

- g) Expand the acute consultant capacity in the unit initially by two, to immediately reduce pressure on the team, particularly overnight and then further expansion to meet the Facing the Future standards for acute paediatric services 2015. Continue efforts to cover the Tier 2 rota including a longer term strategy and plan to develop alternative staffing arrangements such as APNPs.
- h) Review nurse staffing in line with RCN guidance in the absence of an evidence based acuity and dependency tool for children's services ; Increase the number of Band 6 nurses to ensure effective supervision of staff and access to a senior children's nurse throughout the 24 hour period. Increase practice educator hours to a full time post to ensure support and education across all areas. .
- i) Review the role of nurses trained to advanced practice level and consider retraining them and developing other nurses to provide 24/7 Tier 2 cover in PAU.

- j) Extend the capacity and capability of the Children's Community Nursing team including review of discharge arrangements to reduce admission and length of stay of children with acute care needs.
- k) Implement through a clear action plan, the Facing the Future Together for Child Health Standards to reduce attendance and acute average length of stay, prioritizing implementing the direct line for GP advice, and auditing progress regularly.
- l) Review provision of community paediatrics, to strengthen capacity in eastern Dorset. Reduce waits so that assessment, diagnosis and ongoing care are consistent for children and families across the county.
- m) Develop the LNU to accept infants from DCH, and work with the community nursing team to develop the limited neonatal outreach service to include younger babies of a good weight and those requiring oxygen and monitoring at home. This will enable parents to build confidence in the care of their infants in the home setting.

## Appendix 1 The Review team

**Dr John Trounce** MD MRCP FRCPCH DCH was a Consultant Paediatrician in Brighton for 25 years, retiring in 2015. He covered general paediatrics and epilepsy, neonatal intensive care in the first ten years and more recently seven years as Named Doctor for Child Protection. He was Clinical Director for Women & Children for five years during which time he oversaw the reconfiguration with a neighbouring service, commissioning of a new Children's Hospital, transformation to teaching hospital status and innovation such as neonatal nurse practitioners and an ambulatory care service. Dr Trounce was a member of the RCPCH Council for six years.

**Dr Anthony D. Falconer** is the immediate past President of the Royal College of Obstetricians and Gynaecologists (RCOG) and has been Senior Vice President and International Officer. Dr Falconer qualified in Bristol, and trained at the Simpson Memorial Maternity Pavilion in Edinburgh. In his 28 years as a consultant in Plymouth he made a major contribution within the region, to the development of cancer services and hysteroscopy. Dr Falconer was Clinical Director and Divisional Director and maintained a major interest in training young doctors.

**Dr Nicholas Wilson** has been a consultant at Whipps Cross Hospital for 15 years; initially as lead for the Neonatal Unit. He subsequently became the lead clinician and then Clinical Director for Women and Children, a role he held for six years. He has wide experience in leadership and management, participating in several rounds of proposed service reconfigurations and mergers. Nic was an external adviser to the health care commission and is the Trust Named Doctor for Safeguarding Children. He is also the Clinical Lead for the North East London Neonatal Network and has been involved in the review of neonatal services in the region.

**Dr Clare VanHamel** has been a consultant anaesthetist at the Great Western Hospital, Swindon since 1997. Working in a department without fixed lists she is fortunate to have a diverse anaesthetic portfolio including paediatrics and obstetric anaesthetic cover. Clare has a keen interest in medical education and has been Severn Foundation School Director since 2009. Clare is Clinical Advisor to the UKFPO since 2012, and an important component of her education role is participating in Quality Assurance visits and reviewing Quality data submissions.

**Carol Williams** MSc BA (Hons) RGN RSCN RNT is an Independent Nurse Consultant and Healthcare Advisor who established her business in August 2010, since which time she has led a number of compliance projects and service reviews across a range of services, including community services and complex care, emergency care and hospital based children's and adult services. Carol was an Area Manager at the Healthcare Commission and the Care Quality Commission and has worked at the Evelina Children's Hospital London, as Consultant Nurse in Paediatric Intensive Care, Acting Head of Nursing for Children's Services and Lead Nurse for Children's Critical

Care. Carol has been Nursing President of the European Society for Paediatric and Neonatal Intensive Care and as Chair of the Royal College of Nursing and Paediatric & Neonatal Intensive Care Forum, provided written and verbal evidence to a House of Commons Select Committee on Child Health.

**Kathryn Gutteridge RN, RM, Supervisor of Midwives, MSc**, is a Consultant Midwife, Clinical Lead for Low Risk Care and Psychotherapist at Sandwell & West Birmingham Hospitals NHS Trust. She is an RCM Council Member, RCM Policy Member, RCOG Undermining Champion and the past Chair of the UK Consultant Midwives Forum. Kathryn is a well-established consultant midwife being one of the first appointed in 2003. Originally at the University of Leicester NHS Trust Kathryn was instrumental in developing the midwife-led model of care and an alongside midwifery unit. .

**Kate Branchett BA** is Patient Voice and Insight Lead for the West Midlands Strategic Clinical Networks and Senate. Kate has a real passion for improving the experience and care of all patients and their families. Kate is married and is mum to Ben, 9, Molly, 5 and William, 1. Her interest in healthcare and improving services was sparked by the extremely premature birth of her twin daughters. Izzy was born at 22w4d and did not survive. Molly was born 8 days later and she spent 101 days in neonatal care, but is now a happy, healthy 5 year old. Kate has worked with SANDs, BLISS, NCT, her local Maternity Services Forum and the SW Midlands Maternity and Newborn Network as a patient/ parent representative.. Kate was vice-chair of the RCPCH Parent and Carer Panel and was also a member of the West Midlands Clinical Senate Council.

**Sue Eardley** joined RCPCH in 2011 and since 2012 has led the Invited Reviews programme. Originally an engineer /project manager in the oil and gas industry Sue spent 13 years as a non-executive and then Chair of a London acute trust, and various voluntary work including national and local user representation and as a Council member of the NHS Confederation. Before joining the RCPCH Sue spent six years full time heading up the Children and maternity strategy team at the Healthcare Commission and then CQC, overseeing strategy, design and delivery of all inspections and reviews in England of maternity, child health and safeguarding.

**Jenni Illman** is the Operational Lead for Invited Reviews at RCPCH. She has a background in project management and since joining the College in 2014 she has been involved in the development of clinical guidance for the management of children with a decreased conscious level, and the introduction of the new patient voices platform, RCPCH & Us. Previously she worked at The Royal College of Physicians and the Worshipful Society of Apothecaries in examination management roles with a focus on process improvement. Jenni is particularly interested in improving education and well-being for children and young people around mental and sexual health, and has been an active volunteer with both SANE and Brook.

## Appendix 2 Sources of information

### ***Whom we met – Poole***

#### *Senior Management*

Ms Debbie Fleming - Chief Executive  
Mr. Mark Mould - Chief Operating Officer  
Mr. Robert Talbot – Medical Director  
Mrs. Sue Whitney - Care Group General Manager  
Mr. Guy Spencer – previous Non-Exec  
Ms. Tracey Nutter - Director of Nursing and Board Lead for Children and Maternity  
Dr. Callum McArthur – newly appointed Non Exec

#### *Obstetrics*

Mr. Daniel Webster - Clinical Director, O & G  
Mrs. Sandra Chitty - Maternity Head of Service  
Mrs. Karen Cutler - Maternity Risk Manager  
Mrs. Pauline Hawkes - Senior Midwife and Named Midwife, Safeguarding  
Mrs. Belinda Doe - Senior Midwife  
Mr. Tyrone Carpenter – Consultant O&G  
Miss Mangla Dubey– Consultant O&G  
Mr. Tim Hillard – Consultant O&G  
Miss Nicola McCord – Consultant O&G  
Miss Louise Melson – Consultant O&G  
Mr. Robert Sawdy – Consultant O&G  
Miss Latha Vinayakarao – Consultant O&G  
Obstetric SHOs and Registrars

#### *Neonates and paediatrics*

Dr. Steve Wadams, Clinical Director, Child Health  
Prof. Minesh Khashu - Consultant Neonatologist  
Sister Karen Fernley  
Dr. Jo Renshaw -Community Paediatrician  
Dr. Sarah Morris - Community Paediatrician  
Dr. Janet Kelsall - Community Paediatrician, Named Doctor, Safeguarding  
Dr. Del Howard - Community Paediatrician  
Dr. Judith Gould - Associate Specialist - Community  
Dr. David Shortland - Consultant Paediatrician  
Dr. Antoinette McAulay - Consultant Paediatrician  
Dr. Mark Tighe - Consultant Paediatrician

Dr. Sumit Bokhandi – Consultant Paediatrician  
Dr. Munir Hussain - Consultant Paediatrician  
Dr. Madhavi Velpula - Consultant Paediatrician  
Dr. Julian Sandell - Consultant Paediatrician  
Dr. Martin Hussey - Associate Specialist  
Dr. Peter McEwan – Consultant Neonatologist  
Dr. Simon Jackson - Consultant Anaesthetist  
Ms. Lynne Lourance - Named Nurse, Safeguarding  
Dr. Gary Cumberbatch - ED Consultant  
Miss Elizabeth Moss - Administrative Support  
Mr. Daniel Lockyer – Neonatal matron  
Ms. Sian Jenkins – Paediatrics Matron  
Dr. Charlotte Weeks – ST1 trainee  
Dr. Sarah Whattley – ST1 trainee  
Dr. Iona Liddicoat – F1 trainee  
Dr. Lucy Jones – F1 trainee  
Prof. Mike Wee – Consultant Obstetric anaesthetist

***Whom we met – Bournemouth***

Mr Tony Spotswood - Chief Executive  
Ms Paula Shobbrook,- Director of Nursing & Midwifery / Deputy Chief Executive  
Mr Mark Titcomb - Director of Operations  
Ms Jane Burns -Directorate Manager - Surgery  
Ms Carmen Cross - Head of Midwifery  
Mr David Bennett - Consultant/ Clinical Director - Surgery  
Dr. Padma Eedarapalli - Consultant Obstetrician  
Dr. Alex Taylor - Consultant Obstetrician  
Ms. Kate Cornwell - Midwife / Maternity Risk Lead  
Mrs. Non Matthews - Consultant / Clinical Director  
Dr. Anne Denning - Consultant Ophthalmology  
Dr. James Kersey - Consultant Ophthalmologist  
Ms. Julie Cartledge - Head Orthoptist  
Dr. David Martin - Consultant: ED

## Appendix 3 Standards and reference documents

The team was supplied with a range of documentation to support the visit including

- Clinical governance material s- CQC planning, audit reports
- Obstetric and paediatric risk management minutes, SUIs, RCAs and action plans
- Obstetric delivery forum minutes
- Child Health Divisional /Directorate meeting minutes
- Activity, staffing and rostering data

The following Standards and reference documents relate to the above report

### Maternity Services

*Safer Childbirth* – minimum standards for the organisation and delivery of care in labour (RCOG/RCPCH/RCM/RCoA 2007) sets out UK standards for obstetric intrapartum care including consultant staffing arrangements and availability of facilities such as interventional radiology. Paediatric staffing is covered on pages 37-39 and links to BAPM 2001 standards which have since been updated.

*Standards for Maternity Care - Report of a Working Party* (RCOG/RCPCH/RCM/RCoA 2008) defines 30 clinical and service standards for the maternity care pathway including for neonatal care and assessment, care of babies born prematurely or requiring additional support and child protection ,

*Safe midwifery staffing for maternity settings* CG4 (NICE 2015) focuses on the pre-conception, antenatal, intrapartum and postnatal care provided by midwives in all maternity settings, including: at home, in the community, in day assessment units, in obstetric units, and in midwifery-led units (both alongside hospitals and free-standing).

*Maternity Dashboard – Clinical performance and governance score card* RCOG good practice advice No. 7 Provides guidance to urge all maternity units to consider the use of the Maternity Dashboard to plan and improve their maternity services

*Responsibility of Consultant On-call* RCOG Good Practice No. 8 (RCOG 2009) provides interim guidance to support locums and trainee doctors pending redesign of consultant led services.

Standards for Birth Centres in England, (RCM, 2009) sets out requirements for midwife-led birth centres and Birth Centres Resource – a Practical Guide follows on from the Standards and is aimed at all who are developing a birth centre.

Neonatal Support for Standalone Midwifery Units – a framework for practice (BAPM 2011) refers specifically to the provision of neonatal support for delivery units that are not co-located with obstetric services and where there is no immediate access to neonatal or paediatric staff.



*NICE guidance CG62* Antenatal care  
*NICE guidance CG190* – Intrapartum Care  
*NICE guidance CG37 / QS37* – Postnatal care

*Evidence note for freestanding MLUs* (Healthcare Improvement Scotland 2012) explains safety considerations and factors for service design

*Reconfiguration of women's services in the UK* RCOG good practice advice No. 15: (RCOG 2013) addresses current issues around staffing and service redesign

*High Quality Women's Health Care – A proposal for change* (RCOG 2011) This report looks at how NHS women's health services could be configured to provide high quality, safe and timely care against a backdrop of NHS reform, financial and workforce pressures and increasing complexity of women's health care, all of which means the current structures cannot be sustained

## **Paediatric and neonatal care**

*Medical Workforce Census 2013*. (RCPCH 2015) The census data provides detailed national information on staffing grades and service provision in community services, collected by biannual member survey.

*Facing the Future – a review of Paediatric services (RCPCH 2015)* updates the original 2011 guidance and details ten service standards relating to clinical cover, expertise and child protection.

*Facing the Future Together for Child Health* (RCPCH 2015) sets out eleven standards to reduce pressure on hospital services in improve the quality and effectiveness of care closer to home

*Quality and Safety Standards* for small and remote paediatric units (RCPCH 2011) sets out particular considerations for paediatric provision where the demography requires interpretation of normal acute standards. It covers service, clinical and workforce standards and considers training, sustainability and finance.

*Intercollegiate Standards for care of CYP in emergency care settings* (RCPCH 2012) covers staffing, training, facilities, communications and interfaces agreed by all professional colleges involved with urgent and emergency care.

*The acutely or critically sick or injured child in the district general hospital* – a team response (DH and intercollegiate 2006 – “Tanner report”) details issues around anaesthesia and other services available. It has 42 clear service and competence recommendations and provides a clear checklist when reviewing urgent care services.

*High Dependency Care for children- Time to Move on* (RCPCH-PICS 2015) defines Level 1,2,3 Paediatric Critical care (PCC) units and sets out standards for care in Level 1 and 2 units including network working and commissioning arrangements for England.



*Short Stay Paediatric Assessment Units* advice for commissioners and providers (RCPCH 2009) sets out models for provision of observation and assessment facilities to complement emergency care and reduce pressure on inpatient services.

*Categories of Care* (BAPM 2011) sets out the definitions of intensive, high dependency, special and transitional care for neonates.

*Specialist Neonatal Care Quality Standard* (NICE 2011) addresses care provided for babies in need of specialist neonatal services including transfer services. Compliance will be measured by collection of data against the Neonatal National Quality Dashboards

*Service standards for hospitals providing neonatal care* 3rd edition (BAPM August 2010) defines medical and nursing staffing levels and links closely with the NICE and DH documents and Quality Standard and Toolkit.

*Perinatal outcomes for extremely preterm babies in relation to place of birth in England: the EPICure 2 study* - This paper shows the increasing evidence that VLBW babies do better in level 3 NICU

*The BLISS Baby Charter and Audit Tool* (BLISS 2012) provides a framework for units to examine key aspects of their service provision and to help staff make family centred care a reality

*Safeguarding Children and Young People: Roles and Competences for Health Care Staff*, (RCPCH RCN RCGP 2014). Provides a competency framework for all groups (ranging from non-clinical staff to experts), information on education and training and role descriptions for named and designated professionals.

*The Future for community children's nursing* – challenges and opportunities (RCN 2014) sets out the current policy direction in the UK and internationally and the requirements for appropriate services to deliver improved outcomes closer to home

*NHS England Five Year Plan* (NHSE October 2014) sets out in 39 pages a succinct vision for modernisation and integrated working including a scheduled review of maternity provision and solutions for centralisation and healthcare provision for remote communities.

*Reconfiguration of children's health services* (RCPCH 2013) Position statement drawing together the various policy and standard documents

*NHS at Home; Community Children's Nursing Services* (DH 2011) shares the findings of a Department of Health review of the contribution community children's nursing services, as a key component of community children's services, can make to the future outcomes of integrated children's services.

## **Appendix 4      List of Abbreviations**

CCG   Clinical Commissioning Group  
CDOP   Child Death Overview Panel  
CLU   Consultant Led (obstetric) Unit  
CQC   Care Quality Commission  
CS   Caesarean Section  
CSR   Clinical Service Review  
DCH   Dorset County Hospital  
ED   Emergency Department  
LNU   Local Neonatal Unit  
NICU   Neonatal Intensive Care Unit  
ODN   Operational Delivery Network  
PAU   Paediatric Assessment Unit  
SACR   Sexual Assault referral Centre  
SCU   Special Care Unit  
WTE   Whole Time Equivalent

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

<b>BOARD OF DIRECTORS</b>	
<b>Meeting Date and Part:</b>	29 <sup>th</sup> April 2016, Part 1
<b>Subject:</b>	Annual Plan
<b>Section on agenda:</b>	Strategy
<b>Supplementary Reading (included in the Reading Pack)</b>	
<b>Officer with overall responsibility:</b>	Mr Tony Spotswood, Chief Executive
<b>Author(s) of papers:</b>	Sandy Edington, Associate Director of Service Development
<b>Details of previous discussion and/or dissemination:</b>	Previous draft discussed at Board
<b>Action required: Approve / Discuss / Information/Note</b>	Information/Note
<b>Executive Summary:</b> This paper appends the final version of the Trusts 16/17 Annual Plan submitted to Monitor	
<b>Relevant CQC domain:</b> Are they safe? Are they effective? Are they caring? Are they responsive to people's needs? Are they well-led?	All domains
<b>Risk Profile:</b> i) Impact on existing risk? ii) Identification of a new risk?	

**Team/Group/Committee/Board Date**  
**Name of item**

# 2016/17 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 Cost Improvement Programme (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 Referral To Treatment (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.



## 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:

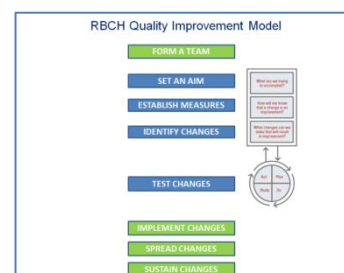
- All deaths will have a consultant review
- Junior medical staff must discuss death certification of individual patients with the relevant consultant(s)
- The Medical Director will report annually to Part One Board of Directors meeting and monthly to the Healthcare Assurance Committee (HAC), a subcommittee of the Board of Directors
- Invitations to the Mortality Surveillance Group (MSG) 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.

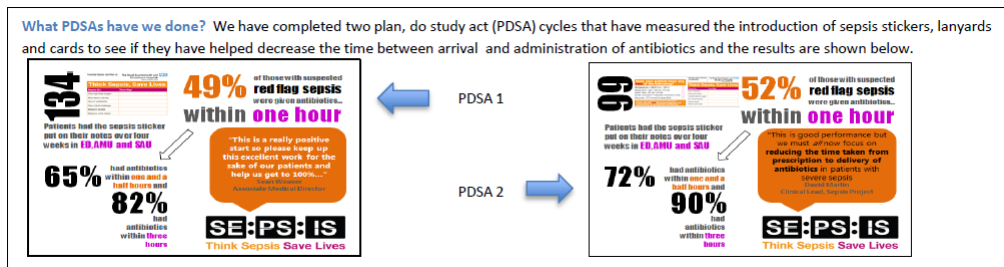
## Quality Improvement

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.

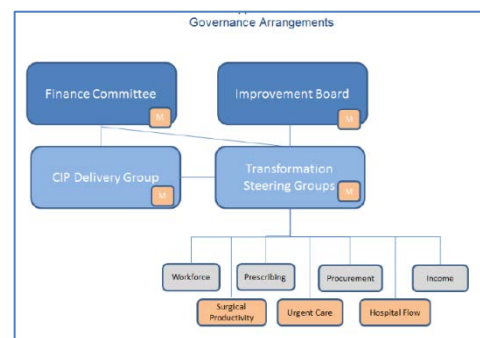




Since then the QI programme has been expanded to include the following priorities:

- Implementing the Department of Health's best practice guidance for effective discharge and transfer of patients from hospital and intermediate care.
- Improving surgical productivity and operating theatre efficiency to reduce 'lost' theatre time and release patient slots.
- Reducing last minute clinic cancellations by 50% and Did Not Attend (DNA) rates to an average of 4% in outpatients through more effective utilisation of current resource and standardisation of clinic templates
- Embedding 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.

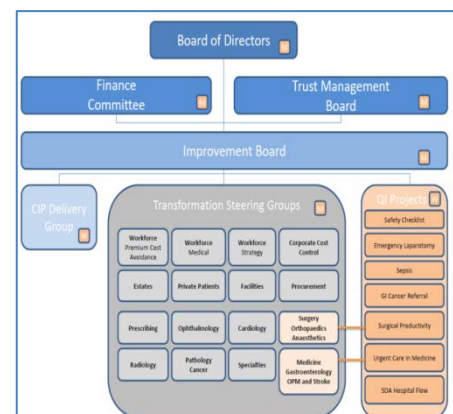
The Trust has had an Improvement Board in place for some time and this has overseen the Quality Improvement Programme and linked this into the Programme (CIP). This relationship is shown in the diagram alongside.



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 <sup>6</sup> :	0.19	0.29		1.45	1.31	
Consultant and Associate Specialist Hours per 10 Beds <sup>6</sup> :	1.08	1.37		5.03	5.64	
Consultants and Associate Specialists per 10 Emergency Admissions <sup>6</sup> :	1.67	2.25		10.80	8.55	
Consultant and Associate Specialist Hours per 10 Emergency Admissions <sup>6</sup> :	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. Key Performance Indicators (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 Midwifery 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 confirm 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 – in place
- A review of administrative and clerical/support functions and roles identifying areas for greater automation, reduction in duplication and validation- the introduction of Electronic Document Management (EDM) has led to a reduction in Health Records staff
- Review of management roles and structures in the Trust
- Review of long-term temporary bank/agency bookings and where appropriate making substantive appointments to avoid premium costs
- Revisit Consultant/Medical Secretary provision, exploring alternatives such as voice recognition software, order communications and the integration of IT systems more generally
- Review and development of salary sacrifice options and uptake
- Reviewing the structure, numbers, banding of therapy roles across the trust by extending the use of eRostering
- Developing a Mutually Agreed Redundancy Scheme (MARS) supporting the cost release from many of these other programmes

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 planner 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 address this. Supporting this, the 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 (CSR). 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 Organisation Development (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	A clear and unique Leadership Strategy to deliver priorities for the next three to five years to improve patient care, performance and

(complete December 2016)	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.

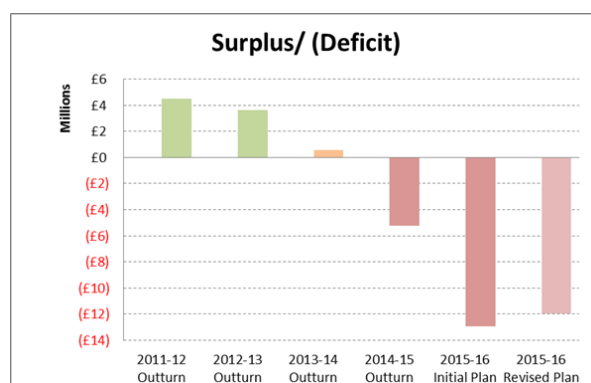
The Trust has worked consistently to identify and deliver new cost improvement schemes each and every year, and whilst the Trust's performance is comparable with the national average, neither has been sufficient to meet the tariff requirement in full in any of the last 4 years.

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 Trust's financial performance has significantly deteriorated as illustrated below:

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 Trust's Clinical Negligence Scheme for 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 £1.450 million.

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

<b>2015/16 Forecast Outturn</b>	<b>(11.9)</b>
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	(7.8)
Sustainability and Transformation Fund	7.6
<b>2016/17 Draft Operational Revenue Budget</b>	<b>(1.5)</b>

Through the submission of the draft Annual Plan, the Trust signalled its intent to accept the offer of payment from the Sustainability and Transformation Fund (STF). 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 £1.473 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 been concluded. As such, whilst the Trust is confident that it can accept this offer with associated conditions, there remains some risk due to the current position in relation to final contract agreement.

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.

Whilst acceptable contracts have now been agreed with two of the Trusts three main commissioners, the contract for specialist activity, amounting to over £40 million, remains outstanding. As such, there remains a risk that the Trust will not be commissioned for the forecast and budgeted specialist activity.

This would result in 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 Trust's 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 Quality Improvement (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 Waiting List Initiative (WLI) payments. 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
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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 Trust's 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 or 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 via 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

Career events for school pupils

### 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

CSR / Vanguard and CQC / Monitor

## 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 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



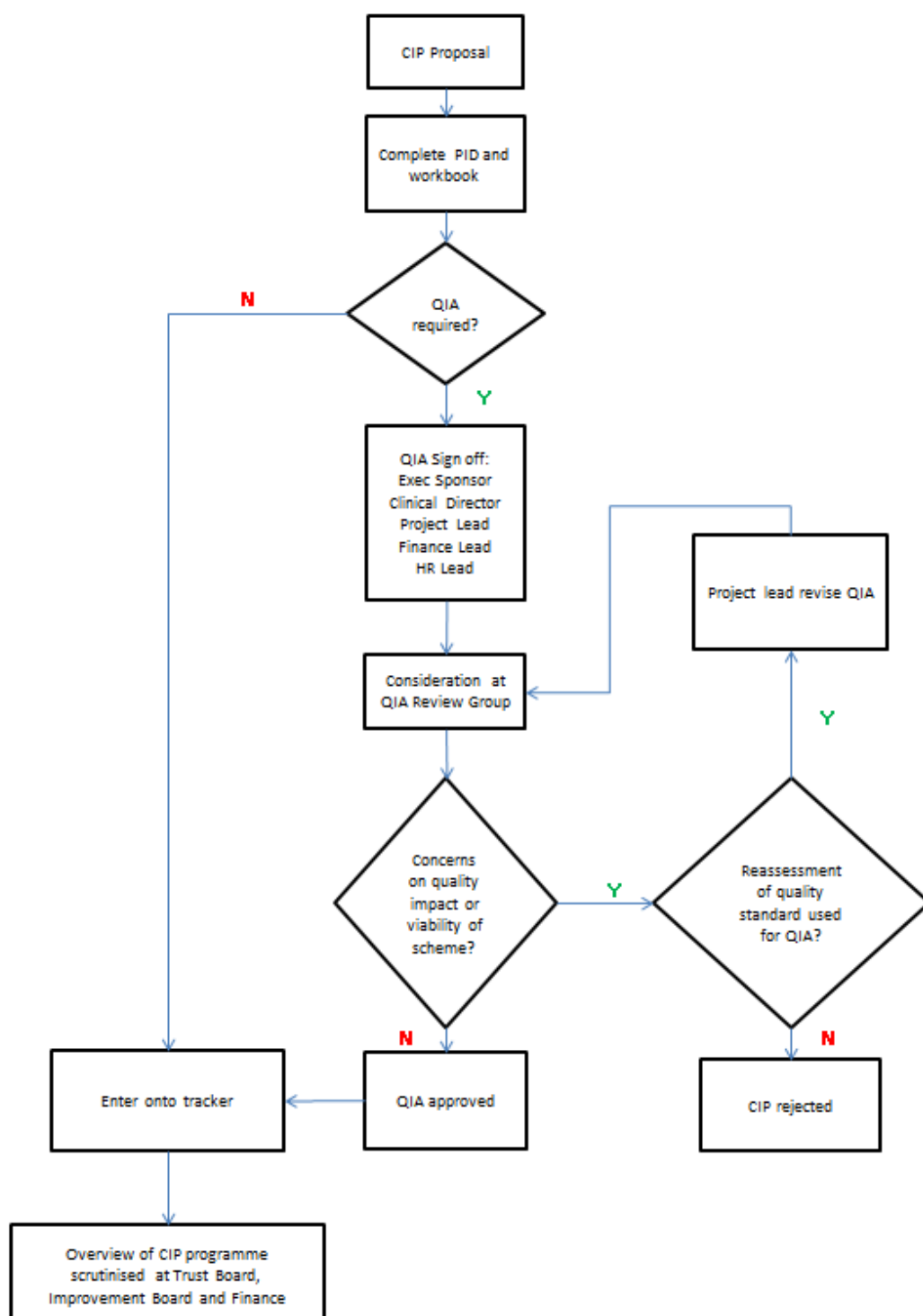
- To build the management and leadership capability of the Trust through the development of a **comprehensive leadership development programme** that reflects the needs of the Trust and individuals at all levels who are managing and leading services.
  - To **strengthen levels of staff engagement** within 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** ensuring the Trust services remain safe for patients, visitors and staff and compliant with all health and safety requirements.
  - 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.
  - To achieve 92% or better for patients on an incomplete 18 weeks referral to treatment pathways

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 productivity and efficiency including reporting and sharing data in line with the national timetable and compliance with the NHS Improvement agency controls guidance. This work will include the development of a financially sustainable plan for 2017/18 and beyond.

## Annexe B – Quality Impact Assessment - Process



## Annexe C – Quality Impact Assessment Form

Quality Impact Assessment for CIP Scheme									
Project/Scheme Name		Unique Scheme Reference		Project lead		Date Completed		00/01/1900	
Project Description		Transformation Steering Group		Clinician completing assessment		Date updated		02/06/2015	
		Workstream Lead							
Quality Indicators and KPIs	Indicator or KPI	Brief description of potential impact	If negative impact - possible mitigation	Monitor KPIs	Indicator or KPI	Brief description of potential impact	If negative impact - possible mitigation		
Patient Safety	Details of improvement or risk			Consequence	Likelihood	Score	Mitigation actions controls (Free Text)		
Clinical Outcome/Effectiveness	Details of improvement or risk			Consequence	Likelihood	Score	Mitigation actions controls (Free Text)		
Patient Experience	Details of improvement or risk			Consequence	Likelihood	Score	Mitigation actions controls (Free Text)		
Other relevant issues: Staff Experience Adverse publicity Equality and Diversity	Details of improvement or risk								
Risk Score						0			
Sign off	First Quality Review Date		Final Quality Review Date		Signatures		Medical Director		
	Date Approved						Director of Nursing		

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The Royal Bournemouth and  
Christchurch Hospitals  
NHS Foundation Trust



BOARD OF DIRECTORS	
<b>Meeting Date and Part:</b>	29 April 2016 – Part 1
<b>Subject:</b>	Amendments to the Trust Constitution April 2016
<b>Section on Agenda:</b>	Governance
<b>Supplementary Reading</b> (included in Reading Pack)	
<b>Officer with overall responsibility:</b>	Sarah Anderson, Trust Secretary
<b>Author(s) of Paper:</b>	Anneliese Harrison, Assistant Trust Secretary
<b>Details of previous discussion and/or dissemination:</b>	Council of Governors/Constitution Joint Working Group (CJWG)
<b>Action Required:</b>	For Decision The Board of Directors is asked to approve the recommendations to amend the Trust Constitution.
<b>Executive Summary:</b>  The report outlines the amendments proposed by the CJWG and the rationale for the revisions. The amendments were supported by the Council of Governors at their meeting on 13 April. The Board of Directors is asked to approve the recommendations to amend the Constitution presented by the Council of Governors.	
<b>Relevant CQC Domain:</b> Are they safe? Are they effective? Are they caring? Are they responsive? Are they well-led?	All
<b>Risk Profile:</b>  i. Impact on existing risk? ii. Identification of a new risk?	

### Amendments to the Trust Constitution April 2016

The Constitution was subject to a full review in June 2015 and the approved version was published on the Trust's website and shared with Monitor. In line with best practice, the Constitution should be reviewed on a yearly basis, and in light of this some amendments were proposed and presented to the Constitution Joint Working Group (CJWG) to consider on 15 March and submitted to the Council of Governors to support of 13 April.

The Constitution has been attached with track changes and a chronological list of the relevant amendments agreed by the Council of Governors together with the rationale.

1. The recommendation to the Board of Directors is to **approve** the following amendments which received support from the Council of Governors:

Constitution Reference	Rationale for the Amendment
All references to Governor	Amended to (g)overnor for consistency.
Clause 27	Amended to singular reference
Clause 37.1.5	Amended to reflect the change to the title of the Trust Membership Engagement Strategy
Clause 41.6	Corrected reference to relevant section within the constitution.
Clause 41.7	Grammatical sense
Clause 46.1	Amended grammar
Clause 48.2	Amended grammar
Annex 1 (pg 23)	Renamed Public Constituency ' <i>New Forest and Rest of England</i> ' added. Named electoral divisions removed and inserted, ' <i>All other than those listed above electoral areas in England</i> '. Please refer to the Public Constituency review paper attached at Appendix A for further detail about the rationale.
Annex 6 2.3.1 (pg 76)	Amended grammar
Annex 6 4.2 (pg 83)	Reference corrected and reformatted.
Annex 7 3.4 (pg 90)	Reference corrected and reformatted.

2. The CJWG considered the following amendments in further detail. The revised amendments received support from the Council of Governors and are presented to the Board of Directors for **approval**:

Constitution Reference	Rationale/ Themes considered	Revised Amendment
Page 6 <b>Significant Transactions</b>	<ul style="list-style-type: none"> <li>The definition should incorporate the Monitor definition but should be wider for the Trust.</li> <li>That the Trust would not strictly adhere to the definition as this was too broad in monetary terms and as such very few, if any, transactions would require CoG approval.</li> <li>The Trust wishes to bring issues less than the Monitor definition to the attention of the CoG.</li> <li>Poole Hospital's definition was considered however is believed to be incorrect and therefore was not incorporated into the amendments.</li> </ul>	<i>"A major change in the Trust's service provision or configuration which would impact on patients, the finances or reputation of the Trust. Although the Trust does not use it, Monitor defines a significant transaction as being 10% of the value of assets, income or capital."</i>
Clause 45.2	As above.	<i>"The Trust will only enter into a Significant Transaction, as defined, with the approval of more than half of the members of the Council of Governors attending and voting."</i>
Page 5 <b>Health Service in England</b>	<ul style="list-style-type: none"> <li>Revise the wording to clearly define services affected - i.e. is it just private patients or more services.</li> </ul>	<i>"Health Service in England means the provision of Health Care in line with NHS core principles; that is that care should be universal, comprehensive and free at the point of need."</i>
Clause 41.7	<ul style="list-style-type: none"> <li>Clause refers to any services which are not</li> </ul>	<i>Should the Trust propose to increase the proportion of its total</i>

	<p>for the purposes of NHS health care - which may include laundry service to a private nursing home, visitor car parking, for example.</p> <ul style="list-style-type: none"> <li>To include a worked example of the definition.</li> </ul>	<p><i>income by 5% or more in any Financial Year that is attributable to activities other than the provision of goods and services for the purposes of the health service in England, it will require more than half of the members of the Council of Governors voting to approve its implementation e.g. if the total income is £100, £1 is Private Patient income, a change to move to £6 Private Patient income would trigger a vote, but a move to £4 would not.</i></p>
<p>Page 78 Annex 6 Clause 2.6.2</p>	<ul style="list-style-type: none"> <li>To amend the paragraph to ensure it is reflective of the spirit of proxy voting is to enable all governors to have a say on important issues and these are explicitly set out in the constitution and are wider than the 2006 Act issues as specified in this paragraph.</li> </ul>	<p><i>“Where a vote or approval of the Council of Governors is required pursuant to sections 37 (Amendment of constitution), 39A (Panel for advising governors), 43(3D) (Authorised services), 51A (Significant transactions), 56 (Mergers), 56A (Acquisitions), 56B (Separations) or 57A (Dissolutions) of the 2006 Act, or of any other issue where a specific majority and numbers of governors voting is specified in the Trust's constitution, a governor entitled to attend and vote at the meeting of the Council of Governors may appoint the Chairman, or anyone else presiding at the meeting or another governor as his proxy to attend and, on a paper ballot, to vote at the meeting on his behalf. Proxies validly appointed in accordance with these SOs shall be deemed to be present at the meeting of the Council of Governors in determining the required majority on any vote in respect of which a proxy may be appointed.”</i></p>

The proposed amendment to reduce the total tenure for governors to 6 years, to support best practice and consistency with the FT Code of Governance for Non-



Executive Directors, was remitted back to the Constitution Joint Working Group for further consideration of the impact and future succession planning.

The recommendations approved by the Board of Directors will be incorporated within the Trust's Constitution and the revised version will be uploaded to the website and shared with Monitor.

## Appendix A

### **Review of Public Constituencies**

#### **1. Introduction**

The expansion of public constituencies was recently raised by the governor led Non-Executive Directors (NED) Nomination and Remuneration Committee in consideration of future Board succession planning. It was requested that the proposal was submitted to the Council of Governors for further debate.

#### **2. Background**

There are currently three (3) public constituencies: Christchurch and Dorset County, Bournemouth and Poole, and New Forest, Hampshire and Salisbury. The Trust's services are often used by members of public from a wider catchment area and in previous years the Council of Governors has expanded its constituency groups to incorporate surrounding areas and reflect the origin of footfall in the hospital. Preceding the current constituencies there were five groups which incorporated areas such as Salisbury, the Isle of Wight and the Rest of Hampshire and Dorset.

#### **3. Key Points**

##### Non- Executive Director Recruitment-

The Council of Governors is responsible for appointing the Non-Executive Directors (NEDs) including the Chairperson. This is remitted to the NED Nomination and Remuneration Committee to provide a recommendation on appointments to the Council of Governors for approval.

It is a requirement of the Trust's Constitution that, in order to be considered for the role of Non- Executive Director, a candidate must be a member of the Trust. Therefore, to be eligible for appointment, candidates must live in one of the public constituencies. This can often be restrictive as the pool from which Non-Executive Directors can be recruited from, is fairly small. As such many Trusts address this issue by including a 'Rest of England' category.

Furthermore, the structure of the NHS is currently being reviewed across Dorset through the Clinical Services Review and the Vanguard project. As a result, some services will be delivered under a different model within the next three years. The Trust is also under investigation for potential breaches of its license for performance and finance.

It is apparent that a number of appointment periods for Non-Executive Directors will expire in 2016/17 and in light of these factors, together with the general uncertainty nationally; it may prove difficult to recruit Non-Executive Directors of a suitable caliber from the small pool available in the current constituency areas.

Therefore by increasing the catchment area with a broader public constituency it may provide greater flexibility for recruitment and support Board Succession planning.

it should be noted that a potential 'Rest of England' category may have an impact upon Non-Executive Director's expenses, as individuals travelling from outside of the county will incur greater travel costs. A limit could be considered in this respect.

#### Footfall of Patients-

The annual footfall of inpatients and outpatients patients (excluding Emergency Department (ED) attendances) by electoral ward is outlined below:

- **NHS Dorset CCG** - 112,573
- **NHS West Hampshire CCG** - 15,179
- **NHS Wiltshire CCG** - 387 (Salisbury boundary)
- **NHS Southampton CCG** - 122

Annual footfall of inpatients and outpatients from outside of the existing constituency boundaries:

- **NHS West Hampshire CCG** - 84
- **NHS Wiltshire CCG** - 308
- **NHS Southampton CCG** - 4
- **NHS Somerset CCG** - 108
- **NHS Coastal West Sussex CCG** - 49
- **NHS Northern, Eastern and Western Devon CCG** - 54
- **Wales** - 56
- **NHS England** - 1,532
- **Outside of NHS England** - 287<sup>1</sup>

It is evident from the data that 2,482 (approximately 2% of our total patient base) patients, from outside of the current public constituencies, utilised Trust services over the past year.

The breakdown of the current membership by public constituency is as follows:

- **Bournemouth and Poole** - 8,404
- **Christchurch and Dorset County** - 2,035
- **New Forest, Hampshire and Salisbury** - 771

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<sup>1</sup> For example from Scotland, Europe, America, Asia.

### A 'Rest of England' constituency

It is fairly common practice amongst other Trusts to include a 'Rest of England' constituency as many services are used by members of the public from a wider catchment area. This would ensure that the Trust membership is reflective of service users. Examples of Trust's that have included a constituency like this include Poole Hospital, Salisbury Hospital, University Hospital Southampton, Dorset Healthcare, Southern Health, Musgrove Park Hospital and Hampshire Hospitals.

In previous years the fifth constituency covering Hampshire, Wiltshire and Dorset, was removed due to a lack of interest from public members and no election to the governor vacancy.

Should the Council of Governors decide that an additional public constituency is appropriate this would require additional elected governor representation; this will increase costs for the Trust in terms of both the election process and possible travel expenses.

Alternatively one of the current public constituencies' borders could be extended to include the 'Rest of England' such as the 'New Forest and Rest of England', which would not require additional governor representation. This could therefore potentially increase the catchment area for NED recruitment and membership.

It should be noted that governors will not be required to travel further afield to promote the Trust but to continue to improve public and patient engagement within their constituencies in the immediate area of the Trust.

### **4. Action Required**

The Council of Governors is asked to discuss and consider the proposal outlined below in light of the information presented within the paper:

1. Consider extending the boundaries of the current public constituency of 'New Forest, Hampshire and Salisbury' constituency to incorporate the 'Rest of England' and to rename the constituency as. 'New Forest and Rest of England'. This will reflect the footfall of service users who come from outside of the current membership area.

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## BOARD OF DIRECTORS

<b>Meeting Date and Part:</b>	29 <sup>th</sup> April 2016 – Part 1
<b>Subject:</b>	Actions to reduce traffic congestion, improve car parking and increase staff parking charges
<b>Section on agenda:</b>	Infrastructure - Decision
<b>Supplementary Reading (included in the Reading Pack)</b>	None
<b>Officer with overall responsibility:</b>	Richard Renaut, Chief Operating Officer
<b>Author(s) of papers:</b>	Richard Renaut, Chief Operating Officer
<b>Details of previous discussion and/or dissemination:</b>	None
<b>Action required: Approve / Discuss / Information/Note</b>	For decision / discussion
<b>Executive Summary:</b> <p>The Board is asked to support the following recommendations:</p> <ul style="list-style-type: none"> <li>i) Estates and communications team share more widely the positive work and thanks to staff for the collective effort that have reduced traffic congestion.</li> <li>ii) To agree the recommended staff car parking charges, broadly to match Poole's prices, but retaining local concessions for lower paid staff.</li> <li>iii) To progress the investments in bike storage, CCTV security, lockers, travel incentives and the joint working with Bournemouth Council on the new road junction.</li> </ul>	
<b>Relevant CQC domain:</b> <b>Are they safe?</b> <b>Are they effective?</b> <b>Are they caring?</b> <b>Are they responsive to people's needs?</b> <b>Are they well-led?</b>	
<b>Risk Profile:</b> <ul style="list-style-type: none"> <li>i) Impact on existing risk?</li> <li>ii) Identification of a new risk?</li> </ul>	

# **Actions to reduce traffic congestion, improve car parking and increase staff parking charges**

## **1. Introduction**

This paper is to provide a framework and specific actions to allow patients, visitors and staff better access to the RBH site. These actions build upon the successful work which has reduced both the “gridlock” days, and the impact of the A338 roadworks.

Key to this is an understanding of what has worked to date, and how multiple initiatives combined have been beneficial to reduce traffic. A core component of this is getting the balance right between costs and viable alternatives for those using cars. As such the proposal is to invest in a range of items that will help travellers to the site, contribute to the new road junction proposed from the A338, predicated upon increased staff car park charges.

Increasing charges is never going to be popular and it is 4 years since they were last reviewed. By keeping the rise to £1.75 a week for bands 1-4, and £2.75 for Bands 6-8, this will mean we remain cheaper than Dorchester and cheaper for lower paid staff than Poole, and much cheaper than Southampton. As such this shouldn't affect recruitment. Exit interviews with staff leaving in 2015 cited traffic jams as a factor in why they were ceasing to work at RBH. By making progress on reducing traffic congestion, it will contribute to retaining current staff.

## **2. Actions to date**

The road re-building works on the A338 were modelled before they started. If car driver's behaviours did not modify, they would have led to daily tailbacks of several miles, and very slow exit off site. This has been avoided by actions taken, which included:

- Significant staff and visitor communication and promotion of alternatives such as bike routes, buses, and car share, which have increased non-car travel to work, including “park and jog” and other innovations.
- Encouragement of flexible working to avoid peaks;
- Removal of 120 permits from staff who lived nearest and had alternatives. These were predominantly office hour's staff so it had a significant impact at rush hour in taking that number of cars off the road.
- Widening the road layout at the roundabout
- Shifting bus lanes, signal light times and active monitoring of traffic volumes by the Council.
- Longer visiting times and more phlebotomy (blood test) appointments in the community, reducing several hundred car journeys a week, especially at peak times.

Of all of these, removing 120 car parking permits from staff was the greatest challenge. However staff were incredibly receptive to the wider context, and engaged with the new system of annual applications, then scoring against set criteria. The lowest scoring staff did not get a permit. The management and staff side representatives who did the scoring, and the staff who surrendered permits need especially to be thanked for the professional approach dealing with the inevitable difficulties and stress of a new process and making a success of the overall process. There were only three final appeals and in each, additional information allowed a mutually satisfactory outcome.

During this process we were also able to offer permits to new staff, with sufficient scores, including 100% of ward based / rostered staff, removing one of the recruitment and retention concerns, while avoiding the staff car park becoming over full.

However we estimate 600 staff, who do not currently have a permit, would like one. We are though constrained by the Council's planning conditions not to increase the number of parking spaces on site because of the traffic they would generate. Therefore we need to keep a tight rein on the permit process, which the new annual process allows.

The combined effect of all these changes has been to significantly reduce traffic volumes, especially at peak hours 8-9am and 4:30-6pm. There have been days of slower exit from site, but overall nothing like what would have occurred if the previous travel behaviours had not changed. In effect the A338 road works was the spur for a whole series of changes, which combined, have reduced traffic jams leaving the site.

There is a risk behaviours around car use will revert back once the road works finish. Ironically we may have more gridlock days as both RBCH traffic and neighbours revert to higher car use again, with no road works to deter those who have been using alternatives, or flexi working etc. Also natural growth in volumes of work generating journeys to the site will once again create congestion. Therefore further action is required to avoid this, especially from May 2016 when the road works end.

### **3. Long-term solutions – on/off junction.**

The longer term goal is an on/off junction from the A338, close to the RBH site. The Council have the funding for a basic junction. A fuller split level junction would allow greater traffic, and thus planning approval for more car parking spaces.

If RBCH were to contribute to the junction and/or more parking spaces these would need a source of funding. An increase in staff car park charges would allow this. The scale of commitment would be affected by the outcome of the Dorset Clinical Services Review and activity levels on site.



If we purchase or rent land for extra staff parking, this frees up spaces for patients and visitors near the main hospital. This will generate some funding for the junction. However these spaces will need to reflect the commercial value of the land, typically £2-3 per space, per day, or £40-60 per month. Currently we charge £18–£19 per month for most staff.

The likely date of the junction works are 2018/19. The commercial decisions, and if full or partial (on/off) junction is to be built need to be completed by 2016/17. Therefore the next 12 months required RBCH to decide if it wants to purchase or rent extra parking spaces. This will require us to move to more commercially viable rates of car park permits because other users of the land to be developed will require parking and will be prepared to pay those rates.

A transition to more commercial levels of staff parking rates, which in turn will fund junction developments, should start this year. Ideally this should be timed with the end of the road works, so as to avoid more “gridlock days.”

#### **4. Comparing staff car park charges**

If we look at other hospitals nearby, (where we may be attracting staff from or losing staff to), their staff’s parking charges are generally higher than ours:

Poole – predominately £30 per calendar month (pcm), with most staff having to use off-site parking

Southampton – considerably more, but has a complex variable rate by staff group, however Bands 5–8 pay £45–£60

Dorchester - £2 per day, so typically £40 pcm for a full time equivalent (FTE)

RBCH premium parking at Teacher’s Building Society –all 30 spaces taken at £60 pcm.

RBCH – currently £18 (Band 1-4) £19 (Band 5-8) per month for most staff.

Locally the parking costs per month at Littledown are £80, reflecting local demand.

The core proposal is that we match Poole’s current charges of £30 per month for our higher paid staff (Bands 6-8). For Bands 1-4 we move to £25 per month (£5 cheaper than Poole). Band 5 staff (typically a recently qualified nurse), would move into our lower charge group and pay the £25pcm. There would be no increase for our lowest



paid staff, (those earning below £9K). Occasional users would move from £1.50 all day parking to £2 per day.

This will not affect our recruitment and retention, as Poole and Southampton staff have adjusted to higher fee levels several years ago. We also know from when we last increased staff parking charges that this did not lead to any staff leaving, and virtually no staff surrendered their permit, even when there were incentives to do so.

The main issue will be having good staff communications and ensuring any charges are demonstrably “fair” and explain where the extra car park income goes. Therefore we will look to run a campaign similar to the successful one that prepared staff for the A338 roadworks. This would include:

- our work for investment in the new junction, without taking from patient care;
- information about the comparative costs at other Trusts;
- alternatives to single occupant car journeys;
- options to reduce the cost by 20% or more via the staff benefits scheme (salary sacrifice), which only 20% of staff currently use;
- that lowest paid staff pay the least, and this remains unchanged;
- new entrance and exit barriers to improve staff access;
- free bus passes travel to staff surrendering permits;
- staff lockers significantly increased (and available to all staff);
- investment in cycle shelters and bike racking;
- more car share benefits, including additional spaces close to main building;
- any funds remaining being used to protect patient care and front line staffing.

We would also use the opportunity to highlight how expensive single driver car journeys are, and why sharing or other options are cheaper and healthier.

## 5. Proposed staff car parking charges

Having compared with other NHS hospital rates locally, the following proposal keeps RBCH as the overall cheapest monthly rate for Dorset hospitals, and much cheaper than Southampton.

The changes recommended are:

	Current Cost	Proposed Cost	Monthly increase of...	Weekly increase of...
Occasional Use	£1.50 per day	£2 per day	-	-
Band 1 – 4	£18 per month	£25 per month	£7	£1.62
Band 5	£19 per month	£25 per month	£6	£1.38
Band 6 – 8	£19 per month	£30 per month	£11	£2.54
Consultants	£30 per month	£48 per month	£18	£4.15
Less than £9k pa	£12 per month	£12 per month	0	0

Whilst any increases of costs to travel to work are unpopular the £1.38 to £4.15 a week rise is recommended for the reasons set out above in the paper, and reflect the salary differences of staff working in the Trust.

Staff can salary sacrifice through the Staff Benefits Scheme which in many cases will reduce the costs by 20% or more.

The largest increase is for consultants and directors, who wish to use the consultant's car park. Those who forgo this, and use the normal staff car parks, will only pay the Band 6-8 charge, i.e. £30 per month.

## **6. Conclusion**

Taken together there is a compelling case for further action to reduce traffic congestion and to position the Trust for maximising the benefits of the road junction. This does require a decision now, so that changes are in place when traffic behaviours may change with the end of the road works. This may result in congestion leaving the site becoming a more frequent occurrence once again.

A key part of the solution to these multiple issues, both short and long term, rests with moving our staff parking charges to similar or cheaper than Poole.

## **7. Recommendations**

- i) **Estates and communications team share more widely the positive work and thanks to staff for the collective effort that have reduced traffic congestion.**
- ii) **To agree the recommended staff car parking charges, broadly to match Poole's prices, but retaining local concessions for lower paid staff.**
- iii) **To progress the investments in bike storage, CCTV security, lockers, travel incentives and the joint working with Bournemouth Council on the new road junction.**

## BOARD OF DIRECTORS MEETING – 29 APRIL 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	<b>1. MINUTES OF PREVIOUS MEETING</b>		
	a) To approve the minutes of the meeting held on 1 April 2016		<i>All</i>
11.05	<b>2. MATTERS ARISING</b>		
	a) To provide updates to the Actions Log		<i>All</i>
	b) Potential NED Conflict of Interest (paper)	Decision	<i>Jane Stichbury To Follow</i>
11.30	<b>3. STRATEGY AND RISK</b>		
	a) Significant Risk and Assurance Framework (verbal)	Information	<i>Paula Shobbrook</i>
	b) Workforce Strategy (paper)	Decision	<i>Karen Allman To Follow</i>
	c) Clinical Services Review (paper)	Information	<i>Tony Spotswood</i>
12.00	<b>4. GOVERNANCE</b>		
	a) Report from Audit Committee including Internal Audit review of Sickness Absence (paper)	Discussion	<i>Steven Peacock</i>
	b) NHS Improvement Quarter 4 2015/16 Submission (paper)	Decision	<i>Sarah Anderson</i>
	c) Appointment of Non-Executive Directors (paper)	Information	<i>Karen Allman</i>
	d) Update on Estates Issues (verbal)	Information	<i>Richard Renaut</i>
12.30	<b>5. QUALITY</b>		
	a) <i>Issues not dealt with in Part 1</i>		
	b) Trust Response to Carter Recommendations (paper)	Decision	<i>Stuart Hunter</i>
12.45	<b>6. PERFORMANCE</b>		
	a) <i>Issues not dealt with in Part 1</i>		
12.50	<b>7. ANY OTHER BUSINESS</b>		
	a) Key Points for Communication to Staff		
	b) Reflective Review		

**NB: A Special Board meeting will be held on 25 May at 4.30pm**

**1.30pm Blue Skies Session: Poor Behaviours (NH, PS, BF)**