

**A meeting of the Board of Directors will be held on Friday 24 February 2017 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.

Karen Flaherty  
Trust Secretary

## A G E N D A

Timings		Purpose	Presenter
8.30-8.35	<b>1. WELCOME, 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>27 January 2017</b>		<i>All</i>
8.40-8.45	<b>3. MATTERS ARISING</b>		
	a) To provide updates to the Actions Log		<i>All</i>
8.45-9.30	<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) Medical Director's Report (paper)	Information	<i>Alyson O'Donnell</i>
	d) Complaints Report (paper)	Information	<i>Paula Shobbrook</i>
9.30-10.00	<b>5. PERFORMANCE</b>		
	a) Performance Exception Report (paper)	Information	<i>Richard Renaut</i>
	b) Quality Report (paper)	Information	<i>Paula Shobbrook</i>
	c) Financial Performance Report (paper)	Information	<i>Stuart Hunter</i>
	d) Workforce Report (paper)	Information	<i>Karen Allman</i>
10.00-10.35	<b>6. STRATEGY AND RISK</b>		
	a) Cultural Audit Update (presentation)	Information	<i>Nicola Hartley/ Change Champions</i>
	b) Clinical Services Review (paper)	Information	<i>Tony Spotswood</i>
	c) Progress Update on 2016/17 Corporate Objectives (paper)	Information	<i>Tony Spotswood</i>
	<b>7. NEXT MEETING</b>		
	Friday <b>31 March 2017</b> at 8.30am in the <b>Macmillan Seminar Room, Christchurch Hospital</b>		
	<b>8. ANY OTHER BUSINESS</b>		

## Key Points for Communication to Staff

10.35-10.50

### **9. 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.

### **10. RESOLUTION REGARDING PRESS, PUBLIC AND OTHERS**

To resolve that under the provision of Section 1, Sub-Section 2, of the Public Bodies Admission to Meetings Act 1960, representatives of the press, members of the public and others not invited to attend to the next part of the meeting be excluded on the grounds that publicity would prove prejudicial to the public interest by reason of the confidential nature of the business to be transacted.

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would expect for our own families*

Part 1 Minutes of a Meeting of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust **Board of Directors** held on **Friday 27 January 2017** in the Conference Room, Education Centre, the Royal Bournemouth Hospital.

Present:	Jane Stichbury	(JS)	<i>Chairperson (in the chair)</i>
	Tony Spotswood	(TS)	<i>Chief Executive</i>
	Karen Allman	(KA)	<i>Director of Human Resources</i>
	Tea Colaianni	(TC)	<i>Non-Executive Director</i>
	Derek Dundas	(DD)	<i>Non-Executive Director</i>
	Peter Gill	(PG)	<i>Director of Informatics</i>
	Christine Hallett	(CH)	<i>Non-Executive Director</i>
	Stuart Hunter	(SH)	<i>Director of Finance</i>
	Alex Jablonowski	(AJ)	<i>Non-Executive Director</i>
	John Lelliott	(JL)	<i>Non-Executive Director</i>
	Alyson O'Donnell	(AOD)	<i>Medical Director</i>
	Steve Peacock	(SP)	<i>Non-Executive Director</i>
	Richard Renaut	(RR)	<i>Chief Operating Officer</i>
	Paula Shobbrook	(PS)	<i>Director of Nursing and Midwifery</i>
In attendance:	James Donald	(JD)	<i>Head of Communications</i>
	Karen Flaherty	(KF)	<i>Trust Secretary</i>
	Anneliese Harrison	(AH)	<i>Assistant Trust Secretary (minutes)</i>
	Nicola Hartley	(NH)	<i>Director of OD and Leadership</i>
	Christina Hefferon	(CH)	<i>Interim Head of HR</i>
	Deb Matthews	(DM)	<i>Director of Improvement</i>
	Dily Ruffer	(DR)	<i>Governor and Membership Manager</i>
	Sean Weaver	(SW)	<i>Associate Medical Director</i>
Public/ Governors:	David Bellamy		<i>Public Governor</i>
	David Brown		<i>Public Governor</i>
	Carole Deas		<i>Public Governor</i>
	Derek Chaffey		<i>Public Governor</i>
	Eric Fisher		<i>Public Governor</i>
	Bob Gee		<i>Public Governor</i>
	Paul Higgs		<i>Public Governor</i>
	Doreen Holford		<i>Public Governor</i>
	Keith Mitchell		<i>Public Governor</i>
	Margaret Neville		<i>Representative of the Friends of the Eye Unit</i>
	Roger Parsons		<i>Public Governor</i>
	Sue Parsons		<i>Public Governor</i>
	Guy Rouquette		<i>Public Governor</i>
	Graham Swetman		<i>Public Governor</i>
	David Triplow		<i>Public Governor</i>
Apologies	None.		

01/17

## **WELCOME, APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST**

Action

The Chairperson welcomed those attending and congratulated JL on his recent OBE award in Her Majesty's New Year's Honours List. The public

Clinical Services Review event at Twynham School had been well attended and provided the public with an opportunity to hear about the inspiring work underway at the Trust despite national pressures.

Drawing from the Board Charter the Chairperson emphasised the theme of the meeting was to reflect upon the way the Trust worked and to learn from mistakes noting that this ethos was gathering momentum.

## 02/17 **MINUTES OF PREVIOUS MEETINGS**

### **(a) Minutes of the meeting held on 16 December 2016 (Item 2a)**

The minutes of the meeting held on 16 December 2016 were **approved** as an accurate record subject to amending the date of the next meeting to 27 January at 101/16.

## 03/17 **MATTERS ARISING**

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

- 98/16 (a) Patient Story- the Fire Officer had commenced in post and had conducted a fire risk assessment. Suitable locations had been identified and coffee vending machines would be installed within the next three weeks;
- 81/16 (d) Workforce Report- a task and finish group had been developed with the improvement team to address the use of medical agency staff and results would be reported to the Board in March.

## 04/17 **QUALITY**

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

The patient story featured an emotive recollection about end of life care from the perspective of a relative whose father had sadly died at the Trust. The elderly patient was admitted to hospital with pneumonia and as a result of his condition his health deteriorated.

The key themes identified from the patient story included:

- the treatment received by staff on the majority of wards had been of a high standard;
- despite pressures staff needed to take more time to communicate sensitively and provide support to relatives of patients who were receiving end of life care;
- both the patient and relative had been frustrated with delays in expediting discharge to enable the patient to die at home;
- discharge paperwork had not been completed and contributed to delays in the process;
- the relative reflected that his death had not been peaceful and it caused distress to the family who felt they had been let down.

The vast majority of feedback received concerning end of life care had been positive and supported that a high standard of thoughtful care was being provided. Assurance was provided that the Trust

remained committed to having an open approach for relatives to provide feedback about end of life care.

The learning from the patient story was being used to improve internal processes and to capture hearts and minds to convey the message that discharge and patient flow was everyone's responsibility. It was emphasised that patient flow was critical to the continuing improvement of compassionate care and staff had been engaged in a number of events including study days and Action/Learning week to stimulate enquiry and learning.

The importance of Estimated Discharge Dates (EDD), and identifying this as quickly as possible to help admission and planning with partners, to promote timely transfers of care was emphasised. National best practice was not being completed systematically throughout the Trust as it was difficult to make accurate predictions for elderly patients with multiple co-morbidities.

Through increased engagement with staff it had generated ideas and enthusiasm to address consistency of practice. Suggestions included:

- to drive a change in culture through the use of the definition 'Medically Ready for Discharge' (MRFD) rather than EDD which was easier to understand;
- multi-disciplinary team (MDT) review of patients at Whiteboard rounds to identify predicted discharge dates and consider whether delays were internal or external;
- to create a live function within electronic nursing assessments for patients MRFD;
- to develop an electronic referral system and database to support the measurement and visibility of delays both internally and externally.

Board members recognised that although the patient story had been emotive it provided a fantastic opportunity for learning and a wider perspective of the whole system approach about the care of patients dying in hospital. The Board would convey their thanks to all staff involved for their dedicated focus.

JS

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

Staff governors had been unable to meet due to current pressures however had not raised any immediate concerns or feedback. In light of the pressures within the hospital the Board emphasised the importance of supporting and valuing staff. A special thank you from the Board of Directors would feature in the next edition of the 'Core Brief.' The organisational team were consulting with staff on the best methods for staff recognition and proposals would be developed in due course.

JD

Board members recognised that the key to step change was preparedness to be self-critical, being prepared to fail and challenging analysis.

**(c) Response to Winter Pressures (Item 4c)**

RR provided an overview of the actions being taken to support the hospital during the pressured winter period and escalation plans would continue until Easter. The Trust was performing well against the 4 hour ED performance standard compared with the rest of the country however the target remained challenging. Focus remained on promoting good practice and consistency and this had been recognised by Ian Sturgess whereby the Trust was performing exceptionally well in terms of ED and reducing length of stay.

Staff were thanked for their resilience and for working above and beyond what was expected which had made a significant difference over the winter period. The Board recognised that there had been a step change in team working and this included with partner organisations such as the Ambulance Trust who had prioritised conveyances of elderly patients earlier in the day providing a greater opportunity to turn them around for discharge. The Trust was capturing successful initiatives that were having an impact and making successes visible to ensure that staff were able to see the benefit and strengthen impetus.

The Board were asked to support additional focus with external bodies and reflected that the visibility from the evaluation helped to realign focus on what the trust could do to effect change. The most influential factor had been the analysis of challenges and the degree of prediction planning.

Action/Learning week had been one of the busiest weeks for the Trust however refined focus had contributed to improvements in patient care and experience. Successful initiatives would be repeated next year in a predicted way. Teams were thanked for their support in reviewing winter planning.

**(d) Medical Directors Report - Mortality (item 4e)**

The report outlined a downward trend across a variety of mortality metrics. The Hospital Standardised Mortality Ratio (HSMR) year to date position was 89.9 placing the Trust within the 'better than expected' category. The benchmarked HSMR performance for the period of October 2015- September 2016 was 95.9 and the downward trend had continued over the past months. It was noted that the Trust's palliative care unit at the Christchurch Hospital site was incorporated and impacted upon figures.

National guidance now required the Trust to formally identify learning from deaths involving a learning disability or mental illness. The Trust was working with teams to support the process for reporting. In addition an interim medical examiners group had been developed, with involvement from Junior Doctors, to provide senior scrutiny for death certificates. The group would support and encourage appropriate conversations with coroners to ensure deaths were recorded accurately thereby reducing stress for

families. This would also increase accurate HSMR reporting and provide additional scope for potential serious incidents.

The Board took assurance from the triangulation of data that in hospital deaths continued to decrease. It was emphasised that the Trust would not be complacent and themes would continue to be monitored. An update on the progress from the interim medical examiners group was requested at a future meeting.

**AOD**

**(e) Complaints Report (Item 4f)**

Complaint acknowledgement and response rate performance had exceeded the improvement trajectory and the positive position was being maintained as a result of continued focus by care groups. Informal complaints were being addressed by staff on a more immediate basis and this prevented escalation to a formal complaint. Teams were also working with the PALS office to support this approach.

The Healthwatch report was considered in detail at HAC and subsequent actions had been put in place. The CCG had also conducted an external review of the complaints process and actions were being worked through however the overall view had been positive. It was requested that the Board received a high level overview of the external reviews together with progress against the actions in place.

**PS**

Board members emphasised the importance of sustaining improvement and also the need to delve deeper into the detail to understand trends in complaints and learning. Themes were being identified by operational groups and shared with nursing and medical teams. The Annual complaints report would be presented to the Board and specific themes would be identified as part of the process.

**Agenda  
item/PS**

Despite increases in the volume of patients over the last 5 years there had been a stabilised reduction in the number of complaints and this reflected that the Trust was improving. It was also recognised that balancing feedback with what the Trust was doing well was of equal importance. Assurance was provided that HAC would continue to drive performance and ensure that effective checks and balances were in place.

05/17

**PERFORMANCE**

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

There was a risk that the Trust would not achieve the Referral to Treatment (RTT) performance standard or secure the associated Sustainability and Transformation Fund (STF) for the last quarter of the year. To mitigate outpatient waiting times the Trust had increased the number of clinics over the weekend period. Overall it was anticipated that the Trust would achieve the ED 4 hour trajectory and remaining performance areas.

It was queried what additional support the Board could provide to address the volume of referrals. A range of alternatives were being explored with partners including the potential for virtual clinics. Additional support was required around the implementation of referral criteria and internally specialties were being asked to consider reducing the number of low value procedures.

**(b) Quality Report (item 5c)**

By exception it was reported that two Serious Incidents (SIs) had arisen in December. The process of review was underway and learning would be shared with HAC. Overall the report reflected an improved position for the Harm Free Care score and the Trust remained within the top quartile for the Friends and Family Test (FFT) data. Focus groups continued to address themes identified from the Care Campaign Audit including call bells, noise at night, food and drink and pain management

The volume of FFT feedback in ED was increasing following focus in the minors department however work would continue. The Trust had recently broadened the scope of the FFT feedback to include the outpatients department and had engaged outpatient Champion Andrea Addis, who previously presented her experiences to the Board, to work with the Trust to improve patient experience from a patient perspective.

A detailed evaluation of the QI projects was requested to identify areas where traction was required. It was noted that QI priorities had been refined to drive improvements in three key areas relating to patient flow, deteriorating patients and sepsis. **Agenda item**

The Board were advised that improvements had been made within the phlebotomy service, which had previously been an area of concern, and additional initiatives had been identified to improve performance further.

**(c) Financial Performance Report (Item 5d)**

The position at the end of December reflected that the Trust remained broadly on plan and had achieved the financial control total thereby securing the associated STF funding. The risk within the forecast out turn position relating to increased activity from winter pressures had been built into projections for the end of the year.

The Finance Committee had agreed to increase savings by £0.5 million to take advantage of the NHSI incentive scheme which provided match funding for trusts who improved upon their forecast financial position. It was emphasised that the Trust would not be penalised for failing to deliver the increased figure.

The Trust had been flagged, along with a number of other trusts, for its capital expenditure which was in excess of 50% in the final quarter. Schemes including Christchurch, IT and outpatients



amounted to a significant spend in the final quarter however NHSI had been assured that necessary resources were in place.

**(d) Workforce Report (Item 5e)**

The key themes from the report were summarised and included:

- Good performance overall within areas of key concern;
- Essential core skills performance remained consistent at 90%;
- Despite continued focus sickness absence performance had deteriorated. Work would continue in poor performing areas to support the long term management of sickness absence. The actions in place included increased well-being initiatives for staff and detailed review of sickness at Care Group review meetings where areas were being challenged;
- Fantastic feedback had been received following the success of the Trust's 'Careers in the NHS' event which was attended by 100 students from various local schools aimed at growing the workforce and encouraging the young generation;
- Incremental improvements had increased staff appraisal compliance.

The decrease in sickness absence performance prompted Board discussion as combined action was not gaining traction. It was noted that the January figures were likely to reflect the increased levels of norovirus which had been the highest in five years and the Trust had been enforcing its 48hr policy.

The actions arising from the internal audit had been implemented and active management was in place at a local level. The audit reflected that a rigorous process was in place and as a result staff were being appropriately managed. The presentation of sickness absence data would be reviewed with the restructuring of the workforce report to identify any data trends. In addition a follow up audit of sickness is planned to evaluate progress and identify any additional interventions.

Board members were conscious that sickness absence levels impacted upon staff morale. Support was being provided to staff including training to tackle long term sickness through the 'Difficult Conversation' course. A further update would be submitted to the Board following further review by the Workforce Strategy Committee.

KA

06/17

**STRATEGY AND RISK**

**(a) Annual Plan 2017-18 and 2018-19 (Item 6a)**

The final draft of the Annual Plan 2017/18 was presented taking into account the feedback received from NHSI. Two risks had been outlined concerning the management of the plan over the coming year and the challenges around the management of elective and emergency activity.

An updated paper would be submitted to the Board in March which would indicate how the Trust proposed to manage the challenges within the latitude of the budgets.

**(b) Clinical Services Review (Item 6b)**

The CCG had received 400 responses to the consultation however had anticipated significantly more and this reflected that the review had not captured the attention of the local population.

Governor support was requested to promote the importance to the public about providing feedback on the proposals. Internally the Trust was payslips for staff details how to access survey and will be doing more to encourage staff responses. Clinical endorsement from directorates were being developed which the CCG were keen to have in light of the pressures from the public. A Trust response setting out the rationale of support for proposals would be released and provided to governors before publication. **TS**

A meeting had been arranged between NHSI, Dorset CCG and Competition and Markets Authority (CMA) to discuss the proposals.

**(c) Vanguard: One NHS in Dorset (Item 6c)**

Funding for 2017/18 had been confirmed and amounted to £1.22 million. This would be shared between the three acute trusts to support the back office, stroke provision and organisational development work streams.

The Vanguard project had not been addressed by the CMA. The three organisations were being brought together and were not working outside of the undertakings but would be navigated carefully. Board members debated whether the Trust would receive a return on investment and it was emphasised that the work underpinned that required to implement the CSR.

**(d) Trust Objectives (Item 6d)**

The Trust objectives had been formulated by the Change Champions and had been endorsed by TMB. Responses had been positive in focusing on a small number of objectives to focus teams. Teams would be required to set local SMART objectives which linked with the key objectives.

The Board **approved** the corporate objectives 2017/18.

**(e) Information Governance Strategy (Item 6e)**

The Board received the report. The importance of maintaining the security of information balanced with appropriate access for care givers was emphasised. Overall the Trust needed to be clear that in the absence of the system that safe care could be provided and business continuity plans were in place.

It was intended that the strategy would support the Trust in achieving compliance with all of the 45 requirements within the Information Governance toolkit and how this would be accomplished was to be more clearly defined within the document.

The Board **approved** the IG Strategy.

**(f) Emergency Preparedness, Resilience and Response (EPRR) Update (Item 6f)**

The Board received an update on the actions within the framework the majority of which had been closed or were almost completed and the CCG had been content with the progress. Overall it was reported that the Trust was in a good position and a final update would be provided in April.

**Agenda  
item**

07/17

**GOVERNANCE**

**(a) Charitable Funds Committee Terms of Reference (Item 7a)**

The terms of reference had been reviewed and amended to appropriately reflect the attendees and reporting processes. The Board **supported** the amendments to the terms of reference.

**(b) Audit Committee Terms of Reference (Item 7b)**

The terms of reference were reviewed by the HAC and had been amended to reflect the changes to the attendees. The Board **supported** the updates to the terms of reference.

08/17

**DATE OF NEXT MEETING**

**24 February 2017 at 8.30am** in the **Conference Room, Education Centre, Royal Bournemouth Hospital**

The Board were notified that TC had declared her position as Non-Executive for both Mothercare Limited and SD Worx.

09/17

**Key Points for Communication:**

1. A message of thanks to all staff through throughout the winter pressure period and for their contribution to the EDD Action/Learning week;
2. Emergency Preparedness Resilience Response

10/17

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

- Governors took the opportunity to provide the Board with feedback on the public CSR events led by both the Trust and the CCG. Concerns expressed by the public related to privatisation, doubts about the travel time conclusions set out in the proposals and confusion about the provision of emergency services at Poole. It was reinforced that 70% of the population would still be able to access emergency care at the planned care site through an urgent care centre. The travel time conclusions had been mapped by a third party who supported that the

sickest patients could be treated at RBH for out of hours care. Governors were asked to encourage members and the public to provide their feedback to the CCG and complete the consultation document;

- Concern was raised about the lack of progress with sickness absence performance. The Board remained committed to tackling sickness absence levels and this was being thoroughly challenged by Non-Executives. The Trust was not an outlier however would not be complacent. The issue would be debated at the Workforce Strategy Committee and the Board would be provided with the granular detail to gain a more holistic overview;
- Governors were encouraged that the themes identified from the care campaign audit were being addressed through an action plan. It was noted that positive responses about food had increased and the Trust was compliant with the national guidance and meeting required standards. The Board would receive an update on progress with actions from the Care Campaign audit once available;
- The progress with the Bournemouth Private Clinic was queried. It was anticipated that cardiology private practice income would increase following the partnership agreement with Regents Park who were providing expertise on the insurance market. Significant work was underway to capture consultant staff interest for outpatient provision on a private basis. The unit would officially be launched on 28 March along with the marketing campaign and governor tours would be scheduled in the next few months;
- An update was provided on the Phlebotomy service at Christchurch which had improved following changes within the team. In the future it was anticipated that the service would increasingly be provided in the community by GP practices;
- Governors welcomed the different format of the patient story and noted that the Trust's response had been admirable;
- There had been an impact on staff from the EU wanting to work in the NHS however the Trust was working to support staff internally and escalate issues appropriately to NHS Employers and NHS Providers.

Date of Meeting	Ref	Action	Action Response	Response Due	Brief Update
28.01.17	04/17	<b>QUALITY</b>			
	(a)	<u>Patient Story</u>			
		The Board would convey their thanks to all staff involved for their dedicated focus.	JS	Complete	Letters of thanks circulated to members of staff on behalf of the Board.
	(b)	<u>Feedback from Staff Governors</u>			
		A special thank you from the Board of Directors would feature in the next edition of the 'Core Brief.'	JD	Complete	Article featured in February Core Brief (pg4).
	(d)	<u>Medical Directors Report - Mortality</u>			
		Provide an update on the progress from the interim medical examiners group at a future meeting.	AOD/ Agenda item	In progress	Update to be provided at future meeting.
	(e)	<u>Complaints Report</u>			
		It was requested that the Board received high level feedback from the external review of complaints together with progress against the actions.	PS	Complete	Update to be provided at the meeting.
		The Annual complaints report would be presented to the Board and specific themes would be identified as part of the process.	PS/Agenda Item March	Complete	Agenda item noted.
	05/17	<b>PERFORMANCE</b>			
	(b)	<u>Quality Report</u>			
		A detailed evaluation of the QI projects was requested to identify areas where traction was required.	RR Agenda item/March	Complete	This information is provided in the reading room and informed the December Board briefing. Further updates are expected throughout the year on the 3 priorities: emergency flow, sepsis and deteriorating patients via the Exec leads.
	(d)	<b>Workforce Report</b>			
		An update would be submitted to the Board following further review by the Workforce Strategy Committee	KA	In progress	Update to be provided at the meeting. Further detail will be provided in March.

	06/17	<b>STRATEGY &amp; RISK</b>			
	(b)	<u>Clinical Services Review</u>			
		The Trust response setting out the rationale of support for proposals would be released and provided to governors before publication.	TS	Complete	Circulated to governors 31.01.17.
	(f)	<u>Emergency Preparedness, Resilience and Response (EPRR) Update</u>			
		Provide a final update on EPRR in April.	RR	Complete	April Agenda item noted.
16.12.16	(d)	<u>Medical Director's Report – Mortality and Sepsis</u>			
		Provide an update on the progress with systemic anti-cancer outcome data performance.	AOD	March	Data not yet available. Update to be provided to the Board in March.
28.10.16	81/16	<b>PERFORMANCE</b>			
	(d)	<u>Workforce Report</u>			
		Identify proposals to reduce the use of medical agency staff. 16.12.16 update: Information would be triangulated in the new year.	Workforce Committee/ AOD	March	Work is underway to triangulate the information and an update will be provided to the Board in March.

Key:	Outstanding
	In Progress
	Complete
	Not yet required

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## BOARD OF DIRECTORS

Meeting Date and Part:	24 <sup>th</sup> February 2017 Part 1
Subject:	Medical Director's Report
Section on agenda:	Quality
Supplementary Reading (included in the Reading Pack)	None
Officer with overall responsibility:	Alyson O'Donnell
Author(s) of papers:	Alyson O'Donnell
Details of previous discussion and/or dissemination:	Board of Directors
Action required: Approve/Discuss/Information/Note	For information only
Executive Summary:  The paper provides an overview of the results of the GMC Annual Survey of Doctors in Training which assesses Junior Doctor's experiences of their training to monitor and validate our performance.	
Relevant CQC domain:  Are they safe?  Are they effective?  Are they caring?  Are they responsive to people's needs?  Are they well-led?	All
Risk Profile:  i. Impact on existing risk?  ii. Identification of a new risk?	

## **GMC Annual Survey of Doctors in Training**

As a Trust we have an obligation to ensure that our junior doctors are well supported and trained effectively. The General Medical Council undertakes an annual survey of junior doctors' experiences of their training to monitor and validate our performance. Any training programmes for which significant issues are identified will be triggered a visit by Health Education Wessex and the Trust will be expected to produce robust action plans to address any issues.

The 2017 survey opens on the 21<sup>st</sup> of March and will run for a period of 6 weeks. Trainees are required to submit responses for the position in which they are employed on the 21<sup>st</sup> of March. Reminders will be sent centrally and trainees will be encouraged to complete the survey.

### **Progress against outcomes for the 2016 GMC survey:**

Most trainees within RBCH are positive about the training they receive and happy with the support they are offered by the Trust. The trainee support from the education department and the two day supernumerary shadowing programme in place were identified as particular areas of good practice.

However the teaching programme for foundation doctors required improvement. The F2 posts in Psychiatry and Trauma & Orthopaedics were felt to be of limited educational value and as a result the latter has been converted to a GP training post.

More serious issues were identified in colorectal surgery which resulted in surgery being rated 'red'. The trainees reported that the post was 'service heavy' with limited access to endoscopy and other training with poor supervision in clinics.

Access to post mortem training for histopathology trainees was highlighted as an issue as these are not performed on site and required trainees to be released to work with the coroner.

Triggered visits were undertaken Histopathology, General Surgery and Anaesthetics. Follow up visits are expected early 2017 for Anaesthetics and Surgery.

### **General Actions:**

- A new Junior Doctors Committee has been set up to address educational and contract issues
- Review of induction processes to include improved local induction and consistent trust induction for those starting outside the peak February/August rotation dates
- Rota coordinators aware of the need to release junior doctors to attend departmental and trust educational opportunities



The Annual Quality Review process undertaken by Health Education England scrutinises our self-assessment of progress against action plans with each training programme being rated according to the following criteria.

Green 1	Good overall training with clear mitigation and actions to address issues raised
Green 2	Meets national standards and provides appropriate training experience
Amber	Requires improvement. Trainees mostly able to achieve required outcomes
Red	Requires significant improvement. Potential risk to patients/trainees. Trainees are likely to be unable to achieve required competencies

The recent AQR review was generally positive with no training posts considered to be red which is positive but additional posts were identified as requiring improvement.

Rating	Pre AQR visit			Post AQR visit rating	
Green 1	29	91%		26	81%
Green 2	2	6%		2	6%
Amber	0	0		4	13%
Red	1	3%		0	0
Not rated	0	0		0	0
Total posts	32			32	

The 4 Amber areas are:

- Anaesthetics Core training
- Anaesthetics ST3+
- Histopathology
- General Surgery

**Anaesthetics:** Although two programmes have been identified as requiring improvement these are currently assessed as being 'green'. Specific issues for the trainees were the requirement to receive induction on two sites and the late production of on call rotas. Availability of training lists has also been addressed. It has been mandated that on call rotas are distributed with 6 weeks notice and that induction processes are reviewed to allow adequate local induction on both sites while avoiding duplication. Possible issues of cross site working. A further visit is expected in March 2017.

**Histopathology:** The Deputy Head of School for Medicine and Pathology is following up on access required for post mortem training for RBCH trainees.

**General Surgery:** The service was re-visited in October 2016 where significant improvements were noted. Additional consultant appointments had improved the supervision of trainees and the educational opportunities associated with the development of a Consultant of the Week model. A further visit is expected early in 2017.

**Challenges** - A number of challenges remain to the provision of supported training

- Non-medical roles will need further development to support the Foundation programme and ensure compliance with the national requirements
- Work with IT to ensure that all junior doctors have a trust email address to facilitate communication and access
- Issues around cross site working need further exploration to ensure adequate support and supervision
- Improving rapid feedback to trainees involved in complaints and SIs. Scoping meeting process for SIs now includes a specific action to notify the education department of any junior doctors involved in a serious incident to ensure adequate support is in place and to meet the deanery requirements for rapid notification of events.

## BOARD OF DIRECTORS

Meeting Date and Part:	24 <sup>th</sup> February 2017 Part 1
Subject:	Complaints Report
Section on agenda:	Quality
Supplementary Reading (included in the Reading Pack):	n/a
Officer with overall responsibility:	Paula Shobbrook, Director of Nursing and Midwifery / Deputy Chief Executive
Author(s) of papers:	Ellen Bull, Deputy Director of Nursing and Midwifery Grace Maughan, Senior Information Analyst
Details of previous discussion and/or dissemination:	Healthcare Assurance Committee 23rd February 2017
Action required: Approve/Discuss/Information/Note	The paper is provided for information and assurance

### Executive Summary:

The Complaints report includes aggregate and Care Group complaint **acknowledgement** and **response performance for January 2017**. This is a key focus of the Board of Directors and this has been reported through the Healthcare Assurance Group and Healthcare Assurance Committee.

### Key messages:

Current Trust aggregate response time in month (January 2016) is **74%** against a standard of 75% (14 of 19 responses due were on time). Of the five outstanding responses two were late as a resolution meeting was held which due to relatives/patient commitments could not be held within the policy timeframe. However communication with complainants in all cases was maintained. One is within the incident process; the other remaining two are being supported to delivery. Issues such as access to medical notes have impacted on the delayed response.

1. The response time improvement focus continues. Two of the three Care Groups have met the Trust Policy for responding within 25 working days for 75% of the complaints due and also met the improvement trajectory.

Care Group A = 88%  
Care Group B = 33%  
Care Group C = 75%

Improvement trajectories for formal responses are:

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

2. 15 formal complaint was received in January 2017.
3. Acknowledgement times for January 2017 are 100% for formal complaints.
4. Written and verbal Concerns (informal concerns) in month have been reported. The volume is much higher than formal complaints. The response times are reported by care group in section 5.1.

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

# Complaints Performance Report January 2017

## 1.0 Introduction

This summary paper includes information on formal complaints, informal concerns and written concerns received, acknowledged and responded to in month (January 2017). Complaints are presented in terms of incidence, response times and themes. This is measured against our own Trust Policy and reviewed in detail at the Healthcare Assurance Group and Committee.

## 2.0 Number of complaints

15 formal complaints were received in January 2017  
70 verbal concerns were presented to PALS in January 2017  
26 written informal concerns were presented to PALS in January 2017

## 3.0 Acknowledgement and response times

3.1 Of the 15 formal complaints received for January 2017, 100% were acknowledged within three days.

- **Formal Complaints (n=15)** – 100% acknowledged within 3 days
- **Verbal Concerns (n=70)** – 99% acknowledged within 3 days
- **Written concerns (n=26)** – 100% acknowledged within 3 days

3.2 First responses to complaints should be within 25 working days (quality strategy standard of 75%), which is monitored at the Healthcare Assurance Committee.

For January, **first response time is at 74%** on aggregate, 14 out of the 19 complaints responses due were sent within time.

Care Group Performance is as below:

- a) Care Group A: 88% (7 out of the 8 were responded to on time)
- b) Care Group B: 33% (1 of the 3 were responded to on time)
- c) Care Group C: 75% (6 of the 8 were responded to on time)

This leaves 5 late complaints.

1. **1617/229C**: RCA being completed and will inform the response. Liaison with NoK maintained.
2. **1617/231C**: date due was 11<sup>th</sup> January. Claim also submitted. Clarity over which process sought from patient. Complaint response being chased as the priority.
3. **1617/257C**: this is now closed and a response has been sent.
4. **1617/242C**: date due for the final response was 24<sup>th</sup> January 2017. 1<sup>st</sup> meeting was 15<sup>th</sup> December 2016 and second meeting was 8<sup>th</sup> February 2017. This is now closed and the response has been sent.
5. **1617/225C**: date due was 4<sup>th</sup> January 2017 patient could not meet any earlier than 17<sup>th</sup> January 2017. This is now closed and the response has been sent.

Of these five, three meet the agreed criteria for a Pause. This is being discussed in terms of placing into the data programme.

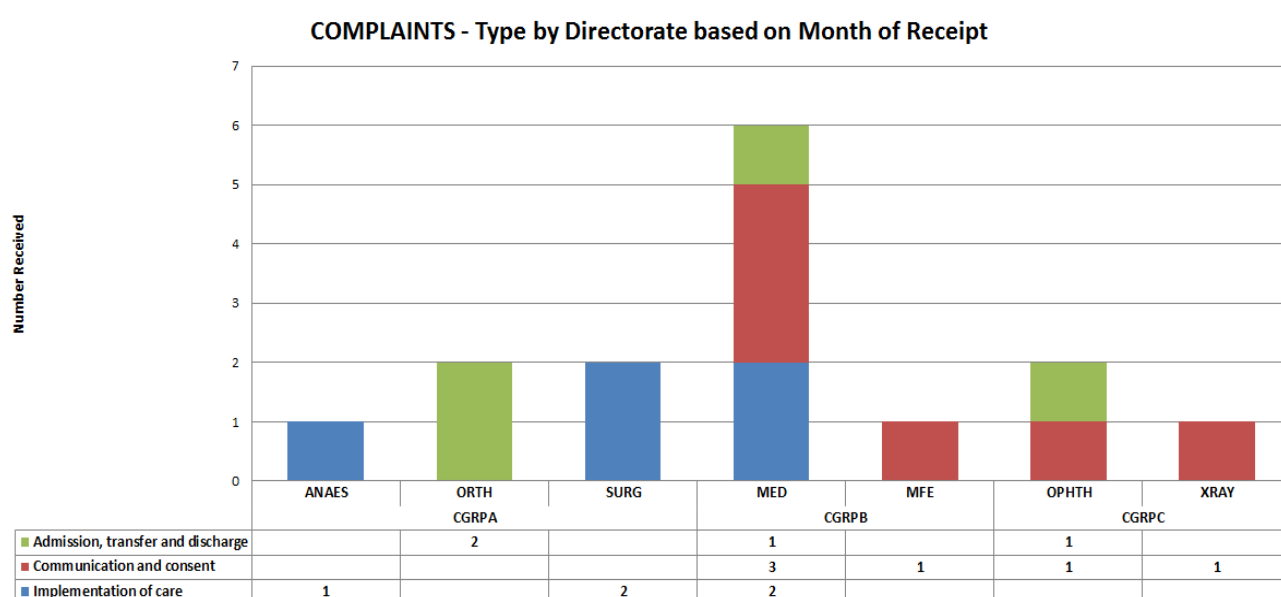
First response within 25 working days:

	Feb16	Mar16	Apr16	May16	Jun16	Jul16	Aug16	Sep16	Oct16	Nov16	Dec16	Jan17
1st Responses Due in Month	28	27	14	27	22	25	32	29	21	30	22	19
Number where 1st Response Completed within 25 working days	13	12	9	17	12	17	20	21	17	28	21	14
Percent with 1st Response within 25 working days	46%	44%	64%	63%	55%	68%	63%	72%	81%	93%	95%	74%

## 4.0 Themes and trends - Complaints received

4.1 The highest themes in month were:

- Communication and Consent with 6 complaints out of 15
- Implementation of care with 5 for complaints out of 15
- Admission Transfer and Discharge of 4 complaints out of 15



## 5.0 Informal Concerns

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

## 5.2 Informal concerns acknowledgement times:

Care Group	Concerns	Written Concerns
A	94%	100%
B	100%	91%
C	100%	100%
Other	100%	100%
Total	100%	96%

In conclusion, the overall picture is one of real sustained improvement, and reduction in figures of complaints being received by the Trust. Where we have the five outstanding final responses, three of the cases are being proactively managed with local resolution meetings or a Root Cause Analysis rather than waiting for the final written response, as offered to the complainant. Setting up the meetings often takes a long time and is dependent on complainant (and Dorset Advocacy) availability.

## 6.0 Healthwatch report

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

The Trusts Clinical Commissioning Group partners Dorset and West Hampshire Clinical Quality Leads performed this review in Mid November 2016 against a methodology agreed with the Deputy Director of Nursing.

Three closed complaints from each Directorate were reviewed against the Complaints policy and in terms of quality of response, language, style, and consistency and written to match the complainant's style. The recommendations made were as follows:

1. Review acknowledgement letters to be more person centred and consider the offer of call or face to face meeting at this initial stage as part of the process.
2. Encourage and support managers and matrons to proactively contact complainants to discuss their concerns. Consider this as part of the training needs analysis.
3. Reintroduce overall central scrutiny of the style and content of responses to ensure a consistent approach.
4. Promote the consistent use of the complaints outcome audit forms in directorates to improve the recording and sharing of learning.
5. Share good examples of complaint responses widely at meeting and in training sessions.

These are being progressed through the Complaints Performance meeting.

## 7.0 Recommendations

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

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

## BOARD OF DIRECTORS

<b>Meeting Date and Part:</b>	24 <sup>th</sup> February 2017 – Part 1
<b>Subject:</b>	Performance Report
<b>Section on agenda:</b>	Performance
<b>Supplementary Reading (included in the Reading Pack)</b>	Performance Indicator 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, Finance Committee
<b>Action required: Approve / Discuss / Information/Note</b>	<p>The Board of Directors is requested to note the performance exceptions to the Trust's compliance with the 2016/17 STF, Monitor Framework and contractual requirements. It is also requested to support the actions for RTT recovery.</p> <p>Finally, the Board is also requested to note the detailed report on A&amp;E 4 Hour performance and Flow.</p>
<p><b>Executive Summary:</b></p> <p>The Sustainability and Transformation Fund is expected to be achieved for 3 of the 4 key metrics in January:</p> <ul style="list-style-type: none"> <li>• A&amp;E 4 hour</li> <li>• Cancer 62 Day from Referral to Treatment</li> <li>• Diagnostics 6 Week Wait</li> </ul> <p>There is currently a risk to securing the fund for RTT 18 Weeks Incomplete Pathways due to performance below national target and trajectory. This will be dependent upon the Trust's YTD position which is being finalised. The report includes actions underway to move towards recovery through Q4, though this remains a risk as winter and demand/capacity pressures continue to be a challenge.</p> <p>The further risk to the Quarter is the introduction of the new suspected cancer fast track referral forms in January. A 15% increase in referrals has already been seen compared to the January 16/</p> <p>All other Single Oversight Framework, NHS Constitution and key contractual targets were met for December except 28 Day Rebook Following Cancellation, Cancer Consultant Upgrade and Single Sex Accommodation.</p> <p>As per the quarterly reporting cycle, the report includes a focus this month on A&amp;E 4 Hour performance and Flow, noting our positive position nationally.</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> <b>Are they well-led?</b>	Yes Yes Yes
<b>Risk Profile:</b> i) <b>Impact on existing risk?</b> ii) <b>Identification of a new risk?</b>	

## 1. Executive Summary

The Sustainability and Transformation Fund is expected to be achieved for 3 of the 4 key metrics in January.

### **A&E 4 hour** (12.5% of funds) –

achieved 90.87% above our trajectory requirement of 90.01% and secured the STF, though close management of increasing pressures is in place.

### **Cancer 62 Day from Referral to Treatment** (5% of funds) –

82.1% in December however, above the 85% target/trajectory for Q3, thereby securing the STF.

### **Diagnostics 6 Week Wait** (0% of funds) –

Final performance awaited but expect to achieve compliance above 99% and the STF.

Our key risk for January remains **RTT 18 Weeks Incomplete**

### **Pathways** (12.5% of funds) –

Final performance is awaited but will be below the national target/trajectory of 92% for January. The final position will be reviewed against the YTD tolerance but the risk to securing the STF remains.

All other Single Oversight Framework, NHS Constitution and key contractual targets were met for January except 28 Day Rebook Following Cancellation, Cancer Consultant Upgrade (*December*) and Single Sex Accommodation, with a single or small number of breaches against each.

## 2. Key Risks to Performance

**RTT 18 Weeks Incomplete Pathways** – we will need to treat a further 450 patients who have breached 18 weeks for February and March to recover to 92% and receive the ongoing monthly fund. It should be

noted however, that whilst undertaking additional work to reduce backlogs, waiting lists and/or manage demand; a number of specialities have also seen a consequential reduction in the total number of patients on the 'incomplete pathways' waiting list. This has therefore, meant an increased number of backlog patients need to be treated proportionately to achieve 92% in the month. The focus on additional outpatient capacity, 'super Saturdays' and efficiencies as part of our recovery programme, has seen a reduction in the non-admitted waiting list. A number of specialities have also significantly improved their admitted and/or non-admitted backlogs. However, key risks remain in relation to Orthopaedics, Gastroenterology, Dermatology and visiting specialities, and key improvement and action plans are in place.

**A&E 4 hour** – our QI work and winter planning to date continues to support our strong position, being 6<sup>th</sup> in the country in December. Increased activity (c8% YTD) and acuity, together with the limited social and community care capacity over winter, remains a risk. As a result, although continuing to benchmark well nationally, we are seeing a reduction in performance.

**Cancer 62 Day from Referral to Treatment** – as highlighted previously, the most significant risk going forward relates to the potential impact of the new NICE fast track referral forms from January. We have already seen a 15% increase in referrals. We continue to work across the trust and with our commissioners to develop pathways and capacity towards meeting this demand.

**Diagnostics 6 Week Wait** – the impact of the above potential increase in cancer referrals, together with scanner down time and some staff shortages in Radiology and Endoscopy present risks to performance. Additional activity and the potential for outsourcing continues.

# Performance Report



For the period to end January 2017

Richard Renaut  
Chief Operating Officer

## 1. Introduction

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

The detailed performance levels against remaining key targets, which currently form part of the Single Oversight Framework assessment or national/contractual obligations, are included in the Performance Indicator Matrix. Narrative is included in this report on an exception basis.

It should be noted that due to the earlier meeting date this month, some indicators are currently unavailable but where confirmed, key performance will be provided at the Board.

This report covering performance for January 2017 includes a focus on the Month 1 Indicators – ED 4 Hours and Flow - as per attached quarterly cycle (*Table 1*).

*Table 1 – Quarterly Cycle for Focus on Performance Indicators*

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

## 2. Sustainability and Transformation Fund and Single Oversight Framework Indicators

### 2.1 Sustainability and Transformation Fund 16/17

STF payment is expected to be confirmed for Q3 following our confirmation of performance above Quarter threshold against the 62 day cancer target, 4 hours ED and 18 week wait RTT.

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

Target or Indicator (per Risk Assessment Framework)	National Target	STF Trajectory Target	Q3 16/17		Q4 16/17	
			Performance Against National Target	Performance Against STF Trajectory	Performance Against National Target	Performance Against STF Trajectory
Referral to treatment time, in aggregate, incomplete pathways	92%	92%		Within STF YTD tolerance threshold	est. *	*Est. not within STF YTD tolerance threshold*
A&E Clinical Quality - Total Time in A&E under 4 hours	95%	90.0%				Within STF YTD tolerance threshold
Cancer 62 Day Waits for first treatment (from urgent GP referral)	85%	85%			est. **	**Est. within STF YTD tolerance threshold*
Diagnostic 6 week wait	99%	99%				

\*Validated final position awaited - upload is mid February

\*\*Validated final position awaited - upload is early March

In January performance against the national targets has been challenging, however, we expect monthly performance to remain within the trajectories or tolerances to secure the funds. RTT is likely to remain at below 91% and overall YTD performance against the tolerance has only just met the estimated required threshold in January. This will be confirmed mid-February.

Exception reporting to our commissioners and NHSI continues to be required. Based on December performance below national target, this is requested for RTT, A&E 4 Hour, Cancer 62 Day and Delayed

Transfers of Care, despite the fact that we remained within the STF YTD tolerances.

For Quarter 4, the biggest risks to securing the STF are RTT due to the level of our existing 18 week backlog, despite significant work to improve in a number of specialities. Also, the cancer 62 day target is at risk due to the impact of the new NICE referral guidelines. January is already seeing a 15% increase on the same month last year, for GP referrals.

### RTT Incomplete Pathways (18 week) and 52 Week Breaches

Performance against the RTT Incomplete Pathways indicator will be below the 92% threshold in January, with the final validated position confirmed as 91.1%. We are currently reviewing the YTD tolerance position and await the final validated performance, but this does present a risk to the January Sustainability and Transformation fund RTT element. We will need to treat a further 450 patients who have breached 18 weeks for February and March to recover to 92% and receive the ongoing monthly fund for the remainder of the quarter.

It should be noted however, that whilst undertaking additional work to reduce backlogs, waiting lists and/or manage demand; a number of specialities have also seen a consequential reduction in the total number of patients on the 'incomplete pathways' waiting list. This has therefore, meant an increased number of backlog patients need to be treated proportionately to achieve 92% in the month. In particular, with the focus on additional outpatient capacity, 'super Saturdays' and efficiencies as part of our recovery programme, we have seen a reduction in the non-admitted waiting list. Seasonal factors reducing elective referral demand over Christmas will also have contributed. This will assist outpatient waiting times and RTT pathways going forward but there will be a lag time to realise this benefit.

Recovery plans in a number of specialities have positively led to reduced waiting lists and backlogs: Ophthalmology, Urology,

Gynaecology, Rheumatology, Cardiology and some surgical specialities. Their positions are expected to stabilise or continue to improve thereby supporting the Trust's overall position.

Challenges remain in a few key specialities: Orthopaedics, Dermatology, Gastroenterology and the visiting specialities (ENT, Oral, Neurology and Allergy). Orthopaedics in particular has been impacted by some elective cancellations due to winter pressures as well as seeing the impact of additional transfers, or patients transferred later in the pathway, from Poole. As the trauma centre, we understand there has been a need to redirect capacity to meet the significant increase in and clinical urgency of, the non-elective/trauma demand over the winter. Furthermore, following the sudden and sad loss of key theatre and anaesthetic staff, our ability to fully support all elective theatre capacity has been challenged. This more routinely impacts on Orthopaedics where there is usually a lesser clinical urgency compared to for example, cancer related and vascular procedures.

Demand and capacity pressures in some specific 'sub specialities', such as foot procedures and complex revision joint surgery, have also contributed. The recovery programme for February and March plans to increase operating capacity in these areas. Work is continuing to reduce outpatient waits which is already well progressed. We will also work jointly with Poole colleagues on actions to reduce pathway delays; as well as with GPs and other partners on wellbeing initiatives which will optimise patients in advance of surgery.

Gastroenterology is also continuing with their recovery and team-led QI programmes to improve outpatient waits and review follow up patients. The clinical team have been extremely positively engaged in improving the situation for patients and reductions in their outpatient waits are already being seen.

Dermatology continues to work jointly with the CCG and partners on service improvement and ways to ensure the right patients are seen in the right place, by the right clinicians. An additional consultant is also supporting the capacity position and we do expect to see the increase in admitted patients reduce over the coming months. The overall work will need to continue to support the future demand and capacity position for this service across Dorset. We are also aware that surrounding counties are also experiencing severe demand and capacity pressures and will be monitoring any drift of work, as this could create issues for Dorset.

Joint work is underway with Poole and UHS regarding additional capacity and alternative pathways relating to the visiting specialities.

RTT recovery to 92% remains a challenge, particularly given the ongoing impact of winter pressures and other demand and capacity risks. An update on our final validated position will be provided verbally at the Board.

## **A&E 4 Hour Target and 12 Hour Breaches**

In January we saw higher levels of very unwell patients coming into the hospital, which we plan for. However, we did see our percentage of patients seen within target reduce to 90.87%. Despite this, we continue to perform well nationally and as the latest published figures show (see graph in Section 3) we ranked nationally as the sixth best acute trust for Emergency Department waiting times and none of our patients waited longer than 12 hours to be admitted.

We remained above the STF trajectory of 90.01%, thereby continuing to secure the funds. We continue to remain in a strong position against the STF trajectory for the Quarter.

Further detail is provided below in Section 3.



## 62 Day from Referral for Suspected Cancer to Treatment

For the month of December (*last formal reported month*) there were 18.5 breaches, under the 85% performance tolerance at 82.1%. Whilst this was a dip on previous months, we achieved the Quarterly target and STF trajectory at 85.8%. There were 9.5 breaches across 7 specialities and 9 breaches in Urology (a much higher volume tumour site). Whilst incidents of pathway complexity increased slightly in December, we saw a significant increase in patient choice related breaches. Work with the CCG and local GPs to ensure patients are aware of the suspected cancer and agreement to make themselves available is starting.

The introduction of the new fast track referral forms from January remains the key risk for Q4 onwards. We have already seen an increase of 15% compared to January 2016. Limited additional funding support has been provided to support key pathways, but this remains under close monitoring.

## Diagnostic 6 Week Wait (*end of month*) – January not yet available

Our positive position continues to be maintained and although the final validated performance is awaited, we expect to be well above the 99% threshold, exceeding our STF trajectory. Currently performance remains on track in the key areas (Endoscopy, Radiology, Cardiology and Urology) though this continues to be closely managed. In Radiology there is a continuing need for additional capacity on an ad hoc basis to respond to peaks in demand or reductions in capacity e.g. scanner down time. In Section 3 below, our improvement case study this month outlines the positive work of the diagnostics team. Risks are currently heightened. Following implementation of the new fast track, suspected cancer referral forms from January, together with the pressure from the growth in inpatient demand, means this standard is at risk for Q4.

## 2.2 Other Single Oversight Framework, NHS Constitution and Contractual Indicators

Our new dashboard is being developed to adopt the Single Oversight Framework and as this is finalised for 17/18 we will adapt our reporting to reflect this. We will also review any changes resulting from contract sign off. Below indicates performance against other current key standards.

### Cancer and Infection Control

The following table shows our earlier projections for 16/17 against the other cancer and infection control indicators and performance to date. Full compliance was achieved/is expected in January.

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

Note:

\*Cancer reflects our predicted position to date. Final upload early Mar 17.

Detailed performance (%/no.) is included in the Performance Matrix. As highlighted above, the key risk to the cancer indicators is the changing referral thresholds for GP fast track referrals from January. Despite joint work with the commissioners and some additional funding, we remain concerned about the impact, particularly on diagnostic services which will require close monitoring.

In relation to the C Difficile performance, this remains a challenging target with one case being determined as due to lapse in care in January. YTD 15 cases is just above our stretching full year target (14). Detailed reviews continue to take place on all cases.

## Other Indicators

*See Performance Indicator Matrix for full performance detail.*

Compliance was maintained on all other reported key targets in January excepting one breach of the 28 Day Rebook Following Cancellation, the Cancer Consultant Upgrade indicator (*December*) and Single Sex Accommodation. Unfortunately, the cancelled operation was due to equipment failure though we can confirm that the patient has now been treated.

The Cancer Consultant Upgrade local target was also below threshold with one out of a total of three patients breaching, predominantly due to surgical capacity at another provider.

During January we experienced significant pressure on our ITU/HDU due to the acuity of emergency patients and urgent vascular and cancer operations. This, together with the increased demands on overall hospital beds, meant we had two breaches where patients remained in the mixed sex environment of ITU/HDU for longer than the target.

Nationally there is an increasing focus on patients who are on a suspected cancer pathway who have not had their first treatment within 104 days (where a confirmed diagnosis has been made). We continue to implement our full monitoring and review processes of all patients on a suspected cancer pathway, with increased scrutiny leading up to and over 62 days. As of early February one patient had been on a cancer pathway for more than 104 days. This was due to complexity in their diagnosis and treatment options, requiring regional

level expert advice and multi-provider input to their pathway. The patient has now commenced treatment.

Positively, as part of our participation in the national pilot project to achieve a diagnosis within 28 days we have seen a steady increase from 62.6% in January 2015 to 83% in December 2016.

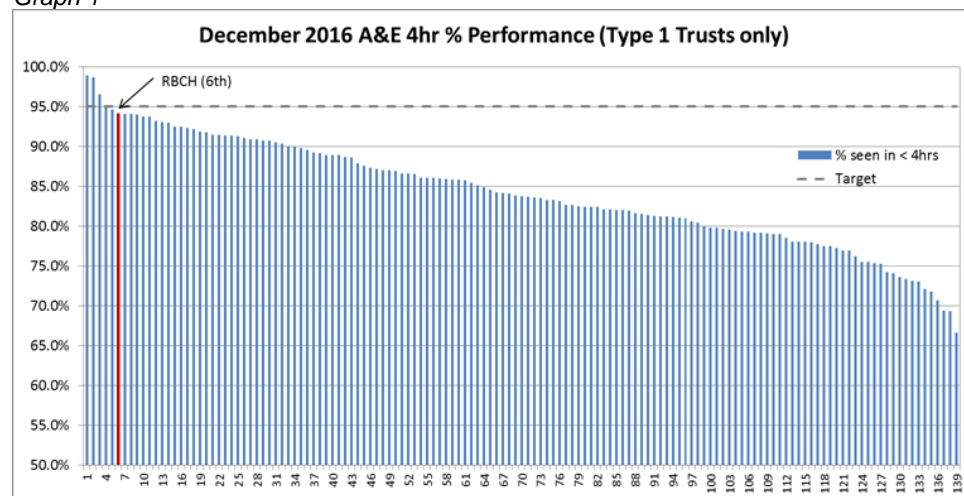


## 3. Performance Focus - A&E 4 Hour, Single Sex Accommodation and Infection Control

### 3.1 Performance and Activity

Overall the Trust continues to benchmark well against the A&E 4 Hour target at 6th best in the country in December.

Graph 1



The higher levels of very unwell patients coming into the hospital over December and January did result in a reduction in our 4 Hour performance though we remained amongst the highest performing trusts. As at 9 February 2017 our monthly and quarterly position is as below.

Table 4 – ED Monthly and Quarterly Performance

Month	Month Attendances	Month Performance	Quarter	Quarter Attendances	Quarter Performance
Apr-16	7,506	91.22%	Quarter 1	23,725	94.12%
May-16	8,335	94.95%			
Jun-16	7,884	95.99%			
Jul-16	8,588	95.84%	Quarter 2	25,117	95.93%
Aug-16	8,613	97.24%			
Sep-16	7,916	94.61%			
Oct-16	7,953	95.47%	Quarter 3	22,907	95.17%
Nov-16	7,568	95.86%			
Dec-16	7,386	94.14%			
Jan-17	7,314	90.87%	Quarter 4	10,438	91.59%
Feb-17	3,124	93.28%			
Mar-17					

We continue to experience a significant increase in non-elective admissions compared to last year (7.9%) and ED attendances (8.1% type 1&2). (YTD figures)

Table 5 – Non Elective Activity Variance on Same Month 15/16

Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
11.6%	11.8%	15.5%	9.1%	13.7%	10.1%	12.9%	12.3%	3.3%	5.3%	6.1%	8.8%	7.9%

### 3.2 Progress Against ED and Trust-wide Actions

The 16/17 plans under the Trust's Urgent Care Programme are now well progressed, which together with our winter plans, have supported the overall improvement we have seen in bed capacity and flow across the Trust. This has also supported our ability to respond and recover relatively quickly when we have seen particular peaks in pressure.

Below outlines a number of key metrics in relation to length of stay, outliers and ambulatory care. The outputs of the positive Action Learning Week undertaken w/c 9 January which focused on Medically

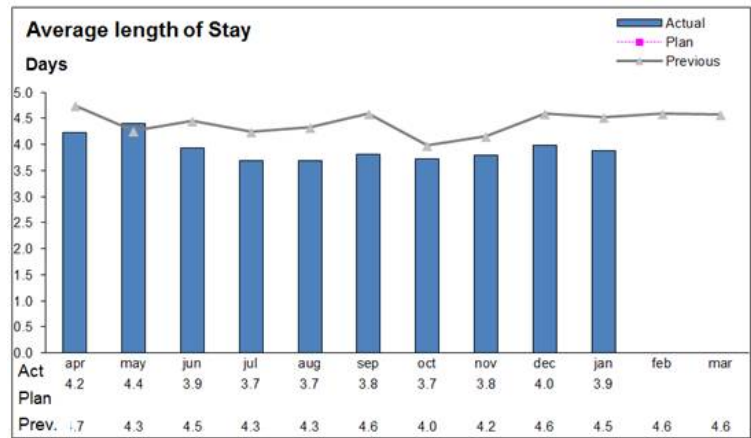
Ready for Discharge dates and 'red/green days', are also highlighted below. The ongoing work is being incorporated in the next phase of the Hospital Flow QI Programme which has commenced.

This, together with the ongoing necessity to deal with the increased challenges and demand over the continuing winter, will be key to supporting safe patient care and performance.

## Length of Stay and Ambulatory Care

Length of stay has remained consistently below last year's levels, which has been imperative to our ability to cope with the increased demand.

Graph 2 – **Trustwide** Monthly Average Length of Stay 2016/17 vs 2015/16



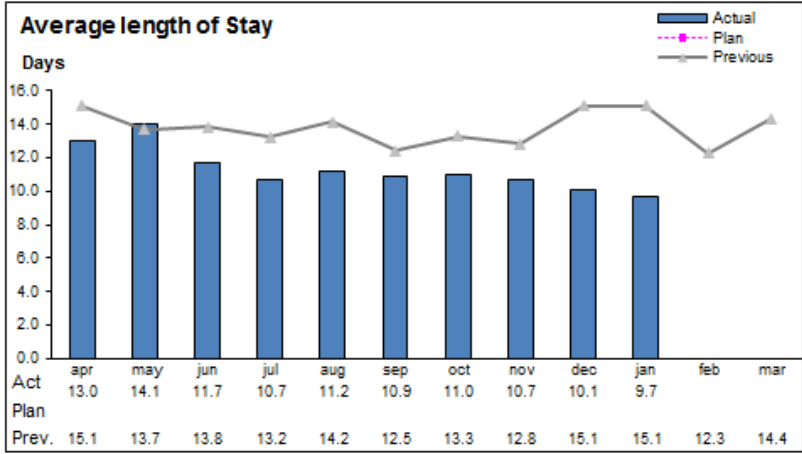
The model for the ambulatory clinic and step up/down capacity in Cardiology has continued to be refined and we are seeing a number of urgent care patients streamed more quickly to Cardiology.

Our data also shows that in Q1-Q3 we increased the percentage of patients across the hospital with under 24 hour stays by 2.2% compared to last year. It also shows that we perform well in relation to

the national benchmarking provided by the AEC network, reaching the national thresholds against many of the identified conditions.

Older Person's Medicine continues to reduce length of stay as the short stay and ambulatory pathways have developed, supported by the opening of the Frailty Unit in September.

Graph 3 – **Older Persons' Medicine** Monthly Average Length of Stay 2016/17 vs. 2015/16



The role of our diagnostic services has also been key in supporting ambulatory care as well as the number and flow of inpatients in the hospital. This is alongside maintaining our strong 6 week wait performance. The below case study outlines some of their work.

## Improvement Case Study

The Radiology Directorate has successfully achieved the 6 week diagnostic wait on a sustainable basis despite the continued increase in demand and equipment issues. The main actions undertaken to support this performance are:

- Reviewing each step of the patient pathway from referral to listing to identify opportunities for quality improvement and increasing efficiency.
- Running weekend and evenings sessions in response to demand.
- Increasing staff training and development within the Radiographic Department Assistant (RDA) role with a focus on roles and responsibilities in order to maximise quality and effectiveness.
- Reviewing the booking schedules across all modalities to ensure fast track, urgent and patients on a cancer pathway are prioritised.
- Flexible use of outsourcing to compliment the current service as required.
- Optimisation of clinical protocols to enable MRI scans to be completed in a more timely way which has freed up capacity and supported effective patient flow across the Trust.
- Provision of a 7 day service for CT, Ultrasound and Inpatients for urgent and acute cases. This has greatly improved capacity on a Monday which has been essential to support Trust wide patient flow.
- Consultation and involvement of staff to ensure changes are owned and taken forward on a team basis with the benefits to patients clearly communicated.
- Establishment of dedicated slots for the Surgical Admissions Unit (SAU) and the Ambulatory Emergency Clinic (AEC) to support the provision of effective pathways for patients.
- Close collaboration with clinical teams across the Trust e.g. Stroke in order to ensure the diagnostic service is able to respond effectively to changing clinical pathways and patient needs.

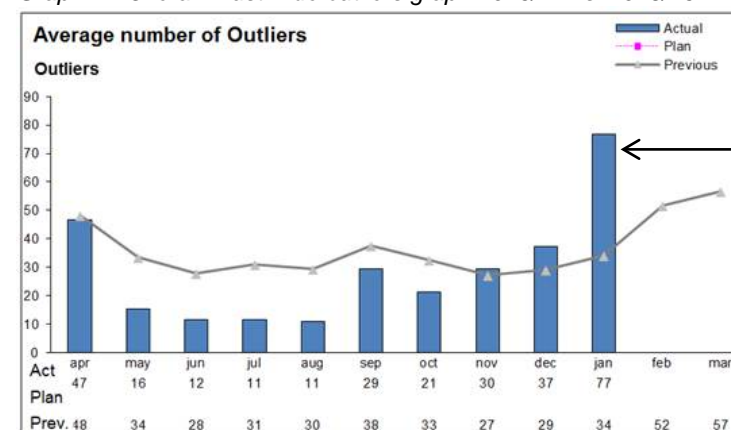
Radiology is very fortunately to have both clinical and administrative staff that are extremely committed to providing an efficient and responsive service focused on the patient. This approach is embedded within the Directorate and underpins how the 6 week diagnostic wait is achieved consistently despite the increases in demand, changing clinical pathways and the impact of equipment breakdowns.

Next steps include the implementation of a 3<sup>rd</sup> CT scanner in June 2017, increased MRI capacity in 2017/18 and the potential to establish a Managed Equipment Service which will provide a robust capital equipment replacement programme.

## Outliers

Following an improvement in the level of patients outlying in other speciality wards up to October, we have seen an (as expected) increase over the winter to date. In December and January this was undertaken on a planned basis as part of our winter plan by reducing elective activity and supporting appropriate medical patients in those beds. Going into February, outlying has remained higher than we would like due to the higher level of admissions compared to last year as well as the level of acuity. Our focus therefore, continues to remain on regular review of all patients who have been in the hospital for more than 7 days to ensure they require acute care, or more support with discharge.

Graph 4 - Overall Trust wide outliers graph 2016/17 vs. 2015/16



reflects the planned use of Derwent for outliers, as well as outlying elsewhere.

## Partnership working

Local partners continue to work closely through the East Dorset Health and Social Care Accountable Care Partnership. The work has included:

- Care Home enhanced support using funds from a successful bid to
  - (i) target ways of helping homes, as well as
  - (ii) a more strategic rationalisation of how public bodies can coordinate support.
- Focused work on Self Funders, via Care Home Select pilot. This is showing early signs of promise, and releasing social worker capacity.
- Work on End of Life support, including closer working with CHC, and providers.
- Hampshire stranded patients' case study with West Hants CCG CEO, and senior Council Social Service Leaders. This has helped focus attention on some of the chronic issues, as well as better meet individual's needs. This will need to be an area of sustained attention, given the disproportionate number of 'stranded' patients who come from Hampshire.

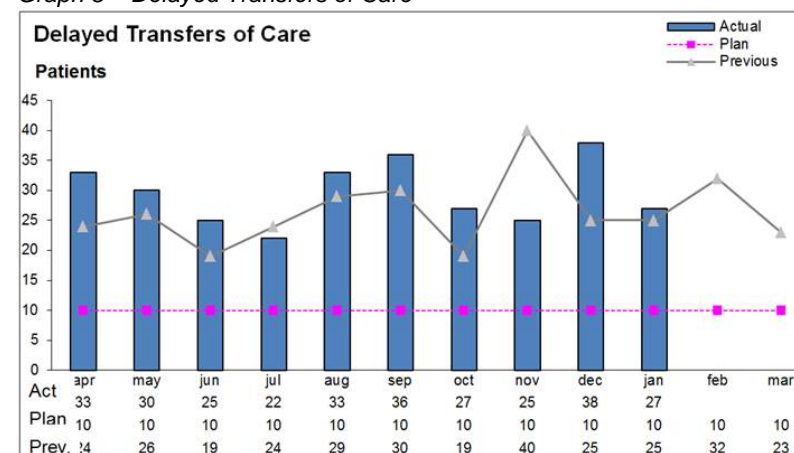
Progress is being made on rolling out the Trusted Assessor/Professional model, training staff to undertake basic assessments of ongoing health and social care needs. The Interim Care team has also expanded to support more patients to be discharged from hospital pending their full assessments. The service sees a reduction in long term care needs of between 20-30%. This is as a result of supporting patients in their own homes or in interim beds out of hospital, to recover, improve their rehabilitation and independence and complete their longer term care needs assessment.

The development of the 'Christchurch discharge hub' pilot is well underway and we are pleased to announce that the Day Hospital Team has been shortlisted for the 2017 HSJ Value in Healthcare Awards. The Team has been recognised in the category 'Improving Value In The Care Of Frail Older Patients' and amongst other improvements, the team also found new ways to liaise with the wider healthcare community, attending virtual ward rounds with local GPs to identify frail older people earlier.

## Delayed Transfers of Care (DToC)

However, despite this work and a reducing DToC trend earlier in the year, this trend has not been consistently sustained and DToCs have remained above last year's levels most months. Partner organisations did prioritise delayed discharges and we saw a reduction mid-January however, this was following a peak over the festive period. Concern remains in relation to the ongoing challenge of securing social care capacity, particularly for patients in Hampshire. We are continuing to work with the Local Authorities and CCGs to find solutions to these pressures

Graph 5 – Delayed Transfers of Care



## Action Learning Week for discharges

In the w/c 9<sup>th</sup> January we held an 'Action Learning Week'. This focused on Medically Ready for Discharge dates and 'red/green days' (red days are where nothing happens that progresses the patient's pathway). This involved dedicated ward level support from a senior/executive leader as well as a QI team member. In addition to identifying 'quick wins' that helped to discharge patients during that very busy week, we heard lots of suggestions and some very clear messages about how the wards can be supported to improve patient flow.

We will be working on being clear and consistent about what 'estimated dates of discharge' are and how they should be used. We also heard that access to support and information about discharge planning and training, together with processes that are simple and easy to use, were key. This work will now be progressed and overseen by the Hospital Flow QI Programme and Steering Board. The streams of work include:

- ED pathways
- Ambulatory care
- Speciality pathways
- Discharge planning
- Strategic – e.g. stranded patients, IT, trusted assessor.

The work will also incorporate:

- A Task & Finish Group for Discharge Planning with tier 1 training included as part of a regular training programme for staff
- Dedicated support for directorate meetings in relation to discharge
- Development of a 'best practice' video
- 'Top tips' for Board rounds, and

- Action learning weeks built into our strategic structure – next one 20<sup>th</sup> Feb focusing on EDD standardised definitions and eSAP (electronic Standard Assessment Process) trial.

Continued development and use of our bed/capacity modelling will also be incorporated into the programme.

## Capacity Modelling and Monitoring

Detailed modelling of activity, bed capacity and flow to reflect the impact of the multiple Urgent Care QI workstreams was undertaken for 2016/17. This included specific modelling for the winter period. Achieving all of the key set of requirements built into the models, together with the higher than expected increase in demand to date has remained a challenge. However, the graph below shows improved bed occupancy in Q1 and Q2 resulting from the work compared to last year. This is despite the increased demand and reduced longer stay beds over those quarters.

Graph 6 - Trustwide bed occupancy Q1 15/16 – Q3 16/17



As indicated above, this modelling work will continue to support the 2017/18 programme. However the use of Occupied Bed Days (OBD) will increasingly be used as the measure of tracking, as this more accurately reflects demand.

## **Emergency Department**

The ED continues to develop its teamwork and processes and has also now introduced the new 'SHINE' tool to support quality and safety of care in the department. The department are also working closely with the ambulance services to refine handover processes and support timely, safe handover of patients and release crews back to 999 calls. This is so far showing positive results in terms of reduced handover delays.

Specialties such as Older Persons' Medicine, Cardiology and Respiratory also continue to refine their in-reach and 'pull' pathways to support our aim to get patients quickly to the right place.

## **4. Recommendation**

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

**This includes compliance with STF trajectories and tolerances to date, excepting the current risk to elective 18 week pathways and additional risks across the targets associated with Q4.**

**Finally, the Committee is also requested to note the detailed report on A&E 4 Hour performance and Flow, and our performance compared to peers.**



<b>BOARD OF DIRECTORS</b>	
Meeting Date and Part:	24 <sup>th</sup> February 2017
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 / Deputy Chief Executive
Author(s) of papers:	Ellen Bull, Deputy Director of Nursing and Midwifery Jo Sims, Associate Director of Quality and Risk
Details of previous discussion and/or dissemination:	Healthcare Assurance Group
Action required: Approve/Discuss/Information/Note	The paper is provided for information and assurance
<b>Executive Summary:</b> <ul style="list-style-type: none"> <li>• 2 serious incidents were reported in January 2017</li> <li>• The Trust New Harm Free Care score has reduced slightly in month</li> <li>• The Trust remains in the top quartile for inpatient and ED Family and Friends test scores.</li> </ul>	
Relevant CQC domain: Are they safe? Are they effective? Are they caring? Are they responsive to people's needs? Are they well-led?	All domains
Risk Profile: i. Impact on existing risk? ii. Identification of a new risk?	N/A

# Quality Report



**For the period to end January  
2017**

Paula Shobbrook  
Director of Nursing and Midwifery



## 1.0 Introduction

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

## 2.0 Serious Incidents

- 2.1 There were two Serious Incidents reported in January 17:

1. Diagnostic intervention in a patient identified abnormalities in July 2016. Potential delay in identification of a tumour.
2. A patient underwent surgery for a cancer in March 2014 and reviewed in October 2014. Follow up was absent until referred in by GP. Imaging showed potential cancer spread.

Scoping meetings have been held for both incidents, RCA investigations are in progress and SI panel dates arranged. Recommendations and learning points will be shared following completion of the SI investigation process.

## 3.0 Safety Thermometer

- 3.1 The Trust New Harm Free Care score has decreased in month as a result of a slight increase in all of the 4 quality metrics:
- Reported hospital acquired pressure ulcers 12 (11 in December).
  - Reported falls with harm 3 (2 in December)

- Reported new catheter related urinary tract infections 2 (1 in December)
- Reported new VTE 2 (1 in December)

Harm Free Care		
	2015/16	2016/17
April	92.56	88.02
May	92.51	87.34
June	89.29	88.49
July	90.13	91.36
Aug	92.41	93.29
Sept	88.89	87.32
Oct	90.49	87.31
Nov	87.39	87.25
Dec	90.93	86.72
Jan	84.1	85.41
Feb	89.51	
Mar	89.29	
Average	89.79	88.25

Trust New Harm Free Care		
	2015/16	2016/17
April	96.78	95.87
May	97.86	98.13
June	98.85	98.65
July	97.64	97.73
Aug	97.89	98.32
Sept	96.58	98.09
Oct	97.77	97.63
Nov	98.08	96.7
Dec	97.1	97.22
Jan	96.62	95.76
Feb	98.35	
Mar	96.77	
Average	97.52	97.41

## 4.0 Patient Experience Report – January 2017

**(containing December 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 December 2016 data.

- Inpatient and day case Friends and Family Test (FFT) national performance in December 2016 ranked RBCH Trust 3<sup>rd</sup> with 18 other hospitals out of 172 placing RBCH in the top quartile based on patient satisfaction. The response rate fell just below the national standard at 14.9%.
- The Emergency Department FFT performance in December 2016 ranked RBCH Trust 7<sup>th</sup> with 7 other hospitals out of 141 placing RBCH ED department in the top quartile. The response rate 5.7% against the 15% national standard.
- Outpatients FFT performance in December 2016 ranked RBCH Trust 4<sup>th</sup> with 20 other Trusts out of 234 Trusts, placing the departments in the second quartile. Response rates are variable between individual outpatient departments; there is no national compliance standard.

In-Patient Quartile						
Top	98.703%	98.318%	98.143%	98.573%	98.548%	98.202%
2						
3						
Bottom						

	July	August	September	October	November	December
ED Quartile						
Top		94.570%	94.737%	94.737%	94.131%	93.030%
2	92.470%					
3						
Bottom						

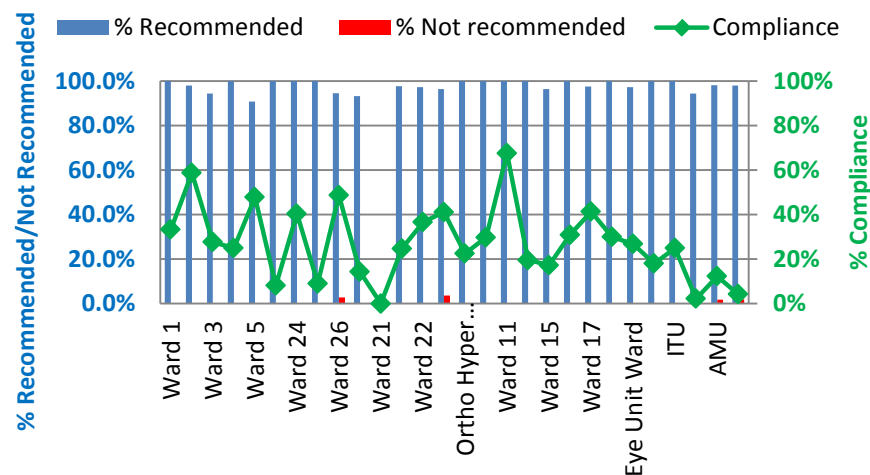
	July	August	September	October	November	December
OPD Quartile						
Top						
2	96.734%	96.716%	97.008%	96.893%	97.549%	96.727%
3						
Bottom						

**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.

July	August	September	October	November	December
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### % Recommended v Compliance Jan 2017 Overall Trust



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

Corporate	Total eligible to respond	No. PEC's completed	No. of FFT Responses	% Recommended	% Not Recommended
<b>Corporate</b>					
Derwent OPD	N/A	36	34	97.1%	0.0%
Main OPD Xch	N/A	43	38	92.1%	5.3%
Oral and Maxillofacial	N/A	33	32	100.0%	0.0%
Outpatients General	N/A	209	202	97.0%	1.0%
Jigsaw OPD	N/A	14	14	92.9%	7.1%
Corporate Total	N/A	335	320	96.6%	1.6%

#### 4.4 Care Audit Trend Data

The Care Audit Campaign continues with close monitoring. Quality improvement groups continue on call bells, noise at night, food and drink, and pain management.

#### 4.5 Patient Opinion and NHS Choices: January Data

8 patient feedback comments were posted in January, 6 express satisfaction with the service they received. 2 negative responses related to staff attitude, waiting time and noise. All information is shared with clinical teams and relevant staff, with Senior Nurses responses included in replies following complaints.

#### 5.0 Recommendation

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

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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:	24 <sup>th</sup> February 2017 – Part I
Subject:	Financial Performance
Section on agenda:	Performance
Supplementary Reading (included in the Reading Pack)	Yes
Officer with overall responsibility:	Stuart Hunter, Director of Finance
Author(s) of papers:	Pete Papworth, Deputy Director of Finance
Details of previous discussion and/or dissemination:	Finance and Performance Committee
Action required: Approve/Discuss/Information/Note	The Board of Directors is asked to note the financial performance for the month ending 31 <sup>st</sup> January 2017.
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 exists on the risk register related to next year's financial planning. The actions are being monitored through the Finance Committee.

The Royal Bournemouth and  
Christchurch Hospitals NHS  
Foundation Trust

# Finance Report



For the period to 31 January 2017

Pete Papworth  
Deputy Director of Finance

## Executive Summary

The Trust has delivered a cumulative deficit of £941,000 as at 31 January. This is £245,000 better than budget.

### ***Sustainability and Transformation Fund***

The Trust has achieved its year to date financial control total set by NHS Improvement thereby securing access to the Sustainability and Transformation Fund. Subject to some final validation in relation to Cancer access performance; all agreed performance trajectories have also been achieved to date. The Trust has therefore accrued the associated Fund income in full.

### **Cost Improvement Programme**

Financial savings of £6.9 million have been achieved, which is £0.6 million behind the year to date target. The full year savings forecast improved by £0.2 million during January, and the current forecast is for total savings of £8.7 million against the full year target of £9.5 million. Further schemes continue to be identified to close this gap.

### **Employee Expenses**

The Trust has significantly reduced its reliance upon agency staff, and this together with the national price controls has reduced the associated cost considerable. The Trust is spending considerable less than the previous year and is currently operating within the agency ceiling agreed with NHS Improvement. Expenditure increased during January and is expected to continue this trend during February and March following the requirement to open and staff an additional ward to manage the increased demand for services during the winter period.

### **Forecast Outturn**

The Trust is endeavouring to improve its forecast year end deficit by £0.8 million from non-recurrent financial improvements. When including the recently announced Sustainability and Transformation Fund incentive income associated with this, the Trust is now forecasting a net surplus of £0.4 million. This compares to the original deficit plan of £1.450 million.

### **Capital Expenditure**

As at 31 January £5.4 million of capital spend has been committed, which is £5.1 million less than planned at this point in the year. The Trust is currently forecasting to under spend against the full year programme by £3.2 million, mainly due to slippage in relation to the refurbishment of the cardiology labs which will continue into 2017/18 following a very detailed procurement process.

### **Cash**

The Trust continues to report a favourable cash position against its plan, with a current consolidated cash balance of £40.7 million. The forecast end of year cash balance is £28.4 million meaning that no Department of Health support is required at this stage.

### **Financial Risk Rating**

The Trust has achieved a Use of Resources score of 2 under NHS Improvement's Single Oversight Framework (1 being best and 4 being worst).

### **Recommendation**

Members are asked to note the Trusts financial performance to 31 January 2017.

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# Finance Report

As at 31 January 2017

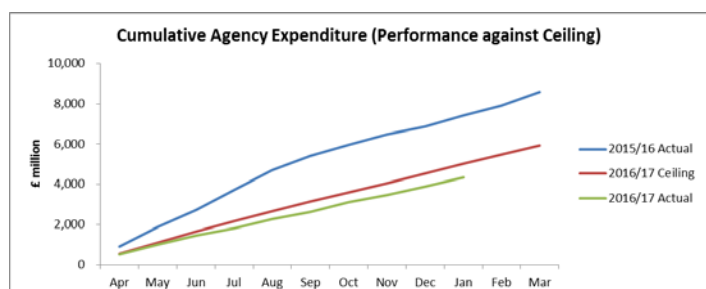
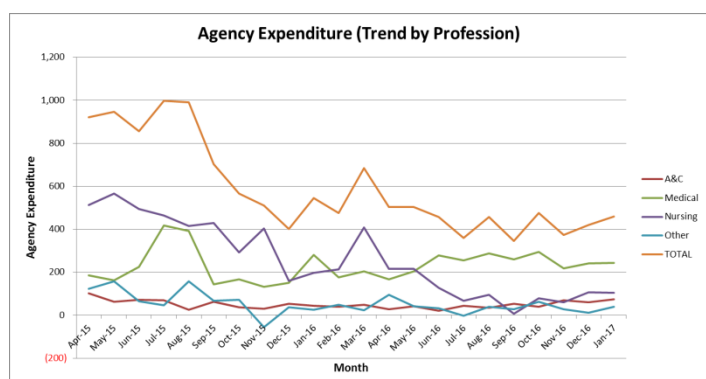
## Income and Expenditure

Income and Expenditure Summary	Budget £'000	Actual £'000	Variance £'000
NHS Clinical Income	214,251	208,919	(5,332)
Non NHS Clinical Income	5,399	4,413	(985)
Non Clinical Income	26,364	26,681	317
<b>TOTAL INCOME</b>	<b>246,014</b>	<b>240,013</b>	<b>(6,000)</b>
Employee Expenses	147,349	144,617	2,732
Drugs	29,924	26,790	3,134
Clinical Supplies	31,355	31,310	45
Misc. other expenditure	38,571	38,237	335
<b>TOTAL EXPENDITURE</b>	<b>247,200</b>	<b>240,954</b>	<b>6,246</b>
<b>SURPLUS/ (DEFICIT)</b>	<b>(1,186)</b>	<b>(941)</b>	<b>245</b>

Income Analysis	Budget £'000	Actual £'000	Variance £'000
NHS Dorset CCG	146,476	146,398	(78)
NHS England (Wessex LAT)	42,722	37,342	(5,380)
NHS West Hampshire CCG	20,743	20,744	1
Other NHS Patient Income	6,454	6,565	112
Sustainability and Transformation Fund	6,333	6,333	0
Non NHS Patient Income	3,255	2,282	(973)
Non Patient Related Income	20,031	20,348	317
<b>TOTAL INCOME</b>	<b>246,014</b>	<b>240,013</b>	<b>(6,000)</b>

SUSTAINABILITY AND TRANSFORMATION FUND (STF) INCOME	YEAR TO DATE		FULL YEAR	
	BUDGET £'000	ACTUAL £'000	BUDGET £'000	FORECAST £'000
Financial: Control Total (70%)	4,433	4,433	5,320	5,320
Performance: A&E Trajectory (12.5%)	792	792	950	950
Performance: RTT Trajectory (12.5%)	792	792	950	950
Performance: Cancer Trajectory (5%)	317	317	380	380
STF Incentive Fund	0	0	0	1,050
<b>TOTAL</b>	<b>6,333</b>	<b>6,333</b>	<b>7,600</b>	<b>8,650</b>

## Agency Expenditure

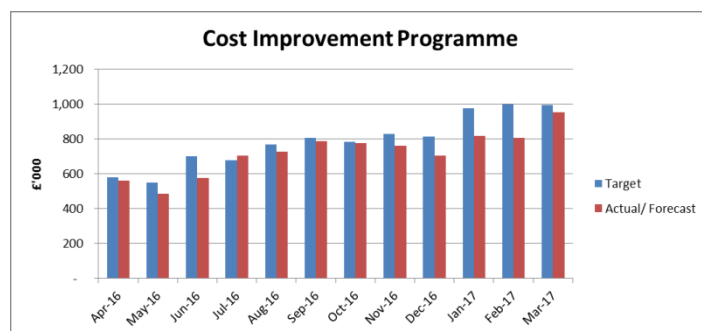


## Care Group Performance

Care Group Performance	Budget £'000	Actual £'000	Variance £'000
Surgical Care Group	14,264	13,808	(456)
Medical Care Group	8,384	7,584	(800)
Specialties Care Group	4,574	4,590	16
Corporate Directorates	(28,856)	(28,307)	550
Centrally Managed Budgets	449	1,385	936
<b>SURPLUS/ (DEFICIT)</b>	<b>(1,186)</b>	<b>(941)</b>	<b>245</b>

## Cost Improvement Programme

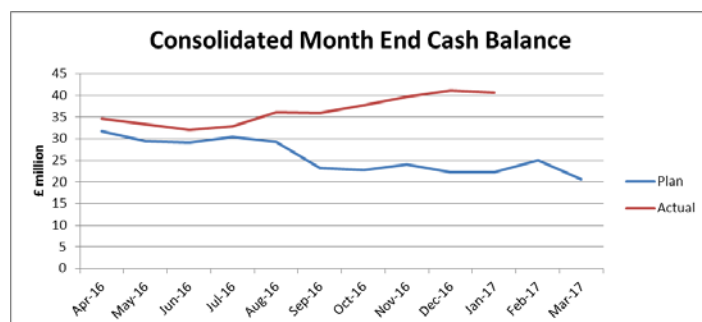
COST IMPROVEMENT PROGRAMME (CIP)	YEAR TO DATE			FULL YEAR		
	TARGET £'000	ACTUAL £'000	VARIANCE £'000	TARGET £'000	FORECAST £'000	VARIANCE £'000
Surgical Care Group	(1,692)	1,597	(95)	(2,191)	2,105	(86)
Medical Care Group	(1,788)	1,510	(278)	(2,610)	1,874	(736)
Specialties Care Group	(1,808)	1,632	(175)	(2,116)	2,086	(30)
Corporate Directorates	(2,200)	2,143	(57)	(2,564)	2,596	31
<b>Total</b>	<b>(7,488)</b>	<b>6,882</b>	<b>(605)</b>	<b>(9,481)</b>	<b>8,660</b>	<b>(821)</b>



## Capital Expenditure

CAPITAL PROGRAMME	YEAR TO DATE			FULL YEAR FORECAST		
	BUDGET £'000	ACTUAL £'000	VARIANCE £'000	BUDGET £'000	FORECAST £'000	VARIANCE £'000
Estates	7,006	2,627	4,379	7,940	5,466	2,474
IT Strategy	2,617	2,344	273	3,409	2,685	724
Medical Equipment	800	383	417	1,000	1,000	0
<b>TOTAL</b>	<b>10,423</b>	<b>5,354</b>	<b>5,069</b>	<b>12,349</b>	<b>9,151</b>	<b>3,198</b>

## Cash





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The Royal Bournemouth and  
Christchurch Hospitals  
NHS Foundation Trust



## BOARD OF DIRECTORS

Meeting Date and Part:	24 <sup>th</sup> February 2017 – Part 1
Reason for Part 2:	n/a
Subject:	Workforce Report
Section on agenda:	5(d) Performance
Supplementary Reading (included in the Reading Pack)	
Officer with overall responsibility:	Karen Allman
Author(s) of papers:	Karen Allman & Ellen Bull
Details of previous discussion and/or dissemination:	Specific issues are reviewed at Workforce Committee, HAC, Education & Training Committee
Action required: Approve/Discuss/Information/Note	For discussion and noting areas highlighted.
<p>Executive Summary:</p> <p>The report shows the performance of the Trust by care groups across a range of workforce metrics: Appraisal, Essential Core Skills, Turnover and Joiner rates, Sickness and Vacancies; plus safe staffing data.</p>	
<p>Relevant CQC domain:</p> <p>Are they safe?</p> <p>Are they effective?</p> <p>Are they caring?</p> <p>Are they responsive to people's needs?</p> <p>Are they well-led?</p>	<p>Well Led.</p> <p>Providing appropriate staffing to deliver effective and safe care.</p>
<p>Risk Profile:</p> <p>i. Impact on existing risk?</p> <p>ii. Identification of a new risk?</p>	<p>Recruitment, Appraisal Compliance, Essential Core Skills (mandatory training) compliance, and workforce planning are all existing risks on the risk register.</p>



## WORKFORCE REPORT – FEBRUARY 2017

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

Care Group	Appraisal Compliance		Mandatory Training Compliance	Sickness		Joining Rate	Turnover	Vacancy Rate (from ESR)
	Values Based	Medical & Dental		Absence	FTE Days			
	At 31 January			Rolling 12 months to 31 January				At 31 January
Surgical	85.8%	84.4%	88.4%	4.94%	16284	13.1%	10.8%	
Medical	89.3%	85.4%	88.3%	4.22%	21135	13.7%	11.6%	
Specialities	94.4%	93.1%	91.7%	3.73%	10595	9.8%	10.7%	
Corporate	92.7%	0.0%	94.4%	3.90%	12533	7.3%	10.3%	
Trustwide	90.4%	86.9%	90.0%	4.21%	60547	11.4%	11.0%	

Staff Group	Appraisal Compliance		Mandatory Training Compliance	Sickness		Joining Rate	Turnover	Vacancy Rate (from ESR)
	Values Based	Medical & Dental		Absence	FTE Days			
	At 31 January			Rolling 12 months to 31 January				At 31 January
Add Prof Scientific and Technical	95.4%		93.7%	3.68%	1619	12.1%	14.4%	
Additional Clinical Services	85.7%		88.8%	5.99%	15135	18.8%	14.0%	
Administrative and Clerical	92.9%		93.4%	3.71%	11240	8.3%	9.7%	
Allied Health Professionals	91.1%		91.5%	2.39%	2156	13.6%	12.9%	
Estates and Ancillary	92.9%		92.4%	5.36%	6797	7.9%	11.5%	
Healthcare Scientists	96.1%		95.3%	3.18%	1089	17.8%	17.8%	
Medical and Dental		86.9%	83.2%	1.55%	2470	4.7%	6.0%	
Nursing and Midwifery Registered	89.5%		90.2%	4.69%	20041	10.2%	9.5%	
Trustwide	90.4%	86.9%	90.0%	4.21%	60547	11.4%	11.0%	

### **1. Appraisal**

Planning for year 3 of the values based appraisal process is in train.

## 2. Essential Core Skills Compliance

Overall compliance continues at the 90% mark. This compares favourably with the 83.8% figure at the same point last year.

The 10 areas with the lowest compliance as at 31<sup>st</sup> January:

Directorate	Organisation	Headcount	Compliance	Trend
Surgery Directorate	153 Surgery - General 10085	33	73.31%	
Facilities Directorate	153 Portering 14615	34	77.45%	
Medicine Directorate	153 Medical General Staff 10075	71	77.91%	
Cancer Care Directorate	153 Haematology Snr.Medical 11346	20	79.69%	
ED Directorate	153 ED Admin Clerical/Receptionist 10456	29	80.95%	
Elderly Care Services Directorate	153 MFE Medical Staff 10077	50	81.47%	
Anaesthetics/Theatres Directorate	153 ICU/HDU 10315	58	82.26%	
Cancer Care Directorate	153 Macmillan Unit 10565	35	82.32%	
ED Directorate	153 ED Nursing and Income 10455	87	82.34%	
ED Directorate	153 ED Medical Staff 10015	36	82.61%	

Areas with highest compliance:

Directorate	Organisation	Headcount	Compliance	Trend
Facilities Directorate	153 XCH I/H Dom Contract 14350	13	100.00%	
Informatics Directorate	153 Telecoms 13585	22	100.00%	
Human Resources Directorate	153 Blended Education and Training 18100	11	100.00%	
Informatics Directorate	153 Health Records 13540	39	100.00%	
Finance and Business Intelligence Directorate	153 Information 13541	16	99.38%	
Operational Services Directorate	153 Cancer Information Team 13495	15	99.33%	
Specialist Services Directorate	153 Prosthetic/Orthotic Centre 12650	12	98.63%	
Informatics Directorate	153 IT Development Recurrent 13597	13	98.58%	
Estates and Support Directorate	153 Works Department 17000	52	98.58%	
Pathology Directorate	153 Haematology 11340	25	98.40%	

The Education & Training team have undertaken a lot of work encouraging staff to book on face to face sessions and to complete eLearning; they are also working with different departments to review the training requirements assigned to roles to ensure these are correct and appropriate. A task and finish group has been set up to look at our processes for DNAs (did not attend) and how we can improve reporting, to raise awareness of the issues this causes and hopefully bring about a reduction in non-attendance. Areas with high DNA's are also being asked to identify actions to improve their compliance.

## 3. Sickness Absence

The Trust-wide sickness rate has slipped back again to 4.21% (4.18% last month) which is up on the 3.89% figure at the same point last year. This continues the overall trend in sickness despite having seen some month-on-month improvements earlier during the year.

The 10 areas with the highest 12-month rolling sickness absence as at 31<sup>st</sup> January:

Directorate	Organisation	Headcount	Absence Rate	Trend
153 Maternity Directorate	153 Antenatal Clinic 10520	12	17.40%	
153 Anaesthetics/Theatres Directorate	153 Day Surgery Services 10385	29	10.18%	
153 Elderly Care Services Directorate	153 MFE Ward 5 10378	40	9.76%	
153 Facilities Directorate	153 Portering 14615	38	9.73%	
153 Surgery Directorate	153 Ward 17 10428	30	8.91%	
153 Ophthalmology Directorate	153 BEU Outpatients 10480	26	8.90%	
153 Specialist Services Directorate	153 Department of Sexual Health 10090	41	8.51%	
153 Orthopaedics Directorate	153 Orthopaedic Outpatients 10587	25	8.50%	
153 Medicine Directorate	153 Ward 3 10598	39	8.36%	
153 Specialist Services Directorate	153 XCH Medical Secretaries 13556	11	7.94%	

Areas with the lowest sickness:

Directorate	Organisation	Headcount	Absence Rat	Trend
153 Orthopaedics Directorate	153 Ortho Medical Staff 10160	35	0.57%	
153 Surgery Directorate	153 Surgery - Urology 10084	18	0.69%	
153 Cardiac Directorate	153 Cardiac Medical Staff 10076	39	0.75%	
153 Medicine Directorate	153 Medical General Staff 10075	88	0.82%	
153 Finance and Business Intelliger	153 Information 13541	16	0.87%	
153 Cardiac Directorate	153 Cardiac Rehab 11527	20	0.99%	
153 Elderly Care Services Directorat	153 MFE Medical Staff 10077	51	1.03%	
153 ED Directorate	153 ED Medical Staff 10015	53	1.03%	
153 Pathology Directorate	153 Microbiology 11380	26	1.06%	
153 Surgery Directorate	153 Surgery - General 10085	38	1.08%	

A significant amount of extra focus is being applied to the management of sickness absence in the Trust. Data including the split of short term sickness and long term sickness is widely available, the HR business partners are highlighting the detail for each of their client areas ensuring that management actions are being taken appropriately. It is the management of short-term sickness episodes that will have the most impact on improving absence rates, with the split data providing an opportunity to identify any particular patterns/recurrences which can be addressed through discussion and support between managers and the staff members involved.

Long-term cases are being reviewed through HR and Occupational Health to ensure appropriate referrals are being made and in a timely manner. However, the Board will be aware that we are in the peak time for sickness absence currently based on trend and pattern review from previous years and although monthly performance may improve it will take time for this to affect the rolling 12 month data. The Workforce Committee meet on Monday 27<sup>th</sup> February, when the data will be reviewed in more detail and through the care group reviews.

Additional measures introduced include the rollout of the electronic return to work form that was developed and trialled recently across the Trust - this should ensure that information regarding sickness and supporting return to work discussions and actions take place and are held on file electronically and centrally.

#### 4. Turnover and Joiner Rate

Joining rate increased to 11.4% compared to 10.7% last month; turnover rate down to 11.0% compared to 11.9% the previous month. Joining rate is back up above the turnover rate following the reversal in December which would have been impacted by the Christmas period. We have eight overseas nurses due to join us in this period with people coming from the Philippines as well as Europe being placed in areas across the Trust.

#### 5. Vacancy Rate

Vacancy rate information was not available at the time of submitting the paper but is unlikely to have changed significantly from last month and compares favourably with other NHS trusts nationally and locally.

## 6. **Safe Staffing**

The actual fill rates against planned care remain on aggregate above 90%, with the lowest being the registered nurse day fill rate.

The table below provides the exceptions:

	RN Registered	HCA
Day	92.5%	97.5%
Night	100.3%	119.1%

Care group B ( Medical ) figures are overall within expected ranges; the HCA percentages are slightly higher due to enhanced care (special) requests.

Ward 3 – the figures are for a 23 bedded ward and this may reflect the low fill rate, however there are no concerns.

Bournemouth Eye Unit, (BEU ward) – the ward is currently working to a new template agreed at the start of December; however e-roster required updating, creating an anomaly. However the care hours at 23.59 do not take into account the activity that happens due to the day unit.

MacMillan Unit had the requirement for specials overnight during the month.

Ward 11 trained figures are reduced due to the current level of vacancies; however the ward has remained safe at all times with local review and mitigation from other directorate staff such as specialist nurses and the day unit.

Ward 9 - the winter care ward has been well staffed.

Red Flags have been validated and none to report.

Care Hours Per Patient Day (CHPPD) remain relatively stable and are being monitored in relation to the baseline.

## 7. **Workforce Development and Planning**

Two events will have taken place in the Trust prior to the Board meeting. On 7<sup>th</sup> February an event was held to publicise the further development of apprenticeships in the Trust and the implications of the levy that comes into effect from April. This was well attended and a lively discussion highlighting the significant opportunities and challenges that this intervention will bring for the Trust and wider health and social care workforce. We are also working with colleagues across Dorset as part of the Dorset Workforce Advisory Board workstream supporting the STP.

Health Education England, Wessex is running an event on workforce planning on 20<sup>th</sup> February for the Trust. The event should support the development of workforce plans underpinning our development of the people strategy. We have good representation from across the Trust and will report more detail to the Workforce Committee as we progress this work.

## **8. English Language Requirement for Public Sector Workers**

This part of the Immigration Act requires public authorities to ensure that each person who works in a public facing role speaks fluent English. It applies both to potential recruits as well as existing staff. We need to ensure that all employees and contractors are able to communicate well with patients, visitors and each other. Communication is one of our Trust values and all new person specifications will state “able to speak English as necessary for the role”. Previously some public facing roles were already subject to a language requirement, including practising medical staff. There is a standardised framework to support the assessment of fluency with four levels according to role. We have already had experience of providing support for staff so are well placed to demonstrate that we meet the code.

A task and finish group was established to review the situation in the Trust and a communication plan has been developed to promote the awareness of the requirement and any changes to practice. The Board are asked to note this information.

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The Royal Bournemouth and  
Christchurch Hospitals  
NHS Foundation Trust



## BOARD OF DIRECTORS

Meeting Date and Part:	24 February 2017 Part 1
Reason for Part 2:	N/A
Subject:	Clinical Services Review
Section on agenda:	Strategy and Risk
Supplementary Reading (included in the Reading Pack)	None
Officer with overall responsibility:	Tony Spotswood, Chief Executive
Author(s) of papers:	Tony Spotswood, Chief Executive
Details of previous discussion and/or dissemination:	Previous Board meetings
Action required:	For information
<p>Executive Summary:</p> <p>The paper provides details of the total number of responses received so far to the CSR proposals and confirms work to take forward planning for implementation of CSR.</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>	

## **Clinical Service Review**

### **Introduction**

The purpose of this paper is to apprise Board members of progress and work to underpin the advancement of the Clinical Service Review.

As of 9<sup>th</sup> February 2017 the CCG have received 4,810 responses to the consultation document, whilst over 1,700 have yet to be ascribed to a geographical area, of those that have been analysed it appears that the most significant response rate has come from residents living in Poole, which represents 21% of the total number of respondents. Of the remaining responses 16% have been received from those living in West Dorset and similarly North Dorset respondents also represent 16% of the total. Only 12% of the respondents live in Bournemouth. The response rate for Christchurch has increased marginally and stands at 7% of the total number of respondents. The final day for receipt of consultation responses is 28<sup>th</sup> February.

### **The establishment of a Programme Board**

Following earlier Board discussions an advert is now being placed via the two Trusts for the appointment of a Programme Director to support implementation of the Clinical Service Review. This appointment is being made via national advertisement and represents the first phase of a series of appointments to create a Programme team to support the CSR work. The Terms of Reference for the Programme Board are now being developed in conjunction with the Board Secretaries and an advert is also being placed for a partner to help develop the strategic outline case which will set out the capital requirements to be considered by NHS England. Discussions have also taken place with the Chief Executive of Dorset County Hospital to consider the most effective way in which Dorset County can be engaged in discussions to shape networking arrangements to support a sustainable pattern of provision for acute services for residents living in the North and West of Dorset.

NHSI and Dorset Clinical Commissioning Group met informally with the Competition and Markets Authority on 31<sup>st</sup> January 2017. A further informal discussion is now planned between the CMA, NHSI and the two Trusts pending the subsequent submission of patient benefit case to set out the rationale for the lifting of the undertakings to allow the CSR to proceed. The Trusts will also wish to consider informally with the CMA how they would handle any future request to allow the two organisations to merge in order to enable the effective implementation of the CSR. It is anticipated that the CMA would in such circumstances require a full and detailed explanation of why merger is essential to implementing the Clinical Service Review.

Various clinical teams have been developing responses to the CSR consultation proposals. I enclose for information (Appendix A) a copy of the response prepared on behalf of the Medical Staff Committee by Dr Nik Hennessy. This is provided to the Board for information. The Board should also note that there are still concerns being expressed by some clinicians at Poole Hospital about the planned model of care and re-siting of services.

A positive joint meeting of CSR Clinical Champions was held at Bournemouth University on 8<sup>th</sup> February 2017, an event organised jointly by Dr Tim Batcock and Dr Ruth Williamson to bring together clinicians from both hospitals to consider how we take forward the work to implement the Clinical Service Review contingent upon the CCG's final decision on its model and use of sites in September 2017. This will be an important forum to progress the detailed clinical planning.

This paper is provided for information and invites Board members' comments on progress and any further work that is required to help advance the CSR.

**Tony Spotswood**  
**Chief Executive**



The Royal Bournemouth and  
Christchurch Hospitals  
NHS Foundation Trust



7 February 2017

Dr F Watson  
Chair Dorset CCG  
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Dear Dr Watson

**Re: Dorset Clinical Services Review Consultation**

The Medical Staff Committee, representing consultant, associate specialist and specialty doctors at The Royal Bournemouth and Christchurch Hospitals, wish to affirm our support for the proposals in the Dorset CCG's Clinical Service Review for the reconfiguration of hospital services.

We acknowledge that in addition to the financial need for change, there is an equally important requirement to develop a sustainable workforce. With the increasing demand for acute medical and surgical services along with the national drive to develop a 24/7 consultant led service, it is clear that it will become ever more difficult to provide this across two acute sites in East Dorset.

Combining staff from Poole and Bournemouth onto a single major emergency site in East Dorset will enable us to provide a 24/7 consultant led service for acute and emergency care and eliminate gaps in the junior doctors' rotas that we currently see. This will undoubtedly improve the quality of the service that we provide to our patients.

For reasons of access, ease of development and affordability there is support for the preferred option of The Royal Bournemouth Hospital developing as the main emergency site.

The development of a planned care site will have further benefits for patients, reducing the likelihood of cancellation of treatment due to the need to treat emergency cases.

Naturally there are concerns from all staff, not just doctors, on the impact that the reconfiguration will have on the working lives of individuals in terms of changing patterns of work and whether they will have to work on a different site. We have to be mindful of these justifiable concerns.

There is recognition that the details of how services will be reconfigured have yet to be worked out. There are likely to be significant hurdles to overcome in some areas, such as understanding the practicalities of combining the general medical takes.

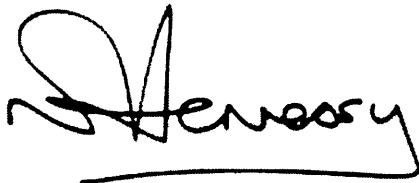
For this reason, individual specialities must be involved in the planning, development and implementation of the service redesigns that are necessary. It is imperative that we work with all staff groups from both Poole and Bournemouth to ensure that their concerns are listened to and taken into consideration.

Work is already underway with Clinical teams from both sites engaged in service distribution design, working out how this will relate to provision of services in the community and ensuring that there is a sustainable acute and emergency care in both the West and East of the county.

We also fully support the development of better integration of care and investment in better community care, with an expectation that this will stabilise the increasing demands on hospital services and inpatient beds.

Medical staff at The Royal Bournemouth and Christchurch Hospitals are committed to working together with their colleagues from Poole Hospital, Dorset County Hospital and the Dorset CCG to improve the quality of care for patients throughout Dorset.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Niklas Hennessy', with a horizontal line underneath.

**Dr Niklas Hennessy**  
Chairman  
Medical Staff Committee

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would expect for our own families*

## BOARD OF DIRECTORS

Meeting Date and Part:	24 <sup>th</sup> February 2017, Part I
Subject:	Progress Update on 2016/17 Corporate Objectives
Section on agenda:	Strategy and Risk
Supplementary Reading (included in the Reading Pack)	None
Officer with overall responsibility:	Tony Spotswood, Chief Executive
Author(s) of papers:	Sandy Edington
Details of previous discussion and/or dissemination:	N/A.
Action required: Approve / Discuss / Information/Note	To note for information.
Executive Summary: This is the internal assessment of the performance against the Trust objectives for Quarter 3 , 2016/17	
Relevant CQC domain: Are they safe? Are they effective? Are they caring? Are they responsive to people's needs? Are they well-led?	All CQC Standards
Risk Profile: i) Impact on existing risk? ii) Identification of a new risk?	N/A

## 2016/17 Monitoring of Performance against Board Objectives

Success Criteria / Milestone	Lead Exec	Monitored By	Information Provided By	RAG / Achieve d Q1	RAG / Achieve d Q2	RAG / Achieve d Q3	RAG / Achieve d Q4	Commentary
1. To continue to improve the quality of care we provide to our patients ensuring that it is safe, compassionate and effective, driving down reductions in the variation of care whilst ensuring that it is informed by, and adheres to best practice and national guidelines. Our specific priorities are:								
Ensuring patients are cared for in the correct care setting on Wards by improving the flow of patients admitted non electively and reducing the average number of outlying patients and non clinical patient moves by at least 10%	RR							Flow designated as major priority for 2017/18. Project board formed, action log developed.
To ensure that there are no MRSA bacteraemia cases and that the Trust achieves its target of no more than 14 Clostridium Difficile	PS	IPCC	Information					0 MRSA, 15 confirmed late CDI relating to confirmed lapses in care. Despite being over our 14 case trajectory there have been fewer cases this last quarter indicating a reducing tread which may in part be due to additional education and heightened awareness in the Trust. It has been acknowledged by the CCG that these cases have not been caused by RBCH but represent the ongoing challenges of managing this infection. A paper setting out our current status and actions will be presented at next months IPCC
To be within the top quartile of hospitals reporting patient satisfaction via the Family and Friends Test	PS	HAC	Governance					Consistently in top quartile. ED in top decile.
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.	AOD	MSG	Information					Oversight of mortality trends and learning from deaths embedded. Further work to improve the speed of review and to identify reportable features such as safeguarding Or learning difficulties at an earlier stage
Ensuring patients are cared for in the most appropriate place for their needs by Supporting more patients who want to die at home to achieve this.	RR							Progress on discharge processes, and start of dedicated EoL Dom care provider pilot, however overall not a significant shift in EoL deaths outside of hospital.
To deliver consistent standards in quality care for our patients demonstrated by further improvements in reducing the number of avoidable pressure ulcers and falls which happen in our hospital in 2016/17 by a further 10%, measured through Serious Incident Reports	PS	HAC	Governance					On track to achieve
To address all issues highlighted within the CQC Report during 2016/17	PS							Board briefed on continuing progress - including well led audits.
2. To drive continued improvements in patient experience, outcome and care across the whole Trust. The Trust will use a QI methodology to support this work. Key priorities are:								
Improving the management of sepsis, ensuring we implement the six key interventions (high-flow oxygen, fluid bolus, blood cultures, IV antibiotics, monitoring urine output, and measuring lactate) within one hour of patients being identified as having sepsis or being in septic shock.	DM	Improvement Board	PMO					The new sepsis clinical markers and screening tool launched 5th September. Use of the screening tool and the sepsis stickers extended to the in-patient areas. Main emphasis has been on getting the IV antibiotics within 1 hour to patients showing evidence of high risk factors. Methodology now being developed to embed the delivery of the other components of the sepsis 6 bundle.
Implementing the Department of Health's best practice guidance for effective discharge and transfer of patients from hospital and intermediate care. These including developing a clinical management plan for every patient within 24 hours of admission; all patients having an estimated date of discharge within 24-48 hours of admission; use of a discharge checklist, daily discharge board rounds and the involvement of patients and carers to make informed decisions about their on-going care and discharge. The full list is shown as Annex 1.	DM		PMO					Multi-disciplinary discharge planning training event December including patient story had very positive response and intention is to run a similar event in future. January 'action learning week' with a focus on EDD with an action plan to support changes throughout the Trust, similar events will be developed and rolled out regularly.
Implementing the NICE guidelines for patients referred with suspected GI cancer ensuring a minimum of 93% of patients receiving an appointment within two weeks.	DM		PMO					The 'straight to test' trial using PDSA cycles was very successful resulting in a bid for funding to provide a nurse practitioner to run the clinics being approved. Following a recruitment process an appointment has been made, now started in January. Under 6 weeks for all planned Endoscopy procedures.
Implement internal professional standards - '5 Daily Actions' and a new frailty pathway to improve hospital flow and ensure every patient has the right care, in the right place, at the right time	DM		PMO					Test taking place on use of direct admissions to ward. Continuing to test the use of the 'silver phone' taking calls from GPs. Christchurch Locality hub opened 5th September and the new Frailty Unit opened 7th September. These both support the improved patient pathways to provide for early senior clinical assessment and coordination of support services to help patients leave hospital as soon as they are medically fit.
Improve surgical productivity and operating theatre efficiency to reduce 'lost' theatre time and release patient slots. This will include a reduction in variation, removing waste and improving flow across elective pathways in orthopaedics and urology	DM		PMO					A key target for 16/17 is to treat an additional 1,000 patients, procedures have increased and are on target to deliver. Work is being done to improve the scheduling and reconfigure the standard theatre day. Current throughput in theatres is encouraging and variation in number of procedures each month is reducing.
Reduce last minute clinic cancellations by 50% and DNA rates to an average of 4% in outpatients through more effective utilisation of current resource and standardisation of clinic templates	DM		PMO					New portal being developed to provide for improved clinic forward planning. In addition work is underway to identify the reasons for Did Not Attend (DNA) and better ways of communicating appointment reminders. The junior doctors' strikes have put added pressure on achieving the targets as time is required to carry out Plan Do Study Act cycles on some of the ideas for improvement
Applying standards of care for all patients undergoing emergency laparotomy with the aim of maintaining mortality below 5%	DM		PMO					The Trust continues to work with the Emergency Laparotomy Collaborative and is one of four Trusts also taking part in the sub project around peri-operative care for frail elderly patients. Outcomes from this study will be available in 2017. In the meantime there is further work being done on the patient pathway to maintain the improved level of mortality. Reduction in mortality rates appears to be sustained.
Uniform use of surgical checklists across the whole organisation with the intention that there are no Never Events associated with failure to use checklist. Monitor compliance, response and better education.	DM		PMO					Safety Checklists have now been developed and are in use across 14 areas in the Trust carrying out invasive procedures including theatres. The next step is finalise the standardised operating procedures, in line with National Safety Standards for Invasive Procedures (NaSSIPs). In addition a new IT system is being developed, starting with Theatres, Endoscopy and Ophthalmology to help record and monitor compliance. This is due for live usage in Q4 2016/17.
To embed the use of VitalPac within the Trust and its application as a trigger tool for escalation. Development of a clear escalation protocol and the accompanying education. Measurable reduction in SIs related to lack of escalation.	DM		PMO					Senior engagement in Wessex Patient Safety Collaborative: The Deteriorating Patient. Launch event in September 2016. Data collection and audit underway to identify how to develop work programme.
3. To support and develop our staff so they are able to realise their potential and give of their best, within a culture that encourages engagement, welcomes feedback, and is open and transparent in its communication with staff, public and service users. Key priorities include:								
To ensure all staff have a values based appraisal and agreed personal development objectives which reflect both the needs of the service and their own development requirements	KA	Workforce Committee	Information					90 % achieved. Appraisal champions created and in place. Plan for 2017/18 in train, with trajectory for 17/18. Objectives clarified and senior leadership appraisals planned, and local objectives being developed.
Providing support and interventions for the health and wellbeing of our staff.	KA		Information					Policy updated and agreed, regular health and wellbeing events have been run. Additional interventions planned to embed and develop further.
Providing appropriate education, training and development opportunities and support for staff, and demonstrate the return on investment for the organisation.	KA		Information					Education committee established, new DME appointed, new Medical Education Manager appointed. TNA plans reviewed.
To develop and implement a comprehensive leadership and organisational development strategy which reflects the organisation's values and views of staff and focuses on good organisational health and a positive development and learning culture.	NH		Information					Now in Design Phase, on schedule
To strengthen levels of staff engagement within the Trust, creating opportunities for staff to contribute to the design and delivery of services and improvement ideas. This engagement will be measured by an improvement in the national Staff Survey (2016) engagement scores and by an increase in the quarterly Staff Impressions measure of engagement.	KA		Information					Staff engagement score for 2016 staff survey awaited but early indications of improvement. Action plans will be developed locally and across the trust to support appropriate interventions.
To promote collective responsibility for the success of the Trust and greater autonomy for staff to manage and deliver their services, within a clear framework of responsibility and accountability.	TS		Information					Latest staff survey results illustrate progress. AstonOD team coaching the vehicle to cement this.
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	TS							Awaiting final decision from the CCG

Success Criteria / Milestone	Lead Exec	Monitored By	Information Provided By	RAG / Achieved Q1	RAG / Achieved Q2	RAG / Achieved Q3	RAG / Achieved Q4	Commentary
To establish the <b>Vanguard "One NHS in Dorset"</b> and implement proposals to unify and standardise patient pathways, thereby strengthening the quality of service for patients across Dorset in the following areas of maternity, paediatrics, stroke, cardiology, imaging, ophthalmology, non-surgical cover and diabetes. This will be taken forward throughout 2016.	TS							4 priorities now identified for further progress, pathology (green), OD (green), stroke (green) and back office (amber)
To develop proposals to evaluate the introduction of an <b>integrated pathology service</b> for Dorset. Proposal developed for the conurbation by 2017.	TS							On schedule
To establish a <b>joint venture vehicle</b> by November 2017 to facilitate provision of a range of Dorset wide hospital services	TS							No longer relevant
Work with the Dorset Community Trust, primary care and local authority partners to extend the range of services available to <b>support patients discharged from hospital</b> and to help local people maintain their independence and health without recourse to admission to hospital.	TS							The Trust has made significant progress through the focus on stranded patients, the establishment of a frailty unit and expansion of ambulatory care.
To shape and develop proposals to support and agree a <b>new model of care</b> for hospital and out of hospital services, promoting the <b>Royal Bournemouth Hospital as a future major emergency site for Dorset and West Hampshire residents</b> .	TS							Consultation underway, concluding at end Feb 17. Trust response submitted.
To establish a <b>dedicated private patients facility</b> by April 2017	SH							On target
To complete work to create an <b>integrated community hub</b> offering a range of services and facilities at Christchurch including radiology, outpatients, a GP practice, and a community pharmacy	RR							On track
Implement the <b>resilient Data Network</b> , telephone system and refreshed computer room.	PG							We have made less progress than we would have liked over the last 3 months due to the number of escalated IT projects that require the infrastructure team to be diverted from progressing this fundamental project.
<b>Embed Electronic Document Management (EDM)</b> so that it no longer appears on the Trust's risk register.	PG							Significant work has taken place on the EDM quality improvement plan however feedback suggests that clinicians, while acknowledging that it is improving are still not considering the retrieval speed and reliability of clinical information to be sufficient. Our supplier has recently enabled a new technology which will allow the filing of records to be more accurate which will be expected to deploy in 17/18. During 17/18 we will also see RBCH move forward with the Graphnet EPR which will embed the EDM system within it, meaning that users will not need to login to 2 different systems to see the scanned records and other basic clinical information (blood tests results and clinical correspondence etc.). Following the implementation of these 2 changes we need to re-evaluate the risk objectively with consideration that the residual risk may need to be accepted by the trust as to be as low as reasonably possible
Undertake all the necessary preparatory work to enable RBCH to move to Graphnet <b>Electronic Patient Record (EPR)</b> by April 2017.	PG							The interface development has proven to be far more technically complicated than at first envisaged and the expected go live has now slipped from spring 2017 to winter 2017. Detailed evaluation of the exact go live date is underway
Implement <b>Order Communications</b> in the four diagnostic areas	PG							It has been agreed by the project board and TMB that Order Comms must follow on from the Strategic EPR launch
Achieve <b>full compliance with the IG Toolkit</b> .	PG							Full compliance is targeted by 31 March 2017
Participate in the development of a <b>joint informatics strategy</b> for the three acute trusts in Dorset	PG							The strategic outline case for a shared informatics service across the NHS in Dorset has been approved by the Vanguard executive steering group and the outline <b>business case</b> is now being developed
<b>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:</b>								
95% of patients waiting no more than 4 hours from arrival in ED to their admission discharge or transfer	RR	TMB & PMG	Information					94.14% achieved - well above trajectory of 91.01%, 95.2% for Q3
93% of patients referred using the fast-track cancer pathway being seen within 14 days of referral	RR	TMB & PMG	Information					97.8% for Dec, Q3 achieved target
93% of patients referred to the symptomatic breast clinic seen within 14 days of referral	RR	TMB & PMG	Information					100% achieved
96% of patients diagnosed with cancer receiving treatment within 31 days	RR	TMB & PMG	Information					100% for December, Q3 target achieved.
95% of patients receiving their first treatment within 62 days of urgent GP referral with suspected cancer.	RR	TMB & PMG	Information					88.7% for November, anticipate meeting Q3 target
92% on incomplete pathways within 18 weeks	RR	TMB & PMG	Information					90.25% for Dec, below 92% trajectory, but recovery plans in place combined with move to demand management
<b>6. The Trust achieves its financial plan with emphasis on reducing agency spend, cutting waste and securing improvements in efficiency and productivity without detriment to patient care.</b>								
	SH	FC & BOD	FINANCE					On target

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

## BOARD OF DIRECTORS MEETING – 24 February 2017

### PART 2 AGENDA - **CONFIDENTIAL**

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

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

Timings		Purpose	Presenter
11.00	<b>1. MINUTES OF PREVIOUS MEETING</b>		
	a) To approve the minutes of the meeting held on <b>27 January 2017</b>		<i>All</i>
11.05	<b>2. MATTERS ARISING</b>		
	a) To provide updates to the Actions Log		<i>All</i>
11.10	<b>3. STRATEGY AND RISK</b>		
	a) Significant Risk and Assurance Framework (paper)	Discussion	<i>Paula Shobbrook</i>
	b) CSR (paper)	Information	<i>Tony Spotswood</i>
	c) One NHS in Dorset (Vanguard) (paper)	Information	<i>Tony Spotswood</i>
	d) 2017/18 Budget (paper)	Decision	<i>Stuart Hunter</i>
12:10	<b>4. GOVERNANCE</b>		
	a) LCEA Criteria Review Update (verbal)	Information	<i>Alyson O'Donnell</i>
	b) National Reference Cost Index (paper)	Information	<i>Stuart Hunter</i>
12.20	<b>5. PERFORMANCE</b>		
	a) Christchurch Update (paper)	Decision	<i>Richard Renaut</i>
	b) Staff Survey (presentation)	Information	<i>Karen Allman</i>
13.00	<b>6. ANY OTHER BUSINESS</b>		
	a) Key Points for Communication to Staff		
	b) Reflective Review		

The meeting will be followed by a Board 'Blue skies' session on key strategic themes.