

A meeting of the Board of Directors will be held on Friday 24 November 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	1. WELCOME, APOLOGIES FOR ABSENCE and DECLARATIONS OF INTEREST		
	Alex Jablonowski, Cliff Shearman		
8.35-8.40	2. MINUTES OF PREVIOUS MEETING		
	a) Minutes of the meeting held on 29 September 2017	Decision	All
8.40-8.45	3. MATTERS ARISING		
	a) Updates to the Actions Log	Information	All
8.45-9.40	4. QUALITY		
	a) Patient Story (verbal)	Information	Paula Shobbrook
	b) Update on Governor Activity (verbal)	Information	David Triplow
	c) Cancer Patient Survey (presentation)	Information	Paula Shobbrook/ Alison Ashmore/
	d) Medical Director's Report (paper)	Information	Alyson O'Donnell
9.40-10.15	5. STRATEGY AND RISK		
	a) Clinical Services Review Implementation (paper)	Information	Tony Spotswood
	b) Ever Safer Care - Winter Plan (paper)	Discussion	Richard Renaut
10.15-10.45	6. PERFORMANCE		
	a) Performance Report (paper)	Information	Richard Renaut
	b) Quality Report (paper)	Information	Paula Shobbrook
	c) Finance Report (paper)	Information	Pete Papworth
	d) Workforce Report (paper)	Information	Karen Allman
10.45-10.55	7. GOVERNANCE		
	a) Non-Executive Director Appointments to Board Committees (paper)	Decision	Karen Flaherty
	b) Well-led Review Action Plan Update (paper)	Information	David Moss
	c) Healthcare Assurance Committee Terms of Reference (paper)	Decision	Paula Shobbrook

d) Local Authority Reorganisation (paper)

Decision

Richard Renault

8. NEXT MEETING

Wednesday 31 January 2018 at 8.30am in the **Conference Room, Education Centre, Royal Bournemouth Hospital**

9. ANY OTHER BUSINESS

Key Points for Communication to Staff

10.55-11.10

10. COMMENTS AND QUESTIONS FROM THE GOVERNORS AND PUBLIC

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

11. RESOLUTION REGARDING PRESS, PUBLIC AND OTHERS

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

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would expect for our own families*

The Royal Bournemouth and
Christchurch Hospitals
NHS Foundation Trust



Part 1 Minutes of a Meeting of the **Board of Directors** (the **Board**) of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (the **Trust**) held in public at 08:30 on **Friday 29 September 2017** in the Conference Room, Education Centre, Royal Bournemouth Hospital.

Present:	David Moss	(DM)	<i>Chairperson</i>
	Tony Spotswood	(TS)	<i>Chief Executive</i>
	Karen Allman	(KA)	<i>Director of Human Resources</i>
	Tea Colaiani	(TC)	<i>Non-Executive Director</i>
	Peter Gill	(PG)	<i>Director of Informatics</i>
	Christine Hallett	(CH)	<i>Non-Executive Director</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>
	Pete Papworth	(PP)	<i>Director of Finance</i>
	Steve Peacock	(SP)	<i>Non-Executive Director</i>
	Richard Renaut	(RR)	<i>Chief Operating Officer</i>
	Cliff Shearman	(CS)	<i>Non-Executive Director</i>
	Paula Shobbrook	(PS)	<i>Director of Nursing and Midwifery/Deputy</i>
In attendance:	James Donald	(JD)	<i>Head of Communications</i>
	Lynn Davidson	(LD)	<i>PA to Director of Finance</i>
	Louise Hamilton-Welsh	(LHW)	<i>Head of HR Strategy</i>
	Anneliese Harrison	(AH)	<i>Assistant Trust Secretary (minutes)</i>
	Louise Johnson	(LJ)	<i>Trainee Consultant Practitioner, Stroke</i>
	Helen Martin	(HM)	<i>Freedom to Speak Up Guardian</i>
	Paula Nenn	(PN)	<i>Consultant, Older Persons' Medicine</i>
	Di Potter	(DP)	<i>Clinical Lead, Outpatient Services & 18wks</i>
	Iain Rawlinson	(IR)	<i>Non-Executive Director Designate</i>
	Tristan Richardson	(TR)	<i>Clinical Director, Medicine (for item 4b only)</i>
	Michelle Scott	(MS)	<i>Consultant, Anaesthetics</i>
	Emilia Scutt	(ES)	<i>Management Trainee</i>
	Karole Smith	(KS)	<i>Freedom to Speak Up Guardian</i>
	Daniel Wattley	(DW)	<i>ST2, Anaesthetics</i>
Public/ Governors:	Derek Chaffey		<i>Public Governor</i>
	Paul Higgs		<i>Public Governor</i>
	Marjorie Houghton		<i>Public Governor</i>
	Keith Mitchell		<i>Public Governor</i>
	Margaret Neville		<i>Member of Public</i>
	Sue Parsons		<i>Public Governor</i>
	Adam Spires		<i>BDO UK LLP, Internal Auditors</i>
	Maureen Todd		<i>Public Governor</i>
	Michele Whitehurst		<i>Public Governor</i>
	Sandy Wilson		<i>Public Governor</i>
Apologies:	Nicola Hartley		<i>Director of OD and Leadership</i>

64/17 **WELCOME, APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST**

Action

Apologies for absence were **noted**. The Chairperson welcomed those attending the meeting including the newly appointed public governors and Iain Rawlinson who would be joining the Board as a Non- Executive Director from 1 October 2017.

65/17 **MINUTES OF PREVIOUS MEETING**

(a) Minutes of the meeting held on 28 July 2017 (Item 2a)

The minutes of the meeting held on 28 July 2017 were **approved** as an accurate record of the meeting

66/17 **MATTERS ARISING**

(a) Updates to the Actions Log (Item 3a)

The updates to the actions were **noted** and those which had been completed could be closed.

67/17 **QUALITY**

(a) Patient Story (Item 4a)

Michelle Scott, Consultant Anaesthetist and the Trust's Clinical Lead for Organ Donation, highlighted to the Board the important service provided by the Organ Donation Team. The team worked within the Trust to provide support to families in making the decision to donate their relatives' organs to save or greatly enhance the lives of other people.

Within the UK there was an imbalance between the number of donors and people waiting for a transplant and the team were also working hard to promote the importance of organ donation. The Trust performed well in terms of the number of families it supported in making the decision to donate organs. The as yet unofficial data for September also indicated that the Trust had achieved a 100% referral rate for donors, which was a credit to both the Intensive Care Unit and the Emergency Department (**ED**).

The team had recently attended the Trust's Open Day to promote the message about the importance of organ donation and had successfully registered 120 donors including children following open conversations with families about organ donation. A new Butterfly memorial, representing end of life, regeneration and rebirth, had been unveiled by the Trust in honour of organ donors and their families during Organ Donation Week (4-10 September 2017).

Paula Nenn, a Consultant in Older Persons' Medicine, conveyed her personal experience of the service, after her sister suffered a stroke. The family were all registered as donors and did not hesitate to give their consent when approached by the team who provided both support and hope when they were making the decision to donate the majority of her sister's organs. She placed emphasis on the aftercare service, which had provided comfort by reinforcing that donating her sister's organs had made a dramatic difference

to other people's lives. The family received a variety of personal mementos from the team including handprints and a lock of hair from her sister. The family had also opted to receive communication from the donees, who were either young adults or children and this had included a handmade 'thank you' card from a six year-old girl who had been able to draw for the first time after receiving her sister's corneas.

Paula Nenn encouraged those attending the meeting to register as an organ donor as there were so many people still waiting for transplants.

(b) Quality Priority: Hospital Flow Update (Item 4b)

The item was considered after item 4(c). Tristan Richardson and RR provided an update on the Trust's strategy to improve patient flow within the Royal Bournemouth Hospital, one of the Trust's quality priorities for the year being central to the patient experience, clinical safety and reducing pressure on staff. Experts consistently advocated focussing on patient flow as a key factor in providing effective healthcare and seeing the right patient, at the right time, in the right place.

The outcome measures associated with hospital flow were the nationally mandated trajectory for ED 4 hour performance, improving ambulatory care conversion rates, reducing the number of occupied bed days and length of stay and reducing the number of stranded patients. Balancing measures included readmission rates and the outliers to ensure that optimum patient care was being provided. Performance had been variable, particularly during the summer due to the unusually high number of patients, however there had been improvements with the efficient use of capacity and a reduction in mortality, reflecting that the work was impacting positively on patient care.

An increased focus on reducing unnecessary patient admissions and optimising the alternatives available both in the community and through the Trust's ambulatory care facilities had enabled the team to focus on those patients who required treatment, expediting patient discharge and generating more capacity. Greater consultant presence had also impacted positively on performance, particularly in relation to discharge, which would be further supported by increasing seven day consultant delivered care, staff training and additional support from peers and discharge workers. Tackling the number of stranded patients and increasing the use of ambulatory care would further support progress with patient flow and this was particularly important before the winter period.

The Trust benchmarked well in relation to the self-assessment against the Good practice guide on improving patient flow produced by NHS Improvement (**NHSI**) which reinforced the importance of the initiatives already in place. Gaps identified in the assessment were being addressed through the Quality Improvement hospital flow work, winter planning and escalation processes.

Board members examined the level of resources in place to implement the various workstreams and achieve the outputs required and whether the Trust could look to exceed the current targets in terms of best practice. Central to the progress and success of the work was its prioritisation as one of the Trust objectives, the consistency of consultant engagement in clinical change,

particularly in the discharge process to expedite discharge for patients who were medically ready for discharge and IT support.

(c) Safe Staffing Report (Item 4c)

The item was considered before item 4(b). The Board received the six monthly report as part of its ongoing responsibility to ensure that safe staffing best practice was being implemented and embedded across the organisation. The report summarised the Ward staffing review process and provided assurance that ward templates were not only reviewed in line with the financial portfolio but also against patient quality metrics. Positive progress had been made with the management of temporary nursing staffing, which had reduced expenditure with agencies through the recruitment of substantive staff and the use of bank staff.

The report had been subject to robust discussion at the Workforce Strategy and Development Committee where assurance was provided by care groups that a structured process was in place to escalate staffing concerns and 'red flags' with oversight of matrons and the clinical site team out of hours. Ward teams met frequently to consider the impact of staffing levels on the quality of care through the triangulation of quality metrics and patient experience feedback. This was an important aspect of the process as it enabled teams to identify the staffing templates that worked best in particular areas. Alternative roles were being developed internally for a variety of skill mixes to support staffing templates including a Band 4 nursing programme.

(d) Update on Governor Activity (Item 4d)

The Chairperson updated the Board on recent governor events including two successful public listening events at Christchurch Hospital and Boscombe. Staff had received positive feedback for their dedicated work and for providing high quality care. On 3 October 2017 the governors also held the first public engagement event with Chief Executive, Tony Spotswood, and Director of Improvement, Deb Matthews, which focused on what the Trust was doing to improve the quality of care.

Governors had also attended the Annual Members' Meeting and Understanding Health talks to engage with the public and recruit new members.

(e) Infection Prevention and Control Committee (IPCC) Annual Report Summary and Statement of Commitment (Item 4e)

The Board of Directors received the IPCC Annual Summary Report which was had also been reviewed by the Healthcare Assurance Committee (**HAC**). The membership of the IPCC included representatives from Dorset Clinical Commissioning Group (**Dorset CCG**) and NHS England (**NHSE**), providing both internal and external assurance.

Overall performance had been positive with low rates of prescribing antibiotics reinforcing that good practices were in place. The Trust had met the target for MRSA bacteraemia and low Clostridium difficile infection (**CDI**) rates although the Trust was 3 cases above the challenging trajectory of 14 cases of CDI which had been set by NHSE based on the Trust's historic good

performance. No cases had been caused by the spread of CDI in hospital. In addition there had been a reduction in the number of bays and wards closed due to Norovirus, which was a testament to the work of the teams. Future priorities for the Trust included the development of an IT system to make the monitoring of infections across the organisation and new and more efficient ways to isolate patients and to decontaminate areas after the patient leaves the hospital.

Following the Care Quality Commission (**CQC**) inspection in 2015 there were no compliance actions relating to infection control although some minor cultural issues were identified relating to the consistency of some practices including lapses in hand hygiene and an action plan developed to address concerns led by the Heads of Nursing and Quality in each Care Group. Future challenges were anticipated as a result of a national drive to for a 50% in E. coli infections by 2020.

The flu vaccination campaign for staff would commence in the next week and Board member's support was requested to promote the important message and improve upon the previous year's performance.

The Board **reaffirmed** its commitment to the principles of the Code of Practice for the Prevention and Control of Health Care Associated Infections.

(f) Adult and Children Safeguarding Annual Report and Statement of Commitment (Item 4f)

The annual report had been reviewed in depth by the HAC, which had been assured that appropriate and a high standard of measures and procedures were in place. Assurance had also been provided by the internal auditors who identified that the Adult Safeguarding Team was compliant with their recommendations and the Trust's own action plan.

Trust performance against the internal target for Level 2 Adult Safeguarding training for 2016/17 had increased and no issues had been identified by the CQC, reflecting that appropriate processes were in place for the most vulnerable patients. Externally the Trust would continue to work closely with social services in respect of referrals for Deprivation of Liberty Safeguards (DOLs) and to implement any changes resulting from the Law Commission's recent review.

The Board **reaffirmed** its commitment to the safeguarding of adults and children.

(g) Medical Director's Report (Item 4c)

The key themes from the report were summarised and included:

- the Hospital Standardised Mortality Ratio remained in the 'as expected' range at 95.9 and the Trust had been rated significantly better than expected for the financial year 2016/17 for the first time;
- from September it was now mandatory for the Trust to centrally report the number of deaths, the number of deaths subject to review, the number of deaths where deficiencies in care were identified and any actions arising from reviews and it was anticipated that this data would be provided to the Board once the processes for data collection and reporting had been finalised;

- there were plans to disseminate the themes identified within the learning from deaths reported nationally which would be cascaded within the Trust;
- it was important that processes across Wessex were aligned to allow direct comparisons between trusts;
- a Medical Examiners Group had been established to support the timely review of deaths and align with the Trust's serious incident reporting process and the coronial process; and
- the national report on Systemic Anti-Cancer Treatment was expected in the next few weeks and there had been no indication that the Trust was likely to be an outlier.

Clarification was provided that of the 851 deaths reviewed in the last 12 months 68 were graded as Grade 1 which meant that there were some gaps in care but that these had **not** significantly contributed to death. The Board also discussed the issue of inappropriate deaths in hospital and potential delays in discharging patients home when they were at the end of their life due to the availability of packages of care. Further work was underway to identify these patients at an earlier stage to expedite and fast track packages of care.

68/17 STRATEGY AND RISK

(a) Clinical Services Review (Item 5a)

TS updated the Board on progress with the Clinical Services Review (**CSR**) and highlighted the following:

- confirmation had been received that capital funding had been secured for the implementation of the CSR and the two trusts would now need to submit an Outline Business Case and, once that was agreed, a Full Business Case which would be subject to approval by the Department of Health, NHSI and HM Treasury;
- a comprehensive Dorset estates plan would be developed following approval of the Outline Business Case which would release £15 million of funding to complete the design work for the Full Business Case;
- to inform the design of future facilities each specialty have been asked to consider and advise on how services would be provided across two sites including considerations around the future medical workforce;
- four separate workstreams had been established to address key issues around the provision of critical care services across both sites, the extent of the medical take on both sites, the shape of the oncology and haematology service and maternity and children services;
- the process for the Competition and Markets Authority to lift the undertakings and take forward a potential merger of the Trust and Poole Hospital NHS Foundation Trust (**Poole Hospital**) and for NHSI to agree the merger; and
- a timeline was being developed by the One Acute Network team to provide visibility to the Board of the work underway and enable the Board to have oversight and drive progress.

Board members reflected that the success of many of services would be dependent upon the availability of staff, including trainees, and engagement early on with NHSE to ensure that the right trainees were being provided was

essential noting pressures with unfilled rotas across Wessex as well as looking at opportunities to better utilise and upskill the current workforce.

Later in the private session of the meeting the Board would be considering whether to launch the work to lift the undertakings and take forward a potential merger of the Trust and Poole Hospital.

(b) People Strategy and Workforce Plan (Item 5b)

Louise Hamilton-Welsh presented the People Strategy to the Board. This had been designed in collaboration with Poole Hospital colleagues to bring together all of the people-related themes and activities within one easily identifiable model, enabling clarity, promoting capability and driving motivation. The plan, which incorporated the Trust's strategic objectives and values with clear metrics, would be monitored by the Workforce Strategy and Development Committee (**WSDC**) with periodic reporting to the Board.

It was suggested that a clearer link to leadership needed to be incorporated in the strategy and plan and this was remitted for the consideration to the WSDC. The Board **approved** the People Strategy and Workforce Plan.

KATC

(c) Progress Update on 2017/18 Corporate Objectives (Item 5c)

The Board noted the updates and the progress made against the four main objectives. The Trust had held its first patient stakeholder event to obtain feedback and support achieving the objective of 'Listening to Patients'. The definition for sepsis remained unclear and as such the metrics for the objective, Improving Quality and Reducing Harm, were complex. Current National Institute for Health and Care Excellence (**NICE**) guidance was not intuitive which had made it difficult for clinicians in practice and new, more pragmatic guidance had recently been released which aligned with the approach already identified by teams at the Trust. Overall there had been an improvement in successful identification and treatment of sepsis with compliance across the Trust in assessments for sepsis. Sepsis training had also recently been mandated for clinical staff to promote the consistency in the application of processes and support the Trust achieving the objective.

(d) Stakeholder Engagement Outcomes (Item 5d)

The content of the paper was noted for information. Emphasis was placed on the importance of increasing patient engagement which would be particularly significant in designing and shaping services when implementing the CSR.

69/17 PERFORMANCE

(a) Operational Performance Report (Item 6a)

The performance metrics had been reviewed by the Finance and Performance Committee (**Finance Committee**). The key themes were:

- the Trust had achieved 93.7% against the 95% ED four hour target for the second quarter (**Q2**) placing the Trust at risk of not receiving the associated Sustainability and Transformation Fund (**STF**) payment. However, the Trust's ED was ranked fourth nationally for its four hour access target performance.

- to achieve the Q2 STF the Trust would need to meet both the 95% ED access trajectory and be implementing streaming into primary care from ED. If the 95% trajectory was achieved as a Dorset-wide system this could support access to STF although in Q2 performance was expected to be 94%;
- a number of factors were contributing to the overall increase in incomplete pathways for 18 week referrals to treatment; and
- the Trust continued to support the initiatives identified through the Right Referral, Right Care programme to address demand as a system.

Board members queried how vacancies within ED had impacted upon four hour access target breaches. The recruitment of middle grade doctors remained an issue nationally and there were particular issues with rota cover overnight and ensuring there was an appropriate mix in terms of both seniority and skills. Consultant working patterns were being reviewed and consultants were working later in the day to mitigate cover going into the evening. However this was not sustainable and alternative solutions were being identified. Board members noted that in order to deliver a consultant-led seven day service the Trust required 16 consultants and as such it was vital to combine the workforce through the CSR to support the delivery of these services in the future.

(b) Quality Report (Item 6b)

The key themes from the report were summarised:

- five staffing red flag events had been reported over July and August on the elderly care wards and within the eye unit overnight (red flags are NICE recommended nationally reportable events that require an immediate response from senior nurses);
- three serious incidents were reported in August however these were not associated with staffing levels. Due to pressures linked with patient flow and staffing which had impacted upon the team patients were not being re-assessed consistently;
- the Trust continued to receive positive feedback from patients about its services. Friends and Family Test data ranked the Trust second with 19 other hospitals out of 172 placing the Trust in the top quartile; and
- the Patient-Led Assessment of the Care Environment (PLACE) report had been reviewed by HAC and both governors and volunteers were thanked for their participation. The Trust's performance was improving each year and there had been significant improvements in ward cleanliness, the hospital's appearance and privacy and dignity, placing the Trust above the national average at both sites. Investment in improving both the appearance of the wards and the building had impacted positively including the development at Christchurch Hospital and making wards dementia-friendly. The data would be triangulated with themes from other audits including the Care Campaign Audit and a workstream subsequently developed to address some of the consistent themes including hospital food.

(c) Finance Report (Item 6c)

The report was presented with the following points highlighted:

- the Trust had delivered a cumulative deficit of just over £2.4 million,

marginally behind budget, and had achieved its financial control total year to date thereby securing access to the NHSI STF payment;

- as a result of operational pressures in August there was a risk that the Q2 ED access target would not be achieved although mitigating actions had been put in place;
- the significant gap in savings to be delivered against the full year Cost Improvement Plan (**CIP**) target presented a risk to the year-end position and would be challenging to achieve, although a large number of other schemes were still being worked up; and
- further changes had been made to the criteria to access the STF with 30% of the payment now linked with the ED four hour performance target and incorporating measures to introduce ED front door streaming.

Concerns were raised about the Trust's budget which had been predicated on the previous STF performance criteria. The Trust would continue to work closely with Dorset CCG and pursue opportunities to use additional funding for primary care out of ours services to extend the provision of the service at weekends. The proposal for local acute trusts to form part of a Dorset accountable care system would, if successful, signal a shift in the way organisations worked more closely together for the benefit of patients.

(d) Workforce Report (Item 6d)

The key themes from the report were summarised and included:

- appraisal compliance performance for August indicated that it would be challenging for the Trust to achieve the 100% trajectory by the end of September 2017. Workload pressures had impacted although performance was ahead of the same point last year. Balancing workload pressures with the quality of appraisals would be a key area of focus going forward;
- the turnover rate remained stable at a comparative low of 10.6% against a joining rate of 11.6% resulting in an increased headcount for August. Some areas remained difficult to recruit to however mitigations were in place;
- sickness absence performance in August had improved slightly as a result of the continued focus on managing sickness absence and this would continue to be monitored to ensure progress was maintained;
- the upward trend for essential core skills training compliance continued although achieving the 95% trajectory by December 2017 would be challenging in light of pressures and capacity;
- the 2017 Staff Impressions Survey would be released shortly with a communication campaign to encourage staff to respond; and
- the recent #ThankYou day on 12 September had been successful and feedback from staff had been very positive.

70/17 GOVERNANCE

(a) Freedom to Speak Up (FTSU) (Item 7a)

Helen Martin updated the Board on the themes identified following her appointment as Freedom to Speak Up Guardian and the launch of the FTSU raising concerns (whistleblowing) policy. The policy aimed to support the development of a culture of safety within the Trust and create an open and

transparent place to work by encouraging staff to speak up safely. The policy was available to staff on the intranet alongside other information and guidance and links to the reporting system.

Responses from the recent staff impressions survey indicated that staff felt supported to raise concerns although some vulnerable groups had been identified who required further support and this would be progressed through the Trust's equality and diversity forums. Some areas requiring additional focus aligned with the themes from the cultural audit including providing feedback to staff on the actions implemented following investigations into concerns raised. The Board invited staff to provide suggestions on the best way for managers to provide feedback on actions taken. Further work was planned with local networks to share best practice including with Poole Hospital and a meeting with the CQC engagement lead to support Trust performance within the well-led aspect of the CQC domains.

The Board would be updated on the themes raised from case referrals as well as highlighting any barriers preventing staff from being able to speak up. There was also an ambition to triangulate the data obtained with risk governance to provide additional assurance to the Board around themes and the Trust's response to concerns.

Board members acknowledged the positive progress that had been made as a result of the cultural audit work, which would be further supported by the FTSU Guardian role and the FTSU policy. The Board **approved** the statement of commitment for publication on the Trust's website.

(b) Emergency Preparedness, Resilience and Response (EPRR) Report (Item 7b)

The Board noted that overall the Trust was substantially compliant with the national standards for EPRR and this was reviewed regularly by Dorset CCG. The further work required to achieve full compliance was also noted.

(c) Well-led Review Action Plan Update (Item 7c)

The item was noted for information.

(d) Board of Directors Meeting Dates 2018/19 (Item 7d)

The item was noted for information.

71/17 NEXT MEETING

The next meeting would take place on Friday 24 November 2017 at 8.30am in the Conference Room, Education Centre, Royal Bournemouth Hospital.

72/17 ANY OTHER BUSINESS

Key Points for Communication:

1. Organ Donation
2. CSR
3. People Strategy and Workforce Plan

4. Reaffirmation of the statements of commitment made by the Board in relation to infection control and safeguarding of adults and children.

SP was recognised for the important and passionate contribution he had provided to the Trust within his role as a Non-Executive Director over the past eight years. He was commended for his attention to detail and the supportive way in which he provided challenge to the Board. Board members wished him success for the future.

73/17 COMMENTS AND QUESTIONS FROM GOVERNORS AND THE PUBLIC

Further to a recent media coverage concerning the cost of negligence claims against the NHS, the impact of this on the Trust's financial position was questioned. Overall the Trust had a good history with negligence claims and was not considered to be an outlier in respect of high value insurance claims. The figures reflected in the article related to historical claims which had taken time to resolve and had been high value. This had recently been considered by the Finance Committee and was not considered to be a significant issue for the Trust.

Governors recognised the impact that physiotherapy had in expediting patient recovery and discharge from hospital and encouraged the Trust to increase therapist input. PS confirmed that this had been identified and the Trust was developing more of a multi-disciplinary team approach to assess patients to both support discharge and reduce readmissions.

Clarification was provided that national guidance for the treatment of sepsis had recently changed and guidance which Trust clinicians had previously put in place aligned with this.

74/17 RESOLUTION REGARDING PRESS, PUBLIC AND OTHERS

The Board resolved 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.

Date of Meeting	Ref	Action	Action Response	Response Due	Brief Update
29.09.17	68/17	STRATEGY AND RISK			
	(b)	<u>People Strategy and Workforce Plan</u>			
		It was suggested that a clearer link to leadership needed to be incorporated in the strategy and plan and this was remitted for the consideration to the WSDC [Workforce Strategy and Development Committee].	KA/TC	Jan 2018	The Leadership Strategy is being considered by the Workforce Strategy and Development Committee at its meeting in December and presented to the Board in January.
28.07.17	62/17	COMMENTS AND QUESTIONS FROM GOVERNORS AND THE PUBLIC			
		DM proposed that Healthwatch were invited to attend a future Board meeting to present on their activities and findings.	PS	In progress	Update to be provided at the meeting
16.12.16	98/16	QUALITY			
	(d)	<u>Medical Director's Report – Mortality and Sepsis</u>			
		Provide an update on the progress with systemic anti-cancer outcome data performance.	AOD	In progress	The national report on systemic anti-cancer treatment data was expected to be released imminently. There had been no indication that the Trust was likely to be an outlier. An update will be included in the Medical Director's Report once the data becomes available.
Key: Outstanding In Progress Complete Not yet required					

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would expect for our own families*

BOARD OF DIRECTORS

Meeting Date and Part :	24 November 2017 Part 1
Subject:	Medical Director's Report
Section on agenda:	Quality
Supplementary Reading (included in the Reading Pack)	N/A
Officer with overall responsibility:	Alyson O'Donnell, Medical Director
Author(s) of papers:	Alyson O'Donnell, Medical Director Divya Tiwari, Consultant – Elderly Care
Details of previous discussion and/or dissemination:	
Action required:	Information
Executive Summary:	
To update the board on the Trust's current mortality position.	
Relevant CQC domain: Are they safe? Are they effective? Are they caring? Are they responsive to people's needs? Are they well-led?	
Risk Profile: i. Impact on existing risk? ii. Identification of a new risk?	

Medical Director's Report

Mortality Update

Overall HSMR for the Trust remains in the 'as expected' range at 95.2 for the last 12 months and 91.2 for the current financial year. The figure for the Royal Bournemouth Hospital (excluding Christchurch Hospital and the Macmillan unit) is 87.4 and in the 'better than expected' range.

Crude death rate is 1.48% showing upward trend from July 2017 onwards; this is an early spike and therefore needs surveillance for the winter months. Deaths within 36 hours are stable and reassurance is provided by the continued SHMI position and number of re-admissions which do not suggest that there are inappropriate or late deaths in the community. (See Annex A)

Learning from Deaths

Percentage of mortality reviews completed and categorised are as follows in the table below. Two deaths of people with learning disabilities in September were referred to national LeDeR (Learning Disabilities Mortality Review) programme for the review and respective consultants have been informed.

Month	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Deaths in Month	113	107	130	134	155
eMortality Reviews Completed in Month	134	118	35	86	45
Category of Death by Month Review Completed					
Grade 0	124	108	30	74	40
Grade 1	9	9	5	9	3
Grade 2	1	1	0	3	2
Grade 3	0	0	0	0	0
Learning Disability Deaths in Month	0	0	1	2	

Action Plan from the Mortality Reviews

Currently there are 4 diagnostic group alerts where mortality ratios are 'higher than expected' for the last 12 calendar months.

- (1) Other liver Diseases: Mortality chair Safa Al-Shama conducted the review and learning points were disseminated via the Mortality Newsletter.

Patients with chronic liver disease are prone to infection and have a high associated mortality. All clinic staff are reminded there is a 24/7 consultant gastroenterologist on call for specialist advice. Early management in ED and AMU might be optimised and pitfalls avoided, particularly with respect to IV fluids, if these patients were escalated to the on call consultant gastroenterologist immediately when sepsis was suspected. **The key learning relates to starting antibiotics and avoiding dextrose/dextrose saline while awaiting gastroenterology advice.**

(2) Intestinal Obstruction without Hernia:

Mortality chair Nick Baylem has now conducted the review of mortality in this sub-group which is due to be discussed in the Mortality Steering Group in December.

(3) Non-Hodgkins Lymphoma:

Mortality chair Helen McCarthy is currently conducting the review in this group of patients, learning points and actions will be discussed in December Mortality Steering Group.

(4) Aortic and peripheral arterial embolism:

Diagnostic group in vascular surgery, awaiting implementation of action plan from the alert in 'Femoral bypass' surgical group before further review. Actions identified were medical input into surgical wards and appropriateness of surgical procedures in frail older adults.

Annual Review of High Risk Conditions

Mortality ratios for all high risk conditions are stable (Acute Renal Failure, Congestive Cardiac Failure (CCF), Stroke, Sepsis).

Sepsis lead David Martin conducted an annual review of sepsis mortality and this was discussed in the Mortality Steering Group. Mortality ratios have improved and time to antibiotics is significantly improved; there were no major outliers however 'antibiotics within the hour of admission' target was only achieved in 46% patients in this review.

Review showed that antibiotic Gentamycin delivery is often delayed and this will be discussed as part of the policy merger for the two trusts. A unified policy for the first antibiotic will be agreed. Other emergency departments in the country use broad-spectrum antibiotic Tazocin to simplify and facilitate timely delivery.

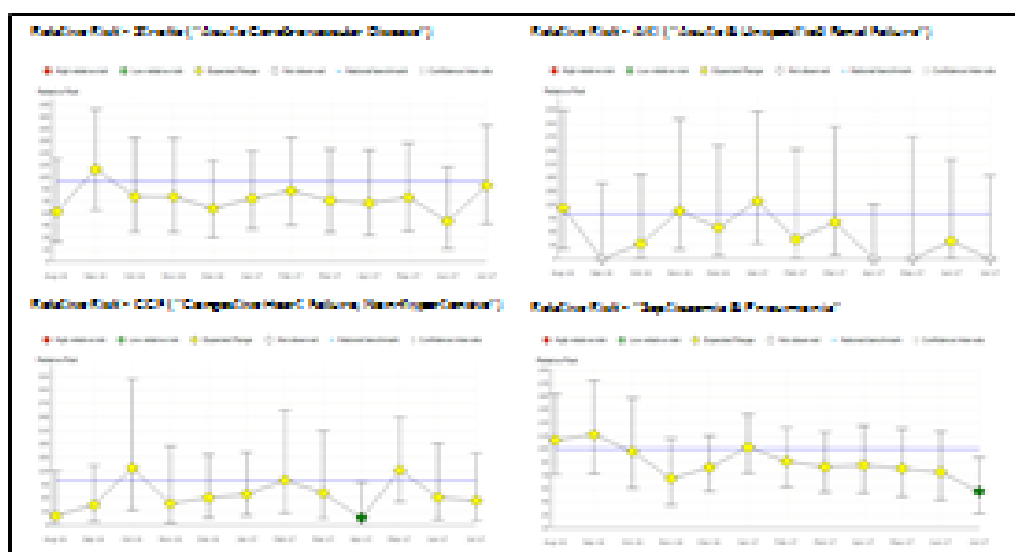
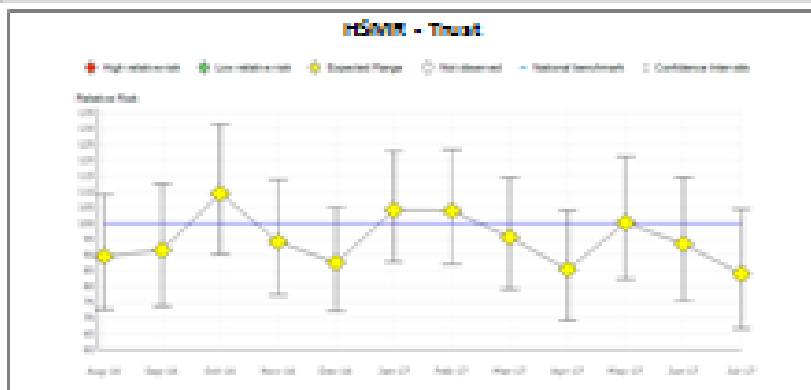
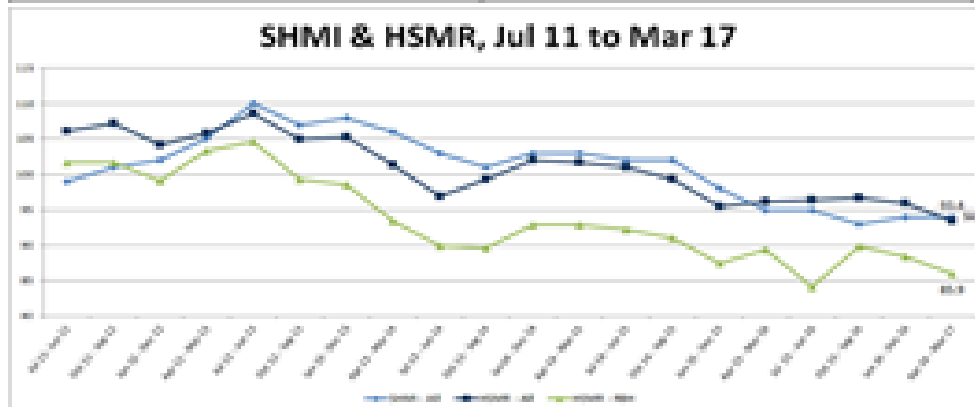
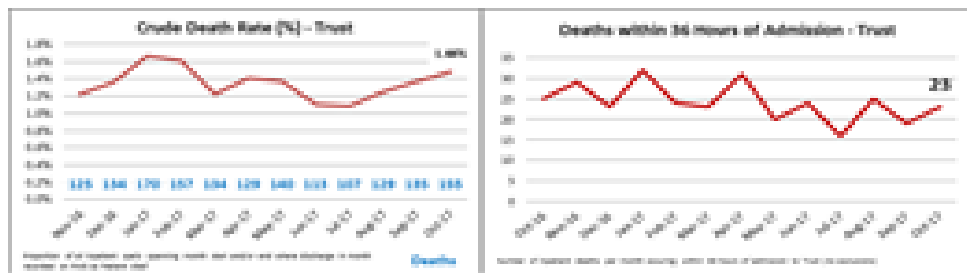
SACT data

The national report on Systemic Anti-Cancer Treatment (SACT) has been awaited for some time. In the previous report the Trust had been identified as an outlier relating to documentation of intention to treat (cure versus symptom control). We have now been notified that the data is likely to be released within the next few

weeks. We have received no queries about our data or indications that we are likely to be an outlier but await the formal report. IT work to develop a data 'warehouse' to improve accuracy and quality remains a priority, not yet achieved.

Annex A

Data Review (Appendix C) - Mortality Surveillance Group



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The Royal Bournemouth and
Christchurch Hospitals
NHS Foundation Trust



BOARD OF DIRECTORS

Meeting Date and Part:	24 November 2017 Part 1
Reason for Part 2:	N/A
Subject:	Clinical Services Review Implementation
Section on agenda:	Strategy and Risk
Supplementary Reading (included in the Reading Pack)	Yes
Officer with overall responsibility:	Tony Spotswood, Chief Executive
Author(s) of papers:	Tony Spotswood, Chief Executive
Details of previous discussion and/or dissemination:	Ongoing discussions at TMB and Board
Action required:	The Board is invited to consider the progress being made and to comment on aspects of this work
<p>Executive Summary:</p> <p>This paper provides a brief update on:</p> <ul style="list-style-type: none"> • The clinical redesign of services • The development of the Outline Business Case to secure earmarked capital funds • The proposed merger of the two Trust 	
<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>	

Implementing the Clinical Services Review

Introduction

This paper provides the Board with a brief update on the work to implement the Clinical Services Review proposals. Board members will be familiar with the three workstreams comprising:

- **Clinical redesign:** finalising how services will be provided across the two sites, including determining which element of which service is located where, the development of networks with services located in the west, the transformation of care pathways and the linkages of this work to inform the transformation of community and primary care services.
- **Securing the drawdown of the capital** from HM Treasury via the submission of an Outline Business Case and Full Business Case
- **Work to physically redesign the two sites** and construct/refurbish facilities appropriately consequent upon the completion of the clinical redesign work.

There is also a raft of supporting workstreams including progressing the proposed merger of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust and Poole Hospital NHS Foundation Trust and ongoing organisational development and redesign work to support the planned integration of the two trust services.

The Board meeting will provide an opportunity for more detailed discussion on some aspects of this including presentations from Hempsons and Aldwych Partners (in Part 2) which will enable the Board to consider in detail the work to support the development of the benefits case which is central to the Competition and Markets Authority (CMA) process and the development of governance arrangements to support the effective functioning of a merged organisation. This paper therefore briefly touches on these themes.

Clinical Redesign

The two Trusts are now bringing together clinical teams to work through important aspects of the future configuration of specific services. Four initial workstreams are progressing.

Critical Care – Intensive Care colleagues from both hospitals are finalising outline proposals to define the critical care offering for both the planned and emergency sites. This will be done to support a broad range of elective work to be undertaken at Poole as the planned site. There will however, be a single physical Critical Care Unit located on the emergency site. Once this work is complete discussions will take place with representatives from each of the specialties which use Critical Care services to agree the detail of how services will be provided including retrieval arrangements from the planned site. It is anticipated that the new facilities, once

developed, will be much larger than those provided at either of the current sites. Dr John Ward, medical lead for the Surgical Care Group, is helping co-ordinate this work together with Paula Shobbrook as the Executive sponsor. Significant input is also provided via Poole colleagues.

The **medical take** and how it will operate across the two sites remains one of the most important aspects of this work to clarify and design, including determining the future size of the medical take on the two sites and which type of conditions can be appropriately and safely cared for on the planned site. Representatives from each of the medical sub-specialties will shortly start to work through how these specialties will change and adapt their approach to support the medical take with the aim of the sub-specialties drawing more patients from the front door directly to specialty based wards. When complete, and the medical take model agreed, each specialty will, in turn, start to develop its own plans for how aspects of its service will be developed on each site. Mark Mould, Chief Operating Officer at Poole Hospital, is the Executive sponsor for this work with Dr Tristan Richardson, Clinical Director for Medicine, leading the clinical input at the Trust.

Women's and Children's services – work will similarly get underway shortly to develop plans for the future configuration of Women's and Children's services. This work will be led by Patricia Reid, Director of Nursing at Poole, with input from a range of clinical staff drawn from both sites. Dr Alyson O'Donnell, Medical Director, will provide overview support for this work.

Work has also commenced to consider the future pattern of delivery for **Haematology and Oncology** provision. Dr Alyson O'Donnell will act as the Executive sponsor for this work with input from a range of individuals drawn from various disciplines across the two Trusts.

As the work of these groups progresses and, in particular, there is clarity about the nature of the future medical take and how critical care services will be provided so each speciality, in turn, will consider a range of key questions including:

- Which aspect of each specialty services will be provided at each site – consistent with the agreed model?
- How will services link and support the provision of services to patients in the west of Dorset?
- Which aspect of each service could be better provided in the community setting?

It is anticipated this work will take approximately six months to complete. It will draw in a range of professions and views from members of the public. Once complete it will enable us to begin work on the physical redesign of the two sites. Meanwhile the Trusts have agreed to continue to work closely including considering making Consultant appointments on a joint basis recognising that many Consultants will, in future, work across both the planned and the emergency sites.

Work to secure the Drawdown of Capital Funds

Building on the work already undertaken by Dorset CCG the Trusts are working jointly with McKinsey to finalise the Outline Benefit Case which it is proposed to submit to NHS Improvement (NHSI) and NHS England in January 2018. The Trusts will also be requesting agreement to release the funding associated with the design fees in order to complete the Full Business Case. It is anticipated that work to complete the physical design of the two sites and reach a point where contracts could potentially be let will take approximately a year to complete. During this time parallel work will take place to develop the Full Business Case in accordance with the requirements set out by HM Treasury.

NHS England and HM Treasury have also asked the Trusts to submit a Dorset-wide estates plan which will be reviewed in conjunction with the Outline Business Case. The estates work is being led by Ron Shields, Chief Executive of Dorset Healthcare University NHS Foundation Trust. He will directly address the importance of decanting specific services from the Poole and Bournemouth sites and the need to resource the provision of community hospital beds. A further update on this work will be given at the meeting.

Proposed merger

Detailed work is already underway to develop the patient benefits case focusing on a number of cross-cutting benefits as well as specific specialty based benefits that can only be achieved through merger and will be realised both in the short term as well as through allowing the Trusts to fully implement CSR proposals. We plan to share a draft of this with competition colleagues from NHSI in January and then continue work to complete the patient benefits case. Phase 1 clearance by the CMA would enable NHSI to start work in considering the business case underpinning the proposed transaction in the early summer of 2018. Phase 2 clearance is likely to add a further six months to this time frame.

This report is provided to the Board for information.

Tony Spotswood
Chief Executive

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BOARD OF DIRECTORS

Meeting Date and Part:	24 th November 2017 – Part 1
Subject:	Ever Safer Care: Winter Plan 2017/18 – November Update
Section on agenda:	Strategy & Risk
Supplementary Reading (included in the Reading Pack)	None
Officer with overall responsibility:	Richard Renaut, Chief Operating Officer
Author(s) of papers:	Richard Renaut, Chief Operating Officer
Details of previous discussion and/or dissemination:	Senior Leadership Team, PMG, TMB and BoD
Action required: Approve / Discuss / Information/Note	Discuss
Executive Summary: Attached is the Ever Safer Care: Winter Plan 2017/18 document which has been updated with progress made.	
Relevant CQC domain: Are they safe? Are they effective? Are they caring? Are they responsive to people's needs? Are they well-led?	Yes Yes Yes Yes Yes
Risk Profile: i) Impact on existing risk? ii) Identification of a new risk?	

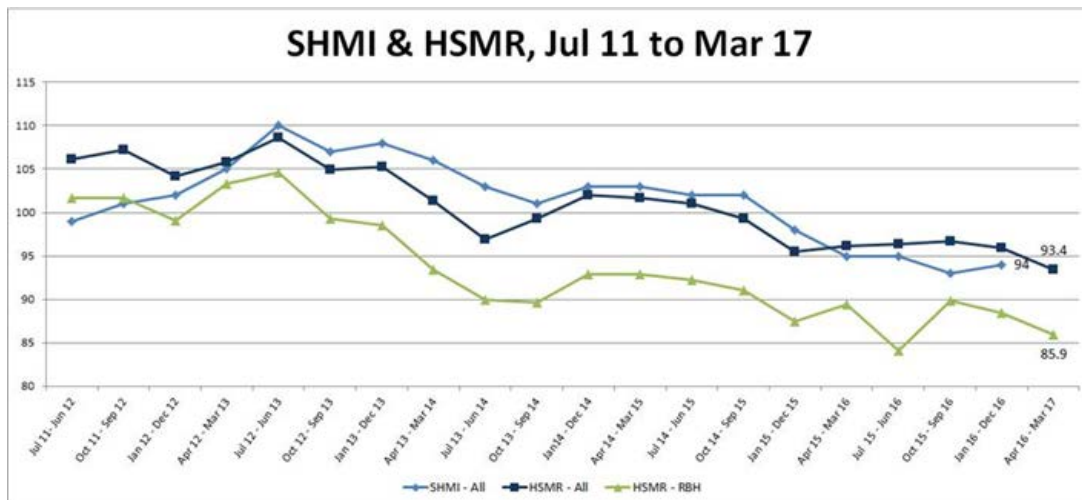
Ever Safer Care: Winter Plan 2017/18

Updates on key plans progress indicated

November 2017

1. Overview

“Ever safer care” is the reason for winter planning. Whist demand will increase, our ability to match this, and raise safety levels, is possible. Whilst only one measure, and with many caveats and contextual factors, our hospital mortality rate (HSMR) has improved over the past year, including the winter months, and is now “better than expected” (two standard deviations, or Top 20 acute hospitals). This is a cause for celebration, and testament to teamwork, and many, many improvements having a combined impact. In this spirit, this winter plan is looking to use the skills and talents of our staff and partners to further improve our safety and flow to allow us to successfully navigate another winter.



Winter planning for RBCH covers:

1. Overview
2. Key areas for discussion / decision, and timeline
3. Lessons learnt
4. Defining the task
5. Actions already agreed
6. Modelling and the 'Ask'
7. Communications and creating the right culture
8. Operational Pressures Escalation Levels (OPEL) and escalation
9. Major incident and business continuity
10. Directorate level plans
11. Other activities planned

12. Partnership working
13. Resources
14. Engagement with this approach, and next steps
15. Recommendations

“Winter” for planning purposes is the “peak period” December 26th to Monday January 15th, and the “shoulder” period of 1st December to the end of the Easter holidays, Monday April 16th. However any escalation in these two periods needs to build on a solid, year round baseline of: good processes and matching resource to demand, with good escalation and business continuity plans, and well trained and motivated staff, and a spirit of continuous Quality Improvement (QI).

This plan focuses on the issues in our control to improve. The section on partnerships highlights what others are doing, so we can be informed and influence, but our energy and attention is to achieve the improvements that are in our grasp, so as to make our own destiny.

2. Key areas for discussion / decision, and timeline

This is a large topic. Board of Directors (BoD) is asked to focus on the following areas:

- i) Continuous Quality Improvement (QI) – flow project “Ask” can we commit to achieving the ambulatory care and stranded patient improvements?
- ii) Directorate plans for winter – are these sufficient?
- iii) Department and Trust escalation and business continuity plans, strengthening the depth of on call rotas and triggers for actions – what is needed to improve the current system?
- iv) “Clearing the decks” for the peak period – how to get ahead and mitigate impact on other activities, like planned care?
- v) Staff and stakeholder engagement – how to improve communication, teamwork, learning and celebration of success, especially the link between Trust and system wide, and front line teams?
- vi) Funding – how to make the most of existing budgets and priorities if further funds become available?
- vii) Balancing planned care – there were 100 patient cancellations January to March 2017. How do we ensure this is not repeated?

The timeline in winter preparations include: (Updated November 2017)

Complete

July 7th	TMB discussion of this plan, then staff engagement
By end of July	Winter plan shared with partners and regulators

September 8 th	TMB approve plan
September 8 th	Dorset system winter plan/ major incident scenario
October	MADE event for discharges

In Progress:

September –December	Clinical review and development of OPEL Escalation Action Guide
December 4 th -8 th and January 8 th – 12 th	Action learning weeks
December 26 th to January 16 th	Peak period actions
December to April 2018	“Shoulder” period actions
End of April 2018	Winter de-escalation and debrief
May 2018	Winter planning 2018/19 begins

In line with feedback from last winter the whole planning process started three months earlier. Also the decision to open a winter ward was at budget setting, giving a nine month lead in period.

3. Lessons learnt

The previously circulated slides summarises the feedback and learning and were discussed at the March TMB meeting.

To add to these are the reflections:

- Lots of initiatives on top of services rarely have an impact – we need to get basic systems working optimally (all year round) hence QI flow work etc.
- We have significant surges all year round. The summer heatwave and other peaks are as significant as the first week of January, and yet our OPEL escalation process is not as robust as it should be. See discussion in ‘Section 8 OPEL’.
- The “black Monday morning” effect is still there, so we have not yet correctly matched our capacity to predictable bottle necks, even in hours, although progress has been made.
- We need to focus on “processing capacity” be it triage in ED and AMU, or discharge planning. We have the wrong balance with lots of effort managing outliers and care for patients who do not need acute beds (Red / Green days and inpatient audit shows 25%+ patients not needing or getting value adding acute care, but are “stranded”). How to change this focus?
- Communications up, down and sideways needs to be radically improved. “Huddles for teams are not universal; Board rounds vary in effectiveness; teams to departments/Directorates, Care Groups and corporately are variable in quality of two way processes, let alone outside the organisation. See ‘Section 7’ for discussion.

- “Expect the unexpected” so we do not fight last year’s battles, but plan ahead and think about emerging issues and combinations of challenges (e.g. what if one weekend we have ice, norovirus and IT outages?) See Section 9.
- Supporting our on-call staff. Several clinical and non-clinical staff support the organisation through weekends and bank holidays during the winter period. How do we ensure these staff attain reasonable balance, whilst having the experience and competence available to retain flow and morale.

The planning and suggestions in this paper try to learn from the feedback and reflections given on last year.

In addition, the national lessons learnt and advice for the next winter have been circulated and studied.

Comments from those reading this plan are welcome at all times in person or failing that by email at richard.renaut@rbch.nhs.uk

4. Defining the task

Ever safer care means trying to ensure emergency care services respond to individual and population needs in a safe and effective way. This should be without disrupting other services (e.g. planned care) or activities (e.g. training) and within the resources available, or planning ahead and mitigating this.

The key measures of success remains the simple but effective indicator of how well a system is coping – 4 hours to decision to admit or discharge. Royal Colleges and independent experts agree this is a good proxy, as it drives avoiding crowded EDs (which effects mortality). It also shows whether ambulance handovers are working (and the public’s confidence in ringing 999 and getting lifesaving responses). As such the government has put at risk £2m funding to RBCH if 4 hours is not achieved.

Quality: Mortality, LERs and Serious Untoward Incidents (SUIs), harm free care and patient satisfaction (Friends & Family Tests) have a high correlation with hospital flow. When there is flow, safety improves e.g. see the HSMR chart.

Bed occupancy is another crude proxy for flow, and the QI plans seek to move this from c93% to 90%. However this does not give a good idea of flow (we can be breaching in ED, ambulances unable to offload, and still have beds). Therefore in addition we will be monitoring ED triggers, ED conversion rate (admissions % from all attending ED), AMU waits ‘to be triaged’ and ambulatory conversion rates (as we still bed higher numbers than we could potentially see as ambulant).

Same day cancellations for planned care also provide a good barometer for patient care during busy times. An obligation for a binding agreement for a new operation date within 28 days. Not achieving this means lost capacity, frustrated patients and additional administrative tasks.

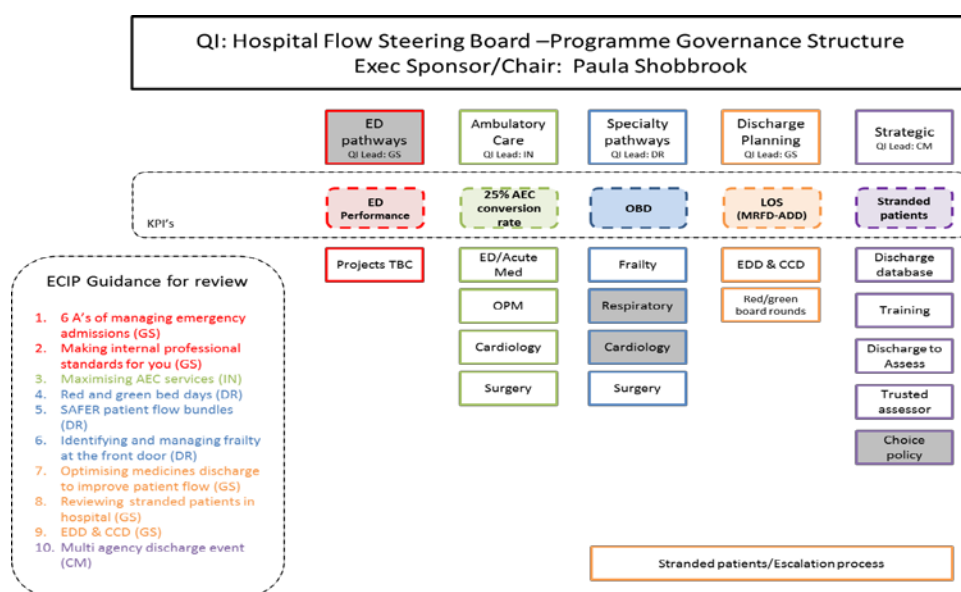
The biggest lead indicator for safety, flow and other measures (including money) is stranded patients. When our 7 day+ (and 14 and 30 day stays) rise, then we will

start to struggle with staffing, outliers and ability to function and process good patient care. Under stress more patients get admitted to beds, compounding the problem. Equally under stress teams focus on outliers and dealing with symptoms. Discharge planning actually becomes slower, compounding the problem at the back door.

Therefore the whole focus of winter (and escalation planning) is to avoid the points where one part of the patient pathway processes is overwhelmed. This is because it leads to more admits or fewer discharges, which then becomes a vicious cycle and quality suffers. Instead, predicting and responding in real time, remaining agile and accepting nothing less than ever safer care, allows us to stay on top of our game. That is the task.

5. Actions already agreed – Updated November 2017

5.1 QI flow project:



This is the fundamental building block. Improved ambulatory care and fewer stranded patients are both crucial. This is better for patients individually, and better for the population we serve. The “Ask” is in the next section.

5.2 **“Clearing the decks”** using now until December to get ahead on other tasks and be in the best possible position. Principle agreed but needs to be part of directorate plans. Orthopaedics has, for example, started planning no joint replacement work for three weeks in the Derwent (final week of December into January’s first fortnight). This is learning from last year when additional medical bed capacity took longer than anticipated to be ready. Day Hospital to release staff etc.

“Clearing the decks” for January – The Trust has agreed no corporate meetings, training or events at least until January 16th. In addition:

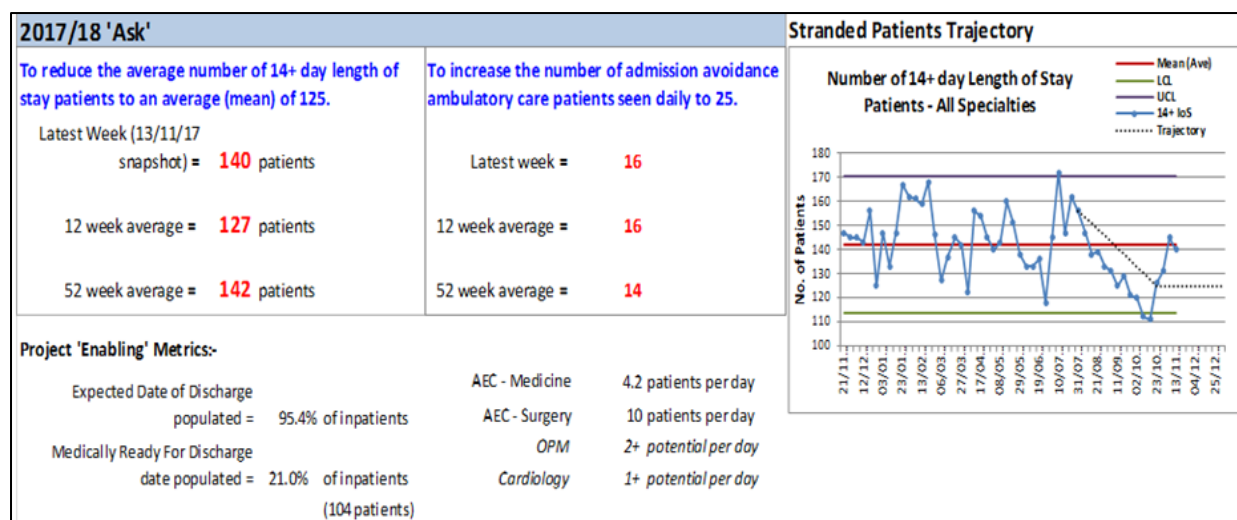
1. To encourage staff to undertake mealtime and other volunteer activities;
2. Budget setting completed in December;

3. TMB cancelled for January;
 4. Annual leave for clinical staff should reflect this will be peak demand for shifts;
 5. A drive to complete recruitment and start for staff as early in January as possible.
- 5.3 **Winter budget set**, e.g. terminal cleans (£32k), step up for portering, cleaning, Clinical Site Team (CST) (£30k), End of Life work (£15k) and extra weekend staffing (£70k) are agreed. (See revised financials in Section 13).
- 5.4 **Open winter ward** - £350k funding agreed for Ward 9 (23 beds) from January to March, using a larger number of our own staff (and less agency). This worked well last year (see revised financials in Section 13).
- 5.5 Extension of pilots or additional service, already funded.
- **7 day pharmacy** enhanced service (June 2017 – March 2018) to support earlier discharges, and medicines safety (£75k)
 - **Care Home Support** (CHS) service to speed up self-funders discharges, pilot started late January 2017 and will continue to the end of March 2018. Evaluation Report discussed at Urgent and Emergency Care Board demonstrates positive, cost effective impact.
 - **Christchurch locality care homes** extra GP support for, September 2017 to March 2018 (locality project).
 - **Older people's ambulatory** bay pilot has informed further pathway development.
 - **CT3 extra slots for urgent** access opened in June 2017.

6. Modelling and the 'Ask' – Updated November 2017

A significant amount of bed modelling and scenario planning has been undertaken. To boil this down to the 'Ask' as to how to sustain flow and safe care, we need to improve by:

- A) Reducing by 17 the “**stranded patients**” in hospital staying over 14 days, from an average of 142 to 125, as many are medically ready for discharge – Trajectory achieved to October 2017 supported by actions outlined in this document. However remains under daily and weekly review supported by multi-partner stranded patients meetings, and a November spike is being managed down.
- B) Managing more patients as **ambulatory** and home same day from 18 to 25 per day, with particular opportunities for Cardiac, Thoracic and older peoples care, and potentially for addiction and social care needs. This has proved a harder aim to achieve, and is the focus of the December Action Learning Week.



The QI flow project is overseen by the QI flow Board, with Executive Sponsor Paula Shobbrook. We are also refreshing our daily/weekly/monthly bed occupancy predictor, to be used from December.

If we can achieve and sustain these two high level indicators, and ensure ED is able to avoid breaches within ED itself, then we should maintain flow and safety will be better than previous winters.

The modelling does also assume we repeat some of the successful improvements from last winter, such as doubling up consultant presence at the “front door” during predicted peak periods. Funding has been set aside from this, but with more notice the intention is to have less of this at premium rates. Plans to achieve this need to be developed over the next 2 months.

7. Communications and creating the right culture

Mobilising around providing ever safer care should be easy. Asking teams to plan ahead and support each other in the inevitable times when the going gets tough is also achievable. However translating into specific tasks “to do” and why change is necessary (i.e. actions in this plan), does require lots of engagement as there are no early solutions. This paper itself is not a ‘light read’ and will not fit well in a Facebook post or Twitter feed.

Therefore whilst we will disseminate the plan and get feedback, (which we will act upon or explain if we do not), and use our excellent communications team, we need additional approaches. Views are sought on this.

Some ideas that are already being put into action include:

- Working with change champions and other volunteers to help find ways of better communicating the Winter Plan, and ever safer emergency care.
- More use of social media and two way communication, accepting this cannot be controlled, but instead seeing this as more of a movement.

- Clinical Directors (CDs), Executives and others to attend winter planning slots at department meetings (not just their own) to raise the profile of this work.
- To ask teams to showcase the successful changes they have implemented, or are planning, to create a positive “can do” sense, as well as sharing good practice. Creation of posters, talks and positive “buzz.”
- To run a major event / workshop to help us prepare and test our escalation processes, for when we are at OPEL 3 and 4 (the highest levels) and build consensus and understanding of what we do when things are getting stressed.
- Other ideas are welcome, plus gauging levels of support for these above, as they will all require a personal commitment from TMB members.

8. OPEL (Operational Pressures Escalation Level)

OPEL is 1 (fine), 2 (pressures emerging), 3 (significant actions required e.g. cancelling electives) and 4 (internal major incident).

The system was introduced last autumn and four times daily the bed state email says what OPEL level the Trust is at. The colour coding by department then shows the level for that area (green, amber, red and black, reflecting 1-4).

CURRENT OPERATIONAL BED STATE						
DATE		24.06.17		TIME		10.00
PLEASE REFER TO BED CAPACITY ON THE INTRANET PAGE FOR MORE INFORMATION						
AREA		RAG / BEDS	COMMENTS			
OPEL LEVEL		1				
CURRENT TRUST BED STATE		+16				
MEDICINE		+8				
EMPTY MEDICAL BEDS ON WARDS		8				
SURGERY – INCLUDING TCIs		+9				
ORTHOPAEDICS – INCLUDING TCIs		+2				
ACUTE MEDICAL UNIT	AMU WARD BEDS	2				
	ACUITY	0				
	ASSESSMENT BAYS	1				
	TCIs FROM GP	0				
	TCIs FROM ED & CLINICS	0				
	ALLOCATED / HOME	0				
SURGICAL ASSESSMENT UNIT	WARD BEDS	+1	TCIs	HOME	ALLOCATED	
			0	0	1	
		RAG / PATIENTS				
EMERGENCY DEPARTMENT	RESUS	0				
	MAJORS	4				
	R.A.T.S.	0				
	OBS	5				
	MEDICAL READY	0				
	SURGICAL READY	0				
	PREDICTED	1				
	999s	1				
INTENSIVE CARE UNIT		8	READY	ALLOCATED	TCIs	
			3	0	0	
CORONARY CARE	CCU	4				
	STEP DOWN	6				
OUTLIERS		2				

As a Trust we have been on OPEL 4 for part of 2 days since January 2017 and 26 part days for OPEL 3. In terms of full days, the Trust has been on OPEL 4 for 0 days and OPEL 3 for 11 days.

There are triggers for each level and actions to consider that are pre-agreed. The system is more consistent and objective and is regularly reviewed by partners, especially when it triggers requests for actions (e.g. divert or delay ambulances, reprioritise social and community activities etc.)

The system is better than the predecessor scales, and across Dorset has improved transparency co-ordination and trust between agencies. Internally the escalation actions were updated and shared with a workshop in November with all of the Care Groups and then with TMB. The work is focussed on the peak winter months but the level of awareness and specifically actions taken (such as mutual aid between departments) needs to be revisited and reinvigorated for all year round.

OPEL actions were one key ingredient for high performing emergency care Trusts (Luton, Western Sussex, Ipswich etc.), as the escalation and actions were extensive and effective, with high levels of clinical engagement.

This work directly links with the Care Quality Commission (CQC) 'outstanding' self-assessment being considered by Health Assurance Committee (HAC) and the Board.

9. Major incident and business continuity

The OPEL system is distinctly separate from major incidents and business continuity. A fire, terrorist attack, mass casualty accident etc. has a separate major incident plan. However the fragility of the NHS and care system, and the combined effect of cumulative pressures, can tip a system into major event style situation.

For example, January pressures, with an icy snap and mass trauma to Poole may well happen. What if at the same time we had a major norovirus outbreak, in both Trusts, leading wards closed or loss of dozens of staff. What if there is then an IT outage / cyber-attack. On their own we have managed all these. What if all three were together?

Such a set of culminating shocks, over a week or more is quite possible. Scenario planning is happening with partners across Wessex, and the Local Health Resilience Partnership is leading work, such as a mass flu scenario.

We have tested our business continuity plans following both the cyber-attack and then the power cut which led to loss of systems on Tuesday 20th June. Plans for loss of IT have been deployed several times now. Other business continuity planning is also underway (e.g. review of fire after Grenfell Tower) and a live exercise in November with the Fire Service and actors to evacuate a ward

On call rotas, especially non-clinical (e.g. IT, Estates, General Managers and Executives) are increasing in the level of demand and expectations, explicitly linking OPEL and incidents / business continuity, with response times and expectations. Rotas have been reviewed, as well as training and support.

Updating incident action cards have started e.g. ED, Radiology and Pathology, plus rehearsing Business Continuity Plans (BCPs).

10. Directorate level plans – Updated November 2017

This is the main stay of preparations. These are summaries of what each department / directorate will be doing in the “peak” and the “shoulder” time periods.

All these plans are important and the combined effect especially important. Based on last winter and “peaks” since, the following issues have particular prominence. OPEL escalation plans are being developed in response to these which will be signed off in December TMB.

ITU – how to avoid the high levels of cancellations for urgent elective surgery by escalating capacity or step down facilities when unit is full of patients requiring ITU / HDU? 19 patients were cancelled Jan-Mar for major surgery this lost over 150 hours of operating time, and led to 4 patients waiting longer than 28 days for their surgery.

Palliative Care – as well as considering +2 bed flex, how can the service (at RBH, in the community and Macmillan Unit) escalate to deal with peak of deaths from Boxing day to early February, so less acute admissions, and less deaths on acute wards of patients wishing to die at home. Links with CHC work on end of life.

Emergency Department – within a few hours the unit can go from ticking over to falling over. What within ED and the Medical Directorate what can be done to better respond within 2 hours?

AMU – the ‘to be triaged’ (TBT) cohort can be a bottle neck every day, leading to suboptimal outlying or ED backing up, even when beds are available in the Trust, and ambulance conveyance levels are in the normal range. How to escalate when bottle neck occurs?

Elective clinics and lists – how to get ahead before Christmas to allow planned cancellations from January 2nd to Tuesday January 16th, to minimise disruption to planned patients. The Derwent is expected to be converted to a medical outlier ward from December 29th to January 16th how to best manage this?

ACTION	National A&E Improvement Requirement		
	<i>Front Door including streaming & ambulatory</i>	<i>Improved Flow & SAFER bundle</i>	<i>Improved Discharge & Discharge to Assess</i>
CARE GROUP A – SURGERY			
Surgery			
Surgical AEC 7 day service - single point of access for Surgical emergencies. Calls streamed via central bleep. Consultant of the day named, Surgical Registrar relieved of general duties to focus on emergency surgical care. All day	✓		

CEPOD list in place. Vascular calls taken by Vascular Consultant in hours. Gynae and Vascular hot clinics in place.			
Vascular: RBH is the vascular hub. Ward 14 at 22 beds to support this. Planned increase to 28 over winter to support flow and activity		✓	
General Surgery: 7 Day a week Consultant rota (1:9) in place		✓	
Ward 16 increased to 28 beds from 01/4/17 to support flow and in particular acuity of colorectal patients.		✓	
DiSCO in place in Surgery 5/7, Annual leave support in place to ensure consistency of provision			✓
Orthopaedics			
Streaming from ED for Trauma care is via the Orthopaedic Registrar at PHT.	✓		
Ring-fenced Derwent beds to maintain major elective work and RTT compliance (except OPEL 4).		✓	
Derwent not operating 25/12/17-15/01/18. Beds on Derwent to be used for WD7 decant or appropriate medical patients, three week closedown to match closedown of 2015/17.		✓	
Psychology input in place and funded from November to support LOS reduction evidenced at 2 days average			✓
Anaesthetics			
ITU transfer prioritisation PDSA to support transfers out of ITU and timely support for ED Resus and other appropriate patients	✓		
Optimise use of Ward 12 Short Stay Unit and day case.		✓	
Waking night in place to ensure 24/7 cover for CEPOD cases to protect daytime EL activity Daily review of CEPOD and cancellation of EL activity to support second CEPOD if required		✓	

Hourly review of live theatre dashboard, review of dashboard at CST & ELF meetings as required		✓	
Sterile services to run flexibly to support demand.		✓	
Maternity			
Use of escalation SOP to SWAST as required for emergency transfers if either birthing unit full or patients needing NEL transfer Daily review by Head of Midwifery of operational position in East Dorset to ensure consistency of provision of birthing resources		✓	
CARE GROUP B – MEDICINE	<i>Front Door including streaming & ambulatory</i>	<i>Improved Flow & SAFER bundle</i>	<i>Improved Discharge & Discharge to Assess</i>
Medicine			
GP streaming in place in ED from October 2017 supported by further GP/UTC funding newly released.	✓		
Additional AEC during peak times (including 27/28 December, 2/3 January).	✓		
24/7 Crisis support to ED for mental health patients.	✓		
Escalation process in place to facilitate timely transfer from ED of mental health patients to appropriate facility.	✓		
Additional GP in minors in the evening at weekends through January (Saturday/Sunday 8am-8pm), linked to streaming.	✓		
In-reach to ED and 'pull' model from AEC, Cardiology and OPM.	✓		
Single point of contact (Bed Bureau) available 24/7, 7 days a week for all GP's accessing Acute Services for either advice or admission or streaming to AEC/AFU. New telephone system with additional telephone lines introduced to ensure calls answered quickly. Call activity and performance actively managed by Reception manager. Contact to downstream specialities via bleep and telephone. Process in place to ensure swift response from appropriate clinician.	✓		

Model of speciality consultant of the day in place in hours for all medical specialities – available to GPs and ED Consultants. Out of hours, any calls will be to the on-call consultant (Medicine, Cardiology, Gastro – GI bleed). Being tested in December Action Learning Week.	✓		
Continued high acuity bay model in AMU to facilitate streaming and care for very unwell patients.	✓		
Additional consultants at weekends January - March – additional AMU ward round 12.00 – 16.00 and 2 nd AMU Consultant on peak twilight shifts.		✓	
Alcohol Nurse/support worker working across ED and AMU to avoid admission and direct patients to alternative service.	✓		
ED Handover Role	✓		
Additional OPM practitioner in ED at weekends to support discharge directly from ED	✓		
Daily ED activity reports reviewed at 08.15 ED huddles and detailed breach analysis.			
Cardiology			
Acute Cardiac Clinic opened and works alongside the Cardiac ANPs in-reaching into ED and AMU. The ambulatory service is currently open 5 days a week taking referrals from ED and AMU, moving towards direct referral from GPs. This will compliment some of the urgent access clinics already in place (rapid access AF, Heart function clinic and the rapid access chest pain clinic). Change to bed base to accommodate two trolley spaces for Cardiac ANPs to bring patients from ED to CIU for further assessment rather than remain in ED or go to AMU	✓		
Trialling earlier Cardiology outreach reviews (yellow form rounds) and twice daily rounds in Action Learning Weeks.	✓		

Cardiac LoS improvements also supported by 'step up'/'step down' area allowing reduced time to lab and day case approaches. Metrics in place to trigger weekend inpatient lab procedures		✓	
Admission avoidance and discharge of patients facilitated through planned clinics which support the ongoing pathway whilst allowing patients to remain at home.			✓
Older Persons' Medicine (incl Discharge Team)			
Older Person Ambulatory Care Clinic (OPAC) runs Monday – Friday supported by Geriatricians and Nurse Practitioners. Function of avoiding admission or supporting early discharge from the frailty unit.	✓		✓
Older Persons Admission Unit (Frailty Unit) operating from September 2016 which includes Ambulatory Care and short stay beds for up to 5 days LOS. Comprehensive Geriatric Assessment (CGA) commences within 2 hours of admission to support triage of patients identified with frailty to access the appropriate acute or community service from ED. This will include either transfer to: OPAU (Older Persons Frailty Unit) OPAC (Older Persons Ambulatory Care) Discharge to Locality Community Hub Services (Intermediate care, Day Hospital, Step down beds or reablement).	✓	✓	✓
OPM Clinical Nurse Specialist roles developed to support frailty pathways.	✓	✓	✓
Response from DHUFT (Bmth & Dorset) Intermediate Care service within 2 hours of referrals to avoid admission.	✓		
Pan-Dorset 'Leaving Hospital Policy' (replaced Patient Choice Policy) updated and in operational use across the Trust.			✓
MDT Outlier reviews			✓
'Funding out of hospital' in place for patients admitted from Bournemouth and Dorset including West Hampshire.			✓

Trusted Assessor for Intermediate Care discharges in place. Trusted Assessor for discharge with Social Care Reablement services commencing from November 2017 (to include patients requiring a new package of care or increase in care over 7 days). This applies to Bournemouth & Dorset local authorities.			✓
Discharge to Assess Service currently in development with Bournemouth & Dorset Local Authorities and Dorset Healthcare Community Services. Includes the following services / initiatives: Trusted Assessors (as above) Interim Care Service providing two functions: <ul style="list-style-type: none"> • Transfer to an interim care home for a further period of social care assessment • Transfer home with an interim package of care whilst awaiting long term domiciliary or Reablement services to commence. 			✓
Further implementation of the Christchurch Locality Hub service providing integrated health and social care community services to avoid admissions to and support discharge from RBCH.	✓	✓	✓
Care Group Wide			
Silver command rota in place to ensure named senior care group manager to oversee flow and expedite discharges.		✓	
Weekend consultant cover continues.		✓	
Optimise in-week utilisation of TIU.		✓	
Stranded patient meetings and use of discharge database.		✓	
Discharge Registrar at weekends in January to support discharge.			✓
CARE GROUP C – SPECIALITIES			
Specialist Services			
Developing proposal for senior pharmacist presence on AMU consultant ward rounds.		✓	

Dedicated pharmacy support provided to AMU, AFU and Cardiology to support timely review of and provision of discharge medications, supported by a pharmacy hub approach.			✓
Fixed term pharmacist to provide a winter service to ward 9 in the mornings and AMU in the afternoons to support discharges and flow.			✓
Pathology			
Ongoing review and flexible management of phlebotomy provision across the trust to support wards. Appointments process being established for outpatient phlebotomy to optimise capacity for inpatient and outpatient provision.		✓	
Cancer Care			
Macmillan Unit flex capacity is to be provided, linked to an escalation process agreed with the Macmillan team. This will include a trigger for fast track CHC patients. De-escalation process also to be identified and agreed to maintain patient safety.		✓	
Consider Ward 11 flexing capacity to support haematology outliers.		✓	
Focus on admitting and discharging from the day unit and ambulating patients where appropriate.		✓	
Radiology			
Maximise MR capacity to enable improved 7 day access for inpatient/ambulatory cases (as per phased business case).		✓	
Consider cancellation/reduction of elective 'cold' outpatient (and ultrasound) work during the Christmas and New Year period to release capacity for urgent/inpatient and fast track slots.		✓	
Additional RDA cover now routinely rostered for all bank holidays.		✓	
Review provision of ultrasound lists on Christmas day – will be dependent on level of vacancies.		✓	
Ophthalmology			
QI review of ARC to maximise efficiency and capacity to support demand.		✓	

Ophthalmology ward to continue to provide flex capacity to support outliers and maintain flow. This will be supported with strict criteria to select appropriate patients for transfer.		✓	
Cease elective non urgent paediatric surgery from Christmas to mid-February.		✓	
Cease undertaking non urgent GA's over the Christmas and New Year period.		✓	
Maintenance of RTT: <ul style="list-style-type: none"> • continuation of demand management and referral process review • focus on outpatient waits to reduce late 'additions to list' requiring surgical capacity • additional locum/substantive posts • scheduling improvements 		✓	

11. Other activities planned

- 11.1 The Dorset UEC plan is referenced throughout (111, digital 111, Primary care, Urgent care centres, ambulances, hospital flow, Hospital to Home services). **GP streaming in ED** started in November 2017, initially covering evenings and weekends, in alliance with the GP Out of Hours service.

We are also trialling point of care testing in ED to reduce decision making times, based on the success at Frimley Park.

- 11.2 **E-beds system.** The national directive is to move away from our heavily time consuming manual processes. An evaluation, jointly with Poole Hospital for a system, could make a significant improvement, as long as it is a by-product of existing workflow. The benefits would be less time spent by wards and site team reporting and managing the bed state, and more time actually progressing patient care. This business case is being considered in November, and could have an impact by March/April.

- 11.3 **Discharge planning.** The discharge database, focus on discharge training and systems, and revamp of discharge co-ordinators and discharge team, are all designed to improve our ability to better identify and progress planning for discharges. A real time tracking of medically ready for discharge (MRFD), and better co-ordination of the multi-disciplinary team, is an example of people, process and technology being aligned to improve a system which is currently slow, labour intensive and highly variable. Trust initiatives also include:

- Action learning weeks, proposed dates: w/c 4th December 2017 and w/c 8th January 2018.
- MADE– Multi-agency discharge event. Held in October, supported by ECIP.

Ward teams, including medical staff, are encouraged to learn about best practice ward rounds, Board rounds and how to involve patients and carers in the answering of simple questions, that everyone should know - see prompt below:



Four key questions every patient, relative/ carer, should know the answer to

- What is the matter with me?**
(main diagnosis)
- What is going to happen today?**
(tests, interventions, etc)
- What is needed to get me out of hospital?**
(clinical criteria for discharge)
- When am I expected to be leaving hospital?**
(expected date of discharge)

providing the excellent care we would expect for our own families

The Royal Bournemouth and Christchurch Hospitals
NHS Foundation Trust

12. Partnership working

This plan has been unashamedly focused on what is in RBCH's gift to improve. This section though highlights how other partners are likewise focusing on their actions, and delivery of safer care, and the 4 hour target for Dorset. There is £6m funding based upon delivery in Dorset (£2m in RBCH base budget) plus it is one of the measure for Dorset getting support for its Sustainability and Transformation Plan (STP), and Accountable Care System (ACS) funding and possibly capital funding for the Clinical Services Review (CSR). Therefore it remains in everyone's interest to do the right things for patients.

This is just a short summary of actions in place and the prioritised requests we are making of partners and what we can do for them.

SWAST

- From July 5th move to new rotas which better match ambulances to demand, increasing crews in Bournemouth and Poole areas.
- Already implemented new response protocol and policies to keep conveyances low.
- Developing 111 on line (national Urgent & Emergency Care (UEC) strategy).
- Working with RBCH on GP streaming and strengthened GP out of hours, to start from September, and better use GP OOH service capacity. (See also GP section below).

Further asks of SWAST:

- Implement the new electronic handover and joint sign off, for accurate monitoring of handover times.
- Avoid “batching” of lower acuity admissions.
- Frail elderly admissions, help with transport to enable earlier transfer to Older Persons Medicine (OPM) ambulatory service (and avoid overnight stays).
Our offer
- Reduce ambulance handover delays to ED

Dorset Healthcare

- Mental health pathway is working better. To maintain this and avoid multi day delays.
- 24/7 psychiatric liaison in place. To maintain both these gains.

Further asks of Dorset Healthcare:

- Intermediate care: major service transformation including Christchurch hub, Bournemouth Intermediate Care Services (BICS) etc. This has potential to be a major game changer for improved care, increasing independence, and better flow. To agree a future plan.
- Deliver the changes for Canford Ward to Coastal Lodge and community offer, to support flow from hospital improvements, and increased independence for individuals.
- Delivery intermediate care to remove delays in acute care, with “Home First” approach, reducing admissions & occupied bed days, especially for over 75s.

Our offer:

- Joint work on intermediate care, and pooling resources for maximum benefit (e.g. Interim Care and Day Hospital).

Clinical Commissioning Groups (CCGs), Dorset and West Hampshire

- CHC achieve reduced delays to place, and 90% assessments out of hospital.
- For end of life, sufficient packages of care and nursing home placements to avoid patients’ final days on an acute ward. Links with palliative care winter plan.

Our offer

- To help create solutions with local providers for end of life services.

Bournemouth Social Services

- To have discharge to assess / Home First in place by end of 2017.

- To have Coastal Lodge in place and working effectively by end of 2017 (replacing Broadwaters, and some Canford Ward capacity).
- To develop a multi-agency response with Dorset Healthcare and Poole Hospital for alcohol and addiction services to avoid admissions.
- To take part in the 'Ask' for reduced stranded patients, especially in the run up to December, and through to March.

Our offer:

- To have high quality discharge planning, to avoid wasted social care time and deliver the DTOC targets.

Dorset Social Services (as Bournemouth)

- To have discharge to assess / Home First in place by end of 2017.
- To take part in the 'Ask' for reduced stranded patients, especially in the run up to December, and through to March.

Our offer

- To have high quality discharge planning, to avoid wasted social care time and deliver the DTOC targets.

GP leaders locally

- Jointly working on GP streaming and potential for extended hour's hub at RBCH for urgent GP work.
- Developing over 75s schemes by locality (including care home support).
- Focus on primary care workforce stability.
- For frail patients with potential crisis, early in the day assessment of, and if required early in the day conveyance, to OPM ambulatory service.

Our offer

- Provide facilities and project management for the above, where required.

Poole Hospital

- Joint agreement on Cardiac plans (to support 7 day cardiac cover at Poole) and reduced waits to convey to RBH – still to be scoped out.
- Acceptance of paediatric and trauma transfers from RBH in a timely way.
- Mutual aid in OPEL 3 or 4, as required.
- Support for improved alcohol and addiction service at RBCH.

Our offer

- Improve cardiac care if mutually agreed.
- Mutual aid in OPEL 3 or 4, as required.

- Possible release of Orthopaedic surgeons in January (with reduced elective work).
- Consider how the Home First project can support trauma step down for Bournemouth and Christchurch residents.

13. Resources

This plan is predicated on using the budgeted sums available. There is a £450k reserve for winter planning which is fully deployed. However, the Trust has prioritised a further £330k, should extra funding become available in light of further national Winter Briefings and because there are sometimes national releases of funds and/or slippage on other items that in NHSE/CCGs can redirect. Therefore it is prudent to identify other items in the second list which are:

- Non recurrent / one off
- Effective in supporting 4 hour performance
- Can be funded and mobilised relatively quickly

The following have been discussed and prioritised:

Scheme	Cost £
<u>Priorities (funded)</u>	
Ward 9 Jan-March	365,000
Clinical Site Team step-up & Portering	44,000
End of Life flex capacity	15,000
Extra Medical Staffing at weekends & evenings	26,000
Total	450,000
<u>Priorities (if extra funding available)</u>	
Extra Medical Staffing at weekends & evenings	90,000
ED Handovers (additional cover 12pm-12am)	60,000
Additional transport cover (Jan & Mar only)	30,000
+6 beds on Ward 14 to support Trust bed position – Jan to Mar	82,000
Weekend surgical SpR and NP for discharges	48,000
Contingency for March STF delivery	20,000
Total	330,000
<u>Further priorities</u>	
Additional winter beds +9 (cost per month opened)	55,000

Easter going onto April 16th raises the issue of continuing some of the schemes (especially double medical shifts) into the next financial year. Being able to commit to these earlier will allow better planning and cost control and these will be considered in February.

14. Engagement with this approach, and next steps

There is a lot of information and parts to this overall plan. These are very high level summaries shared here. Success will come from them all progressing with clinical leadership and empowerment and just enough co-ordination. However a rigid, centrally run plan will not release the passion and creativity we have already seen in making the care we provide even safer. Getting this balance right is something where constant feedback is welcome.

Therefore views are sought on each section, to build shared understanding and adjust, but not to constrain the front line teams getting on with what is right.

15. Recommendations

For the Board to consider this report, and comment, especially on the questions raised in Section 2.

For the Board to support the proposed plan.

Trust Board Dashboard - October 2017
based on Single Oversight Framework metrics

CARE_GROUP	DIRECTORATE
A - SURGICAL	ANAESTHETICS
B - MEDICAL	CANCER CARE
C - SPECIALTIES	CARDIOLOGY
CORPORATE	CORPORATE
	ED & AMU
	MATERNITY

Annual Declaration

CQC inpatient/MH and community survey	8.1/10	CQC - Responsive	Requires Improvement
NHS Staff Survey	3.91	CQC - Safe	Requires Improvement
CQC - Caring	Good	CQC - Warning notices	0
CQC - Effective	Requires Improvement	CQC - Well Led	Requires Improvement

Category	Metric	Trust Target	2017/18 Q1			2017/18 Q2			2017/18 Q3			Trend (where applicable)
			Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	
Quality of care	Caring - A&E scores from Friends and Family Test % positive	90%	95.73%	92.56%	95.88%	95.95%	95.77%	95.65%	95.73%			
	Caring - Inpatient scores from Friends and Family Test % positive	95%	97.20%	98.04%	96.42%	97.85%	96.52%	97.91%	97.56%			
	Caring - Maternity scores from Friends and Family Test % positive	95%	98.78%	93.89%	93.33%	96.00%	99.07%	100.00%	97.14%			
	Caring - Mixed sex accommodation breaches	0	1	0	0	1	0	0	0			
	Caring - Staff Friends and Family Test % recommended - care (Quarterly)			89.12%								
	Caring - Formal complaints		22	21	18	19	23	32	29			
	Effective - Emergency re-admissions within 30 days following an elective or emergency spell at the provider	< Prev Yr Month AVG	509	588	480	516	503	532	513			
	Effective - Hospital Standardised Mortality Ratio - Weekend (DFI) - All Sites	< 100	103.9	99.0	78.5	96.5						
	Effective - Hospital Standardised Mortality Ratio - Weekend (DFI) - MAC	< 100	0.0	0.0	0.0	0.0						
	Effective - Hospital Standardised Mortality Ratio - Weekend (DFI) - RBH	< 100	95.4	84.7	77.6	76.9						
	Effective - Hospital Standardised Mortality Ratio (DFI) - All Sites	< 100	85.4	100.3	93.6	84.0						
	Effective - Hospital Standardised Mortality Ratio (DFI) - MAC	< 100	196.0	188.5	180.9	219.2						
	Effective - Hospital Standardised Mortality Ratio (DFI) - RBH	< 100	78.1	92.8	83.2	69.4						
	Effective - Summary Hospital Mortality Indicator	< 1										
	ED Attendances		7704	8303	8082	8574	8281	7977	7998			
	Elective Admissions		5561	6274	6522	5871	6418	5913	6622			
	GP OP Referrals		5373	5970	6173	5864	5918	5572	5599			
	Non-elective Admissions		2957	3348	3028	3249	3310	3234	3237			
	Organisational health - Staff sickness in month	< 3%	3.548%	4.050%	4.012%	4.185%	3.992%	3.839%	4.243%			
	Organisational health - Staff sickness rolling 12 months	< 3%	4.19%	4.19%	4.20%	4.23%	4.25%	4.23%	4.22%			
	Organisational health -Proportion of temporary staff		7.00%	8.09%	6.57%	6.79%	6.74%	6.78%	6.90%			
	Organisational health -Staff turnover	< 12%	11.13%	10.94%	10.73%	10.53%	10.56%	10.37%	10.21%			
	Safe - Clostridium Difficile - Confirmed lapses in care	<=14 in Yr / 1.2 per Month	1	0	0	1	0	4	1			
	Safe - Clostridium Difficile - infection rate	6.9	12.1	11.71	0	29.27	11.71	6.05	35.13			
	Safe - MRSA bacteraemias	0	0	0	0	0	0	0	0			
	Safe - NHS England/NHS Improvement Patient Safety Alerts outstanding	0	0	0	0	0	0	0	0			
	Safe - Occurrence of any Never Event	0	0	1	1	1	0	0	0			
	Safe - Potential under-reporting of patient safety incidents (Quarterly reporting rate)			39.25			39.35					
	Safe - VTE Risk Assessment	95%	95.94%	96.29%	96.83%	96.70%	96.51%	96.77%	96.72%			
	Number of Serious Incidents	<= Last Year	0	4	2	3	3	0	0			
	Appraisals - Values Based (Non Medical) - Compliance		3.26%	10.78%	21.41%	37.14%	57.24%	84.93%	88.99%			
	Appraisals - Doctors and Consultants - Compliance		89.67%	89.82%	88.28%	87.36%	87.86%	88.07%	88.19%			
	Essential Core Skills - Compliance		91.62%	92.10%	92.32%	92.55%	92.93%	92.64%	92.87%			
Finance and use of resources	Sustainability - Capital Service Capacity (YTD Score)	YTD Plan = 4	4	4	4	4	4	4				
	Sustainability - Liquidity (YTD score)	YTD Plan = 1	1	1	1	1	1	1				
	Efficiency - I&E Margin (YTD score)	YTD Plan = 4	4	4	4	4	4	4				
	Controls - Distance from Financial Plan (YTD score)	N/A	1	1	1	1	1	1				
	Controls - Agency Spend (YTD score)	YTD Plan = 1	1	1	1	1	1	1				
	Overall finance and use of resources YTD score	N/A	3	3	3	3	3	3				
Operational performance	A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge	95%	95.42%	93.70%	92.39%	92.29%	94.57%	94.47%	93.96%			
	Cancer maximum 62-day wait for first treatment from NHS cancer screening service referral	90%	92.31%	77.78%	84.62%	92.86%	100.00%	92.86%				
	Cancer maximum 62-day wait for first treatment from urgent GP referral for suspected cancer	85%	89.78%	89.16%	89.26%	84.93%	89.76%	87.50%				
	Maximum 6-week wait for diagnostic procedures	99%	99.56%	99.77%	99.95%	99.88%	99.66%	99.80%	99.85%			
	Maximum time of 18 weeks from point of referral to treatment in aggregate - patients on an incomplete pathway	92%	91.14%	92.01%	92.17%	92.04%	91.79%	90.67%	90.09%			

NHSI are yet to determine the assessment criteria of the following Single Oversight Framework metrics; Effective boards and governance, Use of data and Contributions to sustainability and transformation plans (STPs)

BOARD OF DIRECTORS

Meeting Date and Part:	24 th November 2017 – Part 1
Reason paper is in Part 2 (if applicable):	
Subject:	Performance Report
Section on agenda:	Performance
Supplementary Reading (included in the Reading Pack)	None
Officer with overall responsibility:	Richard Renaut, Chief Operating Officer
Author(s) of papers:	Donna Parker, Deputy Chief Operating Officer David Mills, Associate Director - Information
Details of previous discussion and/or dissemination:	PMG and Finance Committee
Action required: Approve / Discuss / Information/Note	The Board of Directors is requested to note the performance exceptions to the Trust's compliance with the 2017/18 SOF and contractual requirements. This includes compliance with STF, national targets and our NHSI submitted trajectories to date.
<p>Executive Summary:</p> <p>In summary the Trust performed as follows for October:</p> <ul style="list-style-type: none"> • A&E 4 Hour – below national target at 93.96% and NHSI organisational level requirement which is 95% for Q2 at organisation level. Dorset-wide trajectory was met and STF is anticipated. Risk for Q3 STF. ED streaming has commenced. • RTT 18 Weeks – expected to be below national target of 92% for October with ongoing risk as MSK triage and other referral improvement workstreams have a transitional impact on performance. • Diagnostics 6 Week Wait – met national target. • Cancer 62 Day from Referral – above national target in September (last reported month) at 87.5%. Some risk to Q3. • Cancer 62 Day Screening – met national target in September at 92.9% compliance (last reported month). <p>All other Single Oversight Framework (SOF), NHS Constitution and key contractual targets were met or within expected range for October except 1 breach of the 28 day rebook following cancellation target. There were also 2.5 breaches of the cancer consultant upgrade target.</p> <p>A forecast for November, together with key risks and mitigating actions, is included in the report. Risk to all targets is detailed and significantly, a key risk to STF due to our current A&E 4 hour performance level against the 95% trajectory required by NHSI to achieve the STF. The Dorset-wide trajectory is being monitored in relation to system STF.</p>	

Operational Performance Report



For the period to end October 2017

Richard Renaut
Chief Operating Officer

1. Introduction

Please refer to the Board dashboard for Single Oversight Framework performance metrics.

This narrative report accompanies the Board dashboard and outlines the Trust's actual and predicted performance against the priority operational performance targets. Exception reporting on other access and performance metrics in the SOF and/or key contractual/local priorities is included and is in the **Performance Indicator Matrix (see Reading Pack)**.

2. Single Oversight Framework Indicators

2.1 Current performance – October 2017

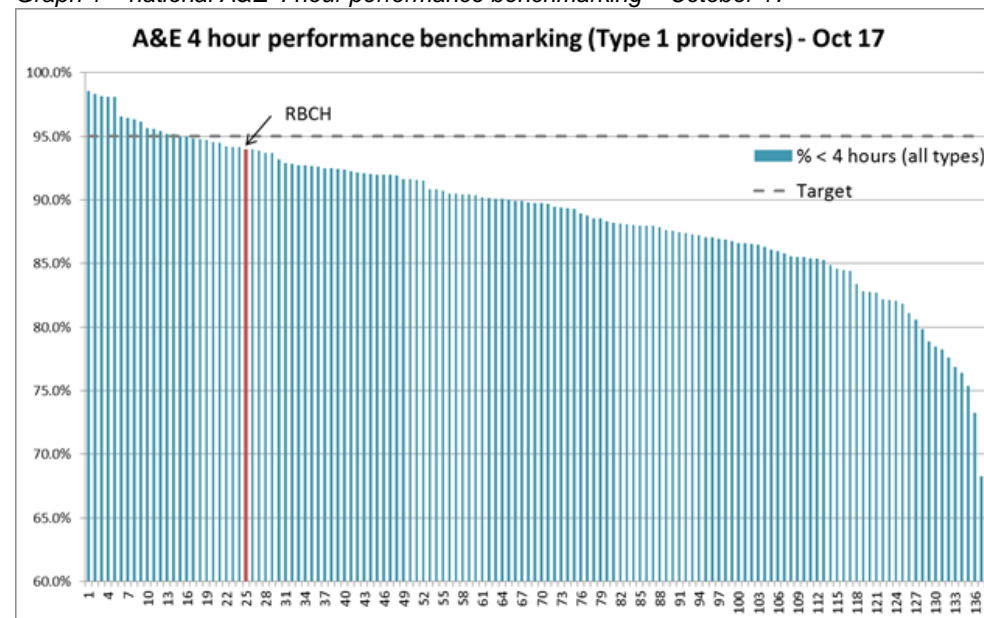
A&E 4 Hour Target and 12 Hour Breaches

Performance dipped slightly to 93.96% though we remained within the top 20% nationally. Overall ED attendances were up 0.6% (type 1 ED attendances up 2.5%) and urgent care admissions were up 1.60% on last October. We did see an increase in our 14+ day stay patients in the latter half of October though this and our 7+ day stays are improving in November.

Whilst our Q2 performance meant we remained below our STF organisational trajectory of 95%, the Dorset-system achieved over 95%. This will enable Dorset organisations to secure their STF. However, there remains significant risk to STF in Q3 (see section 2.2).

No patients waited longer than the 12 hours standard.

Graph 1 – national A&E 4 hour performance benchmarking – October 17

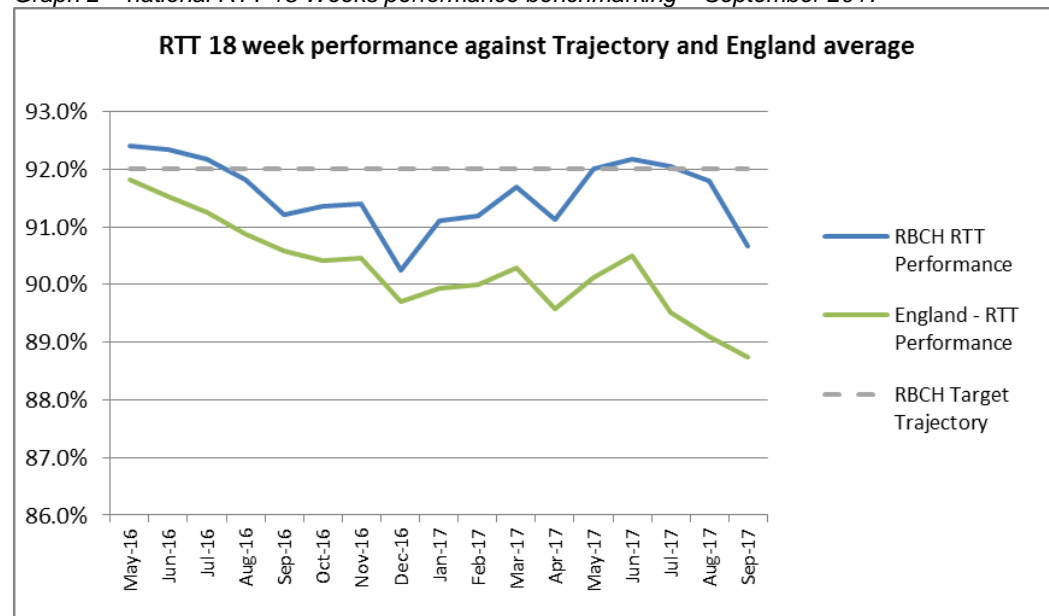


RTT Incomplete Pathways (18 week) and 52 Week Breaches –

As indicated in last month's report, the Trust predicted to be below the 92% target in October, achieving 90.1%.

Whilst we have seen a deteriorated position, this is also reflected in the national picture and risk to future months remains – see Section 2.2.

Graph 2 – national RTT 18 Weeks performance benchmarking – September 2017



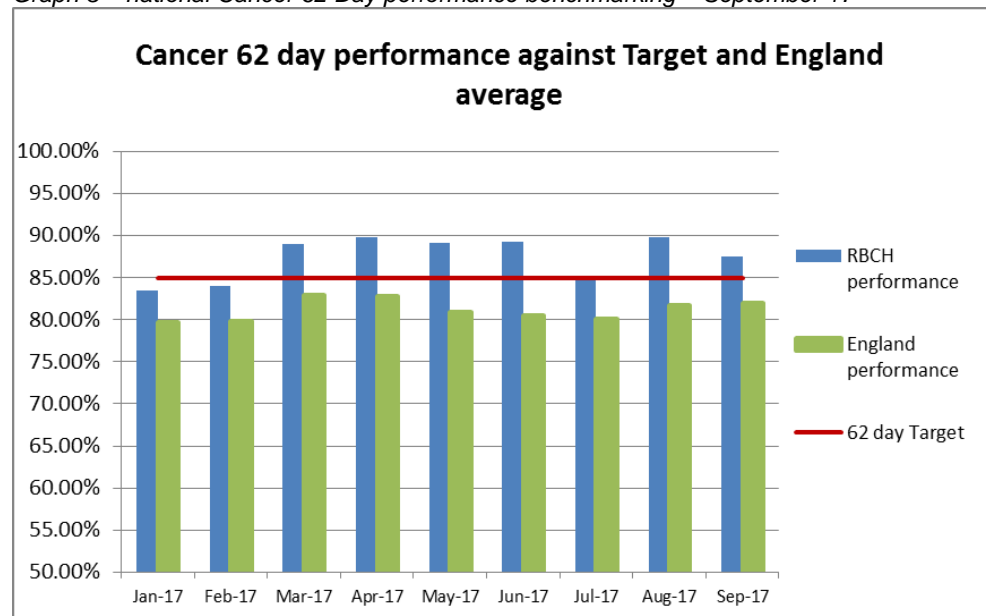
62 Day from Referral/Screening for Suspected Cancer to Treatment

For the month of September (*last formal reported month*) there were 13.5 breaches, with performance at 87.5%. This was well above the national target of 85% and the England average and meant we achieved compliance for Quarter 2. (A 0.5 breach means it is shared with another Trust.)

There were 6.5 breaches across 6 specialities and 7 breaches in Urology. The non-Urology breaches included: 2 in Lung, 1 in UGI, 2 in Breast, 0.5 in Head and Neck, and 1 in Sarcoma. The most significant reason for breaches (7.5 breaches) was complex pathways.

We continue to benchmark well against the England average.

Graph 3 – national Cancer 62 Day performance benchmarking – September 17



We achieved 92.9% for the 62 day screening target which was above the 90% target and resulted in Quarter 2 compliance.

We have 6 patients with a greater than 104 day pathway (*4 breaches as shared with other sites*); clinicians have assessed 4 with no harm, but are continuing to manage. The full review of the remaining 2 has commenced but is not expected to evidence harm.

Diagnostic 6 Week Wait

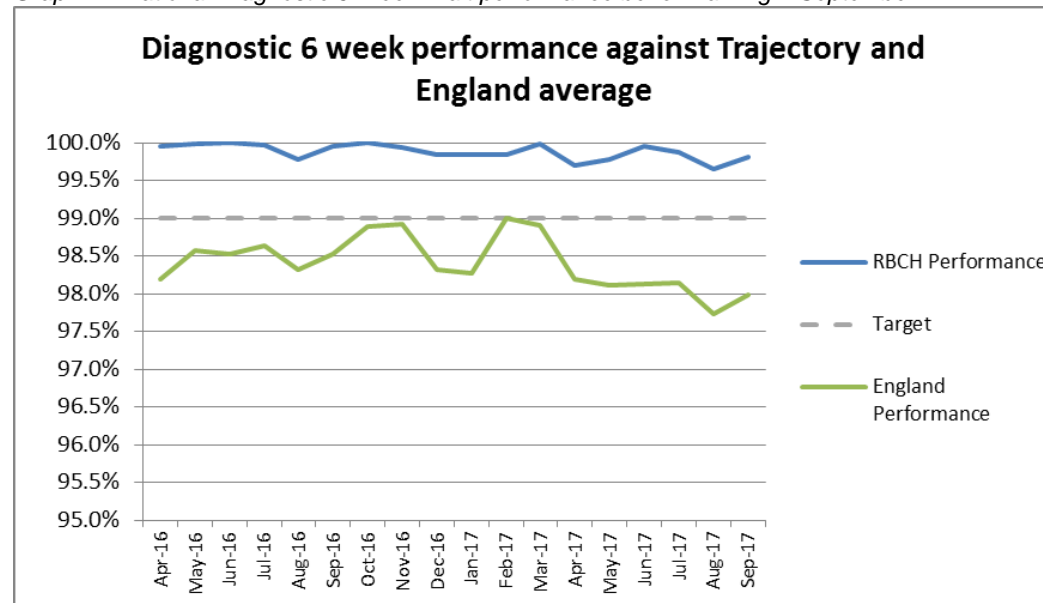
Our positive position continued in October with the final validated performance achieving 99.85%. Performance currently remains on track in the key areas (Endoscopy, Radiology, Cardiology and Urology); with a reduction in cystoscopy breaches reflecting improvements in our medical staff capacity in Urology. This continues to be closely monitored.

Operational Performance Report

As at 14/11/2017

The below graph shows slightly improved national performance in September. We remained well above the 99% threshold and England average.

Graph 4 – national Diagnostic 6 Week Wait performance benchmarking – September 17



2.2 November and Q3 - Forecast Performance and Key Risks

Below indicates our forecast against the national targets and the expected 17/18 performance trajectories we submitted to NHSI for the key standards.

Table 1 – SoF Key Operational Performance Indicators 2017/18 – actuals and forecast

Single Oversight Framework Indicator	National Target	NHSI Trajectory	Mth / Qtrly	RAG rated forecast against national targets and NHSI submitted trajectories					
				Qtr 1	Jul-17	Aug-17	Sep-17	Oct-17	Nov 17 est.
A&E 4hr maximum wait time*	95%	91-93%	Mthly	Amber	Red	Red	Red	Red	est.
RTT 18 week incomplete pathways	92%	91%	Mthly	Amber	Green	Amber	Amber	est.	est.
Cancer 62 day wait for first treatment from urgent GP referral**	85%	85 - 85.4%	Mthly	Green	Red	Green	Green	est.	est.
Cancer 62 day wait for first treatment from Screening service**	90%	90%	Mthly	Green	Green	Green	Green	est.	est.
Maximum 6 weeks to diagnostic test	99%	99%	Mthly	Green	Green	Green	Green	Green	Green

RAG Key: Red - below national target and organisational trajectory; Amber - above trajectory but below national target or 'at risk'; Green - above national target (and trajectory).
 *STF requirement increased to 95% from Q2 (above locally submitted trajectory). Dorset-wide performance in Q2 is expected to secure STF
 **Oct cancer final validated upload will be completed early Dec 17

For Q3, we do expect ongoing risk against the full national targets for A&E (95%), RTT (92%), Cancer 62 day (85%) and Cancer Screening (90%).

The key impact will be on our achievement of the STF in relation to the 95% target for A&E 4 hour with our Quarter to date at 94.3%. This remains a significant risk, though November is seeing improved performance at 95.62% to date.

The Diagnostics 6 Week Wait is expected to remain compliant.

A&E 4 hour, ED Streaming and STF

Whilst medical rotas have improved slightly in ED, middle grade gaps do remain a challenge especially at night and we are continuing to regularly review the patterns of demand against medical shift cover. Recruitment remains key.

Though we met our improvement trajectory for (reduction in) 14+ day stay patients we did see an increase in the latter part of October alongside our deterioration in the A&E 4 hour target. This has begun to improve as at mid-November and improving 4 hour performance is being seen to date at 95.62%. This does, however, remain fragile and we continue to focus on areas for improvement arising from our weekly breach analysis.

Similar pressure, particularly in relation to long stay patients, is being seen elsewhere across Dorset and some risk to the Dorset-wide achievement of the 4 hour trajectory is also signalled for Q3. We are regularly monitoring system-wide performance.

As highlighted last month, latest guidance indicates that both the 95% trajectory and implementation of primary care streaming for ED, are required to achieve the STF and are now binary, i.e. you must achieve both to access STF. ED streaming has now commenced at RBH and ongoing work is underway to monitor, review and develop this service and capacity. The service is recruiting currently but rotas cannot always be filled as we are using bank staff shifts.

Implementation of our winter / seasonal pressure plans continues, including continued progress on our Christchurch hub and integrated community/interim team. Our clinical workshops to review and further develop our escalation processes (OPEL) have now been completed and actions with supporting operating procedures will be finalised at our next clinical Trust Management Board. Our winter plans will remain under review in order to respond to the unfolding patterns of demand and any particular pressures such as flu.

RTT 18 weeks

Our final performance position for October was 90.1%. Pressures outlined in last months' report continue (see actions below).

The impact of the new nationally mandated, MSK triage service which is currently seeing a reduction in referrals into secondary care, is reducing the total number of patients on pathways. This means our 18 week backlog will become a bigger proportion of the total, which means RTT % is likely to dip to c. 80% until the triage impact works its way through the system. Patients will not be waiting longer and indeed freed up capacity will be used to treat long waiting patients. We are currently monitoring the referral activity and transitional impact and are working with Dorset partners to model the potential trajectory of

performance. We will then provide a full briefing to NHSI, CQC and the Board/CoG.

Progress on our actions in relation to key current speciality concerns continues:

- Dermatology – '3 referral route' pathways including teledermatology approved across Dorset and rollout plan commencing November, supported by Locality Projects working jointly with GPs. A service review is also underway. Though, internal issues around surgical capacity are likely to further exacerbate wait times.
- Urology – locum posts now commenced and our Right Referral, Right Care Programme work is signalling reduced GP referrals YTD.
- Orthopaedics – Dorset-wide MSK triage commenced 16 October, supported by the other RR, RC initiatives such as the knee decision support tool video and CHAIN programme. These are aimed at ensuring patients receive the right advice and treatment at the right time and are fit, ready and able to proceed with appropriate treatment.
- Ophthalmology – changes to cataract follow-up and pre assessment pathways have commenced to release capacity. Further work underway to review surgical capacity and booking processes.
- ENT - joint work with Poole to review capacity and pathways.

Similarly to the MSK triage service; there is the potential for a negative impact on performance as a result of other transformational improvement programmes. This 'lead time', as demand reduces and long waiter backlogs need to be cleared, remains a significant risk to our RTT performance, for at least the next 6 months.

Cancer 62 Day

Although September and Q2 were compliant there remains significant risk going forward to Q3. This reflects the ongoing patient choice delays and also Lung fast track referral pressures resulting from capacity pressures at a partner provider. Dermatology fast track referrals have reduced more recently and we expect to improve further with the new pathways, however, patients already on pathways and capacity challenges in the service do remain a risk.

Diagnostic 6 Week Wait

Diagnostic demand in relation to this target, particularly as a result of ongoing inpatient and fast track pathway pressures, will continue to be monitored alongside additional activity supported in 17/18 by commissioners. We also continue to monitor the impact of the Urology previous medical staff gaps on cystoscopy waits. However, we are currently forecasting a sustained positive performance position.

3. Other Indicators - Exception Reporting

See Performance Indicator Matrix for full performance detail.

All other key targets reported to date for October have remained compliant or within expected ranges except 1 breach against the 28 day rebook following cancellation standard. The breach was initially cancelled due to staff sickness and the rebooking had to be done by a specific surgeon who wasn't able to fit them in within 28 days due to prioritising cancer patients. Patient instigated delay has meant their rebook date is in November. We also had 2.5 breaches against the cancer consultant upgrade standard (1 in Lung, 1 in Breast and a shared breach in Urology).

4. Recommendation

The Board of Directors is requested to note the performance exceptions to the Trust's compliance with the Single Oversight Framework (17/18) and key contractual requirements, as well as the highlighted recovery actions.

Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust

Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust

2017/18 PERFORMANCE INDICATOR MATRIX FOR BOARD OF DIRECTORS

Area	Indicator	Measure	Target 16/17	Monitor	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Forecast - Next Month	Forecast - Quarter	RAG Thresholds				
Referral to Treatment Detail	RTT Clocks still running - Combined	100 - GENERAL SURGERY	92%		91.0%	90.7%	91.0%	92.1%	91.5%	91.6%	90.7%	91.1%	91.6%	91.60%	90.8%	91.4%	91.85%	91.9%	92.4%	92.9%	92.7%	93.2%	92.8%			<92%		≥92%		
	RTT Clocks still running - Combined	101 - UROLOGY	92%		81.7%	84.9%	85.5%	85.1%	88.9%	87.4%	91.0%	93.0%	92.5%	93.4%	92.9%	93.3%	90.3%	90.7%	90.2%	86.1%	87.8%	85.1%	83.0%			<92%		≥92%		
	RTT Clocks still running - Combined	110 - TRAUMA AND ORTHOPAEDICS	92%		90.0%	90.7%	91.5%	91.6%	91.7%	91.3%	90.2%	88.8%	86.1%	85.4%	84.6%	83.6%	82.6%	84.4%	85.9%	86.8%	87.3%	85.6%	84.4%			<92%		≥92%		
	RTT Clocks still running - Combined	120 - EAR NOSE AND THROAT	92%		93.6%	90.8%	90.9%	90.5%	91.2%	90.6%	86.9%	88.1%	88.2%	87.3%	91.8%	94.4%	95.0%	94.3%	94.4%	93.2%	91.6%	88.1%	84.7%			<92%		≥92%		
	RTT Clocks still running - Combined	130 - OPHTHALMOLOGY	92%		90.4%	90.1%	89.0%	89.5%	87.4%	88.3%	89.1%	90.5%	88.7%	92.4%	93.1%	93.0%	90.9%	91.9%	91.1%	90.2%	89.1%	87.9%	89.2%			<92%		≥92%		
	RTT Clocks still running - Combined	140 - ORAL SURGERY	92%		100.0%	99.6%	98.3%	97.0%	92.0%	92.5%	88.4%	90.4%	89.1%	88.0%	89.3%	89.5%	86.0%	91.2%	95.9%	96.9%	94.6%	90.5%	86.2%			<92%		≥92%		
	RTT Clocks still running - Combined	170 - CARDIOTHORACIC SURGERY	92%		100.0%	100.0%	100.0%	97.5%	100.0%	100.0%	100.0%	100.0%	100.0%	87.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			<92%		≥92%		
	RTT Clocks still running - Combined	300 - GENERAL MEDICINE	92%		97.8%	97.4%	96.4%	96.4%	95.3%	98.5%	91.9%	90.9%	90.2%	91.2%	94.7%	96.1%	96.4%	97.1%	96.7%	96.9%	96.4%	96.2%	96.2%			<92%		≥92%		
	RTT Clocks still running - Combined	320 - CARDIOLOGY	92%		94.9%	95.3%	96.1%	94.4%	95.7%	95.1%	94.9%	96.4%	95.3%	96.1%	96.4%	96.7%	96.8%	97.0%	96.9%	97.2%	96.9%	96.1%	96.3%			<92%		≥92%		
	RTT Clocks still running - Combined	330 - DERMATOLOGY	92%		97.9%	97.4%	96.6%	95.2%	94.3%	94.0%	92.8%	89.4%	87.9%	89.8%	86.7%	88.3%	87.0%	89.8%	92.4%	92.2%	92.6%	90.1%	86.7%			<92%		≥92%		
	RTT Clocks still running - Combined	340 - THORACIC MEDICINE	92%		98.4%	98.2%	99.1%	98.6%	98.5%	99.0%	98.9%	98.9%	98.6%	97.9%	98.0%	99.5%	99.3%	99.1%	100.0%	99.2%	98.7%	98.0%	98.1%			<92%		≥92%		
	RTT Clocks still running - Combined	400 - NEUROLOGY	92%		99.0%	97.1%	94.5%	96.2%	94.3%	94.2%	94.1%	93.9%	91.5%	95.6%	90.9%	90.6%	95.5%	95.8%	97.3%	97.2%	96.0%	96.8%	94.2%			<92%		≥92%		
	RTT Clocks still running - Combined	410 - RHEUMATOLOGY	92%		98.2%	97.2%	97.0%	95.0%	94.7%	95.3%	96.9%	97.0%	95.6%	97.2%	96.6%	97.0%	98.1%	97.8%	97.6%	97.8%	97.7%	97.4%	96.3%			<92%		≥92%		
	RTT Clocks still running - Combined	430 - GERIATRIC MED	92%		100.0%	100.0%	98.9%	97.4%	96.4%	97.5%	98.9%	98.8%	96.8%	95.1%	93.8%	96.2%	95.5%	98.0%	96.9%	96.1%	96.8%	91.9%	92.3%			<92%		≥92%		
	RTT Clocks still running - Combined	502 - GYNAECOLOGY	92%		91.2%	90.6%	89.5%	87.7%	88.4%	88.3%	91.2%	90.4%	91.7%	94.6%	93.6%	94.9%	95.5%	95.1%	94.2%	93.1%	90.9%	91.0%	93.1%			<92%		≥92%		
	RTT Clocks still running - Combined	Other	92%		94.2%	95.4%	96.6%	95.5%	95.4%	94.4%	91.7%	91.8%	90.5%	90.8%	92.5%	96.1%	96.1%	96.4%	94.5%	95.4%	95.0%	96.1%	94.3%			<92%		≥92%		
Cancer	Cancer 62 day by Tumor Site	Haematology	85%		100.0%	100.0%	66.7%	80.0%	66.7%	70.0%	100.0%	60.0%	100.0%	100.0%	100.0%	100.0%	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%					<85%		≥85%	
	Cancer 62 day by Tumor Site	Lung	85%		60.0%	66.7%	100.0%	66.7%	71.4%	55.6%	80.0%	37.5%	40.0%	58.3%	85.7%	93.3%	100.0%	85.7%	66.7%	66.7%	100.0%	86.2%					<85%		≥85%	
	Cancer 62 day by Tumor Site	Colorectal	85%		80.0%	72.7%	77.8%	71.4%	71.4%	79.5%	80.0%	87.5%	90.5%	77.3%	81.0%	63.6%	76.5%	77.8%	100.0%	84.6%	81.8%	100.0%					<85%		≥85%	
	Cancer 62 day by Tumor Site	Gynae	85%		100.0%	72.7%	100.0%	100.0%	100.0%	72.7%	25.0%	71.4%	83.3%	100.0%	100.0%	100.0%	66.7%	100.0%	100.0%	85.7%	71.4%	100.0%	100.0%					<85%		≥85%
	Cancer 62 day by Tumor Site	Skin	85%		100.0%	100.0%	94.2%	100.0%	100.0%	97.1%	93.1%	100.0%	93.9%	91.2%	100.0%	100.0%	96.0%	96.8%	100.0%	100.0%	97.6%	100.0%					<85%		≥85%	
	Cancer 62 day by Tumor Site	UGI	85%		90.0%	75.0%	84.2%	100.0%	100.0%	85.2%	100.0%	89.5%	85.7%	87.5%	55.6%	100.0%	75.0%	100.0%	58.3%	100.0%	86.7%	77.8%					<85%		≥85%	
	Cancer 62 day by Tumor Site	Urology	85%		82.9%	79.7%	80.4%	82.7%	82.3%	78.8%	78.8%	85.9%	77.8%	80.5%	74.6%	82.3%	86.1%	81.8%	89.4%	74.0%	74.2%	75.0%					<85%		≥85%	
	Cancer 62 day by Tumor Site	Breast	85%		92.9%	100.0%	93.3%	100.0%	100.0%	100.0%	100.0%	100.0%	84.6%	87.5%	75.0%	100.0%	100.0%	92.3%	84.6%	81.8%	93.8%	88.5%					<85%		≥85%	
	Cancer 62 day by Tumor Site	Head & Neck	85%		0.0%	66.7%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	100.0%	100.0%		n/a	100.0%	100.0%	100.0%	0.0%					<85%		≥85%	
	Cancer 62 day by Tumor Site	Brain/Central nervous system	85%		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	100.0%	n/a	n/a				n/a	n/a	<85%		≥85%	
	Cancer 62 day by Tumor Site	Children's cancer	85%		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a						n/a	n/a	<85%		≥85%	
	Cancer 62 day by Tumor Site	Other cancer	85%		100.0%	50.0%	100.0%	100.0%		100.0%	100.0%		44.4%	0.0%	n/a	0.0%	100.0%	100.0%	n/a	n/a	100.0%	100.0%					<85%		≥85%	
	Cancer 62 day by Tumor Site	Sarcoma	85%		100.0%	100.0%	80.0%	87.5%	71.4%	77.8%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	n/a	n/a	100.0%	100.0%	66.7%				<85%		≥85%	

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

Please note Planned waits metric has been revised in February Matrix and applied to all months for consistency

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Board of Directors	
Meeting Date and Part:	24 November 2017 Part 1
Subject:	Quality report
Section on agenda:	Quality
Supplementary Reading (included in the Reading Pack)	N/A
Officer with overall responsibility:	Paula Shobbrook, Director of Nursing and Midwifery / Deputy Chief Executive
Author(s) of papers:	Fiona Hoskins, Deputy Director of Nursing and Midwifery Jo Sims, Associate Director of Quality and Risk
Details of previous discussion and/or dissemination:	Healthcare Assurance Committee
Action required: Approve/Discuss/Information/Note	The paper is provided for information and assurance
Executive Summary: The Quality report is a summary of the key quality indicators in Month. <ul style="list-style-type: none"> • There were no new serious incidents reported in October 17 • Friends and Family Test Performance is sustained for the month. • Complaints response performance to formal complaints was 56% in month, a reduction on previous months. 	
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 November
2017**

Paula Shobbrook
Director of Nursing and Midwifery

1.0 Introduction

This report accompanies the Trust Quality Dashboard and outlines the Trust's 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 2017/18.

2.0 Serious Incidents

- 2.1 There were no new Serious Incidents reported in October 2017.

3.0 CQC Insight Model

- 3.1 The CQC published updated "Insight Model" on 9th October 17. CQC Insight brings together in one place the information the CQC holds about Trust services, and analyses it to monitor services at provider, location, or core service level. This will help the CQC to decide what, where and when to inspect and provide analysis to support the evidence in their inspection reports.

The current composite indicator score for RBCH is similar to other acute trusts that were more likely to be rated as good. The CQC note that 'This trust's composite score is among the highest 25% of acute trusts'.

The CQC Intelligence report indicates that overall performance for the Trust is about the same. Responsive, Effective, Caring, Safe, Well led performance is stable. Critical care, Outpatients and diagnostic imaging, Maternity and gynaecology, Urgent and emergency care, Medical care, Surgery performance is stable.

4.0 Patient Experience Report

4.1 Friends and Family Test: (Benchmarking September data)

- Inpatient and day case Friends and Family Test (FFT) national performance in September 2017 ranked RBCH Trust 2nd with 16 other hospitals out of 172 placing RBCH in the top quartile based on patient satisfaction. The response rate was sustained above the 15% national standard at 20.1%.
- The Emergency Department FFT performance in September 2017 ranked RBCH Trust 5th with 12 other hospitals out of 141 placing RBCH ED department in the top quartile. The response rate 4.3% against the 15% national standard.
- Outpatients FFT performance in September 2017 ranked RBCH Trust 4th with 31 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.

4.2 Family and Friends Test Trends

	April	May	June	July	August	September
In-Patient Quartile						
Top		98.553%		98.598%		98.618%
2	97.938%		97.416%		97.335%	
3						
Bottom						

	April	May	June	July	August	September
ED Quartile						
Top	95.735%		95.882%	95.946%	95.765%	95.652%
2		92.558%				
3						
Bottom						

	April	May	June	July	August	September
OPD Quartile						
Top		98.421%				
2	96.659%		97.926%	97.471%	97.441%	96.932%
3						
Bottom						

4.3 Care Audit Trend Data

The Care Audit Campaign continues with close monitoring. Focus groups continue on call bells, noise at night, food and drink, and pain management. New questions are highlighting areas for improvement and work with the QI team around patient flow will help to address these issues.

4.4 Patient Opinion and NHS Choices: October Data

11 patient feedback comments were posted in October. 8 express satisfaction with the staff attitude, care and treatment. 2 negative responses related to misdiagnosis and fear of harm from another patient and 1 mixed comment praising treatment but poor infection control.

All information is shared with clinical teams and relevant staff, with Senior Nurses responses included in replies following complaints.

4.5

Complaints Summary report

Formal Complaints

A total of 21 complaints were received in October all of which had an acknowledgement within the required 3 days. Formal written complaints increased from this time last year and concerns are showing a slight decrease. Two themes were highest in month, quality, suitability of care/treatment, and consent, communication, confidentiality.

The percentage of formal responses answered within the Trust standard of 25 working days was not achieved in October. The agreed standard is that 75% are responded to within this time frame and a rate of 56% was attained. This follows a slight rise in response rates in August and September.

5.0

Recommendations

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

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Christchurch Hospitals
NHS Foundation Trust



BOARD OF DIRECTORS

Meeting Date and Part:	24 th November 2017 – Part I
Subject:	Financial Performance
Section on agenda:	Performance
Supplementary Reading (included in the Reading Pack)	Yes
Officer with overall responsibility:	Pete Papworth, Director of Finance
Author(s) of papers:	Chris Hickson, 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 31st October 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?	Well-led
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 October 2017

Chris Hickson
Deputy Director of Finance

Executive Summary

The Trust has delivered a cumulative deficit of £2.779 million as at 31 October which is £9,000 ahead of the Trust financial plan.

Sustainability and Transformation Fund (STF)

The Trust has achieved its year to date financial control total set by NHS Improvement thereby securing access to the Sustainability and Transformation Fund. As expected and flagged within its submitted trajectory, the Trust experienced operational pressures in its ability to achieve the quarter two ED access target of 95% and delivered 93.75%. As agreed, given that the Dorset system achieved 95.01% an appeal has been submitted to request/secure the quarter two payment of £384,000. The Trust has recently received confirmation from NHS Improvement that the 95.01% performance has been recognised and recorded. Total STF Fund income to date is £2.880 million and reflected in full within the position at 31 October.

Income & Expenditure

Income and Expenditure variances are distorted by pass through adjustments for Devices and High Cost Drugs. These costs are incurred by the Trust and then recharged to NHS England. Once adjusted for the underlying variance is low. It was advised as part of financial planning that Devices would be centrally procured and so expenditure budgets were not included in plans. This nationally led central procurement process was subsequently delayed. Pass through Devices costs are below 2016/17 levels.

Non NHS Income is £893,000 behind plan and continues to be a key area of focus with an action/recovery plan in place.

Cost Improvement Programme

Financial savings of £4.809 million have been achieved to date, which is £1.245 million behind the targeted value. This reflects the current gap between the full year target and the value of identified schemes. Further schemes continue to be identified to close this gap and CIP delivery is a key driver in year to date and forecast outturn positions.

Employee Expenses

The Trust continues to carefully manage its workforce, with a relentless focus on recruitment and retention, to minimise the need for agency staffing. During October the Trust's reported agency expenditure was again lower than both the ceiling value agreed with NHS Improvement and the expenditure reported within the same period last year. It should be noted that whilst agency spend is lower than prior years and the NHS Improvement agreed ceiling, the cumulative cost of bank, agency and overtime is higher than the Trust's vacancy budget.

Vacancy factor at 31 October is £8.196 million with actuals for agency being £2.224 million, bank £6.620 million and over time £568,000. The underlying position being establishment costs are £1.217 million above available vacancy funding within budget. There is a range within the care groups of 2.58% underspend to 4.05% overspend against vacancy factor reflecting the particular operational challenges. This continues to be an area of focus within Care Group recovery plans.

Forecast Outturn

The Trust continues to forecast a full year deficit of £6.648 million, consistent with the revenue control total agreed with NHS Improvement.

Particular pressures are apparent within the Surgical and Medical Care Groups linked to staffing pressures, unidentified CIP and lower than planned private patient income. Additionally the Trust has set aside additional funding for winter pressures.

Capital Expenditure

As at 31 October £3.918 million of capital expenditure has been committed, which is £920,000 less than planned at this point in the year. The annual plan for capital expenditure is £9.424 million, plus a further investment of £1 million relating to ED streaming supported in year through national funding. The 31 October over spend within Medical Equipment relates to MRI accrued expenditure of £567,000 and Ophthalmic equipment which is fully provided for within the overall capital plan. The current underspend position relates to the phasing of accrued spend against plan.

Cash

The Trust is currently holding a consolidated cash balance of £28.94 million. The forecast planned end of year cash balance is £22.96 million meaning that no Department of Health support is required during the current financial year. The cash position has improved above plan due to the additional 2016/17 STF Bonus and Incentive payments received in July.

Financial Risk Rating

In line with the agreed financial plan, the Trust has achieved a Use of Resources score of 3 under NHS Improvement's Single Oversight Framework (1 being best and 4 being worst). This is expected to remain consistent for the remainder of the financial year.

Recommendation

Members are asked to note the Trust's financial performance to 31 October 2017.

Finance Report

As at 31 October 2017

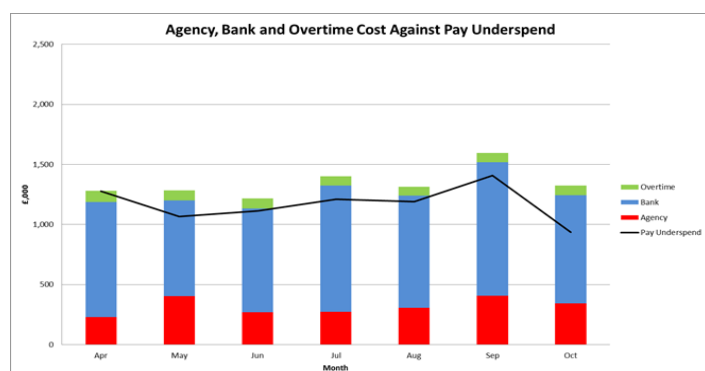
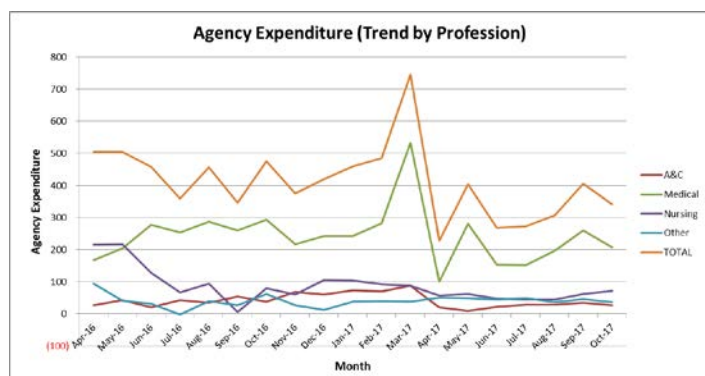
Income and Expenditure

Income and Expenditure Summary	Budget £'000	Actual £'000	Variance £'000	Net "Pass Though" Adjustment £'000	Underlying Variance £'000
NHS Clinical Income	145,461	147,374	1,913	(944)	969
Non NHS Clinical Income	4,043	3,150	(893)	(16)	(908)
Non Clinical Income	17,131	17,367	235	0	235
TOTAL INCOME	166,635	167,891	1,256	(960)	296
Employee Expenses	103,655	104,872	(1,217)	0	(1,217)
Drugs	19,471	18,649	822	(993)	(172)
Clinical Supplies	18,753	21,088	(2,334)	1,953	(381)
Misc. other expenditure	27,544	26,061	1,482	0	1,482
TOTAL EXPENDITURE	169,423	170,670	(1,247)	960	(287)
SURPLUS/ (DEFICIT)	(2,789)	(2,779)	9	0	9

Income Analysis	Budget £'000	Actual £'000	Variance £'000
NHS Dorset CCG	104,127	104,127	0
NHS England (Wessex LAT)	23,719	25,472	1,752
NHS West Hampshire CCG (and Associates)	14,543	14,545	2
Other NHS Patient Income	3,071	3,230	159
Sustainability and Transformation Fund	2,880	2,880	0
Non NHS Patient Income	4,043	3,150	(893)
Non Patient Related Income	14,251	14,487	235
TOTAL INCOME	166,635	167,891	1,256

Sustainability and Transformation Fund Income	Budget £'000	Actual £'000	Variance £'000
Financial: Control Total (70%)	2,016	2,016	0
Performance: A&E (30%)	864	864	0
TOTAL	2,880	2,880	0

Agency Expenditure

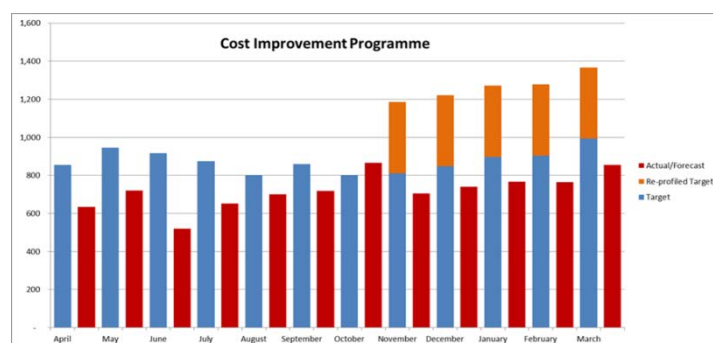


Care Group Performance

Care Group Performance	Budget £'000	Actual £'000	Variance £'000
Surgical Care Group	8,934	8,039	(896)
Medical Care Group	6,055	4,492	(1,564)
Specialties Care Group	4,064	4,069	5
Corporate Directorates	(20,199)	(19,887)	313
Centrally Managed Budgets	(1,643)	508	2,150
SURPLUS/ (DEFICIT)	(2,789)	(2,780)	9

Cost Improvement Programme

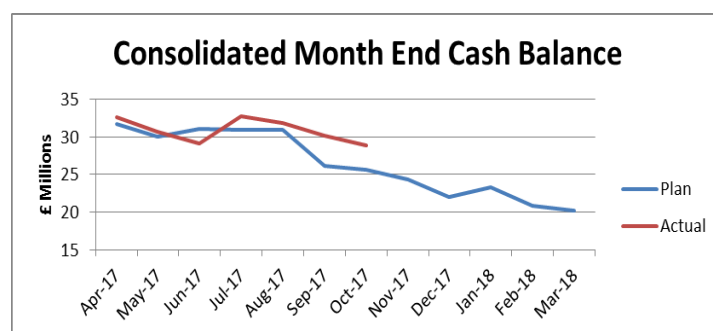
Cost Improvement Programme	Budget £'000	Actual £'000	Variance £'000	FOT £'000
Surgical Care Group	1,377	894	(483)	(1,044)
Medical Care Group	2,003	1,053	(950)	(1,605)
Specialties Care Group	1,700	1,527	(173)	(243)
Corporate Directorates	974	1,335	361	1,024
Total	6,054	4,809	(1,245)	(1,868)



Capital Expenditure

Capital Programme	Budget £'000	Actual £'000	Variance £'000
Estates	2,124	1,784	340
IT Strategy	1,897	948	949
Medical Equipment	750	1,141	(391)
Centrally Managed	67	45	22
TOTAL	4,838	3,918	920

Cash



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BOARD OF DIRECTORS

Meeting Date and Part:	24 th November 2017 – Part 1
Reason for Part 2:	n/a
Subject:	Workforce Report
Section on agenda:	Performance
Supplementary Reading (included in the Reading Pack)	Work Experience paper
Officer with overall responsibility:	Karen Allman
Author(s) of papers:	Karen Allman
Details of previous discussion and/or dissemination:	Specific issues are reviewed at Workforce Committee, HAC, Education & Training Committee
Action required: Approve/Discuss/Information/Note	For discussion and noting areas highlighted.
Executive Summary: The paper shows workforce statistics including turnover, vacancy rate and sickness absence.	
Relevant CQC domain: Are they safe? Are they effective? Are they caring? Are they responsive to people's needs? Are they well-led?	Well Led. Providing appropriate staffing to deliver effective and safe care.
Risk Profile: i. Impact on existing risk? ii. Identification of a new risk?	Recruitment and workforce planning are existing risks on the risk register.

Workforce Report



For the period to 31st October 2017

Karen Allman
Director of Human Resources

Workforce Report for Board

As at 31st October 2017

Care Group	Appraisal Compliance		Mandatory Training Compliance	Sickness		Joining Rate	Turnover	Vacancy Rate (from ESR)
	Values Based	Medical & Dental		Absence	FTE Days			
	At 31 October			Rolling 12 months to 31 October				At 31 October
Surgical	83.5%	87.1%	92.1%	4.74%	15836	13.6%	11.0%	3.1%
Medical	89.4%	87.4%	92.0%	4.14%	20720	13.0%	10.0%	8.9%
Specialities	90.7%	90.1%	93.8%	3.93%	12094	13.3%	10.8%	5.5%
Corporate	91.8%	100.0%	95.2%	4.06%	12428	7.3%	9.0%	3.8%
Trustwide	89.0%	88.2%	92.9%	4.22%	61078	12.0%	10.2%	5.8%

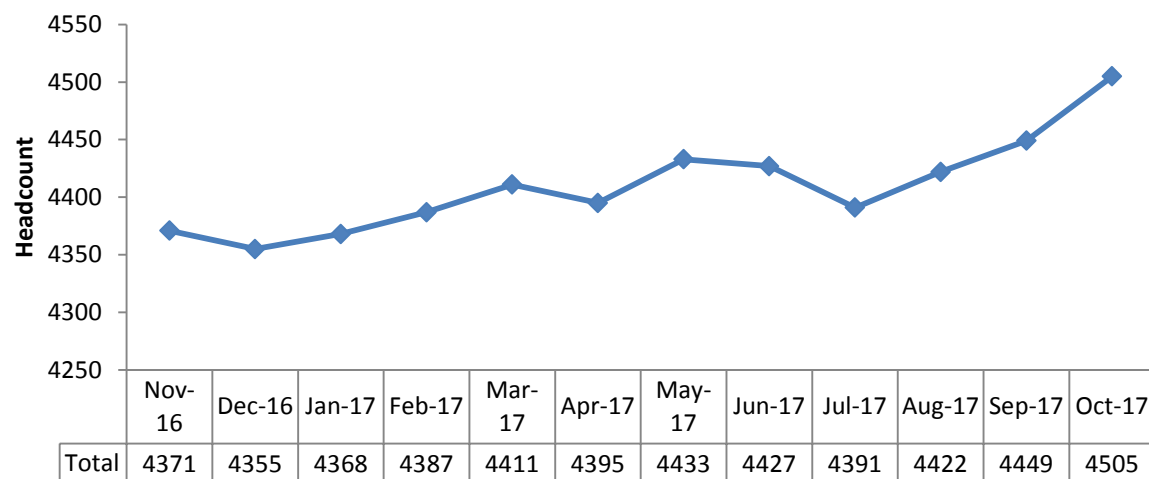
Staff Group	Appraisal Compliance		Mandatory Training Compliance	Sickness		Joining Rate	Turnover	Vacancy Rate (from ESR)
	Values Based	Medical & Dental		Absence	FTE Days			
	At 31 October			Rolling 12 months to 31 October				At 31 October
Add Prof Scientific and Technical	92.9%		94.5%	3.61%	1615	14.5%	10.2%	-2.4%
Additional Clinical Services	90.2%		92.9%	6.61%	17202	22.4%	15.0%	8.9%
Administrative and Clerical	91.9%		96.2%	3.73%	11458	9.2%	10.2%	5.3%
Allied Health Professionals	87.5%		93.4%	2.74%	2516	15.1%	12.0%	1.8%
Estates and Ancillary	84.8%		92.4%	5.76%	7123	8.9%	10.9%	8.8%
Healthcare Scientists	95.4%		93.0%	2.27%	788	11.2%	11.2%	6.4%
Medical and Dental		88.2%	85.5%	1.27%	2076	4.5%	4.5%	3.6%
Nursing and Midwifery Registered	86.6%		93.8%	4.34%	18301	9.1%	7.7%	5.9%
Trustwide	89.0%	88.2%	92.9%	4.22%	61078	12.0%	10.2%	5.8%

Workforce Report for Board

As at 31st October 2017

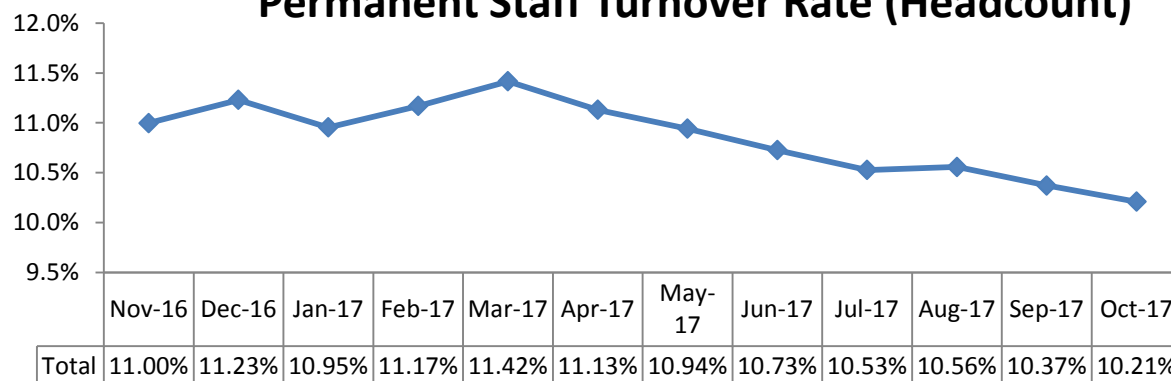
1. Staffing and Recruitment

Substantive Staff (Headcount) Trend



The information demonstrates that the turnover rate shows a further reduction this month, down to 10.21% (10.37% last month), this against a joining rate of 12% resulting in an increased headcount for the month.

Permanent Staff Turnover Rate (Headcount)



2. Essential Core Skills Compliance

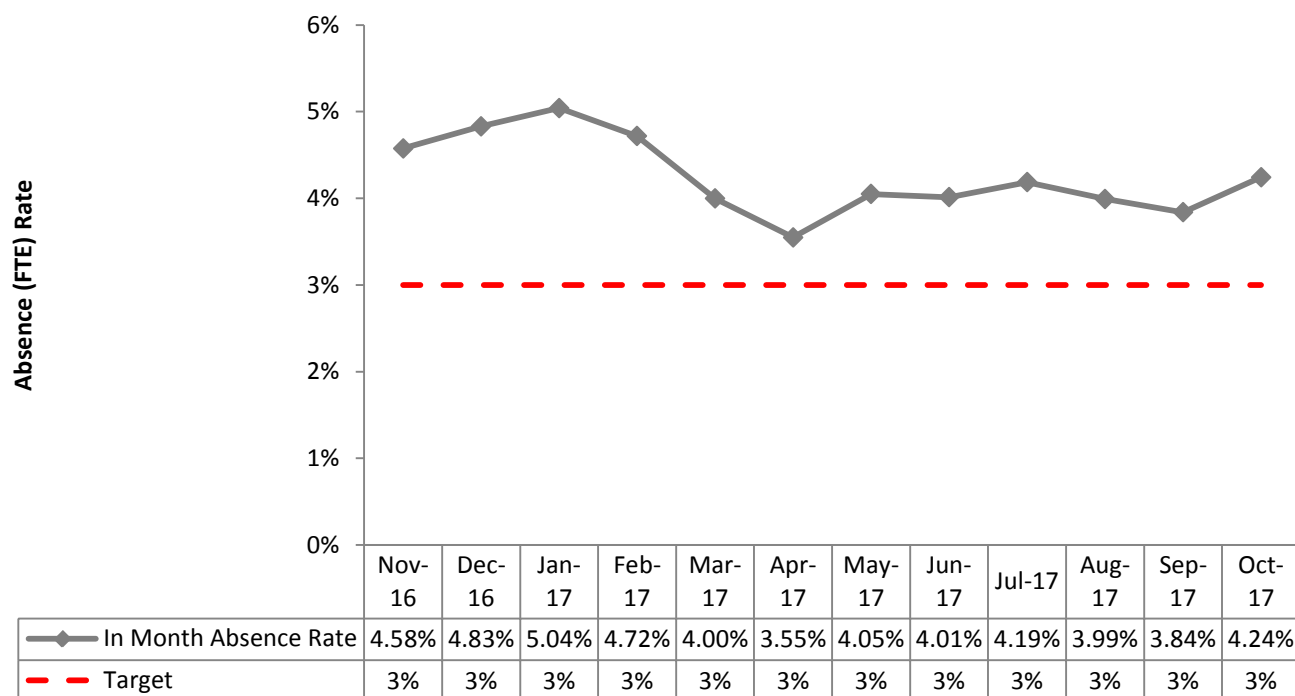
Following last month's slight dip, compliance has regained its increasing trend and currently stands at 92.9% as at 31st October (92.6% in September) against a target of 95% by December 2017. Compliance for Medical & Dental increased by 2%.

Areas of lower compliance being concentrated on include:

- Resus L3 (ILS) - being addressed by the Resus Team in terms of availability of courses.
- Conflict - more dates have been made available between now and Christmas.
- Fire Training - staff have been reminded through regular Trust communications that in addition to the standalone sessions, this competency can also be attained by attending any Essential Core Skills Day 1 at 8:35am or Trust Induction at 10:45am.

3. Sickness Absence

In Month Absence Rate (FTE)



Workforce Report for Board

As at 31st October 2017

	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Surgical	5.91%	5.62%	5.55%	4.76%	4.48%	4.08%	4.53%	4.81%	5.00%	4.93%	4.21%	4.21% ↑
Medical	4.40%	4.82%	4.99%	4.67%	4.19%	3.42%	4.30%	4.00%	4.32%	3.73%	3.61%	3.60% ↓
Specialties	4.19%	4.88%	5.46%	5.42%	3.50%	3.36%	3.17%	3.32%	3.70%	3.91%	3.79%	4.21% ↑
Corporate	3.82%	4.01%	4.23%	4.12%	3.66%	3.37%	4.01%	3.85%	3.57%	3.49%	3.86%	5.36% ↑
Trust	4.58%	4.83%	5.04%	4.72%	4.00%	3.55%	4.05%	4.01%	4.19%	3.99%	3.84%	4.24% ↑

Following reductions in the in-month sickness absence rate for August and September, it is disappointing to note an increase for October, predominantly in the corporate areas. This will be reviewed as part of the care group reports at the Workforce Committee on 7th December.

4. Work Experience

As a Trust we continue to work to provide work experience opportunities to people who may be interested in a future career in health and social care.

Since February 2017 over 80 students have so far participated and completed Work Experience within the Trust, plus a further 93 at the NHS Careers Open Day. These range from monthly to weekly experiences. A more detailed report highlighting the programme for this year and outlining some of the plans for next year is included in the reading room.

Recently, Jamie Donald was contacted by Ann Luce, Principal Academic in Journalism from Bournemouth University, asking him to arrange a visit by 36 BU final year Communication and Media students. The brief for the session was “for the students to have a better understanding of the role the hospital plays in the community and how for some people with long-term illness, it’s perhaps considered their home away from home, and for others it’s a place to visit those they love, and others still a place to come, get tests and run back out again... we’re interested in the various different functions that the hospital plays.”

The students and two lecturers visited RBCH on the afternoon of Monday 16 October. They were taken to the Education Centre for a series of talks from RBCH staff. These included BJ Waltho and Karen Bowers on hospital flow and patient pathways through the system; Gemma Brittan gave a talk on the work RBCH does with local partners to ensure that patients are able to leave the hospital when medically ready and Keith Mitchell talked to the students about the role governors and members play in the running of the hospital and the community.

The students were then split into four groups and were given extended tours of RBH by the Communications team, including visits to the Chapel, the Jigsaw Building and Radiography. The Communications team has since been contacted by students wanting to do follow-up work.

5. Staff Survey

The National Staff Survey closes on 1st December and we have been promoting it across the Trust. Last year we had a 44% response rate and although we are on track to meet this we are working hard to highlight the importance of the survey and to facilitate completion - we have held drop in sessions with refreshments and have been working with Service Leads and the communications team to target support and raise the profile. We are emphasising the importance of staff feedback to help us make changes to improve the working lives for all staff.

6. Across Dorset , Business Support Services and HR Workplans

We continue to work with other Trusts across Dorset on HR Business Support Services, and supporting the work of the Dorset Workforce Action Board (DWAB). These include “One Acute Bank” with current work scoping how to develop this service initially for Nursing and then for Medical staff and wider. The business priorities include streamlining policies, managing demand, developing system pay rates, as well as consistent agency and system utilisation.

Other workstreams include standardising recruitment processes across Dorset. Following the recent decision not to go with a shared recruitment service for the NHS across Dorset, the RBCH General Recruitment Team had a workshop on 10th November to look at the vision for our service, our customer charter, candidate experience and the use of technology & how we make the best of marketing ourselves. The Communications department have recently produced some new material and we are refreshing the recruitment site, but again we hope to find synergies as we work together with Poole in the future.

We have been progressing with our workforce plans - meeting with Service Leads and completing RAG status against some key questions to produce a workforce planning heat map. This exercise is proving very useful as we have evidenced a very broad range of operating models and workforce planning practice. The questions we ask relate to current vulnerability to vacancies/skill shortages and how the workforce is changing over 1-2 years and 3-4 years. This foundation work will support our planning journey into CSR by giving us the big picture, enabling us to identify the hotspots for further analysis and action and helping us share good workforce planning practice across the services.

7. Other

In other news, I am delighted to inform the Board that the HR department was awarded HR Team of the Year by the South West HPMA (Healthcare People Management Association) at their November meeting recently. The entry was developed and submitted by Vicky Douglas, Head of HR Operations, and following shortlisting and then a final presentation by Vicky and Richard McWilliam we received the news that we had been successful. We will now submit our entry which related to the review and development of the investigatory process in the Trust to the national HPMA awards next year.

The People Plan Priorities and detail can now be found on the intranet <https://intranet.rbch.nhs.uk/index.php/human-resources/human-resources-recent-news/our-people-plan-2017-2020> We will be working with Poole to agree how we take forward our People Strategy as a merged Trust.

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BOARD OF DIRECTORS

Meeting Date and Part:	24 November 2017 Part 1
Subject:	Non-Executive Director Appointments to Board Committees
Section on agenda:	Governance
Supplementary Reading (included in the Reading Pack)	None
Officer with overall responsibility:	David Moss, Chairperson
Author(s) of papers:	Karen Flaherty, Trust Secretary
Details of previous discussion and/or dissemination:	Board of Directors as part of Board succession planning Council of Governors when reviewing Policy for the Composition of Non-Executive Directors on the Board of Directors Discussions between the Chairperson and individual Non-Executive Directors
Action required:	Decision
<p>Executive Summary:</p> <p>The Board of Directors is asked:</p> <ul style="list-style-type: none"> to ratify and approve the appointment of Iain Rawlinson as a member of the Finance and Performance Committee with effect from 1 October 2017; and to approve the appointment of Iain Rawlinson as a member of the Audit Committee with effect from the date of the meeting. 	
<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>	Well-led
<p>Risk Profile:</p> <p>i. Impact on existing risk?</p> <p>ii. Identification of a new risk?</p>	

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BOARD OF DIRECTORS

Meeting Date and Part:	24 November 2017 - Part 1
Subject:	Well-Led Review Action Plan Update
Section on agenda:	Governance
Supplementary Reading (included in the Reading Pack)	None
Officer with overall responsibility:	David Moss, Chairman
Author(s) of papers:	David Moss, Chairman
Details of previous discussion and/or dissemination:	Previous Board meetings
Action required:	Information
Executive Summary: This report provides the latest updates on progress against the actions arising from the 12 recommendations in the external well-led review which was received in March 2017.	
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?	N/A

WELL-LED REVIEW ACTION PLAN

Recommendation		Action	Timeframe	Responsibility	Progress Update
1	The Board should proactively pursue strategic discussions at system level, especially with community, primary care and social care partners.	a Address strategy and strategic risk, using scenario planning. b. Design external engagement strategy.	Autumn 2017	TS/DM	The Chair and Chief Executive are active participants in the Systems Partnership Board which was established earlier this year. It includes the leaders of all NHS and Local Authority organisations in Dorset and oversees the strategic direction of Health and Social Care including progress on the Sustainability and Transformation Plan (STP). All partners are working to develop the governance arrangements that will underpin the introduction of a system-wide control total, a key strand of work to create an accountable care system (ACS). Work is also underway to shape the design of the ACS as one of 10 national pathfinder. This is referenced within the Trust's revised strategy.
2	The Board should ensure that it continues to make time for strategic discussion.	Design Board development activities to integrate new non-executive directors, create role clarity and identify skills for future.	Apr-17	TS/DM	Conscious efforts are made to include time during Board meetings to discuss emergent strategic issues. In addition separate Board sessions are scheduled for development events and 'Blue Skies' discussions as well as joint working sessions with the Council of Governors. The programme for Board Strategy and Development sessions in 2018 is currently being prepared.
3	The Board should prioritise building on its existing engagement with local government, including developing a clear engagement strategy for doing so as the CSR is implemented.	a. Design external engagement strategy. b. Consider role of governors following review timetabled for summer 2017.	Autumn 2017	Various executive leads	See response to Recommendation 1 above. In addition following the Board and Council of Governors workshop in July a detailed action plan for stakeholder engagement was drawn up and presented to the Board of Directors at its meeting in September. Separate work is in hand for the development of a patient engagement strategy and this will be brought to the Board and the Governors in February.

WELL-LED REVIEW ACTION PLAN

4	The Board should consider how it can increase its engagement with primary and community healthcare organisations, in particular relationships with the local community Trust. This should include direct 'peer to peer' engagement by NEDs as well as working through Trust staff.	a. Design external engagement strategy. b. Consider role of governors following review timetabled for summer 2017.	Autumn 2017	Various executive leads	See response to Recommendation 3 above. In addition: - Executive Directors have regular contact with opposite numbers and other key staff in primary and community organisations. - The Chair has regular meetings with the Chairs of the Dorset and West Hampshire CCGs, and the Chair of the Dorset Healthcare University NHS Foundation Trust (DHC). - Jointly delivered GP extended access bid with local GPs and partner trusts, a product of collaboration to improve services for our local population. - Deputy Clinical Chair of Dorset CCG leading joint Board and Trust Management Board workshop on integrated care in November. - Appointment of joint clinical lead with community trust DHC to develop integration agenda.
5	The Board should keep its governance under review-specifically the cycle of committee meetings in relation to Board meetings, the detail being considered by committee and Board meetings along with the balance of Part 1 and Part 2 agenda items.	Address governance tasks of Board and committee cycle along with delegated decision making and assigning responsibility for operational and strategic risk.	Ongoing	DM/KF	Relevant committee meetings eg Health Assurance Committee (HAC) have been rescheduled to ensure they meet well ahead of the Board meeting and reports can be updated. Committee Chairs have been asked to review committee agendas and reports to ensure they link sensibly with Board agendas and reports and avoid duplication. See also response to Recommendation 7 below.
6	The Board should consider how its strategic direction will influence its information requirements – including those relating to system-wide leadership and management and integrated care.	Address issue of information for Board including review of data/analytics/intelligence required.	Ongoing	DM/TS	See response to Recommendation 1 above. Also the One Acute Network Board has been set up to oversee the implementation of the Acute elements of the CSR across Dorset. This Board will develop metrics to measure progress on reconfiguration and will receive regular reports on progress from the Programme Director.

WELL-LED REVIEW ACTION PLAN

7	The Board should consider investment in capability around integrated analytics to improve reporting.	Address issue of information for Board including review of data/analytics/intelligence required.	Ongoing	DM/TS	The Board receives standard reports on finance, performance, quality and workforce at each meeting under the performance section of the agenda which allows connections to be made. In addition, the performance section gives an overview of our performance dashboard against the Single Oversight Framework Indicators. The format of all the performance reports has also been reviewed to ensure that they are shorter and more focused on key issues.
8	External risks should be identified and managed systematically, in the same way as strategic or operational risks. Our view is that strategic risk should sit with the Audit Committee rather than the Healthcare Assurance Committee.	Address governance tasks of Board and committee cycle along with delegated decision making and assigning responsibility for operational and strategic risk.	Aug-17	PS/KF/AJ/CH/JL	<p>Following discussion it was agreed to continue to review significant risks at the HAC. Where risks have been received by other committees, such as the Finance and Performance Committee, this will be noted in the report for HAC.</p> <p>The Board Assurance Framework will be reviewed by the Audit Committee at each meeting and by the Board at every other meeting. This will reinforce the overall Board responsibility for strategic risk with the Audit Committee providing oversight as part of its role in assessing the effectiveness of risk management.</p> <p>Both the Board and the Audit Committee will have a role in relation to the strategic risks associated with the CSR, working alongside the One Acute Network Board (see recommendation 6 above).</p>
9	The Board may wish to seek to add expertise (either Executive or Non-Executive) in community or primary care, social care or local government.	Design Board development activities to integrate new non-executive directors, create role clarity and identify skills for future.	Apr-17	DM/TS	<p>This will be actively considered when suitable vacancies arise as it is not considered appropriate to increase the overall size of the Board at the present time.</p> <p>GP integrator roles appointed across all four foundation trusts in Dorset to progress this work, focussed on cross-cutting themes (urgent care, older people, musculoskeletal and primary care under leadership of the Deputy Clinical Chair of Dorset CCG.</p>

WELL-LED REVIEW ACTION PLAN

10	The Board should ensure that it has a clear people strategy in place, as part of its overall strategic planning. This should include consideration of strategic workforce needs across the system (for example new roles), as well as Trust requirements. This can build on the cultural work already in place.	Design people strategy and build leadership capacity as well as change management skills.	Dec-17	Workforce Strategy and Development Committee/ Board/ One Acute Network Board	The People Strategy and Workforce Plan was approved by the Board of Directors at its meeting in September 2017. The Plan would be monitored by the Workforce Strategy and Development Committee with periodic reporting to the Board.
11	As part of its people strategy and its implementation, the Trust should further develop its talent management approach and pipeline. This should include development of Care Group leaders as well as trust-wide clinical and non-clinical leaders, though we note this has already begun with an imminent Leadership Strategy.	Design people strategy and build leadership capacity as well as change management skills.	Dec-17	Workforce Strategy and Development Committee/ Board/ One Acute Network Board	The Leadership Strategy is being considered by the Workforce Strategy and Development Committee at its meeting in December and will be presented to the Board in January 2018. This should reflect the Board's request for a clearer link between leadership and the People Strategy and Workforce Plan.
12	The interface between existing Trust governance and the emerging CSR Programme Board should be specified in detail, so that its full implications for the Trust can be discussed and agreed by the Board prior to implementation. This should include clear specification of accountability for both operational and transformation performance at all times, as well as consideration of how the boards can work most effectively together to provide whole-system leadership.	Address strategy and strategic risk, using scenario planning.	Autumn 2017	TS/DM	<p>Terms of reference were prepared for the purpose, structure and decision-making framework of the One Acute Network Board. Care was taken to ensure that these terms of reference were compatible with the Trust's own Constitution and Standing Orders and the terms of reference were approved by the Trust Board (as well as the Board of Poole Hospital and Dorset County Hospital NHS Foundation Trusts) prior to adoption by the One Acute Network Board.</p> <p>See also the response to recommendations 1 and 6 above.</p>

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BOARD OF DIRECTORS

Meeting Date and Part:	24 November 2017 – Part 1
Subject:	Healthcare Assurance Committee Terms of Reference
Section on agenda:	Governance
Supplementary Reading (included in the Reading Pack)	n/a
Officer with overall responsibility:	Paula Shobbrook
Author(s) of papers:	Trust Secretary
Details of previous discussion and/or dissemination:	Reviewed and agreed by the Healthcare Assurance Committee in September 2017
Action required:	Approve
<p>Executive Summary:</p> <p>The terms of reference for the Healthcare Assurance Committee were reviewed at the meeting of the Committee in September. An updated version is attached for approval by the Board of Directors which highlights the proposed changes. The principal change is to add the Chief Pharmacist to the list of attendees.</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

HEALTHCARE ASSURANCE COMMITTEE

TERMS OF REFERENCE

The Healthcare Assurance Committee (the “Committee”) is a committee established by and responsible to the Board of Directors.

The Committee serves to provide assurance that the Trust has an effective framework within which it can provide an effective patient experience by working to improve and assure the quality and safety of services it provides in a timely, cost-effective, manner across the following areas of business; Quality, Patient Experience, Patient Safety, Risk Management, Information Governance, Emergency Preparedness, Health & Safety, Safeguarding (Children and Vulnerable Adults), Infection Prevention & Control and Medicines Management.

The Committee also acts as a means of internal assurance for compliance against the Care Quality Commission regulating and inspection compliance framework.

1. Membership

1.1 The Board shall appoint the Committee Chairman (the “Chairman”) who should be a Non-Executive Director. In the absence of the Committee Chairman a Non-Executive Director shall act as appointed deputy. In the case of a tied vote the Chairman will have a casting vote.

1.2 The Committee shall be appointed by the Board of Directors and shall consist of:

- Three Non-Executive Directors, one of whom will be a member of the Audit Committee
- Chief Executive
- Medical Director
- Director of Nursing & Midwifery
- Chief Operating Officer
- Director of Human Resources
- Director of Finance
- ~~Director of Informatics~~

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- Director of Infection Prevention & Control
- Chair of Information Governance Committee

1.3 In addition, the following will attend the Committee to provide information and advice as required:

- Associate Director of Quality Governance and Risk
- Deputy Director of Nursing & Midwifery
- Heads of Nursing and Quality
- Deputy Director of Nursing & Midwifery
- Associate Medical Director – Clinical Governance
- Chief Pharmacist.

1.4 The above membership shall ensure representation from all Board committees and the Committee's sub-committees. Membership shall also ensure representation from the three clinical care groups. Representatives are responsible for bringing any risk or governance matters raised at the sub-groups to the attention of the Committee to ensure full integrated governance.

1.5 Only members of the Committee have the right to attend Committee meetings. If a member is unable to attend it is expected that he/she will ensure their nominated deputy is invited and can attend in his/her place, notifying the Chairman. Other individuals may be invited to attend for all or part of any meeting, as and when appropriate. Any Non-Executive Director not appointed to the Committee may attend with the prior consent of the Chairman.

1.6 It is expected that members attend a minimum of four meetings per year.

1.7 There will be one staff and one public governor attending each meeting as observers. Observers are not technically members of the Committee. These governors have been elected to undertake this duty by the Council of Governors by means of a ballot organised by the Trust Secretary in accordance with the process agreed by the Council of Governors.

2. Secretary

2.1 The PA to the Director of Nursing & Midwifery (the Secretary) or their nominee shall act as the secretary of the Committee.

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3. Quorum

- 3.1 The quorum necessary for the transaction of business shall be six members, at least one of which must be a Non-Executive Director and one must be the Medical Director or Director of Nursing & Midwifery (or their nominated Deputy). A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

4. Frequency of Meetings

- 4.1 The Committee shall meet bi-monthly.

5. Notice of Meetings

- 5.1 Meetings of the Committee shall be called by the Secretary of the Committee at the request of the Committee Chairman.
- 5.2 The Committee Chairman will agree the agenda and papers to be circulated with the Secretary.
- 5.3 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be forwarded to each member of the Committee and any other person required to attend no later than five working days before the date of the meeting. Supporting papers shall be sent to Committee members and to other attendees as appropriate, at the same time.

6. Minutes of Meetings

- 6.1 The Secretary shall minute the proceedings and resolutions of all meetings of all Committee meetings, including recording the names of those present and in attendance.
- 6.2 Minutes of Committee meetings shall be agreed by the Committee Chairman prior to being circulated promptly to all members of the Committee.

7. Duties

The duties of the Committee (and as such the standing agenda headings of the Committee) can be categorised as follows:

- 7.1 Quality Assurance

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- 7.1.1 To ensure that the Trust has effective systems and processes in place for ensuring high standards for quality of care.-
- 7.1.2 To ensure the Trust has an effective framework to support assurance regarding Trust systems relating to patient safety, patient outcome and patient experience.
- 7.1.3 To provide assurance to the Board that the Care Quality Commission's ~~essential~~fundamental standards for quality and safety are monitored and shall highlight any gaps in compliance, controls or assurance.
- 7.1.4 To review the Board Assurance Framework delegating actions to, and requesting ad hoc or regular reports from, risk leads and sub-committees when gaps in assurance are identified.
- 7.1.5. To be kept fully appraised of all new significant risks, clinical and non-clinical, identified on the Risk Register across the organisation and progress of action plans identified to mitigate those risks.
- 7.1.6 To ensure the Board of Directors is kept fully informed of specific clinical and non-clinical matters on the Risk Register where advice on controls has been sought and implemented, illustrating risk mitigation progress over time.
- 7.1.7 To ensure the Trust maintains compliance with Monitor's quality governance framework and Annual Governance Statement.
- 7.1.8 To ensure that the Trust regularly reviews and updates, as appropriate, corporate policies relating to the core business of the Committee.

7.2 Patient Experience

- 7.2.1 Identify key themes from complaints, PALS and patient engagement, good practice and learning identified from Care Group reports and provide oversight on behalf of the Board.
~~Identify key themes from complaints, PALS and patient engagement, good practice and learning identified from Care Group reports and provide oversight on behalf of the Board.~~
- 7.2.2 Identify key themes from patient experience quality indicators and provide oversight of action plans to attain assurance.
~~Identify key themes from patient experience quality indicators and provide oversight of action plans to attain assurance.~~

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7.2.3 Receive by exception, reports relating to patient experience following review at relevant sub-committee. ~~Receive by exception, reports relating to patient experience following review at relevant sub-committee.~~

7.3 External Validation and Assessment

~~7.3.1~~ 7.3.1 Patient Safety:

~~To review reports on serious incident, significant events, claims, inquests,~~

~~Incidents, to receive assurance that appropriate thematic review,~~

~~investigation and learning to prevent reoccurrence.~~

~~7.3.2~~ 7.3.2 Ensure a proactive response has been taken to issues identified through internal and external audit and/or inspection reports relating to patient safety, patient experience, quality and risk standards.

~~internal and external audit and/or inspection reports relating to patient safety,~~

~~patient experience, quality and risk standards.~~

7.4 External Reporting

7.4.1 To receive an update on quality reports, provide to external organisations, including assurance to Clinical Commissioning Groups regarding CQUIN performance.

7.4.2 To oversee, approve and recommend to the Board of Directors the Trust's Annual Quality Account including the external assurance process.

7.4.3 To receive and monitor the CQC in-patient Survey reports and associated action plans.

7.4.4 To receive and submit to the Board any external peer reviews or reports relating to patient experience, clinical effectiveness or patient safety.

7.5 National Guidance and Policy

7.5.1 To ensure that all relevant National standards and guidance in relation to quality governance are met to comply with Monitor's requirements.

7.5.2 To ensure the Trust complies with legislation, national policies and recommendations for safer practice relevant to Trust activity, by receiving exception reports from the relevant sub-committee where implementation is

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non-compliant or resource issues have been identified that prevent adequate assurance being achieved in a timely manner.

8. Reporting Responsibilities

8.1 The minutes of the Committee meetings shall be submitted to the Board of ~~Directors~~ after each meeting.

8.2 The Committee shall make whatever recommendations to the Board of ~~Directors~~ it deems appropriate on any area within its remit where action or ~~improvement~~ is needed, via the Chairperson's report.

9. Other

~~The Committee shall:~~

9.1 have access to sufficient resources in order to carry out its duties;

9.2 give due consideration to laws and regulations and the provisions of the Code

of Governance;

9.3 be mindful of the need to ensure economy, efficiency and effectiveness in the use and management of the Trust's resources;

9.4 oversee any investigation of activities which are within its terms of reference;

9.5 at least once a year review its own performance and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Board of Directors for approval.

10. Authority

~~The Committee is authorised:~~

10.1 to seek any information it requires from any employee of the Trust in order to perform its duties;

10.2 to obtain, at the Trust's expense, outside legal or other professional advice on any matter within its Terms of Reference;

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- 10.3 to call any employee to be questioned at a meeting of the Committee as and when required.

11. Sub-Committees

11.1 The following committees are responsible to the Healthcare Assurance

–Committee:

~~- Healthcare Assurance Group~~

- Information Governance Committee

- Quality & Risk Committee (including Clinical Audit & Effectiveness Group)

~~- Information Governance Committee~~

~~- Quality & Risk Committee (including Clinical Audit & Effectiveness Group)~~

- Health & Safety Committee

- Safeguarding (Children & Vulnerable Adults)

- Medicines Governance Committee

- Infection Prevention and Control Committee

~~- Infection Prevention and Control Committee~~

- Mortality Surveillance Group

- Patient Information Group (reporting by exception and through the Annual Report

~~-and Annual Quality Account)~~

- End of Life Care Group

~~- End of Life Care Group~~

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Appendix 1: HEALTHCARE ASSURANCE COMMITTEE ASSURANCE MEASURES

<i>Regular Reports Received by HAC</i>			
Performance Indicators	Frequency of Report	Received from:	Previously discussed by:
<ul style="list-style-type: none"> CCG Quality Governance & Risk Report 	Quarterly	Associate Director of Quality Governance & Risk	QARC -CCG contract meeting
<ul style="list-style-type: none"> Assurance Framework (full report) 	Quarterly	Associate Director of Quality Governance & Risk and Exec Director Leads	Healthcare Assurance Group
<ul style="list-style-type: none"> Serious Incidents 	Each meeting	Associate Director of Quality Governance & Risk	QARC Healthcare Assurance Group
<ul style="list-style-type: none"> Risk Register Report – New significant Risks 	Each meeting	Associate Director of Quality Governance & Risk	QARC Healthcare Assurance Group
<ul style="list-style-type: none"> Mortality Surveillance Group Report 	Each meeting	Medical Director	Mortality Surveillance Group
<ul style="list-style-type: none"> Policies & Procedures where HAC approval 	Ad hoc	HAC Sub Group Chairs	Relevant Consultation Committees

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required as per Trust Document Control Policy			
<ul style="list-style-type: none"> Sub Committee reports on quality indicators and any gaps in controls or assurance relevant to the Trust Strategic Objectives 	Quarterly	Sub Committee Chairs	HAC Sub Committees
<ul style="list-style-type: none"> Patient Safety, Patient experience and Quality Dashboard 	Each meeting – exception reporting. Key areas and trends as per forward programme	Associate Director of Quality Governance & Risk / Deputy Director of Nursing	Healthcare Assurance Group QARC
<ul style="list-style-type: none"> Quality and Risk Committee report 	Each meeting	Associate Medical Director	QARC
<ul style="list-style-type: none"> Care Group Quality Performance Report 	Each meeting	HONQs	Healthcare Assurance Group
<ul style="list-style-type: none"> Healthcare Assurance Committee Chair report from Board of Directors 	Verbal each meeting	Healthcare Assurance Committee Chair	Board of Directors
<ul style="list-style-type: none"> National & Local Quality CQUIN Compliance and Action Plans 	Quarterly	Associate Director of Quality Governance -&	PMG

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		Risk / Deputy Director of Nursing	
<ul style="list-style-type: none"> CQC reports 	Each meeting	Associate Director of Quality Governance and Risk Heads of Nursing and HAC Sub Committee Chairs	Healthcare Assurance Group HAC Sub Committees

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

BOARD OF DIRECTORS

Meeting Date and Part:	24 November 2017– Part 1
Subject:	Local Authority Reorganisation
Section on agenda:	Governance
Supplementary Reading (included in the Reading Pack)	None
Officer with overall responsibility:	Richard Renaut, Chief Operating Officer
Author(s) of papers:	Trust Secretary
Details of previous discussion and/or dissemination:	Board of Directors, September 2016
Action required:	For decision
Executive Summary: <p>Following a consultation in 2016, and the submission a proposal to the Secretary of State for Communities and Local Government in February 2017, the Trust has been asked for its views on the proposal for the creation of two new unitary local authorities in Dorset, a reduction from the nine local councils currently.</p>	
Relevant CQC domain: Are they safe? Are they effective? Are they caring? Are they responsive to people's needs? Are they well-led?	Safe Effective Responsive
Risk Profile: i) Impact on existing risk? ii) Identification of a new risk?	N/A

Local Authority Reorganisation

1. Introduction

In 2016, Dorset local authorities collectively launched a consultation on their further integration, presenting a choice between the *status quo* of nine separate councils/unitary authorities and three alternative options, all of which envisage two much larger unitary authorities, broadly based on an east/west division.

Following the conclusion of the consultation, a proposal was submitted to the Secretary of State for Communities and Local Government by Bournemouth Borough Council, Dorset County Council, North Dorset District Council, Borough of Poole, West Dorset District Council and Weymouth & Portland Borough Council requesting the Secretary of State's agreement to replace Dorset's existing nine councils with two unitary authorities. The plans were rejected by councillors in Christchurch Borough Council, East Dorset District Council, and Purbeck District Council.

2. The Latest Consultation

On 7 November 2017, Secretary of State for Communities and Local Government issued the following written ministerial statement to the House of Commons:

"I am announcing today that, having carefully considered all the material and representations I have received, I am 'minded to' implement the locally-led proposal for improving local government in Dorset. This was submitted to me in February 2017. In the Dorset area, there are currently two small unitary councils (created in the 1990s) of Bournemouth and of Poole. They are surrounded by a two-tier structure of Dorset County Council and the district councils of Christchurch, East Dorset, North Dorset, Purbeck, West Dorset and Weymouth & Portland.

I am satisfied on the basis of the information currently available to me that this proposal if implemented is likely to improve local government across the area, establishing two new councils with a credible geography, and which would command local support. The existing nine councils will be replaced by a single council for the areas of Bournemouth, Poole, and that part of the county of Dorset currently comprising the Borough of Christchurch, and by a single council for the remainder of the current county area.

I understand that all the councils in the area are already working together in joint implementation committees. However, further steps are needed to secure local consent, and I hope this announcement will facilitate the necessary discussions to conclude this.

Before I take my final decision, there is now a period until 8 January 2018 during which those interested may make further representations to me, including that if the proposal is implemented it is with suggested modifications. It is also open to any council in the area to come forward with an alternative proposal. The final decision would also be subject to Parliamentary approval.

Once I have made my final decision on the Dorset proposal, I will also decide whether to implement, subject to Parliamentary approval, Dorset councils' proposal for a combined authority to facilitate collaboration on certain matters between whatever councils are to be in place in Dorset."

The Trust has been asked for its views on the proposal following this statement.

3. The Trust Perspective

In September 2016, the Board supported the proposal for to create two unitary authorities. Its preference was for a larger unitary authority representing Bournemouth, Christchurch, East Dorset and Poole and a second, smaller unitary authority representing North Dorset, Purbeck, West Dorset and Weymouth & Portland. This is slightly different to the current proposal, which does not include East Dorset

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

4. Conclusion

The Board is asked to reiterate its support for the creation of two unitary authorities in Dorset.

We would propose that the Chief Executive and the Chairman write to the Secretary of State for Communities and Local Government, in accordance with the views of the Board.

BOARD OF DIRECTORS MEETING – 24 November 2017

PART 2 AGENDA - **CONFIDENTIAL**

The following will be taken in closed session i.e. not open to the public, press or staff in the
Committee Room in the **Trust Management Offices, Royal Bournemouth Hospital**

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

Timings		Purpose	Presenter
11.15	1. MINUTES OF PREVIOUS MEETING		
	a) Minutes of the meeting held on 29 September 2017	Decision	<i>All</i>
11.20	2. MATTERS ARISING		
	a) Updates to the Actions Log	Discussion	<i>All</i>
11.25	3. STRATEGY AND RISK		
	a) Competition and Markets Authority and Transaction Process (presentation)	Discussion	<i>Andrew Taylor, Aldwych Partners/ Christian Dingwall, Hempsons</i>
	b) Significant Risk Report (paper)	Discussion	<i>Paula Shobbrook</i>
	c) Trust Strategy Refresh (paper)	Information	<i>Tony Spotswood</i>
13.00	4. QUALITY		
	a) Safety and Quality of Emergency Care (presentation)	Information	<i>Rowena Green/ Tristan Richardson</i>
13.15	5. GOVERNANCE		
	a) Bournemouth Hospital Charity Annual Report and Accounts (paper)	Decision	<i>Pete Papworth</i>
13.20	6. ANY OTHER BUSINESS		
	a) Key Points for Communication to Staff	Discussion	<i>All</i>
	b) Reflective Review	Discussion	<i>All</i>

The meeting will be followed by an extended Blue Skies session on Risk Appetite Seminar and Primary Care and Vertical Integration between **13.30 and 15.30**, to which Trust Management Board members have also been invited.