

A meeting of the Board of Directors will be held on Friday 26 May 2017 at 8.30am in the  
**Conference Room, Education Centre, Royal Bournemouth Hospital**

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

Karen Flaherty  
Trust Secretary

## A G E N D A

Timings		Purpose	Presenter
8.30-8.35	<b>1. WELCOME, APOLOGIES FOR ABSENCE and DECLARATIONS OF INTEREST</b>		
	Cliff Shearman, Nicola Hartley (attendee)		
8.35-8.40	<b>2. MINUTES OF PREVIOUS MEETING</b>		
	a) Minutes of the meeting held on <b>28 April 2017</b>	Approval	All
8.40-8.45	<b>3. MATTERS ARISING</b>		
	a) Updates to the Actions Log	Information	All
8.45-9.15	<b>4. QUALITY</b>		
	a) Patient Story (verbal)	Information	Paula Shobbrook
	b) Feedback from Staff Governors (verbal)	Information	David Moss
	c) Feedback from the Nursing, Midwifery and Allied Health Professional Conference (presentation)	Information	Paula Shobbrook
	d) Medical Director's Report (paper)	Information	Alyson O'Donnell
9.15-10.00	<b>5. PERFORMANCE</b>		
	a) Performance Report (paper)	Information	Richard Renaut
	b) Quality Report (paper)	Information	Paula Shobbrook
	c) Financial Performance Report (paper)	Information	Pete Papworth
	d) Workforce Report (paper)	Information	Karen Allman
10.00-10.30	<b>6. STRATEGY AND RISK</b>		
	a) Clinical Services Review (paper)	Information	Tony Spotswood
	b) Progress Update on 2016/17 Corporate Objectives (paper)	Information	Tony Spotswood
	c) Proposed Metrics for 2017/18 Corporate Objectives (paper)	Decision	Tony Spotswood
	d) Cybersecurity Update (verbal)	Information	Peter Gill
10.30-10.35	<b>7. GOVERNANCE</b>		
	a) Changes to Board Meeting Schedule (paper)	Information	David Moss

- b) Non-Executive Director Appointments to Board Committees (paper)

Decision

*Karen Flaherty*

## **8. NEXT MEETING**

Friday **28 July 2017** at 8.30am in the **Conference Room, Education Centre, Royal Bournemouth Hospital**

## **9. ANY OTHER BUSINESS**

Key Points for Communication to Staff

10.35-10.50

## **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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The Royal Bournemouth and  
Christchurch Hospitals  
NHS Foundation Trust



Part 1 Minutes of a Meeting of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust **Board of Directors** held on **Friday 28 April 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>
	Stuart Hunter	(SH)	<i>Director of Finance</i>
	Alex Jablonowski	(AJ)	<i>Non-Executive Director</i>
	John Lelliott	(JL)	<i>Non-Executive Director</i>
	Alyson O'Donnell	(AOD)	<i>Medical Director</i>
	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</i>
In attendance:	James Donald	(JD)	<i>Head of Communications</i>
	Sue Davies	(SD)	<i>Directorate Matron, Surgery</i>
	Gail Dufeu	(GD)	<i>Sister, Ambulatory Emergency Care Unit</i>
	Karen Flaherty	(KF)	<i>Trust Secretary</i>
	Anneliese Harrison	(AH)	<i>Assistant Trust Secretary (minutes)</i>
	Nicola Hartley	(NH)	<i>Director of OD and Leadership</i>
	Louise Hamilton-Welsh	(LHW)	<i>Head of HR Strategy</i>
	Miriam Lester	(ML)	<i>Corporate Education Training</i>
	Marianne Mackenzie-Brown	(MMB)	<i>Trainee Advanced Care Practitioner, ED</i>
	Zandie Mpofu	(ZM)	<i>RGN Coordinator</i>
	Pete Papworth	(PP)	<i>Deputy Finance Director (Finance Director designate)</i>
	Jaqueline Reid	(JR)	<i>Recruitment Lead, Deputy Manager</i>
	Dily Ruffer	(DR)	<i>Governor &amp; Membership Manager</i>
Public/	David Bellamy		<i>Public Governor</i>
Governors:	David Brown		<i>Public Governor</i>
	Doreen Holford		<i>Public Governor</i>
	Keith Mitchell		<i>Public Governor</i>
	Margaret Neville		<i>Member of Public</i>
	Sue Parsons		<i>Public Governor</i>
	Alan Radley		<i>Public Governor</i>
	Rae Stollard		<i>Public Governor</i>
	David Triplow		<i>Public Governor</i>
Apologies	Christine Hallett		<i>Non-Executive Director</i>
	Steven Peacock		<i>Non-Executive Director</i>

31/17 **WELCOME, APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST**

Action

The Chairperson welcomed those attending the meeting including Pete Papworth, as Director of Finance designate, Cliff Shearman, who was attending his first meeting as a Non- Executive Director and Marianne Mackenzie-Brown,

Trainee Advanced Care Practitioner who was shadowing the Director of Nursing and Midwifery.

## 32/17 MINUTES OF PREVIOUS MEETING

### (a) Minutes of the meeting held on 31 March 2017 (Item 2a)

The minutes of the meeting held on 31 March 2017 were **approved** as an accurate record of the meeting.

## 33/17 MATTERS ARISING

### (a) Updates to the action log (Item 3a)

- 23/17(c) QI Programme Report - updates would be available in the QI Workbook at the next meeting;
- 23/17(d) Sepsis - work was ongoing and an update on progress would be provided at a future meeting;
- 14/17(c) Junior Doctors Committee - work was in progress and the next cohort of Junior Doctors was awaited to increase engagement further; this action could now be closed;
- 81/16(d) Medical Agency – the data and understanding of it was maturing and a high level report was being developed for the Board to review progress. Directorates were already using the data and finding it useful.

## 34/17 QUALITY

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

Staff from the Ambulatory Emergency Care (**AEC**) unit in Surgery provided an overview of what they had achieved since 2015 to help alleviate pressures in the Emergency Department (**ED**). This had developed out of the Surgical Admissions Unit and followed feedback from patients about length of time they waited for review by the surgical team, which was often followed by them being discharged home immediately after review and treatment.

The AEC unit has become the single point of access for all surgical patients, including GP admissions, and has significantly contributed to the following improvements for patients:

- staff provide bespoke care by identifying appropriate pathways within the 4 hour treatment window for emergency admissions – the right patients were being seen in the right place;
- reduced length of stay in hospital prior to the patient's operation or procedure;
- emergency readmissions reduced due to quick access to signposted services;
- a multi-disciplinary team approach with good support from consultants;
- the development of 'golden patients' who could be discharged and prioritised to return for surgery the next day increasing patient flow and generating additional capacity;
- improvements in the Trust's mortality performance,

- a reduction in the number of complaints;
- sustained Friends and Family Test (**FFT**) performance of 100% overall; and
- financial savings for the Trust in the amount of £34,000 in the areas of renal colic and abscess drainage alone.

Outstanding comments had been received from patients about the standard of care provided by the nursing team. SD reflected that this was because staff were happy working in the team and were involved in the development of the services, which created a virtuous circle by supporting good retention rates and no vacancies. Staff were very proud of what had been achieved and Board members were encouraged to visit the unit.

The unit had received recognition both locally, with colleagues from Poole Hospital implementing some of the initiatives and expanding this to Orthopaedic patients, as well as from NHS Improvement (**NHSI**). In the future it was anticipated that the unit may outgrow its current area and therefore the work underway to integrate secondary and primary care services, which would facilitate GP access to same day blood and ultrasound services and would significantly reduce the number of attendances. Expansion of the service to include an AEC unit for Medicine was also required to support the Clinical Services Review (**CSR**).

The Board praised the team for their achievements and suggested that the excellent example of quality improvement, staff engagement and teamwork was promoted at the staff induction.

**PS/KA**

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

The Chairperson had met with Staff Governors individually and reflected the following themes:

- Staff Governors felt supported, committed and motivated to represent the views of their colleagues and communicated regularly as a team;
- work commitments often made it difficult for Staff Governors to fulfil their role and attend meetings;
- meetings with the Chairperson and Chief Executive were valued and these would be reinstated on a regular basis;
- there were examples of good morale and commitment within the Anaesthetics department and robust support for junior staff; and
- the feedback that they received from members of staff did not completely align with the results of the latest staff survey.

The possible root cause of some concerns which had been raised previously and addressed by local management had been suggested as relating to a perceived lack of authority amongst junior managers to tackle these issues or a failure initially to recognise concerns which had been raised as legitimate. This had the potential to create a disconnect between staff and senior management.

Board members acknowledged that plans to address the previous concerns raised may not have been communicated back to staff which could have created this impression. The staff survey results had highlighted that staff felt that they could raise concerns with managers and

therefore Board members felt that it could not be presumed that this was representative of views in other areas of the Trust.

Board members felt that it was positive that Staff Governors could share their concerns. Assurance was provided that there were a range of mechanisms in place for staff to raise concerns which would be further supported by the appointment of the Freedom to Speak Up Guardian (FTSU). It was suggested that the FTSU could meet with Staff Governors.

NHa

The request for protected time to enable Staff Governors to fulfil their role would be facilitated through the Directors of Operations and rostering to ensure Staff Governors were being appropriately supported to fulfil their role. In addition, further information would be provided on the process to backfill posts for Staff Governors so that they could attend meetings and listening events for staff.

KA/RR/  
PS  
PP

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

The Medical Director's report included the first report to the Board from the Guardian of Safe Working Hours following the introduction of the new junior doctor contract in October 2016. It was important to focus on addressing the issues around the medical rota in order to remain compliant. The exception reports received had highlighted the capacity of the medical to cope with unplanned staff absence and the number of exception reports would continue to grow in proportion to the number of junior doctors moving on the new contract.

This risk to patient safety had been recognised and alternative roles supported by a training programme and changes in the skill mix to support rota compliance had been identified as ways to mitigate the risk. Board members highlighted how this provided the Trust with the opportunity to consider alternative ways of working including quality improvement and automation. Suggestions on improving the report to place greater emphasis on the patient safety aspect were noted.

The potential impact on the budget of pay protection introduced by the new junior doctor contract for doctors who would otherwise be missing out on pay progression was highlighted. The likely cost had been estimated at £500,000 in the Trust budget but the exact cost would not be known until the individual doctors coming to the Trust had been identified by the Wessex Deanery.

**35/17 PERFORMANCE**

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

The report highlighted strong performance across all the mandated trajectories and, in particular, for the 6 week diagnostic and 62 day cancer targets. ED 4 hour performance year to date was 95.9% notwithstanding the recent bank holiday periods and was linked with significant amounts from the Sustainability and Transformation Fund (STF). Staff and health and social care partners were thanked for their resilience in the face of demand.

Performance against the 18 week Referral to Treatment (**RTT**) trajectory had improved over the last few months however remained an area of risk for the Trust. Despite the actions in place to reduce backlogs and manage demand appropriately there had been an increase in the number of patients who required treatment proportionately to achieve the 92% target. There was further overall risk in relation to the nationally recognised challenge of balancing routine treatment pathways and urgent and fast track cancer referrals as well as the associated financial challenge. Feedback provided by NHSI following their critical friend review of RTT highlighted that strong processes were in place and the Trust was working to maximise capacity. NHSI had been encouraged by the Board's decision in March to maintain shorter waiting times.

The risk to maintaining compliance with the ED 4 hour performance target was raised given the 6.4% increase in attendances. Work was underway within Quality Improvement (**QI**) and recruitment for middle grade staff to mitigate the risk to performance. Primary care in Bournemouth had been identified as a 'hotspot' due to the number of GP practices struggling in terms of staffing so there was work ongoing with partners to provide support for nursing homes and with intermediate care. The Trust through its QI work continued to focus on improving discharge planning to reduce patients' length of stay and improve patient flow.

**(b) Quality Report (Item 5b)**

The Board were informed that over the last four years the Trust had continued to reduce patient harm as a result of increased reporting and learning. Performance against the key patient safety and experience indicators were summarised and included:

- the Trust's harm-free care score was lower compared to other trusts but this was due to the number of frail, vulnerable patients admitted with pressure damage; the reduction in the number of serious incidents relating to pressure damage showed that patients were being well care for once in hospital;
- no serious incidents had been reported in March;
- benchmarked performance for the Friends and Family Test remained in the top quartile for inpatients and the second quartile for ED. Following a review of possible initiatives to increase the volume of feedback in ED it had been agreed to reinstate the token process alongside comment cards as this had previously worked well;
- there had been a slight increase in the number of complaints in March and this was reflective of the busy period.

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

As a result of the incentive funding from NHSI the Trust had delivered a cumulative surplus amounting to £2.096 million. This funding had been redistributed within the provider sector as a result of some trusts being unable to deliver their control totals or achieving the required performance for the STF funding. The additional income had also improved the Trust's Use of Resources score which was now rated as 1, the highest rating.

It was emphasised that the organisation had worked as a team to deliver a

balanced performance across quality, performance and finance. Board members emphasised the importance of communicating to staff that the surplus would be reinvested into the organisation. This should not downplay the importance of working together as a Dorset-wide system to deliver the control total in the coming year.

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

The key themes from the report were summarised and included:

- the vacancy rate figures had increased to 7% from 6.4% and a number of healthcare assistants were joining the Trust in May and June to help address the national shortages and the joining rate remained higher than staff turnover;
- essential Core skills compliance had increased to its highest ever level of 91.8%;
- the Trust-wide sickness absence rate had reduced to 4.24%;
- although medical appraisal compliance was recorded as 83%, this was over 90% with a very small number of referrals to the General Medical Council;
- one red flag had been reported on safe staffing due to staff sickness during a night shift which the Trust was unable to mitigate on this occasion.

It was suggested the Trust should consider what was being done by other trusts to successfully reduce sickness absence. Assurance was provided that sickness absence and the initiatives in place had been comprehensively reviewed at the last meeting of the Workforce Strategy and Development Committee and that action plans were being developed as a result ahead of winter 2017/18.

36/17 **STRATEGY AND RISK**

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

The Board received the following updates on progress on the Clinical Services Review (CSR):

- Stephen Killen, the current programme director for the Vanguard, had been appointed as the Programme Director for the Joint Programme Board and would oversee the development and the acute reconfiguration as part of the implementation of the CSR;
- further to the government's Budget announcements nine areas with advanced Sustainability and Transformation Plans (STPs) would be given preferential access to bid for capital to fund development of their STPs. Dorset would be bidding for £40 million;
- initial funding would be used to design the planned and emergency sites and support the move of some services, such as pathology, to new buildings to allow for the relocation of core services;
- STPs would be expected to demonstrate improvements in services in the current and next financial years; and
- the governance structures to take forward the planning would be reviewed later in the meeting.



**(b) Progress against Government's Mandate to NHS England 2017-18 (Item 6b)**

NHS England (**NHSE**) had released a revised mandate which captured the key performance objectives for the NHS and the level of activity for the coming year. The Board would be presented with a wider set of objectives with the framework of the Trust's objectives at the meeting in May which would provide a greater level of granularity and enable the Board to track performance.

**Agenda**

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

The Board were advised that three recommendations were outstanding. These were considered low risk and related to document compliance and the ongoing development of the training skills matrix for key individuals. Emergency preparedness and incident room processes were being regularly tested.

**(d) CCG Primary Care Strategy/GP Forward View Delivery Plan (Item 6d)**

The paper reflected the solutions developed by Dorset CCG to address financial and staffing pressures within primary care in Dorset where 30% of local GP practices were now considered vulnerable. Karen Kirkham, Deputy Chair of Dorset CCG, would be taking on a role to combine the current programmes within primary, community and acute care to develop an integrated approach to reduce demand and improve patient care. This included development of the future primary care workforce which was likely to be made up of paramedics, pharmacists and advanced nurse practitioners.

In response to the strategy the Trust had framed its plans to support the issues identified and was working towards delivery. The Board provided support for the future development of plans to address pressures in primary care recognising the direct impact on secondary care and overall system sustainability. Board members considered how individual trusts could be held accountable for their contribution to the strategy and how performance could be tracked given the impact on secondary care and the delivery of the CSR, using the performance targets and performance reports presented to the Board.

**(e) Update on Social and Community Services Integration (Item 6e)**

The paper set out the high priority and value workstreams underway to manage demand and reshape services in line with the vision of the Dorset STP. This included focus on primary care, urgent access, frailty and intermediate care pathways and reshaping the workforce to support patients at home and better assessment of long-term needs.

Intermediate care provision was still being addressed with partners however the need to alleviate difficulties encountered from working across multiple organisations through developing a single integrated approach was emphasised. This approach was currently being trialled in the Christchurch locality, as part of a system-wide plan, and had generated a substantial reduction in occupied bed days and improved patient

satisfaction The key learning was to agree a principle and then implement the plan which can then evolve through regular evaluation.

The Board received an update on the status of the interim care service provided by Dorset Healthcare University NHS Foundation Trust (**DHUFT**). The volume of work was anticipated to increase over the next year and the Board considered how the service could be supported in conjunction with the integrated care service provided by the Trust. The most effective solution would be bring the interim and integrated services together as a single team. Board members agreed that the Trust should work with the Dorset CCG and DHUFT to identify a better solution which to enable the service to keep up with demand and improve the quality of the service and patient experience.

## 37/17 **GOVERNANCE**

### (a) **Register of Interests (Item 7a)**

Board members were asked to provide any updates to the Board Register of Interests to KF. **ALL**

## 38/17 **DATE OF NEXT MEETING** **26 May 2017 at 8.30am in the Conference Room, Education Centre, Royal Bournemouth Hospital**

## 39/17 **ANY OTHER BUSINESS**

### Director of Finance - Stuart Hunter

SH was recognised for his dedicated contribution over the past 18 years including his good financial stewardship and for the range of ways in which he had worked hard to support the Trust, including the pivotal role he had played in securing foundation trust status in 2005. He was also specifically recognised for his professionalism as Director of Finance and for guiding, motivating and supporting his colleagues. This had earned both the confidence and respect of those he had worked with. The Board wishes SH success in his new role at the Dorset CCG.

### Christchurch Open Day

An Open Day had been arranged for staff, patients and the public on Friday 9 June to celebrate the completion of the work on the site and to thank staff.

### **Key Points for Communication:**

1. The Trust's year end performance
2. The work on improving the interface between primary and community and acute services

## 40/17 **COMMENTS AND QUESTIONS FROM GOVERNORS AND MEMBERS OF THE PUBLIC**

Concerns were raised that the 'Right Care' programme could be perceived as rationing of orthopaedic procedures and that this would significantly affect those patients who required urgent orthopaedic surgery. It was emphasised that the programme aimed to ensure that patients received the most appropriate care and achieved the best outcome from surgery or other intervention through shared

decision-making. Research led by Professor Robert Middleton at Bournemouth University supported the need to optimise a patient's physical condition to promote better outcomes. It was noted that the Trust had not implemented a policy around the optimal BMI for surgical procedures, although it was evident that outcomes varied where patients were overweight, and there was no restriction on the number of procedures. It was important to effectively promote the message and the rationale for the programme that being in the best physical condition before surgery resulted in the best outcomes.

RS, Appointed Governor for Bournemouth Borough Council, emphasised that the Council were supportive of plans to integrate services and shared the view that funding for community care needed to be addressed. It was clarified that the service previously provided by Bournemouth Churches Housing Association (**BCHA**) for social care referrals had now evolved following the recent introduction of the electronic assessment process and training of staff and the existing service provided by BCHA was no longer required.

#### 41/17 **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
28.04.17	33/17	<b>QUALITY</b>			
	(a)	<u>Patient Story</u>			
		The Board praised the team for their achievements and suggested that the excellent example of quality improvement, staff engagement and teamwork was promoted at the staff induction.	PS/KA	TBC	In progress.
	(b)	<u>Feedback from Staff Governors</u>			
		It was suggested that the FTSU could meet with Staff Governors.	NHa	Complete	Helen Martin is scheduled to attend the Council of Governors meeting in June.
		The request for protected time to enable Staff Governors to fulfil their role would be facilitated through the Directors of Operations and rostering to ensure Staff Governors were being appropriately supported to fulfil their role.	KA/RR/PS	Complete	This is being progressed with individual staff governors outside of the meeting.
		In addition, further information would be provided on the process to backfill posts for Staff Governors so that they could attend meetings and listening events for staff.	PP	June	In progress.
	35/17	<b>STRATEGY AND RISK</b>			
	(b)	<u>Progress against Government's Mandate to NHS England 2017/18</u>			
		The Board would be presented with a wider set of objectives with the framework of the Trust's objectives at the meeting in May which would provide a greater level of granularity and enable the Board to track performance.	Agenda	Complete	Agenda item.
	36/17	<b>GOVERNANCE</b>			
	(a)	<u>Register of Interests</u>			
		Board members were asked to provide any updates to the Board Register of Interests to KF.	Execs/ KF/AH		Completed. No further updates received.
31.03.17	23/17	<b>QUALITY</b>			
	(c)	<u>2016/17 Quality Improvement Programme End of Stage Report</u>			

		Board members considered how to encourage more applications for the QI fellowship from junior doctors such as including training grade doctors in the QI alumni network and contacting them individually to get them involved in projects around the three priorities for 2017/18.	DMa/AOD	Complete	The junior doctor improvement programme has been launched with encouragement to engage in the annual QI conference in September. Junior Doctor QI projects are now all aligned to the Trust's three priorities. Internal colleagues awarded SAS fellowship are being actively mentored and invited to be part of the RBCH QI Alumni.
		To increase engagement amongst staff and public awareness of the impact and significance of the QI priorities for 2017/18 it was requested that the key messages were distilled and shared with staff and the public more widely.	DMa	Complete	More active and regular communications of QI projects have been initiated. Including presentations at the recent Nurse AHP conference. The development of the QI intranet site will include more interactive ways of getting involved.
	23/17	<b>PERFORMANCE</b>			
	(d)	<u>Medical Directors Report</u>			
		Board members were keen to monitor progress on Sepsis and asked for this data to be presented in more detail.	AOD	Complete	Sepsis will be the focus of an 'Action Learning Week' from 19 June and progress will be tracked within the QI workbooks.
24.02.17	14/17	<b>QUALITY</b>			
	(c)	<u>Medical Director's Report</u>			
		The next survey would commence in April 2017 and the follow up visits in Anaesthetics and Surgery in early 2017 were expected to be positive. It was requested that an update on the progress against the actions be provided to the Board in April.	AOD	Complete	An initial response has been received from the GMC and included within the report. A further update will be provided to the Board once the full response has been published.
28.01.17	04/17	<b>QUALITY</b>			
	(d)	<u>Medical Directors Report - Mortality</u>			
		Provide an update on the progress from the interim medical examiners group at a future meeting.	AOD/ Agenda item	Complete	An agreed process will be piloted in June with the aim to be up and running for the next intake of Junior Doctors in August.
16.12.16	(d)	<u>Medical Director's Report – Mortality and Sepsis</u>			
		Provide an update on the progress with systemic anti-cancer outcome data performance.	AOD	June	Data not yet available and no firm date has been set nationally for this. Update to be included in the Medical Director's Report once data becomes available.

28.10.16	81/16	PERFORMANCE			
	(d)	<u>Workforce Report</u>			
		Identify proposals to reduce the use of medical agency staff. 16.12.16 update: Information would be triangulated in the new year.	Workforce Committee/ AOD	Complete	The metrics will be discussed at the Senior Leadership Team meeting next week and will be provided to the Board in June.
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:	26 <sup>th</sup> May 2017 Part 1
Subject:	Medical Director's Report
Section on agenda:	Quality
Supplementary Reading (included in the Reading Pack)	None
Officer with overall responsibility:	Alyson O'Donnell
Author(s) of papers:	Alyson O'Donnell
Details of previous discussion and/or dissemination:	Update on previous training reports
Action required: Approve/Discuss/Information/Note	Information
Executive Summary:  To update board on the current position of medical post graduate training posts within the Trust	
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**

### **Background:**

An update was presented to Board in February 2017 regarding progress against the issues raised in the 2016 GMC survey of Doctors in training.

The 2017 survey was opened on the 21st March for a period of 6 weeks. The full results of this will be fed back to the Board later in the year when available.

Triggered visits were made to Anaesthetics and General Surgery as a response to the findings of the 2016 survey. Issues were also raised around access to post mortem experience for pathology trainees.

### **Current status:**

#### **Repeat Deanery Visits**

**Anaesthetics:** The anaesthetic directorate was visited on the 1<sup>st</sup> March 2017. The visit was very positive regarding the support and training offered to junior doctors in Bournemouth. Some issues were highlighted regarding cross site working relating to rota coordination and induction. Service now fully rated as green and compliant.

**General Surgery:** The surgical directorate was re-visited on 27<sup>th</sup> April 2017. This was also a very positive visit. The directorate was commended on the progress that had been made since the previous visit. The team commented that the growth in clinical leadership was particularly noticeable with trainees reporting excellent trainers and training with supportive and approachable consultants. Some work was recommended to strengthen the team working of the SAS medical team and the trainees. The service is now fully rated as green. For the next year this will be a G2 rating which will be upgraded if the improvements are sustained.

**Pathology:** Currently the department is holding 4 consultant vacancies. As a result it has been decided to temporarily suspend training placements at Bournemouth until senior staffing is more secure.

#### **GMC Survey**

The GMC survey is now closed and we are awaiting our final results which should be available by mid-July. Two alerts have been received during the survey period both relating to haematology and primarily relating to workload and wider team working. The service are aware of these and are producing action plans to address the issues identified. A review of junior doctor working practices within Haematology has been undertaken as part of the introduction of the new contract. The consultants have adopted new ways of working to support the junior team but will require additional support for this to be sustainable in the medium to long term.



## BOARD OF DIRECTORS

<b>Meeting Date and Part:</b>	26 May 2017 Part 1
<b>Subject:</b>	Performance Report to the end of April 2017 (including Single Oversight Framework (SOF) Dashboard)
<b>Section on agenda:</b>	Performance
<b>Supplementary Reading (included in the Reading Pack)</b>	Performance Matrix
<b>Officer with overall responsibility:</b>	Richard Renaut, Chief Operating Officer
<b>Author(s) of papers:</b>	Donna Parker / David Mills
<b>Details of previous discussion and/or dissemination:</b>	PMG, Finance Committee
<b>Action required: Approve / Discuss / Information / Note</b>	<p>The Trust Board is requested to note the performance exceptions to the Trust's compliance with the 2017/18 SOF and contractual requirements.</p> <p>This includes compliance with national targets and our NHSI submitted trajectories to date.</p>
<p><b>Summary:</b></p> <p>Overall the Trust has remained in a good position and compared to other trusts on performance. For April:</p> <ul style="list-style-type: none"> <li>• <b>Diagnostics 6 Week Wait</b> – met national target.</li> <li>• <b>A&amp;E 4 Hour</b> – met national target.</li> <li>• <b>Cancer 62 Day from Referral/Screening</b> – expect to achieve national target.</li> <li>• <b>RTT 18 Weeks</b> – below national targets of 92% but above submitted NHSI trajectory of 91%.</li> </ul> <p>All other Single Oversight Framework (SOF), NHS Constitution and key contractual targets were met for April except one breach of the single sex accommodation standard. A forecast for Q1, together with key risks (e.g. demand) and mitigating actions, is included in the report.</p> <p>In 17/18, the 'Next Steps on the NHS Five Year Forward View' (FYFVNS) document, published on 31 March 2017, outlined A&amp;E 4 hour as the single biggest national priority for 'performance'. However, the other key indicators above also form the operational performance metrics within the SOF, contributing to our NHS Improvement assessments and segmentation.</p> <p>The new SOF dashboard for 2017/18 operational performance reporting is included from this month in the Executive report papers. The Performance Matrix remains within the Reading Pack.</p>	
<b>Relevant CQC domain:</b> <b>Are they safe?</b> <b>Are they effective?</b> <b>Are they caring?</b> <b>Are they responsive to people's needs?</b> <b>Are they well-led?</b>	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>
<b>Risk Profile:</b> i) <b>Impact on existing risk?</b> ii) <b>Identification of a new risk?</b>	<p>The following risk assessments continue to be under regular review:</p> <ul style="list-style-type: none"> <li>• Cancer 62 day wait.</li> <li>• 4 hour target.</li> <li>• RTT.</li> <li>• The Trust's Urgent Care Risk Assessment based on the 4 key elements: Flow/frontdoor; Stranded Patients; Deteriorating Patient and Sepsis.</li> </ul>

CARE_GROUP	DIRECTORATE	Financial Year
A - SURGICAL	ANAESTHETICS	2016/2017
B - MEDICAL	CANCER CARE	2017/2018
C - SPECIALTIES	CARDIOLOGY	
CORPORATE	CORPORATE	
(blank)	ED & AMU	
	MATERNITY	

**CQC Metrics Key**  
O = Outstanding  
G = Good  
RI = Requires improvement  
I = Inadequate

			Quarter 1				Quarter 2			Quarter 3			Quarter 4				
Category	Metric	Frequency	Trust Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	FY To Date	
Quality of care	Caring - A&E scores from Friends and Family Test % positive	MONTHLY	90%	95.9%												95.9%	
	Caring - Inpatient scores from Friends and Family Test % positive	MONTHLY	95%	97.8%												97.8%	
	Caring - Maternity scores from Friends and Family Test % positive	MONTHLY	95%	98.8%												98.8%	
	Caring - Mixed sex accommodation breaches	MONTHLY	0	1												1	
	Caring - Staff Friends and Family Test % recommended - care	QUARTERLY															
	Caring - Formal complaints	MONTHLY		23												23	
	CQC - Caring	ANNUALLY		G												G	
	CQC - Effective	ANNUALLY		RI												RI	
	CQC - Responsive	ANNUALLY		RI												RI	
	CQC - Safe	ANNUALLY		RI												RI	
	CQC - Warning notices	ANNUALLY	0	0												0	
	Effective - Emergency re-admissions within 30 days following an elective or emergency spell at the provider	MONTHLY	< Prev Yr Month AVG	510													510
	Effective - Hospital Standardised Mortality Ratio - Weekend (DFI) - All Sites	MONTHLY	< 100														
	Effective - Hospital Standardised Mortality Ratio - Weekend (DFI) - MAC	MONTHLY	< 100														
	Effective - Hospital Standardised Mortality Ratio - Weekend (DFI) - RBH	MONTHLY	< 100														
	Effective - Hospital Standardised Mortality Ratio (DFI) - All Sites	MONTHLY	< 100														
	Effective - Hospital Standardised Mortality Ratio (DFI) - MAC	MONTHLY	< 100														
	Effective - Hospital Standardised Mortality Ratio (DFI) - RBH	MONTHLY	< 100														
	Effective - Summary Hospital Mortality Indicator	QUARTERLY	< 1														
	Organisational health - CQC inpatient/MH and community survey	ANNUALLY			8.1 / 10												8.1 / 10
	Organisational health - Staff sickness in month	MONTHLY	< 3%		3.6%												3.6%
	Organisational health - Staff sickness rolling 12 months	MONTHLY	< 3%		4.2%												4.2%
	Organisational health -Aggressive cost reduction plans	MONTHLY			59.4%												59.4%
	Organisational health -Executive team turnover	MONTHLY			12.5%												12.5%
	Organisational health -NHS Staff Survey	ANNUALLY	> acute av.(3.81)		3.91												3.91
	Organisational health -Proportion of temporary staff	MONTHLY															
	Organisational health -Staff turnover	MONTHLY	< 12%		11.1%												11.1%
	Safe - Clostridium Difficile - Confirmed lapses in care	MONTHLY	<=14 in Yr / 1.2 per Month		1												1
	Safe - Clostridium Difficile - infection rate	MONTHLY			6.9												
	Safe - MRSA bacteraemias	MONTHLY			0												0
	Safe - NHS England/NHS Improvement Patient Safety Alerts outstanding	MONTHLY			0												0
	Safe - Occurrence of any Never Event	MONTHLY			0												0
Safe - Potential under-reporting of patient safety incidents	QUARTERLY																
Safe - VTE Risk Assessment	MONTHLY	95%															
Number of Serious Incidents	MONTHLY	<= Last Year		0												0	
Appraisals - Values Based (Non Medical) - Compliance	MONTHLY			3.3%												3.3%	
Appraisals - Doctors and Consultants - Compliance	MONTHLY			89.7%												89.7%	
Essential Core Skills - Compliance	MONTHLY			91.6%												91.6%	
Finance and use of resources	Sustainability - Capital Service Capacity (YTD Score)	MONTHLY	YTD Plan = 4	4												4	
	Sustainability - Liquidity (YTD score)	MONTHLY	YTD Plan = 1	1												1	
	Efficiency - I&E Margin (YTD score)	MONTHLY	YTD Plan = 4	4												4	
	Controls - Distance from Financial Plan (YTD score)	MONTHLY	N/A	1												1	
	Controls - Agency Spend (YTD score)	MONTHLY	YTD Plan = 1	1												1	
	Overall finance and use of resources YTD score	MONTHLY	N/A	3												3	
Operational performance	A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge	MONTHLY	95%	95.4%												95.4%	
	Cancer maximum 62-day wait for first treatment from NHS cancer screening service referral	QUARTERLY	90%														
	Cancer maximum 62-day wait for first treatment from urgent GP referral for suspected cancer	QUARTERLY	85%														
	Maximum 6-week wait for diagnostic procedures	MONTHLY	99%	99.6%												99.6%	
	Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	MONTHLY	92%	91.1%												91.1%	
Leadership and improvement capability	CQC - Well Led	ANNUALLY		RI												RI	
	Effective boards and governance	ANNUALLY															
	Use of data	ANNUALLY															
Strategic change	Contribution to sustainability and transformation plans (STPs)	-															

# Operational Performance Report



For the period to end April 2017

Richard Renaut  
Chief Operating Officer

## 1. Introduction

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

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

In 17/18, the 4 key access targets will remain central to NHS Improvement's (NHSI) monitoring of our operational performance against the NHS Constitution and their segmentation (for mandated or other support) criteria. Failure for two consecutive months against any of the targets, significant deterioration or multiple failure across targets, will trigger consideration of escalation. However, conditions relating to the operational performance elements of the Sustainability and Transformation Fund will only apply to the A&E 4 hour target, with 30% of the £6.4m fund being attributable (i.e. £1.92m at risk). We await guidance from NHSI in relation to their application of our submitted trajectories.

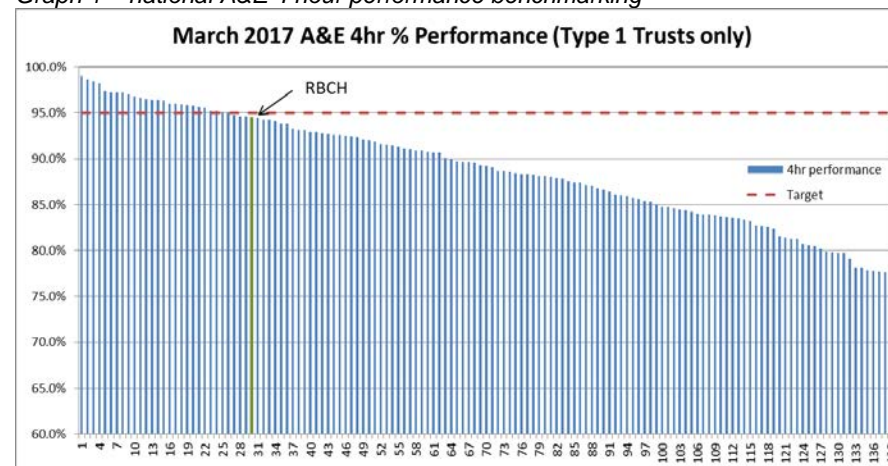
## 2. Single Oversight Framework Indicators

### 2.1 Current performance – April 2017

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

The graph below shows our overall performance against the 4 hour target in March 2017 compared against the other Trusts with a Type 1 A&E Department. It highlights the significant pressures faced by all Emergency Departments during March with only 25 providers above 95%.

Graph 1 – national A&E 4 hour performance benchmarking



Our performance improved further in April to 95.4%, above our trajectory submitted to NHSI and the national target. In April we saw a continued increase in patients attending A&E with April attendances (types 1 & 2) 2.65% above last year. Urgent care admissions are up 0.1% on last April. No patients waited longer than 12 hours to be admitted.

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

Performance against the RTT Incomplete Pathway indicator for April is expected to be 91.1% (*final validated upload 18/5/17*), a slight reduction on March performance. This was below the national target of 92% but above our expected trajectory submitted to NHSI.

An increase in long waiters was particularly seen in Urology and Ophthalmology. These are currently deemed to be short term impacts due to capacity and following significant reductions in 18 week backlog through 16/17. Orthopaedics has experienced some pressure due to lost capacity, particularly in some sub specialities, as well as levels of demand. As a result they have also seen an increase in 18 week waiters. We also had smaller increases in Oral Surgery and

# Operational Performance Report

As at 17/05/2017

Dermatology. All of these specialities are included within our Right Referral, Right Care ('9 specialities') work for 17/18.

Overall the number of patients on pathways has risen, following a significant increase in referrals in March. However, unvalidated data indicates a reduction in referrals in April.

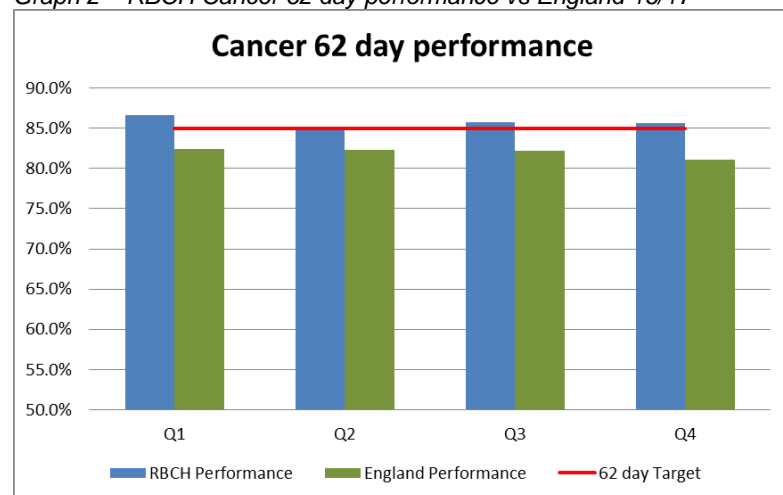
We do not expect any RBCH responsible 52 week breaches in April.

## 62 Day from Referral/Screening for Suspected Cancer to Treatment

For the month of March (*last formal reported month*) there were 11 breaches, with performance at 89%. This was an improvement on January and February, and meant that we met the national target of 85% at 85.5% for the month and Q4.

There were 4 breaches across 4 specialities and 7 breaches in Urology (a much higher volume tumour site). The trust performance remained well above (better than) England performance for most months across last year.

Graph 2 – RBCH Cancer 62 day performance vs England 16/17

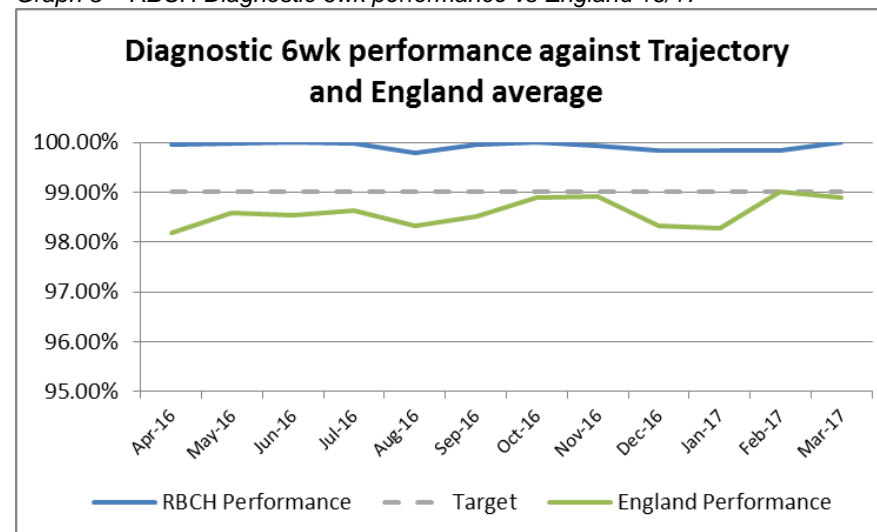


Unfortunately we had one breach against the 62 day target from bowel screening to treatment, resulting in below threshold performance for March, but above for the Quarter.

## Diagnostic 6 Week Wait

Our positive position continues in April with the final validated performance achieving 99.69%. Interestingly both activity and our waiting lists increased in March however, these both returned to February levels by end April. Overall waiting lists have remained relatively stable since April 2015, slightly lower through 2016/17. Performance currently remains on track in the key areas (Endoscopy, Radiology, Cardiology and Urology).

Graph 3 – RBCH Diagnostic 6wk performance vs England 16/17



## 2.2 Q1 - 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:



# Operational Performance Report

As at 17/05/2017

Table 1 – SoF Key Operational Performance Indicators Q1 2017/18 Forecast

Single Oversight Framework Indicator	National Target	NHSI Trajectory	Mth / Qtrly	RAG rated forecast against national targets and NHSI submitted trajectories			
				Apr-17	May-17	Jun-17	Qtr 1
A&E 4 hr maximum waiting time	95%	91 - 93%	Mthly	95.4%			
RTT 18 week Incomplete pathway	92%	91%	Mthly	*91.1%			
Cancer 62 day wait for first treatment from urgent GP referral	85%	85 - 85.4%	Mthly	**tbc			
Cancer 62 day wait for first treatment from Screening Service	90%	90%	Mthly	**tbc			
Maximum 6 weeks to Diagnostic test	99%	99%	Mthly	99.7%			

RAG Key: Red - below national target; Amber - above trajectory but below national target; Green - above national target (and trajectory)

\*April RTT final validated upload will be completed 18/5/17

\*\*April cancer final validated upload will be completed early June 17.

We do expect ongoing risk this Quarter against the full national targets for A&E (95%), RTT (92%), Cancer 62 day (85%) and screening. To avoid repetition, please see Trust Risk Register.

Key to supporting mitigation of the risks to **A&E 4 hour and RTT 18 weeks**, are the work programmes forming our 4 pronged 'strategy map' for 17/18:

- Elective (Right Referral, Right Care Programme – '9 specialities')
- Urgent access (front door streaming to GP and ambulatory services with on-site urgent care centre approaches)
- High needs (Frailty and discharge pathways, together with integrated primary & community services)
- Sustainable primary care (supporting the development and collaborative working with primary care).

These will also be supported by the Trust's QI programmes.

Continued close working with our Cancer Leads across the Trust and Dorset, supported by targeted RBH and Dorset projects (e.g. earlier 28 day diagnostics) will be key to ongoing **Cancer 62 day** performance compliance. The screening target for Q1 percentage performance is at risk predominantly due to a very small number of patients and patient choice.

Finally, diagnostic demand in relation to the **Diagnostic 6 week wait** target, particularly as a result of ongoing inpatient and fast track pathway pressures, will continue to be monitored with additional activity supported in 17/18 by commissioners.

## 3. Other Indicators- Exception Reporting

See Performance Indicator Matrix for full performance detail.

Unfortunately, we had one mixed sex accommodation breach in April due to a patient being in HDU and a delay in transferring to the speciality ward due to bed pressures on that day. RCAs continue to be completed for any instance of breach.

## 4. Recommendation

The Trust 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.

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## BOARD OF DIRECTORS

Meeting Date and Part:	26 May 2017 Part 1
Subject:	Quality Report
Section on agenda:	Performance
Supplementary Reading (included in the Reading Pack)	n/a
Officer with overall responsibility:	Paula Shobbrook, Director of Nursing and Midwifery / Deputy Chief Executive
Author(s) of papers:	Ellen Bull, Deputy Director of Nursing and Midwifery Jo Sims, Associate Director of Quality and Risk
Details of previous discussion and/or dissemination:	Healthcare Assurance Group
Action required:	The paper is provided for information and assurance
Executive Summary: <ul style="list-style-type: none"> <li>• No Serious Incidents reported in April 2017.</li> <li>• The Trust remains in the top quartile for inpatient Friends and Family Test (FFT) scores.</li> <li>• The ED FFT scores place it in the second quartile and changes are being made to improve the response rate</li> </ul>	
Relevant CQC domain:  Are they safe? Are they effective? Are they caring? Are they responsive to people's needs? Are they well-led?	All domains
Risk Profile:  i. Impact on existing risk? ii. Identification of a new risk?	N/A

# Quality Report



For the period to end April 2017

Paula Shobbrook  
Director of Nursing & Midwifery/Deputy Chief Executive



## 1.0 Introduction

- 1.1 This report accompanies the Trust Quality Dashboard and outlines the Trust's actual performance against key patient safety and patient experience indicators. In particular it highlights progress against the trajectories for the priority targets set out in the Board objectives for 2017/18.

## 2.0 Serious Incidents

- 2.1 No Serious Incidents were reported in April 2017.

## 3.0 Patient Experience Report – April 2017 (containing March 2017 data)

### Friends and Family Test: National Comparison using NHS England data

- 3.1 Inpatient and day case Friends and Family Test (FFT) national performance in March 2017 ranked RBCH Trust 3<sup>rd</sup> with 29 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 16.6%.
- 3.2 The Emergency Department FFT performance in March 2017 ranked RBCH Trust 11<sup>th</sup> with 7 other hospitals out of 141 placing RBCH ED department in the second quartile. The response rate was 2.8% against the 15% national standard. Increasing the responses is an action for the department.
- 3.3 Outpatients FFT performance in March 2017 ranked RBCH Trust 3<sup>rd</sup> with 22 other trusts out of 234 trusts, placing the departments in the second quartile. Response rates are variable between individual outpatient departments; there is no national compliance standard.

## 3.4 Care Audit Trend Data

The Care Campaign Audit has been under review and questions have been aligned with current quality improvements and the national patient survey. The review and the Easter bank holiday weekend has meant that the returns for this month are lower than the expected standard of 20 per area, which may influence the data. The new questions reflect the Trust's improvement work around discharge, pain, compassion and noise at night. Developing trends in the new data will be cross referenced with FFT and complaints; to share best practice, engage and support teams to improve patient experience in these domains. This will be monitored via the Healthcare Assurance Committee

## 3.5 Patient Opinion and NHS Choices (April Data)

10 patient feedback comments were posted in April; 8 express satisfaction with the staff attitude, care and information they received. 2 mixed responses related to poor staff attitude and communication.

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

## 4.0 Recommendations

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

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## BOARD OF DIRECTORS

Meeting Date and Part:	26 <sup>th</sup> May 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 Designate
Author(s) of papers:	Pete Papworth, Deputy Director of Finance
Details of previous discussion and/or dissemination:	Finance and Performance Committee
Action required: Approve/Discuss/Information/Note	The Board of Directors is asked to note the financial performance for the month ending 30 <sup>th</sup> April.
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?	Three current financial risks exist 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 30 April 2017**

Pete Papworth  
Deputy Director of Finance

## Executive Summary

The Trust has delivered a cumulative deficit of £1.645 million as at 30 April, being £162,000 better than budgeted.

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

The Trust has achieved its year to date financial control total set by NHS Improvement thereby securing access to the Sustainability and Transformation Fund. The Trust has also achieved the Accident and Emergency 4 hour target, thereby exceeding the performance requirement for April. As a result, the Trust has accrued the associated Fund income in full amounting to £320,000.

### **Cost Improvement Programme**

Financial savings of £506,000 have been achieved during April, which is £349,000 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.

### **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 April the Trusts reported agency expenditure was lower than both the ceiling value agreed with NHS Improvement and the expenditure reported within the same period last year. This has been driven by a reduction in medical agency expenditure, and whilst this is expected to fluctuate during the year, this is forecast to be significantly lower than the prior year.

### **Forecast Outturn**

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

### **Capital Expenditure**

As at 30 April £608,000 of capital expenditure has been committed, which is £86,000 less than planned at this point in the year. The forecast is for total capital expenditure of £9.424 million.

### **Cash**

The Trust is currently holding a consolidated cash balance of £32.6 million. The forecast end of year cash balance is £21.6 million meaning that no Department of Health support is required during the current financial year.

### **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 Trusts financial performance to 30 April 2017.

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# Finance Report

As at 30 April 2017

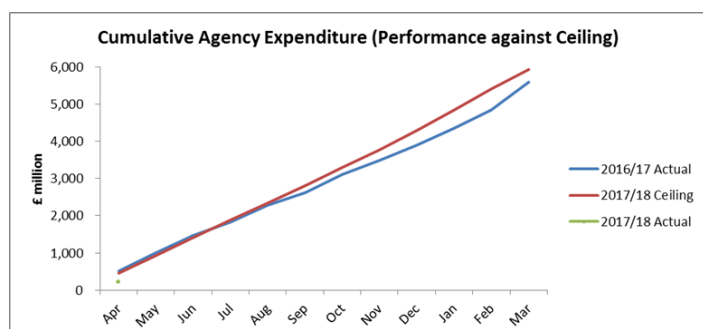
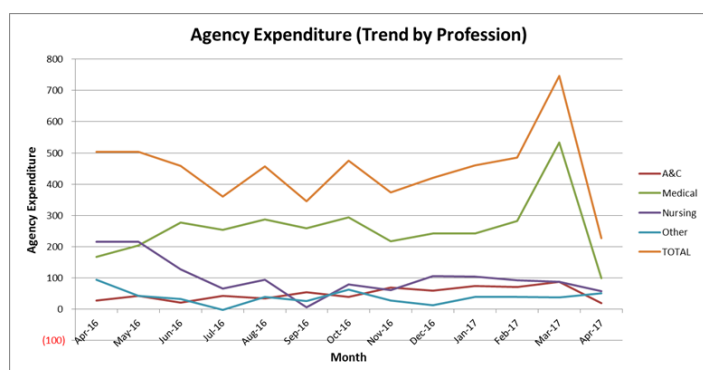
## Income and Expenditure

Income and Expenditure Summary	Budget £'000	Actual £'000	Variance £'000
NHS Clinical Income	19,162	19,040	(122)
Non NHS Clinical Income	469	417	(52)
Non Clinical Income	2,291	2,374	83
<b>TOTAL INCOME</b>	<b>21,923</b>	<b>21,832</b>	<b>(91)</b>
Employee Expenses	14,729	14,730	(1)
Drugs	2,612	2,450	162
Clinical Supplies	2,600	2,808	(208)
Misc. other expenditure	3,788	3,488	300
<b>TOTAL EXPENDITURE</b>	<b>23,730</b>	<b>23,477</b>	<b>253</b>
<b>SURPLUS/ (DEFICIT)</b>	<b>(1,807)</b>	<b>(1,645)</b>	<b>162</b>

Income Analysis	Budget £'000	Actual £'000	Variance £'000
NHS Dorset CCG	13,764	13,764	0
NHS England (Wessex LAT)	3,091	2,963	(127)
NHS West Hampshire CCG (and Associates)	1,922	1,926	4
Other NHS Patient Income	385	387	2
Sustainability and Transformation Fund	320	320	0
Non NHS Patient Income	469	417	(52)
Non Patient Related Income	1,971	2,054	83
<b>TOTAL INCOME</b>	<b>21,923</b>	<b>21,832</b>	<b>(91)</b>

Sustainability and Transformation Fund Income	Budget £'000	Actual £'000	Variance £'000
Financial: Control Total (70%)	224	224	0
Performance: A&E Trajectory (30%)	96	96	0
<b>TOTAL</b>	<b>320</b>	<b>320</b>	<b>0</b>

## Agency Expenditure

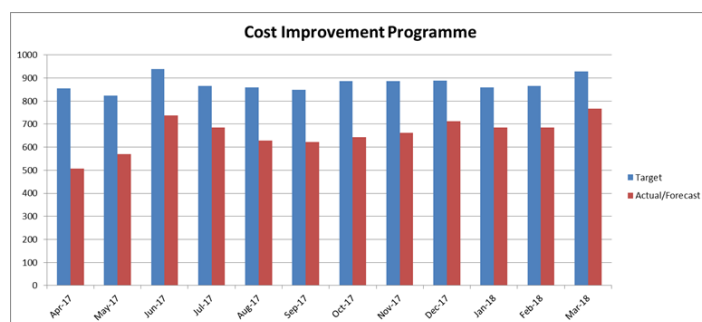


## Care Group Performance

Care Group Performance	Budget £'000	Actual £'000	Variance £'000
Surgical Care Group	675	617	(58)
Medical Care Group	647	420	(227)
Specialties Care Group	206	56	(150)
Corporate Directorates	(2,862)	(2,789)	73
Centrally Managed Budgets	(473)	51	524
<b>SURPLUS/ (DEFICIT)</b>	<b>(1,807)</b>	<b>(1,645)</b>	<b>162</b>

## Cost Improvement Programme

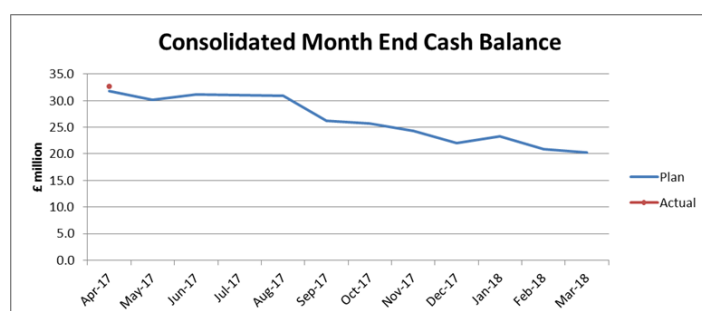
Cost Improvement Programme	Budget £'000	Actual £'000	Variance £'000
Surgical Care Group	189	121	(68)
Medical Care Group	280	153	(127)
Specialties Care Group	227	160	(67)
Corporate Directorates	159	72	(87)
<b>Total</b>	<b>855</b>	<b>506</b>	<b>(349)</b>



## Capital Expenditure

Capital Programme	Budget £'000	Actual £'000	Variance £'000
Estates	367	325	42
IT Strategy	271	277	(6)
Medical Equipment	50	0	50
Centrally Managed	6	6	0
<b>TOTAL</b>	<b>694</b>	<b>608</b>	<b>86</b>

## Cash



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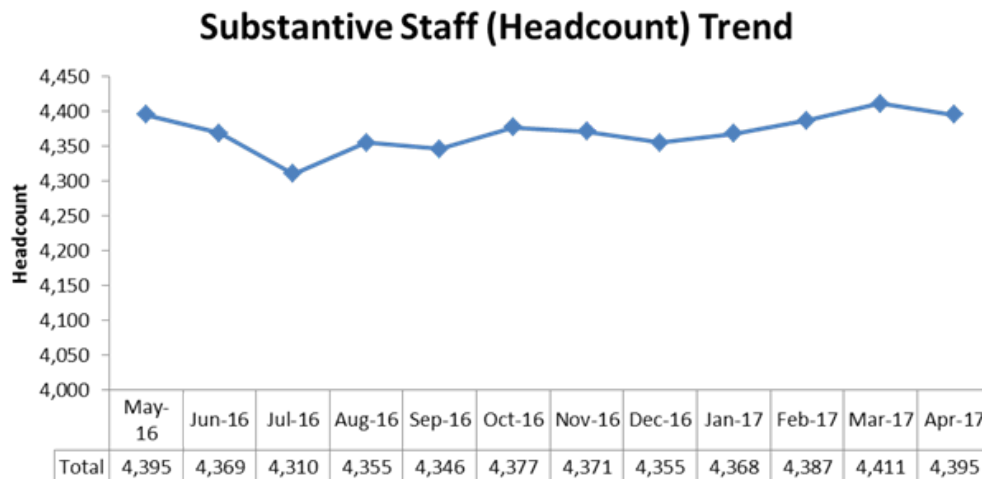
## BOARD OF DIRECTORS

Meeting Date and Part:	26 <sup>th</sup> May 2017 – Part 1
Reason for Part 2:	n/a
Subject:	Workforce Report
Section on agenda:	Performance
Supplementary Reading (included in the Reading Pack)	
Officer with overall responsibility:	Karen Allman
Author(s) of papers:	Karen Allman
Details of previous discussion and/or dissemination:	Specific issues are reviewed at Workforce Committee, HAC, Education & Training Committee
Action required: Approve/Discuss/Information/Note	For discussion and noting areas highlighted.
<b>Executive Summary:</b> The report demonstrates an improving in-month position on sickness absence which reflects the significant focus that is being given to the management of sickness and in providing support to staff. Also highlighted is the success of the newly qualified day held on Saturday 13 May. Essential Core Skills compliance remains strong, and headcount has been stable over the last year.	
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, Appraisal Compliance, Essential Core Skills (mandatory training) compliance, and workforce planning are all existing risks on the risk register.

## **WORKFORCE REPORT – MAY 2017**

In line with discussions at the April Board, the Workforce report has been restyled to provide headline or exception data.

### **1. Staffing - Headcount**



The information demonstrates that headcount has remained steady over the 12 months and we have been able to match the turnover and recruitment levels over the year.

### **2. Staffing –Recruitment**

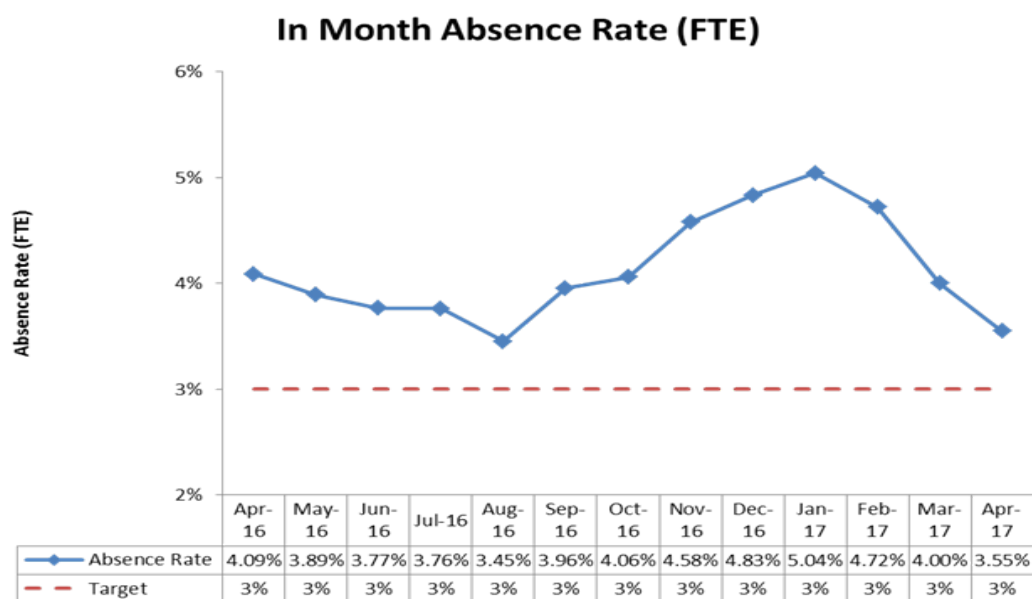
On 13<sup>th</sup> May we held the newly qualified nurses event in the Trust. This annual event was well publicised, including through social media, and took place throughout the day when prospective employees were able to come to the Trust, find out more about the organisation, go round and see various areas and meet Trust colleagues. 41 people attended and were all offered places to start with us in the autumn.

Huge thanks to matrons Sue Davies and Andy Gyngell, as well as Jacquie Reid, HR recruitment, Alice Girling and Lisa McManus from BEAT, and Michael Galway, HCA ward 16. Hannah Fox and Claire Dempsey, two of the newly qualifieds who joined us in 2016 also helped on the day and were able to talk to respective applicants about what it is like to work here.

### **3. Essential Core Skills Compliance**

Overall compliance continues above the 90% mark at **91.6%**. The number of Essential Core Skills being reported on has increased and now includes WRAP, Dementia Tier 2 and MCA (Mental Capacity Act) training – this has brought our overall percentage down by a small amount this month. However this is still a strong performance, comparing favourably with local and national benchmarks and will be added to the oversight dashboard in the future.

#### 4. Sickness Absence



Care Group	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
Surgical	4.58%	4.24%	3.88%	3.74%	4.01%	4.79%	5.04%	5.91%	5.62%	5.55%	4.76%	4.48%	4.08% ↓
Medical	4.26%	4.08%	3.75%	3.83%	3.44%	3.87%	3.58%	4.40%	4.82%	4.99%	4.67%	4.19%	3.42% ↓
Specialties	3.40%	3.52%	3.74%	3.47%	2.62%	3.66%	4.13%	4.19%	4.88%	5.46%	5.42%	3.50%	3.36% ↓
Corporate	3.93%	3.57%	3.70%	3.93%	3.63%	3.49%	3.74%	3.82%	4.01%	4.23%	4.12%	3.66%	3.37% ↓
Trust	4.09%	3.89%	3.77%	3.76%	3.45%	3.96%	4.06%	4.58%	4.83%	5.04%	4.72%	4.00%	3.55% ↓

The Trust-wide sickness rate shows an improvement for April, at 3.55%. Please note this is an in-month absence rate rather than the 12-month rolling figure previously reported. Focus remains on the management of sickness absence and support provided to staff and it is encouraging that the levels are improving. Rolling and in-month data is shown on the single oversight dashboard.

#### 5. Appraisal

Year 3 of the values based appraisal is now underway and as we progress through we will report against the trajectory and ensure that areas requiring improvement are picked up. This will be added to the oversight dashboard in the future.

#### 6. Safe Staffing

This information was not available in time for submission with the Board papers. Any concerns will be reported at the board meeting.



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## BOARD OF DIRECTORS

Meeting Date and Part:	26 May 2017 Part 1
Reason for Part 2:	N/A
Subject:	Clinical Services Review
Section on agenda:	Strategy and Risk
Supplementary Reading (included in the Reading Pack)	None
Officer with overall responsibility:	Tony Spotswood, Chief Executive
Author(s) of papers:	Tony Spotswood, Chief Executive
Details of previous discussion and/or dissemination:	Previous Board meetings
Action required:	For information
<b>Executive Summary:</b> A brief update on the next phase of CCG events post consultation and plan to establish the Programme Board	
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?	

## **Clinical Services Review**

Following the conclusion of the consultation process Dorset CCG are now making arrangements to provide more information on the responses received during the consultation period. The results of the analysis of the consultation response will be shared in two meetings one to be held in Dorchester and the other in Poole on 14 June 2017. These meetings will be for invited audiences of representatives from the groups and individuals who took part in the consultation. The purpose of the meetings will be for Opinion Research Services (ORS) to provide an overview of the responses to the CSR consultation before the CCG governing body begins an intensive period of deliberation as part of its decision making process. It is important to emphasise that no decision has, or will be made, until the responses have been given full consideration.

The invitations to these meetings is specifically targeted at those individuals who have been part of the CCG stronger voices network and have taken the most interest throughout the CSR process and were regular attendees at the informed audience events. The CCG is also inviting the leads from some of the campaign groups so they can take the opportunity to hear directly from ORS on the survey responses. It should be emphasised that it will be ORS and not the CCG running these events and reporting on the feedback.

It should be noted that the Clinical Reference Group meets on 8 June and the Senior Leadership Team on 15 June. I would anticipate that post the election and prior to the public events on the 14 June there will be an opportunity to ensure that local teams, including the Communication teams, are up to speed with the report and a co-ordinated approach is developed to likely media enquiries.

There are also similar events to be held on 13 and 15 June for the Mental Health Review with an invited audience of some of the co-production teams and again those most involved in providing feedback.

Following the most recent Board to Board meeting with colleagues from Poole, the Chairman and I are meeting with our counterparts on 24 May in order to agree a way forward with regard to our informal engagement with the Competition and Markets Authority. We will provide an update on these discussions at the Board meeting. Meanwhile, a final draft of the proposed Terms of Reference for the Joint Programme Board has been circulated to colleagues at Dorset County Hospital and again we will be able to update the Board on their response to the proposed way forward.

A meeting was held with colleagues from NHS Improvement drawing together the Chairmen and Executive teams of both this Trust and Poole Hospital FT on 16 May; the purpose of the meeting is to help progress work underpinning the implementation of the Clinical Service Review post a final decision being made by Dorset CCG.

The first meeting of the Joint Programme Board will be held on 28 June; in preparation for this work is underway to develop a series of timelines which capture the key work required to progress each of the following work streams:

- The creation of a sustainable acute network for Dorset and West Hampshire residents
- The submission of a full programme business case to support the request for funding to implement a planned and emergency site model
- To secure the lifting of the undertakings to enable the CSR to proceed and allow the Trusts to move forward with a new organisational form if relevant
- The design and construction of the planned and emergency sites
- The development of an organisational development programme that supports the closer working of the two Trusts in pursuit of these objectives

Finally, the Trusts have not yet received any feedback on the bid submitted to NHS England as one of nine health systems requesting capital funding to advance the CSR plans contained within the Dorset Sustainability and Transformation Plan. It is anticipated that we will hear the outcome of this case in the latter part of June.

This report is provided to the Board for information.

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

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## BOARD OF DIRECTORS

<b>Meeting Date and Part:</b>	26 <sup>th</sup> May 2017, Part 1
<b>Subject:</b>	Progress Update on 2016/17 Corporate Objectives
<b>Section on agenda:</b>	Strategy and Risk
<b>Supplementary Reading (included in the Reading Pack)</b>	None
<b>Officer with overall responsibility:</b>	Tony Spotswood, Chief Executive
<b>Author(s) of papers:</b>	Sandy Edington, Associate Director of Service Development
<b>Details of previous discussion and/or dissemination:</b>	Progress reviewed on a quarterly basis
<b>Action required: Approve / Discuss / Information/Note</b>	To note for information.
<b>Executive Summary:</b> This is the internal assessment of the performance against the Trust objectives for Quarter 4, 2016/17	
<b>Relevant CQC domain:</b>  <b>Are they safe?</b>  <b>Are they effective?</b>  <b>Are they caring?</b>  <b>Are they responsive to people's needs?</b>  <b>Are they well-led?</b>	All CQC domains
<b>Risk Profile:</b> i) <b>Impact on existing risk?</b> ii) <b>Identification of a new risk?</b>	N/A

## 2016/17 Monitoring of Performance against Board Objectives

Success Criteria / Milestone	Lead Exec	Monitored By	Information Provided By	RAG / Achieved d Q1	RAG / Achieved d Q2	RAG / Achieved d Q3	RAG / Achieved d Q4	Commentary
<b>1. To continue to improve the quality of care we provide to our patients ensuring that it is safe, compassionate and effective, driving down reductions in the variation of care whilst ensuring that it is informed by, and adheres to best practice and national guidelines. Our specific priorities are:</b>								
Ensuring patients are cared for in the correct care setting on Wards by improving the flow of patients admitted non electively and reducing the average number of outlying patients and non clinical patient moves by at least 10%	RR	Improvement Board	Information					Flow has improved over the year with outliers and occupied bed days reducing
To ensure that there are no MRSA bacteraemia cases and that the Trust achieves its target of no more than 14 Clostridium Difficile	PS	IPCC	Information					This year we recorded 0 MRSA HA bacteraemia's, we identified 2 bacteraemia's that were community associated. Both of these cases were attributed to a third party after investigation and panel review. We recorded 22 confirmed late C. difficile cases, 17 relating to confirmed lapses in care. This year we are above our trajectory and have recorded a greater percentage of lapses in care than previous years. Review of these cases by the CCG and other members of the Post Infection Review group has confirmed that we have not created any of these cases through lapses in care but are not able to demonstrate that we met the requirements of associated policies to C. difficile. A report outlining these lessons to be learnt is in draft form and will be presented to IPCC in June of this year.
To be within the top quartile of hospitals reporting patient satisfaction via the Family and Friends Test	PS	HAC	Governance					In patient family and friends test remained consistently in top quartile when benchmarked with other acute Trusts, with good levels of reporting. ED in top decile for most of the year, but level of reporting has been low and is an improvement action for 2017-18.
Promoting the <b>recognition of avoidable mortality</b> and potential links to deficiencies in care by <b>improved and comprehensive eMortality review</b> . Monitor eMortality review compliance and ensure lessons are disseminated and actions completed.	AOD	MSG	Information					Oversight of mortality trends and learning from deaths embedded. Further work to improve the speed of review and to identify reportable features such as safeguarding & learning difficulties at an earlier stage. TMB update in June 17.
Ensuring patients are cared for in the most appropriate place for their needs by Supporting more patients who want to die at home to achieve this.	RR	A&E Delivery Board	Discharge Team					Progress on processes and partner working. However still considerable delays (Stranded & DTOC) above Better Care fund system wide targets
To deliver consistent standards in quality care for our patients demonstrated by further improvements in <b>reducing the number of avoidable pressure ulcers and falls</b> which happen in our hospital in 2016/17 by a further 10%, measured through Serious Incident Reports	PS	HAC	Governance					50% reduction achieved
To address all issues highlighted within the <b>CQC Report</b> during 2016/17	PS							Healthcare Assurance Committee has overseen delivery of the action plan in response to the CQC findings. Executive and NED session with the services requiring improvement provided additional assurance and the Board was briefed on continuing progress.
<b>2. To drive continued improvements in patient experience, outcome and care across the whole Trust. The Trust will use a QI methodology to support this work. Key priorities are:</b>								
Improving the management of sepsis, ensuring we implement the six key interventions (high-flow oxygen, fluid bolus, blood cultures, IV antibiotics, monitoring urine output, and measuring lactate) within one hour of patients being identified as having sepsis or being in septic shock.	DM	Improvement Board	PMO					Use of the screening tool and the sepsis stickers extended to the in-patient areas. Main emphasis has been on getting the IV antibiotics within 1 hour to patients showing evidence of high risk factors. Methodology now being developed to embed the delivery of the other components of the sepsis 6 bundle. QI cross-hospital priorities for 2017/18
Implementing the Department of Health's best practice guidance for effective discharge and transfer of patients from hospital and intermediate care. These including developing a clinical management plan for every patient within 24 hours of admission; all patients having an estimated date of discharge within 24-48 hours of admission; use of a discharge checklist, daily discharge board rounds and the involvement of patients and carers to make informed decisions about their on-going care and discharge. The full list is shown as Annex 1.	DM		PMO					January 'action learning week' with a focus on EDD with an action plan to support changes throughout the Trust, further events planned and organised (April Nurse led review of EDD and discharge completed). Part of QI cross-hospital priorities (flow) for 2017/18
Implementing the NICE guidelines for patients referred with suspected GI cancer ensuring a minimum of 93% of patients receiving an appointment within two weeks.	DM		PMO					Project now closed; with improved processes in Endoscopy admin resulting in reduced waiting lists, established nurse led 'straight to test model' for fast track colorectal patients. Reduction in gastro outpatient waits from 38 weeks to 15 weeks.
Implement internal professional standards - ' <b>5 Daily Actions</b> ' and a new frailty pathway to improve hospital flow and ensure every patient has the right care, in the right place, at the right time	DM		PMO					New frailty unit with revised pathways of care, OPM LoS reduction from 10/3 to 5.9 days. Part of QI cross-hospital priorities (flow) for 2017/18
Improve <b>surgical productivity and operating theatre efficiency</b> to reduce 'lost' theatre time and release patient slots. This will include a reduction in variation, removing waste and improving flow across elective pathways in orthopaedics and urology	DM		PMO					A key target for 16/17 is to treat an additional 1,000 patients, procedures have increased and have delivered. Project now closed and moved to business as usual.
<b>Reduce last minute clinic cancellations</b> by 50% and <b>DNA rates</b> to an average of 4% in outpatients through more effective utilisation of current resource and standardisation of clinic templates	DM		PMO					New portal being developed to provide for improved clinic forward planning. In addition work is underway to identify the reasons for Did Not Attend (DNA) and better ways of communicating appointment reminders.
Applying standards of care for all patients undergoing <b>emergency laparotomy</b> with the aim of maintaining mortality below 5%	DM		PMO					The Trust continues to work with the Emergency Laparotomy Collaborative and is one of four Trusts also taking part in the sub project around peri-operative care for frail elderly patients. Reduction in mortality rates appears to be sustained. Project closed.
Uniform use of <b>surgical checklists</b> across the whole organisation with the intention that there are no Never Events associated with failure to use checklist. Monitor compliance, response and better education.	DM		PMO					Safety Checklists have now been developed and are in use across 14 areas in the Trust carrying out invasive procedures including theatres. This is in pilot for Cardiology and Endoscopy, project handed over to business as usual.
To <b>embed the use of VitalPac</b> within the Trust and its application as a trigger tool for escalation. Development of a <b>clear escalation protocol</b> and the accompanying education. Measurable reduction in SIs related to lack of escalation.	DM		PMO					Senior engagement in Wessex Patient Safety Collaborative: The Deteriorating Patient. Launch event in September 2016. Data collection and audit underway to identify how to develop work programme. Part of QI cross-hospital priorities for 2017/18
<b>3. To support and develop our staff so they are able to realise their potential and give of their best, within a culture that encourages engagement, welcomes feedback, and is open and transparent in its communication with staff, public and service users. Key priorities include:</b>								
To ensure all staff have a <b>values based appraisal</b> and <b>agreed personal development objectives</b> which reflect both the needs of the service and their own development requirements	KA	Workforce Committee	Information					90 % achieved. Appraisal champions created and in place. Plan for 2017/18 in place. Objectives clarified and local objectives being developed.
Providing support and interventions for the <b>health and wellbeing of our staff</b> .	KA		Information					Health and wellbeing adviser in post. Flu campaign for 16-17 was strong with excellent results for the Trust against national benchmarks.
Providing appropriate <b>education, training and development opportunities</b> and <b>support</b> for staff, and demonstrate the return on investment for the organisation.	KA		Information					Education committee established, new DME appointed, new Medical Education Manager appointed, TNA plans reviewed. Strong EQR result from Health Education England
To develop and implement a <b>comprehensive leadership and organisational development strategy</b> which reflects the organisation's values and views of staff and focuses on good organisational health and a positive development and learning culture.	NH		Information					On track. OD team update to Board development session at end June 17.
To <b>strengthen levels of staff engagement</b> within the Trust, creating opportunities for staff to contribute to the design and delivery of services and improvement ideas. This engagement will be measured by an improvement in the national Staff Survey (2016) engagement scores and by an increase in the quarterly Staff Impressions measure of engagement.	KA		Information					Overall staff survey results were very strong including staff engagement
To <b>promote collective responsibility for the success of the Trust</b> and greater autonomy for staff to manage and deliver their services, within a clear framework of responsibility and accountability.	TS		Information					Latest staff survey results illustrate progress. AstonOD team coaching the vehicle to cement this.
<b>4. To develop and refine the Trust's strategy to give effect to the agreed outcomes following the CCG led Dorset Clinical Service Review. Key priorities include:</b>								
To implement the <b>Trust's strategy</b> within the context of the <i>emerging Clinical Service Review</i> being led by Dorset CCG	TS							Initial capital bid submitted
To establish the <b>Vanguard 'One NHS in Dorset'</b> and implement proposals to unify and standardise patient pathways, thereby strengthening the quality of service for patients across Dorset in the following areas of maternity, paediatrics, stroke, cardiology, imaging, ophthalmology, non-surgical cover and diabetes. This will be taken forward throughout 2016.	TS							4 priorities now identified for further progress, pathology (green), OD (green), stroke (green) and back office (amber)
To develop proposals to evaluate the introduction of an <b>integrated pathology service</b> for Dorset. Proposal developed for the conurbation by 2017.	TS							Appointment of a Joint Head of Pathology made on 9th May.
To establish a <b>joint venture vehicle</b> by November 2017 to facilitate provision of a range of Dorset wide hospital services	TS							No longer relevant
Work with the Dorset Community Trust, primary care and local authority partners to extend the range of services available to <b>support patients discharged from hospital</b> and to help local people maintain their independence and health without recourse to admission to hospital.	TS							We have yet to agree integrated model with DHUFT.
To shape and develop proposals to support and agree a <b>new model of care</b> for hospital and out of hospital services, promoting the <b>Royal Bournemouth Hospital as a future major emergency site for Dorset and West Hampshire residents</b>	TS							Consultation underway, concluding at end Feb 17. Trust response submitted.

Success Criteria / Milestone	Lead Exec	Monitored By	Information Provided By	RAG / Achieved Q1	RAG / Achieved Q2	RAG / Achieved Q3	RAG / Achieved Q4	Commentary
To establish a <b>dedicated private patients facility</b> by April 2017	SH							Opened
To complete work to create an <b>integrated community hub</b> offering a range of services and facilities at Christchurch including radiology, outpatients, a GP practice, and a community pharmacy	RR							Project completion May 2017, under budget
Implement the <b>resilient Data Network</b> , telephone system and refreshed computer room.	PG							We have made less progress than we would have liked over the last 3 months due to the number of escalated IT projects that require the infrastructure team to be diverted from progressing this fundamental project. Q4: project management arrangements have been strengthened and the detailed project plan to complete the final phase is in development.
Embed <b>Electronic Document Management (EDM)</b> so that it no longer appears on the Trust's risk register.	PG							Significant work has taken place on the EDM quality improvement plan however feedback suggests that clinicians, while acknowledging that it is improving are still not considering the retrieval speed and reliability of clinical information to be sufficient. Our supplier has recently enabled a new technology which will allow the filing of records to be more accurate which will be expected to deploy in 17/18. During 17/18 we will also see RBCH move forward with the Graphnet EPR which will embed the EDM system within it, meaning that users will not need to login to 2 different systems to see the scanned records and other basic clinical information (blood tests results and clinical correspondence etc.). Following the implementation of these 2 changes we need to re-evaluate the risk objectively with consideration that the residual risk may need to be accepted by the trust as to be as low as reasonably possible. Q4: Floor walking support has been effective in some areas. The change to outsourcing all scanning has been implemented and we are evaluating the achievable level of InPatient notes preparation
Undertake all the necessary preparatory work to enable RBCH to move to Graphnet <b>Electronic Patient Record (EPR)</b> by April 2017.	PG							The interface development has proven to be far more technically complicated than at first envisaged and the expected go live has now slipped from spring 2017 to winter 2017. Detailed evaluation of the exact go live date is underway Q4: we have been working intensely with our supplier partners to expedite this but now expect that the go live has slipped to early 2018
Implement <b>Order Communications</b> in the four diagnostic areas	PG							It has been agreed by the project board and TMB that Order Comms must follow on from the Strategic EPR launch. Q4: This position has been confirmed by GARC
Achieve <b>full compliance with the IG Toolkit</b> .	PG							Full compliance is targeted by 31 March 2017 Q4: Full compliance achieved in 16/17
Participate in the development of a <b>joint informatics strategy</b> for the three acute trusts in Dorset	PG							The strategic outline case for a shared Informatics service across the NHS in Dorset has been approved by the Vanguard executive steering group and the outline business case is now being developed. Q4: Rebased strategy developed and presented to TMB

5. To ensure the Trust is able to meet the standards and targets necessary to provide timely access to high quality responsive elective diagnostic and emergency services. The key targets are:								
95% of patients waiting no more than 4 hours from arrival in ED to their admission discharge or transfer	RR	Finance & Performance committee	Information					94.6% achieved - well above trajectory of 91.01%. 95.2% for Q3
93% of patients referred using the fast-track cancer pathway being seen within 14 days of referral	RR		Information					
93% of patients referred to the symptomatic breast clinic seen within 14 days of referral	RR		Information					
96% of patients diagnosed with cancer receiving treatment within 31 days	RR		Information					
85% of patients receiving their first treatment within 62 days of urgent GP referral with suspected cancer.	RR		Information					
92% on incomplete pathways within 18 weeks	RR		Information					Slightly below plan

6. The Trust achieves its financial plan with emphasis on reducing agency spend, cutting waste and securing improvements in efficiency and productivity without detriment to patient care.								
	SH	FC & BOD	FINANCE					The Trust finished the year with a £2.1m surplus, having received a bonus and incentive payment from NHSI for improving upon the financial control total in year.

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

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## BOARD OF DIRECTORS

Meeting Date and Part:	26 May 2017 – Part 1
Reason for Part 2:	N/a
Subject:	Proposed Metrics for 2017/18 Corporate Objectives
Section on agenda:	Strategy and Risk
Supplementary Reading (included in the Reading Pack)	n/a
Officer with overall responsibility:	Tony Spotswood, Chief Executive
Author(s) of papers:	Tony Spotswood, Chief Executive
Details of previous discussion and/or dissemination:	Earlier agreement of the four Corporate Objectives
Action required: Approve/Discuss/Information/Note	Decision
<p>Executive Summary:</p> <p>This paper sets out milestones, actions and metrics to enable the Board to oversee progress to achieve the Trust's four Objectives</p>	
<p>Relevant CQC domain:</p> <p>Are they safe?</p> <p>Are they effective?</p> <p>Are they caring?</p> <p>Are they responsive to people's needs?</p> <p>Are they well-led?</p>	All
<p>Risk Profile:</p> <p>i. Impact on existing risk?</p> <p>ii. Identification of a new risk?</p>	

## Proposed Metrics for the 2017/18 Corporate Objectives

### Introduction

The Board has agreed the following four objectives for 2017/18, designed in conjunction with our Change Champions.



It is proposed that we monitor progress against these objectives using the following metrics and key milestones

**Objective 1. Valuing our Staff** - Recognising the contribution of our staff and helping them develop and achieve their potential, by:

- Publication, by September 2017, of the Trust's People Strategy which will contain clearly defined approaches for:
  - Talent management
  - Staff Engagement and communication
  - Leadership Development
  - Recognition and reward of our staff
- The measures we will use to track progress focus on:
  - Maintaining our staff survey results and aiming to increase the engagement score from 3.9 to 4 over the next three years, demonstrating an improvement year on year
  - Achieving a Friends and Family Test score >90%
  - Maintaining a turnover rate below 12/%



**Objective 2. Improving Quality and Reducing Harm - Focusing on continuous improvement and reduction of waste**

- To continue, via the Improvement Academy to build QI capacity and capability to support a culture of continuous improvement by March 2018
  - Fully implement the improvements identified by the CQC for maternity and ED, which will be assessed at the next CQC inspection, with the expectation of a positive review
  - Demonstrate consistency in safe, effective, responsive and well led services, across the organisation; securing a CQC rating of at least good and aspiring for 'outstanding'
- To improve emergency hospital flow to deliver 'the right patient, at the right time, to the right place' by March 2018
  - To treat 25% of non-elective patients via our ambulatory care services rather than admitting them to an inpatient ward
  - To improve specialty pathways to avoid unnecessary admissions and reduce patients' length of stay including:
    - surgery pathway: to reduce the surgical bed occupancy by 5% by the end of 2017/18
    - frailty pathway: to ensure all frail elderly patients are assessed in the Special Frailty Unit between 0900-1700 on weekdays; and that out of hours we reduce the number of patients who go to AMU prior to an OPM ward
  - To improve discharge planning by:
    - establishing the IT systems to support the discharge planning database
    - delivery of an education programme for the use of estimated date of discharge (EDD) and medically ready for discharge (MRFD)
    - adopting best practice board rounds
  - To improve hospital flow process, to support a reduction in patients with a length of stay >7days
- To ensure that every deteriorating patient with an early warning score (NEWS) of 9 or above, is escalated for review and then seen by an appropriate clinician within 30 minutes of their initial trigger by the end of July 2017
- To treat everyone with Sepsis-related Organ Failure Assessment (SOFA) within one hour and all other sepsis patients within 3 hours of admission / diagnosis of sepsis, by giving a first dose of antibiotics by the end of June 2017
- Deliver excellent emergency care; minimising the number of patients who wait in the Emergency Department. The metric is that 95% of patients or better are seen and treated/admitted within four hours and that the Trust meets its agreed trajectory set in conjunction with NHSI.
- Deliver excellent planned care, 92% of elective patients being treated within 18 weeks of referral; 99% of patients waiting less than six weeks for their diagnostic

tests and as a minimum 85% of patients or better on a 62 day cancer pathway receiving their treatment within that period.

- We will continue our work to ensure services are provided in a cost effective way and meet our financial plan to deliver a control total of £6,648m deficit or better by the end of March 2018.

**Objective 3. Strengthening Team Working** - Developing and strengthening Team RBCH to deliver safe and compassionate care for our patients and shaping future health care across Dorset, by:

- Implementing the Clinical Service Review, and securing the lifting of the undertakings placed on the Trusts by the Competition and Markets Authority. The Board will monitor and drive progress in accordance with the project plan agreed for this work.
- Strengthening collaborative working and relationships between the Trust and local partners gauged by regular feedback from partners and in so doing progress the implementation of the Dorset Sustainability and Transformation plan.
- Jointly implementing the Dorset Care Record
- Developing team working by embedding the Aston Team Coaching approach across the organisation, helping enhance the delivery of care through heightened team effectiveness. Specific measures will focus on
  - Increasing to 30 the number of coaches accredited by March 2018
  - Increasing of 40 the number of teams using this approach by March 2018

**Objective 4. Listening to Patients** - Ensuring meaningful engagement to improve patient experience, by:

- Supporting engagement through implementation of patient user groups with a lay chair and three functioning groups by the end of the year
- Reinstating community focus groups, to formalise external patient experience partnership networks, with each group meeting in 2017-18 with a forward plan of twice-yearly
- Maintain the positive trend of patients recommending the Trust within all areas attaining compliance that reflects better than the national average scores for the Friends and Family Test and increasing the FFT returns to >25% by the end of March 2018

## **Decision**

The Board is asked to review these metrics and milestones and agree a final set to monitor the achievement of the Trust Objectives.

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## BOARD OF DIRECTORS

Meeting Date and Part:	26 May 2017 Part 1
Subject:	Changes to Board Meeting Schedule
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 Council of Governors - April
Action required:	Information
<p>Executive Summary:</p> <p>The number of formal Board meetings will be reducing from June 2017 to accommodate meetings of the Joint Programme Board which will be commencing in June. The dates of public meetings are set out in the table attached.</p> <p>The Joint Programme Board is being established to oversee the planning, preparation and implementation of the Clinical Services Review (<b>CSR</b>). This will include:</p> <ul style="list-style-type: none"> <li>the preparation of the business case and supporting documentation to NHS England for the capital investment required to implement the CSR;</li> <li>the request to the Competition and Markets Authority to remove or vary the undertakings to allow the implementation of the CSR; and</li> <li>the reporting to NHS Improvement of any transaction which meets its reporting and review thresholds for the risk assessment process.</li> </ul>	
<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>	

## Changes to Board Meeting Schedule

### Board Meetings

For the remainder of 2017 formal Board meetings will be held on the following dates:

Date of Meeting	Time	Venue
Friday, 28 July	8.30am	Conference Room, Education Centre, Royal Bournemouth Hospital (followed by a private session of the Board in the Committee Room)
Friday, 29 September	8.30am	Conference Room, Education Centre, Royal Bournemouth Hospital (followed by a private session of the Board in the Committee Room)
Friday, 24 November	8.30am	Conference Room, Education Centre, Royal Bournemouth Hospital (followed by a private session of the Board in the Committee Room)

In **2018**, formal Board meetings will continue to be held in alternate months but will move to the **last Wednesday of the month**. This will align the timing of the Board meetings of the Trust with the board meetings of all the other foundation trusts in Dorset.

### Board Strategy and Development

For the remainder of 2017, strategy and development sessions for the Board will be held on the following dates:

Date of Meeting	Type of Meeting	Time	Venue
Friday, 26 May	'Blue Skies'	1.00pm	RBH
Friday, 30 June	Board Strategy and Development	8.30am	RBH
Monday, 10 July	Joint Board/Council of Governors	9.00am	RBH
Friday, 28 July	'Blue Skies'	1.00pm	RBH
Friday, 29 September	Board Strategy and Development	1.00pm	RBH
Friday, 27 October	Board Strategy and Development	8.30am	RBH
Friday, 24 November	'Blue Skies'	1.00pm	RBH
Friday, 15 December	Board Strategy and Development	8.30am	RBH
Thursday, 11 January 2018	Joint Board/Council of Governors	9.00am	RBH

In **2018**, Board strategy and development sessions will be scheduled on the **last Wednesday of the month** in the mornings before Joint Programme Board meetings.

### **Joint Programme Board Meetings**

For the remainder of 2017, meetings of the Joint Programme Board will be held on the following dates:

<b>Date of Meeting</b>	<b>Time</b>	<b>Venue</b>
Wednesday, 28 June	1.00pm	Poole Hospital
Wednesday, 30 August	1.00pm	Royal Bournemouth Hospital
Wednesday, 25 October	1.00pm	Poole Hospital
Wednesday, 13 December	TBC	TBC

Joint Programme Board meetings will not be open to the public although the Lead Governor will attend. Updates on Joint Programme Board meetings will be provided to Governors at regular monthly briefings and at Board meetings.

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

## BOARD OF DIRECTORS

Meeting Date and Part:	26 May 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 to ratify and approve the appointment of Non-Executive Directors to the various committees of the Board, following the recent appointment of David Moss and Cliff Shearman as Chairperson and Non-Executive Director, respectively.</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>	Well-led
<p>Risk Profile:</p> <p>i. Impact on existing risk?</p> <p>ii. Identification of a new risk?</p>	

## **Non-Executive Director Appointments to Board Committees**

The Board of Directors is asked:

### **Audit Committee**

- To approve the appointment of Alex Jablonowski as a member of the Audit Committee and Chairman of the Audit Committee with effect from 1 June 2017, in anticipation of Steve Peacock standing down as a Non-Executive Director at the end of his current term in September 2017.
- To ratify and confirm the appointment of John Lelliott as a member of the Audit Committee.
- To confirm Christine Hallett's appointment as a member of the Audit Committee in her role as Chair of the Healthcare Assurance Committee.

### **Charitable Funds Committee**

- To ratify and confirm the appointment of Tea Colaianni as a member of the Charitable Funds Committee.
- To ratify and confirm the appointment of Alex Jablonowski as a member and Chairman of the Charitable Funds Committee.
- To ratify and confirm the appointment of John Lelliott as a member of the Charitable Funds Committee.

### **Finance and Regulatory Performance Committee**

- To ratify and confirm the appointment of Alex Jablonowski as a member of the Finance and Regulatory Performance Committee.
- To ratify and confirm the appointment of John Lelliott as a member and Chairman of the Finance and Regulatory Performance Committee

The Chairman of the Trust may attend any meeting of the Finance and Regulatory Performance Committee and contribute to the quorum.

### **Healthcare Assurance Committee**

- To approve the appointment of Cliff Shearman as a member of the Healthcare Assurance Committee.
- To approve the appointment of David Moss as a member of the Healthcare Assurance Committee.
- To ratify and confirm the appointment of Christine Hallett as a member and Chairman of the Healthcare Assurance Committee.

### **Nomination and Remuneration Committee**

The Chairman of the Trust is the Chairman of the Nomination and Remuneration Committee and all Non-Executive Directors are members of this Committee.

### **Workforce Strategy and Development Committee**

- To approve the appointment of Cliff Shearman as a member of the Workforce Strategy and Development Committee.
- To ratify and confirm the appointment of Tea Colaianni as a member and Chairman of the Workforce Strategy and Development Committee.

The table on the next page shows the membership of the Board Committees on the basis that all appointments to the Board Committees set out above are ratified and/or approved.

Cliff Shearman will also act as Chair of the Organ Donation Committee, which is a Trust (rather than a Board) committee.



	Audit Committee	Charitable Funds Committee	Finance and Regulatory Performance Committee	Healthcare Assurance Committee	Nomination and Remuneration Committee	Workforce Strategy and Development Committee
Tea Colaianni						<b>Chair</b>
Christine Hallett	<b>As HAC Chair</b>			<b>Chair</b>		
Alex Jablonowski	<b>Chair</b>	<b>Chair</b>				
John Lelliott	<b>As FC Chair</b>		<b>Chair</b>			
David Moss					<b>Chair</b>	
Steve Peacock						
Cliff Shearman						

## BOARD OF DIRECTORS MEETING – 26 MAY 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
11.00	<b>1. MINUTES OF PREVIOUS MEETING</b>		
	a) Minutes of the meeting held on <b>28 April 2017</b>	Approval	All
11.05	<b>2. MATTERS ARISING</b>		
	a) Updates to the Actions Log	Discussion	All
11.10	<b>3. STRATEGY AND RISK</b>		
	a) Significant Risk and Assurance Framework (paper)	Discussion	Paula Shobbrook
	b) Clinical Services Review (paper)	Decision	Tony Spotswood
	c) Integration of Interim and Intermediate Care Teams (paper)	Discussion	Tony Spotswood
	d) CSR Enabler – Accommodation (paper)	Discussion	Richard Renaut
11.45	<b>4. GOVERNANCE</b>		
	a) NHS Improvement Annual Self-Certification - Board Statements (paper)	Decision	Tony Spotswood/ Karen Flaherty
	b) Chairperson's Objectives (paper)	Information	Christine Hallett
	c) LLP Agreements - Appointment and Removal of Trust Representatives (paper)	Decision	Karen Flaherty
11.55	<b>5. QUALITY</b>		
	a) Update on Preparation for CQC Inspection (paper)	Information	Paula Shobbrook
12.10	<b>6. ANY OTHER BUSINESS</b>		
	a) Key Points for Communication to Staff		
	b) Reflective Review		
	<b>7. NEXT MEETING</b>		
	There will be a Board development/strategy session on <b>Friday 30 June 2017</b> . The next full Board meeting will be on Friday <b>28 July 2017</b> .		

The meeting will be followed by a Blue Skies session on capacity and scenario planning for the implementation of the Clinical Services Review including QI and development work