

A meeting of the Board of Directors will be held on Wednesday 25 July 2018 at 8.30am in the Macmillan Seminar Room, Christchurch Hospital

If you are unable to attend on this occasion, please notify me as soon as possible on 01202 704777 or karen.flaherty@rbch.nhs.uk.

Karen Flaherty
Trust Secretary

A G E N D A

Timings		Purpose	Presenter
8.30-8.35	1. WELCOME, APOLOGIES FOR ABSENCE and DECLARATIONS OF INTEREST		
	Deb Matthews, Paula Shobbrook		
8.35-8.40	2. MINUTES OF PREVIOUS MEETING		
	a) Minutes of the meeting held on 30 May 2018 (paper)	Decision	All
8.40-8.45	3. MATTERS ARISING		
	a) Updates to the Actions Log (paper)	Information	All
8.45-9.35	4. QUALITY		
	a) Feedback from Schwartz Rounds (presentation)	Information	Sean Weaver
	b) Patient Story (verbal)	Information	Fiona Hoskins
	c) Update on Governor Activity (paper/verbal)	Information	David Triplow
	d) Medical Director's Report (paper)	Information	Alyson O'Donnell
	e) CQC National Inpatient Survey 2017 (paper)	Information	Fiona Hoskins
9.35-10.00	5. STRATEGY AND RISK		
	a) Clinical Services Review and Merger (paper/presentation)	Information	Tony Spotswood
	b) Commitment to Address Local Challenges in Dorset Sustainability and Transformation Plan (paper)	Decision	David Moss
	c) Improved Car Parking and Comparability of Pricing for Site Visitors (paper)	Decision	Richard Renaut
10.00-10.40	6. PERFORMANCE		
	a) Trust Board Dashboard (paper)	Information	Richard Renaut
	b) Performance Report (paper/presentation)	Information	Richard Renaut
	c) Quality Report (paper)	Information	Fiona Hoskins
	d) Finance Report (paper)	Information	Pete Papworth
	e) Workforce Report (paper)	Information	Karen Allman

10.40-10.45

7. GOVERNANCE

- | | | | |
|----|---|-------------|----------------------|
| a) | Complaints Policy Briefing (paper) | Information | <i>Fiona Hoskins</i> |
| b) | Non-Executive Director Appointment (verbal) | Information | <i>David Moss</i> |

8. NEXT MEETING

Wednesday 26 September 2018 at 8.30am at **The Village Hotel, Inspiration Suite 1, Bournemouth**

9. ANY OTHER BUSINESS

Key Points for Communication to Staff

10.45-11.00

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.

Minutes of a Meeting of the **Board of Directors** (the **Board**) of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (the **Trust**) held in public at 8.30am on **Wednesday 30 May 2018** 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>
	Christine Hallett	(CH)	<i>Non-Executive Director</i>
	Alex Jablonowski	(AJ)	<i>Non-Executive Director</i>
	John Lelliott	(JL)	<i>Non-Executive Director</i>
	Alyson O'Donnell	(AOD)	<i>Medical Director</i>
	Pete Papworth	(PP)	<i>Director of Finance</i>
	Iain Rawlinson	(IR)	<i>Non-Executive Director</i>
	Cliff Shearman	(CS)	<i>Non-Executive Director</i>
In attendance:	Debbie Anderson	(DA)	<i>Head of Fundraising (until item 4(d))</i>
	Jane Burns	(JB)	<i>Directorate Manager, Surgery</i>
	Abigail Daughters	(AD)	<i>Director of Operations, Specialties Care Group (for item 4(d))</i>
	James Donald	(JD)	<i>Head of Communications</i>
	Karen Flaherty	(KF)	<i>Trust Secretary</i>
	Eleanor Fountain	(EF)	<i>Deputy Sister, Ward 2 (for item 4(a))</i>
	Anneliese Harrison	(AH)	<i>Assistant Trust Secretary (minutes)</i>
	Fiona Hoskins	(FH)	<i>Deputy Director of Nursing and Midwifery</i>
	Deb Matthews	(DM)	<i>Director of Improvement and Inclusion (until item 4(c))</i>
	Donna Parker	(DP)	<i>Deputy Chief Operating Officer</i>
	James Rowden	(JR)	<i>Patient Engagement Liaison (for item 4(a))</i>
	Dily Ruffer	(DR)	<i>Governor and Membership Manager</i>
Public/ Governors:	Katie Scott	(KS)	<i>Finance Graduate Trainee</i>
	Richard Allen		<i>Public Governor</i>
	Victoria Bellato		<i>Member of Public</i>
	Tracy Broom		<i>Staff Governor</i>
	Derek Chaffey		<i>Public Governor</i>
	Eric Fisher		<i>Public Governor</i>
	Marjorie Houghton		<i>Public Governor</i>
	Keith Mitchell		<i>Public Governor</i>
	Margaret Neville		<i>Friends of the Eye Unit representative</i>
	Roger Parsons		<i>Public Governor</i>
	Sue Parsons		<i>Public Governor</i>
	Alan Radley		<i>Public Governor</i>
	Rae Stollard		<i>Appointed Governor</i>
	Petrina Taylor		<i>Staff Governor</i>
	David Triplow		<i>Public Governor</i>
	Sandy Wilson		<i>Public Governor</i>
Apologies:	Peter Gill		<i>Informatics Director</i>
	Nicola Hartley		<i>Director of OD and Leadership</i>
	Richard Renaut		<i>Chief Operating Officer</i>
	Paula Shobbrook		<i>Director of Nursing and Midwifery</i>

23/18 **WELCOME, APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST**

Action

The apologies for absence set out above were **noted**.

The Chairperson noted that each Board member had been presented with a collection of poems about living with dementia created by one of the volunteers at the Trust. All proceeds from the sale of the booklet would contribute to dementia care at the Trust.

24/18 **MINUTES OF PREVIOUS MEETING**

(a) Minutes of the meeting held on 28 March 2018 (Item 2a)

The minutes of the meeting held on 28 March 2018 were **approved** as an accurate record of the meeting.

25/18 **MATTERS ARISING**

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

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

26/18 **QUALITY**

(a) Patient Story (Item 4a)

Eleanor Fountain, Deputy Sister on Ward 2, presented the patient story to the Board which focused on the learning implemented following a patient fall on Ward 2, addressing both the physical and emotional impact of the fall on the patient and their family but also the effect on staff on the ward. Although the investigation following the patient's fall had found it to have been unavoidable, the patient's family and staff had contributed to the review and helped to identify actions which could prevent falls in future.

The actions identified as a result of the review, which were aimed at reducing the risks of patients falling, included improvements to ward to ward handovers to identify high risk patients and the use of electronic Nursing Assessments (eNA) to support discussions at multi-disciplinary team meetings. The actions had led to a reduction in falls on the ward.

The patient's family had commended the care provided by the Trust and Poole Hospital NHS Foundation Trust (**PHFT**), where the patient had been treated following their fall, and were grateful for the explanation and feedback provided to them by staff following the review.

The Board discussed the additional support provided by the dementia and delirium team for patients living with dementia who were vulnerable to falls when admitted to medical wards for treatment for other conditions. Patients with a high risk of falls were often placed in a separate observation bay which was closer to the nurses' station and where they could be more easily monitored. A link had also been identified between an increased risk of falls and patient moves particularly when moves occurred later in the day.

The Board also queried the ability to sustain the changes that had been made, which was being supported by the positive impact of the actions taken and the use of the eNA falls risk assessments at daily team meetings.

(b) Heart Failure Device Trial (Item 4b)

The Board viewed a short film about a life-saving device being trialled at the Royal Bournemouth Hospital that could alert doctors so that they change a patient's medication or treatment and avoid future heart failure, which had recently been featured on BBC South Today.

This technology had benefits for both the patient and the Trust by enabling clinicians to tailor treatment for patients at an earlier stage reducing the need for admission of patients to hospital, with around 500 patients each year who could potentially benefit from this treatment. 100 of the devices were being tested around the country with 10% being trialled at the Trust and most of the others being trialled in teaching hospitals.

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

The key themes from the report were:

- the positive downward trend for Hospital Standardised Mortality Ratio (HSMR) performance had been maintained and the Trust remained within the 'as expected' range;
- the crude death rate had also steadily declined from December 2017 to April 2018 and trends were comparable to the same period last year;
- the review of deaths following an increase in crude mortality in December had highlighted some coding anomalies which had now been corrected and would allow more accurate reporting of comorbidities in future;
- three deaths had been reported in individuals with learning difficulties in April 2018 and were subject to internal review – the Trust had not received any feedback to date on the deaths in individuals with learning difficulties reported as part of the national programme;
- actions had been identified following reviews of higher mortality relating to 'sepsis and pneumonia from December 2017 and in stroke mortality including additional focus on the management of patients who were 'medically ready for discharge', both of which were being supported by the Quality Improvement (QI) team; and
- the development of the medical examiner role as medical examiners would no longer be required to be independent of the Trust, other than in cases of deaths of those with serious mental health issues, learning disabilities and maternal and child deaths but would be independent in terms of the deaths they reviewed.

(d) Quarterly Report on Safe Working Hours (Item 4d)

The report was **noted** for information. All trainee doctors in the Trust were now on the 2016 junior doctor contract. Junior doctors continued to be encouraged to submit exception reports so that issues around working hours, rotas and training opportunities could be identified. Engagement with junior doctors was improving following the appointment of a Chief Registrar with

better attendance at the junior doctors' forum. The Guardian of Safe Working Hours was also focussing on making contact with junior doctors in those areas where no exception reports had been submitted.

Although there was no benchmarking data available overall performance was understood to be strong based on feedback from the Deanery and British Medical Association based on the number of exception reports made and the actions in response to strengthen junior doctor rotas and alleviate pressures in areas identified from the reports. The data would also be used in the review and development of different roles such as physician associates and nurse practitioners to support junior doctors given the shortage nationally.

Board members acknowledged the importance of identifying correlations between exception reports and highly pressurised areas, which may impact on the quality training and retention. Data from junior doctor surveys was also being used as part of this.

27/18 **STRATEGY AND RISK**

(a) Clinical Services Review (Item 5a)

An update was provided on progress to implement the Clinical Services Review (**CSR**) which included:

- a meeting with NHS Improvement (**NHSI**) to discuss the timing of the merger review process with the Competition and Markets Authority (**CMA**) following the outcome of the judicial review of NHS Dorset Clinical Commissioning Group's consultation on the CSR;
- the work to develop the outline business case for the capital to fund the development of the major planned and emergency sites as part of the CSR, incorporating feedback from NHSI;
- the good progress across all five workstreams for the clinical design of services which would feed into the start of the physical estate design work at the end of July;
- NHS Dorset Clinical Commissioning Group (**Dorset CCG**) had recently reinforced the importance of merger to the delivery of its commissioning strategy as set out in the CSR; and
- continuing engagement with staff across both trusts through staff briefings on CSR and merger to ensure staff were kept up to date on progress and to respond to any questions and concerns.

(b) Leading for Equality, Diversity and Inclusion Strategy 2018-2020 (Item 5b)

Deb Matthews, Director of Improvement and Inclusion, presented the Leading for Equality, Diversity and Inclusion Strategy setting out the Trust's ambition to become a truly inclusive employer and service provider for staff, patients and the local health community. The strategy aimed to:

- eliminate unlawful discrimination, harassment and victimisation;
- improve year on year the reported patient and staff experience for protected groups; and
- reduce health inequalities for protected groups by improving access to all services.

The strategy had been developed in line with the Trust's values and overall

strategy and key elements of this including the People Plan and the Collective Leadership Strategy and would involve collaboration with PHFT and other partners in Dorset. The Trust had also recently been chosen as one of 40 organisations to be part of the NHS Employers diversity and inclusion partners programme 2018/19, which would both support and help showcase the Trust's work on the strategy.

The strategy placed emphasised the importance of making diversity and inclusion 'everyone's business' and therefore leaders would be asked to lead by example and staff and patients would be encouraged to take an active part in a variety of networks and initiatives to increase engagement. An inclusive leadership and training programme for unconscious bias would also be promoted to staff at all levels to ensure good levels of awareness and enable conversations about diversity and inclusion within the organisation.

Clear objectives had been set for the first year of the strategy. Initiatives would be implemented using the quality improvement methodology and progress monitored by the Equality, Diversity and Inclusion Committee backed by a working group and staff inclusion networks.

The Board s **reaffirmed** its commitment to address the feedback from staff on their experiences of bullying, harassment and discrimination in the 2017 staff survey results. Board members **agreed** to lead by example by undertaking the unconscious bias training and support for talent management and driving behaviour change.

(c) Bournemouth Hospital Charity (Item 5c)

Debbie Anderson, Head of Fundraising, provided an overview of the aims and work of the Bournemouth Hospital Charity, including current fundraising projects aimed at enhancing patient care, supporting staff development and improving hospital facilities. All fundraising was now being coordinated through the fundraising team, which included experienced fundraisers, creating a more unified and coordinated approach to fundraising projects. Everyone was considered to be charity ambassador and the ways in which Board members could support the charity were highlighted.

AJ, as Chair of the Charitable Funds Committee, reflected on how the charity had supported the financial position of the Trust by funding projects and initiatives over and above what the NHS would normally finance. This was despite the recent challenges facing many fundraisers and specific issues relating to the perception created as a result of securing capital to fund the implementation of the CSR. He commented on the professionalism of the charity and the improved engagement with care groups, through which the specific fundraising projects had been identified. He urged Board members, governors and the public to support and promote the Bournemouth Hospital Charity.

(d) Research and Innovation Strategy (Item 5d)

Abigail Daughters, Director of Operations for the Specialties Care Group, presented the strategy to the Board for approval and outlined the ambition to build on current research and innovation successes in areas including cardiology and cancer care and plans to make the Trust a centre of

excellence in healthcare research by working collaboratively across Dorset with partners.

The strategy also aligned with wider work on the Dorset Sustainability and Transformation Plan (**STP**) and the CSR within this with the Research Active Dorset collaboration involving Dorset CCG, Bournemouth University and the other acute trusts in Dorset. This would make it easier for sponsors to coordinate research across Dorset and for patients across Dorset to get involved in research. The Clinical Director for Research and innovation was also working with clinical colleagues to identify opportunities to drive up research in the Trust.

Board members commended the ambitious strategy and the way in which the Trust was already recruiting more patients into trials than its target. The risks associated with research projects, which did not always produce the benefits outlined, were raised alongside the way in which research projects were monitored and stopped if they were not producing the intended benefits, with funding being reinvested elsewhere to mitigate this risk. The Board would welcome regular updates on this area to ensure focus was being maintained on research and the benefits to patients.

The Board **ratified** and **approved** the Research and innovation Strategy.

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

The item was **noted** for information. The objectives currently in progress would be carried forward as part of the 2018/19 objectives with updates on a quarterly basis at future meetings.

28/18 **PERFORMANCE**

(a) Trust Board Dashboard (Item 6a)

The paper was **noted** for information.

(b) Performance Report (Item 6b)

The following areas of the report were highlighted:

- performance in the Emergency Department (**ED**) had improved in April and had remained strong in May, including over the bank holiday weekend when it achieved the standard to admit or discharge 95% of patients within four hours;
- the ED team had attended the Finance and Performance Committee meeting in May to present on the key drivers to improve performance and had been pleased with progress to achieve the four hour standard and the positive teamwork while providing challenge around some of the timescales for delivery of improvements;
- cancer 62 day and 6 week diagnostic wait performance remained consistently positive and above the national target;
- 18 week referral to treatment (**RTT**) performance remained at a similar level to March, though with an increase in the total waiting list and 40 week waits, in part due to the residual impact of reduced elective activity to during winter and severe weather pressures; and
- work to improve performance on referral to treatment times while

protecting cancer waiting time standards would be presented in detail to the Board at its next meeting, including pathway improvements, the impact of Dorset CCG's Right Referral, Right Care programme and activity planning.

The Board welcomed the shift in focus to future planning to support and continuing Board engagement on recovery plans for ED four hour wait and 18 week RTT performance. This future planning extended to workforce planning, including the job planning processes for medical staff. Concerns were raised about the ability to deliver recovery plans which would address the continuing increase in the number of attendances and referrals and the need to work with primary and community care to manage demand. TS suggested inviting Dorset CCG to a future Board meeting to discuss this issue. **TS**

(c) Quality Report (Item 6c)

The key themes from the report were:

- two serious incidents were reported in April;
- one of the serious incidents involved the possible transmission of Group A streptococcal infection on a ward which had been reported to Public Health England to help support local learning ;
- one serious incident was classed as a never event after a patient requiring oxygen had been unintentionally connected to an air flowmeter as a result of human error despite the Trust having implemented guidance from the National Patient Safety Alert in this area – there had been no harm to the patient;
- Friends and Family Test performance remained consistently strong and within the upper quartile for inpatients and day case patients;
- the introduction of a text messaging system for the Friends and Family Test in ED had improved the response rate and performance placed it in the third quartile; and
- 36 complaints had been received in April, all of which had been responded to within three days.

(d) Finance Report (Item 6d)

The Trust had delivered a cumulative deficit of £1.126 million at the end of April, which was slightly better than budget. The key areas of risk included the shortfall in the forecast Cost Improvement Plan (**CIP**) savings and failing to secure the Provider Sustainability Fund (PSF) payment in full for the first quarter if the ED four hour performance standard was not achieved.

The ED team had presented their detailed recovery plan to the Finance and Performance Committee, however, Board members were made aware of the continuing risk in light of the increasing demand and the number of breaches recorded each day. The committee would continue to monitor the position. There continued to be a daily focus on the CIP to close the gap in the savings identified and manage this risk.

A non-executive director queried whether the targets set for private patient income were overly ambitious given the difficulties in meeting these. While neither the Bournemouth Private Clinic or Dorset Heart Clinic had met its targets in the previous year due to a number of functional and operational challenges, a recovery plan had been put in place and new challenging but

achievable targets had been set for 2018/19, which would be reflected in the income in later months.

(e) Workforce Report (Item 6e)

The most recent performance data had not been available at the time the report was produced. The key points highlighted were:

- following a consistent downward trend there had been a slight increase in the turnover rate although the vacancy rate had decreased, a testament to the work ongoing around the Trust;
- Essential Core Skills training compliance had increased slightly to 93.3% with the e-learning team continuing to develop training packages, including one for sepsis which had been well received;
- sickness absence had increased slightly on the previous month but was an improvement on last year's performance with a continued focus on managing sickness and supporting staff health and wellbeing;
- discussions at the Workforce Strategy and Development Committee meeting had centred around the reduction in agency spend, positive feedback from the Equality, Diversity & Inclusion Committee and overseas nurse recruitment;
- 40 offers had been made to newly qualified nurses following a successful recruitment open day; and
- the Trust had maintained both a safe and improved staffing position as demonstrated in its staffing return to Unify in April with no red flags for staffing.

29/18 GOVERNANCE

(a) Membership Engagement Strategy (Item 7a)

The Board **endorsed** and **approved** the revised Membership Engagement Strategy, which had already been approved by the Council of Governors, and would ensure that the necessary support and resources were available to implement the strategy.

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

The Board **approved** the changes to the terms of reference for the Audit Committee, which included the addition of the Freedom to Speak Up Guardian and governor observer as regular attendees and the addition of the review of the Board Assurance Framework to have oversight on strategic and external risks.

30/18 NEXT MEETING

The next meeting will take place on **Wednesday 30 May 2018** at 8.30am in the Macmillan Seminar Room, Christchurch Hospital.

31/18 ANY OTHER BUSINESS

The Acute Pain Management team were congratulated on recently winning Anaesthesia & Perioperative Medicine Team of the Year in the British Medical Journal Awards 2018 for their work on Managing Complex Surgical Pain.

Key Points for Communication to Staff:

1. The message around falls from the patient story
2. Equality, Diversity and Inclusion Strategy
3. Bournemouth Hospital Charity Strategy
4. Research and innovation including the heart failure device trial
5. Membership Engagement Strategy

32/18 COMMENTS AND QUESTIONS FROM GOVERNORS AND THE PUBLIC

1. Following on from the patient story a public governor asked about the importance of maintaining mobility at home and the need for patients to mobilise when in hospital and balancing this with the risk of falls. The challenges had been recognised by the Trust, particularly the risk of re-admission after a prolonged stay in hospital as a result of a fall on returning home. The Trust was supporting initiatives such as the current end PJ paralysis campaign to stop patients deconditioning when in hospital.
2. Lead Governor, David Triplow, provided a brief overview of the recent joint meeting of the governors from PHFT and the Trust where they discussed how best to carry out their role in the merger approval process and to promote joint working amongst the governors more generally prior too merger.
3. In response to a question from a public governor about how the Trust would be able to implement such an ambitious research and innovation strategy whilst maintaining high quality patient care, the expansion from a medical research model to one which also focussed on caring and therapies would underpin this and the Trust was working with PhD students from Bournemouth University in a number of these areas.
4. Clarification was provided around the different elements of the STP in Dorset: One Acute Network (including the Clinical Services Review and One NHS in Dorset Acute Vanguard), Prevention at Scale and Integrated Community and Primary Services. The One Acute Network East Reconfiguration Board acted as the project management board for the element of the CSR relating to the planned and emergency sites in East Dorset and was separate to the work on the wider clinical networks. Further clarification was also provided around the Trust's work on overseas nurse recruitment in which it was being supported by Yeovil District Hospital NHS Foundation Trust, who had recent experience in this area.
5. A public governor put forward a suggestion to consider greater joint working between the charities at both hospitals. This would need to be managed carefully given the local focus of each of the charities.

33/18 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.

The meeting adjourned at 10.45am.

Date of Meeting	Ref	Action	Action Response	Response Due	Brief Update
30.05.18	28/18	PERFORMANCE			
	(b)	<u>Performance Report</u>			
		Concerns were raised about the ability to deliver recovery plans which would address the continuing increase in the number of attendances and referrals and the need to work with primary and community care to manage demand. TS suggested inviting Dorset CCG to a future Board meeting to discuss this issue.	TS	Complete	The NHS Dorset CCG Chair and Chief Officer would be attending the Board meeting on 25 July 2018.
28.03.18	17/18	PERFORMANCE			
	(b)	<u>Performance Report</u>			
		The Board requested more information on actual waits at future Board meetings.	RR	In progress	Going forward the matrix and/or dashboard will include 35 or 40+ week waits (as well as total waiting list monthly). Information was included in the Board information pack in June (when there was no Board meeting) and a deep dive has been included on the agenda for the July Board meeting.
24.11.17	84/17	COMMENTS AND QUESTIONS FROM GOVERNORS AND THE PUBLIC			
	1.	A governor commented on the positive feedback he had received about the end of life care provided to patients by the Trust when conducting a survey of relatives and carers for the End of Life Care Steering Group. The Communications team agreed that the positive feedback should be shared with staff.	JD	Complete	Included in the latest edition of FT Focus.
Key:	Outstanding	In Progress	Complete	Not yet required	



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

BOARD OF DIRECTORS	
Meeting date:	25 July 2018
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Update on Governor Activity
Section on agenda:	Quality
Supplementary reading:	None
Director or manager with overall responsibility:	David Moss, Chairperson
Author(s) of paper:	David Triplow, Lead Governor
Details of previous discussion and/or dissemination:	Council of Governors Engagement Committee of the Council of Governors Governor Strategy Committee
Action required:	Note for information
Summary: The Lead Governor, Dave Triplow, will provide an update on governor activity at the meeting and has asked for the Governors' Charter and the feedback from the latest engagement events to be shared with Board members.	
Related strategic objective:	Listening to patients. Ensuring meaningful engagement to improve patient experience
Relevant CQC domain:	
Are they safe?	✓
Are they effective?	✓
Are they caring?	✓
Are they responsive to people's needs?	✓
Are they well-led?	✓
Impact on risk profile:	Not applicable

Governors' Charter

As governors:

- We will support Trust staff to deliver a high quality patient, staff and volunteer experience, a critical part of the Trust's mission and values
- We will work in a neutral space and speak as a patient and staff advocate
- We will actively seek to understand and share the views of the public, patients, volunteers and staff
- We will play an active role; engaging, listening and contributing to hospital and community events and meetings
- We will work effectively as part of the governor and hospital team, contributing to constructive relationships and discussions
- We will lead by example, being courteous and respectful to the views of others
- We will accept collective responsibility for decisions made by governors
- We will reflect on the way we work and our own personal limitations; sharing what we know to learn from and support each other to continually improve

Listening Events – Key Themes

Main Atrium, Royal Bournemouth Hospital – 5 April 2018

Ferndown Library - 23 April 2018

Governors spoke to over 90 people – patients and members of the public – over the two events.

The best things about their time at the hospitals

- Staff friendliness
- Time staff gave when they were so busy
- Attitudes of staff
- Caring and professional staff – wonderful – felt part of the family
- Being listened to.
- Timeliness and speed of appointments (there were mixed messaging regarding timeliness of appointments – some felt to be seen quickly, others kept waiting)
- The hospital was clean
- Successful operation
- E efficiency
- Café

The most important thing for people when they are at the hospitals

- Treated with respect and dignity
- Being listened to attentiveness
- Being given the correct treatment and advice
- Seeing expected consultant
- Feeling safe
- Having someone to call if needs be
- Staff expertise and a good service
- The care received and getting well
- Short waiting times
- Effective and prompt communication
- Good care and communication
- Help with my blindness in reception

- Parking

The one thing people would change about their experience at the hospital

- Better parking including more disabled spaces required
- Reducing traffic problems
- Signage
- Rubber feet to the chairs in the RVS café required
- Shorter waits for blood tests and other areas (longer than expected)
- Worried about losing Accident & Emergency at Poole Hospital
- Dirty tray in corridor not removed for several days
- Some nursing care - lifting and pressure of work.
- Noise at night
- Better communication
- Temperature - it was hot
- Longer hours for internal bus service

Would people recommend about the hospitals and why

- Overwhelmingly Yes
- Staff were highly regarded and described as efficient, professional and kind
- Many described the hospital as brilliant and feel they are well looked after
- Providing a safe environment.
- Treatment – second to none
- Caring and professional treatment
- Food

It was noted that some of the people just wanted to use the opportunity to speak to the governors to convey their thanks for the fantastic service they or their relative had or currently were experiencing at the hospitals. The public seemed to appreciate that the Trust wanted to know about the services, treatment and care provided. It was appreciated that we were a listening organisation looking to build upon good practice and committed to addressing any shortcomings.

The cancer service has to be singled out as we spoke to 10 patients at the listening event in the Royal Bournemouth Hospital and everyone gave positive comments about all aspects of the service. These included comments on their care, brilliant staff, communication and relaxing atmosphere of the Jigsaw Unit. Brian Morris, a social worker, was mentioned as “excellent”.

BOARD OF DIRECTORS	
Meeting date:	25 July 2018
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Medical Director's Report
Section on agenda:	Quality
Supplementary reading:	None
Director or manager with overall responsibility:	Alyson O'Donnell, Medical Director
Author(s) of paper:	Alyson O'Donnell Dr Divya Tiwari
Details of previous discussion and/or dissemination:	Regular Board Report
Action required:	Note for information
Summary: A regular report from the Medical Director to the Board.	
Related strategic objective:	Improving quality and reducing harm. Focusing on continuous improvement and reduction of waste
Relevant CQC domain: Are they safe? Are they effective? Are they caring? Are they responsive to people's needs? Are they well-led?	✓ ✓ ✓ ✓ ✓
Impact on risk profile:	N/A

Medical Director's Report to the Board

Mortality Update

Overall Hospital Standardised Mortality Ratio (**HSMR**) for the Trust for the financial year 2017/18 (April 2017 –March 2018) is 99.2, this is re-based for December 2017 and is in the 'as expected' range. The figure for RBH (excluding Christchurch and the Macmillan Unit) is 91.2 and is in the 'better than expected' range. The Mortality Surveillance Group (**MSG**) has noted a downward trend in co-morbidity coding (Charleston Index) which is currently 89% of the national index. This may have impacted on adjusted mortality ratios for this year. Data was resubmitted in May following revalidation for a number of categories. This is expected to more accurately reflect our Charleston co-morbidity index. MSG will review the impact with the next HSMR upload.

Crude death rate has steadily declined from 1.97% for December 2017 to 1.16% in May 2018. Deaths within 36 hours climbed in December but have since declined to normal levels. This peak appears to be related to respiratory illness associated with flu and the fall is likely to reflect that the high acuity associated with flu admissions has declined. MSG reviewed a random sample of 20 deaths within 36 hours of admission for assurance. There were no avoidable deaths in this sample, although two admissions from nursing homes were avoidable (Annex A).

Learning from Deaths

Mortality Report for Board: July 2018

Reviews are deemed completed if either the review or mortality chair review date has been completed, or the review has been marked as complete.

Data as at 12/07/2018

Month	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Deaths in Month	113	107	130	134	155	136	175	168	146	152	141	121	141
eMortality Reviews Completed in Month	134	118	35	90	54	24	25	75	107	177	55	26	20
Category of Death by Month Review Completed													
Grade 0	124	108	30	79	48	20	23	63	103	173	50	23	19
Grade 1	9	9	5	8	4	4	2	10	4	4	5	3	1
Grade 2	1	1	0	3	2	0	0	2	0	0	0	0	0
Grade 3	0	0	0	0	0	0	0	0	0	0	0	0	0
Learning Disability Deaths in Month	0	0	1	2	0	0	0	1	0	0	0	3	2
Learning Disability Deaths Reviewed	0	0	1	2	0	0	0	1	0	0	0	1	1

LeDeR

There were three deaths reported in individuals with learning difficulties in May 2018. All three deaths have been forwarded to the national LeDeR programme for review. One death occurred under respiratory consultant care and there were two deaths from metastatic cancers in the Macmillan Unit. Both deaths in the Macmillan Unit have been reviewed. The patients received excellent care and both admissions were justified. There were two inpatient deaths in June, one in AMU and one in stroke/ITU. A review of the death in AMU identified that the clinical care was good. However, the patient may have benefitted from a personalised care plan for the end of life and, as a result, the death has been graded as Grade 1. AMU will discuss this in their July governance meeting and propose an action plan to prevent recurrence.

As per our mortality review protocol all deaths graded as 2 or 3 are subject to a root cause analysis (RCA) type investigation outside our normal e-Mortality process. No deaths were graded as 2/3 following e-Mortality review in February to June 2018 (inclusive).

Action Plan from the Mortality Surveillance / Reviews

Upward trends in Sepsis/ Pneumonia Mortality

There is a new Dr Foster alert in this diagnostic group for UTI (urinary tract infection). We are currently monitoring the trend and re-visiting the action plan from the December 2017 Sepsis alert to ensure all actions have been completed. If the alert persists in the August/September upload we will undertake a detailed review of clinical care.

Review of deaths within 36 hours of admission:

Acute medicine mortality chair Dr Abigail Banfield conducted this review in a randomly selected sample of 20 patients between December 2017 and February 2018. Findings were discussed at the June MSG meeting. The review focussed on:

- Residence on admission
- Clinical care and diagnosis
- Communication
- Death certification and e-Mortality grading.

Summary Findings

Generally findings were reassuring:

- No deaths were graded as 2 or 3 on this review so therefore were not avoidable.
- Patients were identified to be at the end of life in a timely and appropriate way. However, documentation of these conversations was poor in ED and SAU. This did not imply that the care provided was not good.
- 2 out of the 20 admissions were noted to be avoidable (graded 1) and that care could have been provided in a different way. Dr Ben Sharland, GP, felt that the number of avoidable admissions was potentially higher.
- Further review of the ITU episode is outstanding for two patients.
- 2 out of 13 need coding amendment - eIDF is available for these patients.

Action Plan

- Share findings of review with Palliative/End of Life (EOL) Care team to facilitate good quality EOL care in ED and SAU.
- Feedback on case 2 to palliative speciality for more learning.
- ITU review care episode for two patients - Endocrine team to share mortality review findings for these two patients.

New Dr Foster Alert in Multiple Myeloma

MSG noted a new mortality alert in diagnostic group of haematological malignancy 'multiple myeloma' for the period of March 2017–February 2018. There are 13 deaths observed against an expected of 6. This has been discussed with Dr Helen McCarthy, mortality lead. Dr Rachel Hall will conduct a review with the findings and action plan to be presented to the September Trust Mortality Surveillance Group.

New Dr Foster alert: Higher mortality for other respiratory procedures

MSG noted an alert in this category; this is a procedural alert where procedure is defined as 'Invasive ventilation'. This is an association and does not implicate causation of death as all patients were intubated and ventilated in ITU. MSG has requested a themed review to understand indication for ventilation (therapeutic/organ donation) and grading of these

mortalities to understand avoidability. Mortality chair Dr Jules Cranshaw will kindly conduct this review.

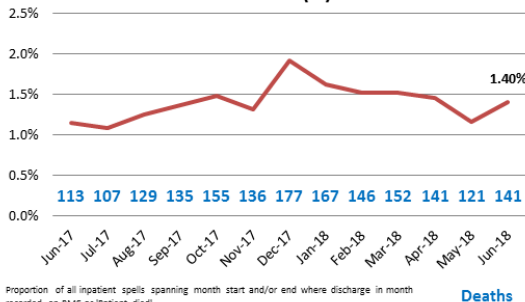
Mortality associated with long-line sepsis (Long term intravenous access for chemotherapy or prolonged antibiotics)

MSG has commissioned a review of long-line associated mortality in discussion with the Haematology team. This includes cases where the presence of the line may be non-causative i.e. the death may or may not have been caused by line associated sepsis. This approach has been taken to better understand the process, management of long lines, protocols and policies. We hope that better understanding of the pathways can improve outcomes in this specific group of patients. ITU consultant Dr Rob Charnock is leading on this review with the Trust mortality lead.

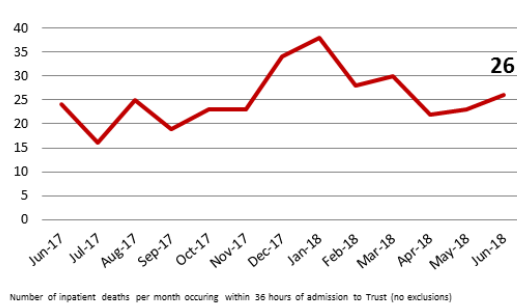
Annexe A

Data Review - Mortality Surveillance Group

Crude Death Rate (%) - Trust



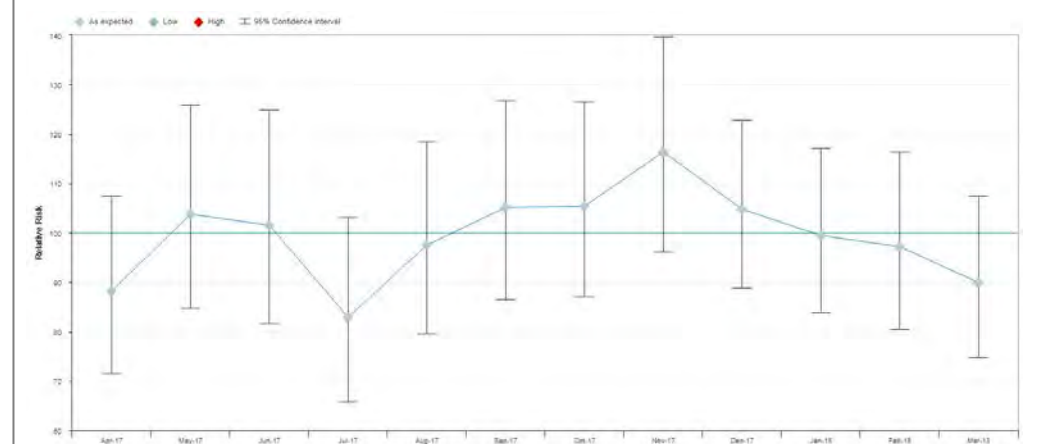
Deaths within 36 Hours of Admission - Trust



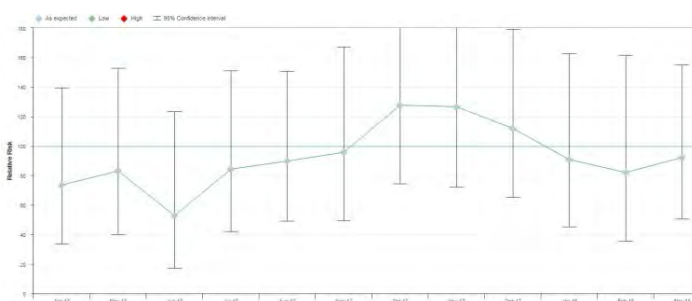
SHMI & HSMR, Jul 11 to Mar 18



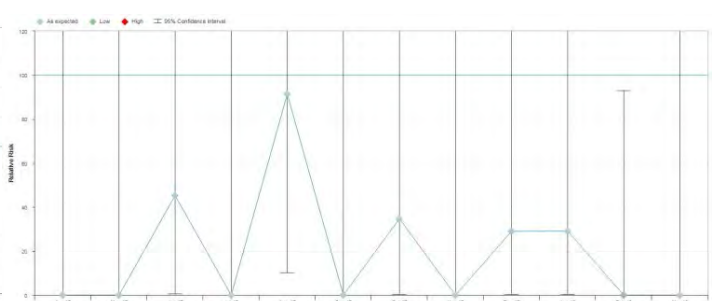
HSMR - Trust



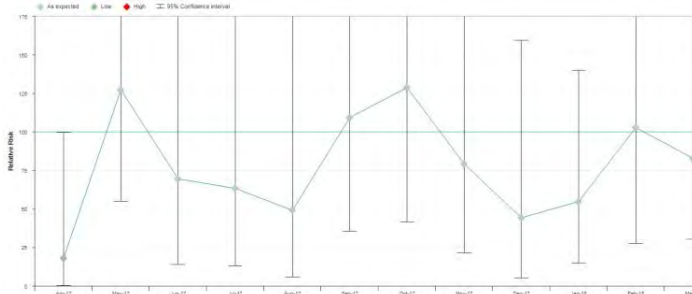
Relative Risk - Stroke ("Acute Cerebrovascular Disease")



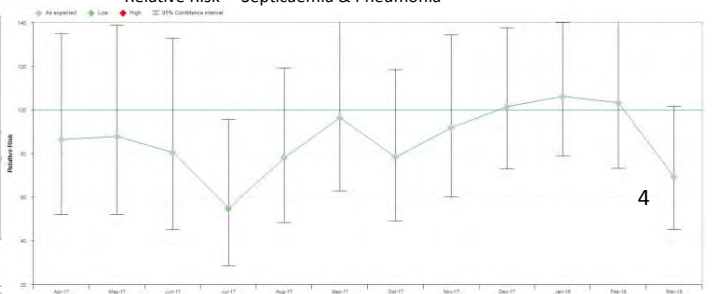
Relative Risk - AKI ("Acute & Unspecified Renal Failure")



Relative Risk - CCF ("Congestive Heart Failure, Non-hypertensive")



Relative Risk - "Septicaemia & Pneumonia"



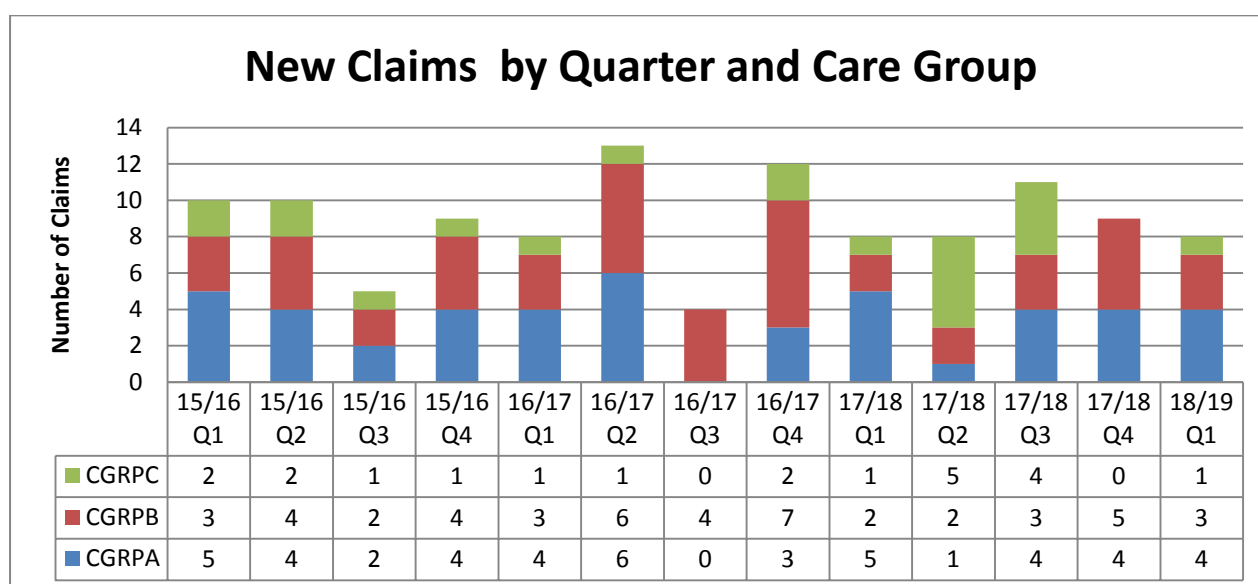
Claims Data

There were thirteen new requests for disclosure of records intimating that a clinical negligence claim is being considered. Nine new claims were received in the quarter and are under investigation.

One claim settled in the quarter April to June 2018 and one claim was successfully defended at trial.

There are currently 82 active claims with the total sum of estimated damages being just below £10 million.

Synopsis	Value
Patient with long history of problems with eyesight underwent cataract surgery. Risks of operating on the one good eye were not communicated and the wrong lens was inserted during cataract surgery. Patient now suffers with severely impaired bilateral vision.	Settled out of court £300,000
Secondary victim claim alleging nervous shock after witnessing events following the premature delivery of claimant's baby brother, his death 11 days later and the funeral 5 months later	Defended at trial as claim did not meet the legal criteria for nervous shock.



Trends in claims by directorate

Reviewing data for the last five years approximately 50% of disclosure requests will proceed to a claim. Of those, 45.5% were settled and 54.5% were successfully defended.

The top three claim categories are Failure/Delay in Treatment, Failure/Delay in Diagnosis and Inadequate nursing care.

The category that attracts the highest value claims is Intra-operative problems.

Work continues to improve the triangulation between complaints, adverse events and claims to ensure that claims should not arise in isolation but will have been recognised at an issue by our other processes.



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BOARD OF DIRECTORS	
Meeting date:	25 July 2018
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	CQC National Inpatient Survey 2017
Section on agenda:	Quality
Supplementary reading:	N/A
Director or manager with overall responsibility:	Paula Shobbrook, Director of Nursing and Midwifery
Author(s) of paper:	Fiona Hoskins Deputy Director of Nursing Laura Northeast Head of Patient Experience
Details of previous discussion and/or dissemination:	Picker results discussed at Healthcare Assurance Group
Action required:	Note for information
Summary: <u>The CQC National Inpatient Survey</u> The 2017 National inpatient survey was completed for the Trust by Picker and the results published in February 2018. We have now received the CQC stratification of the data giving comparison of all trusts. The CQC Inpatient Survey asked people to answer questions about different aspects of their care and treatment. Based on their responses, the CQC gave each NHS trust a score out of 10 for each question (the higher the score the better). Each trust also received a rating of 'Better', 'About the same' or 'Worse'. <u>Comparison of themes</u> In comparison to previous surveys, nationally there were improvements in the perceptions of care provided by nurses and doctors with a 1% increase in patients reporting having <i>confidence in Nurses</i> . Local results have stayed <i>about the same</i> with scores for having <i>confidence in Doctors</i> in this Trust marginally improving. The survey is themed into 11 sections.	

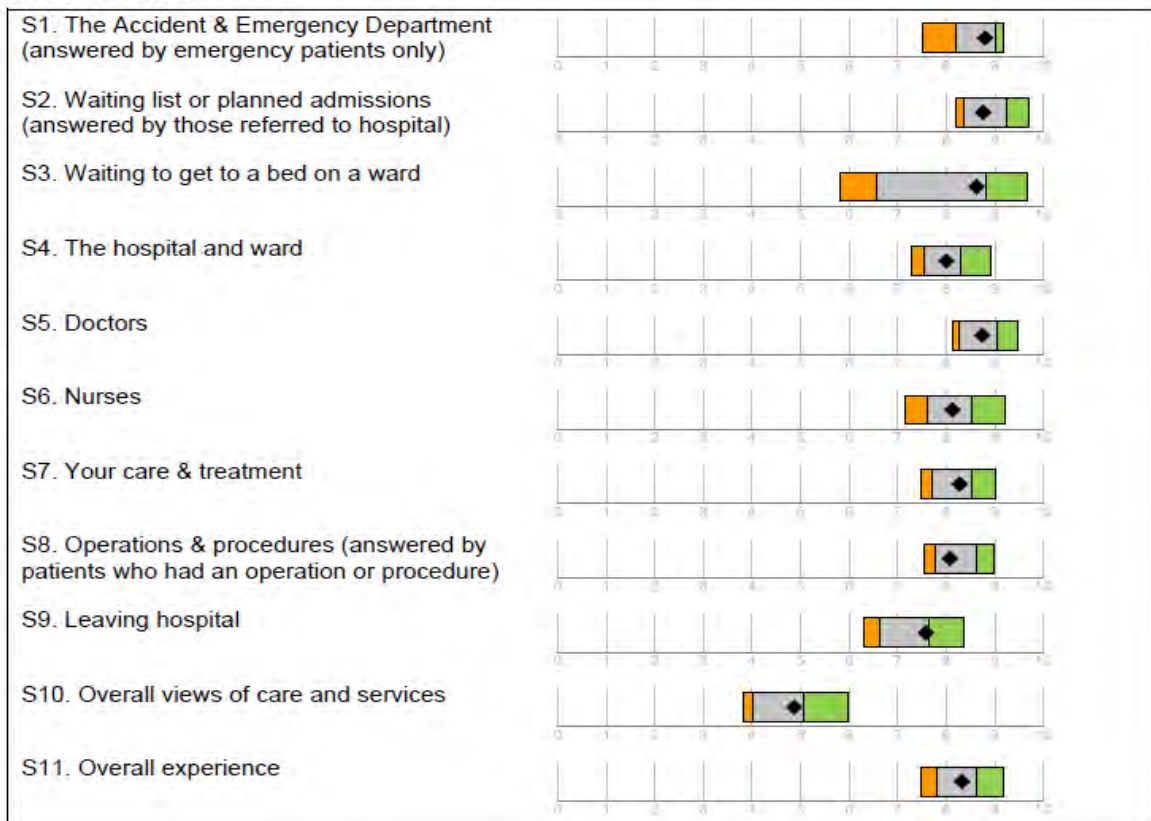
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Survey of adult inpatients 2017

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Section scores



Although the CQC rated the Trust as '*about the same*' across all sections of the inpatient survey it showed a small improvement in the theme of '*leaving hospital*'. In comparison to other Trusts, RBCH was close to being classed as a *better* performing Trust in this section.

Individual questions

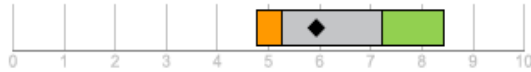
Although still classified as an average performance, this Trust has seen a small decline in the score achieved for *noise at night* and *knowing which Nurse is in charge of patients care*. These are both in the lower end of the spectrum. Excessive noise was echoed in the free text comments received.

Another poorly scored question, although an *Average Score* in comparison to other Trusts, was whether patients were *offered a choice of food*. *Hospital food* was rated as 6/10 and the *choice of food* as 8.3/10 with the *Lowest performing Trust* in England scoring 7.8/10 for this question.

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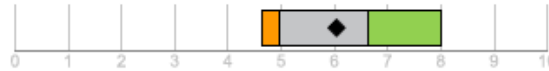
Q14. Were you ever bothered by noise at night from other patients?



Q30. Did you know which nurse was in charge of looking after you? (this would have been a different person after each shift change)



Q19. How would you rate the hospital food?



Q20. Were you offered a choice of food?



This Trust scored very well in the 17 questions surrounding the theme of 'leaving hospital'.

6 questions ranked this Trust very close to being a *Better performing Trust* for these questions. Patients felt that staff were engaged with their relatives and gave good information about the care they would receive on returning home.

In the 2016 CQC survey, this Trust was ranked as a *better performing Trust* for *telling patients danger signals following discharge and who to contact if worried about your condition after leaving hospital*. In the 2017 survey we ranked as *about the same* as other trusts.

Summary of results in comparison to other trusts 2017

- CQC rated this Trust as '*about the same*' in all themes of the survey showing no significant improvement or decline in feedback from previous years
- *High end of average* than most trusts on 6 questions about the care we provided around the theme of *leaving hospital*
- *Poorer feedback* with regards to food choice, Noise at night and knowing which nurse is in charge of care
- Decline in this Trust's score for *warning patients of danger signs and who to contact post discharge*

Conclusion

The 2017 CQC inpatient survey ranked the Trust as *average* across all themes.

This Trust has shown improvement in planning and communicating discharge decisions with patients since the 2016 inpatient survey. In 2016 The Trust was a *Better performing Trust* with regard to giving information about who to contact after discharge in an emergency and danger signs to look out for. This Trust is now ranked as *about the same* as other trusts.

Poor feedback around *noise at night* has been received from other sources including comments in Friends and Family Tests and the Care Campaign Audit, the 2017



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inpatient survey echoes these concerns from patients. These issues are being explored further and will continue to be addressed by the Senior Nursing Team. Actions will be monitored by the Healthcare Assurance Committee.

Related strategic objective:	Listening to patients. Ensuring meaningful engagement to improve patient experience
Relevant CQC domain: Are they safe? Are they effective? Are they caring? Are they responsive to people's needs? Are they well-led?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Impact on risk profile:	No change

BOARD OF DIRECTORS	
Meeting date:	25 July 2018
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Clinical Services Review and Merger
Section on agenda:	Strategy and Risk
Supplementary reading:	None
Director or manager with overall responsibility:	Tony Spotswood, Chief Executive
Author(s) of paper:	Marc Gorman, Head of PMO, One Acute Network
Details of previous discussion and/or dissemination:	Ongoing updates regarding the One Acute Network Portfolio
Action required:	Note for information
<p>Purpose of the paper:</p> <p>For information and context attached is a short paper explaining the ongoing work to develop clinical networks across Dorset following the conclusion of the acute Vanguard work.</p> <p>This paper specifically provides an update on how One Acute Network is maintaining an overall Dorset-wide perspective and an update on the Clinical Networks programme.</p> <p>Background:</p> <p>The Acute Care Collaboration Vanguard Programme was set up in 2015 and brought together representatives from all three acute hospitals in Dorset with colleagues from primary care and commissioning partners to work collaboratively to improve the quality of healthcare provided in the county.</p> <p>With the recommendations from the Clinical Services Review, development of the Dorset Sustainability and Transformation Plan (STP) and Dorset's transition towards becoming a more integrated care system (ICS), the Dorset Vanguard has formally come to a close and its work has transitioned into the One Acute Network (OAN) Portfolio as part of the Dorset STP</p>	
Related strategic objective:	Strengthening team working. Developing and strengthening to develop safe and compassionate care for our patients and shaping future health care across Dorset
Relevant CQC domain:	



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Are they safe?	✓
Are they effective?	✓
Are they caring?	✓
Are they responsive to people's needs?	✓
Are they well-led?	✓
Impact on risk profile:	Not applicable

One Acute Network Update Report Part 1 July 2018

Dorset Clinical Networks Programme

One Acute Network Portfolio

Contents

1	Purpose	2
2	The Acute Vanguard Programme.....	2
3	DCN Programme Funding	4
4	Maintaining a Dorset-Wide Focus	4
5	Workstream Prioritisation	4
6	Next Steps.....	6

1 Purpose

This report aims to provide an update on how the One Acute Network portfolio is maintaining an overall Dorset-wide perspective, and an update on the progress of the Dorset Clinical Networks programme

2 The Acute Vanguard Programme

The Acute Care Collaboration Vanguard Programme was set up in 2015 and brought together representatives from all three acute hospitals in Dorset with colleagues from primary care and commissioning partners to work collaboratively to improve the quality of healthcare provided in the county. The Vanguard had three main objectives:

- To Improve consistency of care and removing unwarranted variation in clinical outcomes
- To Improve the safety and quality of services and improving access to services – which in turn improve patient experience
- To create resource sustainability and deliver better value for money.

The Dorset vanguard was well received across the county and laid the ground work for further collaboration and even greater acute transformation in Dorset.

The key areas of success of the Vanguard have been:

- Recruitment of One Dorset Pathology Head of Service and Clinical Lead
- Collaborative recruitment for a new Pathology Laboratory Information Management System (LIMS) across Dorset incorporating NHSI South 6 network requirements
- Improvements in Stroke SSNAP performance across Dorset
- Sharing of best practice and improving standards of care across all work streams
- Improved working relationships across the three acute hospitals at clinician and managerial levels with the internal evaluation identifying an improvement of the frequency clinicians are discussing patients and services collaboratively by 63%
- Collaborative procurement across a number of key services, including Cardiology and radiology
- Working with National Imaging Optimisation Lead at NHS Improvement to influence development of future radiology networks in England
- Working with the ISAS accreditation lead at the Royal Colleges to demonstrate how ISAS accreditation in Radiology can be used as a tool to build networks
- Payroll contracts aligned in preparation for collaborative provider procurement in 2018/19
- Reducing travel time and costs and improving face to face contact through implementation of Skype
- National recognition of the progress Dorset is making and how the 'Spirit of the Vanguard' is empowering change (key speakers at national events)

With the recommendations from the Clinical services Review, development of the Dorset Sustainability and Transformation Plan (STP) and Dorset's transition towards becoming a more integrated care system (ICS), the Dorset Vanguard has formally come to a close¹ and its work has transitioned into the One Acute Network (OAN) Portfolio as part of the Dorset STP.

Wessex Academic Health Science Network in collaboration with Bournemouth University and University of Southampton undertook an independent evaluation² of the Vanguard's performance in three key workstreams: One Dorset Pathology, Systems Leadership and Stroke Services

2. Formation of Dorset Clinical Networks Programme

The One Acute Network Portfolio aims to transform acute services in Dorset so that they meet the complex and specialist needs of the local population and support the workforce to work across hospital sites and beyond organisational boundaries in a single Dorset wide network of skilled professionals.

One Acute Network (OAN) aims to build on the collaborative working set out by the Dorset Vanguard through the development of a network of clinical services across Dorset, and implementation of the Clinical Services Review through reconfiguration of the Acute Hospitals.

The OAN Portfolios split into 2 programmes:

- East Reconfiguration – bringing together services in the east of the county to reconfigure Poole and Bournemouth Hospitals into defined and more specialist roles, to enable them to deliver rapid, high quality healthcare as part of one collaborative network. This programme is also looking at the potential merger of Bournemouth and Poole Hospital Trusts.
- Dorset Clinical Networks (DCN) – building on the existing collaborative working between organisations to embed a single Pan-Dorset network of acute services. Exploring alternative ways of delivering services across the whole of Dorset to meet the needs of the population. Focus is on improving outcomes for patients, delivering safer and higher quality services, driving efficiencies and overall improving experience of care for patients in Dorset

The Dorset Clinical Networks Programme has the following high-level objectives to deliver across Dorset:

- Improvements in clinical quality
- Increased levels of patient satisfaction
- Transparent clinical governance processes
- Increased levels of equitable care for patients from the standardisation of the service across the network

¹ Final Vanguard Report June 2018

² Dorset Vanguard External Evaluation Report 2018

3 DCN Programme Funding

The OAN Team submitted a Business Case to the Finance and Investment Group in February 2018, requesting £593k funding from the Dorset ICS Transformation Fund for programme and clinical expertise costs to progress and expand on the work started by the vanguard.

The Investment was partially granted in May 2018 to cover initial programme costs and some clinical cover within key specialties (including Pathology) with request that once more detailed plans around the future workstreams are completed, they be brought to the Operations and Finance Reference Group in August 2018 for release of the remaining funding.

4 Maintaining a Dorset-Wide Focus

In order to deliver the Dorset Clinical Network's scope, a series of governance arrangements within One Acute Network have been introduced to provide oversight, control and clinical assurance going forward. Within the DCN Programme

The CEO's & Chair's Supervisory Board provides the upper most programme decision making and oversight of DCN within the portfolio. This board holds the accountability for delivery, sets the strategic direction, provides programme leadership and has the authority to allocate business and transformation resources where needed. Members of this board represent the interests of the three acute hospitals in Dorset and their vision for delivering joined up acute services for Dorset and work together collaboratively to achieve this. The board meets quarterly and is chaired independently, providing a forum for progressing Pan-Dorset acute transformation, its membership is the Chief Executive and trust Board Chair from each of the three acute hospitals in Dorset.

The Pan Dorset CEO's Meeting is made up of the three chief executives from the acute hospitals in Dorset, meeting more regularly than the Supervisory Board, it provides steer for the programme and ensures there is a regular forum for highlight and escalation reporting, keeping the programme on track and within scope tolerances.

The Pan Dorset MD's COO's & DoN's Oversight Group provides the clinical assurance of outputs from the DCN workstreams. Membership is made up from Medical Directors (MD), Directors of Nursing (DoN) and Chief Operating Officers (COO) from each of the three Dorset Acute Trusts. This group reports into the Supervisory Board providing assurance that the programme's outputs are clinically safe and aligned to the clinical strategies. This group also feeds into the system Clinical Reference group, which provides further clinical assurance bringing in professionals and clinicians from primary care, community health and social care.

5 Workstream Prioritisation

As part of the Vanguard closure work a number of Acute Specialties were identified as opportunities that could realise benefits from being delivered through a pan-Dorset networked approach and be taken forward by DCN as workstreams.

In order to maximise resources and funding, a phased approach for delivery was proposed and a prioritisation process was undertaken on the specialties to determine the wave one workstreams to be taken forward.

The prioritisation process consisted of a scoring matrix to be completed by Chief Executives (CEO), Medical Directors (MD), Directors of Nursing (DoN) and Chief Operating Officers (COO) from each of the three Dorset Acute Trusts as part of the Pan Dorset Clinical Oversight Group.

Each specialty was assessed against 4 areas: Sustainability, Quality & Performance (access standards), Workforce and Service Capacity & Capability.

Sustainability assessment criteria

- Service is currently sustainable and will remain so for the foreseeable future (1 to 2 years)
- Service has significant issues with finance or performance and actions are immediately or shortly required in order to ensure ongoing sustainability.
- Service has major issues with performance or finance and is not sustainable in its current form. A new service delivery model is required as soon as safely possible.
- Service has significant issues with finance or performance and actions are immediately or shortly required in order to ensure ongoing sustainability. Local solution not possible – wider systems approach required.
- Service has major issues with performance or finance and is not sustainable in its current form. A new service delivery model is required as soon as safely possible. Local solution not possible – wider systems approach required

Quality criteria

- Green - No immediate issues with patient experience or safety or key guidelines/regulations
- Amber - issues with patient experience or safety or key guidelines/regulations which are being addressed but will not be resolved imminently or without some change or additional capacity or capability
- Red - patient experience or safety or key guidelines/regulatory requirements significantly compromised and will not be resolved imminently and without significant changes and extra capacity and capability

Performance (Access Standards) criteria

- Green - meeting or exceeding target and no cause for concern
- Amber - Below key target but positive trajectory and expected to meet target in near future OR, above target but signs of deterioration and likely to fall below unless action taken
- Red - Below key target (RTT/Access/Diagnostic/ED) and no sign of achieving in the near future

Quality & Performance Composite Criteria

- Green: both quality and performance are green

- Amber: both quality and performance are amber. Or at least one of quality and performance are amber and while other is green
- Red: both quality and performance are red. Or at least one of performance and quality is red, while other is amber. Local solution not possible – wider system solution required
- Amber +: Both quality and performance are amber. Or at least one of quality and performance are amber and while other is green. Local solution not possible – wider system solution required
- Red+: Both quality and performance are red or at least one of performance and quality is red, while other is amber. Local solution not possible – wider system solution required

This prioritisation exercise identified three Specialties as potential wave one workstreams for DCN:

- Haematology
- Urology
- Rheumatology

The Programme will also continue three workstreams previously being delivered by the Vanguard:

- Pathology
- Stroke
- Radiology




Plans are being worked up for these Specialties and will be put through the DCN governance process to be agreed before being taken to OFRG for commitment of investment in August 2018

6 Next Steps

- Develop draft deliverables and programme plan for all new and ongoing workstreams
- Identify clinical and management leads for Haematology, Rheumatology and Urology
- Identify existing forums to be utilised where possible to prevent duplication, expanding membership where needed to ensure appropriate representation all sites.
- Develop reporting templates from work stream to oversight group from vanguard model
- Review allocation of Exec Sponsors on the work programme at next MD COO DoN meeting

The Royal Bournemouth and Christchurch Hospitals

NHS Foundation Trust

BOARD OF DIRECTORS	
Meeting date:	25 July 2018
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Commitment to Address Local Challenges in Dorset Sustainability and Transformation Plan
Section on agenda:	Strategy and Risk
Supplementary reading:	None
Director with overall responsibility:	David Moss, Chairperson
Author(s) of paper:	Karen Flaherty, Trust Secretary
Details of previous discussion and/or dissemination:	Not applicable
Action required:	Decision
<p>Summary:</p> <p>All partners in the Dorset system have been requested to reconfirm their commitment to address the three major challenges identified in the Dorset Sustainability and Transformation Plan as set out below.</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="background-color: #4A5568; color: white; padding: 10px; width: 30%; text-align: center;"> <p>Health and well-being gap</p> <p>Variation in the health and well-being outcomes of different people across Dorset</p>  </div> <div style="background-color: #4A5568; color: white; padding: 10px; width: 30%; text-align: center;"> <p>Care and quality gap</p> <p>Differences in the quality of care received by people across our area and shortcoming in reaching national standards</p>  </div> <div style="background-color: #4A5568; color: white; padding: 10px; width: 30%; text-align: center;"> <p>Finance and efficiency gap</p> <p>The increasing pressure on resources within the system, with shortages of some staff and the prospect of insufficient funds to maintain our health and care system in the way it currently operates</p>  </div> </div>	
Related strategic objective:	Strengthening team working. Developing and strengthening to develop safe and compassionate care for our patients and shaping future health care across Dorset
Relevant CQC domain:	<div style="display: flex;"> <div style="flex: 1;"> <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> </div> <div style="flex: 1; text-align: center;"> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> </div> </div>
Impact on risk profile:	Not applicable

BOARD OF DIRECTORS

Meeting date:	25 July 2018
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Improved Car Parking and Comparability of Pricing for Site Visitors
Section on agenda:	Strategy and Risk
Supplementary reading:	None
Director or manager with overall responsibility:	Richard Renaut, Chief Operating Officer
Author(s) of paper:	Richard Renaut, Chief Operating Officer
Details of previous discussion and/or dissemination:	Finance and Performance Committee
Action required:	Decision
<p>Summary:</p> <p>Three years ago a set of controversial changes were brought in at RBCH which have led to significant parking improvements and visitor satisfaction. Pay on exit, barriers and electronic signage plus free drop off zones have all been positively received. These investments were afforded by moving our prices in line with other hospital car parks in Wessex and Bournemouth Council car parks.</p> <p>This paper sets out what else can be done to improve visitor car parking and maintain comparable pricing. It does not cover the wider traffic management, or our plans to reduce congestion as these are being developed and progressed through a wider action plan and consultation. However, the proposals in this paper are designed to contribute to the wider congestion reduction efforts.</p>	

Improved Car Parking and Comparability of Pricing for Site Visitors

1. Introduction

Hospital car parking is, for every acute hospital, an area of intense interest. It represents a large part of the 'negative' customer experience for patients and visitors. Lack of space to park, and lack of traffic management can add to what can be an already stressful trip to hospital. Yet it is an area where it is difficult to invest as it is not direct patient care. Likewise, the charge for parking can also lead to resentment.

In this context, three years ago a set of controversial changes were brought in at Royal Bournemouth Hospital (RBH) which have led to significant parking improvements and visitor satisfaction. Pay on exit, barriers and electronic signage plus free drop off zones have all been positively received. These investments were afforded by moving our prices in line with other hospital car parks in Wessex and Bournemouth Council car parks.

This paper is to set out what else can be done to improve visitor car parking and maintain comparable pricing. It does not cover the wider traffic management, or our plans to reduce congestion as these are being developed and progressed through a wider action plan and consultation. However, the proposals in this paper are designed to contribute to the wider congestion reduction efforts.

2. Background

RBH is limited to 1,905 parking spaces in total on the site. The current split is 705 visitor and the remaining 1,200 for staff, volunteers and contractors/partner organisations. This level is set by the Council, and is a crude way of restricting traffic onto the site. Whilst Castle Lane remains above capacity the Council will keep this cap in place and be wary of new developments generating traffic.

A Travel Plan, showing how the Trust will contribute to reduced congestion is going to be essential for the planning applications required for the Clinical Services Review (CSR) reconfiguration. The first of these is due March 2019 as an output from the Outline Business Case (OBC) for the £147m. Without an agreed Travel Plan and reduction in congestion RBH will not be permitted increased developments.

Whilst the new junction will help in three years, it will also bring with it new developments and traffic, and so is not a panacea. Therefore the Trust will need to show a robust set of actions on how travel to and from the site is shifting travel patterns away from single occupant cars, and at peak times, to alternatives that work and can be sustained. These can be cheaper, less stressful, lower carbon and have health benefits. We also need to make it easier for the disabled and poorly to have greater ease of access.

3. Travel Plan basics: Step One comparing pricing and short/long stays options.

The first question the Travel Plan will be tested on is whether the car parking pricing structure is an incentive to consider alternatives or an inducement to drive to site. Review of car parking pricing (see Annex 1) shows the price freeze since 2014/15 means we have fallen behind surrounding acute hospital prices, and that for the main Bournemouth Council car parks (e.g. Richmond Road). Over this time the compound rate of inflation is over 10% which mainly accounts for the circa 10% difference in pricing between RBH and comparators, i.e. £3 versus £3.30 for 3 hours.

Matching Dorchester and Southampton pricing for up to 5 hours, but remaining cheaper than Bournemouth Council, is the recommended option. This would mean:-

Proposed		Bournemouth Council main car parks	
Up to 2 hours	£2.20	Up to 2 hours	£2.50
Up to 3 hours	£3.30	Up to 3 hours	£3.50
Up to 4 hours	£4.40	Up to 4 hours	£4.50
Up to 5 hours	£5.50	Up to 5 hours	n/a
Up to 6 hours	£6.60	Up to 6 hours	£8.00

Whilst any charge is not desirable it is felt reasonable to reflect inflation and be comparable with other trusts and Council car parks. Likewise, whilst the Trust is still running a deficit with significant calls on cash reserves for equipment and buildings, it is not justifiable to take funding from direct patient care.

The alternative option for RBH is to match Poole Hospital's pricing. It should be noted Poole Hospital's multi-storey does charge less because it is contractually tied to following Poole Council's charging tariffs. They do not offer 1 hour rates and the site's town centre location offers more on-street drop offs. The car park does sometimes fill as there are limited longer stay alternatives in the vicinity. However comparisons with other acute hospitals and Bournemouth Council are considered more valid for this exercise.

There are two main differences when looking at other car park charging structures; long stays and short stays. RBH has many empty spaces at evenings and weekends and less traffic issues. These are often popular visitor times. Therefore we are able to offer lower prices, as parking space and traffic mean there is less need for disincentives at these times. This is preferable to the long stay discounts some others offer, which could impinge on spaces/traffic at our peak time. Therefore keeping our lower night/weekend charges is proposed.

The two changes proposed for long stay are to make the overnight 6.30pm-7.00am, which is a half hour later start. This is because the traffic gridlock, when it occurs, usually lasts until at least 6:00 or 6:30pm. Therefore discouraging 6.30pm traffic on to site is recommended. This has the downside of possibly making the start of visiting times slightly later for those arriving by car. There may also be an impact on staff coming to work for late/night shifts, which will be explored with staff side.

On balance the traffic argument is why this change is recommended. The second change is to move from £1.50 to £2.00 for the 12.5 hour evening/night parking, as this still represents a low cost to visitors.

Short stay is the other area where a popular change is proposed. This is to increase the number of, and time allowed for, drop off zones. This would be in tandem with following Poole, Southampton and Dorchester Hospitals and Bournemouth Council, all of whom have 'up to 2 hours' as their standard tariff. The popularity of the drop off and pick up zones are that they are very close to the main entrances (such as the Eye Unit/Jigsaw Building, main Outpatients, main Entrance, and ED). They are also free.

In the next section the use of automated number plate recognition (ANPR) is set out. With this we could convert more spaces on site to drop off zones (as well as taxi and private hire cars pick up points). We could then introduce a 20 minute free parking policy for the very short stay. With this the removal of the one hour charge could be justified (as well as being in line with other hospitals). It is likely the Council would expect us to have such measures in place, as part of the Travel Plan.

4. Improvements to parking systems

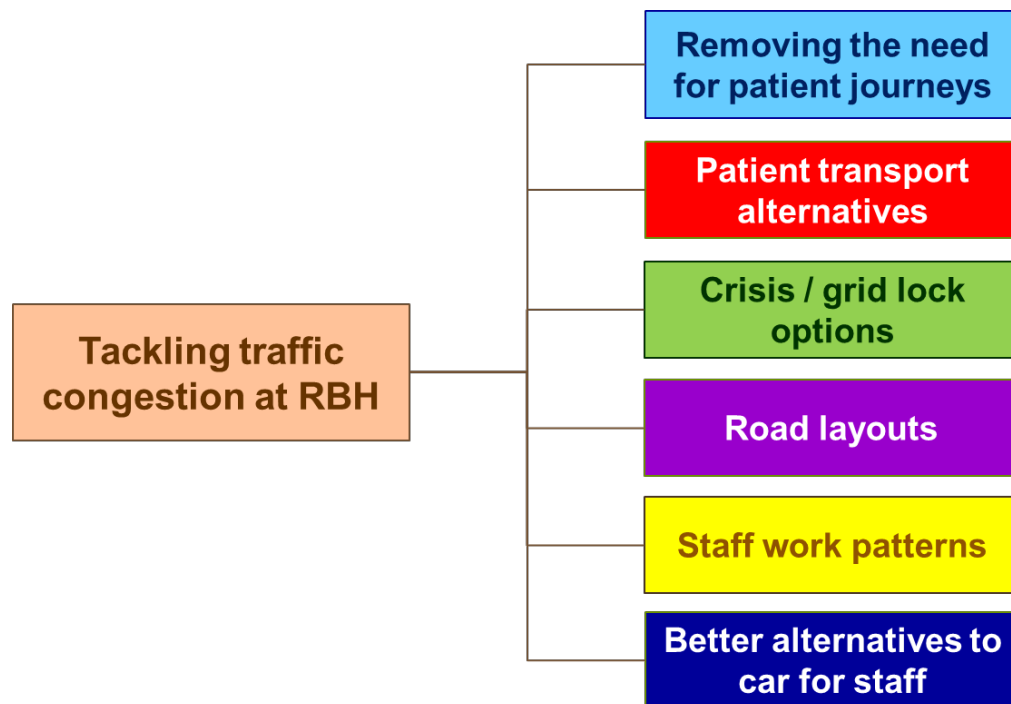
To achieve the better drop off/pick-ups, and to better regulate overall parking, most modern car parks now use automated number plate recognition (ANPR). This is common at airports and 'free' car parks which have time limits, e.g. supermarkets where 1 or 2 hours are free.

The technology is now well established and commonly used. The changing nature of the RBH site (and possibly Christchurch as well) means barriers cannot be used for every car park, so ANPR is the alternative. The main benefit though is for better regulating regular/registered vehicles. Further work is needed but it could significantly reduce the patient/visitor hassle when reclaiming for disabled discounts or regular cancer treatments.

For staff ANPR would allow lower charging for less frequent users – something not possible currently with our crude monthly permits. This would allow those working part time or who vary between car and bus/bike/car share, not to be charged when they do not use the car park. This would need to be balanced with high users paying a balancing amount. It could also possibly look to move to a "pay as you use" staff parking scheme, which could allow lower demand days (Monday, Friday, weekends and nights and to have more flex spaces for high demand visitors times). Many of these ideas will need PDSA cycles of planned trials and evaluations so as to optimise parking and traffic impact. Early progress on this would be good evidence for the Travel Plan. The costs of ANPR would be met from the income from car parking.

5. Other initiatives related to improving parking and reducing congestion

This paper is not covering the multi-faceted approach to reducing congestion which formed a workshop with the Council of Governors and Board of Directors. In summary these were grouped as:-



By moving our car parking to comparable pricing as other Wessex hospitals/local rates, this will create a funding source for some low cost/medium impact initiatives. These are being worked up for evaluation and prioritisation. Ideas generated include:-

- More incentives for bus, bike, car shares, etc.
- Support for community transport schemes
- Move off site high trip generating activities e.g. blood tests
- Move bases of community services off site with multiple car journeys for staff, e.g. community midwives, interim care. (This would also mean these staff can have reduced car park permit charges and less likely to get caught in traffic.)
- Police or police accredited staff able to be deployed in event of traffic gridlock and legally direct traffic on public highways

The exact schemes, costs and order of priority will need to be assessed and be part of the Travel Plan. If we get this right, and use any car park revenues wisely, it could reduce traffic congestion and stress of getting to hospital appointments whilst not reducing the amount of healthcare we are funded to provide.

6. Recommendations

Work up of a Travel Plan to reduce congestion and improve access in advance of planning applications in March 2019 for CSR.

To move to comparable parking costs of nearby acute hospitals with 2 to 6 hour parking rates, matching Dorchester and Southampton Hospitals but remaining lower cost than Bournemouth Council. To make the slight changes to long stay (6.30pm – 7.00am) for £2.20.

To have a 20 minute free drop off time in car parks combined with an increase in drop off / pick up zones near hospital entry points.

To install a modern car park management system using ANPR.

To explore, as part of the wider Travel Plan work, ways of reducing or moving off site car trips generating demand, with first call on funding requirements coming from additional net income from car parking.

To introduce the changes from 1 September 2018 so as to allow improvements which incur costs to be started in this financial year and to allow as early as possible benefits for travelling to and from RBH.

Annex One: Price comparison and options

Dorchester Hospital		Southampton Hospital		Poole Hospital		Bournemouth Council	
Up to 1 hour	N/A	1 hour	N/A	1 hour	N/A	1 hour	N/A
Up to 2 hours	£2.20	2 hours	£2.20	2 hours	£1.80	2 hours	£2.50
Up to 3 hours	£3.30	3 hours	£3.30	3 hours	£2.70	3 hours	£3.50
Up to 4 hours	£4.40	4 hours	£4.40	4 hours	£3.60	4 hours	£4.50
4 hours +	£5.50	5 hours	£5.50	4 hours+	£5.50	6 hours	£8.00
		6-12 hrs	£6.00	24 hrs	£9.00	24 hrs	£10.00

RBH Current		Proposed Option 1	Variation	Proposed Option 2 <i>Recommended</i>	Variation
Up to 1 hour	£1.20	1 hour	N/A	1 hour	N/A
Up to 2 hours	£2.00	2 hours	£2.00	2 hours	£2.20
Up to 3 hours	£3.00	3 hours	£3.00	3 hours	£3.30
Up to 4 hours	£4.00	4 hours	£4.00	4 hours	£4.40
Up to 5 hours	£5.00	5 hours	£5.00	5 hours	£5.50
Up to 6 hours	£5.40	6 hours	£5.40	6 hours	£6.00
6 hours +	£7.00	6 hours +	£7.00	6 hours +	£7.00
Overnight 6pm–7am	£1.50	Overnight 6.30pm-7am	£1.50	Overnight 6.30pm-7am	£2.20

Trust Board Dashboard - June 2018
based on Single Oversight Framework metrics

CARE_GROUP	DIRECTORATE
B - MEDICAL	ANAESTHETICS
C - SPECIALITIES	CANCER CARE
CORPORATE	CARDIOLOGY
(blank)	CORPORATE
	ED & AMU
	MATERNITY

Annual Declaration

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

Category	Metric	Trust Target	2017/18 Q3			2017/18 Q4			2018/19 Q1			Trend (where applicable)
Quality of care	Caring - A&E scores from Friends and Family Test % positive	90%	95.73%	94.55%	92.16%	92.89%	87.55%	86.08%	87.59%	89.61%	89.43%	
	Caring - Inpatient scores from Friends and Family Test % positive	95%	97.56%	97.53%	98.72%	98.19%	98.63%	98.23%	96.94%	97.85%	97.87%	
	Caring - Maternity scores from Friends and Family Test % positive	95%	97.14%	96.84%	98.33%	97.24%	95.71%	96.69%	96.89%	97.32%	96.17%	
	Caring - Mixed sex accommodation breaches	0	0	0	0	0	0	0	0	0	0	
	Caring - Staff Friends and Family Test % recommended - care (Quarterly)						75.41%					
	Caring - Formal complaints		29	36	23	23	21	45	36	41	30	
	Effective - Emergency re-admissions within 30 days following an elective or emergency spell at the provider	< Prev Yr Month AVG	513	508	509	499	434	523	497	513	489	
	Effective - Hospital Standardised Mortality Ratio - Weekend (DFI) - All Sites	< 100	85.2	86.1	108.5	105.0	101.7	96.5				
	Effective - Hospital Standardised Mortality Ratio - Weekend (DFI) - MAC	< 100	0.0	0.0	0.0	0.0	0.0	0.0				
	Effective - Hospital Standardised Mortality Ratio - Weekend (DFI) - RBH	< 100	80.4	84.8	102.8	107.9	94.8	89.0				
	Effective - Hospital Standardised Mortality Ratio (DFI) - All Sites	< 100	105.4	116.4	104.8	99.4	97.2	89.9				
	Effective - Hospital Standardised Mortality Ratio (DFI) - MAC	< 100	202.8	228.4	212.3	176.1	178.2	194.4				
	Effective - Hospital Standardised Mortality Ratio (DFI) - RBH	< 100	95.6	111.2	97.7	93.5	91.2	81.3				
	Effective - Summary Hospital Mortality Indicator	< 1	0.97	0.97	0.97							
	ED Attendances		7998	7726	7742	7497	6966	8375	8031	8707	8531	
	Elective Admissions		6626	6646	5586	6603	6124	6274	5749	6274	6114	
	GP OP Referrals		5777	5829	4698	5934	5253	5693	5639	6245	5753	
	Non-elective Admissions		3237	3091	3144	3265	3007	3366	3208	3304	3180	
	Organisational health - Staff sickness in month	< 3%	4.243%	4.141%	4.348%	4.395%	3.750%	3.690%	3.750%	3.401%	3.822%	
	Organisational health - Staff sickness rolling 12 months	< 3%	4.22%	4.18%	4.16%	4.08%	4.03%	3.96%	3.98%	3.94%	3.94%	
	Organisational health - Proportion of temporary staff		6.90%	6.89%	6.88%	7.20%	7.93%	8.57%	7.07%	6.44%		
	Organisational health - Staff turnover	< 12%	10.21%	9.94%	9.74%	9.68%	9.38%	9.20%	9.53%	9.39%	9.53%	
	Safe - Clostridium Difficile - Confirmed lapses in care	≤14 in Yr / 1.2 per Month	1	3	4	2	1	3	2	0	0	
	Safe - Clostridium Difficile - infection rate	6.9	35.13	12.1	17.56	11.71	6.48	5.85	12.1	0	6.05	
	Safe - MRSA bacteraemias	0	0	0	0	0	0	0	0	0	1	
	Safe - NHS England/NHS Improvement Patient Safety Alerts outstanding	0	0	0	0	0	0	0	0	0	0	
	Safe - Occurrence of any Never Event	0	0	1	2	0	1	1	1	0	1	
	Safe - Potential under-reporting of patient safety incidents (Quarterly reporting rate)			42.68			40.83			32.86		
	Safe - VTE Risk Assessment	95%	96.64%	96.93%	96.43%	96.69%	96.69%	96.15%	96.50%	96.93%	96.37%	
	Number of Serious Incidents	≤ Last Year	0	4	3	1	2	1	1	2	3	
	Appraisals - Values Based (Non Medical) - Compliance		88.99%	89.94%	89.83%	90.37%	90.46%	90.33%	2.08%	10.94%	22.41%	
	Appraisals - Doctors and Consultants - Compliance		88.19%	86.55%	87.21%	88.44%	89.04%	90.72%	87.06%	88.93%	88.81%	
	Essential Core Skills - Compliance		92.87%	93.31%	93.53%	93.66%	93.51%	93.23%	93.33%	93.35%	93.43%	
Finance and use of resources	Sustainability - Capital Service Capacity (YTD Score)	YTD Plan = 4	4	4	4	4	4	3	4	4	4	
	Sustainability - Liquidity (YTD score)	YTD Plan = 1	1	1	1	1	1	1	1	1	1	
	Efficiency - I&E Margin (YTD score)	YTD Plan = 4	4	4	4	4	4	3	4	4	4	
	Controls - Distance from Financial Plan (YTD score)	N/A	1	1	1	1	1	1	1	1	1	
	Controls - Agency Spend (YTD score)	YTD Plan = 1	1	1	1	1	1	1	1	1	1	
	Overall finance and use of resources YTD score	N/A	3	3	3	3	3	2	3	3	3	
Operational performance	A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge	95%	93.96%	95.04%	84.71%	92.64%	92.67%	90.67%	91.85%	93.52%	96.37%	
	Cancer maximum 62-day wait for first treatment from NHS cancer screening service referral	90%	100.00%	95.24%	88.89%	100.00%	84.62%	100.00%	100.00%	87.50%		
	Cancer maximum 62-day wait for first treatment from urgent GP referral for suspected cancer	85%	86.50%	90.99%	86.76%	87.25%	87.43%	92.35%	88.58%	90.19%		
	Maximum 6-week wait for diagnostic procedures	99%	99.85%	99.73%	99.59%	99.60%	99.47%	99.53%	99.67%	99.38%	99.49%	
	Maximum time of 18 weeks from point of referral to treatment in aggregate - patients on an incomplete pathway	92%	90.09%	89.92%	88.71%	88.03%	88.54%	88.92%	88.81%	89.98%	89.79%	

BOARD OF DIRECTORS	
Meeting Date:	25 July 2018
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Performance Report
Officer with overall responsibility:	Richard Renaut, Chief Operating Officer
Author(s) of papers:	Donna Parker, Deputy Chief Operating Officer David Mills, Associate Director of Information & Performance
Details of previous discussion and/or dissemination:	Performance Management Group/Finance and Performance Committee
Action required: Approve/Discuss/Information/Note	<p>The Board of Directors are requested to note the performance exceptions to the Trust's compliance with the 2018/19 Single Oversight Framework, national planning guidance and contractual requirements.</p> <p><i>Note, the narrative report should be read in conjunction with:</i></p> <ul style="list-style-type: none"> • Trust Board Dashboard • Performance Indicator Matrix • Referral to Treatment Time presentation
<p>Executive Summary:</p> <p>This report focuses on June and Q1 performance where it is available and provides a 'look forward' in light of current/projected trends and actions being taken. It is also supported this month by a 'deep dive' (<i>separate presentation circulated</i>) on actions being taken to achieve the RTT related requirements for 2018/19.</p> <p>Key Highlights and Exceptions:</p> <ul style="list-style-type: none"> • ED performance secured Provider Sustainability Fund (PSF) for Q1. Ambulance conveyances, ED attendances and admissions continue at increased levels. • Cancer fast track referrals 13% above last year YTD (against projection of 8%). • Urology fast track referrals 49% above last year YTD. • Risk to both 2 week wait and 62 day cancer standards. • 1 hospital acquired MRSA in June. • Significant risk to Diagnostic 6 week wait target, predominantly due to pressures in Endoscopy. 	
Related strategic objective:	Improving quality and reducing harm. Focusing on continuous improvement and reduction of waste
Relevant CQC domain:	
Are they safe?	✓
Are they effective?	✓
Are they caring?	✓
Are they responsive to people's needs?	✓
Are they well-led?	✓



Operational Performance Report

For the period to end
June 2018

Richard Renaut
Chief Operating Officer

Operational Performance Report

As at 17/07/2018

1. Executive summary

Key highlights and exceptions:

- ED performance secured Provider Sustainability Fund (PSF) for Q1. Ambulance conveyances, ED attendances and admissions continue at increased levels.
- Cancer fast track referrals 13% above last year YTD (against projection of 8%).
- Urology fast track referrals 49% above last year YTD.
- Risk to both 2 week wait and 62 day cancer standards.
- 1 hospital acquired MRSA in June.

This report accompanies the Board Dashboard and Performance Indicator Matrix.

2. PSF, Single Oversight Framework and National Indicators

2.1 Current performance – June 2018/19

In June, we achieved national target for our agreed NHSI trajectory against all of the national priority performance indicators, except one. This was the total number of patients on an incomplete RTT pathway which has now increased by 1500+ above March 31st.

A strong recovery in ED in June, meant that we achieved our Q1 trajectory and secured the PSF of over £400k. We also avoided any breaches of the 12 hour from decision to admit (DTA) target. Note, Dorset did not achieve the A&E STP (system-wide) related PSF.

RTT performance remained stable (and above trajectory) and we had no 52 week wait breaches. However, the increasing overall incomplete pathways, together with the 'carve out' required for cancer fast track patients do present a risk to ongoing performance and 52 week waits.

Table 1 – Operational Planning and Contracting Guidance - KPIs 2017-19 – actuals

Single Oversight Framework Indicator	National Target	NHSI Trajectory 18/19	Mth / Qtrly	RAG rated performance against national targets and NHSI submitted trajectories			
				Apr-18	May-18	Jun-18	Q.1 18/19
A&E 4hr maximum wait time	95%	91-95.4%	Mthly & Qtrly	91.90%	93.50%	96.40%	93.95% PSF target of 93.91% achieved
RTT 18 week incomplete pathways	92%	86.5-87.3%	Mthly	88.80%	89.98%	89.79%	n/a
RTT - no. of incomplete pathways	≤ March 2018	24,880	Yr End	25,163	25,926	26,471	n/a
RTT - no 52 week waiters	0	0	Mthly	0	0	0	n/a
Cancer 62 day wait for first treatment from urgent GP referral*	85%	85 - 85.4%	Mthly & Qtrly	88.60%	90.20%	est.	
Cancer 62 day wait for first treatment from Screening service*	90%	90%	Mthly & Qtrly	100.00%	87.50%	est.	
Maximum 6 weeks to diagnostic test	99%	99%	Mthly	99.67%	99.38%	99.50%	n/a

RAG Key: Red - below national target and organisational trajectory; Amber - above trajectory but below national target or 'at risk'; Green - above national target (and trajectory).
*IT issues with national cancer database. Final validated Apr and May performance awaited. June upload will be completed early Aug 18

Whilst the final validated 62 day cancer performance for June is awaited, we expect to be compliant for the Quarter. However, the 2 Week Wait target remains at risk for June and the Quarter, with non-compliance in April and May. Securing two week capacity to match the significant increase in fast track referrals – 13% overall, above our projection of 8% based on last year – has been extremely challenging. In particular, Urology fast track referrals are 49% above last year's levels (YTD comparison). This is putting extreme pressure on both the outpatient and diagnostic pathway capacity, as well as impending treatment capacity and performance.

Further impact on Urology is anticipated with the launch of the 'Blood in Pee' campaign in July.

The Trust had one hospital acquired MRSA case in June. The case was presented to the Dorset IPC HCAI network meeting on 12.07.18 and learning from our review will be shared.

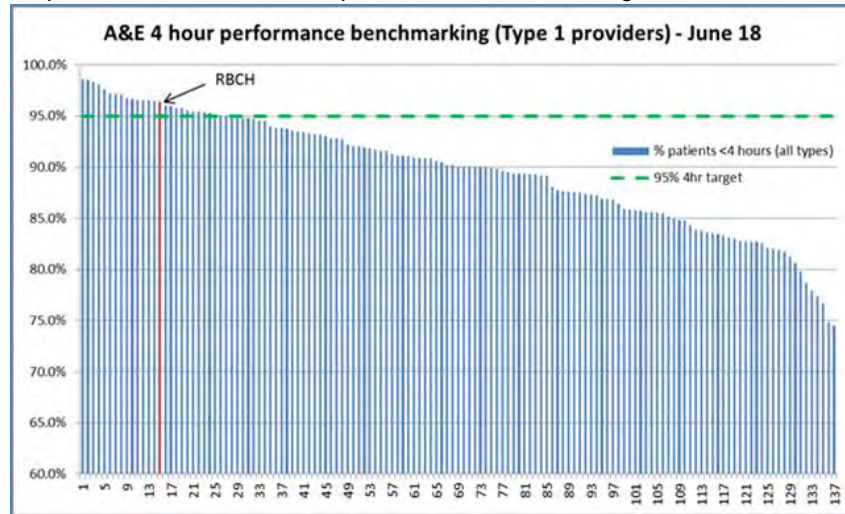
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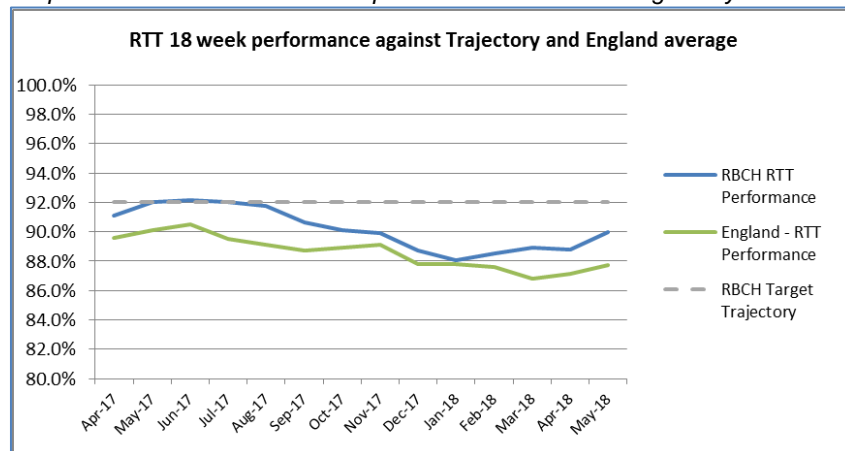
2.2 National Benchmarking – May/June 2018/19

National benchmarking graphs do continue to show our strong position against the national picture:

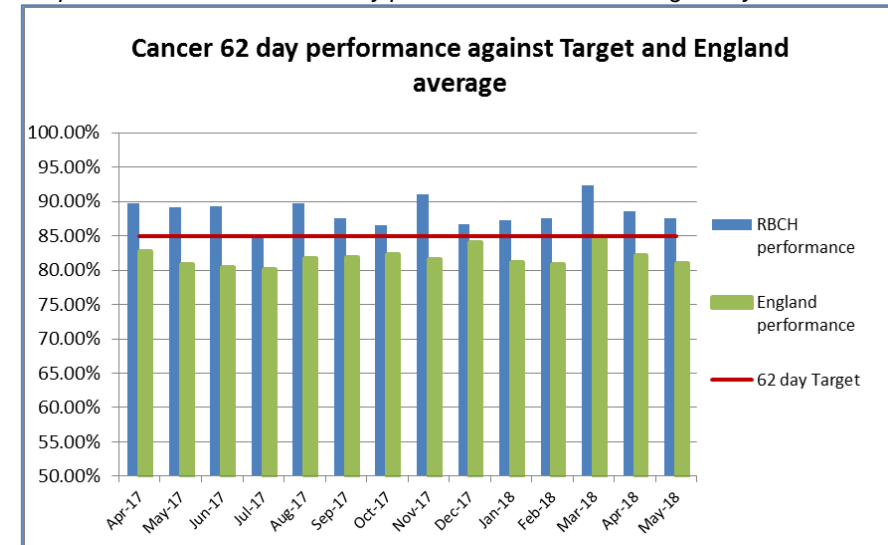
Graph 1 – national A&E 4 hour performance benchmarking – June 18



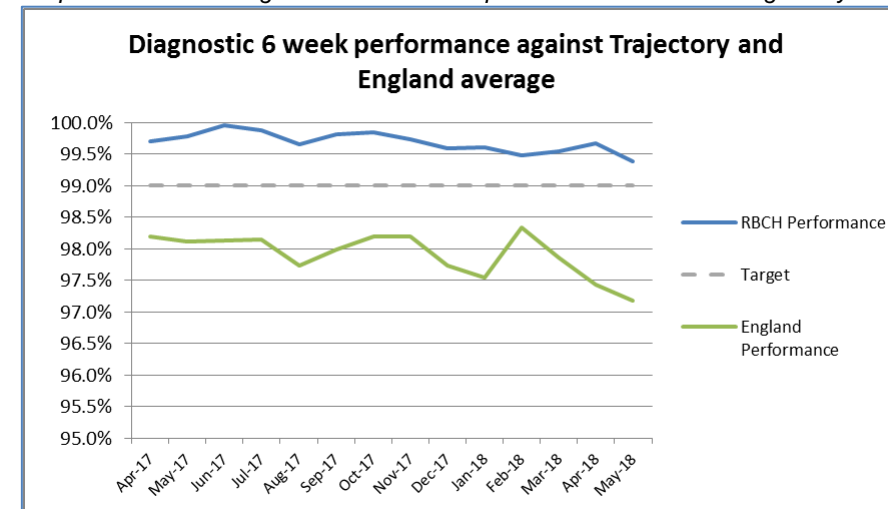
Graph 2 – national RTT 18 Weeks performance benchmarking – May 2018



Graph 3 – national Cancer 62 Day performance benchmarking – May 18



Graph 4 – national Diagnostic 6 Week Wait performance benchmarking – May 18



3. Forecast Performance, Key Risks and Action

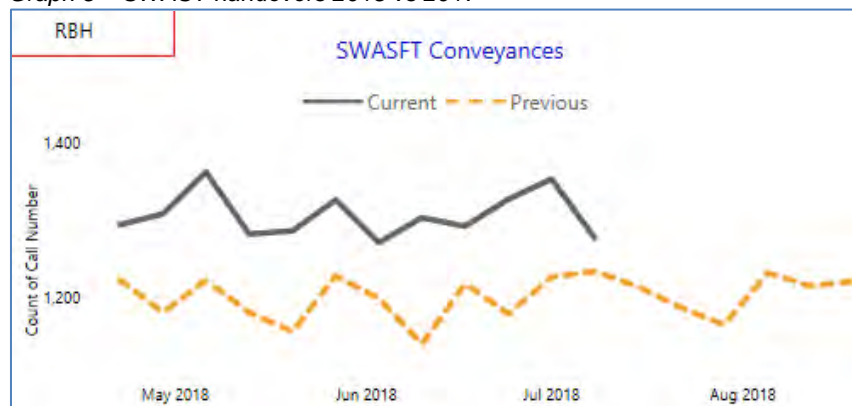
3.1 A&E Targets, PSF and Stranded Patients

Progress against the ED Action Plan continues and despite the ongoing trend in increased attendances, conveyance and admissions, June saw performance improvement and achievement of the PSF. It should however, be noted, that interim investment was required to support additional staffing at peak times. This is pending finalisation of the 'zero based' budget/rota plan and additional consultant PAs, as per the Action Plan presented to the Finance Committee in May.

Positively, performance to date (as at 17.07.18) is 94.02%, with a daily threshold of 12 breaches per day to achieve the month national target and 14 per day to achieve the Quarter. Tolerance of up to 18 breaches per day would currently secure the PSF for Q2, which is 93.86%.

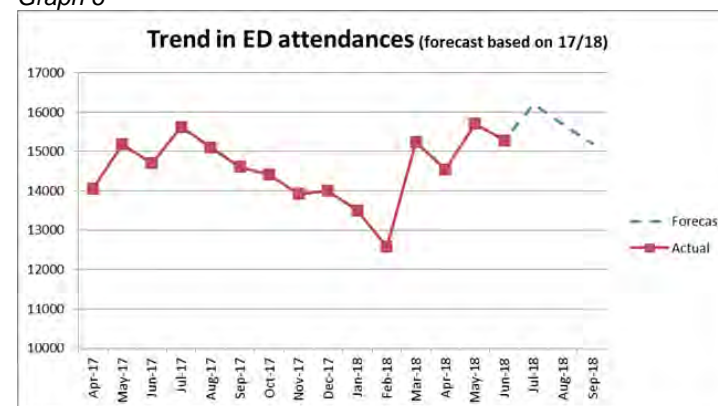
Attendances (Type 1) in June were 2.26% higher than in June 17 and overall urgent care admissions were up by 5%. SWASFT ambulance conveyances have also remained significantly above 2017 levels, see below graph.

Graph 5 – SWAST handovers 2018 vs 2017

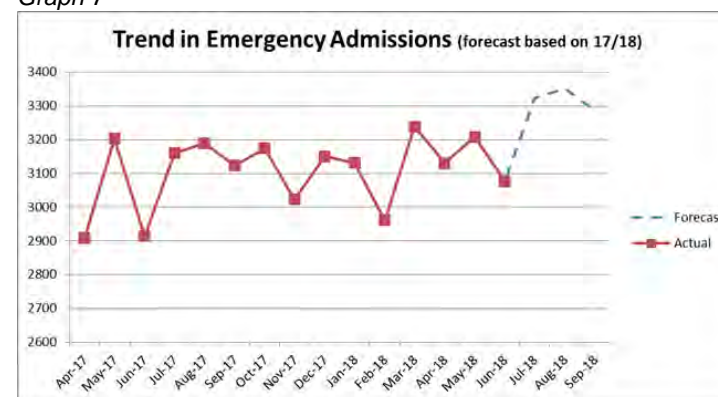


The consistent nature of this overall increase suggests this trend will continue. Projecting forward (*based on this current 'step up' plus previous seasonal, month on month trends*) suggest the summer months will continue to see high levels of attendances and admissions.

Graph 6 –



Graph 7 –



Working with Partners and Stranded Patients

In addition to our internal recovery plan (*update provided below*), we are continuing to work closely with primary care, the East hub and CCG to develop the urgent treatment centre (UTC) model. The service

Operational Performance Report

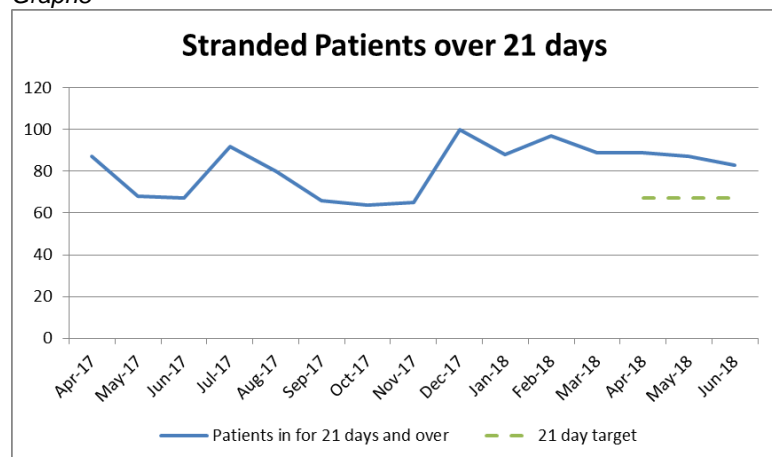
As at 17/07/2018

developed on site and supported via ED streaming is now seeing an increased number of patients, however, securing further substantive clinical capacity (expected in the autumn) will be key. We also await the outcome of the Dorset-wide Integrated Urgent Care Service (IUCS) procurement which will play a significant part in developing urgent care pathways in the future. All of these are required to support attendance/admission avoidance where appropriate.

In addition, to support the national requirement to reduce 'stranded patients' (21+ day LoS) by 25% and improve flow, we completed the Dorset-wide snapshot audit in June. This is informing a system-wide, CCG led workshop and action plan in July. This will be further supported by the Urgent and Emergency Care strategy workshop, also in July. Key areas for development already identified include:

- Discharge to assess model for CHC (fast track end of life and complex discharge) patients
- Direct access to reablement services and rapid response
- Enhanced domiciliary care – ringfenced capacity and brokerage
- Integration of social worker resource within locality hubs
- Community services in-reach to support rapid discharge.

Graph8 –



These will all require support from and joint working with our partner organisations.

ED Action Plan Key Progress

Nursing template review	Review meeting held and further work to revise requirement.
Reducing out of hours breaches	Review of Obs criteria in progress. Mitigation plan with extra RN to ensure safe/timely use of Obs capacity. Extra SHO and MAP shifts overnight.
Reducing minors breaches	'See & treat' in place and working well.
Direct access BREATH to AEC	24/7 BREATH commenced. Focus for next Action Learning Week.
Reducing time to decision to admit	Point of Care testing in place. Escalation trigger PDSAs.
Team development	Scenario action learning day held

See also update provided in Care Group Finance Report.

QI – First 24 Hours and Winter Planning

The 'First 24 Hours' QI programme is progressing well with the following key workstreams:

Single point of ambulation	Includes options for: <ul style="list-style-type: none">• Frailty AEC• A 'hotline' PDSA• Use of the Dorset care record, and• Development of the winter Respiratory service, which are all underway.
Multiple clerking	Learning from other organisations Principles and layout options developed Testing in September

Operational Performance Report

As at 17/07/2018

Mapping of current pathways (incl ED, AMU etc)	Complete, with over 100 areas for improvement identified and being prioritised
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As well as supporting the quality of care given to our patients and flow through the hospital, this will support the smoothing of processes and pathways in and out of the Emergency Department.

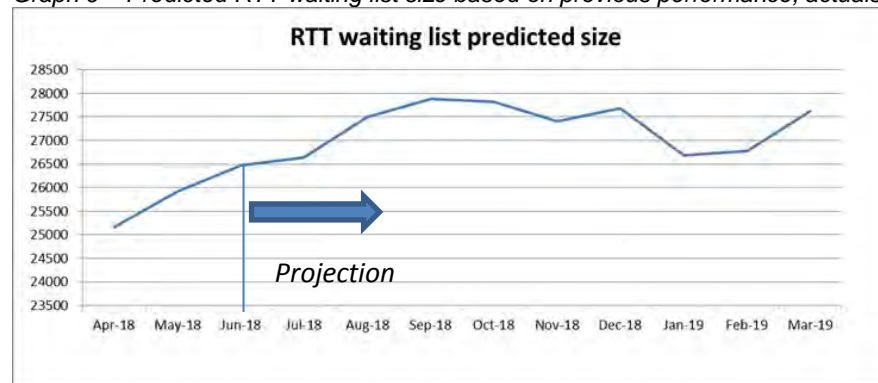
Our urgent care and winter planning process is also continuing, and the updated plan, including bed capacity, was presented to TMB in June. Initial rotas for the key holiday/peak period are also being drawn together for full review by end July. This is to avoid a significant dip in capacity where working days fall between bank holidays, in addition to boosting capacity for known peaks.

3.2 RTT Incomplete Pathways (18 week), Total Incomplete Pathways and 52 Week Breaches

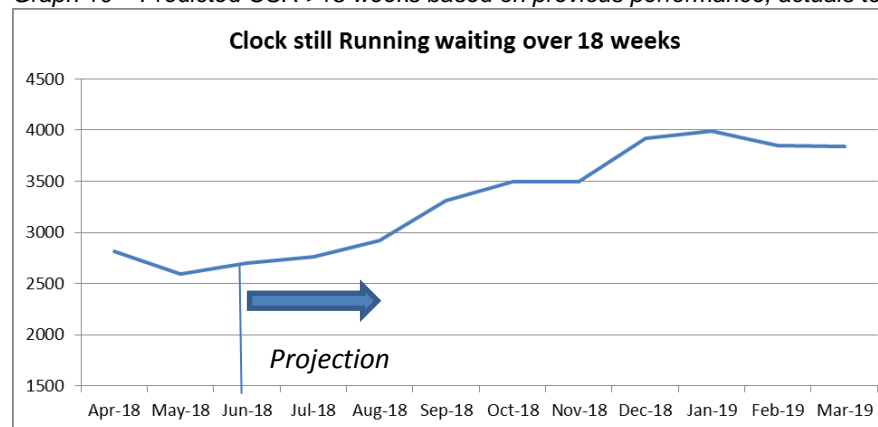
Although we have seen improved performance overall, our total waiting list (incomplete pathways – clocks still running) has increased and is above the March 18 threshold. This is partly due to a current vacancy in the tracking and validation team which has now been appointed to, as well as some reduction in outpatient and inpatient elective activity YTD (vs same period last year) and overall pressure of cancer fast tracks. Risk to RTT, Cancer and Diagnostics performance is also heightened by some unplanned medical staff absences across Surgery.

Projecting our trend forward would suggest a continued increase if it follows a similar pattern to last year with over 18 week waiters looking to follow a similar patternⁱⁱ.

Graph 9 – Predicted RTT waiting list size based on previous performance, actuals to June-18



Graph 10 – Predicted CSR >18 weeks based on previous performance, actuals to June-18



Last month an RTT 'deep dive' presentation was circulated to the Finance Committee and Board. This, together with maintaining (*flat cash baseline*) activity levels will be key. **Please refer to presentation for full detail of the current action plan.**

Positively, despite the overall increase in our waiting list size, the priority focus of our tracking and escalation means 40+ week waiters has not deteriorated. It should however be noted that the overall pressure from fast track demand and particularly on Urology, does

present a risk to 40+ week wait patients. This is because cancer will be a higher clinical priority.

Table 2- 40+ week incomplete pathways by specialty

Specialty	Mar-18	Apr-18	May-18	Jun-18
General Surgery	13	14	13	14
Urology	32	30	35	20
Trauma & Orthopaedics	8	4	12	11
Ear, Nose & Throat (ENT)	1	2	2	5
Ophthalmology	3	0	0	1
Oral Surgery	1	0	0	1
Cardiothoracic Surgery	0	0	0	0
General Medicine	2	3	3	1
Cardiology	1	1	0	4
Dermatology	6	2	4	5
Thoracic Medicine	0	0	0	0
Neurology	0	0	0	0
Rheumatology	0	0	0	0
Geriatric Medicine	1	0	0	0
Gynaecology	3	4	3	2
Other	4	0	1	2
Total	75	60	73	66

3.3 62 Day from Referral/Screening for Suspected Cancer to Treatment

May has shown a further improvement on April performance to 90.2% (standard is 85%). Breaches reflected normal patterns with a small majority in Urology and a handful over a number of specialities. Complex pathways also remained the most common reason. We are currently predicting 80% in June (due mainly to Urology) which would still see us hit our target for Q1.

Pressures in Breast are also seeing some increased risk to the 62 day screening target, particularly with the low number of screening patients that convert to confirmed cancer (affecting denominator and percentage). Medical staff unplanned capacity gap may impact going forward.

Our next month's report will include a 'deep dive' into current actions around cancer performance, linked to challenges and national priorities.

Key action in the immediate term is focused on securing capacity for the increased fast track referrals, particularly in Urology, Breast, Colorectal, Lung and Gynae. This reflects our activity plan, though noting fast tracks are currently above projections. Further work is also underway in Endoscopy where demand and capacity pressures are presenting a challenge for July and potentially August/September.

Next month we will also provide further information on cancer backstop (104+ days) performance, where there is increased national scrutiny across the country.

3.4 Diagnostic 6 Week Wait

Our positive performance against the 6 week diagnostic standard continued in June with the final validated performance achieving 99.5%. An increase on last month with most of the ultrasound breaches having been cleared.

Urology cystoscopies remain a risk with the overall pressures on Urology. We also have a number of demand and capacity challenges in Endoscopy. Current projections suggest this may affect performance for July and depending on our ability to recover quickly, may affect August and September. Further detail on the recovery plan, which is being worked up, will be presented next month.

4. Other Indicators - Exception Reporting

See Performance Indicator Matrix for full performance detail.

As highlighted in earlier sections we expect the final validated performance for April and May to show non-compliance with the

Cancer Two Week Wait standard. There was also one case of MRSA as reported in section 2.1.

Stroke national audit results are expected to be published soon and based on internal (unvalidated) reporting, we anticipate continued strong performance.

Recommendation

The Board of Directors are requested to note the June and Q1 performance, the Performance Matrix and refer to the RTT deep dive circulated last month. It should also note the expected performance, risks and actions relating to 18/19 requirements.

ⁱ Note we are currently undertaking further work on our projection tools (e.g. using SPC vs previous year trends etc). These will be included in future reports as they develop/are relevant.

ⁱⁱ See note i

2018/19 PERFORMANCE INDICATOR MATRIX FOR BOARD OF DIRECTORS

Indicator	Target 18/19	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Against Previous Month	Forecast - Next Month	Forecast - Quarter	RAG Thresholds			
Single Oversight Framework Operational Performance Metrics																					> trajectory		<= trajectory
A&E - 4hr maximum waiting time from arrival to admission/transfer/discharge	95%	95.42%	93.70%	92.39%	92.29%	94.57%	94.5%	94.0%	95.0%	84.7%	92.6%	92.7%	90.7%	91.9%	93.5%	96.4%	↑			<95%		≥95%	
18 weeks Referral to Treatment incomplete pathways	92%	91.1%	92.0%	92.2%	92.0%	91.8%	90.7%	90.1%	89.9%	88.7%	88.0%	88.5%	88.9%	88.8%	90.0%	88.8%	↓			<92%		≥92%	
Cancer 62 day wait for first treatment from urgent GP referral for suspected cancer	85%	89.8%	89.2%	89.3%	84.9%	89.8%	87.5%	86.5%	91.0%	86.8%	87.3%	87.4%	92.3%	88.6%	90.2%		↑			<85%		≥85%	
Cancer 62 day wait for first treatment from NHS cancer screening service referral	90%	92.3%	77.8%	84.6%	92.9%	100.0%	92.9%	100.0%	95.2%	88.9%	100.0%	84.6%	100.0%	100.0%	87.5%		↑			<90%		≥90%	
Diagnostics - % of patients waiting less than 6 weeks for a diagnostic test	>99%	99.7%	99.80%	99.95%	99.9%	99.66%	99.8%	99.9%	99.9%	99.6%	99.6%	99.5%	99.5%	99.7%	99.4%	99.5%	↑			<99%		≥99%	
Other Key National and Contractual Indicators																							
Mixed Sex Accommodation - minimise no. of patients breaching MSA	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	→			> 0		0	
MRSA Bacteraemias - number of hospital acquired MRSA cases	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	↑			>0		0	
Clostridium difficile - C. Difficile cases due to lapses in Care	14 (1 pcm)	1	0	0	1	0	4	1	3	4	2	1	3	2	0	0	→			>1		≤1	
Cancer 62 day Consultant upgrade - following decision to upgrade the patient priority	90%	75.0%	100.0%	100.0%	100.0%	100.0%	61.5%	85.7%	80.0%	90.0%	100.0%	80.0%	77.8%	81.3%	66.7%		↓			< 90%		≥90%	
Cancer 2 week wait from referral to date first seen - all urgent referrals	93%	97.2%	97.8%	97.7%	97.2%	97.1%	97.4%	97.1%	96.6%	97.6%	97.8%	96.2%	94.3%	85.8%	91.6%		↑			<93%		≥93%	
Cancer 2 week wait from referral to date first seen - for symptomatic breast patients	93%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	90.0%	100.0%		↑			<93%		≥93%	
Cancer 31 day wait from diagnosis to first treatment	96%	98.3%	94.9%	98.6%	97.2%	97.7%	96.6%	96.6%	97.1%	98.6%	99.0%	96.5%	96.9%	97.8%	98.7%	99.1%	↑			<96%		≥96%	
Cancer 31 day wait for second or subsequent treatment - Surgery	94%	100.0%	95.3%	100.0%	100.0%	98.0%	97.7%	94.7%	100.0%	96.6%	94.4%	95.9%	96.8%	95.8%	97.0%		↑			<94%		≥94%	
Cancer 31 day wait for second or subsequent treatment - anti cancer drug treatments	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		→			<98%		≥98%	
Stranded Patients - Number of patients who have been in the hospital for >7 days		221	220	223	226	204	198	224	214	251	236	264	233	228	222	223	↑						
Stranded Patients - Number of patients who have been in the hospital for >21 days		87	68	67	92	80	66	64	65	100	88	97	89	89	87	83	↓						
Stranded Patients - Number of patients who have been in the hospital for >21 days who are medically fit for discharge																39	→						
DTOC - Total numbers of days delayed within the month		483	594	831	852	648	696	514	455	544	628	482	473	476	493		↑						
Admission via A&E - No. of waits from decision to admit to admission over 12 hours	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	→			≥1		0	
Ambulance Handovers - No. of breaches of the 30 minute handover standard	0	60	81	84	107	74	115	55	66	162	126	29	98	107	54	55	↑	n/a	n/a	1bc			
Ambulance Handovers - No. of breaches of the 60 minute handover standard	0	2	11	21	33	11	12	6	4	41	11	1	10	11	2	1	↓	n/a	n/a	1bc			
Cancelled Operations - No. of patients not offered a binding date within 28 days	0	0	0	0	2	0	1	1	0	2	0	1	0	0	0	0	→			≥1		0	
Cancelled Operation - No. of urgent operations cancelled for a second time	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	→			≥1		0	
Stroke SNAPP Score (*Based on internal unvalidated reporting)		A			A			A			A			A			→						
RTT																							
Referral to Treatment - Clocks still running over 52 weeks	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	→			≥1		0	
Referral to Treatment - Clocks still running over 40 weeks	<75	40	32	29	41	45	59	40	43	60	62	73	75	60	73	66	↓			1bc			
Referral to Treatment - Clocks still running Total	24885	23809	23584	23826	23982	24770	25124	25074	24685	24943	24020	24107	24685	25163	25926	26471	↑			1bc			
RTT Clocks still running Combined by Specialty:																							
100 - GENERAL SURGERY	92%	91.85%	91.9%	92.4%	92.9%	92.7%	93.2%	92.8%	94.5%	95.2%	92.8%	93.0%	93.2%	93.7%	93.9%	94.0%	↑			<92%		≥92%	
101 - UROLOGY	92%	90.3%	90.7%	90.2%	86.1%	87.8%	85.1%	83.0%	82.6%	83.0%	84.7%	82.8%	84.0%	84.4%	86.3%	85.8%	↓			<92%		≥92%	
110 - TRAUMA AND ORTHOPAEDICS	92%	82.6%	84.4%	85.9%	86.8%	87.3%	85.6%	84.4%	82.3%	77.4%	75.5%	77.9%	80.2%	81.3%	85.1%	87.7%	↓			<92%		≥92%	
120 - EAR NOSE AND THROAT	92%	95.0%	94.3%	94.4%	93.2%	91.6%	88.1%	84.7%	83.3%	82.9%	80.0%	81.2%	79.2%	79.0%	82.0%	79.3%	↓			<92%		≥92%	
130 - OPHTHALMOLOGY	92%	90.9%	91.9%	91.1%	90.2%	89.1%	87.9%	89.2%	90.2%	88.2%	89.2%	89.0%	88.8%	87.8%	87.7%	85.1%	↓			<92%		≥92%	
140 - ORAL SURGERY	92%	86.0%	91.2%	95.9%	96.9%	94.6%	90.5%	86.2%	87.7%	88.3%	87.2%	88.5%	87.2%	81.6%	81.5%	78.2%	↓			<92%		≥92%	
170 - CARDIOTHORACIC SURGERY	92%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	85.7%	88.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	→			<92%		≥92%	
300 - GENERAL MEDICINE	92%	96.4%	97.1%	96.7%	96.9%	96.4%	96.2%	96.2%	95.1%	94.2%	95.3%	95.3%	96.3%	95.6%	96.2%	95.7%	↓			<92%		≥92%	
320 - CARDIOLOGY	92%	96.8%	97.0%	96.9%	97.2%	96.9%	96.1%	96.3%	95.8%	94.9%	94.4%	94.4%	93.5%	94.5%	93.9%	93.9%	↓			<92%		≥92%	
330 - DERMATOLOGY	92%	87.0%	89.8%	92.4%	92.2%	92.6%	90.1%	86.7%	83.9%	81.5%	80.4%	76.7%	71.7%	69.6%	73.8%	79.9%	↓			<92%		≥92%	
340 - THORACIC MEDICINE	92%	99.3%	99.1%	100.0%	99.2%	98.7%	98.0%	98.1%	99.4%	98.8%	97.5%	97.2%	95.5%	94.0%	95.9%	95.4%	↓			<92%		≥92%	
400 - NEUROLOGY	92%	95.5%	95.8%	97.3%	97.2%	96.0%	96.8%	94.2%	93.7%	84.6%	85.9%	89.7%	90.7%	86.2%	88.9%	91.7%	↓			<92%		≥92%	
410 - RHEUMATOLOGY	92%	98.1%	97.8%	97.6%	97.8%	97.7%	97.4%	96.3%	97.7%	98.0%	97.5%	99.4%	99.4%	98.3%	99.2%	98.7%	↓			<92%		≥92%	
430 - GERIATRIC MED	92%	95.5%	98.0%	96.9%	96.1%	96.8%	91.9%	92.3%	90.3%	90.8%	92.4%	91.8%	93.7%	93.0%	90.2%	87.1%	↓			<92%		≥92%	
502 - GYNAECOLOGY	92%	95.5%	95.1%	94.2%	93.1%	90.9%	91.0%	93.1%	93.4%	92.3%	91.8%	91.9%	91.4%	90.2%	91.9%	91.6%	↓			<92%		≥92%	
Other	92%	96.1%	96.4%	94.5%	95.4%	96.0%	96.1%	94.3%	95.5%	95.5%	95.8%	96.7%	96.3%	96.2%	95.4%	93.8%	↓			<92%		≥92%	
Cancer 62 day by Tumor Site by specialty																							
Haematology	85%	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%	89.5%	80.0%	100.0%	100.0%	100.0%	33.3%				↑			<85%		≥85%	
Lung	85%	100.0%	85.7%	66.7%	66.7%	100.0%	86.2%	71.4%	92.3%	78.9%	100.0%	68.4%	80.0%				↓			<85%		≥85%	
Colorectal	85%	76.5%	77.8%	100.0%	84.6%	81.8%	100.0%	94.4%	93.3%	95.2%	100.0%	83.3%	100.0%				↑			<85%		≥85%	
Gynae	85%	100.0%	100.0%	85.7%	71.4%	100.0%	100.0%	75.0%	66.7%	100.0%	100.0%	83.3%	100.0%				↑			<85%		≥85%	
Skin	85%	96.0%	96.8%	100.0%	100.0%	97.6%	100.0%	98.6%	100.0%	85.7%	97.9%	95.8%	100.0%				↑			<85%		≥85%	
UGI	85%	75.0%	100.0%	58.3%	100.0%	86.7%	77.8%	92.9%	100.0%	86.7%	87.5%	100.0%	100.0%				→			<85%		≥85%	
Urology	85%	86.1%	81.8%	89.4%	74.0%	74.2%	75.0%	70.0%	83.7%	81.8%	71.6%	76.0%	87.1%				↑			<85%		≥85%	
Breast	85%	100.0%	92.3%	84.6%	81.8%	93.8%	89.5%	100.0%	100.0%	100.0%	93.9%	100.0%	93.8%				↓			<85%		≥85%	
Head & Neck	85%	n/a	n/a	100.0%	100.0%	100.0%	0.0%	100.0%	0.0%	75.0%	75.0%	100.0%					↓			<85%		≥85%	
Brain/central nervous system	85%	n/a	100.0%	n/a	n/a												→	n/a	n/a	<85%		≥85%	
Children's cancer	85%	n/a	n/a	n/a	n/a												→	n/a	n/a	<85%		≥85%	
Other cancer	85%	100.0%	100.0%	n/a	n/a	100.0%	100.0%	100.0%									→			<85%		≥85%	
Sarcoma	85%	100.0%	n/a	n/a	100.0%	100.0%	66.7%	0.0%	100.0%	60.0%	50.0%	100.0%	66.7%				↓			<85%		≥85%	

Note 1: Cancer figures for Apr 18 are provisional due to a technical problem with the National data

Note 2: Forecast RAG - green if above national target/trajectory; amber - if below national target but above trajectory or target at risk; red - below national target/trajectory

Referral to Treatment (RTT)

Actions to meet national requirements

Board of Directors
June 2018



Referral to Treatment (RTT)

Actions to meet national requirements

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1. **What does 'Referral to Treatment (RTT) 18 Weeks' mean?**
 - Pathway example
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3. **RTT Driver Diagram**
4. **Tracking and validation**
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 - Demand & Capacity
 - Activity – Outpatients
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 - 'Carve out' for cancer and urgent
 - 18 Week backlog
 - Long waiters
 - Action

What does 'Referral to Treatment (RTT) 18 Weeks' mean?

- Patients to receive first definitive treatment within 18 weeks of receipt of referral to a consultant-led service
- Target: 92% of patients on an incomplete pathway

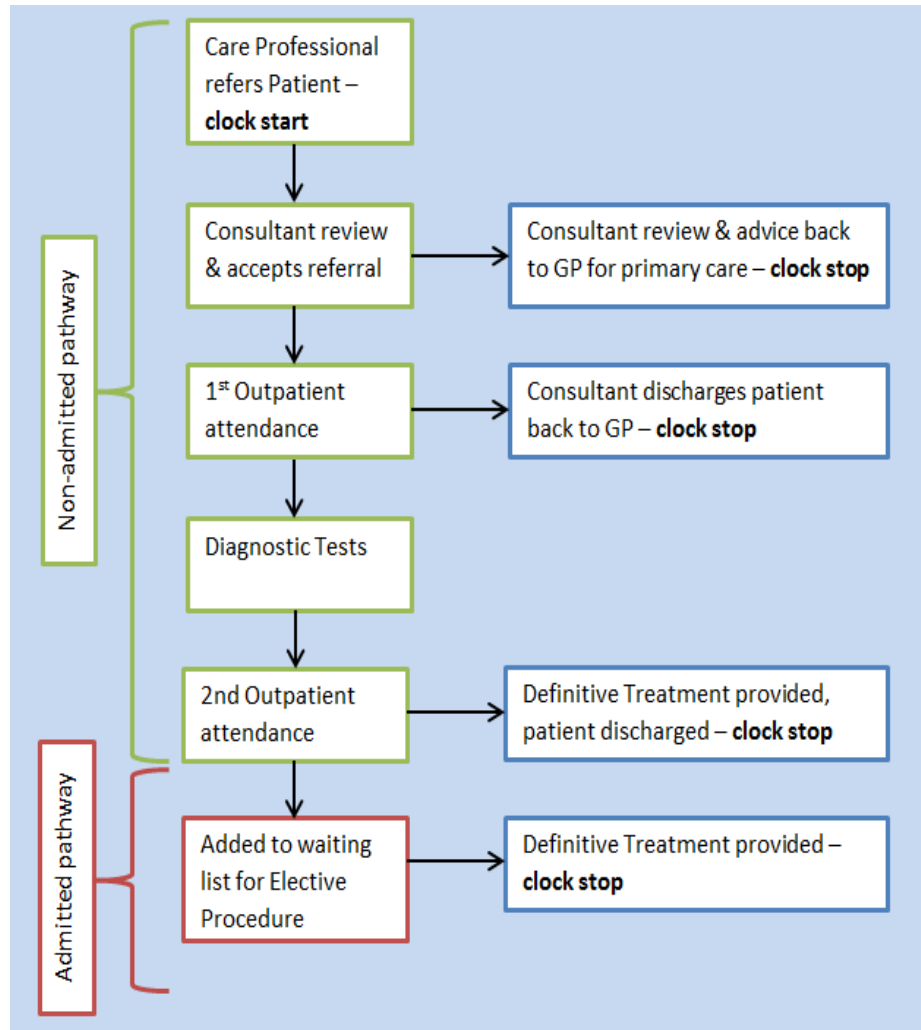
BUT..

National Planning Guidance Priorities for 18/19:

- No patient to wait more than 52 weeks
- Total waiting list at end Mar 19 to be no higher than Mar 18 (24,885)

Referral to Treatment pathway – *an example*

Administration processes throughout pathway



Not Linear Actions

Health records

- On receipt of referral send for grading
- Contact GP for more information if required
- Send straight to diagnostics
- Manage ASIs e.g. additional clinics
- Late additions to clinics with less than 48 hours notice require multiple phone calls to contact patients
- Manage all clinic cancellations and rebooks
- RTT outpatient forms inputted depending on clinician compliance

Diagnostic Admin Staff

- Scheduling of all patients
- Ensure CWT, Diagnostic targets are met
- 18 week chronologically scheduling once clinical priorities are dated
- Manage cancellations and additional last minute lists
- Liaison with external hospital when lists being outsourced
- WLI lists
- Listings can be interrupted by emergencies cases thus requiring rescheduling of all patients

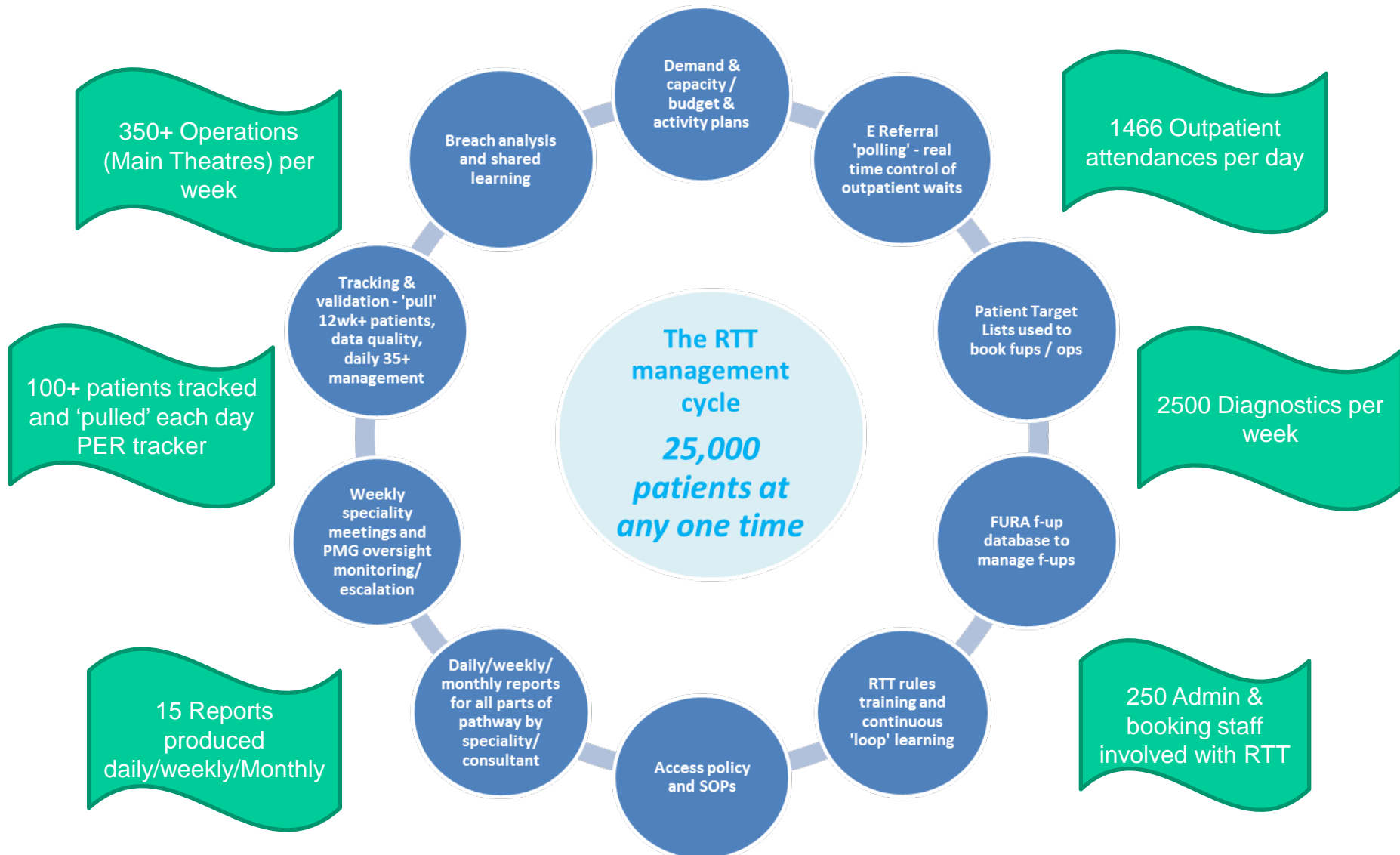
Admission Staff

- Scheduling of all patients
- Ensure CWT, Diagnostic targets are met
- 18 week chronologically scheduling once clinical priorities are dated
- Manage cancellations and additional last minute lists
- Pre-operative assessment appointments
- Multiple telephone enquires from patients still waiting for dates
- Manage all planned lists
- Liaison with external hospital when lists being outsourced
- WLI lists –for theatres and POAs

18 Week Trackers/Validators

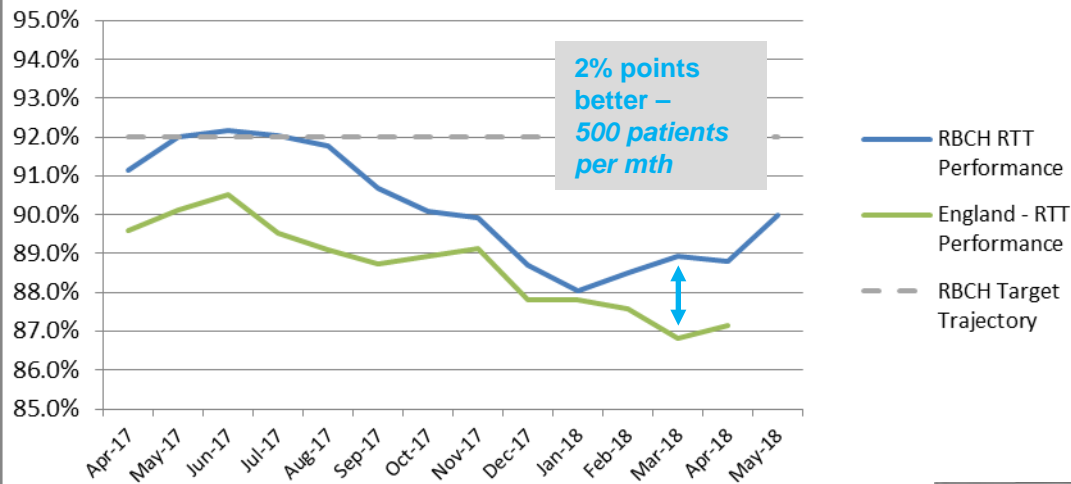
- Tracker all patients from 12 weeks
- Liaise with all departments to pull patients though pathways
- End of month validation
- Weekly DOH/monitor reports
- Weekly/monthly corporate meetings
- Ensure data quality of correct RTTs on the PTLs
- Escalate high risk patients of breaching 40+ weeks

What we do now



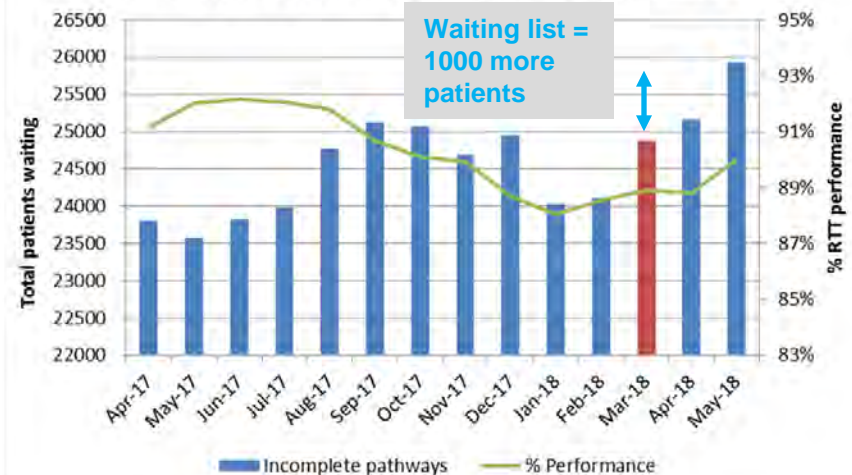
Does it work?

RTT 18 week performance against Trajectory and England average

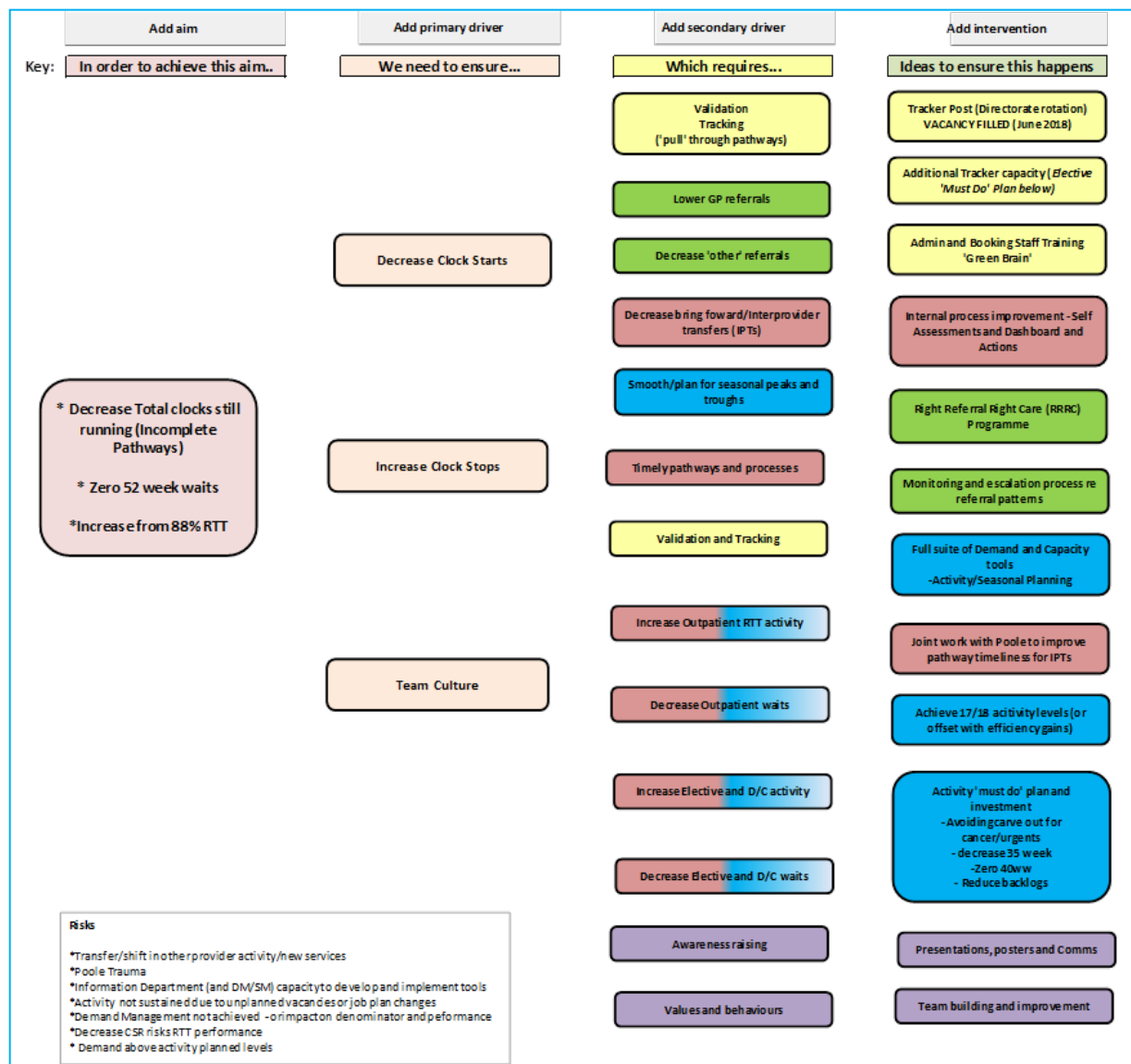


- Performance above England average
- Below 92% but improving
- No 52 week waits since April 2017 (*late transfer from other provider*)
- Increasing waiting list (*'clocks still running'*)

Monthly total patients waiting and % performance



RTT Driver Diagram



Key themes:

Tracking & validation

Process & efficiency

Demand management

Activity & planning

Team culture

13 weeks saved

Key benefits

224 delays avoided

Tracking Timeline – Avoiding 52 WW

Weeks	Event in Pathway	Trackers Intervention
0	17/05/17 GP E Referral - OPA 30/08/17	
15	30/08/17 Clinic cancelled - rebooked to 20/12/17 (week 31)	
17		15/09/17 trackers contacted Health Records rebooked to 08/11/17
25	08/11/17 patient attended OPA - diagnostic flexi cysto requested	saved 5 weeks in pathway
25	10/11/17 Flexi cysto booked for 13/12/17 (week 30)	
26		20/11/17 trackers requested earlier Cysto - rebooked to 29/11/17
28	29/11/17 Patient attended diagnostic flexi cysto – 'decision to admit' for treatment	saved 2 weeks in pathway
29	12/12/17 added to 'admit' waiting list (WLM)	
35		17/01/18 trackers chased TCI date
37	03/02/2018 TCI booked for 11/05/18 (Week 51)	
38		07/02/18 trackers requested earlier TCI date
39		14/02/18 trackers chased earlier TCI date
39	15/02/2018 patient contacted and TCI agreed for 09/04/18 (week 46)	saved 5 weeks in pathway
46	Patient treated - RTT pathway (clock stop) completed on admission	

90 x absolute 18 week
breaches avoided –
up to 30 WLIs saved

Key benefits but

Recruitment delay is limiting

- Tracking from 12 weeks
- Frequency of tracking

Workload - increased waiting list (1k) and activity 'must do' plan support

250+ admin staff to train – last training 2yrs ago

18 Week Tracker (x1) Weekly Audit

	No. of Pts
Patient pathway stopped before 18 week date	90
Appointment (New or FU) brought forward before 18 week breach date	16
Contact secretary regarding patient for info to expedite pathway	50
Expediting (and failsafe) for diagnostic test request	7
Expediting review of diagnostic report	15
Escalation to Directorate Manager to expedite pathway	9
Liaise with Poole to expedite cross trust pathway	5
Expedite FU via sec/health records	8
Check interprovider transfers received and update/close pathway	8
Timely pathways confirmed	295
Prevent 52 week breaches of patients over 46 weeks and/or escalated to DM/DOO	1
Over 40 week timelines per week – close monitoring and 'trigger' actions	15
Total	519

End of month validation improvement

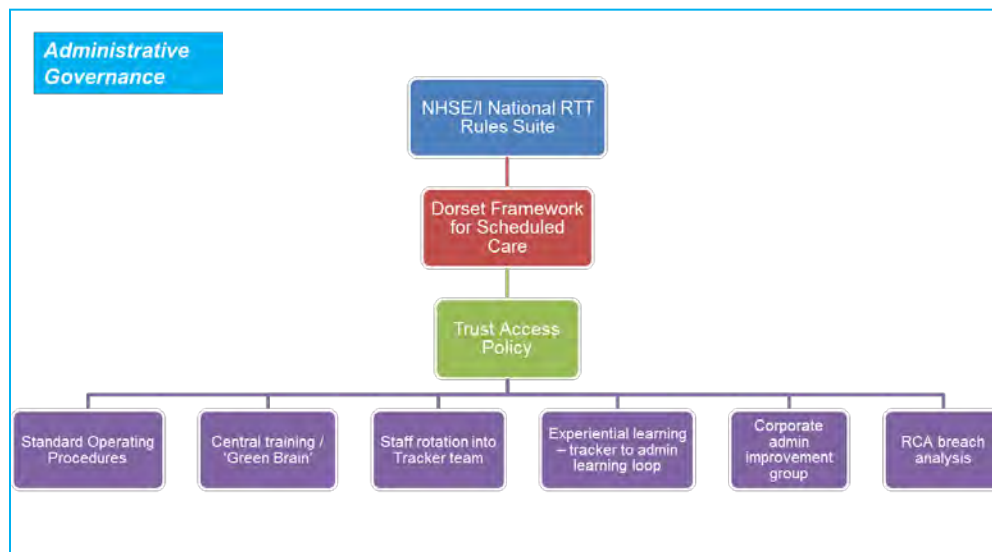
Month	Initial Clocks running Total	Performance %	Post validation Clocks running reported	Post validation Performance %
Feb	24483	86.89	24107	88.56
Mar	25324	86.77	24885	88.93
Apr	25698	86.30	25163	88.91
May	26550	87.47	25926	89.98

2 % points Performance
improvement – WLIs for
500 patient
interventions saved

16 x 40+ breaches
avoided – 4 theatre WLIs
saved

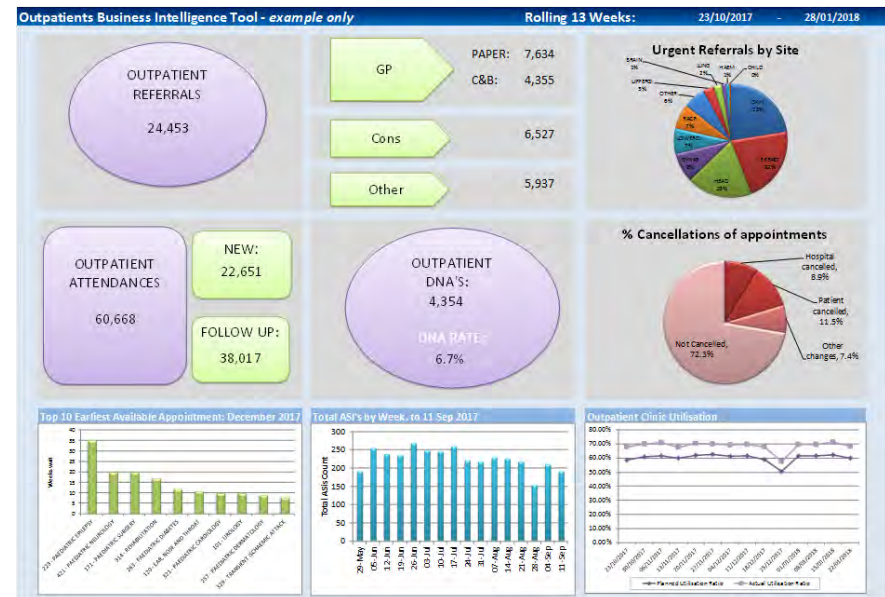
Action:

1. Vacancy backfilled through rotation model (*recruitment complete – commences Jul 18*)
2. 0.5 wte additional post (*activity 'must do' plan*)
3. 'Green brain' training



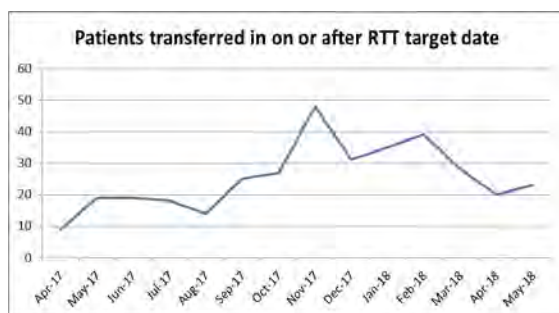
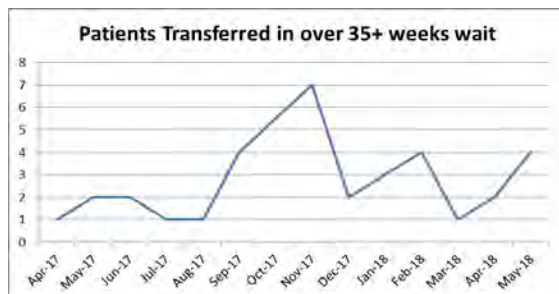
Recent work

1. Escalation protocol to mitigate breaches
2. Information and IT reps at corporate group
3. Areas for process improvement presented to TMB
4. Reports reviewed and email 'alerts' in development
5. Outpatient intelligence toolkit in development (*example below from elsewhere*)
6. Improved links and standardising best practice across cancer and other admin teams
7. Appointment reminder calls
8. 40+ week waiter timelines and learning shared, e.g:
 - Admin/dictation delays (e.g. clinic letters)
 - Consultant to consultant referral delays
 - Diagnostic results follow-up delays
 - Stand alone IT systems
 - Awareness of anaesthetist cover (impacting on casemix)
9. Access to anaesthetic rota for booking teams
10. Commenced joint work with Poole
11. Theatre and surgery QI programmes



Action:

1. Implement process improvement assessments
2. Implement supporting monitoring reports, dashboard and alerts
3. Joint work with Poole Hospital to improve timeliness of pathways



Orthopaedics (example only)		Status	Comments	RAG Key	
18/19 Aims					
Capacity and Demand Analysis/Tools				Green	In place/achieved/within threshold
	New Referrals - outpatients - in place and used			Amber	In progress/borderline achievement or threshold
	Follow up outpatients - in place and used			Red	Not in place/delayed/not meeting threshold
	Inpatients (theatres/procedures) - in place and used				
	Diagnostics - in place and used				
	Referrals increased 3% in last 6 months - related to RRRC				
	Speciality included within Right Referral, Right Care (or alt improvement work)				Note: Reports/dashboard under development for to improve robustness of RAG assessment approach
Utilisation					
	Clinic Utilisation (threshold tbc)	tbc			
	Monitor and reduce 'wasted' slots - monthly report	tbc			
	DNA rates - to reduce to 4% or lower per clinic				
	No. of hospital cancellations				
	Theatres utilisation & cancellations (thresholds tbc)				
	Clocks still running below Mar 18				
Process Improvements					
	Digital Dictation in place across speciality				
	Referrals graded within 48hrs				
	Advice and Guidance (usage threshold tbc)				
	Clinic letters typed with 48hrs				
	All patients validated prior to going on WLM				
	No 35 week waiters added to WLM				
	Electronic transmission of clinic letters	tbc			
	No. of patients outsourced for surgery	tbc			
	New waits maintained or reduced (threshold tbc)				
	RTT fup waits maintained or reduced (threshold tbc)				
	Full use of FURA for fups required post 6 weeks and no patients overdue by one month (tbc)				
Mobile Alerts					
	New OPA cancelled and not rebooked within 18 weeks				
	Clinic cancellations (individual clinic) greater than 25% for 2 consecutive weeks				Email alert system in development
	Referrals have increased by 3% in last 6 months				
	Outpatient capacity has decreased by 10% in 3 month period				
Performance					
	No 52 week breaches				
	All patients at 35 weeks to have a TCI or OPA				
	No over 40 week wait patients by Q3				
	No over 35 week wait patients by Q4				
	No transfers between providers later than 35 weeks				

Right Referral, Right Care Programme

1. System-wide QI programme
2. Focus on referrals and elective pathway improvement – priority 4 specialities (*MSK, Ophthalmology, Dermatology, Cardiology*)
3. GP referral reduction

Dermatology

Overview

Dermatology has been a focus of the *Right Referral, Right Care Programme*, which was established to optimise the specialist care provided to our patients and add value to their pathways by ensuring the right referral to the right speciality at the right time to provide the right care.

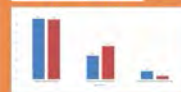
We have brought together clinicians and managers from across the system through our locality projects and the national Elective Care Collaborative 100 Days to understand the challenges and issues faced by the service and to co-design and implement solutions.

Key Achievements

We have already made significant progress to improve patient care and reduce unnecessary hospital admissions as follows:

- Complete revision of referral pathways supported by new ERES/Advice and Guidance functionality and tele-dermatology (app). This will support reduced waits, reduction in visits to secondary care and efficient specialist services.
- Piloted traditional model of tele-dermatology Advice and Guidance service across Christchurch and west Dorset (results awaited).
- Piloted CareSnap app as part of a new pilot for tele-dermatology which will allow healthcare professionals to document skin problems (wounds, moles etc.) from any device with a camera and internet access.
- Implemented High Flow/Rapid Access Clinics at Royal Bournemouth and Poole Hospitals – aim to improve efficiency in the pathway, reduce waits, backlogs and follow up waits.
- GP engagement through locality and elective care 100 Days project.
- Secured funding for six extended scope practitioners.

Teledermatology Pilot



CareSnap



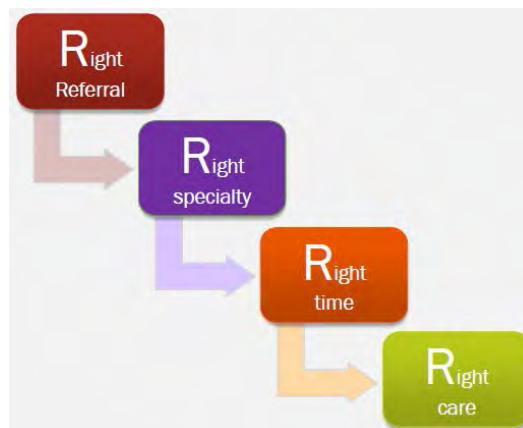
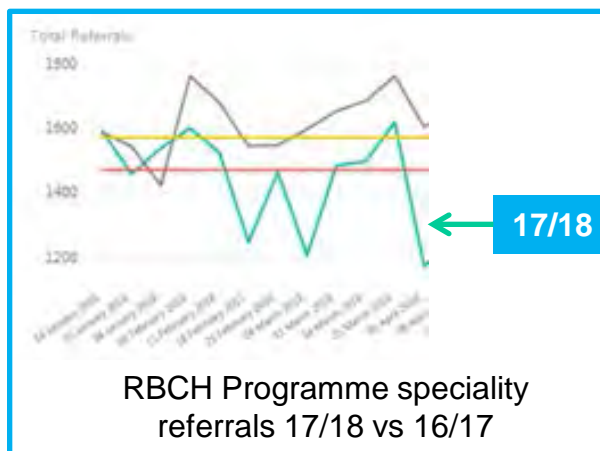
Rapid Access Clinics



What's next?

- Pilot of CareSnap tele-dermatology image transfer to commence in June 2018 until August 2018 (23 practices across all localities), with full rollout scheduled for late September 2018.
- Away session to explore models for an integrated dermatology service.
- Develop and implement education and training programme for primary care including:
 - Training for six new GPs with an Extended Role
 - Role based training in line with new service model.
 - Locality based education sessions for GPs.
- Direct Listing at Dorset County Hospital.
- Review opportunities for central image services/booking approach.
- Extend High Flow/Rapid Access clinics.
- Develop dermatology dashboard.

Our Dorset
Local NHS and Councils Working Together



Ophthalmology

Overview

Ophthalmology has been a focus of the *Right Referral, Right Care Programme*, which was established to optimise the specialist care provided to our patients and add value to their pathways by ensuring the right referral to the right speciality at the right time to provide the right care.

We have brought together clinicians and managers from across the system through our locality projects and the national Elective Care Collaborative 100 Days to understand the challenges and issues faced by the service and to co-design and implement solutions.

Key Achievements

We have already made significant progress to improve patient care and reduce unnecessary hospital as follows:

- Implemented high flow macular clinics which has increased the numbers of patients seen in clinics by two thirds.
- Implemented alternative models of outpatient clinics for cataracts such as nurse led cataract clinics and optometrist cataract follow ups.
- Developed and implemented second eye cataract billing processes.
- Reviewed and refined the referral approach at Royal Bournemouth Hospital to Referral assessment service (RAS).
- Developed plans for a community based glaucoma and ocular hypertension (virtual review) pilots as part of the national Elective Care 100 Days Programme.
- Implemented a new model for community ophthalmology service.
- Established virtual clinics for macular glaucoma patients in east Dorset.



What's next?

- Commence the community based glaucoma and ocular hypertension virtual review pilots which will see 30 patients per clinic over 3 months either in a community hospital or opticians.
- Review and revise the cataract Criteria Based Access Protocol in line with NICE guidelines and cataract referral refinement form with neighbouring CCGs.
- Explore and develop on Ocular plastics app.
- Review opportunities for central image services/booking approach.
- Develop and implement a Patient Decision Aid video for Cataracts, supported by the cataract surgery frequently asked questions information.

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Right Referral, Right Care Programme

MSK/Orthopaedics

Overview

MSK/Orthopaedics has been a focus of the **Right Referral, Right Care Programme**, which was established to optimise the specialist care provided to our patients and add value to their pathways by ensuring the right referral to the right speciality at the right time to provide the right care.

We have brought together clinicians and managers from across the system through our locality projects to understand the challenges and issues faced by the service and to co-design and implement solutions.

Key Achievements

We have already made significant progress to improve patient care and reduce unnecessary hospital admissions as follows:

- Fully implemented MSK Triage Service;
- Developed and implemented the Total Knee Replacement Surgery Patient Decision Aid Tool Video;
- Implemented CHAIN cycling activity and education programme to help reduce symptoms of hip pain and reduce the need for surgical intervention;
- Implemented ESCAPE Pain rehabilitation programme for people with chronic joint pain (hip or knee osteoarthritis);
- Commenced Physiotherapy services review;
- Fully developed and approved Spinal Pathway;
- Collaborated across the system to revise criteria based access protocol to ensure that those patients who can benefit most from surgery have improved access;
- Piloted Virtual Fracture clinics;
- Implementing pre-op brief interventions as a trigger for lifestyle change (smoking cessation/exercise/weight loss and reduction in alcohol consumption) with LiveWell Dorset and Dorset Public Health.



Register online with your email address. Allow about 40 minutes. You may like to watch the videos and complete the questions with a friend or relative. For more details visit <http://dorset.medicaldecisions.co.uk>

What's next?

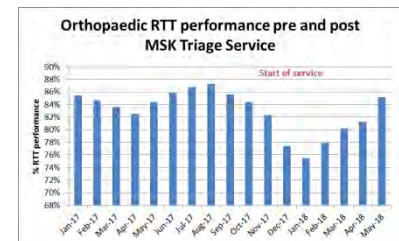
- Clinical governance and oversight group for MSK Triage to closely monitor outcomes and key metrics;
- Develop Patient Decision Aid for hip, back and shoulder;
- Implement the Spinal pathway;
- Complete review of physiotherapy services;
- Finalise MSK Triage guidelines, referral template and website;
- Review outcomes from ESCAPE and CHAIN programmes;
- Develop and implement education and study days for primary care;
- Explore opportunities for one system approach to Rheumatology;
- Review service specification for community pain service with engagement from stakeholders and service users

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MSK/Orthopaedics

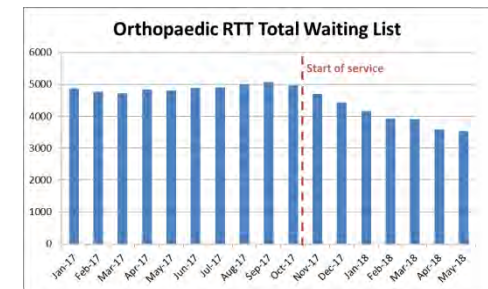
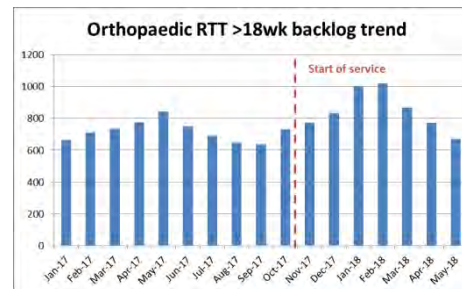
QI work and reduced referrals:

- Decision support video
- MSK triage hub
- CHAIN and Escape Pain exercise programmes
- System dashboard



BUT... Risks

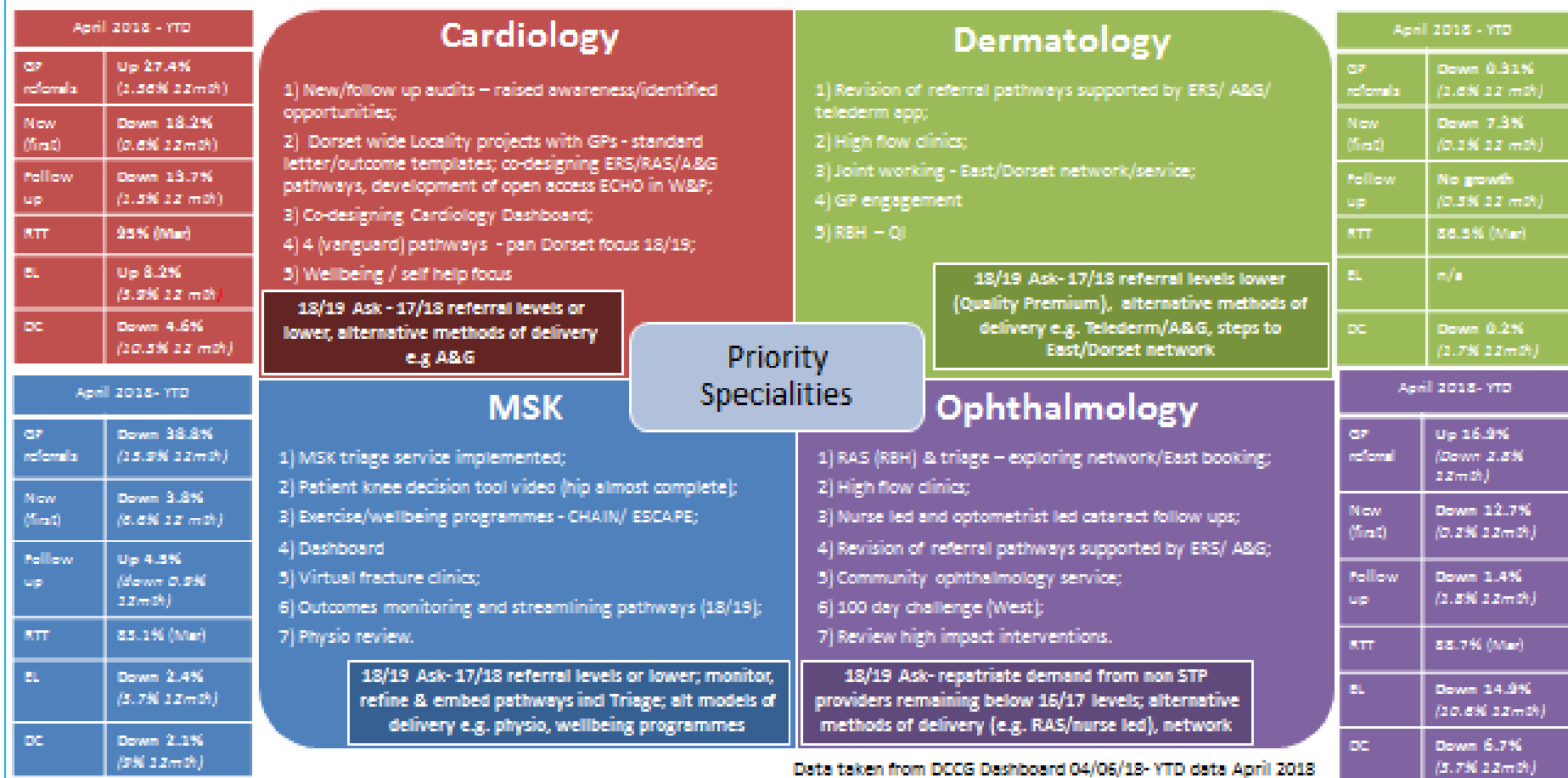
- Reduced demand = reduced RTT denominator
- Referrals (and waiting list) increase as patients completing physio/exercise programmes transfer to acutes
- Risk of late referrals from interface service with open clocks due to demand and capacity in that service



Action:

1. Right Referral, Right Care Programme – Phase 3 – 18/19
2. Continue referral monitoring and escalation / 'break glass' options developed

Achievements so far and 'The Ask' 18/19 - 4 Priority Specialities (STP Providers only)



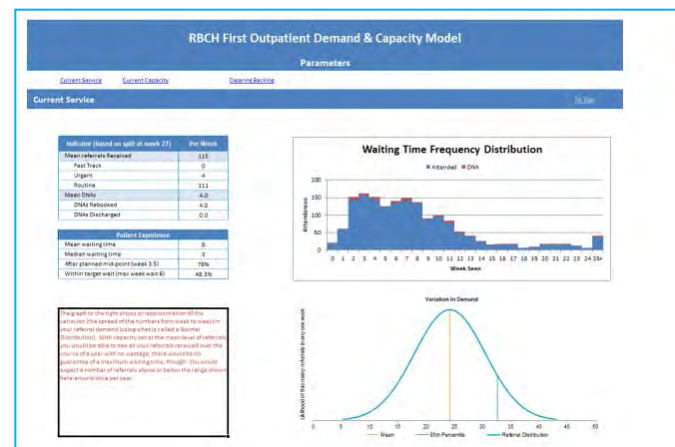
Demand and capacity

Progress to date:

- Info Dept leads trained (NHSI prog)
- Directorate level training commenced
- Outpatient tools developed and being rolled out across specialities
- No outpatient fup tool
- Two 'diagnostic' / procedure tools in place (Cardio / Endoscopy)
- No elective inpatient / day case tools
- Referral and activity analysis as part of budget setting and activity 'must do' plan

BUT...

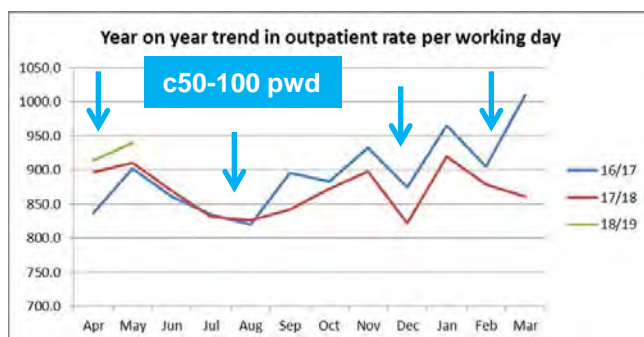
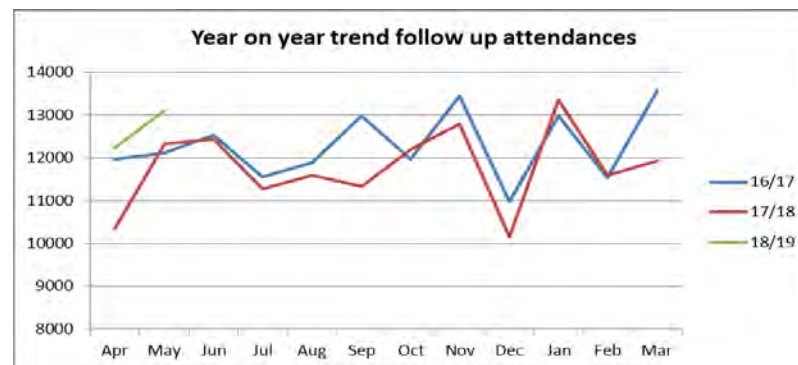
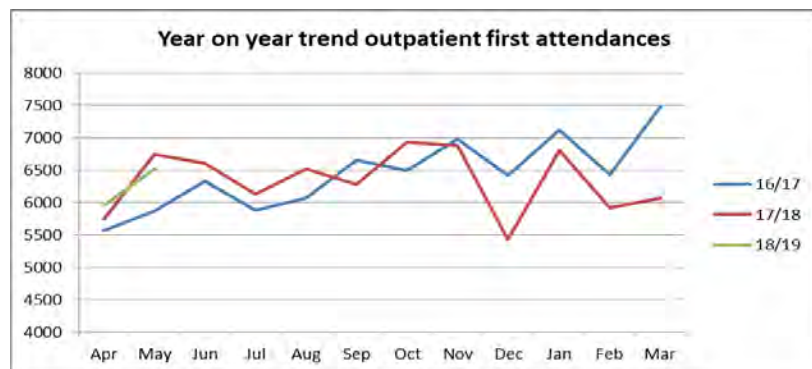
- Info department and speciality/directorate manager workload and time limitation (*esp ref CSR/merger*)
- Each Demand & Capacity model takes approx a month to develop with a dedicated resource



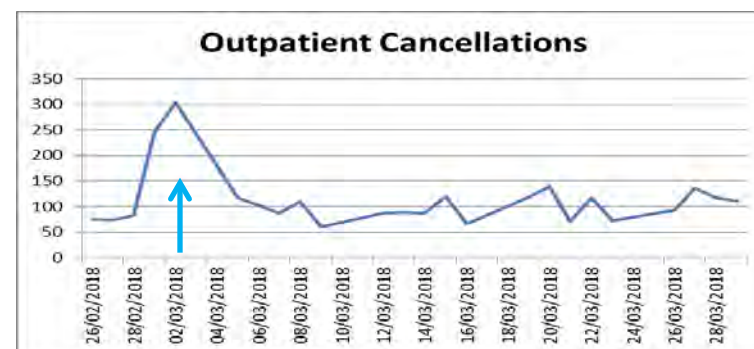
Capacity and Demand Tools being used as part of speciality management				
Speciality	New Outpatient Appointment	Diagnostic/Procedures	RAG Key	
Urology	Green		Green	Tool well developed and used in speciality
Colorectal	Amber		Amber	Speciality working to refine data in tool and use
Upper GI	Red		Red	Tool ready to use but not yet commenced use
Vascular	Amber			
Breast	Amber			
Orthopaedics	Green			Previous tool has been used
ENT	Amber			
Ophthalmology	Green			
Oral	Amber			
Paediatrics	Red			
Orthodontics	Red			
Gastroenterology	Amber			
Endocrinology	Red			
Diabetes	Red			
Haematology	Red			
Cardiology	Amber	Green		
Dermatology	Amber			
Thoracic	Red			
Rheumatology	Amber			
Gynaecology	Red			
Neurology	Amber			

Note: elective inpatient / day case & fup tools not yet available

Activity - Outpatients

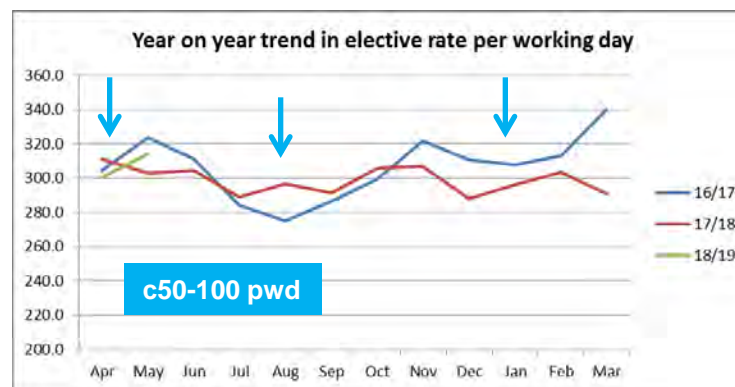
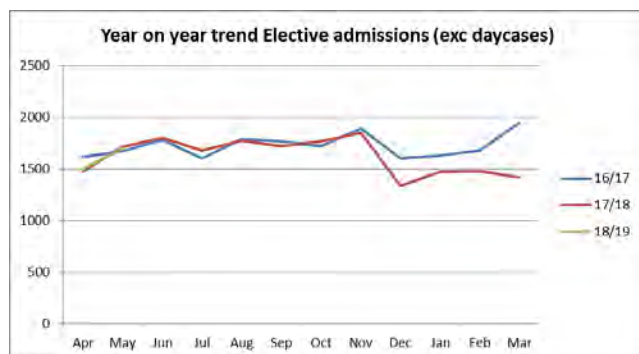
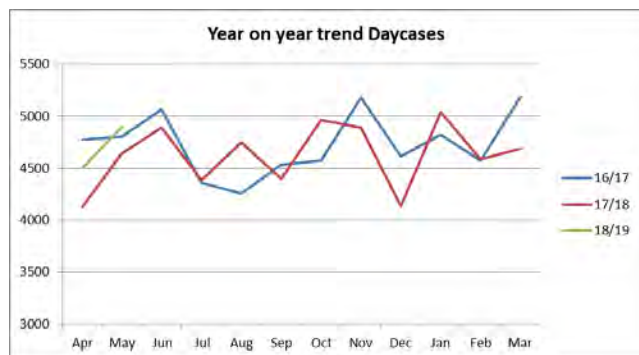


.. and the snow ... (over 500 to recover from 2 days)



- Rate per working day OPA activity up this year
- Absolute new OPA activity comparable
- Absolute f-up activity up
- Seasonal drop in summer months, Dec, Feb, Apr
- Further unplanned impact e.g. severe weather – significant recovery required

Activity - Inpatients

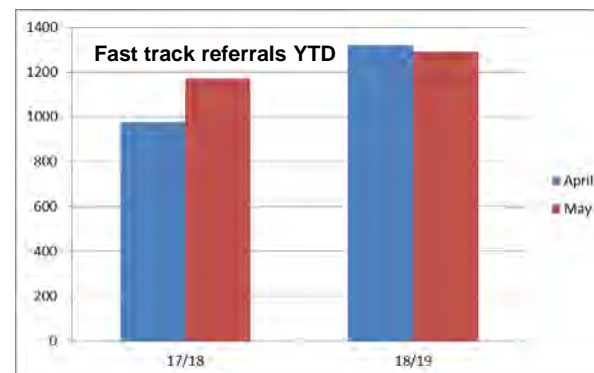
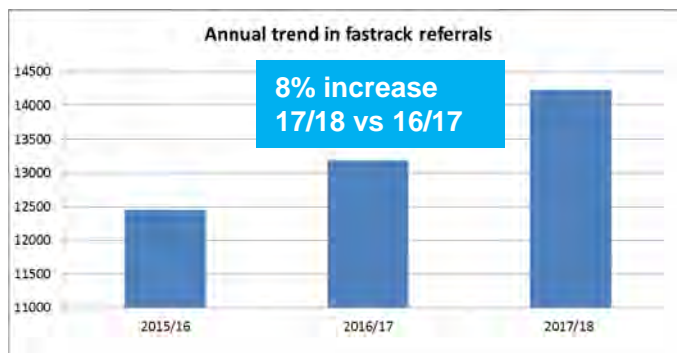


.. and the snow ... (over 150 to recover from 2 days)

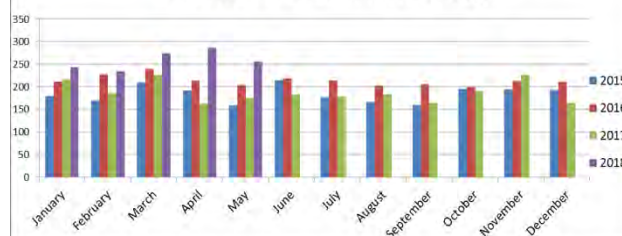


- Rate per working day elective activity down this year vs last
- Absolute activity up
- Seasonal drop - summer Dec - Feb, Apr
- Seasonal peak – May/Jun, Oct/Nov
- Further unplanned impact e.g. severe weather – significant recovery required

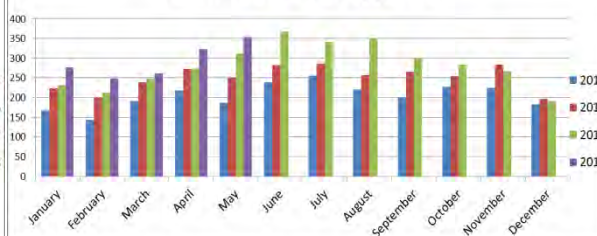
'Carve out' for cancer and urgent



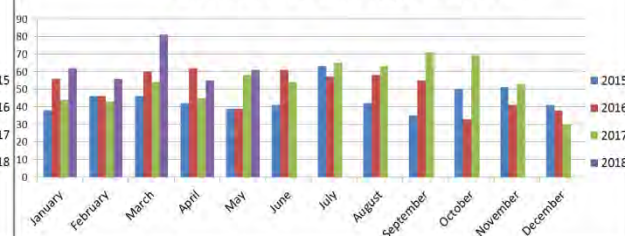
Fast track referrals received by year - Urology



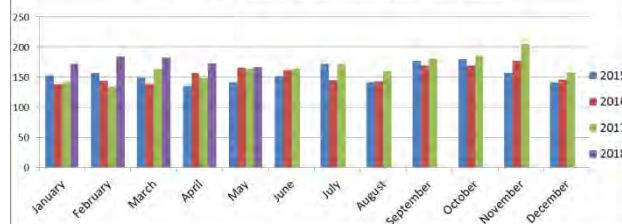
Fast track referrals received by year - Skin



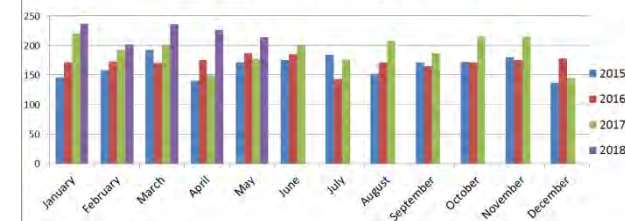
Fast track referrals received by year - Head & Neck



Fast track referrals received by year - Colorectal

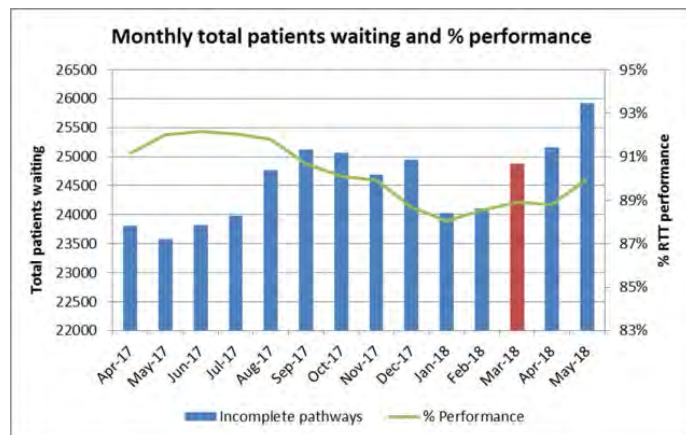


Fast track referrals received by year - Breast

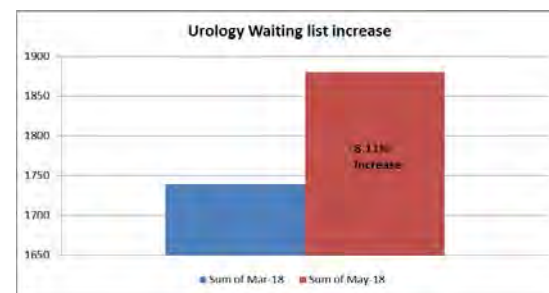
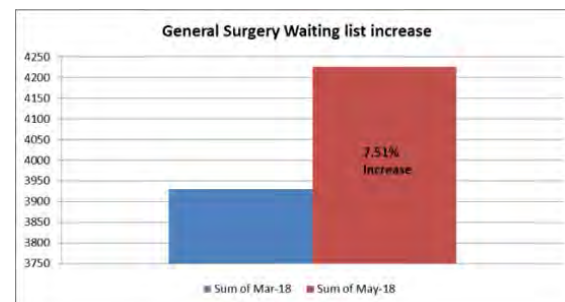
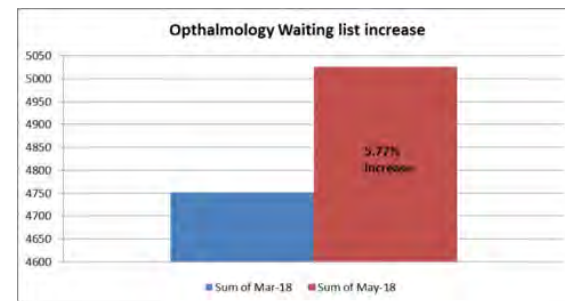


- Increased fast track referrals to be seen within 2 weeks
- Requires 'carve out' (routine patients moved back)
- Key increases: Urology, Skin, Breast, Colorectal and Head & Neck

Total waiting list & 18 week backlog

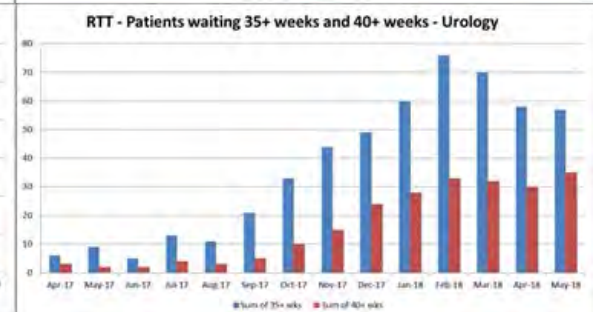
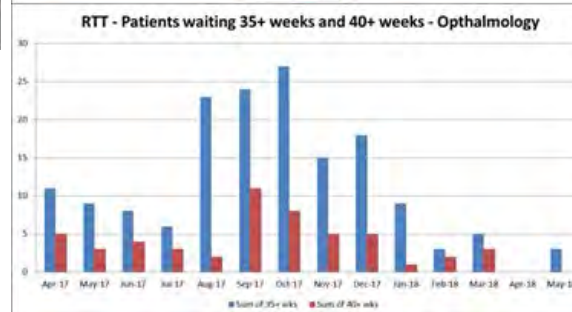
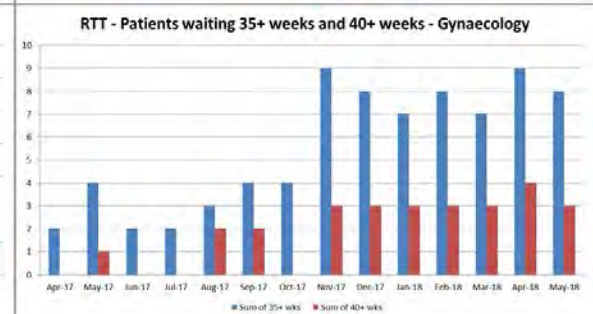
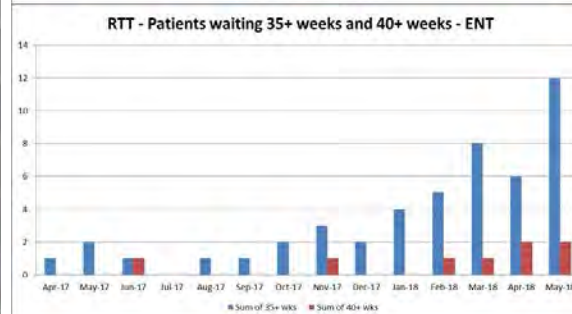
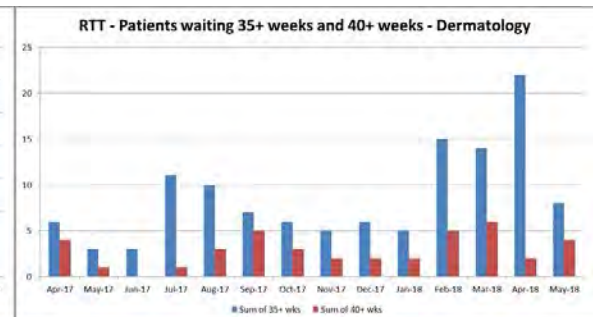
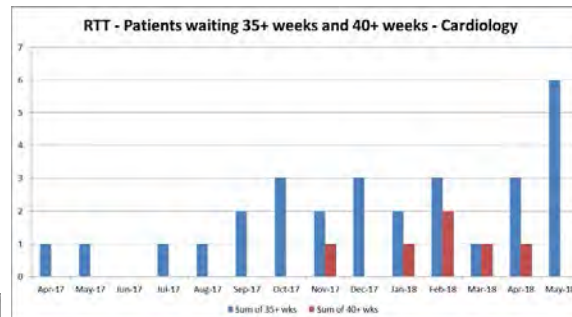
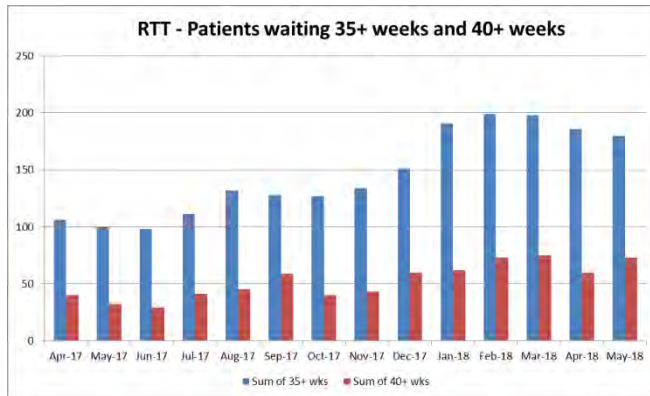


- Total waiting list increased c1,000 since Mar 18
- Proportion 18+ improving but below 92%
- Key growth in: Ophthalmology, General Surgery, Urology



Long waiters

52 week risks-
35+/40+ week waiters



Action:

- **Development and rollout of demand & capacity tools incl fups / elective**
- **Seasonal planning – using demand and capacity tools to support**
- **Full recovery of winter and weather 17/18 impact (activity ‘must do’ plan)**
- **Avoid ‘carve out’ through ‘must do’ activity plan:**
 - Additional outpatient capacity created through nurse-led models in Colorectal and Gynae
 - Additional Urology fast track clinic/treatment capacity – Locum, pending substantive plan
 - Additional Radiology support to facilitate additional Breast fast track capacity
- **Activity ‘must do’ plan to avoid 52 week waits, achieve March 19 waiting list and backlog reduction:**
 - Additional Urology capacity – Locum, pending substantive plan
 - Additional Ophthalmology capacity through additional post
 - Poole visiting specialities (Oral, Neuro, ENT) RTT recovery plan
 - Additional activity Q1/2 pending job planning in Upper GI
 - Cardiology additional EP activity (specialist commissioning)
 - Additional support service capacity (Radiology, Pathology, Outpatients, Booking, Tracking) via activity ‘must do’ plan
- **Eliminate 40+ week waiters and reduce 35+ week waiters – ‘must do’ plan and weekly PMG monitoring**

Action to date and to continue:

- Right Referral, Right Care clinical workstream teams
- Presentations to TMB, GPs, OFRG
- Posters in development
- Corporate admin group in place
- Team based booking improvement work
- Review further opportunities for Team building and improvement work

Conclusion: is it sufficient?

- Best use of resources and best practice
- Significant risks. especially:

Risk	Mitigation
Cancer growth & carve out	Priority in funding 18/19
MSK\.: £2k per case, so approx. £2m at risk	If required would need CCG support. And upto £2m to stabilise situation.
Winter cancellations without WLLs to catch up	Plan ahead.

- Forward look: mainstay in keeping RTT from deteriorating,

Team RBCH



BOARD OF DIRECTORS	
Meeting date:	25 July 2018
Meeting part:	Part 1
Reason for Part 2:	N/A
Subject:	Quality Report
Section on agenda:	Performance
Supplementary reading:	None
Director or manager with overall responsibility:	Paula Shobbrook, Director of Nursing and Midwifery
Author(s) of paper:	Fiona Hoskins: Deputy Director of Nursing and Midwifery Jo Sims: Associate Director of Quality and Risk
Details of previous discussion and/or dissemination:	Not Applicable
Action required:	Note for information
<p>Summary: The Quality report is a summary of the key quality indicators in month.</p> <p>There were three serious incidents reported in June, one which was reported as a never event.</p> <p>The Trust remains in the upper quartile for inpatient FFT for May. ED FFT rate has increased and positive feedback is in the second quartile.</p> <p>A total of 31 complaints were received in June 2018. All were acknowledged within three days. Care Quality remains a theme across all directorates.</p>	
Related strategic objective:	Improving quality and reducing harm. Focusing on continuous improvement and reduction of waste
Relevant CQC domain:	
Are they safe?	✓
Are they effective?	✓
Are they caring?	✓
Are they responsive to people's needs?	✓
Are they well-led?	✓
Impact on risk profile:	N/A



The Royal Bournemouth
and Christchurch Hospitals
NHS Foundation Trust



Quality Report

For the period to end

June 2018

Paula Shobbrook
Director of Nursing and Midwifery

Quality Report: April 2018

1.0 Introduction

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 2018/19.

2.0 Serious Incidents







Three (3) serious incidents were reported in June 2018.

1. An incorrect replacement component was inserted. The error was identified, the component removed and replaced with the correct one during surgery. This was identified and agreed as a Never Event. Immediate actions were undertaken and an investigation is in progress.
2. Unexpected deterioration of a patient in the ED observation bay. Investigation and panel have been undertaken. Agreement to escalate to a reportable SI as there were gaps in the monitoring and identification of a deteriorating patient.
3. Hospital acquired MRSA Bacteraemia. Investigation is in progress. Investigation and panel have been undertaken.

3.0 CQC Update

3.1 CQC Report

The Trust received the CQC report for the CQC Inspection on the 13 to 27 March 2018 and 11 to 12 April 2018. The report was issued on the 19 June 2018 with ratings as follows:

Ratings		
Overall rating for this trust		Good 
Are services safe?		Good 
Are services effective?		Good 
Are services caring?		Good 
Are services responsive?		Good 
Are services well-led?		Outstanding 

The overall rating of GOOD reflected that the CQC found that the Trust had improved from the findings of the previous inspection in October 2015.

The CQC report summary states "We rated it as good because:

- Across the Trust, we found the services we inspected to be safe, effective, caring, responsive and well led. We rated safe, effective, caring and responsive as good overall and well led to be outstanding.
- The Trust had made significant improvements in all the areas we inspected. Trust leaders had taken a cultural approach to improving services, ensuring that quality improvement and continuous improvement were integral to the everyday workings of the Trust.
- Patient safety was afforded sufficient priority. Staff kept patients safe from avoidable harm and abuse. When patient safety incidents occurred, the Trust took a robust and

systematic approach to ensuring that learning was identified and practices improved where appropriate.

- Staff followed best practice and evidence based guidance to ensure patient outcomes were good. Patient outcomes were mostly better or similar to other acute trusts when compared nationally.
- There were sufficient numbers of suitably skilled and trained staff to deliver effective care and treatment.
- Equipment and premises were fit for purpose, clean and managed well. Medicines were safely managed.
- Staff, including senior leaders, worked together and followed clear escalation protocols when the hospital was reaching capacity to ensure patient care was not unduly compromised.
- Patients were treated with dignity and respect throughout the Trust and Trust leaders promoted a person centred culture. Patients and their relatives gave consistently positive feedback about the care they received.
- The Trust was responsive to individual needs and made good provision for patients with mental health conditions and/or a learning disability.
- Services were planned in a way that ensured patients could access care and treatment in a timely way.
- The Trust was ranked first (highest performing) when compared against acute trusts nationally in the NHS staff survey of 2017.
- Senior leaders at the Trust provided exemplary leadership to staff, ensuring staff had the right tools in place to drive improvements and innovate in their everyday work.
- Trust leaders had developed a clear mission, strategy, vision for the Trust underpinned by clearly understood strategic objectives and key priorities.
- Robust governance arrangements and risk management ensured the Trust could deliver against its strategic objectives.
- The Trust was working collaboratively with system partners towards the transformation of services across Dorset.
- The relationship between the board and the Council of Governors had improved and board members were more responsive to challenges and concerns raised by governors.

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	→←	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Royal Bournemouth Hospital	Good ↑ Mar 2018	Good ↑ Mar 2018	Good →← Mar 2018	Good ↑ Mar 2018	Outstanding ↑↑ Mar 2018	Good ↑↑ Mar 2018
Christchurch Hospital	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Overall trust	Good ↑ Mar 2018	Good ↑ Mar 2018	Good →← Mar 2018	Good ↑ Mar 2018	Outstanding ↑↑ Mar 2018	Good ↑ Mar 2018

Ratings for Royal Bournemouth Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Outstanding ↑↑ Mar 2018	Good ↑ Mar 2018
Medical care (including older people's care)	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018
Surgery	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018
Critical care	Good Feb 2016	Good Feb 2016	Good Feb 2016	Requires improvement Feb 2016	Good Feb 2016	Good Feb 2016
Maternity	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Outstanding ↑↑ Mar 2018	Good ↑ Mar 2018
Services for children and young people	Good Feb 2016	Good Feb 2016	Outstanding Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
End of life care	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Outpatients	Good Feb 2016	N/A	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Overall*	Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Outstanding ↑↑ Mar 2018	Good ↑ Mar 2018

The report was very positive throughout and CQC inspectors commented on the excellent engagement from all staff spoken to during the inspection.

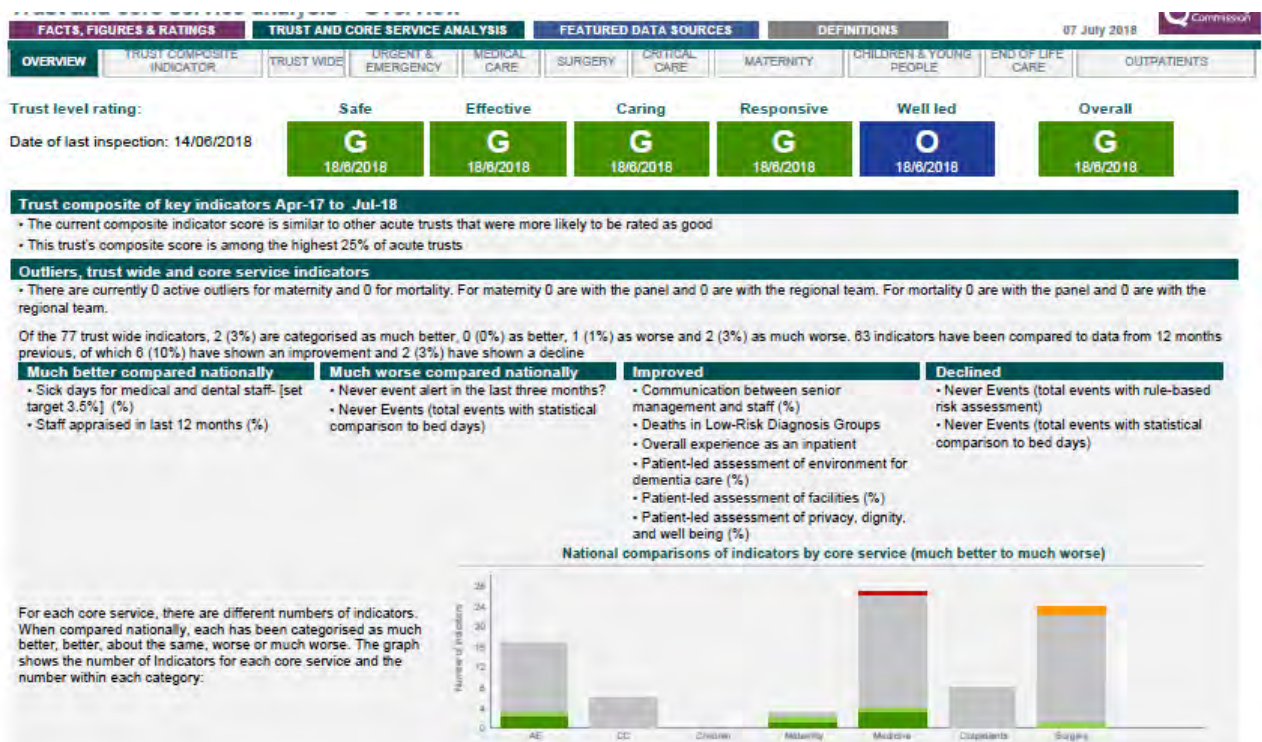
The report did not include any "Must" actions but did highlight a small number of "Should" actions (see below). These have been shared with relevant teams and implementation of these actions will be monitored via the Healthcare Assurance Committee (HAC).

CQC Should Actions by Core Service	
Medicine	The Trust should continue to review their medicines management policies to promote the consistent safe storage of medicines across the Trust
	The Trust should continue to work to support staff's understanding of where a mixed sex breach may occur and how and when it should be reported
	The Trust should continue working with partners to reduce delayed transfers of care from hospital.
	The hospital should continue to work to ensure 'this is me' booklets are always completed
	The Trust should continue to undertake actions to improve compliance with patient electronic nurse assessments
	The Trust should review storage of clean items in the sluice areas
	The Trust should continue to raise awareness of the need to offer patients the facilities to wash their hands prior to meals
	The Trust should continue raising awareness of the need to store patients' records securely
Surgery	The service should further consider how to ensure that learning from never events is sustained and mitigates the risk of similar incidences in the future
	Food and fluid charts should be routinely completed in full to give an accurate picture
	The interface between paper and electronic risk assessments should be reviewed to mitigate the risk of staff using concurrent recording systems

Urgent and Emergency Care	The service should continue to prioritise meeting the national emergency department target of admitting, transferring or discharging 95% of patients within four hours or arrival
	All staff should receive safeguarding training at the level appropriate to their role
	Complaints should be routinely investigated within the Trust's agreed timescales
Trust	The Trust should continue to prioritise improving on their published Workforce Race Equality Standard results ensuring that black and minority ethnic staff do not experience higher levels of bullying, harassment or discrimination.

3.2 CQC Insight Model

The CQC updated the Insight report for the Trust on the 7 July 2018 (published 13 July 2018). The report includes the updated CQC ratings for the Trust.



The Trust remains and outlier for the number of reported Never Events but overall the current composite indicator score for RBCH is similar to other acute trusts that were more likely to be rated as good. The CQC note that 'This Trust's composite score is among the highest 25% of acute trusts'.

4.0 Patient Experience Report

4.1 Friends and Family Test: May data

National Comparison using NHS England data:

The national performance benchmarking data below is taken from the national data provided by NHS England which is retrospectively available and therefore, represents May 2018 data.

- Inpatient and day case Friends and Family Test (FFT) national performance in May 2018 ranked RBCH Trust 3rd with 30 other hospitals out of 172 placing RBCH in the top quartile based on patient satisfaction. The response rate was sustained above the 15% national standard at 20%.
- The Emergency Department FFT performance in May 2018 ranked RBCH Trust 11th with 12 other hospitals out of 140 placing RBCH ED department in the second quartile. The response rate 10.2% against the 15% national standard.
- Outpatients FFT performance in May 2018 ranked RBCH Trust 3rd with 17 other trusts out of 243 trusts, placing the departments in the second quartile. Response rates are variable between individual outpatient departments; there is no national compliance standard.

Table 1: National Performance Benchmarking data

	December	January	February	March	April	May
In-Patient Quartile						
Top	98.842%	98.755%	98.665%	98.469%		98.374%
2					97.741%	
3						
Bottom						
	December	January	February	March	April	May
ED Quartile						
Top						
2	92.157%	92.887%	87.545%			89.607%
3				86.083%	87.588%	
Bottom						
	December	January	February	March	April	May
OPD Quartile						
Top						
2	96.436%	97.231%	96.944%	96.880%	97.536%	97.643%
3						
Bottom						

4.2 Family and Friends Test: Corporate Outpatient areas

Corporate	Total eligible to respond	No. PEC's completed	No. of FFT Responses	% Recommended	% Not Recommended
Derwent OPD	N/A	65	63	96.8%	0.0%
Main OPD Xch	N/A	39	34	100.0%	0.0%
Oral and Maxillofacial	N/A	2	2	100.0%	0.0%
Outpatients General	N/A	186	181	98.9%	0.0%
Jigsaw OPD	N/A	11	11	81.8%	9.1%
Corporate Total		303	291	97.9%	0.3%

4.3 Care Audit Data

The Care Campaign Audit (CCA) will be continuing in its current format until a full consultation and redesign of the methodology is formatted. Consultations with the Volunteer Survey team will be taking place in July to structure a new approach to gathering feedback from our patients. The limitations of the current design of the CCA have been recognised and a redesign to include the use of qualitative conversations with our patients will form the basis of the new model.

5.0 Complaints

5.1 A total of 31 complaints were received in June all of which were acknowledged within three days. Of note complaints have continued with the upward trend with the three highest themes being:

- Implementation of care
 - Quality / Suitability of Care / Treatment
- Access
 - Admission / discharge / transfer issue
- Care
 - Complication of Treatment

There have been 108 complaints year to date, from April, and a gradual increase in response times is noted since May 2018. This will be discussed at the HAC.

6.0 Recommendations

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



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

BOARD OF DIRECTORS	
Meeting date:	25 July 2018
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Finance Report
Section on agenda:	Performance
Supplementary reading:	Yes
Director or manager with overall responsibility:	Pete Papworth, Director of Finance
Author(s) of paper:	Chris Hickson, Deputy Director of Finance
Details of previous discussion and/or dissemination:	Finance and Performance Committee
Action required:	Note for information
Summary: The Trust continues to deliver against its agreed financial control total, and has secured the quarter one PSF monies in full. However there remains a material forecast shortfall against the cost improvement programme which requires immediate action to ensure the Trust continues to deliver against its agreed regulatory control total.	
Related strategic objective:	Improving quality and reducing harm. Focusing on continuous improvement and reduction of waste
Relevant CQC domain: Are they safe? Are they effective? Are they caring? Are they responsive to people's needs? Are they well-led?	 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Impact on risk profile:	Three financial and performance risks recorded 2018/19 on the risk register for monthly review by Committee



The Royal Bournemouth
and Christchurch Hospitals
NHS Foundation Trust



Finance Report

For the period to end

30 June 2018

Pete Papworth
Director of Finance

Executive Summary

As at 30 June the Trust has delivered a cumulative deficit of £1.863 million, being £37,000 better than budget. However, there remains a very significant shortfall of £3.575 million in the forecast savings as compared to the full year saving requirement, which requires focused attention to ensure the Trust is able to achieve its agreed financial control total.

Income & Expenditure

As at 30 June income is behind plan by £1.060 million due to pass through drugs and devices. After adjusting for this; income is ahead of plan by £0.166 million, due to additional NHS clinical income and non-clinical income, offset in part by reduced non-NHS clinical income. NHS clinical income is planned to increase in the latter part of the year due to workforce challenges, and this will need to be carefully monitored to avoid further financial risk.

Expenditure reported an aggregate under spend of £1.097 million, mainly due to pass through drugs and devices. After adjusting for this; expenditure is £0.129 million over spent and represents a £0.819 million overspend against the Trust's pay budget, together with a pressure of £0.371 million in relation to drugs expenditure. These are currently being off-set by savings against non-pay budgets.

Provider Sustainability Fund (PSF)

The Trust has been allocated a total of £9 million through the PSF for 2018/19. The Trust along with its Integrated Care System (ICS) partners has approved a 'Full PSF' system control total approach. Up to £6.3 million is secured for the Trust if the Dorset ICS achieves its cumulative financial control total, and up to £2.7 million is realised if the Trust achieves its trajectory in relation to the Accident and Emergency 4 hour access standard.

A full ICS system control total offers the least risk option as allows control total offsets across the ICS and more favourable terms in relation to the payment methodology.

The PSF income relating to A&E 4 hour performance for quarter one amounted to £405,000 and has been secured. Cumulative quarter one performance was 93.95% against an agreed trajectory of 93.91% which is 0.04% above target. It should be noted that the Medical Care Group invested in a recovery plan in June delivering monthly performance of 96.4% which supported the achievement of the quarterly cumulative performance.

Forecast Outturn

The Trust is currently forecasting a full year deficit of £2.381 million, consistent with the revenue control total agreed with NHS Improvement. However, there is considerable risk within this forecast given the current shortfall against the Cost Improvement Plan requirement.

Cost Improvement Programme

As at 30 June financial savings of £2.271 million have been achieved. This represents a shortfall of £0.837 million against the year to date planned value of £3.108 million.

The risk adjusted base forecast is for 2018/19 total savings of £9.122 million, however the forecast ranges from £8.532 million to £10.252 million. This compares to the full year savings requirement of £12.697 million which equates to 4.5% of operating costs and consistent with ICS partners. Further schemes continue to be identified to close this gap; however this remains the most significant financial risk for the Trust for 2018/19.

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. It should be noted however, that whilst agency spend remains comparatively low at 2% of the pay budget, the cumulative cost of bank, agency and overtime is higher than the Trust's vacancy budget.

Particular pressures are apparent within the Medical Care Group which is reporting a year to date pay over spend of £581,000. This reflects recruitment challenges within both the medical and nursing staffing templates and investment in the delivery of the quarter one PSF A&E achievement.

Capital Expenditure

Capital expenditure amounting to £2.233 million has been committed, being £0.283 million above budget. This reflects the timing of expenditure, particularly in relation to the prioritisation process of medical equipment early in the financial year, phasing of the Catheterisation Laboratory scheme and the implementation of the Informatics led data storage programme. The full year forecast for capital expenditure remains within planned levels.

Cash

The Trust is currently holding a consolidated cash balance of £26.8 million, which is expected to reduce to £24.1 million by 31 March 2019. This is a strong position, and means that no Department of Health support is required during 2018/19.

Recommendation

Members are asked to note the Trust's financial performance for the period ending 30 June 2018.

Finance Report

As at 30 June 2018

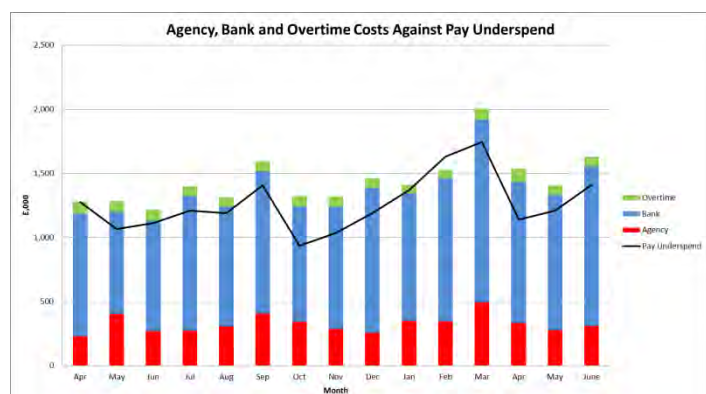
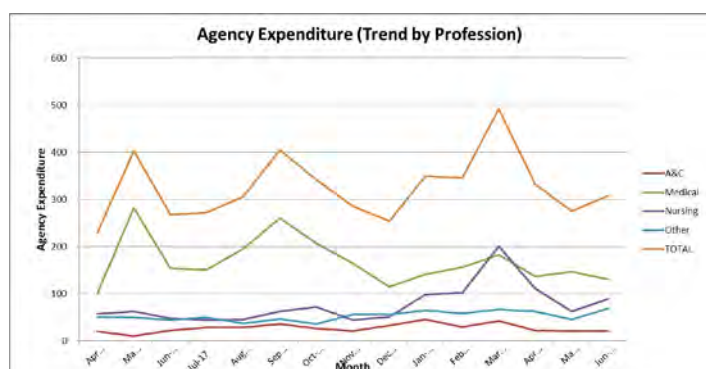
Income and Expenditure

Income and Expenditure Summary	Budget £'000	Actual £'000	Variance £'000	Pass Through £'000	Residual Variance £'000
NHS Clinical Income	64,452	63,501	(951)	1,229	278
Non NHS Clinical Income	1,512	1,282	(230)	(3)	(233)
Non Clinical Income	9,169	9,290	121	0	121
TOTAL INCOME	75,133	74,074	(1,060)	1,226	166
Employee Expenses	45,995	46,814	(819)	0	(819)
Drugs	8,798	8,167	631	(1,002)	(371)
Clinical Supplies	8,989	8,676	313	(224)	89
Misc. other expenditure	13,251	12,280	970	0	970
TOTAL EXPENDITURE	77,033	75,937	1,097	(1,226)	(129)
SURPLUS/ (DEFICIT)	(1,900)	(1,863)	37	0	37

Income Analysis	Budget £'000	Actual £'000	Variance £'000
NHS Dorset CCG	45,035	45,035	0
NHS England (Wessex LAT)	11,867	10,982	(885)
NHS West Hampshire CCG (and Associates)	6,260	6,253	(7)
Other NHS Patient Income	1,290	1,231	(59)
Provider Sustainability Fund	1,350	1,350	0
Non NHS Patient Income	1,512	1,282	(230)
Non Patient Related Income	7,819	7,941	121
TOTAL INCOME	75,133	74,074	(1,060)

Provider Sustainability Fund Income	Year to Date			Full Year Forecast		
	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000
Financial: System Control Total (70%)	945	945	0	6,300	6,300	0
Performance: A&E Trajectory (30%)	405	405	0	2,700	2,700	0
Incentive	0	0	0	0	0	0
TOTAL	1,350	1,350	0	9,000	9,000	0

Agency Expenditure



Care Group Performance

Care Group Performance	Budget £'000	Actual £'000	Variance £'000
Surgical Care Group	2,722	2,283	(439)
Medical Care Group	2,052	1,430	(622)
Specialties Care Group	1,460	1,187	(273)
Corporate Directorates	(8,599)	(8,506)	92
Centrally Managed Budgets	464	1,742	1,278
SURPLUS/ (DEFICIT)	(1,900)	(1,863)	37

Cost Improvement Programme

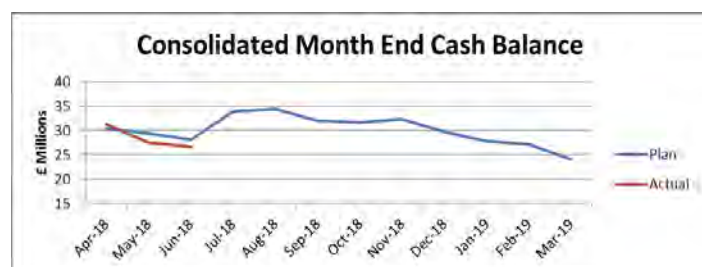
Cost Improvement Programme	Budget £'000	Actual £'000	Variance £'000	Base Forecast £'000
Surgical Care Group	546	234	(311)	1,452
Medical Care Group	752	303	(449)	1,528
Specialties Care Group	542	202	(339)	895
Corporate Directorates	1,268	1,531	263	5,247
SURPLUS/ (DEFICIT)	3,108	2,271	(837)	9,122



Capital Expenditure

Capital Programme	Budget £'000	Actual £'000	Variance £'000
Estates	1,164	711	453
IT Strategy	762	492	270
Medical Equipment	0	1,029	(1,029)
Centrally Managed	24	1	23
SURPLUS/ (DEFICIT)	1,950	2,233	(283)

Cash





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

BOARD OF DIRECTORS	
Meeting date:	25 July 2018
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Workforce Report
Section on agenda:	Performance
Supplementary reading:	Minutes of the Workforce Strategy and Development Committee held on 11/6/18.
Director or manager with overall responsibility:	Karen Allman, Director of Human Resources
Author(s) of paper:	Karen Allman, Fiona Hoskins
Details of previous discussion and/or dissemination:	Specific issues are reviewed at Workforce Committee, HAC, Education & Training Committee
Action required:	Note for information
Summary: The paper shows workforce statistics including turnover, vacancy rate and sickness absence, together with items to highlight to the Board from Workforce Strategy and Development Committee.	
Related strategic objective:	Valuing our staff. Recognising the contribution of our staff and helping them develop and achieve their potential
Relevant CQC domain:	
Are they safe?	✓
Are they effective?	✓
Are they caring?	<input type="checkbox"/>
Are they responsive to people's needs?	<input type="checkbox"/>
Are they well-led?	✓
Impact on risk profile:	Recruitment and workforce planning are existing risks on the risk register.



The Royal Bournemo
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Workforce Report

For the period to end


















































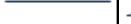






















June 2018

Karen Allman
Director of Human Resources

Workforce Report for Board

As at 30th June 2018

Care Group	Appraisal Compliance		Mandatory Training Compliance	Sickness		Joining Rate	Turnover	Vacancy Rate (from ESR)
	Values Based	Medical & Dental		Absence	FTE Days			
	At 30 June			Rolling 12 months to 30 June			At 30 June	
Surgical	25.0% 	88.8% 	93.7% 	4.31% 	15028 	10.9% 	9.8% 	
Medical	25.2% 	85.1% 	92.6% 	3.49% 	18031 	12.7% 	9.9% 	
Specialities	19.5% 	92.5% 	93.8% 	3.94% 	12469 	10.9% 	10.5% 	
Corporate	19.0% 	100.0% 	94.7% 	4.26% 	13248 	5.9% 	7.8% 	
Trustwide	22.4% 	88.8% 	93.4% 	3.94% 	58776 	10.4% 	9.5% 	

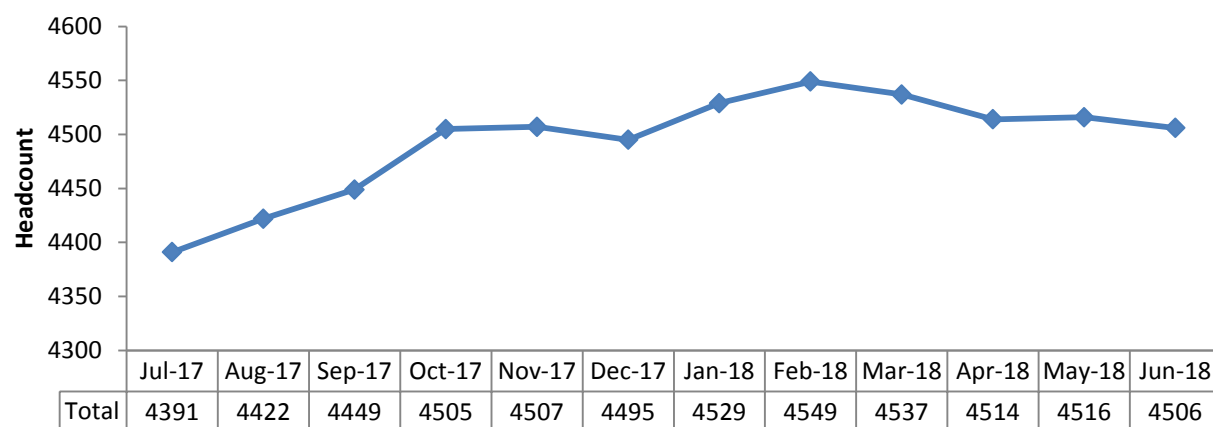
Staff Group	Appraisal Compliance		Mandatory Training Compliance	Sickness		Joining Rate	Turnover	Vacancy Rate (from ESR)
	Values Based	Medical & Dental		Absence	FTE Days			
	At 30 June			Rolling 12 months to 30 June			At 30 June	
Add Prof Scientific and Technical	25.0% 		94.9% 	3.31% 	1595 	12.0% 	7.8% 	
Additional Clinical Services	16.3% 		93.1% 	5.85% 	15891 	18.7% 	13.7% 	
Administrative and Clerical	27.1% 		95.1% 	3.66% 	11511 	7.8% 	9.8% 	
Allied Health Professionals	21.1% 		93.3% 	2.68% 	2552 	14.3% 	12.9% 	
Estates and Ancillary	7.0% 		93.3% 	6.40% 	7809 	7.6% 	7.3% 	
Healthcare Scientists	16.2% 		97.4% 	3.24% 	1157 	8.6% 	6.7% 	
Medical and Dental		88.8% 	89.3% 	1.31% 	2325 	4.3% 	5.1% 	
Nursing and Midwifery Registered	27.9% 		94.0% 	3.73% 	15935 	8.1% 	7.9% 	
Trustwide	22.4% 	88.8% 	93.43% 	3.94% 	58776 	10.4% 	9.5% 	

Workforce Report for Board

As at 30th June 2018

1. Staffing and Recruitment

Substantive Staff (Headcount) Trend

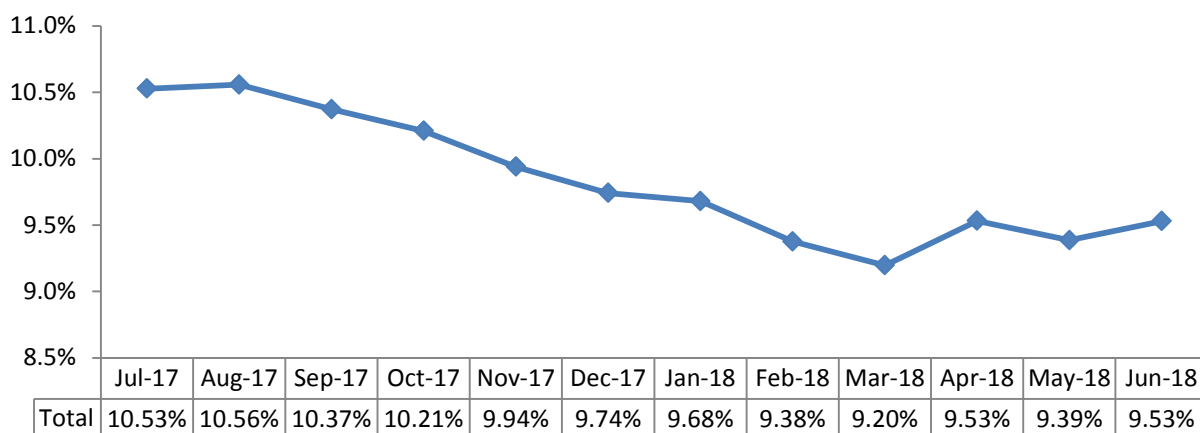


The turnover rate showed a slight increase at 9.53% (9.4% the previous month).

Joining rate remains constant at 10.4%, and continues at a higher level than the turnover rate.

Vacancy rate unavailable at time of writing (5.6% last month).

Permanent Staff Turnover Rate (Headcount)



2. Essential Core Skills Compliance

Compliance for the month remains unchanged at 93.4% as at 30 June. Compliance for Medical & Dental staff remains at 89% and continues to be closely monitored by the Medical Director.

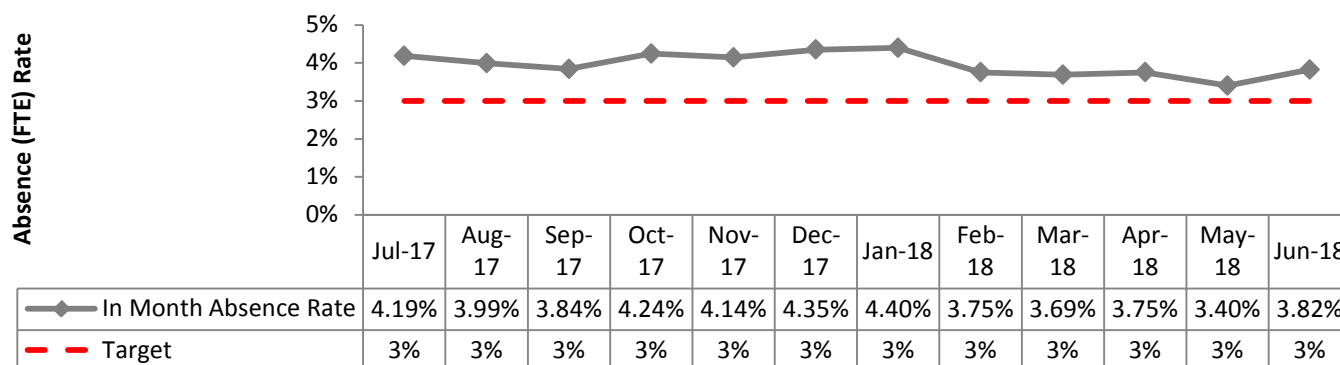
The main area highlighted to managers for focus is Fire training, which disappointingly has slipped back slightly despite regular reminders of how this training can be accessed: Essential Core Skills Day 1 at 8:35 (just turn up and sign in); at Trust Induction at 10:45am every 2 weeks, and booking on to the stand alone sessions. In addition, the fire officer does provide on-ward training to teams upon request. As a result of recent review and discussion it has finally been accepted to develop a bespoke Trust eLearning module as a priority by the in-house education and training team and change the refresher period to 2 yearly from the current annual. The module will be introduced in conjunction with other changes and actions, and will mirror practice at other Trusts locally and nationally. These changes are anticipated to be introduced once the fire officer has confirmed that issues related to the number of trained fire wardens have been resolved.

Sepsis & Deteriorating Patient – this new eLearning competency went live in March 2018 and is currently at 82% which is excellent progress over the three months.

Focus continues on driving towards our target and working with colleagues across the NHS in Dorset to align training and improve the transferability of skills, thus reducing the need for NHS staff to do the same or similar training more than once.

3. Sickness Absence

In Month Absence Rate (FTE)



Workforce Report for Board

As at 30th June 2018

	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Surgical	5.00%	4.93%	4.21%	4.21%	4.49%	4.53%	4.70%	3.90%	4.85%	4.21%	3.70%	4.24%
Medical	4.32%	3.73%	3.61%	3.60%	3.34%	4.03%	4.27%	3.70%	2.88%	3.45%	2.43%	2.77%
Specialties	3.70%	3.91%	3.79%	4.21%	4.77%	4.48%	4.32%	3.79%	3.51%	3.77%	3.66%	3.82%
Corporate	3.57%	3.49%	3.86%	5.36%	4.44%	4.53%	4.35%	3.63%	3.94%	3.73%	4.41%	5.08%
Trust	4.19%	3.99%	3.84%	4.24%	4.14%	4.35%	4.40%	3.75%	3.69%	3.75%	3.40%	3.82%

The in-month sickness absence figure slipped back slightly to 3.82% for June (3.40% for May) but this continues its amber rating and represents an improvement on the position at this point last year (4.01%). Increases were seen across all care groups but it is pleasing to note that the Medical care group has maintained its green rating at 2.77%. Work continues to maintain focus on managing sickness and supporting health and wellbeing within the Trust.

4. Safe Staffing

As part of the Trust's requirement to report on Safe Staffing (CQC – Key Line of Inquiry) the following data summary has been prepared for June 2018.

Registered Nurse (RN) Actual Day 92.5% HCA Actual Day 96.9%

Registered Nurse (RN) Actual Night 97.5% HCA Actual Night 118.5%

The June staffing return to Unify demonstrates that overall the Trust maintained a safe and stable staffing position in May 2018. This was achieved by areas either running to full template or implementing effective mitigating actions. There were no red flags for staffing in May 2018. A small percentage of high cost agency was utilised, which continues to be monitored through the Premium Cost Avoidance meeting. There were some episodes of templated shift over and under fill, examples of this are:

Care Group A

- New staffing templates initiated in SAU and ward 16 leading to some over reporting of RN and HCA shifts.
- Night time overfill of HCAs due to acuity.
- Some daytime under fill; all appropriately risk assessed as safe.

Care Group B

- Ward 26 aiming for a 75% night fill rate when the frailty admission unit is closed.
- HCA usage above 100% due to mitigation for enhanced care needs and RN under fill where appropriate.
- Daily risk assessments undertaken to support enhanced care needs.

Care Group C:

- The Macmillan Unit had a slight increase in HCA usage, due to specialising a patient who was confused and at risk of falling.
- Ward 11 has a high number of staff on maternity leave. Daily assessments of acuity and workload are undertaken with regards to agency backfill requirements. Specialist nurses also provide additional support to the ward.
- The Eye unit continues to support the Trust bed capacity with 8-12 medical patients being cared for on the unit daily. Additional staff are requested as required to support this.

5. Workforce Committee

The Workforce Strategy and Development Committee met on 11 June and the minutes are included in the reading pack. Items to highlight to the Board as noted therein are:

- i. The Sickness Absence Policy has been updated, agreed with the Unions and is now live. Training sessions for managers being arranged to cover both this and the new Probationary Period Policy.
- ii. Acknowledge the considerable amount of work going into the workforce plan.
- iii. Consideration of Values Based Recruitment – the Workforce Strategy and Development Committee is supportive of this approach.
- iv. Sickness absence rate has dropped to 3.4% (as at 31/5/18), its lowest point for many years.
- v. The Dubai nurse recruitment was a big success.
- vi. Exit interviews – thanks to IT for their work on the new online form.

BOARD OF DIRECTORS	
Meeting date:	25 July 2018
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Complaints Policy Briefing
Section on agenda:	Governance
Supplementary reading:	None
Director or manager with overall responsibility:	Paula Shobbrook, Director of Nursing and Midwifery
Author(s) of paper:	Fiona Hoskins, Deputy Director of Nursing Christina Harding, Complaints and PALS Improvement Lead
Details of previous discussion and/or dissemination:	HAC, Complaints performance meeting and presented to Senior Leadership Team
Action required:	Note for information
<p>Summary:</p> <p>The policy explains the process for resolving concerns and complaints. It has been amended to reflect the current practices and to recognise the complexity of some complaints and the extended time it takes to provide comprehensive responses to these. This policy has been approved by the Healthcare Assurance Committee, which recommended dual recording and a briefing to the Board on the changes.</p>	
Related strategic objective:	Improving quality and reducing harm. Focusing on continuous improvement and reduction of waste
Relevant CQC domain:	
Are they safe?	✓
Are they effective?	✓
Are they caring?	✓
Are they responsive to people's needs?	✓
Are they well-led?	✓
Impact on risk profile:	No additional risks

1. Introduction

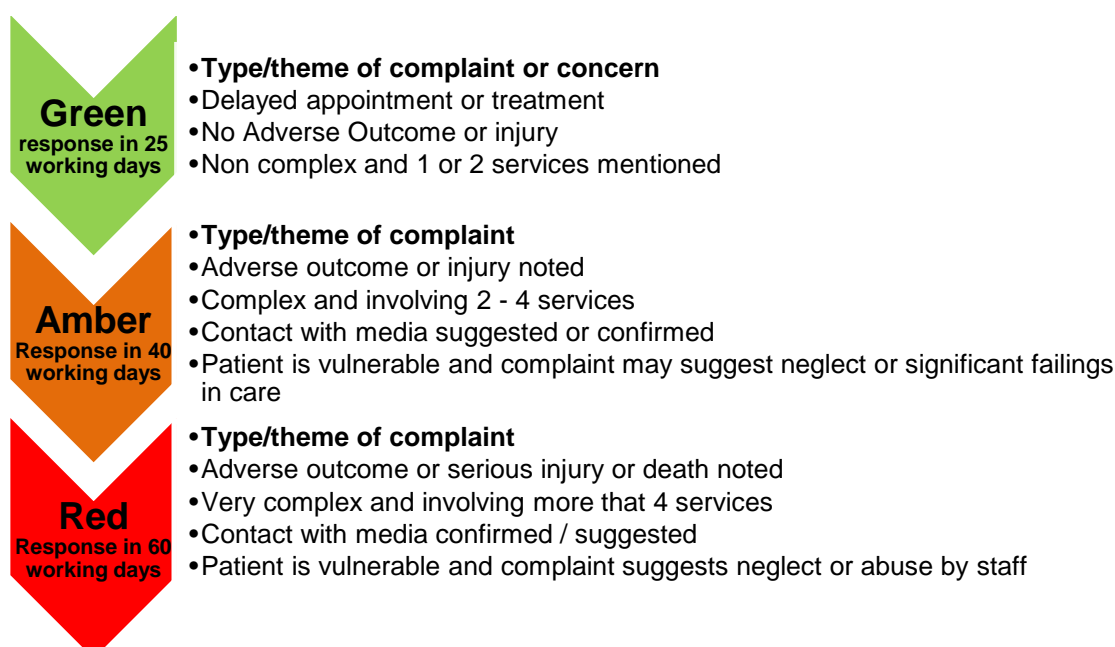
Following a detailed review including feedback from partnership agencies, a decision to refresh the Trust Complaints policy was made in January 2018. The policy has now been updated and approved following extensive consultation. A period of education and information cascade is planned for August 2018 with the new policy going live from the 1 September 2018.

2. Key Changes

This paper outlines for Trust Board the key changes that have been made to the policy, as approved by the Healthcare Assurance Committee.

Severity Rating




In order to appropriately triage and respond to our complaints a severity rating scoring tool will be implemented; the categories are as follows:



This tool will be used for all written complaints received by the Trust.

Response Times

Alongside the Severity Rating tool and in recognition of the complexity of the Red and Amber complaints the new policy supports a phased approach to response rate timescales. The new timescales are:

-  Green complaints will be responded to within 25 working days.
-  Amber complaints will be responded to within 40 working days
-  Red complaints will be responded to within 60 working days.

The Trust's previous timescale was 25 working days for all complaints, and our data demonstrated that for complex complaints this was unachievable.

The new policy requires the investigating manager to make contact with the complainant within three working days of receiving the complaint. This enables the Trust to advise of our expected timeframes and discuss how the complainant would like to receive the outcome of our investigations. For Amber and Red rated complaints further contact points have been added into the process to ensure proactive contact and support for complainants.

Oversight of final response

In order to ensure a consistent approach to the formatting and standard of our response letters new sign-off processes have been agreed. These are also aligned with the Severity Rating Tool.

Management of Concerns through PALS

The new policy, supports that concerns raised through PALS should be resolved as quickly as possible. Any concerns that are resolved within 24 hours are not nationally reportable and it is our aim to achieve this for the majority of the concerns raised. If a concern has not been resolved within 5 days the PALS and complaints team will contact the complainant and discuss whether the concern requires formalising as a complaint.

All written communication received by the Trust raising concerns about care or service delivery will now be logged as a complaint.

3. Next Steps

1. Changes to the Policy will be cascaded out to the directorates and care groups throughout August 2018.
2. The new policy will be shared with our healthcare partners such as Healthwatch and commissioning groups in August 2018.
3. The Policy will be formally implemented from 1 September 2018.
4. Historical reporting data since April 2018 around the numbers of complaints and concerns has been being collated to reflect the old and new methods for grading and responding to complaints and concerns. Dual reporting will be undertaken for the remainder of 2018 in order to provide assurance to our commissioners and regulators.

4. Recommendation

The Board is requested to note the revised methodology for recording and reporting complaints, which will be implemented from September 2018 with dual recording.