

A meeting of the Board of Directors will be held on Wednesday 28 November 2018 at 8.30am in the n the Conference Room, Education Centre, Royal Bournemouth Hospital

If you are unable to attend on this occasion, please notify me as soon as possible on 01202 704777 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 Cliff Shearman		
8.35-8.40	2. MINUTES OF PREVIOUS MEETING		
	a) Minutes of the meeting held on 26 September 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) Patient Story (verbal)	Information	Paula Shobbrook
	b) Update on Governor Activity (verbal/presentation)	Information	David Triplow/ Keith Mitchell
	c) Medical Director's Report (paper)	Information	Alyson O'Donnell
	d) Annual Protection and Safeguarding Report (paper)	Decision	Paula Shobbrook
	e) National Cancer Patient Experience Survey (paper)	Information	Richard Renaut
	f) Overseas Nurse Recruitment (paper)	Information	Karen Allman/ Paula Shobbrook
9.35-10.15	5. STRATEGY AND RISK		
	a) Bournemouth Hospital Charity Annual Review 2017/18 (presentation/video)	Information	Debbie Anderson
	b) Implementing the Clinical Services Review (paper)	Information	Tony Spotswood
	c) Progress Update on 2018/19 Corporate Objectives (paper)	Information	Tony Spotswood
	d) Progress Update on Stakeholder Engagement Outcomes (paper)	Information	Tony Spotswood
	e) Winter Plan Update (presentation)	Information	Richard Renaut
10.15-10.45	6. PERFORMANCE		
	a) Trust Board Dashboard (paper)	Information	Richard Renaut

b)	Performance Report (paper)	Information	<i>Richard Renaut</i>
c)	Quality Report (paper)	Information	<i>Paula Shobbrook</i>
d)	Finance Report (paper)	Information	<i>Pete Papworth</i>
e)	Workforce Report (paper)	Information	<i>Karen Allman</i>
f)	Flu Vaccination Campaign (paper)	Information	<i>Karen Allman</i>

10.45-10.50

7. GOVERNANCE

a)	Amendments to Trust's Constitution (paper)	Decision	<i>Karen Flaherty</i>
b)	Emergency Preparedness, Resilience and Response (EPRR) Assurance Declaration (paper)	Information	<i>Richard Renaut</i>

8. NEXT MEETING

Wednesday 30 January 2019 at 8.30am in the Conference Room, Education Centre, Royal Bournemouth Hospital.

9. ANY OTHER BUSINESS

Key Points for Communication to Staff

10.50-11.00

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 26 September 2018** in the Vision Suite, Village Hotel, Bournemouth.

Present:	David Moss	(DM)	<i>Chairperson</i>
	Tony Spotswood	(TS)	<i>Chief Executive</i>
	Karen Allman	(KA)	<i>Director of Human Resources</i>
	Pankaj Davé	(PD)	<i>Non-Executive Director</i>
	Peter Gill	(PG)	<i>Director of Informatics</i>
	Christine Hallett	(CH)	<i>Non-Executive Director</i>
	Alex Jablonowski	(AJ)	<i>Non-Executive Director</i>
	Alyson O'Donnell	(AOD)	<i>Medical Director</i>
	Pete Papworth	(PP)	<i>Director of Finance</i>
	Iain Rawlinson	(IR)	<i>Non-Executive Director</i>
	Richard Renaut	(RR)	<i>Chief Operating Officer</i>
	Cliff Shearman	(CS)	<i>Non-Executive Director</i>
	Paula Shobbrook	(PS)	<i>Director of Nursing and Midwifery</i>
In attendance:	Layth Alsaffar	(LA)	<i>Microbiologist (for item 4(c))</i>
	James Donald	(JD)	<i>Head of Communications</i>
	David Flowers	(DF)	<i>Head Chaplain, Mortuary Manager and Freedom to Speak Up Ambassador</i>
	Anneliese Harrison	(AH)	<i>Assistant Trust Secretary (minutes)</i>
	Anne-Marie Jenkins	(AMJ)	<i>X-ray and Ultrasound Service Manager (for item 4(a))</i>
	Helen Martin	(HM)	<i>Freedom to Speak Up Guardian</i>
	Deb Matthews	(DMA)	<i>Director of Quality Improvement and Organisational Development</i>
	Sally Papworth	(SP)	<i>Clinical Lead, Pre Op Assessment and Freedom to Speak Up Guardian (for item 7(e))</i>
	Hazel Rodriguez	(HR)	<i>Pensions Lead and Freedom to Speak Up Ambassador (for item 7(e))</i>
	James Rowden	(JR)	<i>Patient Engagement and Clinical Liaison (for item 4(a))</i>
	Dily Ruffer	(DR)	<i>Governor and Membership Manager</i>
Public/ Governors:	Catherine Bishop		<i>Staff Governor and Freedom to Speak Up Ambassador</i>
	Derek Chaffey		<i>Public Governor</i>
	Francis Drobniowski		<i>Staff Governor</i>
	Rachel Drury		<i>Member of Public/Patient Advocate (for item 4(a))</i>
	Eric Fisher		<i>Public Governor</i>
	Paul Higgs		<i>Appointed Governor</i>
	Marjorie Houghton		<i>Public Governor</i>
	Keith Mitchell		<i>Public Governor</i>
	Roger Parsons		<i>Public Governor</i>
	Sue Parsons		<i>Public Governor</i>
	Markus Pettit		<i>Staff Governor</i>
	Guy Rouquette		<i>Public Governor</i>
	Rae Stollard		<i>Appointed Governor</i>

Maureen Todd
David Triplow

Public Governor
Public Governor

Apologies: John Lelliott

Non-Executive Director

45/18 **WELCOME, APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST**

Action

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

46/18 **MINUTES OF PREVIOUS MEETING**

(a) Minutes of the meeting held on 25 July 2018 (Item 2(a))

The minutes of the meeting held on 25 July 2018 were **approved** as an accurate record of the meeting.

47/18 **MATTERS ARISING**

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

There were no outstanding actions from the previous meetings.

48/18 **QUALITY**

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

Rachel Drury reflected on her experience having been admitted as an inpatient for sepsis last year. She had observed staff making inappropriate comments about another patient while waiting for an ultrasound scan. This made her feel uncomfortable about her own condition and also for the patient concerned who may have overheard.

Rachel relayed her concerns using the department's feedback form and had been pleasantly surprised and reassured by the quick response she received from both the manager of the department and the Trust's Patient Advice and Liaison Service (PALS). She was made to feel that the concerns she had raised were important and that as a patient she had been listened to, which gave her confidence that these would be addressed. She was also able to provide suggestions from her own experiences as a radiography nurse for cancer patients and as a patient herself. Rachel was invited to speak to staff at a feedback session, which had a powerful and lasting impact on staff within the department.

Anne-Marie Jenkins, X-ray and Ultrasound Service Manager, explained how she had been disappointed by the incident and that Rachel felt she had to use a feedback form to raise the concern. She had immediately acted upon the issues raised and met with the members of staff concerned to highlight that this was unacceptable.

The feedback had prompted a number of changes in the department, which enhanced the patient experience including the introduction of new signage displaying waiting times for patients. The impact of the staff briefing sessions also reinforced how important it was to listen to patients, to be open and

embrace feedback no matter how difficult it might be to receive, recognising the many benefits and improvements that would flow from this. Staff briefing sessions were being expanded to include medical staff to ensure that learning was shared more widely throughout the organisation.

TS apologised to Rachel on behalf of the Trust and commended her courage in sharing her patient story. The Board emphasised the importance of patient feedback and the support provided by patient advocates in contributing to improvements and in shaping services for the future. Rachel had also been recruited as one of the Trust's first patient voice volunteers and these volunteers would play an important role in future quality improvement (QI) work and co-design of services working in partnership with the Trust to improve experiences for patients and staff.

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

AOD presented the key themes from the report:

- Hospital Standardised Mortality Ratio (**HSMR**) performance for the Trust from June 2017-May 2018 was 100.8 and within the 'as expected' range, while Royal Bournemouth Hospital's performance (with Christchurch Hospital and the Macmillan Unit) was 91.9 and in the 'better than expected' range;
- issues with coding of co-morbidities continued to be addressed with improvements being seen each month;
- Summary Hospital-level Mortality Indicator (SHMI) performance placed the Trust within the 'expected' range;
- no deaths were reported in individuals with learning disabilities in July and August 2018 and feedback from one review of a death in the Stroke Unit would be submitted to the Board and learning circulated within the Trust;
- the Mortality Surveillance Group had agreed action plans to investigate sepsis, pneumonia and ventilation in Intensive Treatment Unit following new Dr Foster alerts.

AOD also presented the Quarterly Report of Safe Working Hours for Doctors in Training and the Annual Report from the Director of Medical Education.

The key themes were:

- all doctors in training were now on the new contract leading to an increase in the number of exception reports generated;
- the limits on the ability to adjust the care plans in Surgery and Gastroenterology necessitated looking at other ways of delivering the volume of work in those areas such as using nurses with extended practice skills alongside the medical workforce;
- current vacancies for deanery training posts were being mitigated with Trust grade and locum appointments;
- overall the Trust benchmarked well against other trusts and was providing exceptional training in some areas; and
- support continued to be provided by the trainee doctor committee which was functioning well with improved engagement from trainees under the leadership of Dr Dominic Reynish, Chief Registrar.

Assurance was provided to the Board that any correlations identified between exception reports and highly pressurised areas, which may impact on the

quality of training and retention, continued to be monitored with training given priority where possible.

(c) Infection Prevention and Control Annual Report Summary and Statement of Commitment (Item 4(c))

The Board of Directors received the Infection Prevention and Control Committee (**IPCC**) Annual Summary Report which had been reviewed by the Healthcare Assurance Committee (**HAC**) as well as the IPCC. The IPCC's membership included representatives from NHS Dorset Clinical Commissioning Group (Dorset CCG) and Public Health England, providing both internal and external assurance.

Overall performance had been positive reflecting that strong infection prevention control practices were in place. Despite having missed the *Clostridium difficile* trajectory in 2017/18 the Trust was on track to achieve the trajectory for 2018/19 and plans for the influenza season had been strengthened with staff being encouraged to have the quadrivalent vaccination.

Ongoing risks to performance, including some antibiotic resistant organisms that remained a threat to global health, continued to be monitored in line with national policy. The procurement of an electronic surveillance tool to trace infectious patients had been considered but was not currently affordable, however a countywide solution was being considered, which would provide a broader range of clinical functions and could reduce costs by up to 70%. Recognising how beneficial the system was for infection prevention and control, the Non-Executive Directors suggested that charitable funding should be considered to purchase of the system.

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

(d) Safe Staffing Annual Report (Item 4(d))

The Board received the annual report as part of its ongoing responsibility to ensure that safe staffing best practice was being implemented and embedded across the organisation. Areas covered in the report included:

- the outcome of the most recent ward staffing review process, which provided assurance around the use of patient quality metrics as part of this process;
- the introduction of a bi-monthly Director of Nursing report, which was published and presented to the Workforce Strategy and Development Committee providing more detailed assurance around safe staffing, workforce initiatives and key activities around nurse staffing recruitment and retention;
- the extent of exception reporting, which highlighted that well embedded processes were in place supported by robust reporting and IT systems to identify where additional support is required;
- that the Trust was one of the highest performers nationally for the implementation of SafeCare, a tool which was reviewed daily to support staffing decisions on the basis of acuity; and
- no red flag staffing incidents (where staffing levels were deemed to be

unsafe as set out by the NICE safe staffing recommendations) reported externally by the Trust in 2018.

In response to a query about the mechanisms in place to ensure that the Trust had staff with the appropriate competencies and skills for the services and care provided, the increase in compliance with Essential Core Skills training and the use of the electronic rostering system were highlighted. Further work was underway to develop the current workforce with the introduction of the advanced nurse practitioner programme and further opportunities for nursing staff to develop additional skills. The workforce systems team had also recently created a tool to support current job planning systems and rostering for medical staff that would also provide better data to help the Trust develop its future workforce.

(e) Winter Plan Update (Item 4(e))

An update on the latest iteration of the draft Winter Plan was provided including the 'all year round' improvements and specific actions to maintain services over the winter. Particular areas highlighted were:

- the work on ambulatory care, Medically Ready for Discharge (MRFD) and reducing length of stay for non-elective patients;
- making the most of the 'Christmas Eve' effect to create capacity ahead of January;
- increased bed capacity with the transfer of the Fayrewood Ward from St Leonards Hospital to the Royal Bournemouth Hospital as well as rehabilitation services;
- the introduction of electronic whiteboards to improve visibility of patients across the hospital;
- good planning around annual leave to ensure robust rotas;
- reducing the number of 'stranded' patients;
- staff involvement in Operational Pressures Escalation Levels (OPEL) workshops in October;
- elective phasing and day case optimisation to reduce the pressure on beds, including an additional two week hiatus for the inpatient orthopaedic service compared to last winter;
- social admission avoidance;
- engagement and communication with staff and teams;
- encouraging front-line staff to take advantage of the flu vaccination;
- joint working with colleagues at Poole Hospital NHS Foundation Trust (PHFT) to strengthen medical rotas and improve the clinical workforce particularly in Older People's Medicine; and
- the support from the QI team with action learning weeks focused on reducing the number of stranded patients.

Concerns were raised about the consistency of provision of the GP streaming and out of hours service going into winter. Active bank recruitment was currently underway for GPs and nurses to strengthen the service that would also be supported by the implementation of the Integrated Urgent Care Service (IUCS) in Dorset.

Senior decision-making at night remained a national issue, however this was being mitigated at the Trust during evening and weekends with consultants working night rotas from January and would be a requirement for middle

grade appointments in future.

(f) Feedback from Valuing You Week (Item 4(f))

DM presented an overview of the events organised by staff for staff and volunteers during the Trust's 'Valuing You Week' in September which consisted of:

- a vintage tea party for 210 volunteers to thank them for their important work and roles at the Trust;
- the Leadership Summit attended by 300 staff themed around 'Leading through Change' and valuing difference with inspirational speakers including the Chair of NHS Leadership Academy and Hayley Barnard who spoke about diversity and unconscious bias;
- the first Trust Research Forum, with drop-in sessions for staff and the general public to promote excellence in healthcare research;
- the Quality Improvement and Patient Safety Conference, which provided an open space for 400 staff to share their experiences and thoughts on safety and QI with workshops, masterclasses and lectures including 'sketchnoting', 'Game of Flow' and displays and interactive activities to encourage new skills and showcase the fantastic QI and patient safety work undertaken by staff;
- a Schwartz Round with brave and emotional talks about 'What RBCH values mean to me';
- a #ThankYou day for staff at all sites, which was attended by 1,200 staff with over 2000 #ThankYous on display and a trolley delivering cake and refreshments to night staff to ensure everyone was involved in this celebration of staff at the Trust; and
- the Trust Open Day on Saturday 15 September, which welcomed over 1,000 visitors, with popular tours and stands.

The improvement team were thanked for their work as part of the five year programme of improvement and culture change which had culminated in the Trust being nominated for a Health Service Journal (HSJ) award for Trust of the Year. The End of Life Companion Volunteers were also congratulated for winning the team award in the Kate Granger Compassionate Care Awards, given to individuals, teams and organisations who demonstrate outstanding care for their patients.

49/18 STRATEGY AND RISK

(a) Implementing the Clinical Services Review (Item 5(a))

The judgment in the judicial review of Dorset CCG's decision on the Clinical Services Review (**CSR**) had dismissed all the claims made. There was a possibility that Dorset County Council's Health Overview and Scrutiny Committee could refer the proposal to the Secretary of State for health and Social Care for review, however, the decision by the High Court enabled the work for the design of the major planned care and emergency sites to proceed.

Outputs from the five clinical workstreams had provided greater clarity around which elements of each service would be delivered on each site and broad quantification of facilities, beds and theatres across the two sites. This would be further considered by clinical leads at an event on the 11-12 October.

While the work around the physical location and design of services continued there would also be a focus on obtaining initial patient views and more extensive engagement once the detailed service design work commenced.

The Patient Benefits Case was nearing completion and the Trust and PHFT were working with the Competition and Markets Authority (**CMA**) to agree the process for its review of the merger. It was likely that the CMA would require a full two stage review, which would be unlikely to commence until the Outline Business Case had been agreed by NHS Improvement (**NHSI**). This meant that the earliest the two trusts could merge would be April 2020. As a result, the boards of directors of both trusts had agreed to consider the early appointment of a joint chair and chief executive and had the support of NHSI, which recognised how this would help stabilise some of the services at PHFT.

(b) Progress update on 2018/19 Corporate Objectives (Item 5(b))

The Board received the update and encouraged further engagement with community colleagues to obtain feedback about the Trust and its services.

(c) Communications Strategy Update (Item 5(c))

JD explained how the communications strategy was closely linked with developing the reputation of the Trust, which was important:

- for patients, to know that they were in the right place for their care; and
- for staff, to understand how the Trust values them and provides opportunities for development in order to support recruitment and retention.

Part of building the Trust's reputation was developing its corporate personality and promoting all of the Trust's successes and achievements to staff and externally. Externally, this was being driven through the local press, radio and national news programmes and by encouraging staff to promote the Trust on social media. Internal communications had focused on increasing face-to-face communication and visibility of Board members, which had been well-received. There were plans to introduce a Chairperson's surgery alongside the joint briefings with PHFT to develop this further.

The popularity of Trust events was increasing year on year and governors were thanked for their support at events within the hospitals and in the community. The identity of the Trust and the signage around the hospital was being reviewed to ensure that branding and terminology was consistent.

The Board welcomed the update on detailed strategy and requested that the key actions and timescales were highlighted to enable the Board to continue to provide its support.

50/18 PERFORMANCE

(a) Trust Board Dashboard (Item 6(a))

The paper was **noted** for information.

(b) Performance Report (Item 6(b))

The following areas from the report were summarised:

- focus continued on achieving the Emergency Department (**ED**) four hour performance target for the final two quarters to support achievement of the system-wide target and the associated payment from the Provider Sustainability Fund (PSF);
- Referral to Treatment (**RTT**) performance remained below the national target, and although there were no over 52 week waits and there had been a reduction in the total waiting list, there was a risk to achieving the March 2019 total waiting list target;
- although the national target for two week cancer waits and 62 day cancer standards had been met, the risk to achieving these continued as well as the knock-on impact on routine RTT pathways;
- six week diagnostic wait performance remained below the national target and the ongoing recovery plan to address the additional in Endoscopy aimed to achieve recovery by November; and
- Stroke performance placed the Trust within the top 3% nationally in the Sentinel Stroke National Audit Programme and the team were thanked for their dedication and hard work.

The Board was informed that a request for additional funding had been made in order to establish a realistic basis from which to achieve the end of year waiting list numbers. The Trust would continue to treat and prioritise patients based on clinical need, however, a further discussion with NHSI would be required if appropriate funding for this was not received.

(c) Quality Report (Item 6(c))

One serious incident had been reported in August and a one never event was reported in September. The outcome of the investigation would be feedback to the HAC. Trust performance for the inpatient Friends and Family Test (FFT) had returned to the top quartile.

(d) Finance Report (Item 6(d))

Although the Trust continued to deliver performance in line with the financial plan this had been achieved by a number of non-recurrent benefits and there remained a material shortfall of £2.4 million in the cost improvement plan. Directorates had been asked to prepare individual financial recovery plans, which had been agreed by the Senior Leadership Team and Finance and Performance Committee in order to provide assurance that the Trust would be able to deliver the control total.

The Trust continued to carefully manage its workforce expenditure, however the cumulative cost of bank, agency and overtime was higher than budgeted. There had been an upward trend in agency costs reflecting challenges in the Medical Care Group although it was anticipated that nursing recruitment would deliver a benefit in the latter part of the year.

(e) Workforce Report (Item 6(e))

The following key points were highlighted:

- the vacancy rate remained low;

- Essential Core Skill (ECS) compliance had improved to 94.1 % bringing the Trust closer to achieving the internal target of 95%;
- sickness absence has increased slightly in August, which was disappointing given the continued focus on managing sickness and the health and wellbeing initiatives being promoted;
- the Trust had been shortlisted for the Employee Health and Wellbeing Award at the Dorset Business Awards, a testament to the hard work of support staff; and
- the launch of the flu campaign had been brought forward with the quadrivalent vaccine available to all staff under 65 with an ambition to improve upon last year's target with a focus in high risk areas and use of a 'rumour busting' communications strategy with leaders role modelling its importance throughout the Trust.

The Board were updated on the position with overseas nurse recruitment with the first new recruits from campaigns earlier in the year would be starting before Christmas. The Trust was in a much stronger position compared to last year in terms of nursing vacancies. It was agreed that a further update on this work would be presented to the Board in November.

**Agenda
item**

51/18 **GOVERNANCE**

(a) Clinical Audit Plan 2018/19 (Item 7(a))

The plan for 2018/19 had been developed to include all of the statutory and mandatory requirements for clinical audit and incorporated clinical audits linked to relevant NICE guidance, risk issues and/or quality priorities as identified by individual services. The clinical audit plan had been reviewed by the Clinical Audit and Effectiveness Group, Trust Management Board and Audit Committee.

The Board **approved** the Clinical Audit Plan for 2018/19, emphasising the importance of promoting learning from audits - work that was being driven by the new Clinical Audit Lead.

(b) Workforce Strategy and Development Committee Terms of Reference (Item 7(b))

The Board **approved** the amendments to Workforce Strategy and Development Committee terms of reference.

(c) Healthcare Assurance Committee Terms of Reference (Item 7(c))

The Board **approved** the amendments to the Healthcare Assurance Committee terms of reference.

(d) Charitable Fund Committee Terms of Reference (Item 7(d))

The Board **approved** the amendments to the Charitable Funds Committee terms of reference.

(e) Freedom to Speak Up Update (Item 7(e))

Helen Martin, Freedom to Speak Up (FTSU) Guardian, presented the key

themes from the report:

- the launch of the role of the FTSU Ambassador in October aligning with the national awareness month and aimed at broadening the reach within the organisation and support the work on diversity and inclusion;
- continuing to embed the FTSU Guardian role, although the Care Quality Commission had commented in their recent report that the FTSU Guardian was well embedded in the Trust;
- further developing links with national and regional networks and other trusts locally to share learning and good practice;
- the regular submissions to the National Guardian Office (**NGO**) with high levels of reporting being reflective of a robust process;
- the results of the latest staff impressions survey including the higher response rate and improvements across four of the five measures;
- Black, Asian and Minority Ethnic (BAME) staff had been identified as being less confident in raising concerns so this would be a focus area of support from the team;
- particular areas of the Trust and themes had been identified from the concerns included staffing levels and poor behaviours; and
- 75% of cases referred to the NGO related to attitudes and poor behaviours and the Board had agreed to help raise the profile of this work next year through the promotion of accepted behaviours that modelled the Trust values.

(f) Non-Executive Director Appointments to Board Committees (Item 7(f))

The Board **approved**:

- the appointment of Pankaj Davé as a member of the Finance and Performance Committee;
- the appointment of Pankaj Davé as a member of the Workforce Strategy and Development Committee;
- the appointment of Pankaj Davé as a member of the Healthcare Assurance Committee;
- the appointment of Alex Jablonowski as the lead for Emergency Planning, Resilience and Response; and
- the appointment of Christine Hallett as a member of the Constitution Joint Working Group in her role as Senior Independent Director.

The Board also **approved** the changes to the terms of reference of the Finance and Performance Committee, Workforce Strategy and Development Committee and Healthcare Assurance Committee to reflect the changes to the number of non-executive directors in the membership of each Committee.

(g) Meeting Dates for 2019/20 (Item 7(g))

The Board noted the dates of meetings in 2019/20.

52/18 NEXT MEETING

The next meeting will take place on **Wednesday 28 November 2018** at 8.30am in the Conference Room, Education Centre, Royal Bournemouth Hospital.

53/18 **ANY OTHER BUSINESS**

There was no other business.

Key Points for Communication to Staff:

1. Communication Strategy
2. Feedback from Valuing You Week
3. Freedom to Speak Up update
4. Winter Plan
5. IPCC Statement and Flu Vaccinations

54/18 **COMMENTS AND QUESTIONS FROM GOVERNORS AND THE PUBLIC**

1. A governor queried whether the Non-Executive Directors were satisfied with the resources in place to support Executive Directors in implementing the CSR and merger given likely levels of activity over winter. Non-Executive Directors agreed that this remained a concern, however they were reassured and impressed on a regular basis by the capacity of the executive team and their ability to work professionally and provide high quality responses and reassurance despite the pressures.
2. A governor commended the outward-looking approach of the winter plan and flu campaign for staff. However, they queried the national advice to give the trivalent flu vaccine to those over 65 as there may be insufficient supplies of this vaccine and the mixed messaging through primary care in light of increased levels of flu last year. This had been recognised as a public health issue and the Trust was being steered by Public Health England in terms of guidance about how to utilise and prioritise vaccinations. The Trust remained committed to and would work with national teams to ensure that messaging about vaccinations was clear and to ensure that the workforce was vaccinated to support a reduction in flu levels this year.

55/18 **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 10.55am

Date of Meeting	Ref	Action	Action Response	Response Due	Brief Update
26.09.18	50/18	PERFORMANCE			
	(e)	Workforce Report			
		The Board were updated on the position with overseas nurse recruitment with the first new recruits from campaigns earlier in the year would be starting before Christmas. The Trust was in a much stronger position compared to last year in terms of nursing vacancies. It was agreed that a further update on this work would be presented to the Board in November.	Agenda item	November	Included on agenda for the Board meeting in November.
Key:	Outstanding	In Progress	Complete	Not yet required	



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

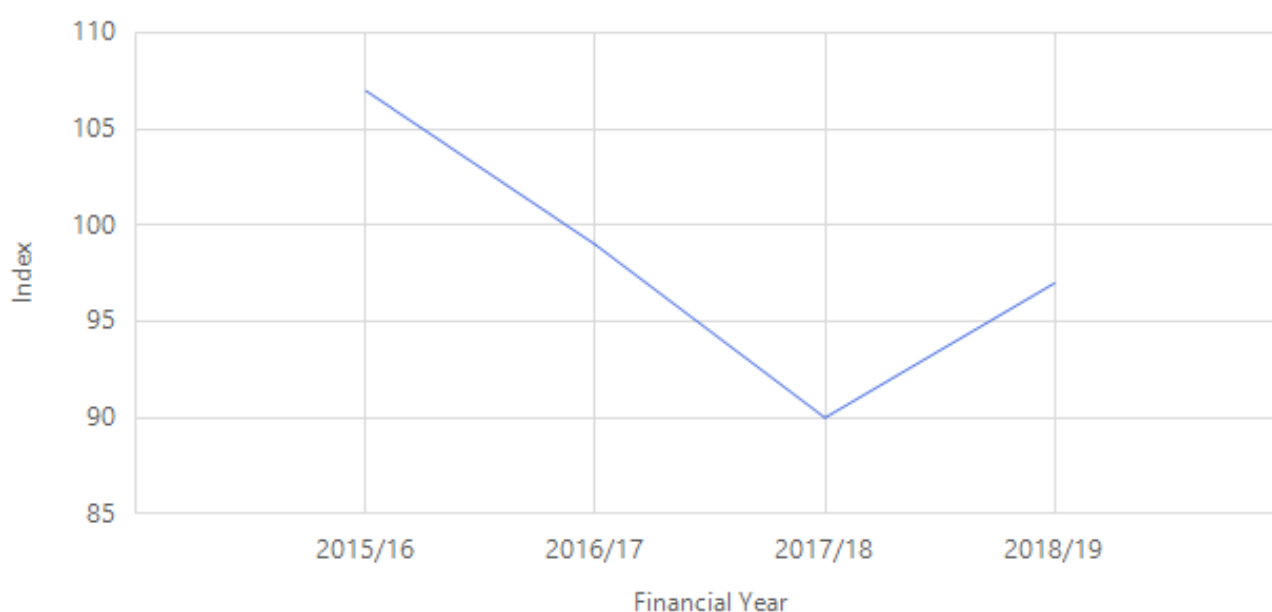
BOARD OF DIRECTORS	
Meeting date:	28 November 2018
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Medical Director's Report
Section on agenda:	Quality
Supplementary reading:	None
Director or manager with overall responsibility:	Alyson O'Donnell, Medical Director
Author(s) of paper:	Alyson O'Donnell Dr Divya Tiwari
Details of previous discussion and/or dissemination:	Mortality indices and reviews discussed at Mortality Steering Group
Action required:	Note for information
Summary: Monthly Medical Director's Report.	
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 HSMR (Hospital Standardised Mortality Ratio) for the Trust for the last 12 months (August 2017–July 2018) is 102.0; this is rebased for April 2018 and is in the 'as expected' range. The figure for the Royal Bournemouth Hospital (excluding Christchurch and the Macmillan Unit) is 93.6 and is in the 'better than expected' range. Latest SHMI (Summary Hospital-level Mortality Indicator) for July 2017-June 2018 is 99, which is within the 'as expected' range. The Mortality Surveillance Group (MSG) has noted an improving trend in co-morbidity coding (Charleston Index) following a detailed analysis with Dr Foster to understand reasons behind this downward trend. We hope that this upward trend will continue with improvement in data quality/partial coding rates and Dementia coding.

Upper-quartile comorbidity as index of national (100)



The crude death rate has steadily declined from 1.97% in December 2017 to 1.12% in October 2018. The crude mortality rate for the last quarter (August to October 2018) is much better than for the same period in 2017 (see Annexe A).

Learning from Deaths

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 12/11/2018

Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Deaths in Month	141	121	141	128	103	116	118
eMortality Reviews Completed in Month	55	26	21	36	4	14	64
Category of Death by Month Review Completed							
Grade 0	50	23	20	34	2	12	58
Grade 1	5	3	1	2	2	1	5
Grade 2	0	0	0	0	0	1	1
Grade 3	0	0	0	0	0	0	0
Learning Disability Deaths in Month	3	0	2	0	0	0	1
Learning Disability Deaths Reviewed	3	0	2	0	0	0	0

LeDeR Mortality

There were no deaths reported in individuals with learning disability in July and August 2018. All five deaths in May and June have been forwarded to the national LeDeR programme for the review. For all cases our internal review process is complete. One death occurred in the care of stroke/ITU. This has been reviewed by the ITU team and discussed in the August MSG. It will be brought back to the December MSG now that the stroke review has been completed. The findings of our internal review will be forward to the National LeDeR team as requested.

As per our mortality review protocol all deaths graded as 2 or 3 are subject to an RCA type investigation outside our normal e-mortality process. One grade 2 mortality from September and one from October are currently going through the process. MSG will disseminate the learning in due course.

Medical Examiner (ME) Process

The final ME pilot started on 22 October. Currently five Medical Examiners are participating in the weekly rota. This is the first time in which the whole process, rather than just the screening process, has been tested. This involves discussion of cause of death and certification with the junior medical team and also liaison with families. Initial results and feedback are encouraging. Initial data would also suggest that we are picking up a higher percentage of deaths where learning is identified. Any deaths where the families verbalise concerns, even if graded as 0 by the ME, will be subject to a structured judgement review as a minimum with a low threshold for a full RCA type review.

Total death screened	Grade 0	Grade1	Grade 2	Grade 3
74	63	5	2	0
Percentage	90%	7%	3%	
		Yes		No
Family Contacted		67		7
Family Concerns		3		64

We continue to liaise closely with the Wessex Academic Health Science Network on their programme of work around learning from deaths. It is hoped that we can aim for a consistent approach and reporting systems across Wessex providers. We will also need to consider the next steps which will be to have an ME system which also covers community deaths. Encouragingly we have GP engagement and enthusiasm to support the ME process for the Macmillan Unit in Christchurch which may provide a template for the future.

Action Plan from the Mortality Surveillance Reviews

Upward trends in sepsis/ pneumonia mortality

Pneumonia pathway walk: Emma Willett lead on this pathway walk on 25 September in collaboration with our respiratory and ITU physicians. The same pro forma and methodology that was used in 2015 was repeated to allow comparison of results.

Overall results are reassuring. MSG noted significant improvements in the proportion of patients receiving antibiotics within an hour of admission, first medical review within four hours of admission and subsequent frequency of consultant daily review.

Pneumonia Pathway walks comparison of outcomes 2015 vs 2018

	Pneumonia pathway walk 2015	Pneumonia pathway walk 2018
Total number of cases audited	22 (pneumonia 90.8%)	37 (pneumonia 58%)
Predominant route of admission	ED	ED
First medical review <4 hours	85%	100%
First consultant review <6 hours	33%	30%
Subsequent frequency of consultant review Every day	27%	76.5%
Nursing compliment Fully staffed with no agency nurses	47%	42%
Nursing compliment Depleted	23%	37%
Most senior nurse in the ward Band 7	23%	25%

First antibiotic delivered within an hour of admission	33%	61%
Missed doses of antibiotics	15%	5.6%
X-ray chest within 4 hours of admission	84%	75%
CURB score documented	9.5%	0%
Oxygen therapy prescribed in drug chart	60%	63%
Blood tests done including CRP on admission	90.5%	97%
Escalation plan documented	65%	75%
Bed head at 30 degrees	78%	82%

Dr Foster alert in Urinary Tract Infection (UTI): The clinical lead conducted a themed retrospective mortality review for random selection of 15 deaths focussed on clinical care, communication, end of life care and coding.

Learning points and the action plan were discussed in the November MSG meeting including:

Summary Findings

- Two deaths were graded as grade 2 where there are learning points. Case one was managed within urology. The reviewer was of the opinion that a medical review would have helped to optimise the patient's condition. The second case was initially treated for UTI with trimethoprim with no urine microbiology available. On further deterioration an MSU was requested which identified that the organism was resistant to trimethoprim. An early MSU may have identified a more appropriate antibiotic choice and may have had an impact on the outcome.
- 10/15 patients had no evidence of UTI however this was presumed diagnosis with all other types of sepsis on admission. Where death certificates are available for these patients they are correct.
- There was evidence of sub-optimal catheter care in the community and during the admission in 3/15 patients.
- All patients received excellent EOL care and most decisions were made in a timely manner.
- All but one patient was reviewed by a consultant within 14 hours of admission and frequently during their stay.
- MSU (Midstream Specimen of Urine test) were not always requested or were not processed by the Microbiology department (screening rejects samples where the indications are not clearly identified on the request form).

Action Plan:

- Share findings of review with Older People's Medicine directorate and microbiology team.
- Discuss first episode statistics with coding department where UTI is a presumed diagnosis.
- Education around sending MSU post catheterisation and increase MSU process rate.
- Share learning points around catheter management with primary care.

Dr Foster alert: Higher mortality for other respiratory procedures

MSG noted an alert in this category. This is a procedural alert where the procedure is defined as 'Invasive ventilation'. This is an association and does not imply causation with all patients intubated and ventilated in ITU. MSG has requested a themed review to understand indications for ventilation (therapeutic/organ donation) and grading of these mortalities to understand avoidability. ITU mortality chair Dr Jules Cranshaw kindly agreed to conduct this overview review. Early indicators for this association were discussed in the September MSG e.g. higher proportion of Out of Hospital cardiac arrests being diverted to Royal Bournemouth Hospital (RBH) due to the interventional cardiology centre. MSG has also noted an upward trend in ITU mortality in RBH by two Standard Deviation over last year. To investigate this further MSG requested the following information which shows that:

- Trends for predicted ITU mortality are as expected and improving.
- ITU admissions following OOH cardiac arrest for last three years have increased which can explain increased associated mortality with ventilation to some extent.
- A review of mortality associated admissions in and out of hours to ITU. This data is awaited.

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

MSG reviewed the mortality associated with long-lines. All deaths where a long line was in situ were reviewed i.e. line presence may not be contributory to death/death may or may not have been caused by line associated sepsis. We wished to understand the process and management of long lines, protocols and policies. ITU consultant Dr Rob Charnock led on this review with mortality lead for the Trust. This review is now completed, learning and action plan were discussed in October MSG.

Actions from the Audit

Recommendations from the review were fed in to the existing Quality Improvement Project reviewing long line procedures:

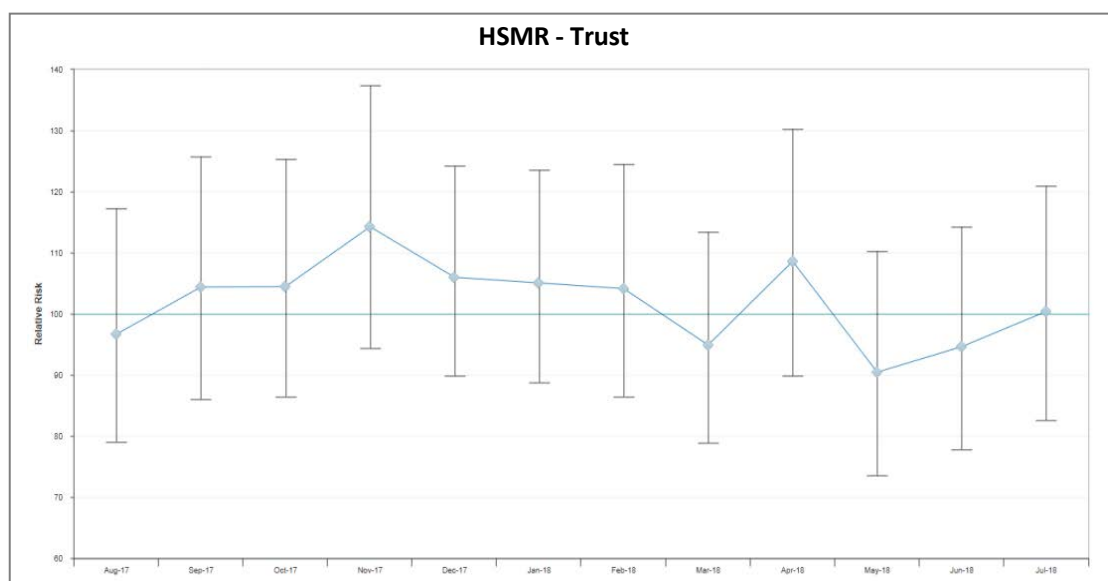
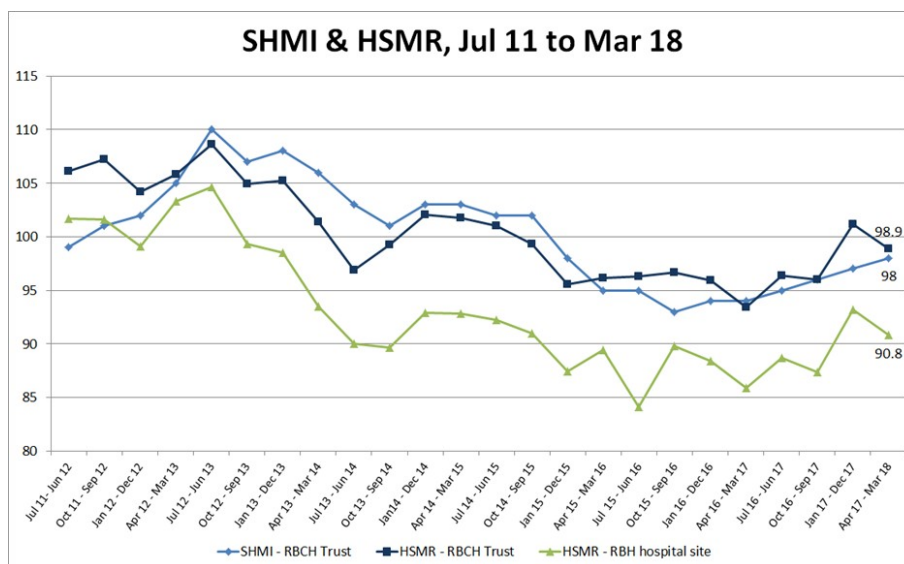
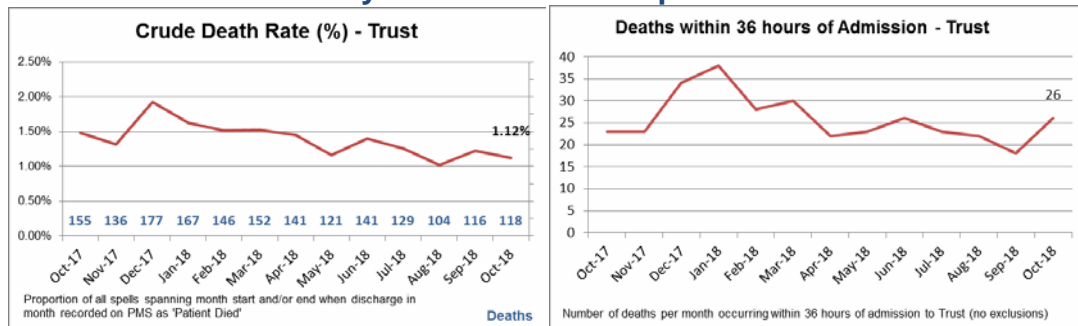
- Standard operating procedures for line care: unified policy to cover indication, insertion, routine management, management of line sepsis, escalation of care. Review request form for line insertion to specify type of line.
- Consent process: Review consent process to include 'life threatening infections' for line insertion other than chemotherapy purposes. Consider patient information leaflet to explain day to day care, when to seek medical/nursing attention and risk of infection.
- Patient care in ITU and transfers from ITU: Access for consultants visiting the ITU to enter their ward round notes. Review processes in ITU regarding further escalation and appropriateness of ITU transfer in case of further deterioration in the ward (for some patients this can be discussed and documented at the time of transfer to the ward).
- Documentation: Review consultants ward round pro forma to improve documentation during the ward round.
- Coding of procedures and incidence of line sepsis: Discuss with IR regarding coding of these procedures and possibility of recording line sepsis through Datix.

Implementation and Re-Audit

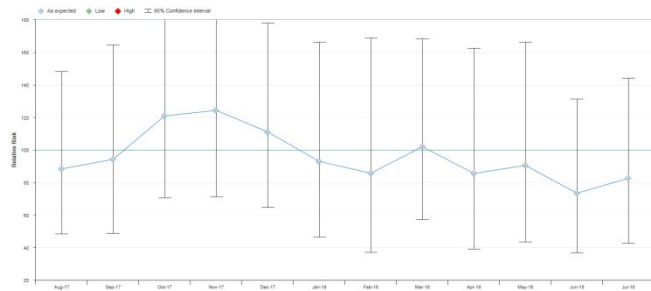
MSG to liaise with CB who is leading on line management QIP, all action plans to be completed by January 2019.

Annexe A

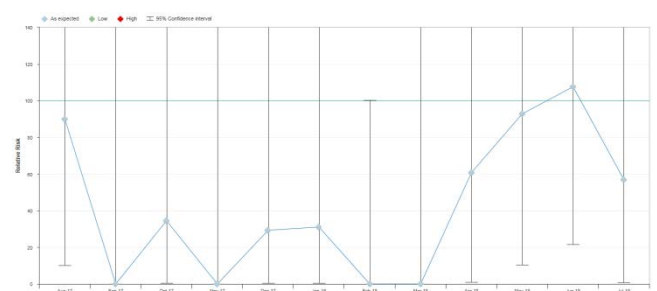
Data Review - Mortality Surveillance Group



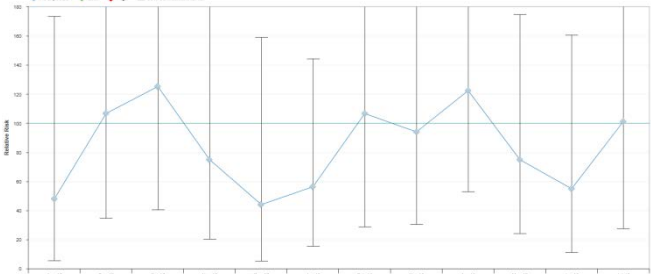
Relative Risk - Stroke ("Acute Cerebrovascular Disease")



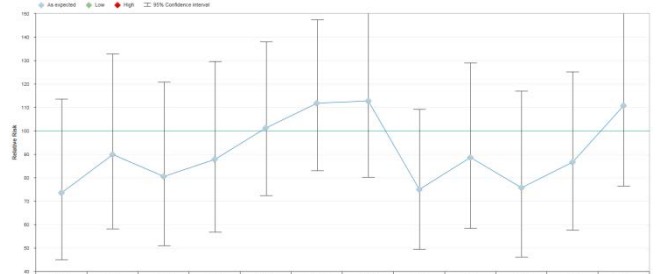
Relative Risk - AKI ("Acute & Unspecified Renal Failure")



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



Relative Risk - "Septicaemia & Pneumonia"



BOARD OF DIRECTORS	
Meeting date:	28 November 2018
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Annual Protection and Safeguarding Report
Section on agenda:	Quality
Supplementary reading:	Appendices available in the reading room
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 Jenny House, Senior Nurse Safeguarding Adults Pippa Knight, Named Nurse Safeguarding Children
Details of previous discussion and/or dissemination:	This was discussed and agreed at the Trust Protection Safeguarding Committee meeting in September 2018
Action required:	The Board is requested to note the report and approve the statement of commitment
<p>Summary: The enclosed report outlines the Trust's work and progress to safeguard adults and children in 2017-18 and is provided to the Board for information and assurance. This work programme is overseen by the Trust Protection and Safeguarding Committee, which reports to the Healthcare Assurance Committee. Once approved, the statement of commitment to safeguarding children and adults and the annual report will be published on the Trust's website.</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:	

Annual Protection and Safeguarding Report for Vulnerable Adults and Children 2017/ 2018

Adult Protection and Safeguarding Report 2017/ 2018

Executive Trust Lead Nurse for Adult Safeguarding:	Paula Shobbrook
Designated Adult Safeguarding Manager:	Fiona Hoskins
Named Doctor for Adult Safeguarding:	Sue Hazel
Senior Nurse for Adult Safeguarding:	Jenny House
Facilitator for Adult Safeguarding and Learning Disability:	Vicki West

The Trust's Adult Safeguarding Team is responsible for Adult Safeguarding (ASG) enquiries, Patients with a Learning Disability (LD), the application of the Mental Capacity Act (MCA) in practice including Deprivation of Liberty Safeguards (DoLS).

Adult Safeguarding

1.0 Introduction

This report details the actions and improvements in 2017/2018 in Adult Safeguarding to inform and provide assurance to the Trust Board of Directors. This report is also to inform the Bournemouth and Poole Safeguarding Board and Dorset Safeguarding Adults Board that the Trust is compliant and aligned with their Policies and Procedures.

The Adult Safeguarding Team is fully compliant with the Internal Auditors recommendations and the final action has been completed and the action plan closed. The Action Plan for our responsibilities using the Trust values is attached. (*Appendix 1*).

2.0 Safeguarding Training

Previously patient facing staff received Level 2 Safeguarding training, however it is recognised that any member of Trust staff may be confided in by a patient or may observe behaviour that could amount to the harm of an individual. To this end all staff now receive training at level 2 via e-learning. Volunteers receive face to face Level 1 training and contractors visiting the site receive advice on safeguarding as part of their induction programme.

The target percentage for Adult Safeguarding training for 2017/18 was 95%. However the Trust has **achieved 96.7% of staff trained to Level 2**. The percentage of staff trained has remained consistent each quarter.

3.0 Adult Safeguarding Cases

There were **42 Adult Safeguarding referrals reviewed** in 2017/2018 which is comparable to previous years within the Trust. However only **19 cases were investigated as** Social Services now screen more robustly against section 42 criteria. (Figure 1)

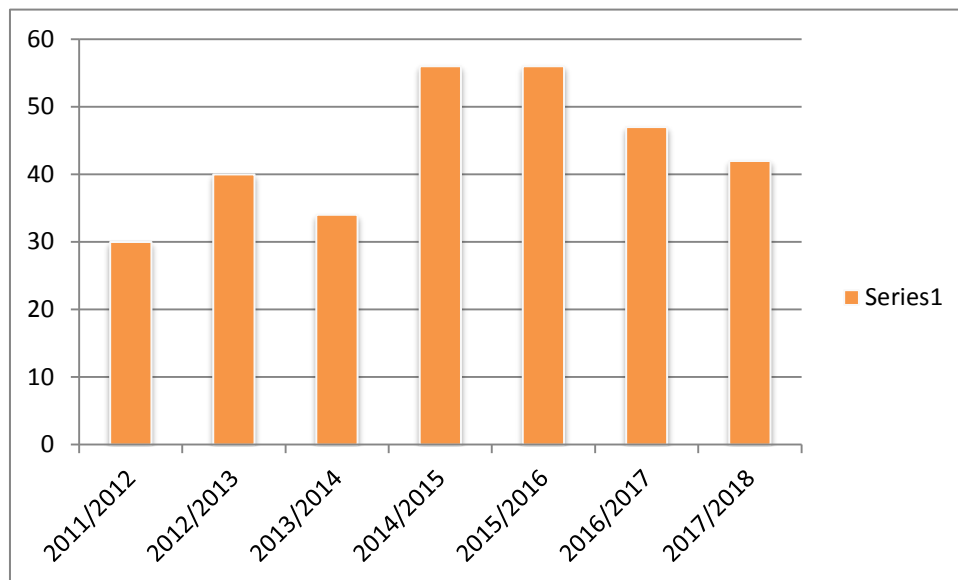


Figure 1: RBCHT ASG per financial year

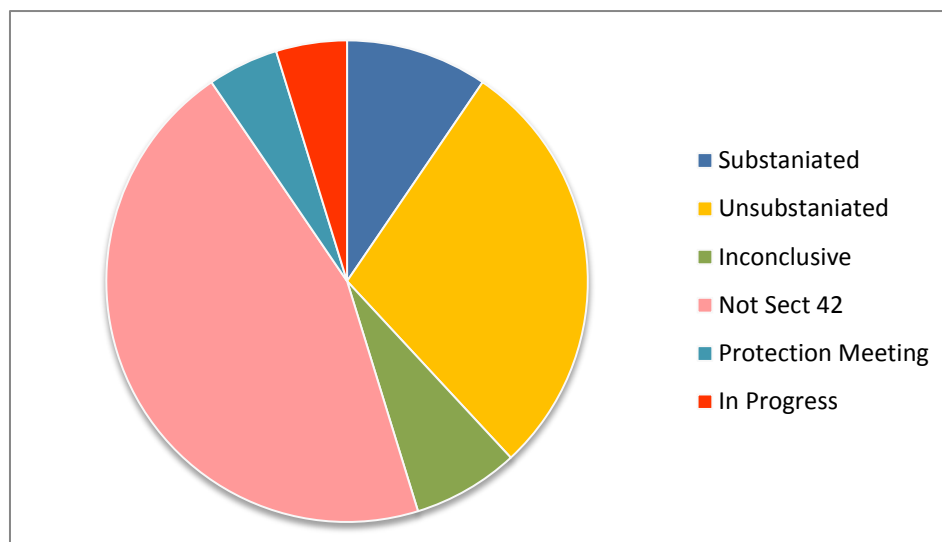


Figure 2: Enquiry Outcomes

4.0 Themes

4 ASG cases were substantiated during the year. (Figure 2) The theme being in relation to poor discharge planning.

Patients were:

- Discharged home with cannulas in situ.
- Inappropriately dressed.
- Sent home without a package of care.
- Sent to a care home that was not contracted by Social Services. This had been pre-arranged by St Leonard's hospital before the patient was transferred to RBH, however this should have been checked for accuracy prior to discharge.

5.0 Measures put in place to prevent reoccurrence

There have been some improvements in the number of discharge related cause for concerns raised since changes were made to the online Discharge Lounge Booking form. The ASG lead is working with a number of key staff to design a transfer of care checklist for patients discharged to nursing homes, care homes and patients own home.

6.0 Sharing Outcomes

Outcomes of safeguarding referrals are shared with staff in the quarterly Adult Safeguarding newsletter .This is also used to update staff of future changes to safeguarding and information on training statistics.

7.0 Meetings attended by RBH ASG Team to assure the board that the team are aware of changes and developments.

- Pan Dorset Adult Safeguarding Health Leads meeting monthly
- Bournemouth Poole and Dorset (BP and D) Quality Assurance sub group quarterly
- BP&D Training and Workforce sub group quarterly
- BP&D Policy and Procedures subgroup quarterly
- RBCH, Bournemouth social services and CCG safeguarding lead meeting monthly
- MCA Oversight meeting quarterly
- RBH and Community Learning Disability meetings monthly
- Wessex Forum for Adult Safeguarding quarterly
- Attendance at both Adult Safeguarding board meetings quarterly
- Healthcare for All (LD) quarterly

Learning Disability

1.0 Introduction

There were **531 inpatient admissions** to the Trust of people with a Learning Disability. The ASG team now have a link to the data base and are able to access these figures daily so they can support these patients. (*figure 3*) Over the past year there has been an increase of 9% for inpatient admissions. This may be due to improved data capture or better staff reporting .Outpatient attendances is also captured of which there were 961 attendances during 2017 – 2018, this number remains fairly static when compared to the previous year.

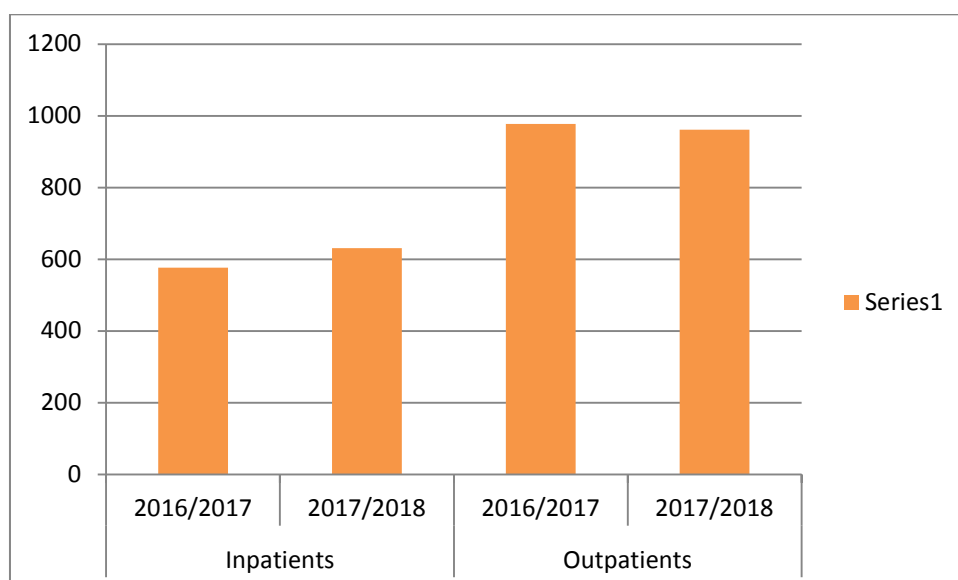


Figure 3; Learning Disability admissions

2.0 Carers in Attendance

The Trust endeavours to enhance the hospital journey of patients with a Learning Disability. For patients with more complex needs the Trust pays for specialist carers to support our own nursing staff in caring for these patients. During this financial year the Trust has paid for 20 carers for the length of the inpatient stay. This is an increase on last year's figures.

3.0 Learning Disability Mortality Review

Deaths of people with a Learning Disability aged 4 years and upward must now have their death reviewed. This is to ensure the individual was given comparable medical treatment as for a person without a Learning Disability.

The Learning Disability Mortality Review Programme (LeDeR) commenced in 2017. This programme offers training for LD facilitators to undertake these reviews. Currently two members of Trust staff have received this training. These individuals may be requested to review deaths across Dorset, as well as assisting in reviewing deaths that occur in the Trust. The Trust reported 8 deaths of Inpatient's with a Learning Disability during the last financial year; these were also reported to the Trust Mortality group.

The first Annual Report from NHS England was released in December 2017. The cause of death of the 8 individuals in the Trust reflected the themes within the report which showed the most frequent cause of death as being unspecified pneumonia or aspiration pneumonia.

Currently the Trust does not receive feedback on the individual cases reviewed; however the Regional Lead for the South of England is in the process of coordinating these results and will present the main themes and feedback on treatment in due course.

4.0 Training

Learning Disabilities training is delivered via Adult Safeguarding e-Learning and has achieved 96.7%.

5.0 Assurances

The Trust is compliant with Health Care for All as published by the Department of Health 2008 (*Appendix 2*).

Deprivation of Liberty Safeguards and Mental Capacity Act

1.0 Introduction

The changes to the Deprivation of Liberty Safeguards, recommended by the Law Commission have not yet been addressed by Parliament. As a Trust we continue to deprive patients of their liberty in line with the Mental Capacity Act guidelines, thus remaining legal and compliant.

2.0 Referrals

The Trust made **543 requests for** Deprivation of Liberty Safeguards during the last financial year which is a **67% increase** on the previous year. This gives assurance that the Mental Capacity Act is becoming embedded in every day practice. (*Figure 4*)

Due to the high volume of requests the local authorities (LA) continue to be unable to visit the Trust and assess these patients. However the LA now prioritises applications of patients on the complex discharge ward where there is an increased length of stay. They also prioritise assessment of patients in the Trust who remain agitated after the initial request time has expired.

The LA assessed 31 patients during the last financial year. Each assessment takes approximately half a day and requires a Best Interest Assessor and a Mental Health Professional to speak to the patient, family, carers and staff. The LA is required to cover the 3 acute Hospital Trusts as well as nursing and care homes in Dorset, hence their inability to complete assessments in a timely manner.

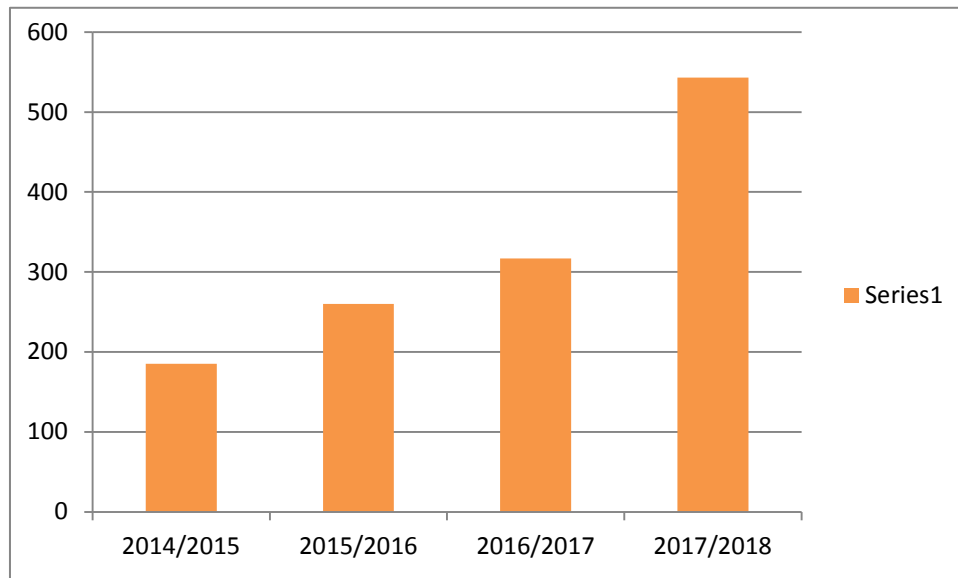


Figure 4: Submitted DoLS applications by year

3.0 Training

In February 2016 Mental Capacity Act and DoLS Training were incorporated into the Trust Mandatory Training. Compliance is now **94.4%** across the Trust.

Workshop to Raise Awareness of PREVENT (WRAP)

1.0 Introduction

WRAP is a requirement for all NHS Trusts to support the prevention of terrorist related activities and safeguard vulnerable people. This was incorporated into mandatory training in February 2016. This will progress to eLearning later this year.

2.0 Training

WRAP training is at **93.6%**.

Summary and Actions for 2017-18

1.0 Improvement in practice

- The online ASG Cause for Concern form was realised in January. These forms are no longer faxed to the LA thus giving assurances of greater patient confidentiality. This electronic referral has significantly reduced the time staff spend in completing the form; it also captures the data required for reporting to the Adult Safeguarding Boards.
- Alignment in practice with Poole Hospital Foundation Trust to screen ASG referrals following the same criteria. The figures presented to the Clinical Commissioning Group are then comparable and provide more robust assurances.

- There is some evidence in practice that the Mental Capacity Act is being acknowledged by staff with a greater number of entries clearly stating that consent has been gained and that Best Interest meetings are being recorded with relevant outcomes in the notes.
- The Adult Safeguarding Board undertook two “Line of Sight” visits during this financial year. The first was by a representative from Housing who was impressed with the information and processes provided for homeless people in our Emergency Department. The second visit was from the Chair of the Policy and Procedures group who praised the ASG team for data collection, training and learning outcomes, the team were also praised for their accessibility and visibility throughout the Trust.
- Greater interaction and support with the Learning Disability Community teams. The team alerts the LD facilitator in advance of admission of the profoundly handicapped individuals, their carer and reasonable adjustment needs. The Bournemouth LD team delivered Enhanced Learning Disability training for key staff in areas that receive the greatest numbers of inpatients.

2.0 Challenges

- Aligning processes across Dorset to allow easier comparison of information gathered. To date the ASG have aligned with Poole Hospital Foundation Trust.
- Implementing the changes from the Law Commission when Deprivation of Liberty Safeguards is passed through Government as this will have significant changes to the current processes.
- Introducing Level 3 Adult Safeguarding Training following the ratification of the intercollegiate document.

Jenny House
Adult Safeguarding Lead Nurse

Vicki West
Facilitator for Adult Safeguarding and Learning Disabilities

June 2018

Children Safeguarding

Executive Trust Lead Nurse for Safeguarding:	Paula Shobbrook
Designated Officer for Safeguarding Allegations:	Fiona Hoskins
Named Doctor for Safeguarding Children:	Dr Christina Dale
FGM Lead:	Dr E Herieka
Named Nurse for Safeguarding Children (Nominated Lead for CSE and Domestic Abuse):	Pippa Knight
Lead Nurse/Domestic Abuse Lead ED:	Cheryl Chainey/ Ann Brown
Sexual Health Lead Nurse:	Nicky Stewart
Named Midwife for Safeguarding Children:	Carmen Cross

Additionally there is a very dedicated group of staff across most areas of the Trust who take the lead as a child champion for their area. Areas where children frequent as patients have at least one such champion. These staff do not have specific time allocated to this role.

1.0 Introduction

This report details activity in respect of Safeguarding Children in the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust during the year 2017/18. It is presented to provide assurance of compliance with Standards from the Care Quality Commission, Working Together (Dept. of Health) and NHS England.

Local Arrangements

The Local Safeguarding Children Boards (LSCB) for Bournemouth-Poole (B-P) and Dorset meet four times per year, the Boards share an Independent Chair. RBCH attends the B-P Board; Executive representation is the Deputy Director of Nursing and Midwifery, acting on behalf of the Director of Nursing and Midwifery. The Named Nurse for Safeguarding Children and the Named Midwife deputise at these meetings and represent the Trust at sub-groups as appropriate.

Section 11 of the Children Act 2004 places a duty on all partners to make arrangements to safeguard and promote the welfare of children. A Section 11 audit has been undertaken in 17/18. The areas for improvement are integrated into the work plan for 2018/19.

Safeguarding Training

All staff share the responsibility to Safeguard Children and all staff participate in the Trust 3 yearly Essential Core Skills pathway.

Level 1 Safeguarding Training: all staff in the Trust complete this Level as a minimum, including volunteers (e-learning or face to face sessions).

Level 2 Safeguarding Training: is completed by all clinical staff via e-learning on BEAT VLE and a short face to face session.

Level 3 Safeguarding Training: is completed by clinical staff who have regular contact with children, as set out in the Intercollegiate Document. It is delivered via the LSCB, face to face.

Level 4 Safeguarding Training: is completed by the Named Safeguarding staff. Additionally as a Trust our Lead Nurse in ED and Lead Midwife complete L4 training. It is supported via our Dorset Designated Professionals.

Year-end compliance

	Compliance	Barriers	Mitigation
L1	98.0%		
L2	95.2%		
L3	75.7%	Change to booking system by LA. Additional staff added in Q4 – AMU, dieticians, chaplains.	Compliance with L2 is achieved. Shift leaders are being prioritised where appropriate.
L4	100%		

4.0 Safeguarding Referrals

	17/18	16/17	2015/16	2014/15	2013/14
ED	580	*322	566	781	580
Maternity	Own report	44	40	58	48
Corporate	46	38	50	14	17
FGM	3	2	6	Reporting not in place	Reporting not in place
MARAC	15	11	Not collected	Not collected	Not collected
LADO	9	3	1	3	Central collection commenced

5.0 Serious Case Reviews (SCR) / Audits

The Trust contributed to Domestic Homicide Review B9. Maternity services were involved with the woman's care and the report was prepared by the Named Nurse.

The Trust has provided 2 briefing reports to the LSCB for SCR consideration. Communication is awaited regarding whether the cases will require any further information from the Trust.

The Local LSCBs have published four serious case reviews:

Child R

Child M

Baby Q

Child O

Learning from the SCRs is cascaded through the Trust using Strategic Nurse meetings, Safeguarding Committee meetings, Safeguarding Children Leads, global communications and Quality and Risk 'Breaking News' reports. Additionally they can all be read via the Safeguarding page on the Trust intranet.

<https://intranet.rbch.nhs.uk/index.php/safeguarding/partnership-learning-from-serious-case-reviews>

6.0 Assurances

1. The Trust Internal Auditors, BDO, completed an audit in Q1. An overall medium rating was awarded. Good practice was identified but 4 areas for improvement were also identified:

- **Feedback from social care regarding referrals in a timely manner and stored with the referral**

Significant attention has been given to this with IT providing an electronic storage solution and introduction of monthly meetings between Named Nurse and Bournemouth social care improving feedback. This action has been closed. The generation of feedback has added pressure to the ED team and so further work will need to assess how this is managed moving forward.

- **Training Compliance at level 3 and 4**

Level 4 is now compliant. There had been good progress at level 3 until the addition of new staff to the L3 register. ED have recognised that staffing levels are impacting on training compliance and this has been added to their risk register with safeguarding training (amongst others) being prioritised.

- **ED specific concerns – quality of referrals is variable and some referrals are missed by the practitioner at the time of attendance**

The named Doctor is making significant improvements to the streamlining of processes in the IT document system to improve timely referrals and reduce duplication by clinical staff. She is being assisted by the IT team and wider ED team.

- **Recording of safeguarding referrals**

The action around this finding has been completed and is closed.

2. These improvements have been included within the work plan for 18/19.

- **The Trust participated in the LSCB Section 11 Audit in Q2**

The Trust was both self and peer assessed against 48 standards.

Compliance was awarded at 4 levels 0-3 with 3 being fully compliant. The audit results demonstrated full compliance in 32 standards with 9 having level 2-3 compliance and the remaining 7 having level 2 compliance. The partially met standards have been incorporated into the work plan for 18/19.

- **The CQC inspection of RBCH in Q4**

There was positive feedback and no actions for improvement regarding safeguarding were noted. Some of the comments include:

- Safeguarding leadership was an area of strength at this trust. We found the trust wide safeguarding leads to be proactive, responsive, very well informed regarding national safeguarding initiatives and there were clear links to the trust board.
- There were internal and external meetings in the trust to ensure appropriate escalation of safeguarding issues took place. Staff we spoke with were confident of the process for raising safeguarding concerns and who their local leads were.
- We saw clear evidence of learning from safeguarding reviews. For example, a serious case review had identified that all midwives needed to attend domestic abuse training which was actioned.
- Safeguarding training included female genital mutilation. A staff member we spoke with told us how they and their colleagues had supported a patient when FGM was recognised.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Following on from the review of DBS checks within the Safeguarding Leads team, this year the named nurse has conducted an audit check on all Level 3 assigned staff. The initial audit revealed 67% compliance for staff having both enhanced adult and child DBS clearance. HR confirmed that all staff without a suitable check would be followed up to complete the work. (complete)

3. Two Trust guidance documents have been produced:

- New policy – Self-Harm Policy for Safeguarding Children
- New SOP – Elective Admissions of 16/17 year olds.

4. CCG Annual Assurance of Compliance with Safeguarding Children Standards has been undertaken and actions are included in the work plan (appendix 4).

7.0 Key National Safeguarding Children Workstreams

Female Genital Mutilation (FGM)

Systems in place and continue to strengthen awareness and knowledge through training. Policy will be reviewed in 2018/19.

Child Sexual Exploitation (CSE)

Joint Inspection across Dorset early 2018/19 and SCR Child R has lead to a review of how teenage risk is assessed and managed. CSE will become part of a bigger picture of exploitation including slavery/criminal exploitation/radicalisation.

Child Sexual Abuse (CSA)

The LSCBs continue to work on this as a priority for the year 2018/19. The Trust will contribute to receive minutes of the joint meetings and will continue to take actions from the work plan.

Child Protection Information Sharing (CPiS)

The Trust successfully implemented the National CP-IS system in February 2018. This was a joint project between Safeguarding Named Professionals and IT with superb support for implementing the system by Emergency Department reception staff, ARC reception staff, Bed Bureau staff and Birth Centre staff.

Neglect

Named Nurse has been an active member of the PAN Dorset Neglect working group, this work stream is now complete. Several staff have attended the Neglect L3 training, this is most appropriate for our community staff who work with families over a period of time.

Pippa Knight

Named Nurse for Safeguarding Children

(Nominated Lead for CSE and Domestic Abuse)



The Royal Bournemouth and Christchurch Hospitals

NHS Foundation Trust

Board of Directors' Statement of Commitment to Safeguarding Children and Adults

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust believes every unborn baby, child, young person and adult has the right to grow up and live free from abuse or neglect.

The Board of Directors is committed to ensuring practitioners are enabled to act in support of all children, families and adults they work with and to work in partnership with local agencies where we cannot provide this support alone. The Trust is an active member of the Local Safeguarding Children Board and Adult Safeguarding Boards. This is achieved through membership and working with the Boards and the sub committees.

At all times the needs of the child or adult will be paramount and whenever possible practitioners will work in partnership with carers and families.

Policy, procedures and training

The Trust has in place a range of policies and procedures to help staff safeguard and promote the welfare of children and adults. All staff receive safeguarding training at a level appropriate to their role.

Named professionals

The Trust has in place a Named Nurse for Safeguarding Children and a Named Midwife, supported by a safeguarding children team. The Named Doctor for Child Protection has allocated time within an agreed job plan for the role. The Trust has in place a Named Nurse for Safeguarding Adults and a Lead Nurse for Safeguarding Adults.

Board level lead

The Director of Nursing and Midwifery is the executive director lead for safeguarding and is supported by the Deputy Director of Nursing and Midwifery who attends the Safeguarding Boards.

The Director of Nursing and Midwifery or deputy, chairs the Trust Protection and Safeguarding Committee (TPSC) which is responsible for ensuring an effective framework, governance and operational processes to safeguarding children and adults. The TPSC reports to the Healthcare Assurance Committee and provides an annual report to the Board of Directors.

Tony Spotswood
Chief Executive
September 2018

Paula Shobbrook
Director of Nursing and Midwifery /
Deputy Chief Executive

BOARD OF DIRECTORS	
Meeting date:	28 th November 2018
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	National Cancer Patient Experience Survey
Section on agenda:	Quality
Supplementary reading:	None
Director or manager with overall responsibility:	Richard Renaut, Chief Operating Officer
Author(s) of paper:	Alison Ashmore, Associate Director for Cancer and Outpatients.
Details of previous discussion and/or dissemination:	Not applicable
Action required:	Note for information
Summary: The attached documents give an update on the National Cancer Patient Experience Survey 2017. This includes the results for RBCH along with comparisons. Board of Directors are asked to note these for information.	
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:	

National Cancer Patient Experience Survey 2017

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

Seeing your GP		Score & change
1	<i>Before you were told you needed to go to hospital about cancer, how many times did you see your GP (family doctor) about the health problem caused by cancer?</i>	77%
2	<i>How do you feel about the length of time you had to wait before your first appointment with a hospital doctor?</i>	87%

Diagnostic tests		
5	Beforehand, did you have all the information you needed about your test?	94%
6	Overall, how did you feel about the length of time you had to wait for your test to be done?	91%
7	Were the results of the test explained in a way you could understand?	80%

Finding out what was wrong with you		
8	When you were first told that you had cancer, had you been told you could bring a family member or friend with you?	88%
9	How do you feel about the way you were told you had cancer?	87%
10	Did you understand the explanation of what was wrong with you?	73%
11	When you were told you had cancer, were you given written information about the type of cancer you had?	73%

Support for people with cancer		Score & change
20	Did hospital staff give you information about support or self-help groups for people with cancer?	85%
21	Did hospital staff discuss with you or give you information about the impact cancer could have on your day to day activities (eg, your work life or education)?	83%
22	Did hospital staff give you information about how to get financial help or any benefits you might be entitled to?	66%
23	Did hospital staff tell you that you could get free prescriptions?	85%

Operations		
25	Beforehand, did you have all the information you needed about your operation?	95%
26	After the operation, did a member of staff explain how it had gone in a way you could understand?	73%

Hospital care as an inpatient		
28	Did groups of doctors and nurses talk in front of you as if you weren't there?	83%
29	Did you have confidence and trust in the doctors treating you?	87%
30	If your family or someone else close to you wanted to talk to a doctor, were they able to?	77%

Hospital care as a day patient / outpatient		Score & change
41	While you were being treated as an outpatient or day case, did you find someone on the hospital staff to talk to about your worries and fears?	78%
42	The last time you had an outpatients appointment with a cancer doctor, did they have the right documents, such as medical notes, x-rays and test results?	99%
44	Beforehand, did you have all of the information you needed about your radiotherapy treatment?	87%
45	Once you started your treatment, were you given enough information about whether your radiotherapy was working in a way you could understand?	64%
47	Beforehand, did you have all of the information you needed about your chemotherapy treatment?	88%
48	Once you started your treatment, were you given enough information about whether your chemotherapy was working in a way you could understand?	76%

Home care and support		
49	Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you at home?	64%
50	<i>During your cancer treatment, were you given enough care and support from health or social services (for example, district nurses, home helps or physiotherapists)?</i>	64%
51	<i>Once your cancer treatment finished, were you given enough care and support from health or social services (for example, district nurses, home helps or physiotherapists)?</i>	51%

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Deciding the best treatment for you

12	Before your cancer treatment started, were your treatment options explained to you?	86%
13	Were the possible side effects of treatment(s) explained in a way you could understand?	78%
14	Were you offered practical advice and support in dealing with the side effects of your treatment(s)?	74%
15	Before you started your treatment(s), were you also told about any side effects of the treatment that could affect you in the future rather than straight away?	56%
16	Were you involved as much as you wanted to be in decisions about your care and treatment?	82%

Clinical Nurse Specialist

17	Were you given the name of a Clinical Nurse Specialist who would support you through your treatment?	90%
18	How easy or difficult has it been for you to contact your Clinical Nurse Specialist?	91%
19	When you have had important questions to ask your Clinical Nurse Specialist, how often have you got answers you could understand?	91%

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3 1	Did you have confidence and trust in the ward nurses treating you?	77%
3 2	In your opinion, were there enough nurses on duty to care for you in hospital?	67%
3 3	While you were in hospital did the doctors and nurses ask you what name you prefer to be called by?	75%
3 4	Were you given enough privacy when discussing your condition or treatment?	88%
3 5	During your hospital visit, did you find someone on the hospital staff to talk to about your worries and fears?	58%
3 6	Do you think the hospital staff did everything they could to help control your pain?	86%
3 7	Overall, did you feel you were treated with respect and dignity while you were in the hospital?	91%
3 8	Were you given clear written information about what you should or should not do after leaving hospital?	87%
3 9	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	95%








Care from your general practice

5 2	As far as you know, was your GP given enough information about your condition and the treatment you had at the hospital?	93%
5 3	Do you think the GPs and nurses at your general practice did everything they could to support you while you were having cancer treatment?	60%

Your overall NHS care

5 4	Did the different people treating and caring for you (such as GP, hospital doctors, hospital nurses, specialist nurses, community nurses) work well together to give you the best possible care?	68%
5 5	Have you been given a care plan?	32%
5 6	Overall, how would you rate the administration of your care (getting letters at the right time, doctors having the right notes/tests results, etc.)?	93%
5 7	Overall, how do you feel about the length of time you had to wait when attending clinics and appointments for your cancer treatment?	81%
5 8	Since your diagnosis, has anyone discussed with you whether you would like to take part in cancer research?	33%
5 9	Overall, how would you rate your care?	9.0

Key

	Positive outlier		Significant improvement from previous survey
	Within expected range		No significant change
	Negative Outlier		Significant deterioration from previous survey
	No data available		

Questions in italics relate partially or fully to aspects of care outside the trust setting

Of the 52 questions where it is possible to make a comparison with other organisations, the trust are a negative outlier in 1 and a positive outlier in 12.

Of the 41 questions related to care in the trust setting only, the trust are a negative outlier in 1 and a positive outlier in 9.

Cancer Patient Experience Survey 2018

Wessex Acute Trust Results

Trust	Positive Outlier	Not an Outlier	Negative outlier
The Royal Bournemouth and Christchurch NHS Foundation Trust	12	39	1
Poole Hospital NHS Foundation Trust	5	47	0
Dorset County Hospital NHS Foundation Trust	3	42	7
University Hospital Southampton NHS Foundation Trust	1	47	4
Portsmouth Hospitals NHS Trust	4	48	0
Hampshire Hospitals NHS Foundation Trust	6	44	2
Isle of Wight NHS Trust	0	50	2

52 Questions with reported results.

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Cancer Patient Experience Survey 2017

The Royal Bournemouth and
Christchurch Hospitals NHS
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RBH sample size 696, completed 506
Response rate 73% (National 63%)

Tumour Group	Number of respondents
Breast	133
Colorectal	69
Haematological	107
Prostate	72
Urological	36
Skin	8
Upper GI	37
Gynae	10
Lung	21
Brain/Head and Neck	2

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Results

- The survey contained 52 questions relating to patient experience.
- RBH scored higher than the expected range in 12 questions with 39 scoring within the expected range.
- One question scored negatively relating to staff explaining how an operation had gone in an understandable way 73% an increase of **1%** would place us in the expected range
- Asked to rate their care on a scale of zero (very poor) to 10 (very good), respondents gave an average rating of **9.0 to RBH** national average score **8.8**

The following results are included in phase 1 of the Cancer Dashboard developed by Public Health England and NHS England

- **82%** (National average **79%**) of respondents said that they were definitely involved as much as they wanted to be in decisions about their care and treatment
- **90%** (National average **91%**) of respondents said that they were given the name of a Clinical Nurse Specialist who would support them through their treatment
- when asked how easy or difficult it had been to contact their Clinical Nurse Specialist • **91%** (National average **86%**) of respondents said that it had been 'quite easy' or 'very easy'

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- **91% (National average 89%)** of respondents said that, overall, they were always treated with dignity and respect when they were in hospital
- **95% (National average 94%)** of respondents said that hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital
- **60% (National average 60%)** of respondents said that they thought the GPs and nurses at their general practice definitely did everything they could to support them while they were having cancer treatment.

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Outliers By Trust	Positive Outlier	Not an Outlier	Negative Outlier
Royal Bournemouth	12	39	1
Poole	5	47	0
Hampshire Hospitals	6	44	2
Dorset County	3	42	7
Portsmouth	4	48	0
Isle of Wight	0	50	2
Southampton	1	47	4

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National Overview

RBH is in the top 27 of 144 Trusts in England

Specific Areas for Improvement

Improve the explanations and information provided to patients on how their operations have gone taking account of individual understanding.

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Current Initiatives

- 4 wte Cancer care support workers in place undertaking eHNA and Care Plans with cancer patients.
- Also delivering Health and Wellbeing sessions, event staged at The Village in October, smaller session twice monthly in house.
- HOPE Courses running
- End of treatment summaries
- Patient Triggered Risk Stratified Follow Up implementation planned to commence from April 2019 in urology, breast and colorectal sites
- 28 day pilot

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BOARD OF DIRECTORS	
Meeting date:	28 November 2018
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Overseas Recruitment Update
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
Details of previous discussion and/or dissemination:	Senior Leadership Team meeting
Action required:	Note for information
Summary: This paper provides a high level summary of the current overseas recruitment activities within the Trust. This will be discussed at the Senior Leadership Team and Workforce Strategy and Development Committee.	
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"/>
Impact on risk profile:	



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Overseas Recruitment Update November 2018

Introduction

Overseas recruitment is an essential element of current registered nurse recruitment into the NHS. A fall in the number of registered nurses qualifying in the UK, coupled with high leaver rates has led to significant vacancies in many Trusts across the country. This demand has led to a competitive market for overseas recruitment with many agencies competing for a Trusts business.

This paper provides a brief summary of the current Overseas Recruitment Campaign with Yeovil District Hospital NHS Foundation Trust and sets out two other opportunities for overseas recruitment that the Trust is considering.

Yeovil District Hospital NHS Foundation Trust (YDH) – Dubai Recruitment

In the spring of 2018 the Trust entered into a contract with YDH for the provision of 40 overseas nurses recruited from Dubai. The Trust fielded two Matrons who attended a recruitment trip and selected 80 nurses who were successful at interview and could potentially be employed at the Trust. Following the visit a request to recruit all of the nurses interviewed was requested and granted; and a further agreement made for Yeovil to recruit on the Trusts behalf at future recruitment trips.

The feedback from the Matrons who attended Dubai was that the calibre of nurses presented for interview was high.

Currently there are 179 overseas nurses in this recruitment pipeline. It is important to note however, that the latest statistics from the NMC state that the NMC part 1 competency based test has a 75% pass rate. Taking this into account and allowing for natural attrition it is likely that around 120 of these nurses will reach the certificate of sponsorship stage.

Stage	No. of Nurses
Studying	131
IELTS achieved	19
OET achieved	17
Competency based test passed	5
Certificate of Sponsorship applied for	7

External Agencies Overseas Recruitment

The Trust has approached two external recruitment agencies with a view to sourcing overseas nurses on a shorter timescale than the current Yeovil Scheme.

TTM Healthcare

This agency is offering two campaigns, mainly focused at providing medical nurses, but not exclusively:



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1. Campaign for nurses (mainly overseas) who have spent time in London and are now wishing to work outside of the capital.
2. Campaign for newly qualified Irish nurses (one year post registration minimum)

HCL Workforce Solutions

Also offering two campaigns:

1. 10 registered nurses via their “international spot team”. Candidates would already have passed their language test and be able to commence work within three months. Nurses would be from Australia, South Africa and Africa. Candidates would be expected to remain for three years.
2. 10 registered nurses with UK Pin Numbers, from within the UK. The agency would run a recruitment campaign on our behalf and schedule the interviews.

Saint Vincent’s and the Grenadines (SVG) Recruitment

The Trust has been approached by a local recruitment agency that has an ongoing relationship with the government for SVG with regards to the recruiting into the Royal British Navy.

The High Commissioner for SVG Trust recently approached this agency with regards to a surplus of circa 200 qualified nurses and whether a similar arrangement as that with the Navy could be sourced. The Trust was subsequently approached and initial explorations into this pipeline have been undertaken. Proposals are currently being worked up for presentation the Senior Leadership Team.

Conclusion

The Trust continues to actively consider all registered nurse recruitment opportunities that arise both within and outside of the United Kingdom. Our aim is to economically secure a stable fully recruited registered nurse workforce, reducing the need for temporary staffing resources in the next 12 months.

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BOARD OF DIRECTORS	
Meeting date:	28 November 2018
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Implementing the Clinical Services Review
Section on agenda:	Strategy and Risk
Supplementary reading:	<ul style="list-style-type: none"> • Copy letter to the Secretary of State from Tim Goodson, Dorset CCG • Letter to Ian Dalton, NHSI regarding CMA process
Director or manager with overall responsibility:	Tony Spotswood, Chief Executive
Author(s) of paper:	Tony Spotswood
Details of previous discussion and/or dissemination:	TMB, Board of Directors
Action required:	Discussion
Summary: This paper summarises the work underway to secure implementation of the Clinical Services Review (CSR).	
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: Are they safe? Are they effective? Are they caring? Are they responsive to people's needs? Are they well-led?	✓ ✓ ✓ ✓ ✓
Impact on risk profile:	This is already linked to the Implementation of the CSR risk. Successful implementation will help mitigate the associated service risks

Implementing the Clinical Services Review

This paper provides a summary of work underway to implement the Clinical Services Review proposals

I have included in the Reading Pack two letters for Board information:

- Tim Goodson's letter to the Secretary of State in response to the recent referral by Dorset County Council's Health Overview and Scrutiny Committee
- A letter to Ian Dalton regarding the timing and process the Competition and Markets Authority (CMA) could follow to review our proposed merger. We are obviously keen to agree a way forward as soon as possible and so realise the clear patient benefits.

I am conscious that the Board has recently received extensive information on a broad range of issues associated with the CSR including the design of the planned and emergency sites. Rather than seeking to add further briefing material, I thought it would be helpful for the Board to have the opportunity to take stock on the work in hand. To this end I have summarised the various work streams and would welcome Board discussion on any of the following aspects:

Clinical Redesign

- Determination of the schedule of accommodation and patient flow to enable outline design for each of the key build elements on the planned and emergency sites.
- Practical arrangements to enable back fill over this initial 12-15 week period
- Resolution of outstanding issues including but not limited to:
 - o should there be step down beds on the Poole site
 - o finalising the planned surgery split, and associated beds and theatres
 - o agreement of out-of-hours cover arrangements for the planned site
 - o agreement of the pre-assessment and retrieval arrangements

Affordability

- Determination of the total resource required and the source of funds to support the capital design once finalised.
- Determining a source of funds for the Pathology re-design, community hospital provision etc.

Merger

- Agreeing the process and the timeline with the CMA and NHS Improvement for the proposed merger
- Developing the Organisational Development and Quality Improvement plans to support merger
- Delivering the Post Transaction Implementation Plan setting out how the new organisation operates

Strategic Alignment of the two Trusts

- Appointment of a single Chair and Chief Executive
- Determination of joint leadership arrangements for four services and an agreed work plan
- Enhancing capacity to ensure we can support day to day provision of services and take forward the strategic agenda

Management of Public opposition to the plans

- Resolution of the Judicial Review Appeal
- Resolution of Health Overview and Scrutiny Committee (HOSC) referral to the Secretary of State by Dorset HOSC

Submission of the Outline Business Case (OBC)

- Drafting of the OBC – submission date end of March
- Finalisation of the Long Term Financial Model
- Determination of the 1:200 drawings

Communication Plan

- Communication with our staff
- Communication with the general public

The Board is invited to consider these workstreams and to identify any further action which needs to be taken to ensure we continue to progress implementation.

Tony Spotswood
Chief Executive



**The Royal Bournemouth
and Christchurch Hospitals**
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BOARD OF DIRECTORS	
Meeting date:	28 November 2018
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Progress Update on 2018/19 Corporate Objectives
Section on agenda:	Strategy and Risk
Supplementary reading:	None
Director or manager with overall responsibility:	Tony Spotswood, Chief Executive
Author(s) of paper:	Sandy Edington, Associate Director of Service Development
Details of previous discussion and/or dissemination:	Progress update presented quarterly to the Board of Directors
Action required:	Note for information
Summary: Review of Trust objectives for 2018/19 to end of October 2018.	
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

			Lead Exec	RAG Rating					
				Q1	Q2	Q3	Q4		
OBJECTIVE ONE			Valuing our staff						
Narrative:			Recognising the contribution of our staff and helping them develop and achieve their potential						
Measures:	1.1	Delivery of the Trust's People Strategy with a focus on: a) Developing fit for purpose workforce plans by December 2018	KA					Work continuing across trust and STP The Trust was recently shortlisted for a Dorset Business award for Health and Wellbeing and we continue to develop our support for staff Continued focus on recruitment initiatives, developing new roles and providing education and training opportunities. Good progress with staff networks and delivery to plan Discussions at system level in progress. 3 internal role specific leadership development programmes, supported by ALS learning To be rolled out in 2019 with HR and BEAT support Board/SLT heard feedback, and Valuing You Week Sep 18 2018 survey is live until 30th November. Reporting for 2018 is changing to a different scale but Picker will map across previous results for comparison. Exceeded at 94% for Q1, 91% in Q2, no survey in Q3 Turnover rate 9.4% and is consistently lower than joining rate	
		b) Further enhancing health and wellbeing support for staff in place by December 2018	KA						
		c) Recruiting, retaining and developing staff in line with the strategy	KA						
		d) Delivering on key priorities in our diversity and inclusion plan in accordance with the timescales set out in the plan	DM						
	1.2	Delivery of the Leadership Strategy Implementation Plan with a focus on: a) Talent management	DM						
		b) Leadership development	DM						
		c) Management Toolkit	DM						
		d) Recognition and Reward – these will be implemented throughout 2018/19 in accordance with the timescales set out within our strategy	KA/DM						
		The measures we will use to track progress focus on: a) Action plans to address issues raised by staff, with the aim of maintaining our staff survey results and aiming to increase the engagement score from 3.9 to 4 over the next two years, demonstrating an improvement year on year b) Improving the Staff Impressions “Mainly Good” overall experience score to exceed 92% c) Maintaining a turnover rate below 12%	DM						
			DM						
		DM							
		KA							
OBJECTIVE TWO			#						
Narrative:			Focusing on continuous improvement and reduction of waste						
Measures:	2.1	Urgent and Emergency Care ‘First 24 Hours’ Aim: To improve the first 24 hours of our urgent and emergency care pathway to deliver ‘right patient, right time, right team, right place’ by March 2019 We will do this by ensuring: <ul style="list-style-type: none">all patients receive timely assessments and decisions for clinically appropriate high quality carewe convert a third of adult acute admissions to ambulatory care as the preferred option by March 2019patients are either discharged or transferred to a specialty ward within 24-48 hours of arrival by January 2019to improve on our 7 day standards, including for admitted patients having a consultant review in no more than 14 hours.	RR					Combined clerking test working well and indicative figures show average 2 hours saved per patient, being particularly beneficial out of hours. Test extended to 4 weeks ending on 26 Nov. Revised final version being worked up taking account of subjective and objective measurements, with view to rolling out final version from 10 Dec. DTA task and finish group established with the aim of bringing time of arrival to DTA < 2 hours. Admission avoidance performance in 2018/19 has increased compared to same period 2017/18 - notably + 31% in July. Initiatives such as funded taxi conveyance and the roll out of the Consultant Connect specialist advice and guidance service will underpin continued efforts to sustain further improvement in the remainder of Q3 and Q4 Currently 37% of patients are discharged from AMU; 63% transferred to specialty ward. 87% of discharges are done so < 48 hours; 90% transfers are done so < 48 hours. 2017 SAMBA audit (1 day snapshot) reported 79% compliance for RBCH. Anticipation this will be sustained in 2018 SAMBA audit - report due Q3 2018/19. Internal means of daily performance being developed which will be more evidential and enable identification of trends. Combined clerking test working well and indicative figures show average 2 hours saved per patient, being particularly beneficial out of hours. Test extended to 4 weeks ending on 26 Nov. Revised final version being worked up taking account of subjective and objective measurements, with view to rolling out final version from 10 Dec.	
			RR						
			RR						
			RR						
			RR						
			RR						
			RR						
			RR						
			RR						
			RR						

		<ul style="list-style-type: none"> frail patients are identified as soon as possible as they present in ED and receive specialist high quality care by June 2019 patients with mental health conditions have access to skilled assessments available 24/7 by June 2019 to deliver the 4 hour performance trajectory and the 95% ED standard by March 2019 	RR			Frailty ANPs screening ambulance conveyances for appropriate patients and taking immediately post BREATH from Oct 2018. 3-month pilot supported by ED Consultants
			RR			
			RR			
2.2		<p>Surgical Flow</p> <p><i>Aim: To improve flow through specialty theatres and intensive care beds, to achieve 85% utilisation (with a stretch target to 90%) for theatres. To also reduce time delays out of ITU by 20% by March 2019.</i></p> <p>We will do this by:</p> <ul style="list-style-type: none"> improving theatre scheduling and start times reducing on the day cancellations redesigning ward processes to increase capacity in recovery areas redesigning ward processes to improve ITU capacity and discharge arrangements redesigning our prioritisation and planning processes to further improving the quality and safety of the WHO checklist in emergency surgery 	RR			Process map held with good engagement, and actions identified. We are severely limited by Community inpatient MH capacity which may not change for 5 years or so; however there are some things under our control and these have been identified and are being taken forward. This is an operational target - which is being supported by QI ref optimising clinical decision making and onward transfer/discharge (Action Learning Weeks etc.)
			RR			
			RR			
			DM			Dedicated workstream within QI - to date has seen a 1.4% increase in utilisation across elective theatre time
			DM			Cohorting, enhanced recovery in Gynae, and surgical frailty service all positively affecting bed state which has meant better availability for theatres and ITU.
			DM			ITU processes have been fine-tuned around golden patient identification, and liaison with Clinical Site. This has shown some promising effect. IT change request has been put in; process mapping being held to specify requirements
2.3		<p>Supporting our Specialty Pathways</p> <p><i>Aim: To ensure implementation of recommendations outlined in the external cultural review and British Association of Dermatology review in accordance with agreed timelines</i></p> <p>This will include:</p> <ul style="list-style-type: none"> redesign of booking process improved staff training improved patient information Introduction of electronic systems all surgical forms in dermatology are completed accurately by August 2018 and zero avoidable hospital reason cancellations by October 2018 	DM			Complete
			DM			2* clinical staff training weeks in Q1
			DM			New internet page for patient information in design phase
			DM			New booking form in place. Surgical form being developed in e-forms to replace current paper version
			DM			On track to deliver with regular progress monitoring
2.4		<i>Aim: To improve patient safety and experience by reducing RTT waiting times in ophthalmology to a maximum of 18 weeks and outpatient follow up waits. The focus of this work will extend to improving efficiency in eye theatres by March 2019</i>	RR			Improved follow-ups, but deteriorated RTT / total waiting list position
2.5		<i>Aim: To ensure that there are no unnecessary diagnostics and/or nursing observations for patients who are medically ready for discharge by March 2019</i>	RR			
		Fundamentals of Care	PS			
		<i>Aim: "To improve the coordination of Peripherally Inserted Central Catheter (PICC) lines, confirming status of every patient with a PICC line inserted by RBCH and ensuring compliance with the CVAD care bundle by March 2019"</i>				The CVAD QI subgroup meet regularly. The group has agreed to have the CVAD policy and associated SOPs completed by 19th December 2018. A meeting between members of the project group and IT Development has happened relating to the development of the CVAD checklist for eNA. Discussions have started around the future governance of the monitoring/care of CVAD once the project group stops in March 2019. Attendance at the "Patients voice" volunteer recruitment event on the 9th November. Where a patient with PICC experience expressed an interest in being involved in the project
		<i>Aim: To continually improve the safety and timeliness of treatment and reduce avoidable patient deterioration on our wards</i>				
		We will do this by:				
2.6		<ul style="list-style-type: none"> ensuring that every patient with an early warning score (NEWS) of 9 or above, is escalated for review and then seen by an appropriate clinician within 30 minutes of their initial trigger by the end of March 2019. <p><i>Aim: To further improve the identification and management of sepsis in our emergency and admitting areas by March 2019</i></p> <p>We will do this by:</p> <ul style="list-style-type: none"> treating all patients with a high risk of sepsis with a first dose of antibiotics within 1 hour of admission/diagnosis of sepsis and all other suspected septic patients within 3 hours by March 2019. 	AOD			Project on track. Ward level metric developed. Work progressing to implement NEW2 by 31st March 19 in line with national directive. This will change the metric as the algorithm is different.
			AOD			Aim being reviewed for attainability. 95% eLearning completed by clinical staff. High compliance in admission areas with future focus on inpatient areas.

		<p><i>Aim: To reduce the number of Never Events and promote an open learning culture</i></p> <p>We will do this by:</p> <ul style="list-style-type: none"> embedding the learning from Never Events and Serious Incidents and implement agreed actions arising from the human factor work led by the Medical Director, it is ongoing through 2018/19 	PS				<p>Learning from Never Events discussed and disseminated through QARC and Care Group Governance. Posters and presentations were included in the September QI and Patient Safety Conference. Update report by Medical Director to November Board meeting.</p>
	2.7	<p>Building QI Capacity and Capability</p> <p>To continue to develop our infrastructure for quality improvement at all levels within the organisation by March 2019. We will do this by:</p> <ul style="list-style-type: none"> expanding the provision of QI coaching support and training and development programmes to frontline teams deepening the involvement of patients and carers in our QI work embedding local ownership and performance management of improvement projects to sustain front line staff engagement in QI 	DM				<p>Continued implementation of Improvement Skills Training (more than 300 staff now trained); development of coaching offer for individual teams e.g. ED</p> <p>Patient involvement in Specialty Pathways projects and reviewing how to include in other areas. Working with the Patient Voice initiative to align patient volunteers with relevant projects</p> <p>Sustainability planning within projects to ensure continuous improvement after close. Additional work to embed within performance management framework on-going.</p>
	2.8	<p>Efficiency and Productivity</p> <p>We will continue to ensure services are provided in a cost effective manner and that we achieve our financial plan to deliver a deficit of no more than £2.381 million by the end of March 2019.</p>	PP				<p>The Trust achieved its financial control total for Q2, with a small favourable variance. In addition, the Trust has agreed to improve its control total by 3 non recurrent improvements amounting to £9 million which will secure a further £18 million PSF 'incentive' funding. The revised control total is therefore a surplus of £24.619 million.</p> <p>However considerable risk remains against the base budgets as savings schemes have not yet been identified to meet the cost improvement target in full. Financial recovery plans are currently being developed to mitigate this risk and ensure the full year control total is achieved.</p>
	2.9	<p>To continue to improve the responsiveness of services for patients and achieve the national standards of:</p> <p>Cancer waits (62 days)</p> <p>Elective referral to treatment waits (18 weeks RTT)</p> <p>Diagnostic waits (maximum 6 weeks)</p>	RR				<p>Deteriorated 62 day performance due to nationally recognised pressures from Urology "Fry & Turnbull" demand. Q2 below target but recovery expected in Q3. National and local bid funds secured to support recovery. RTT waiting list and [performance currently worse than trajectory, but improving. Dorset-wide transformation plan being developed under a new Elective Care Board.</p> <p>Diagnostic below target due to pressures in endoscopy. Recovery Plan underway including insourcing, with recovery expected in Q4.</p>
OBJECTIVE THREE		Recovery plan underway including insourcing, with recovery expected in Q4.					
Narrative:		<i>Developing and strengthening Team RBCH to deliver safe and compassionate care for our patients and shaping future health care across Dorset</i>					
Measures:	3.1	Progressing implementation of the Clinical Services Review by completing the clinical design of the planned and emergency sites by July 2018 and securing the lifting of the undertakings placed on the Trusts by the Competition and Markets Authority. The Board will monitor and drive progress in accordance with the project plan agreed for this work.	TS				<p>We are now expecting clarity on the merger process and timeline by December 18 and have engaged NHS CEO in that discussion. Detailed site planning is now underway to enable completion of the OBC by March 2019.</p>
	3.2	Strengthen collaborative working and relationships between the Trust and local partners gauged by regular feedback, via a structured qualitative assessment, from partners and in so doing progress the implementation of the Dorset Sustainability and Transformation Plan. To be completed by March 2019.	TS				<p>The Trust is part of the Dorset ICS. Regular joint Board meetings are held with Poole Hospital FT and the Trust inputs fully to the Dorset Partnership Board. The Trust has been successful as part of a joint bid to run urgent primary care services.</p>

	3.3	Jointly implement the Dorset Care Record (DCR) Phases 1a-2, 1b and 2 in accordance with the timescales in the DCR programme plan.	PG					The Dorset Care Record continues to release iterations: the 3rd iteration is planned for end Nov 2018 and will include Pathology, Radiology and Referrals data from DCH; Outpatients, Inpatients and Waiting list data from RBCH/PHFT and radiology from RBCH/PHFT. At this point we will have achieved 21 of the 84 interfaces (25 %)
	3.4	Develop team working by embedding the Aston OD Team Coaching approach across the organisation, helping enhance the delivery of care through heightened team effectiveness. Specific measures will focus on: a) At least 50 teams being engaged with the Aston OD Team Journey by March 2019 b) Achieving an average Trust score of 4 in the NHS Staff Survey key finding for Effective Team Working	DM					Currently 24 teams underway - This is slipping in Q3 with journeys stalling due to clinical pressures and other priorities. Coaches from second cohort need reinvigorating. AB now lead for ATJ
	3.5	To work with partners to submit a successful bid to reshape urgent care services in Dorset. This includes preparing for a "go live" in April 2019. Key aspects are developing the Urgent Treatment Centre (UTC) at RBH, work with GPs on Improving Access especially out of hours, as well as the wider 111 and 111 on line offer to patients, to provide alternatives to A&E attendance.	DM					Inc from 3.9 to 3.99; in top 20%. Reporting for 2018 is changing to a different scale but Picker will map across previous results for comparison.
			RR					Bid successful. Work on mobilisation now developing.
OBJECTIVE FOUR								
Listening to Patients								
Narrative:		<i>Ensuring meaningful engagement to improve patient experience</i>						
Measures:	4.1	Maintain progress in meeting our improvement trajectory for the National Patient Experience benchmarks by March 2019, by: <ul style="list-style-type: none">Maintaining internal focus on patient experience agendasEngaging, listening and responding to patient feedback	PS					Feedback from patients remains positive with FFT results in top quartile for most areas. Care conversations have started- this is gathering feedback from patients through qualitative conversations. The trust is developing the way we listen to patients, rather than relying on just feedback we are now inviting patients into the trust to work alongside clinical teams and managers to make decisions about how healthcare is delivered.
	4.2	Maintain and strengthen community links by March 2019 through: <ul style="list-style-type: none">Running in partnership with our Governors a series of listening eventsEstablishing community focus groups to provide feedback on current services and future proposals for service delivery	PS					Patient voice volunteers have been recruited following an event with media coverage. We hold a bank of projects within the Trust where patient voice volunteers need to be used to co-design services.
	4.3	Actively engage in transitional work with the One Acute Network, ensuring that our patients and population are involved in service redesign from the outset using: Experience based co-design	TS					Regular listening events run by the Trust governors are supported, with excellent public feedback. We have engaged the point of care foundation to work with us to ensure we obtain patient input to the redesign of services.
	4.4	Working in partnership with our patients and health care partners to ensure right referral and right care, by March 2019, especially focused on four specialities (Dermatology, Cardiology, Orthopaedics and Ophthalmology), by: <ul style="list-style-type: none">Informing and helping educate our population to access resources appropriate to their needImprove self-care education with a particular focus on chronic diseases	TS					
			DM					New Workforce and Organisational development Group established as a subcommittee of the OAN East Reconfiguration Board.. Experience based co-design will be part of the remit. Inaugural meeting of group planned for 15/10/18
			RR					Work progressing via system wide workshop in Nov 18. Referrals continue to be lower than last year overall through some specific demand and
			RR					



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

BOARD OF DIRECTORS	
Meeting date:	28 November 2018
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Progress Update on Stakeholder Engagement Outcomes
Section on agenda:	Strategy and Risk
Supplementary reading:	None
Director or manager with overall responsibility:	David Moss, Chairperson
Author(s) of paper:	Karen Flaherty, Trust Secretary
Details of previous discussion and/or dissemination:	Board of Directors, September 2017 and March 2018 Board and Council of Governors Joint Working Event, July 2017
Action required:	Note for information
Summary: This report provides the latest updates on progress against the stakeholder engagement outcomes identified by the Board of Directors and Council of Governors and subsequently developed into a series of outcomes approved by the Board of Directors.	
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:	
Are they safe?	✓
Are they effective?	✓
Are they caring?	✓
Are they responsive to people's needs?	✓
Are they well-led?	✓
Impact on risk profile:	None

Progress Update Stakeholder Engagement Outcomes November 2018

Stakeholder Group	Outcome	Executive Lead(s)
Staff	Ensure that staff receive regular updates aimed at their questions and concerns using existing groups, including the Partnership Forum, Change Champions and Staff Governors, providing an opportunity for staff to respond and then receive feedback	KA, DM, KF
Foundation Trusts in Dorset	Put in place the structures to support Integrated Care System (ICS) working supported by regular contact and organisational development to build relationships and jointly plan and create solutions to deliver better outcomes for patients and benefit taxpayers in Dorset.	TS, RR, Governors
Clinical Leaders (across the system including GPs)	Work jointly with Poole Hospital NHS Foundation Trust to bring clinicians from both organisations together to develop and promote work to improve outcomes for patients and efficient working practices involving colleagues from primary care.	AOD, RW, PS
Dorset CCG	Support activity to develop as a single health system in Dorset through our approach to contracting and risk sharing and coordinating communications and relationships with regulators' regional teams.	PP
Competition and Markets Authority	Work together with Poole Hospital NHS Foundation Trust to develop the patient benefits case for submission to the Competition and Markets Authority.	TS
Patient Groups	Incorporate and involve governors and members in the delivery of the Patient Experience and Public Engagement Plan and participate in governor engagement activity and engagement activity with partner organisations as part of the implementation of the Clinical Services Review (CSR) and the delivery of the Dorset Sustainability and Transformation Plan (STP).	PS

Staff

- Change Champions - completed Delivery phase and now working on Implementation phase.
- Change Champion focus groups in March 2018 and more planned in Q4 2018/19.
- Staff Impressions Surveys in Q1, Q2 and Q4 each year with standard questions and additional focus areas to gain feedback on important issues.
- National Staff Survey is currently open until 30 November 2018 - published reports are available to all and local feedback provided to Directorate Managers and Care Groups to produce action plans
- Diversity & Inclusion walkarounds to raise awareness and listen to staff concerns
- Staff Network groups established for LGBT, European staff and Black, Asian and Minority Ethnic (BAME)
- BAME survey conducted

Staff

- FTSU awareness month (1st October – 31st October).
 - Spoke to up to 500 staff
 - Requests for future meetings
 - National Twitter coverage
 - 6 case referrals
 - Number of enquiries
- Staff Governors
 - Walkrounds at Royal Bournemouth and Christchurch Hospitals
 - Stand at Allied Health Professionals, Scientific and Technical Staff Conference – May 2018
 - Governor Stand at Patient Safety and Quality Improvement Conference – September 2018

Staff



Foundation Trusts in Dorset

- Dorset System Leadership team has worked together to develop the Integrated Care System (ICS)
 - operating to a single control total
 - agreement to invest £6 million into community and primary care services
 - work to advance the Dorset Care Record
 - collective endeavour and activity to progress the Clinical Services Review
- Dorset as a health economy performs above average
- Dorset ICS regarded as in the top 3 of well-developed ICS in England
- Successful joint tender for Integrated Urgent Care Services for Dorset

Clinical Leaders

- Joint Hospital Executive Group and Trust Management Board meetings
- One Acute Network clinical design workstreams
- Joint leadership programmes being developed
- Agreement to set up the joint leadership arrangements agreed for four services

Dorset CCG

- Dorset System Leadership team has worked together to develop the ICS
 - operating to a single control total
 - agreement to invest £6 million into community and primary care services
 - work to advance the Dorset Care Record
 - collective endeavour and activity to progress the Clinical Services Review
- Dorset as a health economy performs above average
- Dorset ICS regarded as in the top 3 of well-developed ICS in England

Competition and Markets Authority

- The patient benefits case has been developed and shared in summary form but awaiting submission once we have an agreed process and timeline for the merger.
- Design work now underway to create the planned care and emergency sites and complete the outline business case
- Agreement to appoint an interim joint chair and chief executive
- Agreement to set up the joint leadership arrangements agreed for four services

Patient Groups

- Enrolled first wave of 'patient voice volunteers' - moving engagement from consulting to collaborating
- Two directors selected their 'Patient Partners' as part of their leadership development.
- Secured funding from Thames Valley and Wessex Leadership Academy to train ten members of staff in Experience Based Co-design with the Point of Care Foundation
- Departments and wards have considered where patients can be engaged in their work to match up with suitable patient voice volunteers
- Formulation of Patient Engagement and Experience Strategy including the role of Governors in public engagement
- Model of patient engagement adopted in Poole Hospital with One Acute Network and being considered for adoption by 'Our Dorset'.

Patient Groups

- Collaboration between Patient Engagement and Governors to ensure messaging is consistent and the valuable feedback Governors receive from the community is collated
- Introduction of 'Care Conversations' facilitated by specially trained survey volunteers giving true qualitative feedback from patients, audio recorded and themed.
- Pilot site for pan Dorset qualitative study with Healthwatch into transitions in care from hospital to home. Governors involved in gaining consent from our patients whilst in hospital
- Head of Patient Experience and Governor representation at school careers evenings to encourage younger members of our community to engage with the hospital and inform redesign

Patient Groups



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

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

Annual Declaration			
CQC Inpatient/MH and community survey	8.1 / 10	CQC - Responsive	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)
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	
Quality of care	Caring - A&E scores from Friends and Family Test % positive	90%	87.59%	89.61%	89.43%	89.59%	92.60%	90.88%	90.78%			
	Caring - Inpatient scores from Friends and Family Test % positive	95%	96.94%	97.85%	97.87%	97.47%	98.15%	97.38%	97.89%			
	Caring - Maternity scores from Friends and Family Test % positive	95%	96.89%	97.32%	96.17%	96.45%	97.79%	99.34%	97.26%			
	Caring - Mixed sex accommodation breaches	0	0	0	0	3	0	5	0			
	Caring - Staff Friends and Family Test % recommended - care (Quarterly)			89.44%			76.81%					
	Caring - Formal complaints		35	41	31	33	41	33	25			
	Effective - Emergency re-admissions within 30 days following an elective or emergency spell at the provider	< Prev Yr Month AVG	497	513	489	549	575	505	568			
	Effective - Hospital Standardised Mortality Ratio - Weekend (DFI) - All Sites	< 100	99.4	95.9	92.5	86.3						
	Effective - Hospital Standardised Mortality Ratio - Weekend (DFI) - MAC	< 100	0.0	0.0	0.0	0.0						
	Effective - Hospital Standardised Mortality Ratio - Weekend (DFI) - RBH	< 100	85.8	86.9	83.7	78.2						
	Effective - Hospital Standardised Mortality Ratio (DFI) - All Sites	< 100	108.6	90.5	94.6	100.4						
	Effective - Hospital Standardised Mortality Ratio (DFI) - MAC	< 100	240.9	188.8	161.9	169.5						
	Effective - Hospital Standardised Mortality Ratio (DFI) - RBH	< 100	95.1	81.5	86.1	92.1						
	Effective - Summary Hospital Mortality Indicator	< 1	0.98									
	ED Attendances		8031	8707	8531	8884	8610	8099	8200			
	Elective Admissions		5749	6262	6104	6115	6064	5656	6378			
	GP OP Referrals		5694	6322	5821	6088	5523	5053	6274			
	Non-elective Admissions		3208	3297	3173	3323	3331	3063	3397			
	Organisational health - Staff sickness in month	< 3%	3.750%	3.401%	3.822%	4.119%	4.286%	4.376%	4.763%			
	Organisational health - Staff sickness rolling 12 months	< 3%	3.98%	3.94%	3.94%	3.94%	3.99%	4.03%	4.10%			
	Organisational health -Proportion of temporary staff		7.07%	6.44%	7.10%	7.26%	7.83%					
	Organisational health -Staff turnover	< 12%	9.53%	9.39%	9.53%	9.36%	9.23%	9.36%	9.27%			
	Safe - Clostridium Difficile - Confirmed lapses in care	<=14 in Yr / 1.2 per Month	2	0	0	0	2	0	0			
	Safe - Clostridium Difficile - infection rate	6.9	12.1	0	6.05	17.56	17.56	0	6.12			
	Safe - MRSA bacteraemias	0	0	0	1	0	0	0	0			
	Safe - NHS England/NHS Improvement Patient Safety Alerts outstanding	0	0	0	0	0	0	0	0			
	Safe - Occurrence of any Never Event	0	1	0	1	0	0	1	0			
	Safe - Potential under-reporting of patient safety incidents (Quarterly reporting rate)			33.18			31.61					
	Safe - VTE Risk Assessment	95%	96.50%	96.93%	96.41%	96.36%	96.29%	96.27%	96.47%			
	Number of Serious Incidents	<= Last Year	1	2	3	4	1	2	0			
	Appraisals - Values Based (Non Medical) - Compliance		2.08%	10.94%	22.41%	39.16%	59.84%	82.10%	88.95%			
	Appraisals - Doctors and Consultants - Compliance		87.06%	88.93%	88.81%	88.85%	89.25%	84.51%	89.08%			
	Essential Core Skills - Compliance		93.33%	93.35%	93.43%	93.68%	94.07%	92.92%	93.05%			
Finance and use of resources	Sustainability - Capital Service Capacity (YTD Score)	YTD Plan = 4	4	4	4	4	3	1	1			
	Sustainability - Liquidity (YTD score)	YTD Plan = 1	1	1	1	1	1	1	1			
	Efficiency - I&E Margin (YTD score)	YTD Plan = 4	4	4	4	4	4	1	1			
	Controls - Distance from Financial Plan (YTD score)	N/A	1	1	1	1	1	2	2			
	Controls - Agency Spend (YTD score)	YTD Plan = 1	1	1	1	1	1	1	1			
	Overall finance and use of resources YTD score	N/A	3	3	3	3	3	1	1			
Operational performance	A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge	95%	91.85%	93.52%	96.37%	95.97%	94.05%	92.41%	93.52%			
	Cancer maximum 62-day wait for first treatment from NHS cancer screening service referral	90%	100.00%	87.50%	96.00%	73.68%	85.71%	69.23%				
	Cancer maximum 62-day wait for first treatment from urgent GP referral for suspected cancer	85%	88.56%	90.19%	84.56%	86.13%	79.39%	77.17%				
	Maximum 6-week wait for diagnostic procedures	99%	99.67%	99.38%	99.49%	94.43%	93.94%	93.31%	93.36%			
	Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	92%	88.81%	89.98%	89.79%	88.75%	87.59%	86.77%	86.85%			

BOARD OF DIRECTORS	
Meeting date – Info Pack only:	28 November 2018
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Performance Report
Section on agenda:	Performance
Supplementary reading:	None
Director or manager with overall responsibility:	Richard Renaut, Chief Operating Officer
Author(s) of paper:	Donna Parker, Deputy Chief Operating Officer David Mills, Associate Director Information & Performance
Details of previous discussion and/or dissemination:	PMG/Finance and Performance Committee
Action required:	Note for information
<p>The Trust Board of Directors is requested to note the performance exceptions to the Trust's compliance with the 2018/19 Single Oversight Framework (SOF), 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"> • <i>Trust Board Dashboard</i> • <i>Performance Indicator Matrix</i> <p>Executive Summary:</p> <p>This report focuses on October performance where it is available and provides a 'look forward' in light of current/projected trends and actions being taken.</p> <p>Key Highlights and Exceptions:</p> <ul style="list-style-type: none"> • ED performance for October was at 93.5%, the Q3 Provider Sustainability Fund (PSF) is at risk due to the continued growth in emergency demand and the onset of winter • Demand from ambulance conveyances continues to rise compared to last year with ED attendances and emergency admissions up in Oct 18 and year to date • Clocks Still Running (CSR/RTT total waiting list) remains off target – Dorset system-wide assessment currently indicates risk for March 2019 target. • Cancer fast track referrals reduced September – now 8.6% above last year YTD • Continued risk to 2 week wait and 62 day cancer standards, as well as knock on impact on routine RTT pathways • Diagnostic 6 Week Wait remains below threshold. Endoscopy recovery plan underway 	
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?	✓

<p>Are they caring?</p> <p>Are they responsive to people's needs?</p> <p>Are they well-led?</p>	<p>✓</p> <p>✓</p> <p>✓</p>
<p>Impact on risk profile:</p>	<p>Performance metrics are key control measures for the following risks on the Trust Risk Register:</p> <ul style="list-style-type: none"> • Flow (463) • Stranded patients (452) • RTT (735) • Right Referral, Right Care (736) • Financial - PSF



Operational Performance Report

For the period to end
October 2018

Richard Renaut
Chief Operating Officer

Operational Performance Report

As at 20/11/2018

1. Executive summary

Key highlights and exceptions:

- ED attendances increased by 3.6% and emergency admissions increased by 2.4% year to date.
- ED 4 hour target performance continues to benchmark in the top quartile of Trusts with a type 1 ED Department
- Clocks Still Running (CSR/RTT total waiting list) reducing but still remains off target.
- Zero 52 week breaches year to date.
- Significant impact on the 2 week wait standard in Quarter 1 & Quarter 2 and on the 62 day standard in Qtr 2 due to 8.6% Year to date increase across all specialities – national funds secured to support improvement
- The Trust excelled in the 2017 National Cancer Patient Survey
- Endoscopy recovery plan underway but trajectory to 6 week compliance now extended to end of March 19

This report accompanies the Board Dashboard and Performance Indicator Matrix which should be referred to for further detail.

2. PSF, Single Oversight Framework and National Indicators

2.1 Current performance – October 2018/19

In October, we achieved 93.52%, below the national ED 4 Hour target and below our local plan with NHSI which puts the PSF at significant risk for Q.3. Our performance for the quarter so far is 92.37%, which although currently above the target of 91.42%, will be difficult to maintain current performance during December given the challenges with the onset of winter. We avoided breaches of the 12 hour from decision to admit (DTA) target.

Although below our local trajectory RTT performance improved slightly to 86.85% in Oct 18; we continue to have zero 52 week wait breaches. We saw a reduction of 166 in the total waiting list (Clocks Still Running - CSR), though this remains above the March 2019 target. The overall number of patients waiting over 18 weeks also decreased by 43. RTT performance continues to be impacted by the 8.6% increase in cancer referrals year to date, along with pressures in endoscopy and Ophthalmology.

September performance against the 62 day cancer target dropped to 77.2%, below the national target of 85%. Complex diagnostic pathways was the main reason for breaches. Performance against the 62 day Screening target also fell to 69.2%. The 2 Week Wait performance improved slightly to 92.6% but remains just below target of 93%. Securing timely capacity for outpatients and cancer pathways remains a pressure, however, a successful bid for national support funds will support improvement.

Diagnostic performance improved slightly in October to 93.4%.

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

Single Oversight Framework Indicator	National Target	NHSI Trajectory 18/19	Mth / Qtrly	RAG rated performance against national targets and NHSI submitted trajectories		
				Qtr 2	Oct-18	Nov 18 projection
A&E 4hr maximum wait time	95%	93.9% - 95.2%	Mthly & Qtrly	94.2%	93.5%	
RTT 18 week incomplete pathways	92%	88.1% - 88.4%	Mthly	87.7%	86.9%	
RTT - no. of incomplete pathways	≤ March 2018	24,880	Yr End	25587*	25421*	
RTT - no 52 week waiters	0	0	Mthly	0	0	
Cancer 62 day wait for first treatment from urgent GP referral**	85%	84.1-85.5%	Mthly & Qtrly	81.1%	est.	
Cancer 62 day wait for first treatment from Screening service**	90%	90%	Mthly & Qtrly	76.6%	est.	
Maximum 6 weeks to diagnostic test	99%	99%	Mthly	93.9%	93.4%	

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).

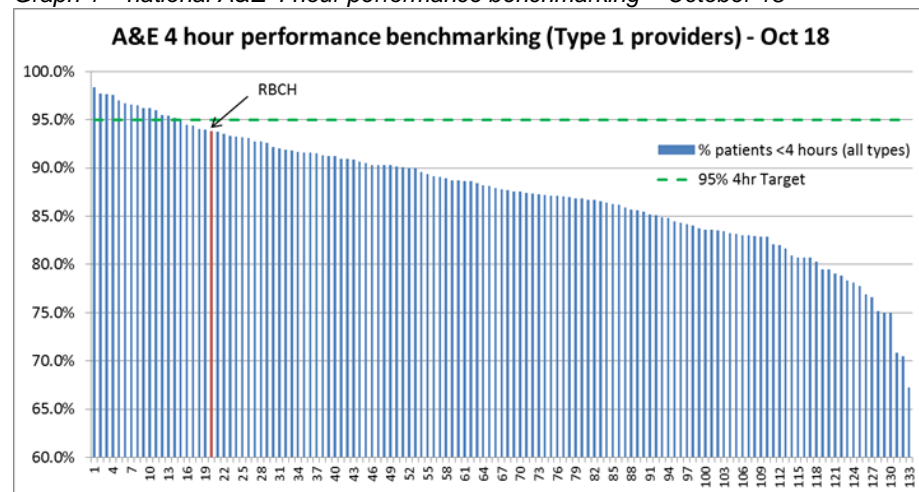
*Improvement on previous month

**Final validated Sep performance upload will be completed early Nov 18

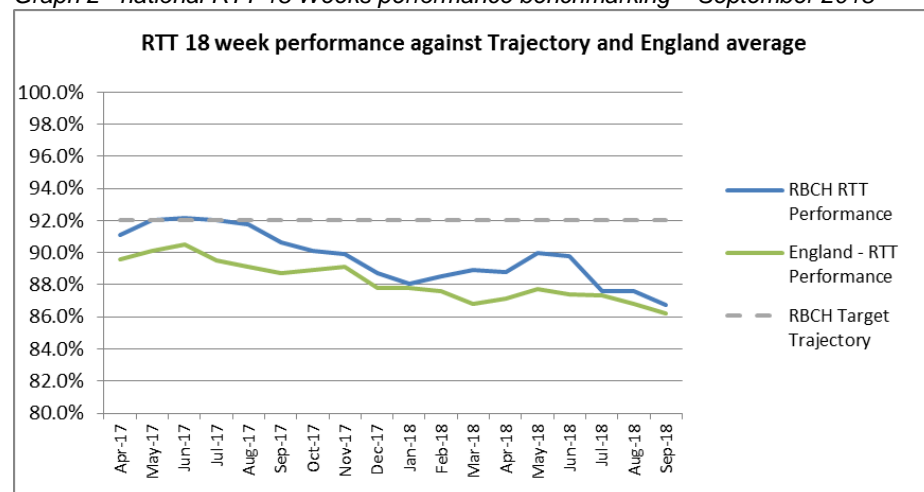
2.2 National Benchmarking – September/October 2018/19

Positively in ED we benchmarked favourably with other providers, being 20th out of all Type 1 Trusts nationally. RTT overall performance was close to but above the national average with Diagnostics remaining below.

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

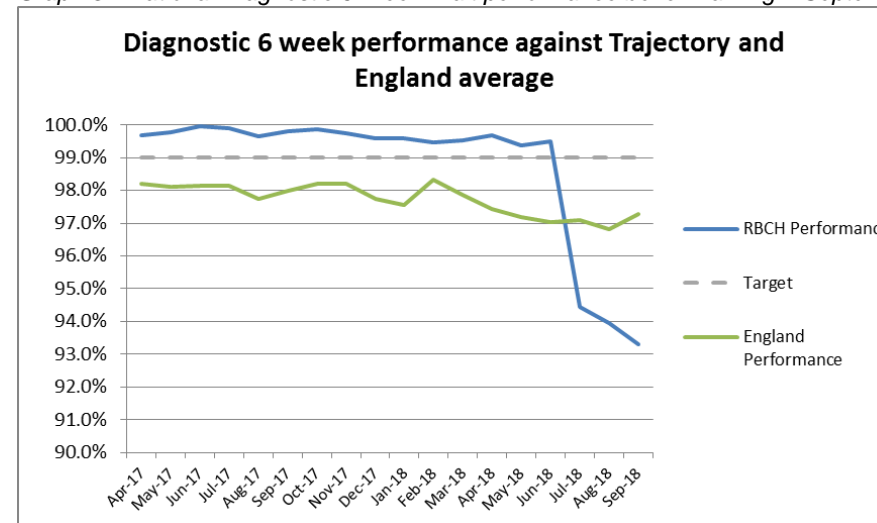


Graph 2 – national RTT 18 Weeks performance benchmarking – September 2018

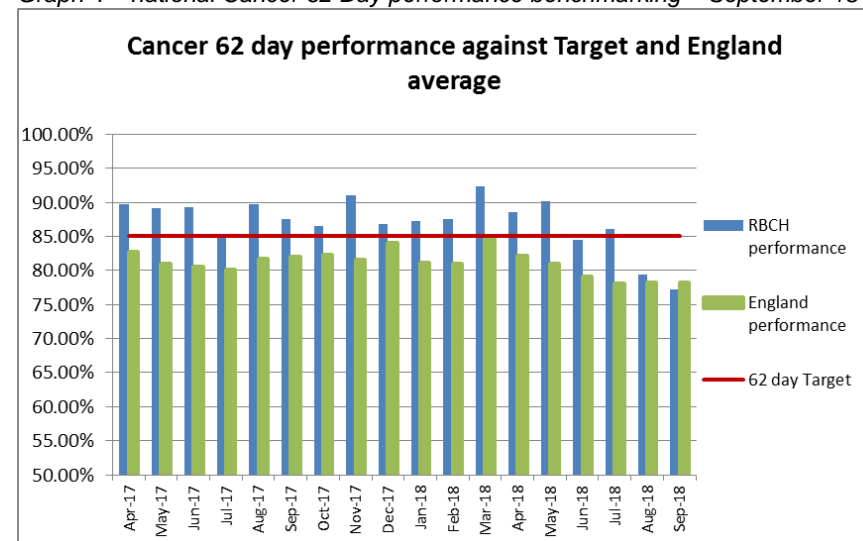


Our Cancer 62 performance declined in September in line with the trend and just below performance across the country.

Graph 3 – national Diagnostic 6 Week Wait performance benchmarking – September 18



Graph 4 – national Cancer 62 Day performance benchmarking – September 18

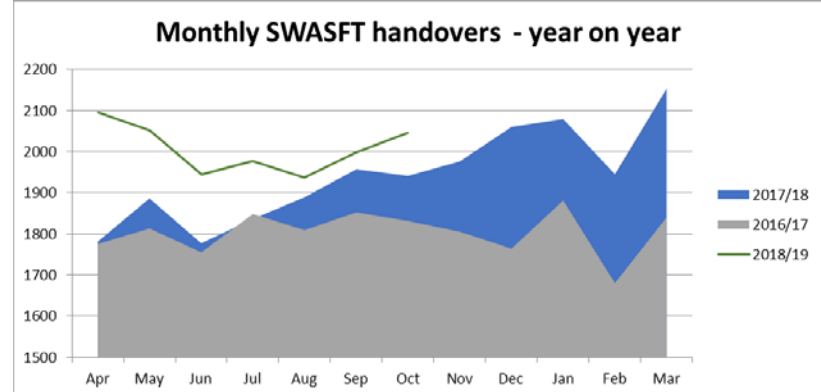


3. Forecast Performance, Key Risks and Action

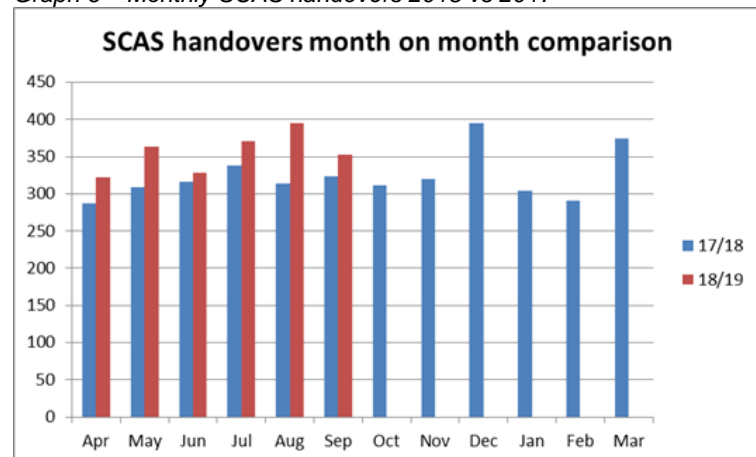
3.1 A&E Targets, PSF and Stranded Patients

We continue to see growth in Ambulance conveyances compared to the same period last year, with SWAST showing an 8% rise and SCAS a 36% increase YTD. This growth in demand and higher acuity patients in early and at the end of October has put pressure on bed capacity, reflected in increased bed occupancy.

Graph 5 – Monthly SWASFT handovers year on year – Oct-18 estimated from weekly figures



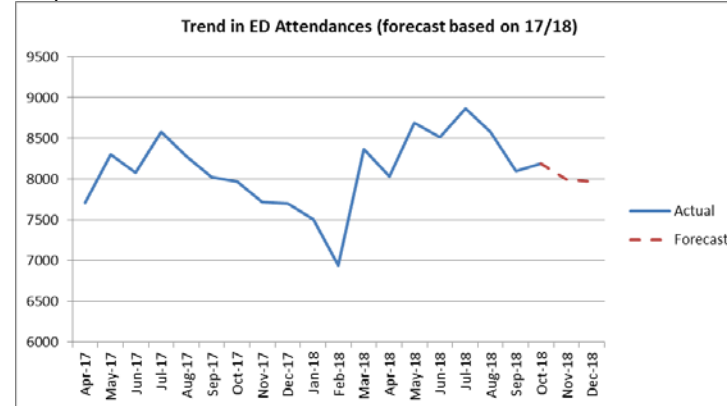
Graph 6 – Monthly SCAS handovers 2018 vs 2017



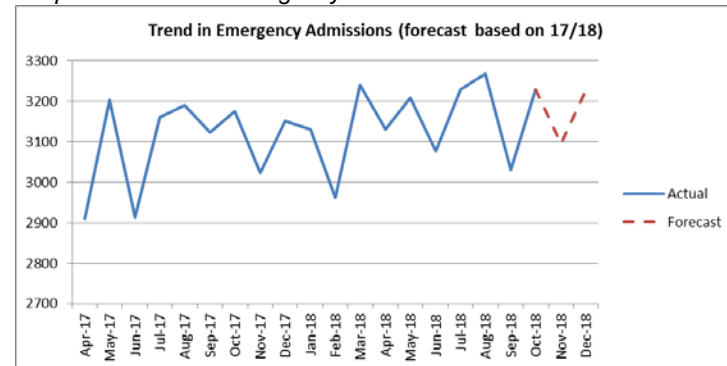
Despite increased conveyances the number of breaches of the 30-60 minute handover target reduced by 29.4% in October from September

Overall ED attendances in October were 3.5% higher than in October 2017 and overall urgent care admissions were up by 2.84%. Attendances are forecast to reduce over the coming months in line with previous years with the number of admissions remaining at higher levels as the acuity of patients increases over the winter period. ED performance remains at risk for both PSF and national targets.

Graph 7 – Trend in ED attendances and future forecast



Graph 8 – Trend in emergency admissions and future forecast



Operational Performance Report

As at 20/11/2018

Our performance for the quarter is 92.37% slightly above the target of 91.42%. However, given the increases in conveyances, attendances and admissions this year it will be a challenge to maintain current performance during December with the onset of winter which puts the PSF at significant risk for Q.3.

The number of stranded patients rose by the end of October to 97 waiting over 21 days and has continued to rise during November.

ED and Conveyances

Progress against the ED Action Plan continues. A planning meeting has been held for our December action learning week. The following key actions were agreed supported by recent audits - PDSAs to concentrate on SWAST Conveyances, BREATH (the rapid access and treatment hub), Point of Care Testing and Minors triage/streaming. There will also be 2 focus groups at the end of November to review what currently works well, issues to be resolved and any new innovation/ideas.

Ambulance handovers have been further streamlined to actively use the C3 screen to inform the ED trigger tool. However, the Trust is being monitored by NHSI/E via the CCG on a 50% improvement trajectory against handovers greater than 15 minutes (noting that this is in the context of increased conveyances YTD). A CCG/Trust/SWAST joint monthly report is being provided on progress and a monthly meeting with senior ED reps, CST and SWAST will take place to implement the action plan.

Working with Partners and 21+ Day Stay ('Stranded') Patients

Patients continue to be streamed to the RBH based, Urgent Treatment Centre. Plans are underway to secure enhanced capacity for the Christmas and New Year period.

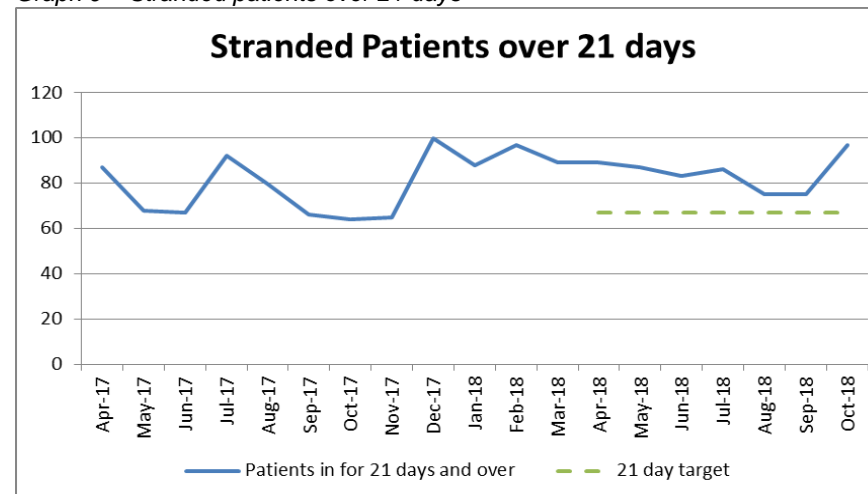
21+ day stay patients remain a challenge and the numbers are above the end October target (see graph 9). Work continues on:

- Investing to increase capacity in the Interim Care Team to support redesign of the CHC pathway and scale-up the ability to manage a D2A approach for hospital discharge
- Daily tracking of the Trust's stranded patient metric is circulated to the LA, CCG and DHC partners with regular senior meetings to progress actions.

Inconsistency remains across the Local Authorities in particular in relation to accessing reablement, complex funding pathways and CHC process/brokerage. We are continuing to work with all of our partner colleagues to improve these issues whilst focusing on keeping the patient central to all processes/pathways.

We are working with the Local Authority in light of national monies to agree and prioritise workstreams/capacity to support hospital discharges and reduction in long stays over the winter. There are concerns that the monies will not be sufficient to address and affect the current market for these patients; this will be closely monitored by the Dorset Urgent and Emergency Care Delivery Board.

Graph 9 – Stranded patients over 21 days



Winter Planning Update

We are sharing our winter plan widely across the organisation, including presenting to medical and clinical colleagues at Grand Round, to engage all staff in planning for winter and working together to mitigate the pressures. Work continues on testing possible demand and capacity scenarios, alongside the potential impacts of improving flow to reduce length of stay with developing ambulatory pathways and stranded patients. The ED 4 hour target and PSF delivery is placed under significant risk over the winter period.

For winter preparation, aligning our ED trigger tool with our Trust OPEL escalation criteria and actions will help respond earlier to ED specific challenges and will directly link with the AMU escalation dashboard which is also being developed. We are also continuing to revise our Trust OPEL Escalation Guide, with involvement from key clinical staff and our Trust Management Board.

The national requirements in relation to daily reporting including exception reporting (from 19 November) in response to a number of triggers is being finalised. More detail will be provided next month.

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

Elective pathways and deterioration against waiting lists across England remains a concern with further emphasis on reducing the number of 52 week breaches nationally.

Both our Clocks Still Running (total waiting list) and RTT performance are below local trajectories for October. Carve out for cancer pathways, particularly in Urology has been a significant issue, demand and capacity pressures in Upper GI, Ophthalmology and Dermatology also continue to impact.

Our plans and transformational work are under continued development and a Dorset wide workshop including GPs alongside consultants in both primary and secondary care has been held. This focused on Urology, Dermatology, Ophthalmology and Cardiology. The emphasis of the workshop was to review clinical pathways and potential improvements to ensure that patients receive treatment in a timely manner in the correct health care setting.

The system wide pressures within Dermatology remain a challenge with further loss of capacity across Dorset. Transformation work continues across the community. 50% of practices have signed up to the Telederm App to support Telederm referrals and support is being offered to the remaining practices.

Ophthalmology, due to high volumes of patients and current capacity issues, remains under extreme pressure. This is particularly in relation to the increase in cataract referrals and unexpected additional pressures of sickness (particularly in theatre staffing) and recruiting medical staff. A Capacity and Demand review of both outpatients and theatres has been commenced, whilst work continues within the Dorset system group to improve pathways for patients.

On a positive note our RTT 18 week clock still running numbers continue to decrease (166 in October) as patients are being tracked through the system. The majority of patients waiting over 18 weeks are on the admitted waiting list. The impact of carve out for cancer patients has been exacerbated by theatre staff shortages. Improved return from sickness and a positive recruitment drive has meant that elective activity has increased over October resulting in the reduction of patients on the admitted waiting list waiting over 18 weeks.

The endoscopy recovery programme commenced in November which should help with a further reduction in waiting lists.

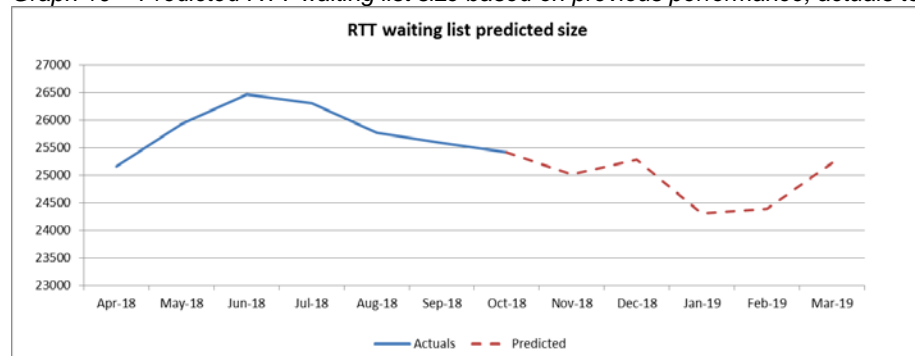
Operational Performance Report

As at 20/11/2018

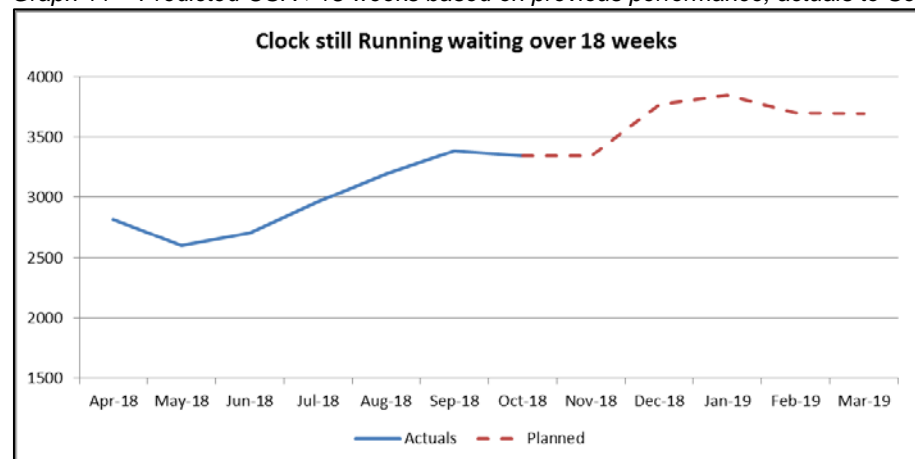
We continue to use the local independent sector within financial resources mainly for urology cases to offset carve out for cancer pathways. The Trust has been successful in bidding for additional cancer funding (see section 3.3) this will help to improve 18 week waits by reducing carve out caused by cancer pathways.

In light of the Dorset-wide transformation work, planning is also underway to review the projected waiting list position based on last year and potential mitigations, noting the expected increase in March 2019.

Graph 10 – Predicted RTT waiting list size based on previous performance, actuals to Sep-18



Graph 11 – Predicted CSR >18 weeks based on previous performance, actuals to Sep-18



40+ week patient numbers have increased slightly to 64 patients from 61 last month. Of these, 20 are urology due to carve out for cancer pathways and 25 are due to demand and capacity pressures in Upper GI, Ophthalmology and Dermatology.

Table 2- 40+ week incomplete pathways by specialty

Specialty	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
General Surgery	14	13	14	13	18	17	14
Urology	30	35	20	18	16	19	20
Trauma & Orthopaedics	4	12	11	5	3	4	1
Ear, Nose & Throat (ENT)	2	2	5	4	3	1	1
Ophthalmology	0	0	1	5	1	1	6
Oral Surgery	0	0	1	2	3	2	4
Cardiothoracic Surgery	0	0	0	0	0	0	0
General Medicine	3	3	1	1	5	5	2
Cardiology	1	0	4	5	0	0	4
Dermatology	2	4	5	3	10	7	6
Thoracic Medicine	0	0	0	0	0	1	1
Neurology	0	0	0	0	0	0	0
Rheumatology	0	0	0	0	0	0	1
Geriatric Medicine	0	0	0	0	0	0	1
Gynaecology	4	3	2	4	8	3	3
Other	0	1	2	2	5	1	0
Total	60	73	66	62	72	61	64

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

The Trust continues to benchmark well against other providers for a number of the cancer standards. Performance against the 62 day standard was strong in 2017/18 and Q1 of 2018/19 however, Qtr 2 is below trajectory due to the unprecedented Urology demand in Qtr 1. Based on the latest 62 day cancer predictor, performance is expected to improve for Qtr 3.

The Trust has been successful in securing national funding to help resolve some of the current challenges of the urology service. This is fixed term funding and clear plans have been established to ensure maximum impact for the service

Results have recently been published of the National Cancer Patient Experience Survey. The Trust performed exceptionally well with 12 positive outliers and only 1 negative outlier when assessed against national standards. Overall the Trust scored 9 with the maximum potential score being 10. RBCH was the highest performing Trust across Wessex.

performance, risks and actions relating to ongoing 2018/19 requirements.

3.4 Diagnostic 6 Week Wait

Our performance for October improved slightly however still remains below the 6 week diagnostic 99% standard target.

Endoscopy recovery plan:

- Additional internal sessions have continued
- Insourcing has commenced with three weekends secured this side of the new year
- Remain on track to recover performance during Qtr 4

JAG annual return was completed showing 2 areas of non-compliance: Waiting times (for which a recovery plan was shared with JAG) and for non-compliance with commencement of the National Endoscopy Database upload (this is being worked on by IT and should be compliant soon). It is not anticipated that accreditation will be lost as long as both areas are resolved in the coming few months.

4. Other Indicators - Exception Reporting

See Performance Indicator Matrix for full performance detail

There was nothing significant to report against other performance indicators.

Recommendation

The Board of Directors is requested to note the October performance and the Performance Matrix. It should also note the expected



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

BOARD OF DIRECTORS	
Meeting date:	28 November 2018
Meeting part:	Part 1
Reason for Part 2:	Not Applicable
Subject:	Quality Report
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 and Midwifery Jo Sims: Associate Director of Quality and Risk
Details of previous discussion and/or dissemination:	Healthcare Assurance Committee
Action required:	Note for information
Summary: The Quality Report is a summary of the key quality indicators in month. <ul style="list-style-type: none">• There were no serious incidents reported in October.• The Trust remains in top quartile for inpatient FFT for September. ED and OPD FFT remained in second quartile.• A total of 25 complaints were received in October 2018. All were acknowledged within three days.	
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

October 2018

Paula Shobbrook
Director of Nursing and Midwifery

Quality Report: October 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

No serious incidents were reported in October 2018.

3.0 CQC

3.1 CQC Insight Model

The CQC have not issued a new Insight Model following the previous report on 16 October 2018.

4.0 Patient Experience Report

4.1 Friends and Family Test: October report

National Comparison using NHS England data:

The national performance benchmarking below is taken from the national data provided by NHS England which is retrospectively available and therefore, represents September 2018. This is presented in Appendix A

- Inpatient and day case Friends and Family Test (FFT) national performance in September 2018 ranked RBCH Trust 3rd with 25 other hospitals out of 169 placing RBCH in the top quartile based on patient satisfaction. The response rate was sustained above the 15% national standard at 18.0%.
- The Emergency Department FFT performance in September 2018 ranked RBCH Trust 9th with 7 other hospitals out of 137 placing RBCH ED department in the second quartile. The response rate 12.8% against the 15% national standard.
- Outpatients FFT performance in September 2018 ranked RBCH Trust 4th with 20 other Trusts out of 244 Trusts, placing the departments in the second quartile. Response rates are variable between individual outpatient departments; there is no national compliance standard.

Appendix A: National Performance Benchmarking data

	April	May	June	July	August	September
In-Patient Quartile						
Top		98.374%		98.213%	98.643%	98.002%
2	97.741%		97.939%			
3						
Bottom						

	April	May	June	July	August	September
ED Quartile						
Top						
2		89.607%	89.427%	89.591%	92.604%	90.875%
3	87.588%					
Bottom						
	April	May	June	July	August	September
OPD Quartile						
Top						
2	97.536%	97.643%	97.164%	97.037%	98.091%	97.098%
3						
Bottom						

4.2 Patient Opinion and NHS Choices: October Data

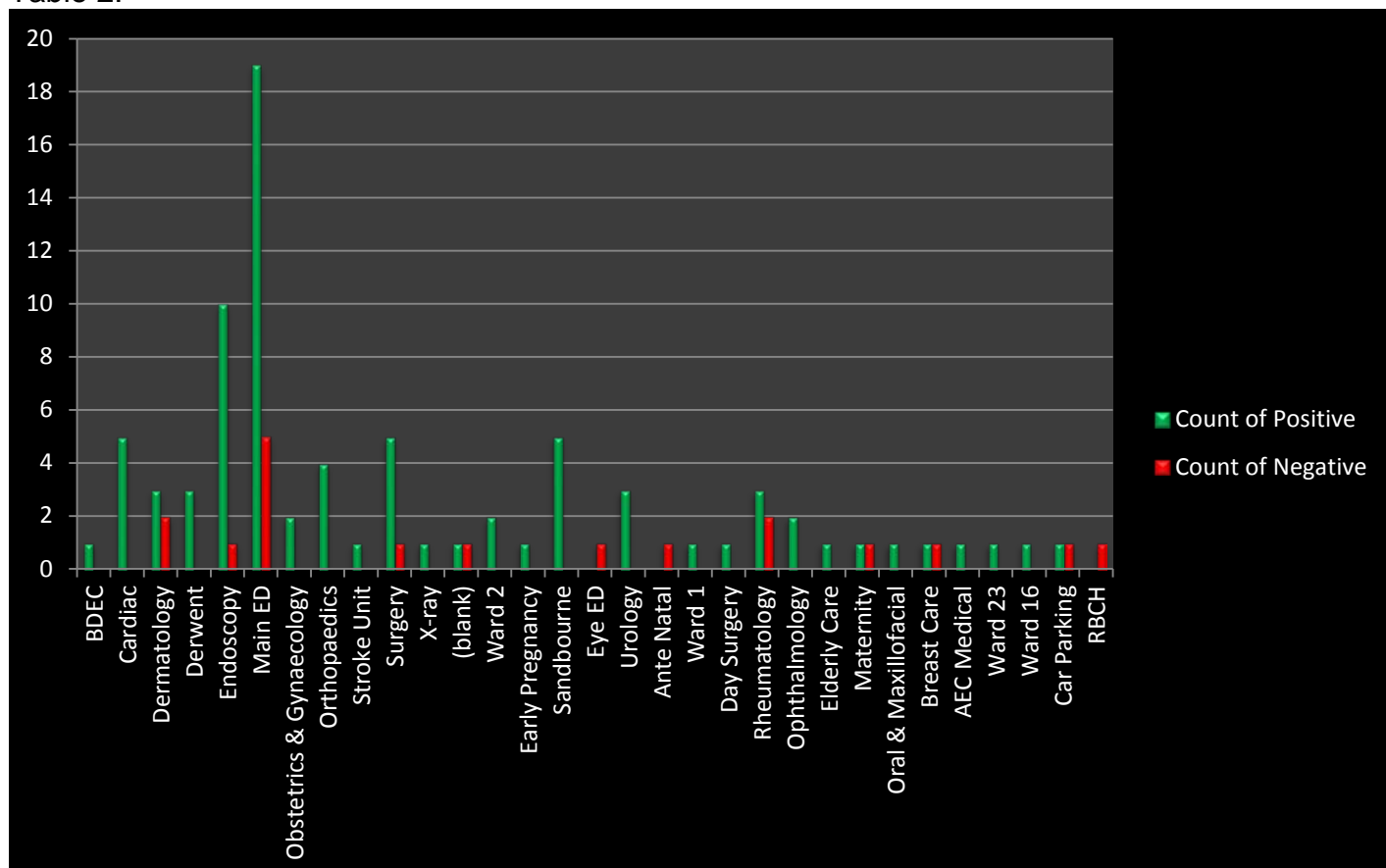
10 patient feedback comments were posted in September, 8 expressed satisfaction with the care and treatment. 1 mixed comment praising staff but unhappy about parking cost increase, 1 negative comment relating blocked access to garage and Burger King.

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

4.3 Annual accumulation of the online feedback from NHS Choices & Patient Opinion

The below table shows the response breakdown both positive and negative themes by area, based on an accumulation of feedback from January 2018 to present.

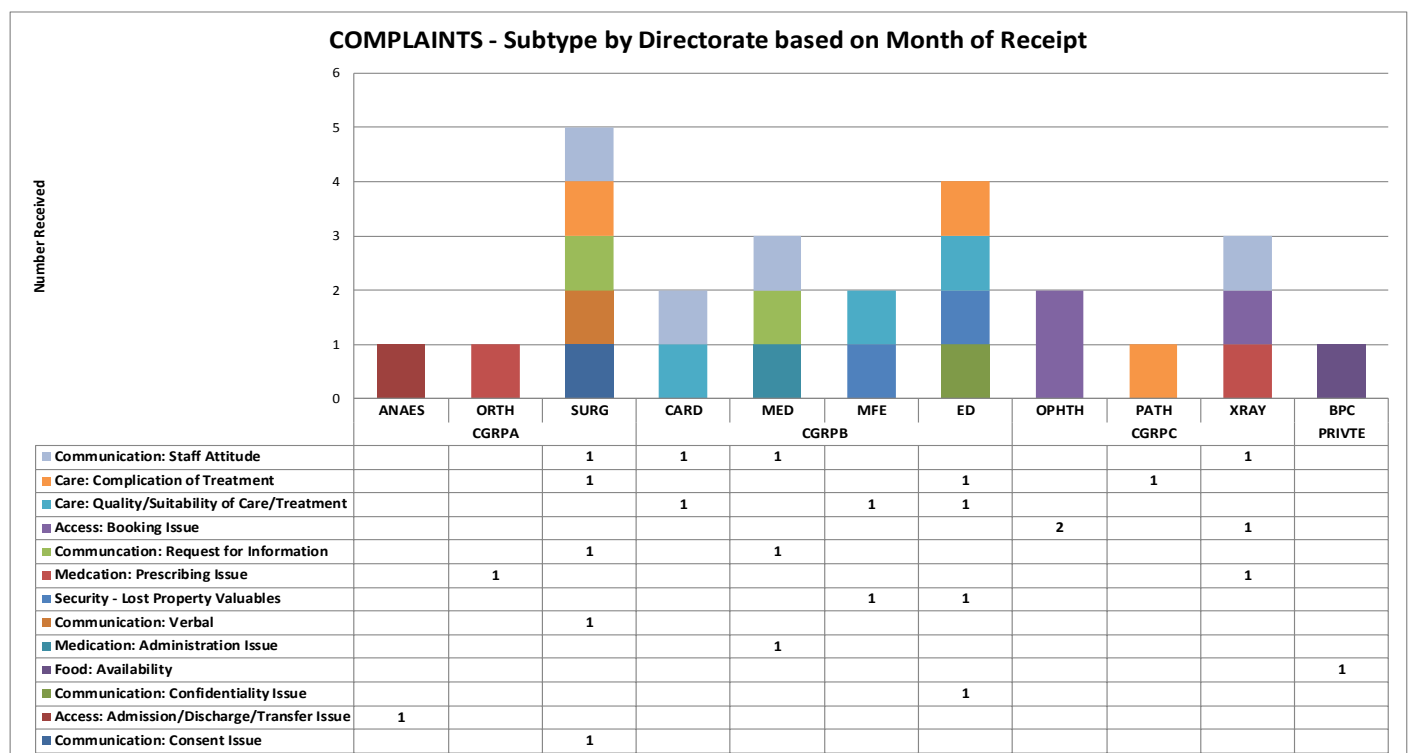
Table 2:



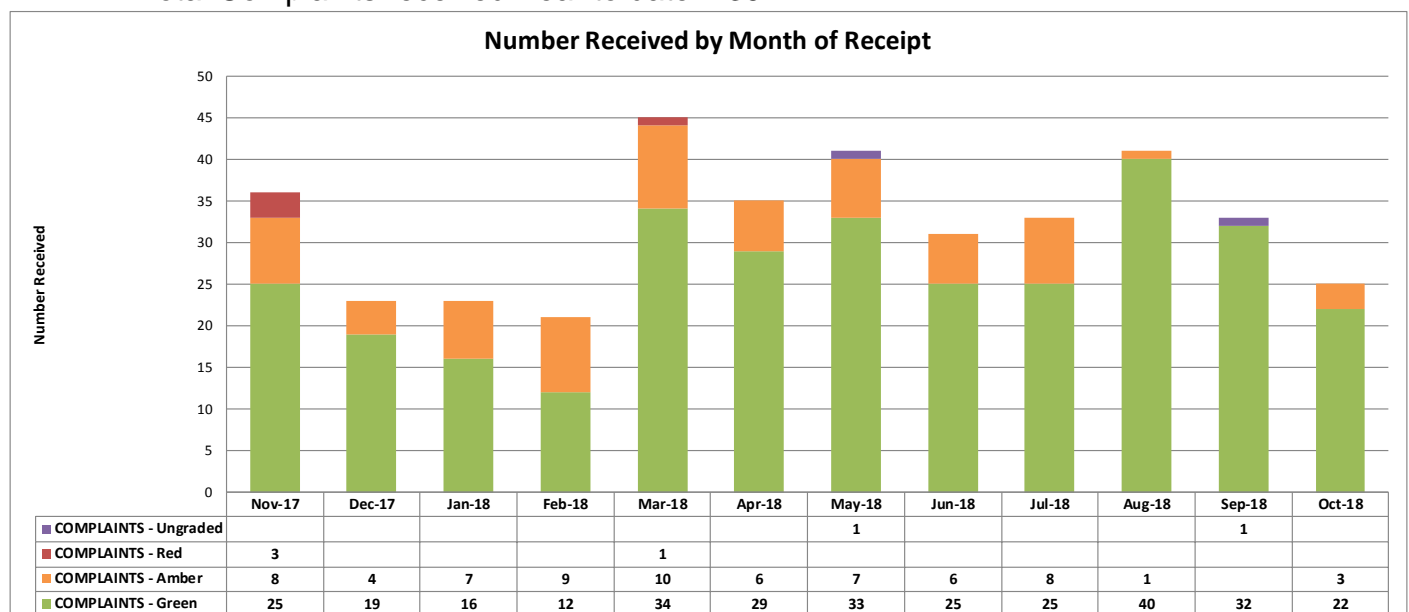
5.0 Complaints

5.1 A total of 25 complaints were received in October all of which were acknowledged within 3 days. Of note complaints have begun to show a downward trend with the highest themes being:

- Implementation of care - Quality/Suitability of Care/Treatment
- Implementation of care – complication of treatment
- Communication – Staff Attitude



Total Complaints received Year to date: 239









5.2 Complaint response times Year to date:

A gradual decrease in complaint response rates is noted for August and September 2018 but this has improved for October 2018:

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Rolling 12 months
1st Responses Due in Month	36	21	37	29	17	26	43	33	36	40	31	37	41	391
Number Where 1st Response Completed On Time	21	13	26	18	13	17	28	23	26	30	21	18	31	264
Percent With 1st Response On Time	58%	62%	70%	62%	76%	65%	65%	70%	72%	75%	68%	49%	76%	68%

5.3 Complaints performance by Care Group:

Care Group	Complaints										
	Number Due	Number on time	% on time April 2018	% on time May 2018	% on time June 2018	% on time July 2018	% on time August 2018	% on time September 2018	% on time October 2018	Change	Trend
CGRPA	14	11	89	69	80	74	64	44	79	▲	
CGRP B	21	17	56	64	71	71	63	35	81	▲	
CGRP C	4	2	60	57	50	100	100	50	50	=	
OTHER	2	1	100	100	100	100	0	0	50	▲	
PRIVATE	0	0	0	0	0	0	0	0	0	=	
GRAND TOTAL	41	31	65	66	72	75	65	41	76	▲	

Concerns performance by care group: (expected response time frame of five working days)

Care Group	Concerns										
	Number Due	Number on time	% on time April 2018	% on time May 2018	% on time June 2018	% on time July 2018	% on time August 2018	% on time September 2018	% on time October 2018	Change	Trend
CGRPA	33	26	100	89	100	93	100	100	78	▼	
CGRP B	60	38	100	86	100	88	100	100	63	▼	
CGRP C	30	23	100	100	100	77	100	100	76	▼	
OTHER	44	32	100	73	100	95	100	100	72	▼	
PRIVATE	1	0	0	0	100	100	0	100	0	▼	
GRAND TOTAL	170	119	100	88	100	100	100	100	70	▼	

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:	28 November 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: <p>The Trust continues to deliver against its agreed financial control total; however there remains a material forecast shortfall against the cost improvement programme. Detailed financial recovery plans have been prepared which has mitigated the risk substantially; however it is disappointing that further slippage has been reported during September resulting in the overall forecast outturn deteriorating. A continued focus is required to ensure the Trust achieves its agreed regulatory control total which has been refreshed with NHS Improvement due to a number of non-recurrent benefits. The Trust has secured the NHS Improvement £2 for £1 incentive opportunity which requires the refreshed control total to be delivered for the incentive to be paid.</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?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ✓
Impact on risk profile:	Two 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

31 October 2018

Pete Papworth
Director of Finance

Executive Summary

As at 31 October the Trust has delivered a cumulative surplus of £7.140 million, being £88,000 better than budget. This includes the recognition of an incentive payment through the Provider Sustainability Fund (see below).

It is important to note that this improvement has been achieved through a small number of material one-off financial improvements. There remains a substantial underlying financial challenge, most notably, a material shortfall of £2.1 million against the full year cost improvement programme. This has been mitigated by Directorate level financial recovery plans, and it is essential that these are achieved in full to secure the incentive payment.

Income & Expenditure

As at 31 October income is behind plan by £3.765 million due to pass through drugs and devices. After adjusting for this; income is behind plan by £437,000 which is mainly being driven by Non NHS Clinical Income which is £421,000 behind planned levels of which £389,000 represents lower than anticipated private patient income.

Expenditure reported an aggregate underspend of £3.853 million, mainly due to pass through drugs and devices. After adjusting for this; expenditure is £0.525 million underspent comprising a £1.303 million overspend against the Trust's pay budget, together with a pressure of £1.190 million in relation to general drugs expenditure (with specific pressures within Ophthalmology and General Medicine). These are currently being off-set by savings against non-pay budgets.

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. However, whilst agency expenditure remains comparatively low, the cumulative cost of bank, agency and overtime is higher than the Trust's vacancy budget by £1.303 million.

Agency expenditure as a percentage of pay budgets has increased from 2.02% in September to 2.09% during October. Particular challenges remain within the Medical Care Group with recruitment challenges across both the medical and nursing staffing templates together with the continued investment in the delivery of the A&E access standard.

Cost Improvement Programme

As at 31 October financial savings of £6.006 million have been achieved. This represents a shortfall of £1.349 million against the year to date planned value of £7.355 million.

The risk adjusted base forecast for 2018/19 indicates a total forecast saving of £10.594 million representing a shortfall of £2.103 million against the full year savings requirement of £12.697 million. The current forecast ranges from £10.335 million to £11.267 million, and further schemes continue to be identified to close this gap.

Provider Sustainability Fund (PSF)

The Trust is part of the Dorset Integrated Care System (ICS) which has accepted a system control total approach. As such, of the base PSF allocation of £9 million, up to £6.3 million is secured for the Trust if the Dorset ICS achieves its cumulative financial control total. The remaining £2.7 million is realised if the Trust achieves its trajectory in relation to the Accident and Emergency 4 hour access standard.

The current ICS forecast would not achieve the system control total, resulting in a loss of system related PSF. Mitigating actions are being taken within each organisation to address this risk. Additionally, whilst A&E performance has been above trajectory during October, the quarter three position remains high risk due to expected demand increases during November and December.

A PSF incentive was offered by NHS Improvement during September, whereby if the Trust agreed to improve its financial control total it would receive a £2 incentive for every £1 improvement. After careful consideration, the Trust has agreed to improve its control total by £9 million resulting in an additional PSF incentive payment of £18 million. This has been achieved through a small number of one-off financial improvements.

Forecast Outturn

As a result of the PSF incentive opportunity the Trust improved its financial control total by £27 million (£9 million improvement plus £18 million incentive) from a planned deficit of £2.381 million to a planned surplus of £24.619 million.

However, there remains considerable risk within this forecast given the shortfall against the Cost Improvement Plan and the requirement for Directorates to deliver within their financial recovery plans. As such, a continued focus must remain on delivering the agreed financial recovery actions to ensure the revised control total is achieved and the £27 million Provider Sustainability Fund is secured in full.

Capital Expenditure

Capital expenditure amounting to £4.466 million has been committed, which is £1.164 million behind budget. This reflects the timing of expenditure, particularly in relation to the phasing of the Radiology refurbishment scheme and the Dorset Clinical Services Review.

The full year capital expenditure forecast has been reduced by £1.9 million to reflect a reduction in the capital expenditure related to the Dorset Clinical Services Review.

Cash

The Trust is currently holding a consolidated cash balance of £31.8 million. Given the forecast improvement noted above, the cash balance is now expected to increase to £40.8 million by 31 March 2019.

This is a strong position, and means that no Department of Health support is required.

Financial Risk Rating

In line with the revised financial plan, the Trust has achieved a Use of Resources rating of 1 under NHS Improvement's Single Oversight Framework (1 being best and 4 being worst). This is expected to continue for the remainder of 2018/19.

Recommendation

Members are asked to note the Trust's financial performance for the period ending 31 October 2018.

Finance Report

As at 31 October 2018

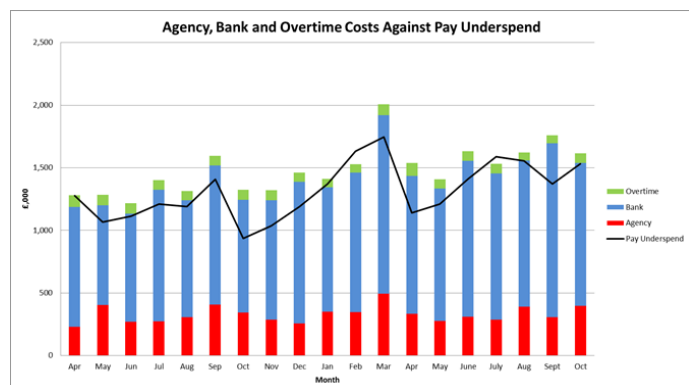
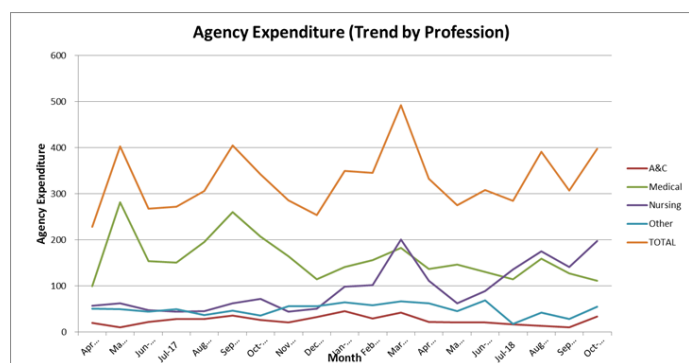
Income and Expenditure

Income and Expenditure Summary	Budget £'000	Actual £'000	Variance £'000	Pass Through £'000	Residual Variance £'000
NHS Clinical Income	154,115	150,873	(3,242)	3,328	86
Non NHS Clinical Income	3,682	3,261	(421)	0	(421)
Non Clinical Income	31,364	31,262	(102)	0	(102)
TOTAL INCOME	189,161	185,396	(3,765)	3,328	(437)
Employee Expenses	109,948	111,251	(1,303)	0	(1,303)
Drugs	20,989	19,177	1,812	(3,002)	(1,190)
Clinical Supplies	21,292	21,047	245	(326)	(81)
Misc. other expenditure	29,881	26,781	3,099	0	3,099
TOTAL EXPENDITURE	182,110	178,257	3,853	(3,328)	525
SURPLUS/ (DEFICIT)	7,052	7,140	88	0	88

Income Analysis	Budget £'000	Actual £'000	Variance £'000
NHS Dorset CCG	107,236	107,236	0
NHS England (Wessex LAT)	28,707	25,602	(3,105)
NHS West Hampshire CCG (and Associates)	14,875	14,866	(9)
Other NHS Patient Income	3,297	3,169	(128)
Provider Sustainability Fund	12,149	12,149	0
Non NHS Patient Income	3,682	3,261	(421)
Non Patient Related Income	19,215	19,113	(102)
TOTAL INCOME	189,161	185,396	(3,765)

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%)	2,834	2,834	0	6,300	6,300	0
Performance: A&E Trajectory (30%)	1,215	1,215	0	2,700	2,700	0
Trust Control Total Incentive	8,100	8,100	0	18,000	18,000	0
TOTAL	12,149	12,149	0	27,000	27,000	0

Agency Expenditure

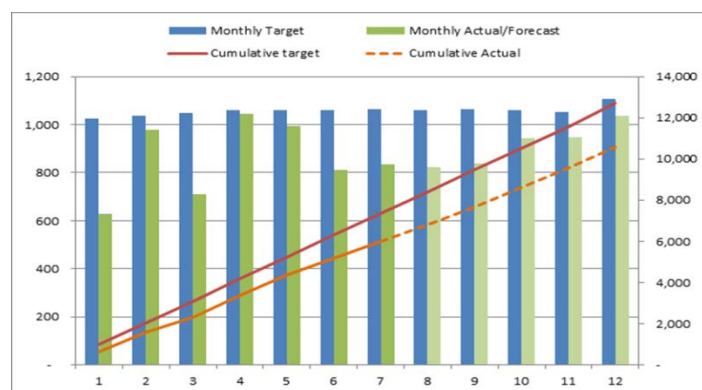


Care Group Performance

Care Group Performance	Budget £'000	Actual £'000	Variance £'000
Surgical Care Group	7,697	6,519	(1,178)
Medical Care Group	4,711	2,952	(1,758)
Specialties Care Group	3,395	2,877	(518)
Corporate Directorates	(21,138)	(21,047)	91
Centrally Managed Budgets	12,388	15,839	3,451
SURPLUS/ (DEFICIT)	7,052	7,140	88

Cost Improvement Programme

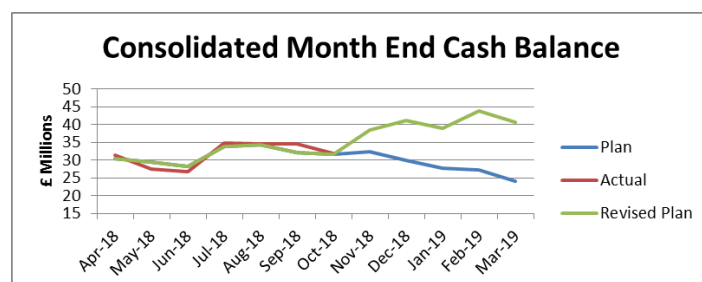
Cost Improvement Programme	Budget £'000	Actual £'000	Variance £'000	Base Forecast £'000
Surgical Care Group	1,273	843	(430)	1,670
Medical Care Group	1,755	1,013	(742)	1,935
Specialties Care Group	1,264	698	(566)	1,374
Corporate Directorates	3,063	3,452	389	5,615
SURPLUS/ (DEFICIT)	7,355	6,006	(1,349)	10,594



Capital Expenditure

Capital Programme	Budget £'000	Actual £'000	Variance £'000
Estates	2,716	2,704	12
IT Strategy	1,778	1,247	531
Medical Equipment	760	400	360
Centrally Managed	376	115	261
SURPLUS/ (DEFICIT)	5,630	4,466	1,164

Cash





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

BOARD OF DIRECTORS	
Meeting date:	28 November 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 22 October 2018.
Director or manager with overall responsibility:	Karen Allman, Director of Human Resources
Author(s) of paper:	Karen Allman and Fiona Hoskins
Details of previous discussion and/or dissemination:	Specific issues are reviewed at Workforce Strategy and Development Committee, Healthcare Assurance Committee and Education and Training Committee
Action required:	Note for information
Summary: The paper shows workforce statistics including turnover, sickness absence and safe staffing information; together with items to highlight to the Board from Workforce Strategy and Development Committee and a flu vaccination update.	
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? Are they responsive to people's needs? Are they well-led?	 ✓ ✓ <input type="checkbox"/> <input type="checkbox"/> ✓
Impact on risk profile:	Recruitment and workforce planning are existing risks on the risk register.



Workforce Report

For the period to end

October 2018

Karen Allman
Director of Human Resources

Workforce Report for October Board pack

As at 31st October 2018

Care Group	Appraisal Compliance		Mandatory Training Compliance	Sickness		Joining Rate	Turnover	Vacancy Rate (from ESR)
	Values Based	Medical & Dental		Absence	FTE Days			
	At 31 October			Rolling 12 months to 31 October				At 31 October
Surgical	80.0%	93.1%	93.2%	4.26%	14789	10.9%	9.5%	
Medical	91.4%	84.3%	91.4%	3.60%	18733	15.7%	8.9%	
Specialities	91.9%	89.1%	94.9%	4.32%	13777	8.2%	10.7%	
Corporate	90.9%	100.0%	94.7%	4.48%	14133	7.3%	8.1%	
Trustwide	88.9%	89.1%	93.1%	4.09%	61433	11.2%	9.3%	

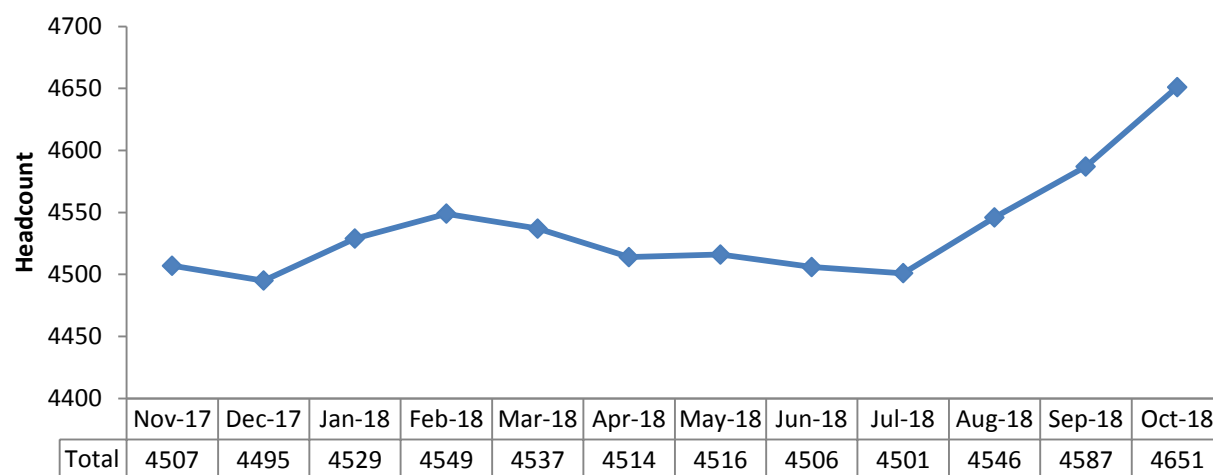
Staff Group	Appraisal Compliance		Mandatory Training Compliance	Sickness		Joining Rate	Turnover	Vacancy Rate (from ESR)
	Values Based	Medical & Dental		Absence	FTE Days			
	At 31 October			Rolling 12 months to 31 October				At 31 October
Add Prof Scientific and Technical	91.2%		95.0%	4.48%	2187	9.5%	9.5%	
Additional Clinical Services	89.7%		93.5%	5.86%	16032	20.0%	12.2%	
Administrative and Clerical	90.1%		95.8%	3.85%	12185	8.8%	10.2%	
Allied Health Professionals	94.6%		93.7%	2.79%	2685	15.0%	11.3%	
Estates and Ancillary	90.3%		92.4%	6.66%	8143	10.8%	7.7%	
Healthcare Scientists	91.3%		97.1%	3.36%	1208	5.5%	7.4%	
Medical and Dental		89.1%	85.8%	1.11%	2026	5.8%	3.9%	
Nursing and Midwifery Registered	85.3%		93.9%	3.98%	16967	8.2%	8.0%	
Trustwide	88.9%	89.1%	93.05%	4.09%	61433	11.2%	9.3%	

Workforce Report for October Board pack

As at 31st October 2018

1. Staffing and Recruitment

Substantive Staff (Headcount) Trend

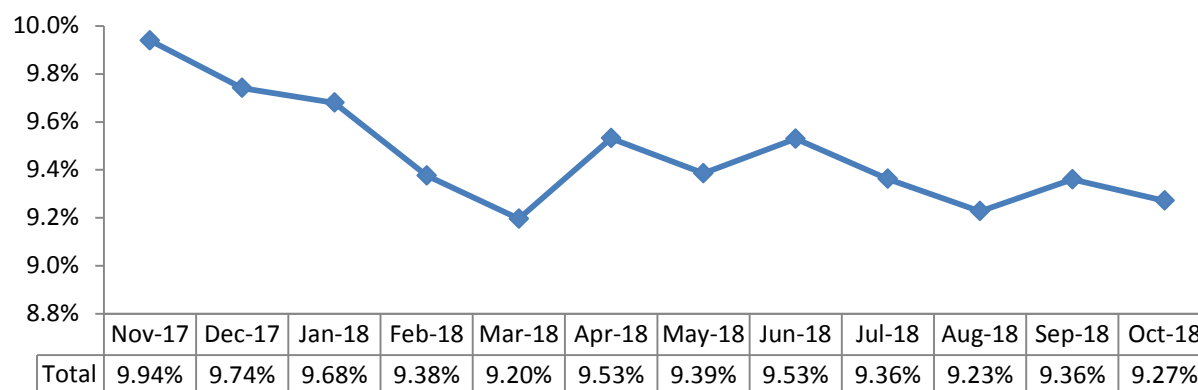


Turnover rate down to 9.27% from 9.36% the previous month, and this represents a 1% reduction on the 10.21% seen at the same point last year.

Joining rate increased to 11.2% (from 10.3% last month), and is currently running almost 2% higher level than the turnover rate which is a positive.

Vacancy rate unavailable at the time of writing.

Permanent Staff Turnover Rate (Headcount)



Workforce Report for October Board pack

As at 31st October 2018

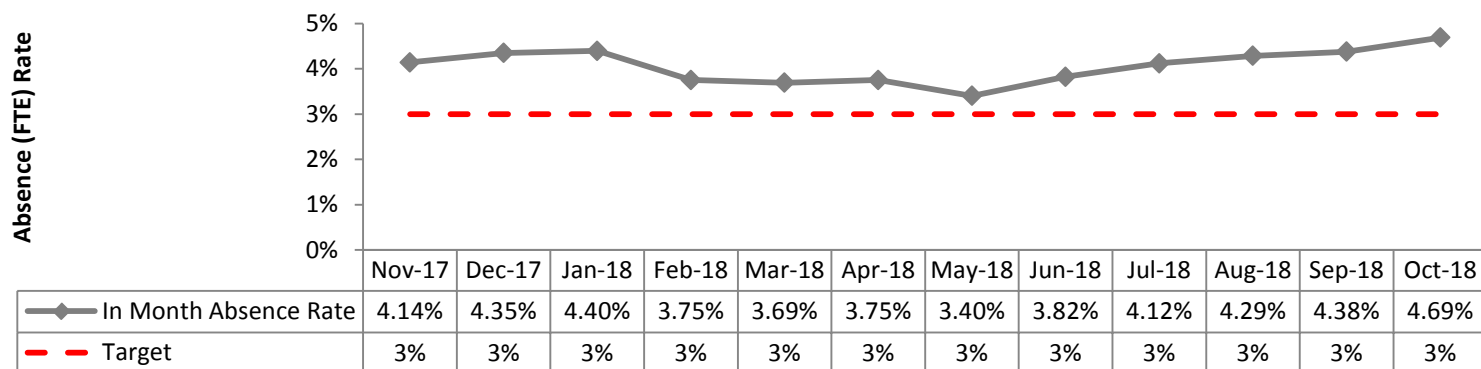
2. Essential Core Skills Compliance

Following the previous month's drop, compliance for October shows a small increase to 93.1%. Medical and Dental recovered slightly to 86% following the 6% drop last month to 85%. This continues to be closely monitored by the Medical Director. When the monthly compliance reports are sent out, managers are reminded to access the compliance reports for their areas (links provided) to identify any particular areas for attention.

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)



	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Surgical	4.49%	4.53%	4.70%	3.90%	4.85%	4.21%	3.70%	4.24%	4.38%	4.12%	4.24%	4.66% ↑
Medical	3.34%	4.03%	4.27%	3.70%	2.88%	3.45%	2.43%	2.77%	3.58%	3.75%	3.91%	4.31% ↑
Specialties	4.77%	4.48%	4.32%	3.79%	3.51%	3.77%	3.66%	3.82%	4.31%	5.08%	5.15%	4.79% ↓
Corporate	4.44%	4.53%	4.35%	3.63%	3.94%	3.73%	4.41%	5.08%	4.53%	4.55%	4.52%	5.26% ↑
Trust	4.14%	4.35%	4.40%	3.75%	3.69%	3.75%	3.40%	3.82%	4.12%	4.29%	4.38%	4.69% ↑

Workforce Report for October Board pack

As at 31st October 2018

Sickness absence continued its upward trend in October at 4.69% overall, up from 4.38% last month. A reduction was seen for Specialties, but all care groups remain red. This result is disappointing in view of the continued focus being given to managing sickness and the health and wellbeing initiatives being promoted within the Trust. The rolling 12 month figure at 4.09%, although red, does compare favourably to the 4.22% seen at the same point last year.

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 October 2018.

Registered Nurse (RN) Actual Day 91.3%
Registered Nurse (RN) Actual Night 96.1%

HCA Actual Day 96.1%
HCA Actual Night 117%

Care hours per patient day (CHPPD):



The current data from model hospital relating to CHPPD gives the Trust a total score of 8.0. This score is equal to the national and peer median and places the Trust in quartile 2 - Mid-Low.

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

Care Group A

- Night time overfill of HCAs due to acuity.
- Some day time under fill; all appropriately risk assessed as safe.

Care Group B

- 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:

- 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 & Development Committee met on 22nd October and the minutes are included in the reading pack. Items to highlight to the Board as noted therein are:

- i. OPM (Older Persons Medicine) collaborative working with Poole is very positive.
- ii. Staff networking groups – the successful launch of new BAME (Black, Asian, Minority Ethnic) group and the Stonewall Diversity Champion accreditation are positives.
- iii. Nursing Recruitment strategy being developed, looking at different ways of working.
- iv. GMC (General Medical Council) Survey of Doctors in Training– a good set of results for the Trust.
- v. Vacancy rate: indicative rate of 5% as per the end of September. Compared to the majority of organisations we have really positive recruitment and our overall vacancy rate is very good and should be celebrated; although acknowledging that we do have recruitment hotspots, particularly in OPM.

6. Flu Vaccination Update

NHS England has issued a requirement for Trusts to report on their plans for vaccinating staff via the publication of a self-assessment and this is covered under a separate agenda item.

As regards uptake for RBCH staff, figures for the first month since the campaign started show total clinical staff vaccinated: 31%; non-clinical: 35%. This is slightly disappointing but momentum is building in the second month. Regular set clinics are held, the trolley is visiting all areas in the hospital and will continue to do so until January. There is a 7-day service with varying times to capture early starters, night staff, and weekend and twilight workers. Regular communications continue, together with flu posters, screensavers and videos on the intranet which are receiving some good feedback. However, it is disappointing that despite the myth-busting there are still some negative attitudes. In common with previous years staff that decline are asked to fill out a form confirming their reasons. In the first month it is disappointing that 492 clinical staff declined the vaccine, mainly citing “personal choice”; this will have an adverse impact on the reportable uptake percentage for the Trust. We are reinforcing the importance of receiving the vaccine and our “Rumour has it” videos, social media and Trust publication posts will continue.

7. Dorset Business Awards – Health & Wellbeing

As reported last month, the Trust was shortlisted for an award in the “Employee Health & Wellbeing” category of this year’s Dorset Business Awards. Representatives from the Trust attended the awards ceremony on 1st November but unfortunately we were unsuccessful; however it was a fantastic achievement to have made the shortlist of just 3 in a category which attracted a wide range of nominations. The judging panel are, however, keen to make a presentation to Kim Powney, our Health & Wellbeing Nurse, in recognition of her work; Kim was unfortunately unable to attend on the evening so arrangements are being made for this to happen at RBH, and will be celebrated through Trust communications at that time.

8. Visit to RBH by Bournemouth University Students

Jamie Donald, Head of Communications, was contacted by Sam Goodman, Senior Lecturer in English and Communication from Bournemouth University, requesting a visit for 60 BU final year Communication and Media students, following the success of last year’s visit. Their aim was for the students to have a better understanding of the role the hospital plays in the community; how spaces and places are used, how they work, and how different people use them; so information on processing and flow, and the opportunity to look at the different kinds of spaces around the site was requested once again, together with communications related work.

The students and two lecturers visited RBH on the afternoon of Monday 15 October. A series of talks from RBH staff was held in the Education Centre, including BJ Waltho on hospital flow and patient pathways through the system, and Jamie Donald on the importance of reputation to a hospital and how the communications team works to help build the Trust's reputation. The students were then split into four groups and were given extended tours of RBH by the communications team, including visits to the Chapel, the Jigsaw Building and Radiography. For the last hour of the event Jamie discussed their reflections of the hospital – including hospital signage, the look and feel of the Atrium and the positive way that staff treated them.

Once again we received some very positive feedback following the event:

"The visit to RBH was brilliant - it was clearly thought-provoking for the students and covered all the themes of community formation, spatial management/organisation, and healthcare environments that we hoped it would. The talks and tours also raised a lot of additional questions for us to build on in future seminars (especially when it comes to notions of natural and 'green' space, as well as security and safety in public spaces too) so please pass on our thanks to everyone."

Many thanks to the hospital guides, including Nick Williams, Keith Mitchell, Catherine Bishop, Mel Croydon, Andrea Piedot and Emma Welham. The University are already planning for next year's visit!



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

BOARD OF DIRECTORS	
Meeting date:	28 November 2018
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Flu Vaccination Campaign
Section on agenda:	Performance
Supplementary reading:	None
Director or manager with overall responsibility:	Karen Allman, Director of Human Resources
Author(s) of paper:	Karen Allman, Director of Human Resources
Details of previous discussion and/or dissemination:	n/a
Action required:	Note for information
<p>Summary:</p> <p>In order to ensure that organisations are doing everything possible as an employer to protect patients and staff from seasonal flu, there is a requirement from NHS England for Trusts to report on their plans for vaccinating staff via the publication of a self-assessment.</p> <p>A “best practice management checklist for healthcare worker vaccination”, as provided by NHS England, is required to be reported to Part 1 of the Board by the end of the year, and this is attached. The requirement is for this to form part of the Board papers and be noted accordingly, in the interests of providing public assurance.</p> <p>It is noted we do not need to report on actual compliance until February 2019 but please see the Workforce Report for an update.</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:	

Healthcare Worker Flu Vaccination Best Practice Management Checklist
– for public assurance via Trust Boards by December 2018

A	Committed leadership (number in brackets relates to references listed below the table)	Trust self-assessment
A1	Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated, and for any healthcare worker who decides on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing so.	✓
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers (1).	✓
A3	Board receive an evaluation of the flu programme 2017-18, including data, successes, challenges and lessons learnt (2,6)	Planned for 2018/19
A4	Agree on a board champion for flu campaign (3,6)	✓
A5	Agree how data on uptake and opt-out will be collected and reported	✓
A6	All board members receive flu vaccination and publicise this (4,6)	✓
A7	Flu team formed with representatives from all directorates, staff groups and trade union representatives (3,6)	Flu team members to be reviewed
A8	Flu team to meet regularly from August 2018 (4)	
B	Communications plan	
B1	Rationale for the flu vaccination programme and myth busting to be published – sponsored by senior clinical leaders and trade unions (3,6)	✓
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper (4)	✓
B3	Board and senior managers having their vaccinations to be publicised (4)	✓
B4	Flu vaccination programme and access to vaccination on induction programmes (4)	✓
B5	Programme to be publicised on screensavers, posters and social media (3, 5,6)	✓
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups (3,6)	Regular but not weekly
C	Flexible accessibility	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered (3,6)	✓ Christchurch
C2	Schedule for easy access drop in clinics agreed (3)	✓
C3	Schedule for 24 hour mobile vaccinations to be agreed (3,6)	✓
D	Incentives	
D1	Board to agree on incentives and how to publicise this (3,6)	✓
D2	Success to be celebrated weekly (3,6)	✓

Reference links

1. <http://www.nhsemployers.org/-/media/Employers/Documents/Flu/Vaccine-ordering-for-2018-19-influenza-season-06022018.pdf?la=en&hash=74BF83187805F71E9439332132C021EFA3E6F24C>

2. <http://www.nhsemployers.org/-/media/Employers/Publications/Flu-Fighter/Reviewing-your-campaign-a-flu-fighter- guide.pdf>
3. <http://www.nhsemployers.org/-/media/Employers/Documents/Flu/Flu-fighter-infographic-final-web-3-Nov.pdf>
4. <http://www.nhsemployers.org/-/media/Employers/Publications/Flu-Fighter/good-practice-acute-trusts-TH-formatted- 10-June.pdf>
5. <http://www.nhsemployers.org/-/media/Employers/Publications/Flu-Fighter/good-practice-ambulance-trusts-TH-formatted-10-June.pdf>
6. <https://www.nice.org.uk/guidance/ng103/chapter/Recommendations>



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

BOARD OF DIRECTORS	
Meeting date:	28 November 2018
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Amendments to Trust's Constitution
Section on agenda:	Governance
Supplementary reading:	A copy of the Constitution with marked track changes is available in the reading pack.
Director or manager with overall responsibility:	Tony Spotswood, Chief Executive
Author(s) of paper:	Karen Flaherty, Trust Secretary
Details of previous discussion and/or dissemination:	Constitution Joint Working Group, October 2018 Council of Governors, October 2018
Action required:	Decision
Summary: The amendments described in the attached paper and highlighted in the draft Constitution (also attached) are proposed following the annual review of the Constitution by the Constitution Joint Working Group. The amendments were approved by the Council of Governors at its meeting on 25 October 2018 and also need to be approved by the Board of Directors.	
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: 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"/> ✓
Impact on risk profile:	None

Amendments to Trust's Constitution

The Constitution is reviewed annually. The following changes are proposed for consideration and recommendation to the Council of Governors and the Board of Directors and are marked up on the attached draft of the Constitution.

1. Annual Members' Meetings

Since the Health and Social Care Act 2012, annual members' meeting of the Trust are required to be open to the public. It has been suggested that renaming these meetings as 'Annual Meetings', rather than 'Annual Members' Meetings' may encourage greater attendance by members of the public who are not members, and who may otherwise feel they should not attend a 'members' meeting. It is proposed to make this change to the Constitution and this will then be reflected in the notice and promotion of the meeting each year.

2. Appointed Governors

Changes to the structure of local authorities in Dorset will take effect on 1 April 2019. It is proposed to amend the Constitution at this time to reflect the changes taking effect on 1 April 2019.

By way of background, at least one member of the Council of Governors must be appointed by a local authority for an area which includes the whole or part of the public constituency.

The Policy on the Composition of the Council of Governors was also updated to reflect these changes and these were approved by the Council of Governors at its meeting in October.

3. Board of Directors Conflict of Interests

The provisions of Constitution have been updated to reflect NHS England guidance published in 2017, and already incorporated into the Trust's Management of Conflicts of Interest Policy and Procedure.

The NHS England guidance requires direct and indirect interests to be declared whether they are financial interests, non-financial professional interests or non-financial personal interests. Therefore the section in the Standing Orders for the Board of Directors (section 7 of Annex 7) relating specifically to pecuniary interests is no longer required as these interests would be treated in the same way as any other interests, now reflected in the amendments proposed to section 6 of the Standing Orders of the Board of Directors.

A further change has been made to Standing Order 6.2 to provide a means by which a potential conflict of interest of a director may be authorised by the Constitution, providing for this to be authorised by the Board of Directors. The Constitution was previously silent on this having provided for this to be set out in the Constitution in paragraph 32.2.2. This mechanism to authorise a potential conflict of interest may be

of greater relevance given the proposed appointment of a joint chairperson and chief executive and therefore the Constitution needs to address this area.

4. Joint Chairperson and Chief Executive

It is proposed to amend paragraph 1.1.1 of Appendix 4 to Annex 8 to allow for a director of Poole Hospital NHS Foundation Trust to also be a director of the Trust. This will permit the appointment of a joint chairperson and chief executive as has been proposed.

5. Miscellaneous Amendments

Other minor changes have been made to update references, ensure of consistency in the use of terminology or correct formatting or other errors.

BOARD OF DIRECTORS	
Meeting date:	28 November 2018
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Emergency Preparedness, Resilience and Response (EPRR) Assurance Declaration
Section on agenda:	Governance
Supplementary reading:	None
Director or manager with overall responsibility:	Richard Renaut, Chief Operating Officer
Author(s) of paper:	Malcolm Keith, BJ Waltho, Richard Renaut
Details of previous discussion and/or dissemination:	Not applicable
Action required:	Note for information
Summary: <p>The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident. The Civil Contingencies Act (2004) requires NHS organisations, and providers of NHS-funded care, to show that they can deal with such incidents while maintaining services.</p> <p>NHS England has published NHS core standards for Emergency Preparedness, Resilience and Response arrangements. These are the minimum standards which NHS organisations and providers of NHS funded care must meet. The Accountable Emergency Officer (AEO) in each organisation is responsible for making sure these standards are met and is supported by an Emergency Planning Officer (EPO).</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:	

Emergency Preparedness, Resilience and Response (EPRR)

Executive Summary

It is an annual process for Dorset Clinical Commissioning Group (CCG) to assess our Emergency Preparedness, Resilience and Response. This is against the national standards, and uses an evidence based assessment.

Considerable progress has been made over the past twelve months in closing down actions from the plan. As a result there are only two areas of partial assurance. These should be resolved by November 2018, following joint work with the Wessex EPRR team.

The two areas are as set out below, with the specific action required to achieve full assurance:

Area	Action
Mass Casualty Surge	To review the local plan for the Christchurch site as this supports the Dorset wide plan.
EPRR Exercise and Testing Programme	Exercising schedule and the evidence of past exercise and embedded learning will be presented at the next LHRP meeting.

Each year a 'deep dive' is also undertaken. This was in Command and Control. It did not generate any areas of concern or action.

The level of assurance is based upon the CCGs expert assessment and an open and transparent engagement by our EPRR team (BJ Waltho and Malcolm Keith). Both should be praised for the year on year progress against an ever more complex and challenging environment. Thanks are also due to Poole's EPRR lead, who was extremely helpful. As a result there is a closer alignment of policies and practices between the Trusts.

The nature of emergencies and resilience work is one where complete assurance can never be possible. However the external assessment provides evidence that the preparedness we have undertaken meets the national requirements.

EPRR statement of compliance 2018/2019

The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident. The Civil Contingencies Act (2004) requires NHS organisations, and providers of NHS-funded care, to show that they can deal with such incidents while maintaining services.

In 2018 NHS England has published revised core standards for Emergency Preparedness, Resilience and Response arrangements. These are the minimum standards which NHS organisations and providers of NHS funded care must meet. The accountable emergency officer in each organisation is responsible for making sure these standards are met.

As part of the national EPRR assurance process for 2018/19, The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust have been required to assess itself against these core standards by Friday 24th of August 2018. The outcome of this self-assessment shows that against 68 of the core standards which are applicable to the organisation, the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust:

- is fully compliant with 66 of these core standards; and
- is partially compliant with 2 of the core standards

Therefore, based on the of the Core Standards Self-Assessment, The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust is submitting an overall compliance rating of Substantially Compliant against the core stands.

In response to the 2018/19 “deep dive” for command and control, The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust is

- Fully compliant with all of the 8 standards

The attached improvement plan sets out actions against all core standards where full compliance has yet to be achieved.

Richard Renaut

Accountable Emergency Officer



24/08/18

Figure 1

Compliance Level	Evaluation and Testing Conclusion
Full	Arrangements are in place that appropriately addresses all the core standards that the organisation is expected to achieve. The Board has agreed with this position statement.
Substantial	Arrangements are in place however they do not appropriately address one to five of the core standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed.
Partial	Arrangements are in place, however they do not appropriately address six to ten of the core standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed.
Non-compliant*	Arrangements in place do not appropriately address 11 or more core standards that the organisation is expected to achieve. A work plan has been agreed by the Board and will be monitored on a quarterly basis in order to demonstrate future compliance.

BOARD OF DIRECTORS MEETING – 28 NOVEMBER 2018

PART 2 AGENDA - **CONFIDENTIAL**

The following will be taken in closed session i.e. not open to the public, press or staff in the **Committee Room** in the **Trust Management Offices, Royal Bournemouth Hospital**
The reasons why items are confidential are given on the cover sheet of each report

Timings		Purpose	Presenter
11.15	1. MINUTES OF PREVIOUS MEETING		
	a) Minutes of the meeting held on 26 September 2018 (paper)	Decision	<i>All</i>
11.20	2. MATTERS ARISING		
	a) Updates to the Actions Log (paper)	Discussion	<i>All</i>
11.25	3. STRATEGY AND RISK		
	a) Board Assurance Framework (paper)	Discussion	<i>Paula Shobbrook</i>
	b) Significant Risk Report (paper)	Discussion	<i>Paula Shobbrook</i>
	c) Brexit Planning and Preparedness (paper)	Information	<i>Karen Allman, Pete Papworth & Richard Renaut</i>
	d) Integrated Urgent Care Service Update (verbal)	Information	<i>Richard Renaut</i>
	e) Commercial Strategy Update (paper)	Discussion	<i>Richard Renaut TO FOLLOW</i>
12.45	4. GOVERNANCE		
	a) Confidentiality and Information Barrier Agreement and Protocol for Managing Conflicts of Interest (paper)	Decision	<i>Karen Flaherty</i>
	b) New UK Corporate Governance Code (paper)	Information	<i>Karen Flaherty</i>
	c) Sealing of Deeds (paper)	Decision	<i>Karen Flaherty</i>
12.55	5. ANY OTHER BUSINESS		
	a) Key Points for Communication to Staff	Discussion	<i>All</i>
	b) Reflective Review	Discussion	<i>All</i>
	– What has gone well?		
	– What do we need more of?		
	– What do we need less of?		

The meeting will be followed by a Blue Skies session with NHS Dorset CCG on Managing Non-Elective Demand and a meeting of the Nomination and Remuneration Committee

Our Charter



As a Board team we will:

- Empower and care for our staff so they can provide compassionate high quality care for our patients
- Trust our staff; encourage & support their innovation and celebrate successes
- Be transparent and consistent in our decision-making and mindful of our impact
- Role model the Trust values
- Be approachable, inquisitive and listen in order to understand and take action
- Provide an inspiring vision and a clear direction for our Trust
- Reflect on the way we work and learn from our mistakes

Communicate - Say it, hear it, do it!

Improve - Change it!

Teamwork - Share it!

Pride - Show it!