

A meeting of the Board of Directors will be held on Wednesday 25 September 2019 at 8.30am in the Conference Room, Education Centre, Royal Bournemouth Hospital

If you are unable to attend on this occasion, please notify me as soon as possible on 01202 704777 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		
8.35-8.40	2. MINUTES OF PREVIOUS MEETING		
	a) Minutes of the meeting held on 31 July 2019 (paper) – not yet reviewed by Chair	Decision	All
8.40-8.45	3. MATTERS ARISING		
	a) Updates to the Actions Log (paper)	Information	All
	4. CHIEF EXECUTIVE'S REPORT (paper)	Information	Debbie Fleming
8.55-9.55	5. QUALITY AND PERFORMANCE		
	a) Patient Story (verbal)	Information	Paula Shobbrook
	b) Medical Director's Report (paper)	Information	Alyson O'Donnell
	c) Trust Board Dashboard (paper)	Information	Richard Renaut
	d) Performance Report (paper)	Information	Richard Renaut
	e) Quality Report (paper)	Information	Paula Shobbrook
	f) Finance Report (paper)	Information	Pete Papworth
	g) Workforce Report (paper)	Information	Karen Allman
9.55-10.05	6. STRATEGY AND RISK		
	a) Winter Plan 2019/20 (paper)	Decision	Richard Renaut
10.05-10.15	7. GOVERNANCE		
	a) Freedom to Speak Up – Bi-Annual Report (paper/presentation)	Decision	Helen Martin
	b) Meeting Dates for 2020 (paper)	Decision	Karen Flaherty
	8. NEXT MEETING		
	Wednesday, 27 November at 2.00pm in Board Rooms1 and 2, Poole Hospital.		
	9. ANY OTHER BUSINESS		
	Key Messages for Communication to Staff		

10.15-10.30

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 agree, as permitted by the National Health Service Act 2006 (as amended), the Trust's Constitution and the Standing Orders of the Board of Directors, that representatives of the press, members of the public and others not invited to attend to the next part of the meeting be excluded due to the confidential nature of the business to be transacted.

This meeting will be recorded in order for minutes of the meeting to be produced. The recording will be deleted once the minutes of the meeting have been approved.

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 2.15pm on **Wednesday 31 July 2019** in the Board Rooms, Poole Hospital.

Present:	David Moss	(DM)	<i>Chairperson</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>
	Alex Jablonowski	(AJ)	<i>Non-Executive Director</i>
	John Lelliott	(JL)	<i>Non-Executive Director</i>
	Alyson O'Donnell	(AOD)	<i>Medical Director</i>
	Pete Papworth	(PP)	<i>Director of Finance</i>
	Richard Renaut	(RR)	<i>Chief Operating Officer</i>
	Cliff Shearman	(CS)	<i>Non-Executive Director</i>
	Paula Shobbrook	(PS)	<i>Director of Nursing and Midwifery/Deputy Chief Executive</i>
In attendance:	Layth Alsaffar	(LA)	<i>Infection Control Doctor/Consultant Microbiologist (for item 4(d))</i>
	James Donald	(JD)	<i>Head of Communications</i>
	Karen Flaherty	(KF)	<i>Trust Secretary</i>
	Anneliese Harrison	(AH)	<i>Assistant Trust Secretary (minutes)</i>
	Deborah Matthews	(DMA)	<i>Director of Improvement and Organisational Development</i>
Public/ Governors:	Dily Ruffer	(DR)	<i>Governor and Membership Manager</i>
	Emma King		<i>Anaesthetist</i>
	Keith Mitchell		<i>Public Governor</i>
	Roger Parsons		<i>Public Governor</i>
	Matthew Taylor		<i>Anaesthetist</i>
	David Triplow		<i>Public Governor</i>
	Naomi Weo		<i>Anaesthetist</i>
	Michele Whitehurst		<i>Public Governor</i>
Apologies:	Debbie Fleming	(DF)	<i>Chief Executive</i>
	Christine Hallett	(CH)	<i>Non-Executive Director</i>
	Iain Rawlinson	(IR)	<i>Non-Executive Director</i>

34/19 WELCOME, APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

Action

The Chairperson welcomed those attending the meeting. The apologies for absence set out above were noted. There were no declarations of interest.

35/19 MINUTES OF PREVIOUS MEETING

(a) Minutes of the meeting held on 29 May 2019 (Item 2(a))

The minutes of the meeting held on 29 May 2019 were **approved** as an accurate record of the meeting.

36/19 MATTERS ARISING

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

RR confirmed that the update on the phlebotomy service would be addressed within the Performance Report at item 4(f).

37/19 QUALITY AND PERFORMANCE

(a) Patient Story (Item 4a))

The Board viewed a short film in which a volunteer at the hospital recalled her experiences as a patient in various departments including the Emergency Department (**ED**), Acute Medical Unit (**AMU**) and Cardiology over the past ten years. She noted how in the past staff had sometimes been too busy to inform patients about their treatment or how long they were likely to be waiting in ED. As a volunteer working in ED she had been able to recognise the impact of the recent changes to both the physical layout and leadership, which had significantly improved the environment for patients - making them feel more comfortable and able to ask questions about their care.

The Board commended the improvements made in response to patient feedback and recognised how powerful a patient story had been in demonstrating the improvements in ED in the context of ever increasing demand. The valuable role of the hospital volunteers was also recognised.

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

DT provided an update on recent governor activities which included:

- the talks at local libraries and other community groups by public governor Keith Mitchell;
- a governor stand at Mudeford Arts Festival providing information on the changes to local hospitals and seeking signatures on the petition to support the planning application for the Royal Bournemouth Hospital site;
- the changes to the membership of the Council of Governors following the recent public governor elections, thanking the outgoing governors for the support they had provided; and
- the progress of the joint working group of governors from the Trust and Poole Hospital NHS Foundation Trust (**PHFT**) on the constitution for the new merged organisation and the proposed public and staff constituencies.

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

The key areas in the report were summarised and included:

- good compliance levels for medical appraisal and revalidation as highlighted in the 2018/19 Annual Report, with current compliance above 90%;
- a sustained decrease in the Hospital Standardised Mortality Ratio (HSMR) performance placing the Trust within the 'as expected' range and the Royal Bournemouth Hospital (without the Macmillan Unit) in the 'better than expected' range;

- themes from the national Learning Disability Mortality Review (LeDeR) programme had been disseminated including ensuring that learning disability was not recorded as a cause of death;
- the first report from the Lead Medical Examiner since the introduction in November 2018 of medical examiners to screen all deaths to identify any gaps in clinical care; and
- the recommendation from the End of Life Steering Group to progress with the Trust's own relative feedback questionnaire rather than participating in the relative feedback aspect of the National Audit of Care at the End of Life (NACEL) where the survey carried out had a much lower response rate.

The Board endorsed the recommendation to continue with the Trust's relative feedback questionnaire as this provided valuable qualitative feedback which could be acted on more quickly to make changes to end of life care for patients.

The impact of the medical examiner role was recognised and AOD was thanked for her leadership in this area following the positive feedback received by the Care Quality Commission (**CQC**) on learning from deaths at the Trust.

The correlation between the increase in the number of claims and the pressures in ED was discussed noting that this reflected the national picture and was a reflection of improvements in Orthopaedics around consent and shared decision-making rather than a deterioration in EDs. The safety systems in ED provided good assurance that there was no harm to patients despite waiting times increasing.

The Board of Directors was assured as to the quality and robustness of the appraisal and revalidation process. The Board of Directors:

- received the annual report on the implementation of revalidation;
- approved the submission of the annual statement of compliance included in the papers on behalf of the Trust; and
- authorised the Chairperson to sign the Designated Body Statement of Compliance on behalf of the Trust.

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

The item was considered before item 4(b). Layth Alsaffar provided a summary of the Annual Report demonstrating that overall performance had been positive reflecting that strong infection prevention control practices were in place. This included a 50% reduction in the number of Clostridium Difficile cases thanks to the excellent work by staff in promptly identifying and isolating patients. The role of the housekeeping and facilities teams in the rapid turnaround for deep cleans was also recognised.

Further increases in the levels of influenza were anticipated during the winter of 2019/20 following the recent experience in the Australian winter, which was likely to create pressures within the hospital over winter. Planning had already commenced for this year's staff flu vaccination campaign.

Additional risks to performance included the rise in gram-negative bacteraemia which remained a national issue. The Trust would continue to work closely with partners on a system-wide basis in Dorset to address levels of community acquired infections to help reduce the impact within the hospital and had also sought advice from the infection control lead at NHS Improvement (**NHSI**) to ensure that the Trust was taking all the right measures. This would be further supported by the procurement of ICNet, an electronic surveillance tool used to trace infectious patients in hospitals, across the system with Dorset looking for national funding for this.

Paul Bolton, Lead Infection and Prevention Nurse, who would be leaving the Trust to take a position with the infection control team at PHFT, was recognised for his leadership in this area.

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

(e) Trust Board Dashboard (Item 4(e))

This item was noted for information.

(f) Performance Report (Item 4(f))

The Board noted the performance exceptions to the Trust's compliance with the 2019/20 Single Oversight Framework, national planning guidance and contractual requirements. The following areas were highlighted:

- performance against the 18 week Referral to Treatment (**RTT**) standard which remained a key area of concern following increases in the number of cancer referrals (which were prioritised), the overall waiting list and waiting times;
- the focus on the sustainable recovery of the six week diagnostic standard following a decrease in performance to 95.8% in June arising from pressures, particularly within Endoscopy;
- achievement of all cancer standards in May 2019;
- challenges around the ED four hour performance standard with increases in the levels of attendances and the acuity of patients, however the sickest patients continued to be prioritised; and
- learning from the pilot of the new emergency access standards at PHFT would be shared with the Trust ahead of the implementation of any significant changes in practice.

An update was provided on the recent changes to Phlebotomy service which had improved following completion of the recruitment of phlebotomists at GP practices. This had significantly reduced the demand on the service at the Trust with improved feedback from hospital outpatients using the service receiving more timely blood tests and a reduction of congestion on site. Learning from the management of these changes would be shared for any future service developments on this scale.

The Non-Executive Directors raised concerns about the continuing pressures within ED and queried what more could be done to alleviate demand. A review was underway supported by a Quality Improvement (**QI**)

workstream to try to unlock some of the cultural and process issues within ED. A number of initiatives were being considered including streamlining of IT processes to better manage patients in Minors and to respond to surges in demand, particularly in the evening. Improvements were being seen in ambulance handovers, however this had been overshadowed by an increase in the number of NHS 111 and GP referrals to ED.

(g) Quality Report (Item 4(g))

The key updates from the report were:

- there were no serious incidents reported in month;
- the Trust was rated as 'good' and within the highest 25% of acute trusts in the CQC's latest Insight report;
- the Trust's performance for the Friends and Family Test (**FFT**) was within the second quartile for first time in a year for outpatients; and
- a decrease in performance around complaint response times reflecting pressures within the organisation and an increase in the overall number of complaints.

(h) Finance Report (Item 4(h))

The Trust ended the first quarter marginally ahead of its financial control total with a favourable variance of £12,000 thereby securing the associated Financial Recovery Fund income. However, there was an underlying shortfall in the Cost Improvement Plan (**CIP**), which had been offset by non-recurrent funding.

Areas of financial challenge included agency expenditure in light of the pressures and increases to nursing templates within ED to support performance. In addition the recent changes to the pension tax rules was likely to impact upon clinical activity and possibly increase medical agency staff costs over the year. Mitigations had been put in with recovery plans in each Care Group, an overseas recruitment programme and further CIP schemes identified to address the shortfall.

Following a request from NHSI, the Trust had reduced the capital programme by just under 20%. This meant the slippage of some schemes into 2020/21 and would result in a higher capital investment in 2020/21 than originally planned.

The Board discussed agency costs noting that agency staff were being used to support the medical workforce due to shortages in some areas where the Trust had not been able to recruit permanent staff. Locum medical staff were being encouraged to join the Trust's medical staff bank to reduce expenditure.

(i) Workforce Report (Item 4(i))

The following areas were highlighted including the latest figures, which had not been available at the date of the report:

- an increase in the substantive headcount following additional focus on recruitment;
- an increase in the vacancy rate to 6.4% reflecting changes made to nursing templates;

- a slight decrease in the staff turnover rate;
- continued focus on recruitment initiatives both locally and as a system including rotations and joint posts;
- an increase in sickness absence to 3.70% with a further sickness absence audit planned; and
- the use of funding from the apprenticeship levy and the constraints around how this funding could be spent.

(j) Safe Staffing Report (Item 4(j))

The latest biannual report, which had been presented to the Workforce Strategy and Development Committee in June, highlighted that the Trust was compliant with the requirements set out by NHSI and the CQC for safe staffing.

Changes to the templates for nursing staff had resulted in a number of vacancies to which the Trust was actively recruiting. Recruitment remained a key focus for the Trust particularly within Older People's Medicine and a variety of recruitment initiatives had been implemented including nursing apprenticeships.

AOD praised the standard of nursing leadership within the Trust following her recent experiences when shadowing a lead nurse in Ophthalmology and their management of medical outliers.

(k) CQC National Inpatient Survey 2018 (Item 4(k))

The results from the CQC national inpatient survey 2018 had been published in July. Overall patients were positive about the Trust's admission and discharge processes, felt they were enough staff to care for patients and had confidence in the doctors treating them. The priority improvement areas included:

- visible leadership, as patients were not always sure who was in charge of their care;
- gathering feedback on patients' experiences of care and explaining how to complain; and
- noise at night from staff.

38/19 STRATEGY AND RISK

(a) Chief Executive's Report (Item 5(a))

The item was noted for information. The highlights included:

- the recent Court of Appeal decision to uphold the High Court decision and dismiss the claims made in the application for judicial review of the Clinical Services Review;
- continued pressures across both the Trust and PHFT and the need to work as a system to address the rise in demand for emergency services;
- the receipt of the Provider Information Return request from the CQC triggering the unannounced inspection at PHFT; and
- recognition of the work of the Freedom to Speak Up Guardian at the Trust from the National Guardian's Office.

(b) Organisational Development Update (Item 5(b))

DMA provided an update on progress on the organisational development plan:

- the establishment of various leadership programmes and leadership development opportunities across both organisations for senior, clinical and nursing staff including unconscious bias training;
- participation in the pilot for the National Talent Management Diagnostic Tool to help identify further opportunities and access to tools to develop leaders across Dorset;
- the continued focus on the key equality, diversity and inclusion priorities with the launch of the Reverse Mentoring Programme for Black Asian and Minority Ethnic (**BAME**) staff;
- the development of various staff networks across the Trust;
- the plans for the 2019 #ThankYou! day on 24 September at the Royal Bournemouth Hospital and 27 September at Christchurch Hospital;
- the positive results from the 2018 Staff Survey and the plans to use the same provider as PHFT in future to give comparable data for both trusts; and
- the future plans for the recruitment of further Change Champions.

(c) Progress Update on 2019/20 Corporate Objectives (Item 5(c))

The item was noted for information.

39/19 GOVERNANCE

(a) Clinical Audit Plan 2019/20 (Item 6(a))

AOD presented the plan which incorporated all relevant national audits and a representative selection of at least five local projects for each directorate selected for their potential impact on patient care, patient safety concerns or risks on the risk register and to produce tangible benefits for patients.

The Board noted that the plan had been reviewed in detail by both the Clinical Assurance Effectiveness Group (**CAEG**) and the Audit Committee and welcomed the potential opportunity to align future clinical audits with PHFT where possible.

(b) Workforce Strategy and Development Committee Terms of Reference (Item 6(b))

The changes to the terms of reference set out in the paper were **approved** by the Board of Directors.

40/19 NEXT MEETING

The next meeting will take place on **Wednesday 25 September 2019** at 8.30am in the Conference Room, Education Centre, Royal Bournemouth Hospital.

41/19 ANY OTHER BUSINESS

There was no other business.

Key Messages for Communication to Staff:

1. Recognition to staff for the positive Infection Prevention and Control Annual Report
2. Staff flu campaign
3. Challenges around RTT performance
4. CQC inspection at PHFT
5. Progress with the merger and shadow interim board
6. Organisational Development update

42/19 COMMENTS AND QUESTIONS FROM THE GOVERNORS AND PUBLIC

Governors present at the meeting commended the level of governor support at the recent public events and emphasised the need for there to be sufficient governor capacity at the new merger organisation in order to maintain the current levels of engagement.

Those attending were encouraged to attend the Trust's Annual Meeting on 2 September.

43/19 RESOLUTION REGARDING PRESS, PUBLIC AND OTHERS

The Board resolved that, as permitted by the National Health Service Act 2006 (as amended), the Trust's Constitution and the Standing Orders of the Board of Directors, representatives of the press, members of the public and others not invited to attend to the next part of the meeting be excluded due to the confidential nature of the business to be transacted.

The meeting adjourned at 4.05pm.

Date of Meeting	Ref	Action	Action Response	Response Due	Brief Update
THERE ARE NO ACTIONS FROM THE PREVIOUS MEETINGS					
Key:	Outstanding	In Progress	Complete	Not yet required	



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

BOARD OF DIRECTORS	
Meeting date:	25 September 2019
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Chief Executive's Report
Section on agenda:	Not applicable
Supplementary reading:	None
Director or manager with overall responsibility:	Debbie Fleming, Chief Executive
Author(s) of paper:	Debbie Fleming, Chief Executive
Details of previous discussion and/or dissemination:	Regular agenda item
Action required:	Note for information
Summary: The attached report from the Chief Executive provides an update on various areas since the Board meeting in July 2019.	
Related strategic objective:	All
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 high risks:	None

BOARD OF DIRECTORS MEETING

September 2019

REPORT OF THE CHIEF EXECUTIVE

1. Annual Meetings

The past month has been an extremely busy one for a Joint Chief Executive leading two organisations given that both organisations hold their Annual Members' Meeting in September. However, I have thoroughly enjoyed meeting the members of each Foundation Trust along with the volunteers and members of the public, who support the organisations and want to play an active part in developing our future plans. As always, the Annual Meeting creates the opportunity to reflect on the events of past year, and there was so much to be proud of in reviewing the performance of both organisations. It was also good to hear about the wide range of activities carried out by each Council of Governors, and once again, to pay tribute to the skill and dedication of our high calibre staff.

At each of the Annual Meetings, we were fortunate to receive a fascinating clinical presentation. Dr Neil Hopkinson, Consultant Rheumatologist and Miss Nikki Kelsall, Orthopaedic Surgeon presented on their work in an informative and stimulating way (at The Royal Bournemouth and Christchurch meeting and the Poole meeting respectively), and as always, members were able to ask plenty of questions.

I would like to thank all those that were involved in making these two Annual Meetings so successful. It was an honour to be presenting the work of each Trust in this way.

2. Poole Hospital – 50th anniversary celebration

As members will be aware, Poole Hospital celebrated its 50th anniversary this month, over a three day period from the 12th-14th September. I would like to take this opportunity to thank all the staff, volunteers and governors who made this celebration so successful. As well as the Annual Members Meeting on 12th September, we unveiled a commemorative plaque donated by the Society for Poole in the presence of the Mayor of Poole, unveiled a new 50th photo montage and hosted the official opening of the new main entrance, with guests of honour Harry and Sandra Redknapp. We were very grateful to them for joining us on this occasion, and making the day so special.

We then went on to enjoy 'Thank You Friday' for our staff and volunteers on the 13th September and it was great to see so many staff visiting the marketplace stands and enjoying some excellent speakers. This included Peter Homa (former Chair of the NHS Leadership Academy) and Bev Matthews (from NHS Horizons). All the lectures and staff talks were relevant, thought-provoking, and really stimulated our thinking. The day ended with the Poole Hospital Awards Evening, sponsored by Meggitt and supported by Steve Fletcher from AFC Bournemouth who gave up his time to join us as our guest of honour.

On Saturday 14th September, we hosted our Public Open Day, which was extremely well attended. I should like to take this opportunity to thank all those members of staff who provided stalls/presentations to showcase their work, and we were delighted with all the

support from so many members of the public who visited on the day, taking the opportunity to “go behind the scenes” of an NHS hospital.

The whole three-day period was the culmination of months of hard work by the event team, led by our Director of Finance Mark Orchard, who took the Executive Lead for the celebrations.

I should like to take this opportunity to thank the team, and of course all the staff who were involved over the three day period, for doing such an excellent job on behalf of the Trust.

3. Update on the merger

The two Trusts continue working together extremely well as we move forwards with our plans to merge our two organisations. The two Boards have now agreed to establish a Shadow Interim Board for the merged new organisation from 1 December 2019. The Shadow Interim Board will oversee the creation of our new merged organisation, and as such, this represents a significant milestone on our merger journey.

Next month, we shall be welcoming a team from NHS Improvement who will be meeting with senior clinicians to review our Patient Benefit Case. Members will be aware that the Patient Benefit Case is very compelling, as there are numerous benefits for patients associated with the creation of the Major Emergency and the Major Planned Care site.

Whilst the actual date is still to be finalised and will depend on a number of factors, given the strength of our Patient Benefit Case, we are confident that the merger will take place early next year - sometime between April and July 2020. In the meantime, we continue to bring together as many of our services as possible in advance of the formal merger, in accordance with the permissions that have been given to us by the Competition and Markets Authority.

It is anticipated that work will start by the end of this month to agree the name of the new organisation.

4. Appointment of the Interim Joint Director of Finance

I am delighted to confirm that Pete Papworth (currently Director of Finance at The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust) has been appointed into the new role of Interim Joint Director of Finance. Pete will be taking up his new post from 1 October 2019, and will be joining the new Shadow Interim Board once this has been established from 1 December.

I am delighted that we have been able to secure such a highly skilled individual for this very important role - one who is well-known to both Boards, with a good understanding of the Dorset system, and strong relationships with so many of our Dorset system partners. This is very good news for both Trusts - and of course, for the new merged organisation, once it has been formed.

5. Farewell to the Mark Orchard

Members will be aware that Mark Orchard will be leaving his post as Director of Finance for Poole Hospital at the end of this month, and I would like to take this opportunity to say goodbye to Mark, and to wish him all the very best for the future.

Mark has made an enormous contribution to the work of Poole Hospital since joining the Trust in 2015, having managed very successfully a very challenging financial position and navigated through some very turbulent waters. However, Mark will be remembered for so much more than this, given his high profile leadership in the wider work of the organisation. Mark has been Executive lead for a number of very important programmes, including leading the successful flu campaign in 2015, championing information governance, leading on the recent 50th birthday celebrations, and of course, overseeing and managing all the commercial agreements and opening of the amazing new Main Entrance. Mark's legacy to the organisation will clearly live on for many years to come.

We would all like to express our thanks to Mark, and we wish him every success in his new role as Director of Finance within Portsmouth Hospital.

6. Pressures on the hospital

Members will be aware that both The Royal Bournemouth and Christchurch Hospitals and Poole Hospital continue to operate under very significant pressure. Demand continues to increase for emergency care, with both Emergency Departments having had to deal with high numbers of patients, throughout the summer period. There has been no lessening of the pressure following on from last winter, and both Trust Boards are concerned about potential further escalation as winter 2019 is now on the horizon.

Partners across Dorset have been working together to develop a robust winter plan, and this has been reviewed very carefully in light of the increased demand that has been evident in recent months. Further action will be required to ensure that all patients receive the right care, at the right time, from the right person across the Dorset system.

In the meantime, it is important to support our staff, and to thank them for their on-going hard work and commitment as they work to ensure that patients continue to receive safe, high quality care.

7. Introduction of Medical Examiners

Following the government's public consultation on the *"Introduction of Medical Examiners and Reforms to Death Certification in England and Wales"*, Medical Examiners have been introduced in NHS Trusts and Foundation Trusts with the aim of improving the quality and accuracy of the Medical Certificate of Cause of Death and of national data on mortality, plus contribute to learning to improve patient safety. Medical examiners are employed by the Trusts with a separate professional line of accountability to allow for access to information in the sensitive and urgent timescales surrounding death registration, but with independence necessary for the credibility of the scrutiny process. NHS England and NHS Improvement are currently recruiting regional lead medical examiners and will soon commence recruiting regional medical examiner officers to support the set-up and long-term management of the system.

At the Royal Bournemouth Hospital, the Medical Examiner system was launched in October 2018 and has reviewed 100% of deaths at the hospital since that time. Currently there are four Medical Examiners but two further appointments are imminent to secure cover and to allow review of deaths on the MacMillan Unit. The process is aligned to both internal mortality review and governance processes with specific questions and feedback provided to consultants, for consideration in their mortality reviews. A key part of the role is explaining the content of death certificates to relatives and asking if they have any issues relating to the care provided. A junior doctor survey has also been

undertaken which has highlighted the fact that they found the process supportive and educational, with over a third having changed their practice based on feedback from the Medical Examiner.

The Medical Examiner role has been introduced in Poole Hospital over the summer, with six individuals appointed. It is envisaged that the number of mortality reviews will increase over the next few months, as this role becomes established. It is recognised that this role is hugely beneficial for junior doctors, assisting them to complete death certifications, in dealing with referrals to HM Coroner and in providing better support to the bereaved.

Both Trusts have very much welcomed this new role and new way of working, which will significantly improve outcomes and services over time.

8. Thanking our Volunteers

At the time of writing, I am looking forward to attending the Volunteers Reception at The Royal Bournemouth and Christchurch Hospital, which is due to take place on Saturday 21 September 2019. It is the 30th Pearl anniversary for the Trust (a report will be provided at the next Board Meeting), and one of the first celebrations will be a “Pearly Kings and Queens” themed party, at which we can celebrate and thank our wonderful volunteers. Thank You events for staff at both The Royal Bournemouth Hospital and Christchurch Hospital will be held in the last week of this month.

In the meantime, it is important to highlight that our volunteers across the country make a huge contribution to the work of the NHS, and are valued immensely by staff and patients alike. It will be a privilege to take part in this event.

Debbie Fleming
Chief Executive



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

BOARD OF DIRECTORS	
Meeting date:	25 September 2019
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Medical Director's Report
Section on agenda:	Quality and Performance
Supplementary reading:	N/A
Director or manager with overall responsibility:	Alyson O'Donnell, Medical Director
Author(s) of paper:	Alyson O'Donnell, with input from Dr Divya Tiwari
Details of previous discussion and/or dissemination:	Mortality indices and reviews discussed at Mortality Surveillance Group
Action required:	Note for information
Summary: Monthly Medical Director's Report to update the Board on the Trust's mortality performance and provides the latest quarterly update from the Guardian of Safe Working Hours.	
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 significant risks:	N/A

Medical Director's Report to the Board

Mortality Update

Overall HSMR for the Trust for the last twelve months (June 2018 – May 2019) is 91.9. This is rebased for February 2019 and is in the 'better than expected' range. Standardised Mortality Ratio (SMR which includes all inpatient deaths) is 90.8 and also in the 'better than expected' range. The figure for RBH (excluding Christchurch and the Macmillan Unit) is 81.7 and is also in the 'better than expected range'. The latest SHMI (Summary Hospital-level Mortality Indicator April 2018-March 2019) is 93 this is within the expected range. The SHMI figure for RBH is 85 and is within the expected range. Predictably the figure for the Macmillan Unit (Specialist Palliative Care unit) is 278 this is in the 'higher than expected' category. The coding department has an ongoing piece of work to improve data quality for vascular procedures and also the depth of coding for 'elective' versus 'non-elective' activity. This work is progressing now and Mortality Surveillance Group (**MSG**) is hopeful that the data quality issues will be resolved soon.

The overall position is very encouraging and this is the best HSMR the Trust has achieved since the records began being recorded.

The Trust has observed a single spike in the crude mortality rate for the August 2019, compared to August 2018. MSG is currently conducting an analysis of variables (senior staffing level, clinical activity, junior doctors' change over) and believes this work will be a useful exercise to improve processes to avoid a mortality surge in the future. Please see Annexe A.

Mortality Report for Board

*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 06/09/2019*

Month	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Deaths in Month	118	120	118	162	133	133	121	118	109	121	130
eMortality Reviews Completed in Month	3	4	1	83	57	80	12	52	6	84	76
Category of Death by Month Review Completed											
Grade 0	3	4	1	72	52	71	11	41	3	69	66
Grade 1	0	0	0	10	5	9	1	10	2	15	10
Grade 2	0	0	0	1	0	0	0	1	1	0	0
Grade 3	0	0	0	0	0	0	0	0	0	0	0
Learning Disability Deaths in Month	1	0	0	0	0	0	0	0	0	0	0
Learning Disability Deaths Reviewed	0	0	0	0	0	0	0	0	0	0	0

Learning from Deaths

LeDeR Mortality

There were no deaths reported in patients with a learning disability in last quarter (April to August 2019). MSG has disseminated widely the learning from the national mortality review, learning disability programme (LeDeR) annual report (2019), to all the

multidisciplinary teams involved in patient care. We are reassured that this has raised awareness from a LERN form which was submitted where 'learning disability' was mentioned in a DNACPR (AAND) form. This was one of the key learning points from the LeDeR report.

Mortality Surveillance / Reviews

There are no new Dr Foster analytical alerts in any of the diagnostic or procedural categories. All existing alerts have been investigated and action plans are in place.

Annual Review of High Risk Conditions: Acute Kidney Injury (AKI)

The purpose of this annual review is to monitor incidence of AKI and associated mortality.

Stephen Trowbridge our AKI Specialist Nurse presented this annual review at the last MSG meeting in September. MSG noted that Bournemouth and Poole hospitals have different antibiotic policies for the front door and that Bournemouth Hospital uses Gentamicin, which may have potential to cause AKI compared to Tazocin. Stephen also discussed the results from a recent audit of 'Gentamicin induced AKI':

- 68 Patients were included in this audit who had received Gentamicin on admission;
- 57% increased their AKI stages within 48 hours of admission;
- 64% of those who increased their AKI stage had an over estimated Gentamicin dose in ED.

Learning

Weight is usually overestimated, as it is a visible check by looking at the patient and therefore there is a risk of overdosing Gentamicin and associated acute kidney injury.

Action Plan

MSG acknowledged that this is a significant risk as estimation is often inaccurate and carries a risk of worsening or developing AKI. However, MSG also agreed that the current antibiotic policy is working and the Trust has excellent sepsis related outcomes.

Stephen Trowbridge will raise awareness and look into the logistics of weighing sick patients in ED (new pat slide). The findings will be discussed with the Pharmacist leading on the antibiotic policy.

Stephen also discussed poor management of AKI secondary to inaccurate 'input/output charting'. This was identified in the previous review and an 'electronic fluid chart' development was agreed. However, this has not progressed due to various other competing projects in IT. The Module has been developed and can be rolled out if the project can be prioritised. This was supported by the Deputy Director of Nursing, Fiona Hoskins will explore if there is a possibility to roll this out with the new e-Obs.

Mortality Spike in August

MSG has discussed an action plan for the observed high crude mortality rate this August. Initial data analysis shows: that whilst the hospital was very busy in August (almost 20% of August was spent at OPEL Level 3), admissions activity was not unusually high to cause this spike:

Number of Admitted Spells in Month

Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19
10234	9443	10503	10397	9048	10584	9303	10630	9549	10190	9686	10526	9967

Discharging Specialty

45% of the deaths in August were Geriatric Medicine, and we saw a slight increase in the number in Gastroenterology.

Sepsis Mortality

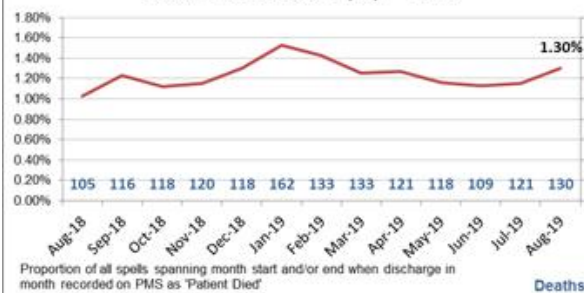
Only 15% deaths in August were attributable to Sepsis and Pneumonia.

Action Plan

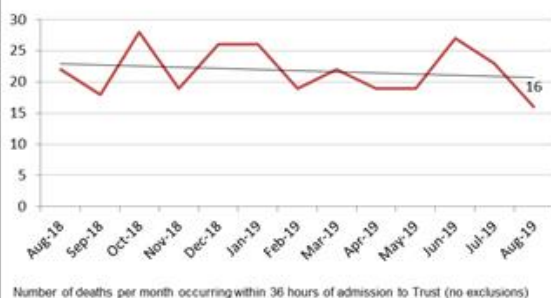
- Senior IT Analyst will conduct further analysis to categorise deaths into diagnostic categories;
- MSG to consider a review of excess mortality (not necessary avoidable mortality) in Geriatric Medicine and Gastroenterology.

ANNEX A - Data Review - Mortality Surveillance Group

Crude Death Rate (%) - Trust



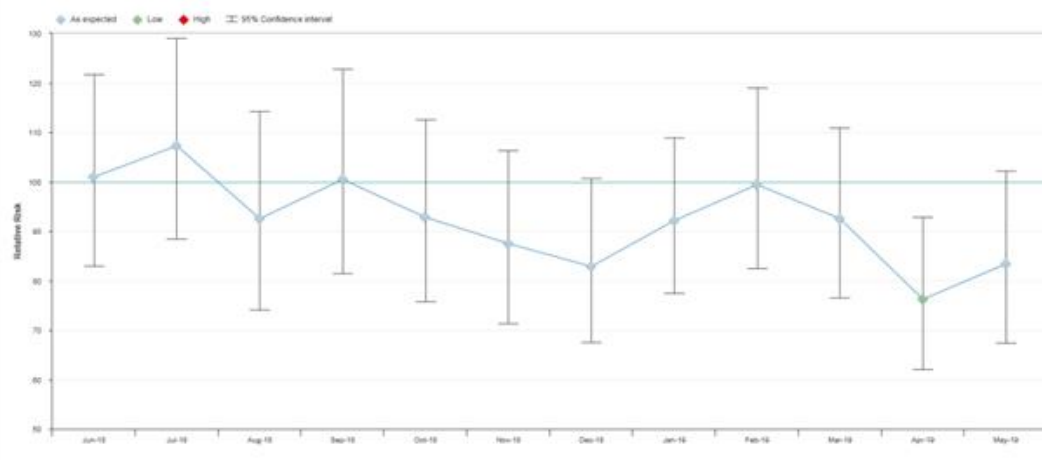
Deaths within 36 hours of Admission - Trust



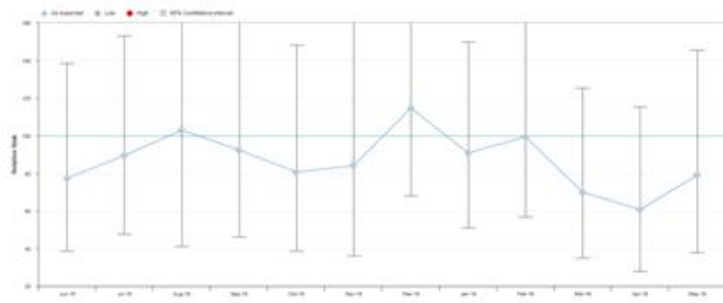
SHMI & HSMR, Jul 11 to Mar 19



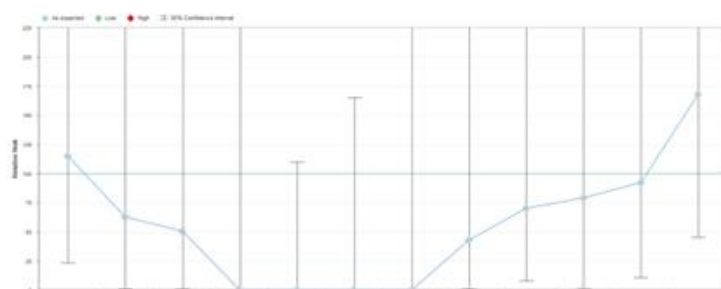
HSMR - Trust



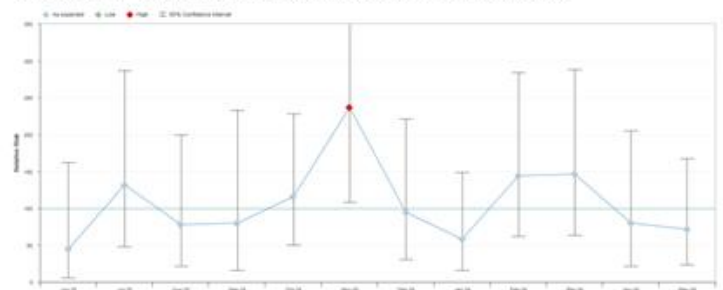
Relative Risk - Stroke ("Acute Cerebrovascular Disease")



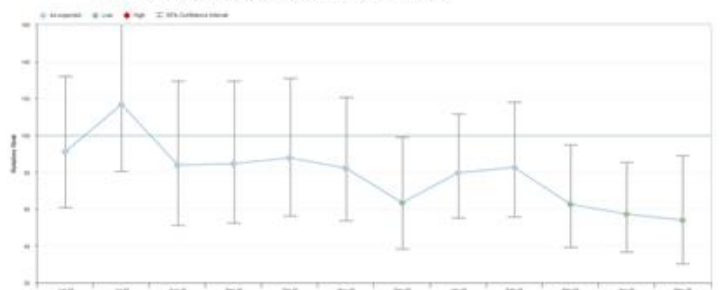
Relative Risk - AKI ("Acute & Unspecified Renal Failure")



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



Relative Risk - "Septicaemia & Pneumonia"



Quarterly Report on Safe Working Hours for Doctors in Training: The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

Executive summary:

The new (2016) trainee doctors' contract requires specific, detailed, individual work schedules for every trainee on each placement. This contract also mandates a regular report from the Guardian for Safe Working Hours to be submitted to the Board on quarterly basis by. Under this contract, trainees are expected to raise an exception report whenever they have to work beyond their contracted hours as defined in their work schedule.

This report covers the period from 16 May to 15 September 2019.

Since May another 194 new exception reports have been submitted until 15 September 2019. The total reports submitted so far, since the introduction of new contract now stand at 837 as on 15 September 2019.

Exception reports are a mechanism for trainees to highlight any work that they end up doing which is beyond their contracted hours of work. As the Guardian for Safe Working Hours, I monitor those exception reports, ensure that all exception reports are acted upon in a timely manner and make a judgement where further intervention might be required.

1. Introduction:

The role of Guardian of Safe Working Hours is an integral part of the 2016 trainee doctor's contract with a fundamental remit to ensure that the doctors working hours remain safe.

The guardian is responsible for:

- Protecting the safeguards outlined in the 2016 contract TCS for doctors in training.
- Ensuring that issues of compliance with safe working hours are addressed.
- Providing assurance to the Board that doctors' working hours remain safe.

All trainee doctors in this Trust are on this (2016) contract.

2. Issues:

The 2016 employment contract for trainees is well embedded now. Trainees have come to accept that there may be variation in their earnings according to the individual trainee's work schedule within the same grade.

This contract imposes strict limitations on the working hours and those limitations have their own implications on the flexibilities in any rota, affecting rota swaps or ability to cover colleagues etc.

Since the introduction of this contract in December 2016 and then rolling it out to all other trainees in August 2017 there have been a total of 837 exception reports; 188 since my last report to TMB in May 2019. Further details of these new exception reports are provided later in this report.

3. Exception Reports between February 2019 to May 2019:

Number of doctors in training on 2016 TCS (total):	193
Amount of time available in job plan for guardian to do the role:	1.5 PAs per week
Admin support provided to the guardian (if any):	0.25 WTE - temporary
Amount of job-planned time for educational supervisors:	0.25 PAs per trainee

4. Exception reports:

Since the introduction of new contract there have been a total of 837 exception reports – 194 since May, which is a significant increase compared to the last quarter when only 72 new exception reports were raised. 194 exception reports in the last quarter were raised for breaches in scheduled hours while 3 related to 'natural breaks' but none on educational issues. Here is the breakdown of specialties where the exception reports originated from:

Specialty	New exceptions raised	No. exceptions closed	No. exceptions outstanding
Surgery	20	10	10
Medicine	174	138	36
Haematology	0	0	0
Ophthalmology	0	0	0
O & G	0	0	0
	194	148	39

167 exception reports in Medicine are from following sub specialties

Gastroenterology	90
Respiratory	38
OPM	24
General Medicine	22

In the last quarter there has been very good engagement from educational/clinical supervisors which is highly appreciated.

5. Work schedule reviews:

Since my last report it was noticed that there was a significant upsurge in exception reports from Gastroenterology. As a result meeting was held with Dr Simon Whiteoak, the lead for junior doctors to explore the issues on 29 July. It is apparent that the workload in Gastroenterology is such that the current numbers of junior doctors are unable to complete within their work schedule. A few suggestions were discussed which are being implemented. A further review meeting is being organized in October to review situation.

6. Exception report audit

Over the summer we conducted an audit of all trainee doctors' understanding and engagement with the process of exception reporting system which was led by Dr Ashley Hutchinson (CMT Trainee). It provides some insight into the trainees' perceptions and engagement with this process. I enclose the results of that audit in the attached appendix.

7. Vacancies:

Here is the list of current vacancies in trainees' recruitment from the deanery. The Trust has successfully filled in most of the vacancies in Medical specialties.

Specialty	Vacancies
FY1 – Colorectal	1 (this post has been filled with a Trust Dr who started on 2 September)
FY1 – MFE	0.3 (LTFT in FT post and no nights)
GP – MFE	0.2 (LTFT in FT post); plus one trainee on a phased return
CMT	0.2 (LTFT in FT post) in ITU
Acute Medicine	1
Diabetes & Endocrinology ST3	1
Gastroenterology	1
GU Medicine ST3	1 (Only 1 LTFT trainee in all of Wessex)
Respiratory Medicine ST3	0.2 (1 LTFT in FT post)
Geriatric Medicine ST3	0.4 (1 LTFT in FT post)
Emergency Medicine ST4	2
Palliative Medicine ST3	0.2 (LTFT in FT post)
Ophthalmology ST1/2	1
General Surgery – Upper GI	1
Anaesthetics ST3	1.4 (1 LTFT in FT post)
Obs & Gynae ST3	1

You will see that we have a lot of LTFT trainees in FT posts which make it difficult to find locum cover.

In addition there are 8 trainee doctors who are currently on maternity leave. Some of these posts have been filled with Trust grade appointments but some remain unfilled.

8. Locum usage:

A large number of shifts in Medicine/OPM, surgery and Emergency Medicine were filled with locums. From May to September 2019 a total of 272 shifts in Medicine/OPM were filled in by locum SHOs or Registrars.

Emergency Medicine needed to cover a total of 453 shifts during this period.

Unfortunately the surgical directorate was unable to provide me any data in this period.

9. Trainees committee

Trainee committee meets every month. The Guardian for Safe Working hours and the Director of Medical Education regularly attend these meetings. Unfortunately the attendance is variable. The next meeting is due on 17 September.

Trainees have been concerned about the expectation by some consultant for the trainee doctors to do routine tasks in BPC. A meeting with Dr Martin Schuster-Bruce has been arranged to discuss this further.

10. Fines

Surgical directorate was fined for breach of the terms of contract. A trainee was rostered to work in without getting mandatory 11 hours break between which included overnight shift attracting enhanced rates of fine. The trainee was also not allowed enough breaks in an 11 hour shift. The total fine was calculated at £1470.97. £551.61 was paid to the trainee.

11. Next Steps:

All our trainees are on the new contract. Each trainee is given a specific work schedule which specifies their working hours, rota and training opportunities available to them. Most of the exception reports have been generated by Foundation or Core Trainees. More senior trainees have tended not to fill in any exception reports. It is difficult to conclude that the exception reports are accurately capturing all work completed by trainees beyond their contracted hours. A couple of trainee doctors are conducting a survey/audit to understand any specific reasons which might discourage trainees to complete an exception report.

The next report will be presented in the January 2020 Board meeting

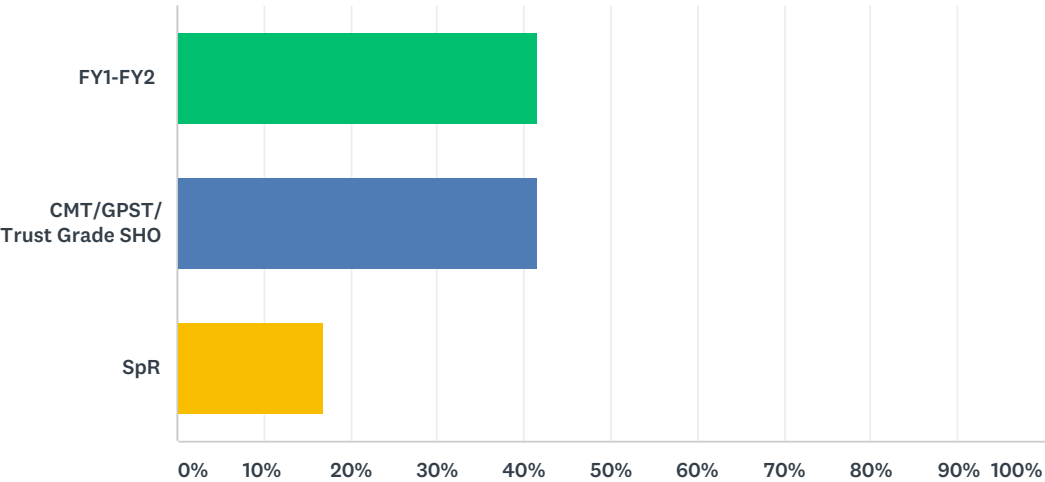
Dr Tanzeem H Raza

Guardian for Safe Working Hours

16 September 2019

Q1 What grade are you?

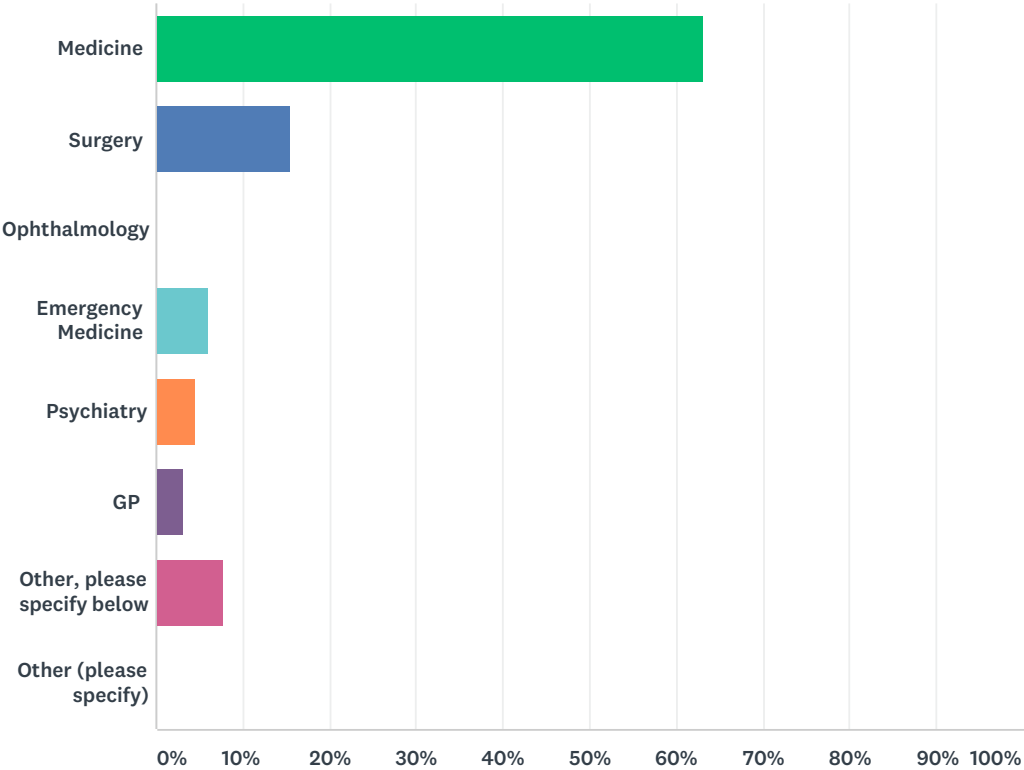
Answered: 65 Skipped: 0



ANSWER CHOICES	RESPONSES	
FY1-FY2	41.54%	27
CMT/GPST/ Trust Grade SHO	41.54%	27
SpR	16.92%	11
TOTAL		65

Q2 What speciality are you CURRENTLY working in?

Answered: 65 Skipped: 0

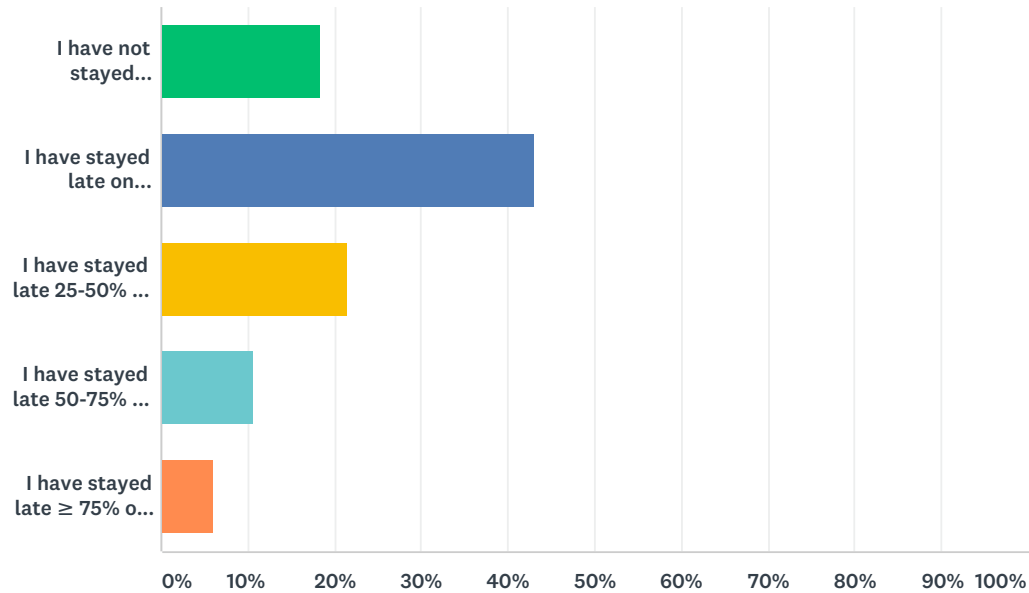


ANSWER CHOICES		RESPONSES	
Medicine		63.08%	41
Surgery		15.38%	10
Ophthalmology		0.00%	0
Emergency Medicine		6.15%	4
Psychiatry		4.62%	3
GP		3.08%	2
Other, please specify below		7.69%	5
Other (please specify)		0.00%	0
TOTAL			65

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Q3 In your CURRENT post, what proportion of shifts have you stayed late/worked additional hours?

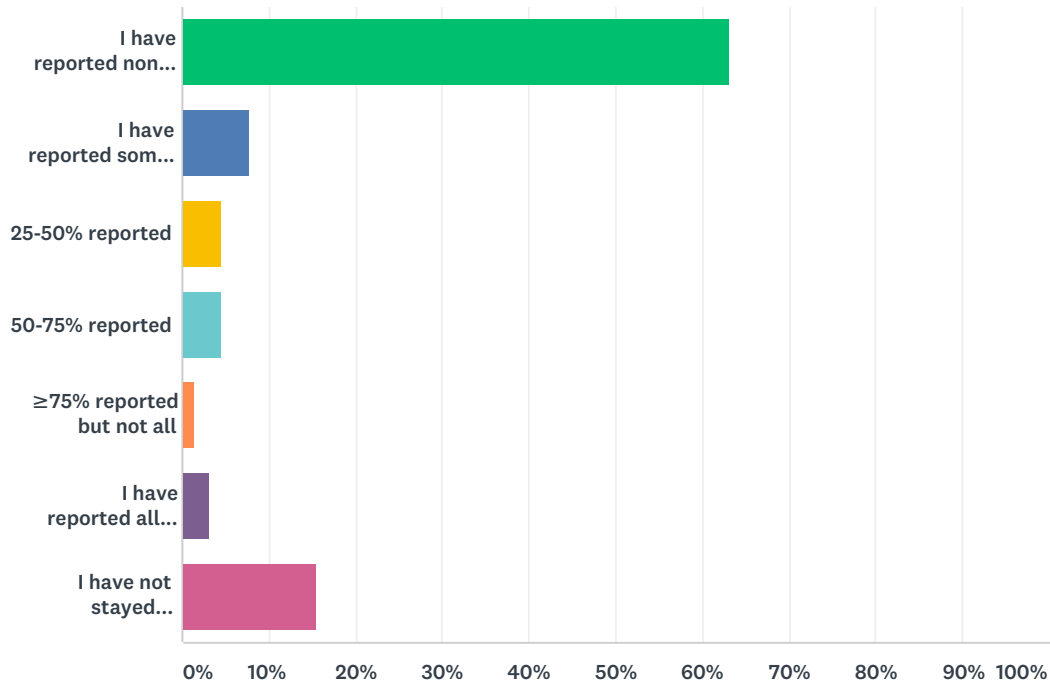
Answered: 65 Skipped: 0



ANSWER CHOICES	RESPONSES	
I have not stayed late/worked any additional hours whilst in this post	18.46%	12
I have stayed late on occasion but <25% of shifts	43.08%	28
I have stayed late 25-50% of shifts	21.54%	14
I have stayed late 50-75% of shifts	10.77%	7
I have stayed late ≥ 75% of shifts	6.15%	4
TOTAL		65

Q4 In your CURRENT post, when you have stayed late/worked additional hours, how often have you submitted an exception report for it?

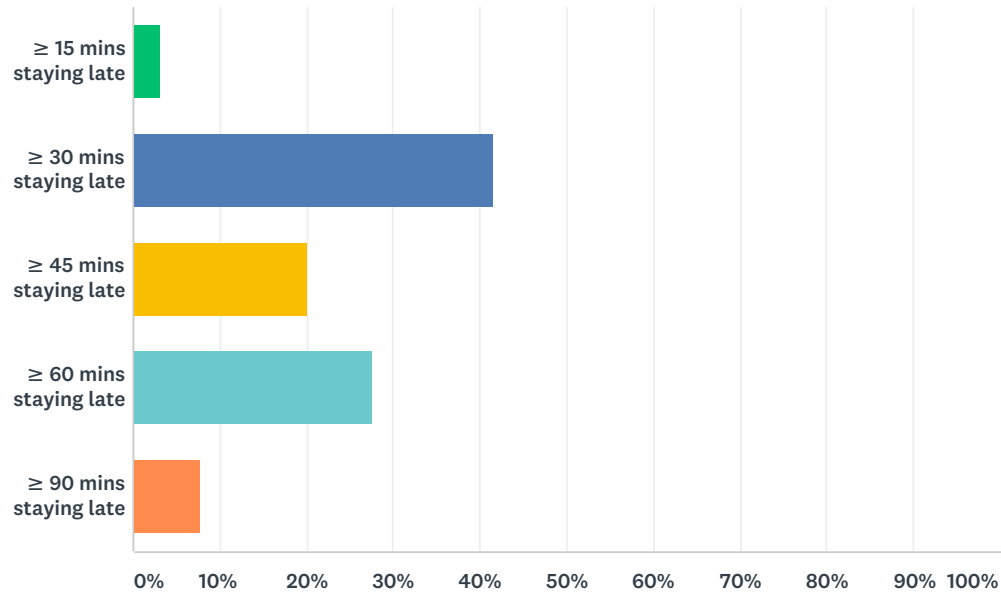
Answered: 65 Skipped: 0



ANSWER CHOICES	RESPONSES	
I have reported none despite staying late/working additional hours	63.08%	41
I have reported some but < 25%	7.69%	5
25-50% reported	4.62%	3
50-75% reported	4.62%	3
≥75% reported but not all	1.54%	1
I have reported all shifts	3.08%	2
I have not stayed late/worked additional hours whilst in this post, thus not submitted any reports	15.38%	10
TOTAL		65

Q5 At what point do you personally feel it becomes appropriate to exception report staying late/additional hours worked?

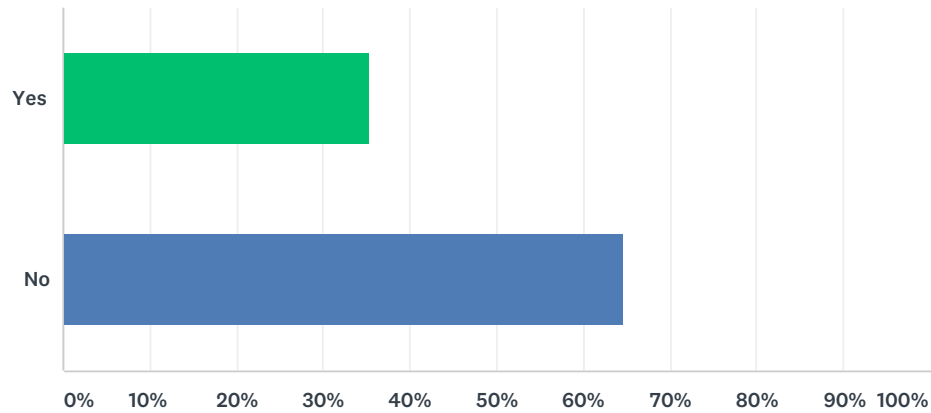
Answered: 65 Skipped: 0



ANSWER CHOICES	RESPONSES	
≥ 15 mins staying late	3.08%	2
≥ 30 mins staying late	41.54%	27
≥ 45 mins staying late	20.00%	13
≥ 60 mins staying late	27.69%	18
≥ 90 mins staying late	7.69%	5
TOTAL		65

Q6 Are you aware that you can exception report teaching opportunities missed due to excessive workload? Eg. Missing departmental/local/PACES/grand round/regional teaching sessions

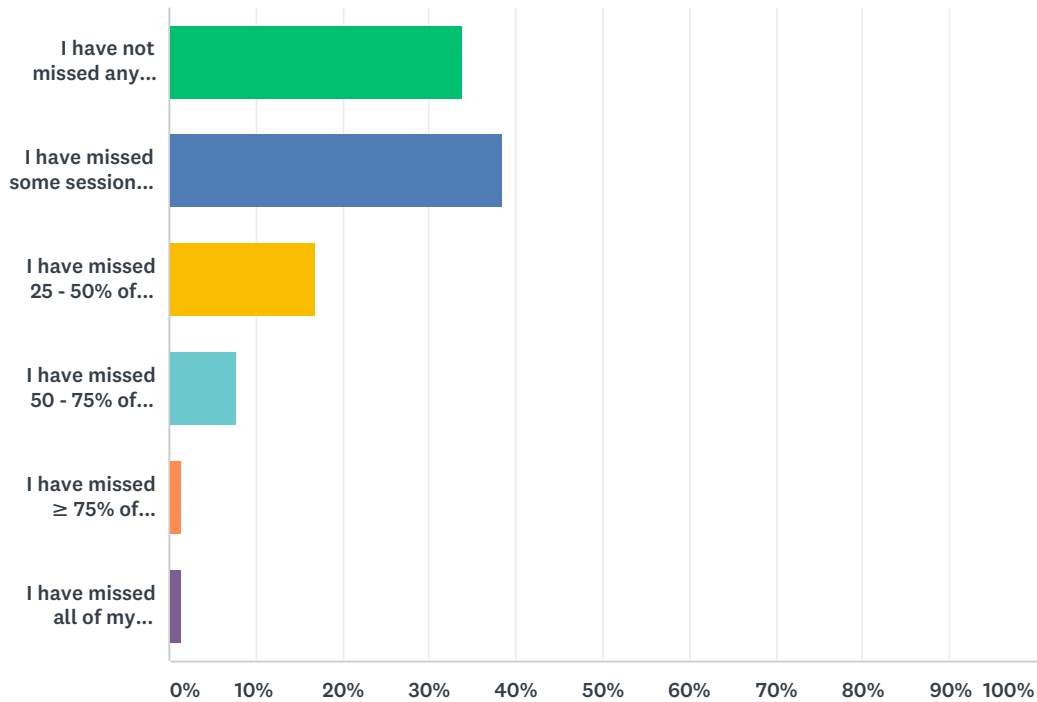
Answered: 65 Skipped: 0



ANSWER CHOICES		RESPONSES	
Yes		35.38%	23
No		64.62%	42
TOTAL			65

Q7 In your CURRENT post what proportion of teaching have you missed due to excessive workload? (excluding teaching missed due to annual leave, days off pre/post on calls)

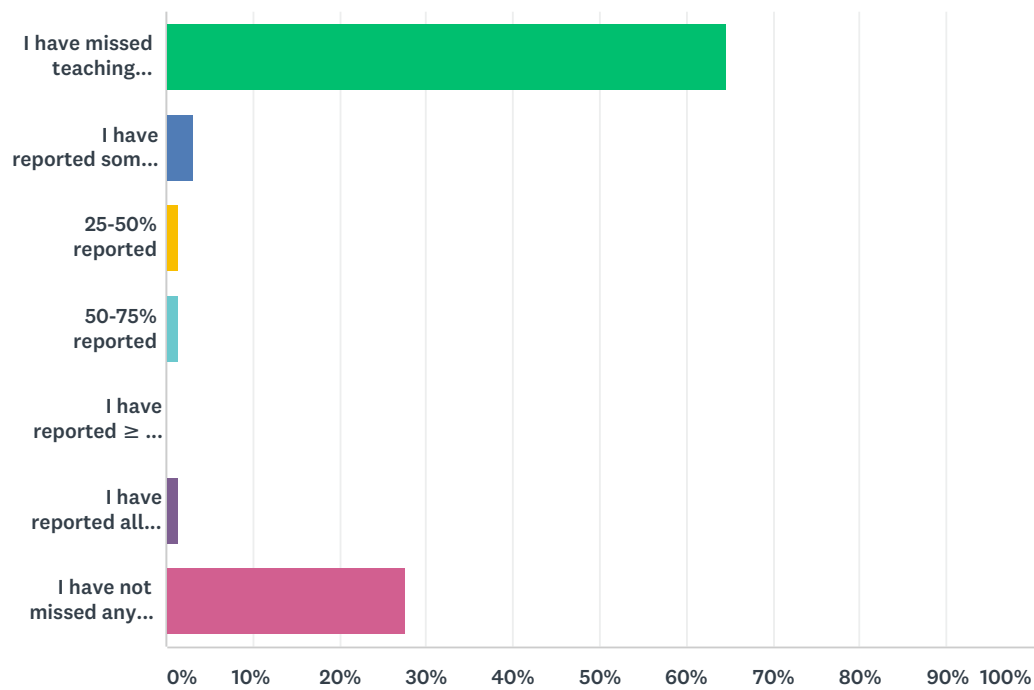
Answered: 65 Skipped: 0



ANSWER CHOICES	RESPONSES	
I have not missed any teaching due to excessive workload	33.85%	22
I have missed some sessions due to excessive workload but < 25%	38.46%	25
I have missed 25 - 50% of sessions due to workload	16.92%	11
I have missed 50 - 75% of sessions due to workload	7.69%	5
I have missed ≥ 75% of sessions due to workload but not all	1.54%	1
I have missed all of my teaching sessions in this post due to excessive workload	1.54%	1
TOTAL		65

Q8 In your CURRENT post, what proportion of educational opportunities missed due to workload have you exception reported? E.g missing departmental/local/PACES/grand round/regional teaching

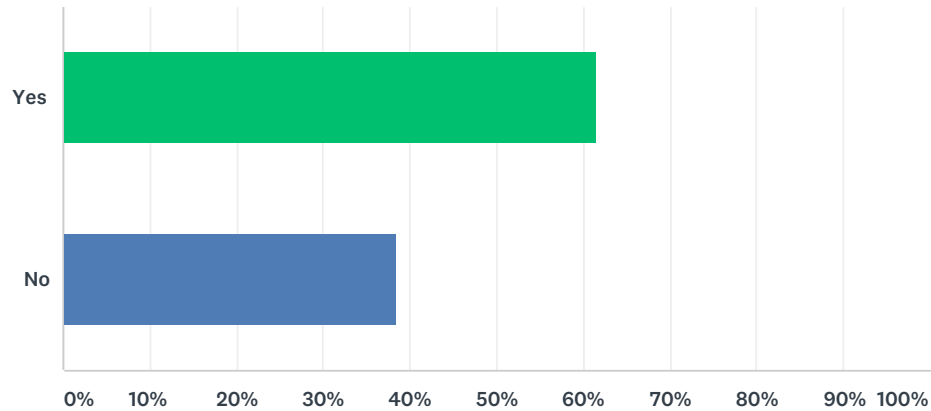
Answered: 65 Skipped: 0



ANSWER CHOICES	RESPONSES	
I have missed teaching sessions due to workload but reported none	64.62%	42
I have reported some but <25%	3.08%	2
25-50% reported	1.54%	1
50-75% reported	1.54%	1
I have reported ≥ 75% but not all	0.00%	0
I have reported all missed due to workload	1.54%	1
I have not missed any sessions due to workload whilst in this post	27.69%	18
TOTAL		65

Q9 Are you concerned that exception reporting may be interpreted by seniors as a reflection of your competency or efficiency?

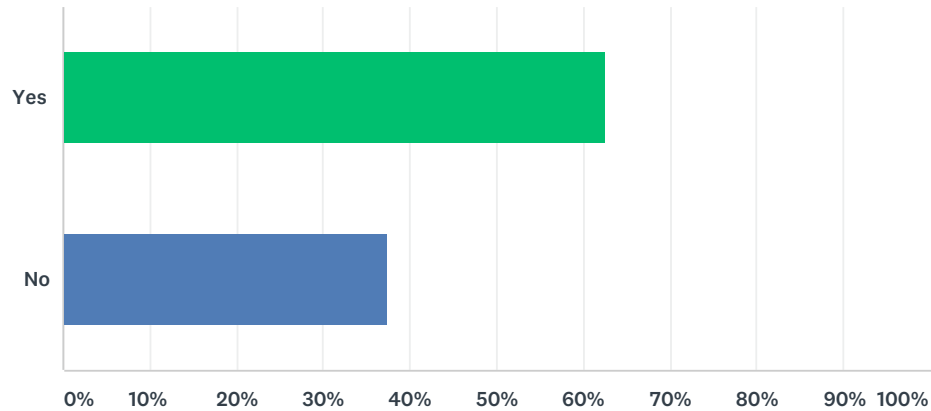
Answered: 65 Skipped: 0



ANSWER CHOICES		RESPONSES	
Yes		61.54%	40
No		38.46%	25
TOTAL			65

Q10 Does this fear of seniors seeing you as inefficient or incompetent stop you from exception reporting?

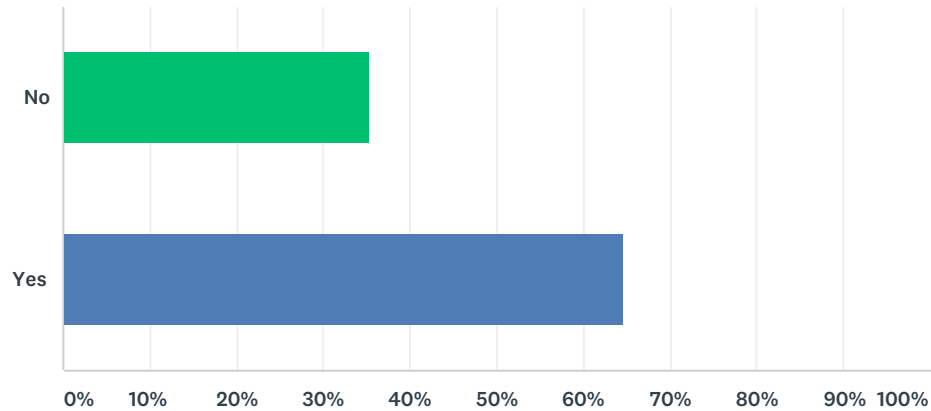
Answered: 40 Skipped: 25



ANSWER CHOICES	RESPONSES	
Yes	62.50%	25
No	37.50%	15
TOTAL		40

Q11 Do you worry that you will have negative repercussions from your seniors if you exception report frequently?

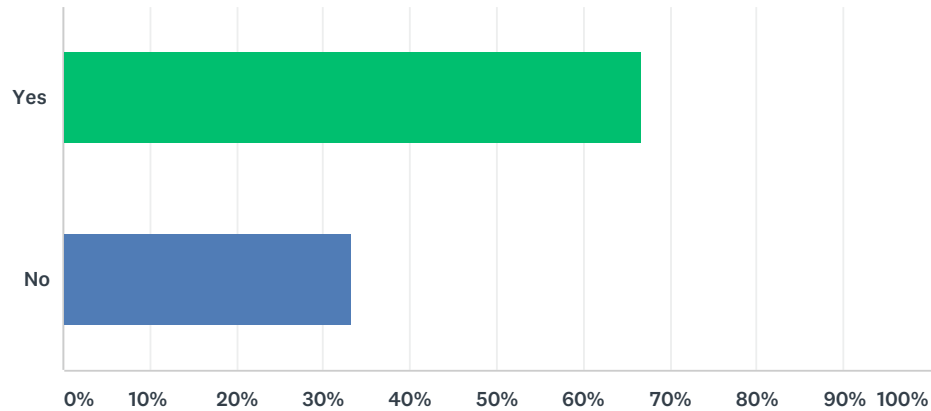
Answered: 65 Skipped: 0



ANSWER CHOICES	RESPONSES	
No	35.38%	23
Yes	64.62%	42
TOTAL		65

Q12 Does your worry of negative repercussions from seniors stop you from exception reporting?

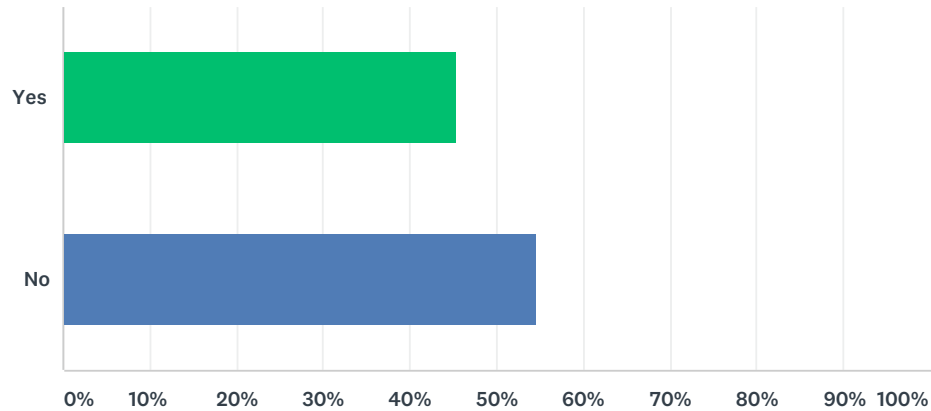
Answered: 42 Skipped: 23



ANSWER CHOICES		RESPONSES	
Yes		66.67%	28
No		33.33%	14
TOTAL			42

Q13 Have you been the subject of or witness to negative attitudes surrounding exception reporting by seniors?

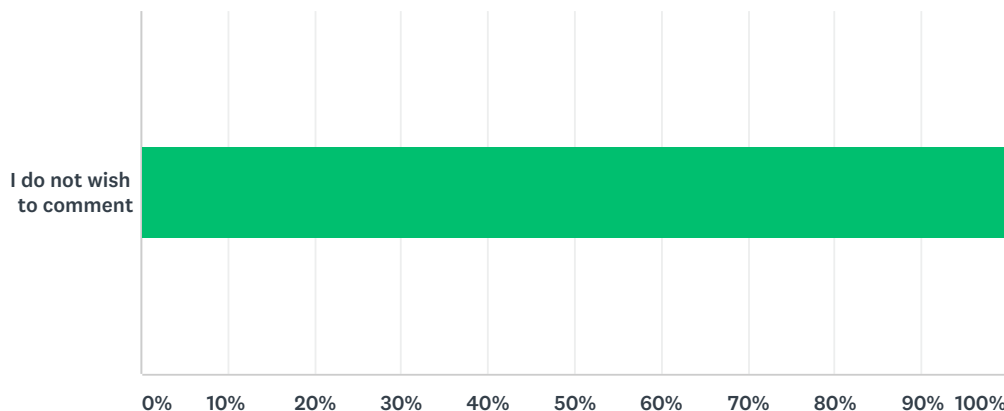
Answered: 64 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	45.31%	29
No	54.69%	35
TOTAL		64

Q14 If you have witnessed or been subject to negative attitudes surrounding exception reporting please comment on this experience:

Answered: 13 Skipped: 52



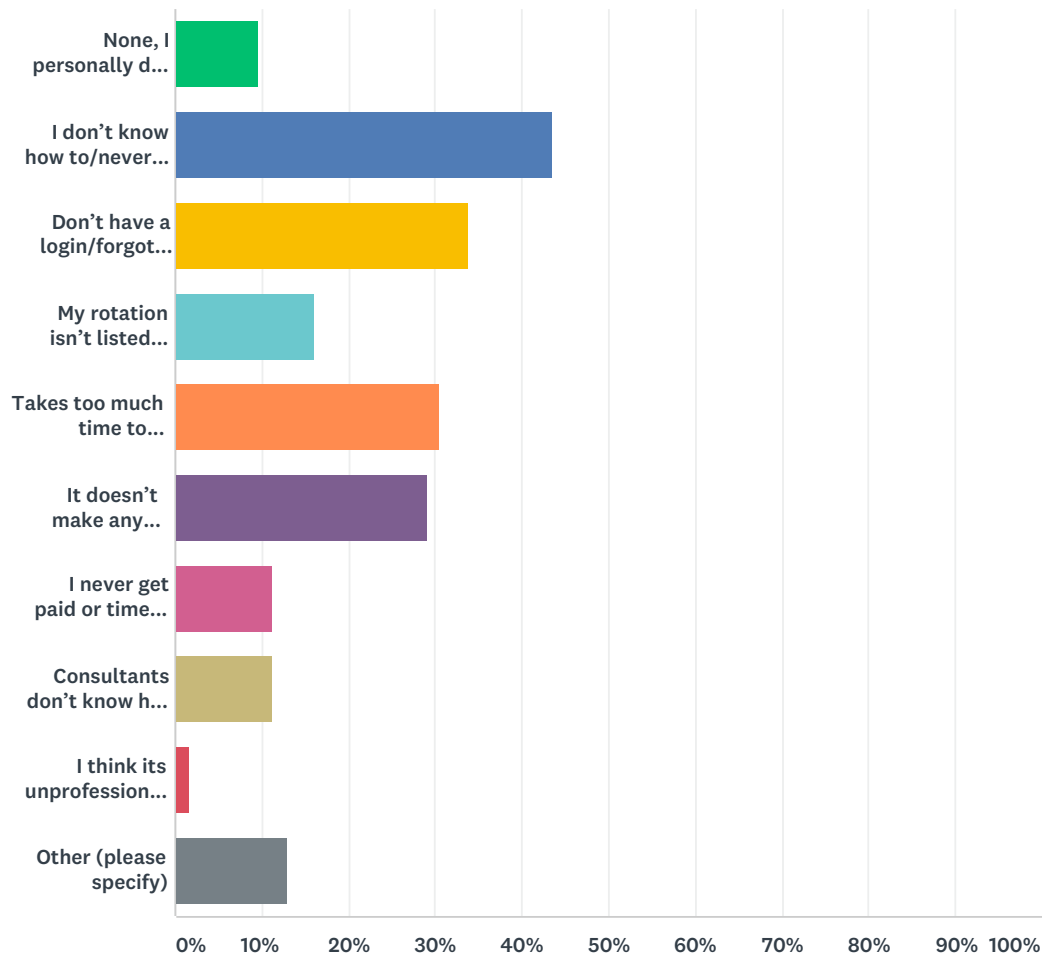
ANSWER CHOICES	RESPONSES
I do not wish to comment	100.00% 13
Total Respondents: 13	

#	PLEASE COMMENT	DATE
1	Last year I was assisting in theatre which had overrun. I voiced that I was supposed to finish at 5.30 and if not I was supposed to exception report. He said that I should just leave as he could not be bothered to do the paperwork.	5/28/2019 10:55 AM
2	Healthcare is an incredibly inefficient industry and the government is not training anywhere near enough physicians to plug the gaps. Exception reporting cannot fix this and in the past I have been harassed for doing it so I stopped.	5/25/2019 2:47 PM
3	I am aware of another junior who has completed multiple exception reports but their supervisor has approved none of them	5/22/2019 8:09 PM
4	I have spoken to colleagues who have been reprimanded for exception reporting	5/22/2019 8:05 PM
5	Low-level negative comments from seniors on infrequent occasion	5/22/2019 12:12 PM
6	A colleague was very upset that after reporting they had been told their finishing late was their own fault rather than a systemic fault	5/21/2019 4:42 PM
7	I have heard seniors comment that they never had such a system and that 100 hour weeks were routine. I have heard comments along the lines of juniors complain about staying late but that there are not educational opportunities but who do they expect to find such opportunities if they do not put the hours in	5/21/2019 2:04 PM
8	Consultant unhappy and told off colleague due to exception reporting and said it was a waste of their time and that colleague needed to be more efficient	5/21/2019 12:34 PM
9	I was told that because of my position and contract (trust doctor) I cannot exception report and hit a brick wall when I tried to find out what alternatives I have. Was also told by a Consultant that as Juniors we are expected to stay late and that is all part of the job.	5/21/2019 9:37 AM
10	He just said he'd have to have words with the guardian of safe working. He did and then came back and said he realised it was a tool to log hours not a complaint from juniors!	5/21/2019 9:14 AM
11	One said to me 'are you rubbish at your job'	5/20/2019 10:31 PM
12	Been told not to exception report by supervisor as "waste of their and my time"	5/20/2019 2:57 PM

13	My senior was very supportive, however others felt that there was a flaw in my working.	5/20/2019 1:54 PM
14	Seniors find exception reporting difficult to complete and hence it is another tedious job	5/20/2019 1:42 PM
15	I feel there is a certain attitude that we should expect to stay late because that's part of being a medic. 'It wasn't like this in my day' attitude	5/20/2019 1:41 PM

Q15 Which of the following do you feel are barriers to yourself exception reporting? (Choose as many as apply)

Answered: 62 Skipped: 3



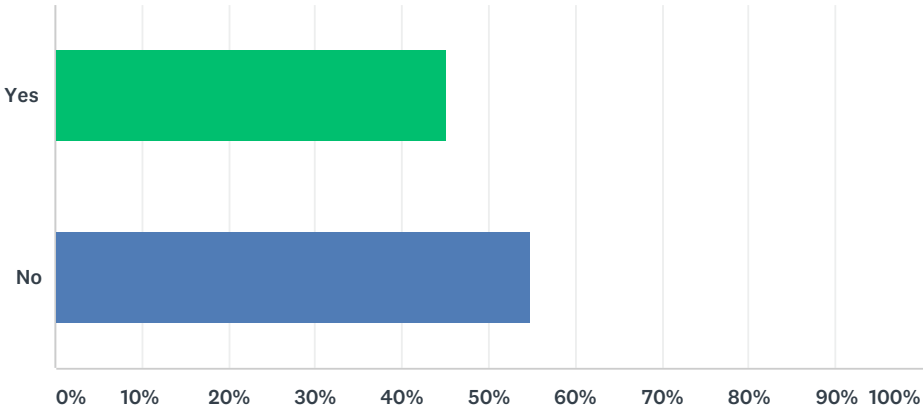
ANSWER CHOICES	RESPONSES	
None, I personally do not feel there are any barriers to exception reporting	9.68%	6
I don't know how to/never been shown how to exception report	43.55%	27
Don't have a login/forgotten my login and don't know who to contact	33.87%	21
My rotation isn't listed on there/ unclear which rotation title to select	16.13%	10
Takes too much time to exception report	30.65%	19
It doesn't make any difference/no changes are implemented even when I do exception report	29.03%	18
I never get paid or time in lieu even when I do exception report	11.29%	7
Consultants don't know how to correctly sign off exception reports/are not interested in signing them off	11.29%	7
I think its unprofessional to exception report	1.61%	1
Other (please specify)	12.90%	8

Total Respondents: 62

#	OTHER (PLEASE SPECIFY)	DATE
1	My hours average out - if I stay late one afternoon and have a clinic the next day starting at 9 I come in at 9 instead of 8 or 8:30. Equally if I finish a session early and have been late at other times then I don't wait til 5. I would exception report if there were persistent session a that ran late and no way to compensate working hours but this is not the case.	5/28/2019 12:44 PM
2	You get a reputation for being 'slow' or 'inefficient' by reporting. Nobody wants this.	5/25/2019 2:52 PM
3	We were told we could exception report when started but no-one ever actually showed us how	5/22/2019 3:51 PM
4	trust doctors can not do exceptional reports	5/21/2019 11:21 PM
5	I was told this is not available to me	5/21/2019 9:39 AM
6	I feel like you've got to have worked significantly over time before you do.	5/21/2019 9:16 AM
7	My approach is probably too relaxed - I am too willing to accept the need to stay late	5/20/2019 2:29 PM
8	Perception of being someone who makes a fuss over 15-20 minutes	5/20/2019 1:46 PM

Q16 Are you aware that you need to submit your exception report within 7 days for it be valid?

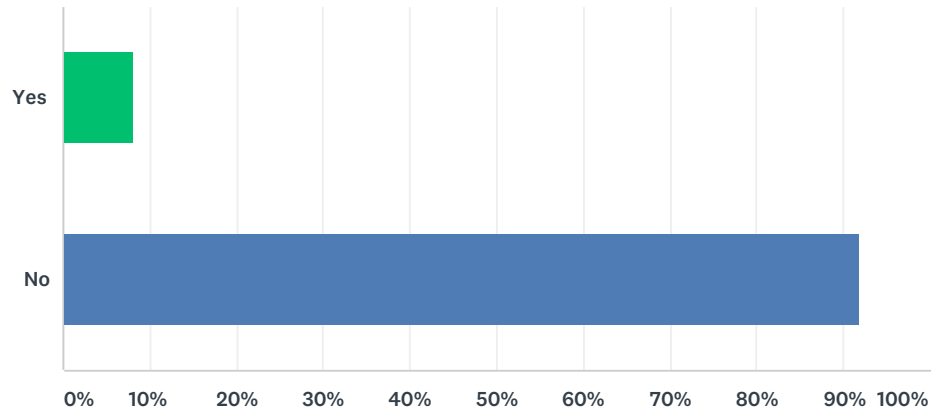
Answered: 62 Skipped: 3



ANSWER CHOICES	RESPONSES	
Yes	45.16%	28
No	54.84%	34
TOTAL		62

Q17 Do you know how to tell if you’ve been paid for your exception reports?

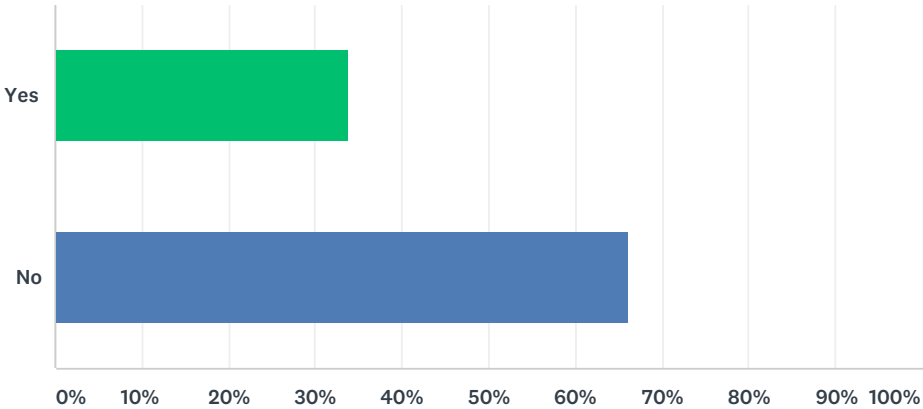
Answered: 62 Skipped: 3



ANSWER CHOICES		RESPONSES	
Yes		8.06%	5
No		91.94%	57
TOTAL			62

Q18 Are you aware that rotas at RBCH have been reviewed and changed in the last 2 years due to exception reports?

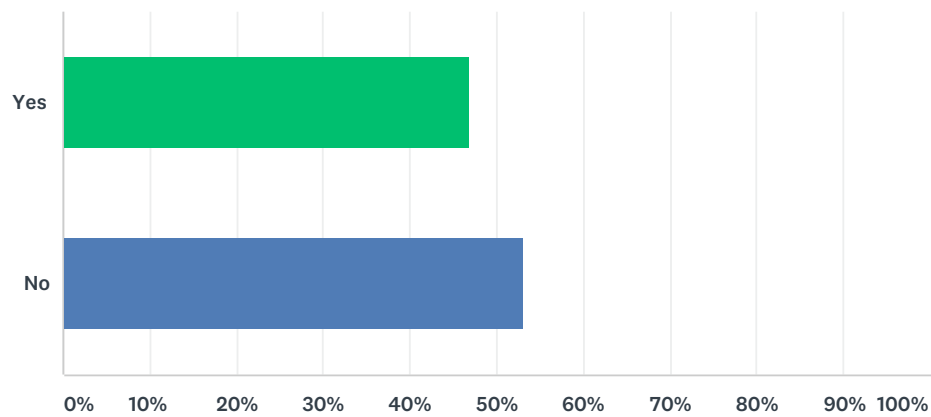
Answered: 62 Skipped: 3



ANSWER CHOICES	RESPONSES	
Yes	33.87%	21
No	66.13%	41
TOTAL		62

Q19 Are you aware that to conclude the exception report process and get compensation (money or time off in lieu), you need to sign in to your account and agree the outcome after your supervisor has signed it off?

Answered: 62 Skipped: 3



ANSWER CHOICES	RESPONSES	
Yes	46.77%	29
No	53.23%	33
TOTAL		62

Q20 Are there any additional comments surrounding exception reporting at RBCH that you would like to mention?

Answered: 14 Skipped: 51

#	RESPONSES	DATE
1	I've never been given a log in and wouldn't have a clue where to exception report. I'm a joint contract holder with Poole which I suspect makes it more complicated. I had been told that I was being set up on the system but no communication since then for log in info. I have missed out on 3 opportunities to report significantly late finishes and missed opportunities.	5/28/2019 11:07 AM
2	No	5/28/2019 10:56 AM
3	I think passwords need to be more clearly distributed with a brief IT session to get familiarity with the programme. Senior doctors need to take the lead in encouraging juniors to exception report where appropriate.	5/28/2019 10:55 AM
4	The principle doesn't work because the very fact you have to self-report it means that you can become a target for criticism. It should be someone else doing the reporting.	5/25/2019 2:52 PM
5	None	5/22/2019 8:09 PM
6	I have had good support from my mentors around exception reporting.	5/22/2019 11:58 AM
7	No	5/21/2019 6:34 PM
8	None	5/21/2019 12:06 PM
9	Needs to include trust doctors as well	5/21/2019 9:39 AM
10	It's really not done as often as it should be at all levels, but the more senior you get the less it's done.	5/21/2019 9:16 AM
11	Keep up the good fight	5/20/2019 10:32 PM
12	Needs encouraging as I know a lot of colleagues do not do it when they should!	5/20/2019 2:58 PM
13	I feel like no one ever exception reports for on call post take ward rounds post nights because it is seen as how it just is.	5/20/2019 1:46 PM
14	I was never taught how to exception report in my induction and don't know how to access exception reporting	5/20/2019 1:42 PM

Trust Board Dashboard - August 2019

based on Single Oversight Framework metrics

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	2018/19 Q4			2019/20 Q1			2019/20 Q2			Trend (where applicable)
		Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	
Quality of care	Caring - A&E scores from Friends and Family Test % positive	89.3%	89.1%	88.3%	88.1%	87.7%	84.1%	86.6%	86.7%		
	Caring - Inpatient scores from Friends and Family Test % positive	98.2%	97.2%	98.0%	98.3%	96.4%	97.9%	97.9%	98.5%		
	Caring - Maternity scores from Friends and Family Test % positive	93.0%	90.1%	98.0%	97.1%	98.6%	97.8%	99.3%	98.7%		
	Caring - Mixed sex accommodation breaches	0	0	0	10	0	3	1	5		
	Caring - Staff Friends and Family Test % recommended - care (Quarterly)		85.7%			89.5%					
	Caring - Formal complaints	40	34	43	37	59	36	46	34		
	Effective - Emergency re-admissions within 30 days following an elective or emergency spell at the provider	757	677	750	737	711	720	796	728		
	Effective - Hospital Standardised Mortality Ratio - Weekend (DFI) - All Sites	81.3	92.1	80.6	64.1	88.5					
	Effective - Hospital Standardised Mortality Ratio - Weekend (DFI) - MAC	282.5	251.1	148.4	137.4	217.3					
	Effective - Hospital Standardised Mortality Ratio - Weekend (DFI) - RBH	75.9	82.6	73.0	62.3	77.5					
	Effective - Hospital Standardised Mortality Ratio (DFI) - All Sites	89.6	97.3	91.4	76.2	83.4					
	Effective - Hospital Standardised Mortality Ratio (DFI) - MAC	178.3	195.5	171.5	159.9	230.9					
	Effective - Hospital Standardised Mortality Ratio (DFI) - RBH	82.9	89.0	84.9	69.2	68.2					
	Effective - Summary Hospital Mortality Indicator	0.949									
	ED Attendances	8422	7350	9041	8889	9344	9157	9778	9565		
	Elective Admissions	5620	5055	5803	5119	5539	5152	5604	5184		
	GP OP Referrals	5902	5486	5879	5796	6102	5768	6347	5351		
	Non-elective Admissions	3724	3073	3581	3333	3500	3457	3640	3475		
	Organisational health - Staff sickness in month	4.5%	4.5%	3.8%	3.9%	3.6%	3.7%	3.8%	3.6%		
	Organisational health - Staff sickness rolling 12 months	4.1%	4.2%	4.2%	4.2%	4.2%	4.2%	4.2%	4.1%		
	Safe - Clostridium Difficile - Confirmed lapses in care	1	0	0	1	2	0	0	0		
	Safe - Clostridium Difficile - Infection rate	6.12	0	0	18.98	12.25	6.33	6.12	18.37		
	Safe - MRSA bacteraemias	0	0	0	0	0	0	1	0		
	Safe - NHS England/NHS Improvement Patient Safety Alerts outstanding	0	1	0	0	0	0	0	0		
	Safe - Occurrence of any Never Event	1	0	0	1	0	0	1	1		
	Safe - Potential under-reporting of patient safety incidents (Quarterly reporting rate)		37.18			41.1					
	Safe - VTE Risk Assessment	95.8%	95.8%	96.2%	95.7%	96.4%	96.7%	96.6%	96.1%		
	Number of Serious Incidents	2	1	1	3	3	0	2	5		
	Appraisals - Values Based (Non Medical) - Compliance	89.8%	89.1%	88.4%	2.1%	9.0%	20.7%	37.4%	55.9%		
	Appraisals - Doctors and Consultants - Compliance	79.5%	83.2%	84.0%	83.7%	83.5%	82.5%	81.5%	83.2%		
	Essential Core Skills - Compliance	93.2%	92.9%	93.0%	93.6%	93.9%	94.4%	94.5%	94.8%		
	Organisational health - Proportion of temporary staff	8.0%	8.7%	9.3%	8.3%	10.7%	8.0%	7.7%	7.9%		
	Organisational health - Staff turnover	9.7%	9.8%	10.2%	10.2%	10.6%	10.5%	10.4%	10.5%		
Finance and use of resources	Sustainability - Capital Service Capacity (YTD Score)	1	1	1	3	2	2	2	1		
	Sustainability - Liquidity (YTD score)	1	1	1	1	1	1	1	1		
	Efficiency - I&E Margin (YTD score)	1	1	1	4	3	3	2	2		
	Controls - Agency Spend (YTD score)	1	1	1	1	1	1	1	1		
	Controls - Distance from Financial Plan (YTD score)	2	2	1	2	2	1	1	2		
	Overall finance and use of resources (YTD score)	1	1	1	3	2	2	1	1		
Operational performance	A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge	87.6%	87.9%	96.6%	91.1%	92.8%	86.2%	83.8%	83.2%		
	Cancer maximum 62-day wait for first treatment from NHS cancer screening service referral	88.9%	69.2%	90.0%	100.0%	100.0%	88.9%	75.0%			
	Cancer maximum 62-day wait for first treatment from urgent GP referral for suspected cancer	89.1%	86.7%	89.1%	86.9%	88.0%	84.5%	89.8%			
	Maximum 6-week wait for diagnostic procedures	94.8%	96.7%	99.3%	98.3%	96.9%	95.6%	92.8%	88.4%		
	Maximum time of 18 weeks from point of referral to treatment in aggregate - patients on an incomplete pathway	85.4%	85.3%	84.6%	84.0%	85.0%	84.2%	83.4%	82.7%		

BOARD OF DIRECTORS	
Meeting date:	25 September 2019
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Performance Report
Section on agenda:	Quality and 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 Sarah Knight, Associate Director, Planning & Elective Transformation David Mills, Associate Director Information & Performance Dawn Ailes, RTT Performance Lead
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 2019/20 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"> • Trust Board Dashboard • Performance Indicator Matrix <p>Executive Summary:</p> <p>This report focuses on August 2019 performance where it is available and provides a 'look forward' in light of current/projected trends and actions being taken.</p> <p>Key Highlights & Exceptions:</p> <ul style="list-style-type: none"> • Performance against the 4 hour standard was 83.2% • Zero 12 hour decision to admit breaches in August 19 • End of August shows 3 patients whose RTT is over 52 weeks with one patient treated in month at 54 weeks • The total numbers of patients on an RTT pathway increased by 723 in August compared to a rise of 270 in July • Trust wide RTT performance against the 18 week standard continued to decrease in August to 82.75% • Performance against the 62 day cancer standard for July was achieved at 89.8% above the 85% national standard and is on track for Q2 • 2 week Fast Track referrals increased by 11.6% April to August 2019 compared to 2018 • Cancer 2 week wait performance was below the national target at 92.1% • All three cancer 31 day standard targets achieved in July 19 • Positively, the number of patients who have been in hospital for longer than 21 days has reduced over 2 consecutive months 	

<ul style="list-style-type: none"> Diagnostic 6 week performance dropped to 88.42% in August It is expected that JAG accreditation will be removed pending recovery and re-application. 	
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:	Performance metrics are key control measures for the following risks on the Trust Risk Register: <ul style="list-style-type: none"> Inpatient QI (Flow) Programme (806) ED 4hr (801) Stranded patients RTT (808) Outpatients Financial



Operational Performance Report

For the period to end
August 2019

Richard Renaut
Chief Operating Officer

1. Executive summary

Key highlights and exceptions:-

- Performance against the 4 hour standard was 83.2%
- Zero 12 hour decision to admit breaches in August 19
- End of August shows 3 patients whose RTT is over 52 weeks with one patient treated in month at 54 weeks
- The total numbers of patients on an RTT pathway increased by 723 in August compared to a rise of 270 in July
- Trust wide RTT performance against the 18 week standard continued to decrease in August to 82.75%
- Performance against the 62 day cancer standard for July was achieved at 89.8% above the 85% national standard and is on track for Q2
- 2 week Fast Track referrals increased by 11.6% April to August 2019 compared to 2018
- Cancer 2 week wait performance was below the national target at 92.1%
- All three cancer 31 day standard targets achieved in July 19
- Positively, the number of patients who have been in hospital for longer than 21 days has reduced over 2 consecutive months
- Diagnostic 6 week performance dropped to 88.42% in August
- It is expected that JAG accreditation will be removed pending recovery and re-application.

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 – August 19

Performance against the 4 hour standard fell slightly to 83.2% in August 2019. Increases in ambulance conveyances have continued through August compared to last year.

RTT performance decreased to 82.75% in August. Performance remains above the local target trajectory for 2019/20. The total waiting list is still continuing to rise along with an increase in the number of patients who have waited over 18 weeks. The Trust has reported three patients who have waited longer than 52 weeks at the end of August, and a further 52+ week wait treated in month. These patients are being closely tracked and medically reviewed. The Trust is projecting an increase in breaches of the 52 week standard throughout the oncoming months due to the increasing waiting list and longer waits overall.

The Trust improved on its 2 week wait from referral to date first seen from 90.7% in July to 92.1% in August, just below the national target. As reported last month, performance against the 62 day cancer standard for July was achieved at 89.8% above the 85% national standard and is on track for Q2.

Diagnostic performance slipped in August to 88.42% below the 99% standard. The overall number of patients waiting increased during August mainly due to endoscopy. The Trust remains focused for 2019/20 on the sustainable recovery of the 99% target. This will require some additional investment and activity to recover the position. Longer term there is a plan to address the capacity gaps through recruitment of substantive staff due to commence in Endoscopy from September. Endoscopy remains under pressure and this continues to impact on the diagnostic target (see section 3.4).

Operational Performance Report

As at 16/09/2019

Table 1 – Operational and Contracting Guidance - KPIs 2019/20 – actuals & forecast Aug19

Single Oversight Framework Indicator	National Target	NHSI Trajectory 19/20	Mth / Qtrly	RAG rated performance against national targets and NHSI submitted trajectories		
				Jul-19	Aug-19	Sept -19 Projection
A&E 4hr maximum wait time	95%	91.3-91.8%	Mthly & Qtrly	83.80%	83.20%	
RTT 18 week incomplete pathways	92%	83%	Mthly	83.43%	82.75%	
RTT - no. of incomplete pathways	24,880	26,400	Yr End	28,248	28,971	
RTT - no 52 week waiters	0	0	Mthly	1	3	
Cancer 62 day wait for first treatment from urgent GP referral*	85%	84-85%	Mthly & Qtrly	89.80%	est.	
Cancer 62 day wait for first treatment from Screening service*	90%	90%	Mthly & Qtrly	75.00%	est.	
Maximum 6 weeks to diagnostic test	99%	98-99%	Mthly	92.8%	88.4%	

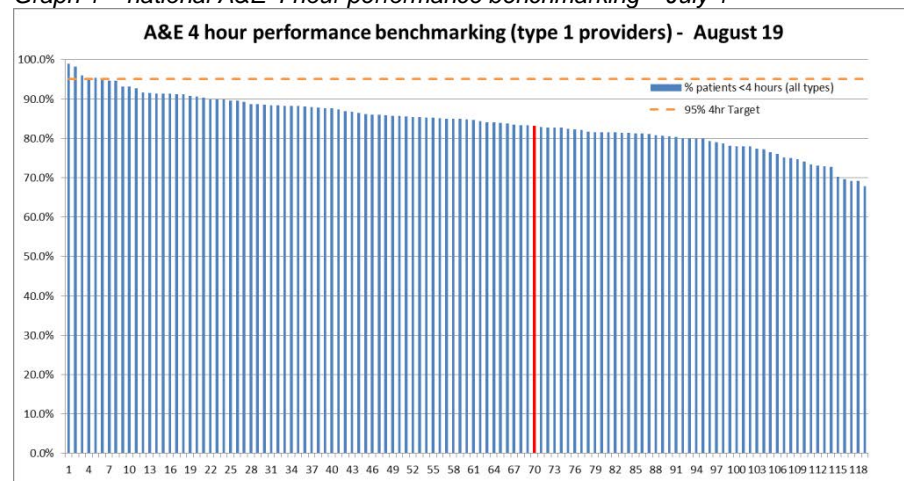
RAG Key: Red - below national target and organisational trajectory; Amber - above trajectory but below national target or 'at risk'; Green - above national target (and trajectory).

**Final validated July performance upload will be completed early August 19

2.2 National Benchmarking – July / August 19

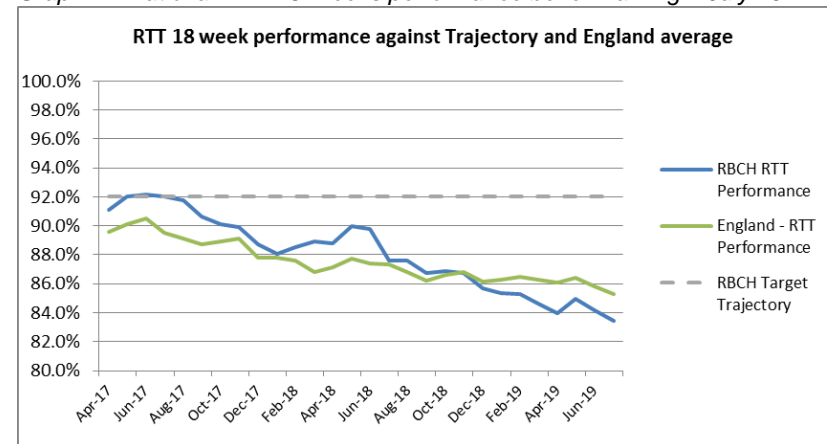
RBCH benchmarked 71st out of all type 1 Trusts nationally for ED 4 hour performance. A number of Trusts are excluded from the chart below whilst they participate in the NHS Clinical Review of Access Standards Pilot.

Graph 1 – national A&E 4 hour performance benchmarking – July 1



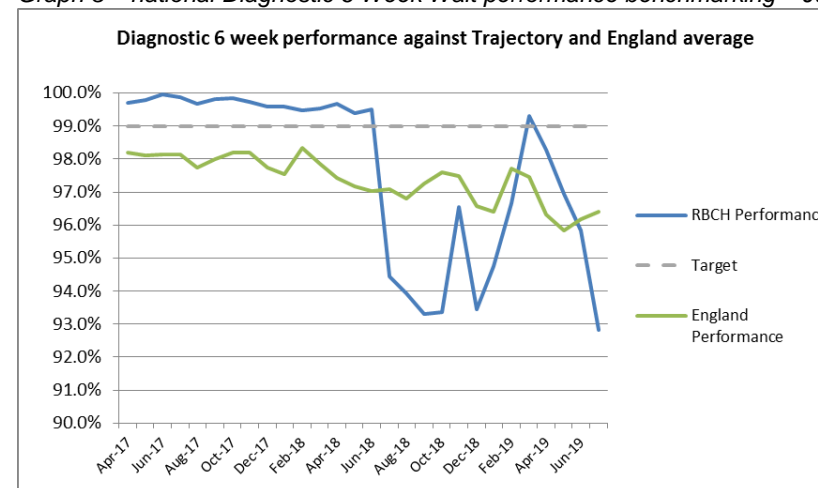
Trust wide RTT performance (83.4%) remained below the national average in July

Graph 2 – national RTT 18 Weeks performance benchmarking – July 19



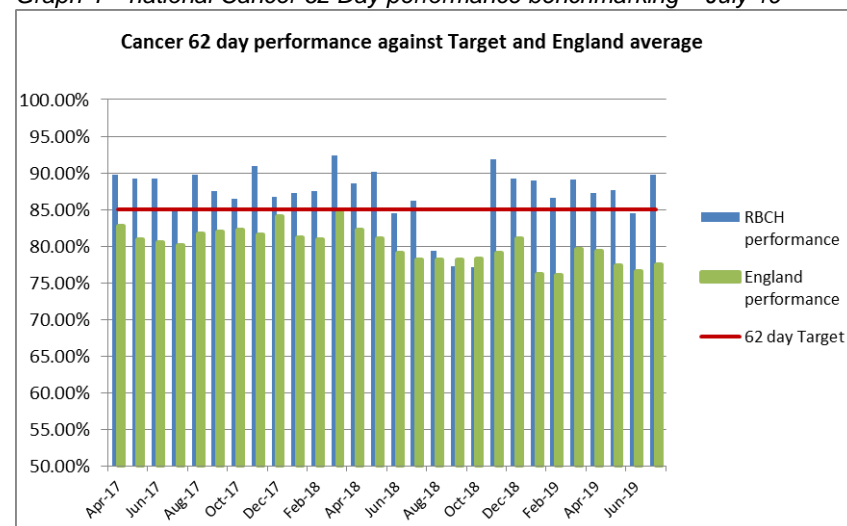
RBCH also benchmarked just below the national average Diagnostic performance in July and is expected to be below the national average for August 19 at 88.42%. The Trust is forecast to remain below the national average for September and October 19.

Graph 3 – national Diagnostic 6 Week Wait performance benchmarking – July 19



RBCH benchmarked 89.8% above the national 62 day standard performance in August 19. The increase in cancer referrals continues, with an average of 1462 referrals Apr – Aug 2019 compared to an average of 1309 per month for the same period in 2018.

Graph 4 – national Cancer 62 Day performance benchmarking – July 19

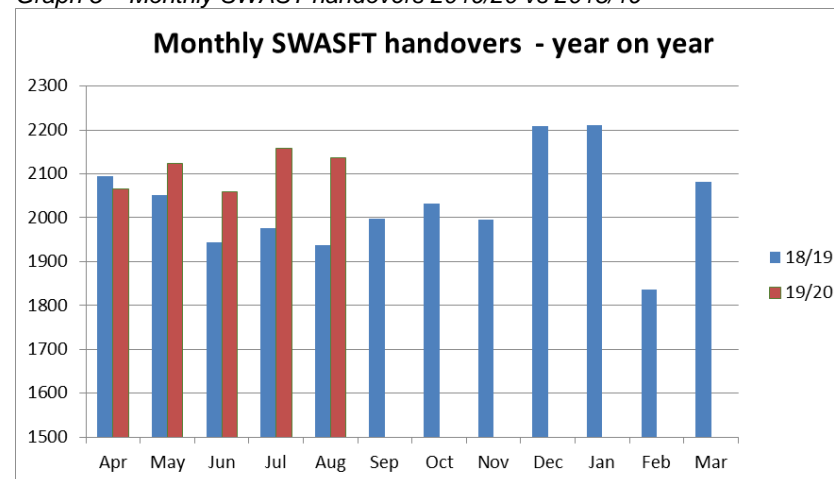


3. Forecast Performance, Key Risks and Action

3.1 A&E Targets, PSF and Stranded Patients

The Trust continues to experience an increase in ambulance conveyances compared with the same period in 2018/19. In August 2019 the number of SWASFT ambulance conveyances increased by 10.27% compared with August 18. SCAS conveyances also continue to be above last year's levels (18.3% Apr – Jun).

Graph 5 – Monthly SWAST handovers 2019/20 vs 2018/19



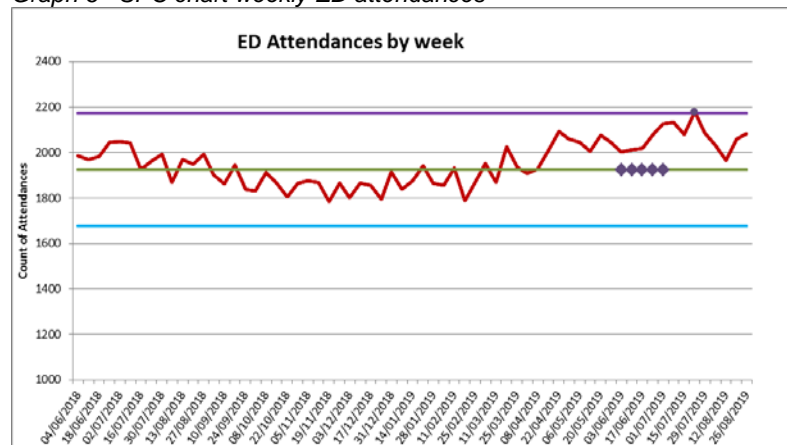
Performance against the 4 hour standard decreased slightly to 83.2% in August. The number of 30 minute ambulance handover time breaches increased, while the 60 minute handover breaches reduced in August.

As the Statistical Process control charts below show, attendances dropped back slightly in August, but still remain just below the upper limit. Emergency admissions for August were consistent with July numbers. This trend has now become normal variation as the number of attendances has remained above the statistical norm for 5 months. A 7.6% increase in non-elective admissions has been seen YTD compared to last year, well above planned levels.

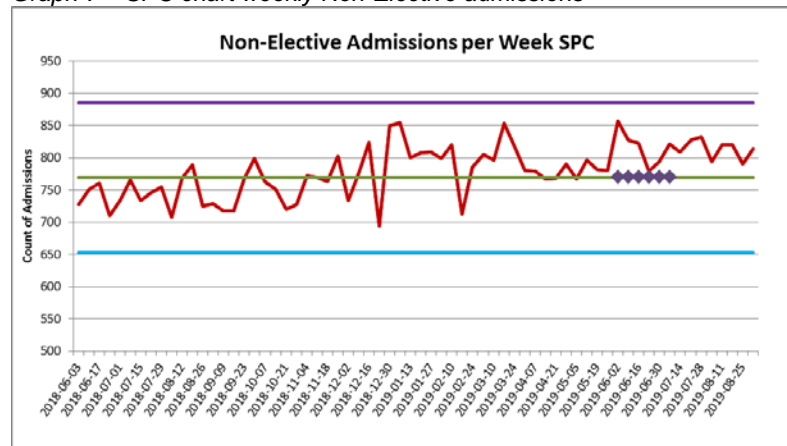
Operational Performance Report

As at 16/09/2019

Graph 6 –SPC chart weekly ED attendances



Graph 7 – SPC chart weekly Non-Elective admissions



ED and Conveyances

ED continues to remain under pressure with high numbers of attendances. More patients have been streamed to the Urgent Treatment Centre over August (highest number and highest percentage since April) however, workforce issues continue and many shifts remain unfilled, therefore reducing streaming slots. Dorset

partners continue to work with the Trust on this relatively new urgent care model including reviewing the scheduling and ED streaming approaches. QI work in ED progresses with the main focus currently on our Rapid Assessment model and pathways.

New emergency consultants are due to commence work in September which will improve senior doctor cover over the weekend.

Table 2 – ED Streaming figures

DTA and Streaming Figures:
YTD

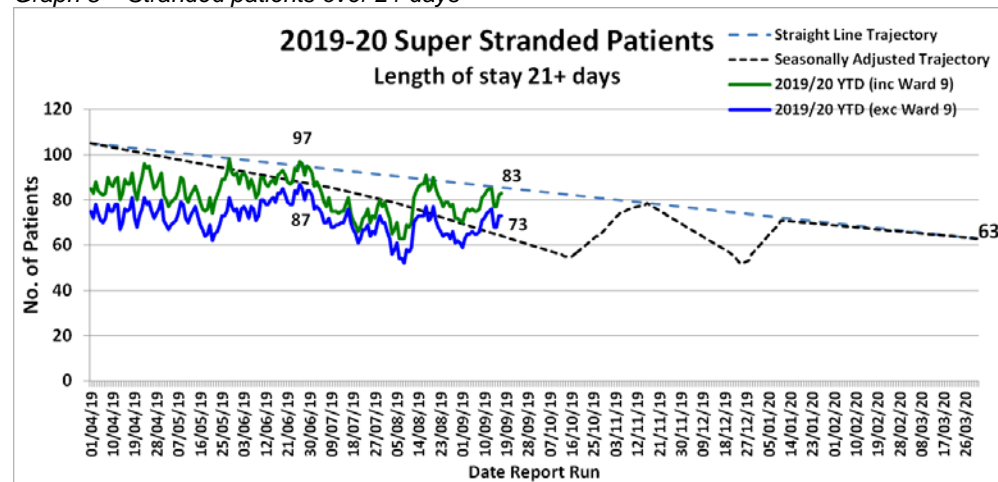
Quarter	Reported Month	DTA Breaches 4-12 Hour	DTA Breaches 12+ Hour	Streamed	% Streamed
Quarter 1	Apr 2019	88	0	279	3.28%
	May 2019	76	0	336	3.73%
	Jun 2019	96	0	307	3.53%
Total		260	0	922	3.52%
Quarter 2	Jul 2019	119	0	276	2.94%
	Aug 2019	118	0	348	3.85%

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

Much of August saw an on-going decrease in patients who have been waiting over 21 days with the trajectory still on track to be delivered. However, a spike late August and early September is noted. Alongside this there continues to be improvements in length of stay across the Trust. The weekly performance metrics continue to be reported and are proving invaluable.

For September, a Rapid Improvement week is being planned with the focus on admission avoidance.

Graph 8 – Stranded patients over 21 days

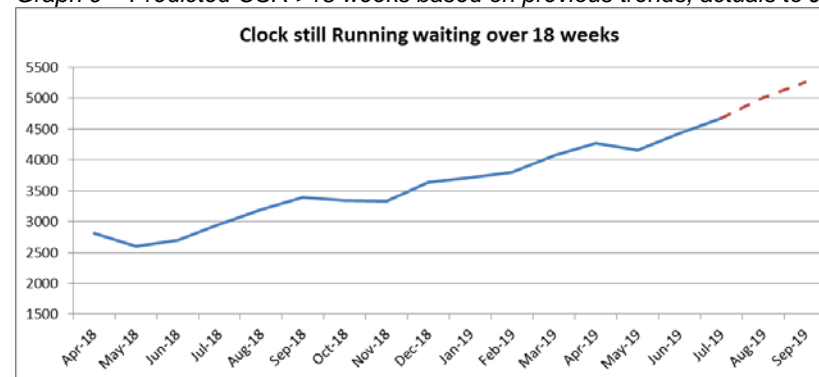


3.2 RTT Incomplete Pathways (18 week), Total Incomplete Pathways and 52 Week Breaches

RTT performance continued to decrease and was below 83% in August. The overall numbers on the waiting list rose steeply along with an increase of 18 week breaches by 6.7%

Pressures continue to come from many areas including Cancer pathways and increasing waits for endoscopy both of which have knock-on effects to the RTT pathways. Outpatient waits continue to increase with a number of specialties remaining above 15 weeks for new appointments alongside number of patients waiting for admitted treatments increasing.

Graph 9 – Predicted CSR >18 weeks based on previous trends, actuals to July-19



Dermatology Service remains as a single handed consultant service with Fast Track referrals having seen a spike in August. This is putting the service under extreme pressure (see cancer performance 3.3).

The Dorset-wide Dermatology Steering Group work and the East Dorset Reconfiguration continues with an Engagement event in September for all teams. The main focus is currently on the provision of photographs to accompany fast track referrals in order to provide more effective triage of referrals.

The Ophthalmology position remains critical due to gaps in capacity and increases in referrals. The teams are proactively managing long-waiters, which has to date resulted in no 52 week breaches, however there is growing pressure and risk to wait times, therefore opportunities to outsource additional activity are being sought in conjunction with the CCG. Recruitment should contribute to stabilising pressures from the Autumn, noting additional sickness has presented a challenge to this.

The directorate is working closely with the Dorset CCG, with a focus on establishing a pathway for a single point of access to improve referral management. The service is also participating within the

Operational Performance Report

As at 16/09/2019

Dorset-wide Review of Ophthalmology services which will include external input potentially from Moorfields Eye Hospital.

The new clinical area within the Eye Unit Outpatient's area is on track to open early September and will provide much needed additional outpatient clinic space.

For surgical specialities cancer fast track referrals are carving out capacity and uptake of WLI sessions is limited due to the pension/tax implications. As fast track referrals are being prioritised it is having an inevitable impact on non-cancer patients with outpatient waits alongside diagnostic waits increasing.

Discussions will commence in September around the current specialist resource in General Surgery as well as the business cases being drafted for additional Consultant resource in Breast Surgery to ensure succession planning are in place and the service is future-proofed.

The number of patients on an open RTT pathway waiting over 40 weeks rose sharply in August by 91 patients, an increase of 44%. The majority remain under General Surgery and in particular Upper GI surgery with increases in Ophthalmology and Urology.

Graph 10– Monthly trend in 40+ week incomplete pathways

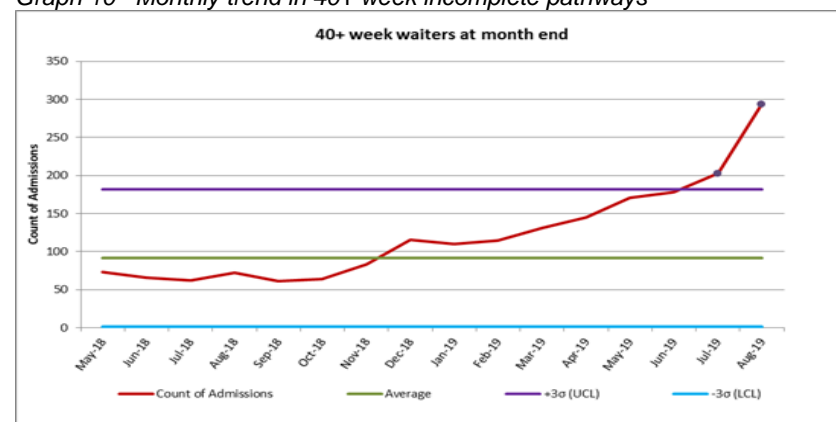


Table 3- 40+ week incomplete pathways by specialty

Specialty	Apr-19	May-19	Jun-19	Jul-19	Aug-19
General Surgery	40	46	57	81	99
Urology	58	55	48	58	74
Trauma & Orthopaedics	4	4	2	2	5
Ear, Nose & Throat (ENT)	2	0	1	1	3
Ophthalmology	18	38	36	28	60
Oral Surgery	5	6	1	2	11
Cardiothoracic Surgery	0	0	0	0	0
General Medicine	5	5	3	2	6
Cardiology	4	1	4	2	10
Dermatology	1	0	0	1	0
Thoracic Medicine	1	0	1	1	0
Neurology	0	0	1	1	0
Rheumatology	0	0	0	1	0
Geriatric Medicine	0	0	0	0	1
Gynaecology	5	8	15	16	18
Other	2	8	9	7	7
Total	145	171	178	203	294

At the end of August there were three patients who had waited over 52 weeks and one patient who had waited over 52 weeks but had been treated in month. This is the most this Trust has had in many years and is predicted to increase over the coming months. The reasons for these increasing delays for patients is multifactorial including increase in non-cancer referrals in some areas, increased cancer referrals carving out capacity and increased pressure on diagnostic capacity for both endoscopy and radiology. Inability to secure WLI activity and theatre/anaesthetic staffing issues have also contributed.

Overall, outpatient waits are increasing leading to patients being added to the surgical waiting list at a later date in their pathway which puts pressure on theatre capacity to treat patients.

A plan is currently in discussion with the CCG and Dorset partners to support a reduction in the very long waits and avoid patients waiting over 52 weeks. The agreed plan will be included in the next report.

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

Table 4 - 2 Week Fast Track Referrals

2 Week Referrals						
Month	2015	2016	2017	2018	2019	Grand Total
Jan	926	1074	1094	1293	1425	5812
Feb	941	1033	1004	1174	1313	5465
Mar	1058	1124	1179	1289	1399	6049
Apr	932	1148	976	1334	1509	5899
May	946	1098	1171	1310	1438	5963
Jun	1135	1164	1234	1295	1358	6186
Jul	1147	1080	1203	1316	1615	6361
Aug	941	1085	1271	1293	1392	5982
Sep	996	1126	1182	1164		4834
Oct	1077	1053	1241	1385		4756
Nov	1105	1126	1264	1327		4822
Dec	944	1018	932	1014		3908
Grand Total	12148	13129	13751	15194	11449	66037

The above table demonstrates the increase in the 2 Week Fast Track referrals to the Trust. In particular this is affecting Colorectal, Urology and Breast, putting the 62 Day target under further strain. The Breast service has also been under significant pressure due to medical staff sickness. This led to the 2 Week wait from referral to date first seen standard for symptomatic Breast patients not being met for July despite the good support and actions, including support from PHT colleagues.

Dermatology continues to receive a high number of Fast track referrals and is still having breaches of the 2 week standard. Super Rapid Access Clinics are being trialled with increased clinician input alongside waiting list initiatives. Outsourcing of routine patients to increase capacity is still being reviewed however, remains limited.

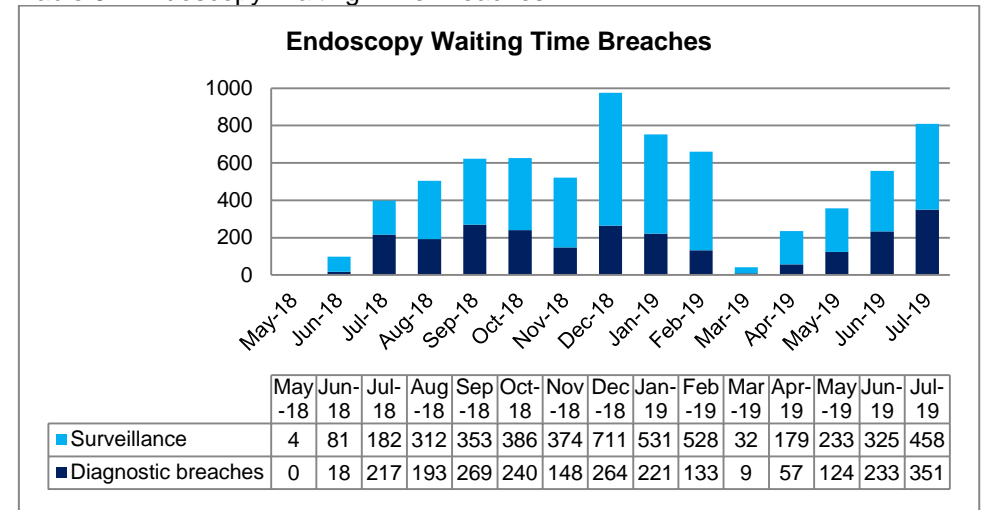
Positively, as reported last month, performance against the 62 day cancer standard for July was achieved at 89.8% above the 85% national standard and is on track for Q2.

The Trust is due to participate in the review of the national Pilot for 28 day standards, which focuses more attention on patients receiving a diagnosis within 28 days, shifting the focus away from being seen in 2 weeks. The national aim is to ensure patients are guaranteed diagnosis earlier in the pathway and that the focus is on outcomes not appointment times.

3.4 Diagnostic 6 Week Wait

Endoscopy has recruited doctors and trained nurse endoscopists over the last 3 months. Some of these to replace lost capacity and some for expansion to reduce reliance on WLIs and manage forecasted demand increases. This means from November 2019 the additions to the list (demand) should broadly match the endoscopist capacity thus without the backlog, the service would be achieving required waiting time performance.

Table 5 - Endoscopy Waiting Time Breaches



August has shown a further increase in patients waiting past their routine and planned times by 270. This means an additional total number of lists required to clear the backlog is 158 (increase of additional 41 lists of backlog in one month)

Table 6 - Endoscopy Lists required for reducing Backlog

Total Lists required for backlog

Colonoscopy	Flexi-Sig	Gastroscopy	Other	Grand Total
89	25	43	1	158

To address the number of patients already waiting longer than the national standards, insourcing options are being explored with providers. The anticipated cost pressure will need to be reviewed against year-end forecast, along with co-ordination with Poole and DCH who are also insourcing. A paper is being submitted to the Senior Leadership Team for review.

It is to be expected that JAG accreditation will be removed pending recovery and re-application, given the continuing pressure on waiting times.

The Trust achieved 88.42% in August 19 which is below the 99% standard. The number of patients waiting over 6 weeks increased by 181 in August with the main reason being patients awaiting endoscopy.

4. Other Indicators - Exception Reporting

See Performance Indicator Matrix for full performance detail

The Trust will be reporting 5 cases of Mixed Sex Breach accommodation. This was in the Acute Lung Unit due to pressure across the Trust and on the service.

Recommendation

The Board is requested to note the August 19 performance and the Performance Matrix. It should also note the expected performance, risks and actions relating to on-going 2019/20 requirements.

BOARD OF DIRECTORS	
Meeting date:	25 September 2019
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Quality Report
Section on agenda:	Quality and Performance
Supplementary reading:	None
Director or manager with overall responsibility:	Paula Shobbrook, Director of Nursing and Midwifery
Author(s) of paper:	Fiona Hoskins, Deputy Director of Nursing and Midwifery Jo Sims, Associate Director of Quality and Risk
Details of previous discussion and/or dissemination:	Healthcare Assurance Committee
Action required:	Note for information
<p>Summary: The Quality Report is a summary of the key quality indicators in August 2019. There were five serious incidents reported, which includes one incident meeting the criteria for a never event.</p> <p>The Board of Directors are asked to note the increased timescales for responding to complaints.</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 significant risks:	Not Applicable



The Royal Bournemouth
and Christchurch Hospitals
NHS Foundation Trust



Quality Report

For the period to end

August 2019

Paula Shobbrook
Director of Nursing and Midwifery

Quality Report: August 2019

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 2019/20.

2.0 Serious Incidents (SI)

There were five serious incidents in August which will be reviewed at the Healthcare Assurance Committee in detail. In summary these are:

Patient was not followed up as per the anticipated pathway which resulted in a delay in diagnosis. An investigation is underway

A patient fell and sustained a fractured neck of femur. Learning and actions have been identified and will be monitored to completion via a Post Event Review Meeting to be held in three months' time.

A potential delay in provision of antibiotics for a patient with possible meningitis

A patient fell and fractured the left superior and inferior pubic ramus. An RCA investigation is in progress.

A patient had cardiac arrest on ward and was successfully resuscitated. However as part of the post arrest management the patient was inadvertently commenced on 15 litres of medical air instead of oxygen. No harm was caused to patient as a result of connection to medical air. This incident meets the criteria of a never event, with immediate actions undertaken to raise staff awareness and undertake a Trust wide audit of wards with medical air in-situ.

3.0 Patient Engagement

3.1 FFT

National Comparison using NHS England data:

- Inpatient and day case Friends and Family Test (FFT) national performance in July 2019 ranked RBCH Trust 3rd with 30 other hospitals out of 168 placing RBCH in the top quartile based on patient satisfaction.
- The Emergency Department FFT performance in July 2019 ranked RBCH Trust 13th with 7 other hospitals out of 135 placing RBCH ED department in the second quartile.
- Outpatients FFT performance in July 2019 ranked RBCH Trust 3rd with 29 other Trusts out of 244 Trusts, placing the departments in the second quartile.

Table 1: National Performance Benchmarking data

	February	March	April	May	June	July
In-Patient Quartile						
Top	98.220%	98.450%	98.650%		98.610%	98.283%
2				97.244%		
3						
Bottom						

	February	March	April	May	June	July
ED Quartile						
Top						
2	89.113%	88.346%	88.103%	87.674%		86.594%
3					84.086%	
Bottom						

	February	March	April	May	June	July
OPD Quartile						
Top						
2	97.759%	97.879%	98.175%	97.001%	97.439%	97.973%
3						
Bottom						

3.2 Family and Friends Test: Corporate Outpatient areas

Corporate	Total eligible to respond	No. PEC's completed	No. of FFT Responses	% Recommended	% Not Recommended
Derwent OPD	N/A	59	58	96.6%	1.7%
Main OPD Xch	N/A	27	27	96.3%	3.7%
Oral and Maxillofacial	N/A	N/A	N/A	N/A	N/A
Outpatients General	N/A	66	64	98.4%	0.0%
Jigsaw OPD	N/A	5	5	60.0%	20.0%
Corporate Total		157	154	96.1%	1.9%

3.3 Patient Opinion and NHS Choices: August Data

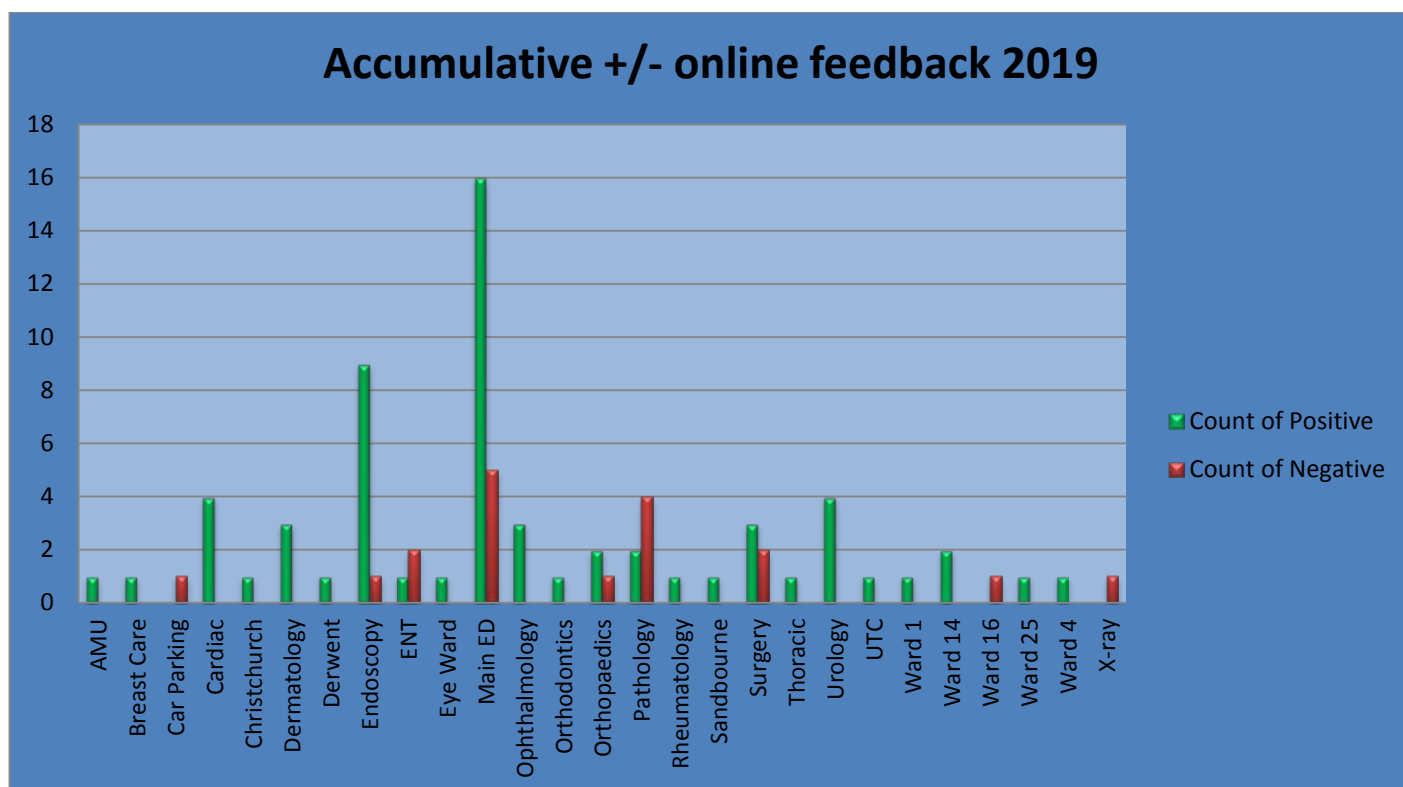
Sixteen patient feedback comments were posted in August, 12 expressed satisfaction with the care, staff attitude and team work. Four comments were negative relating to broken equipment, poor staff attitude or information.

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

3.4 Annual accumulation of the online feedback from NHS Choices and Patient Opinion

The below table shows the response breakdown both positive and negative themes by area, based on an accumulation of feedback from January 2019 to present.

Table 2:



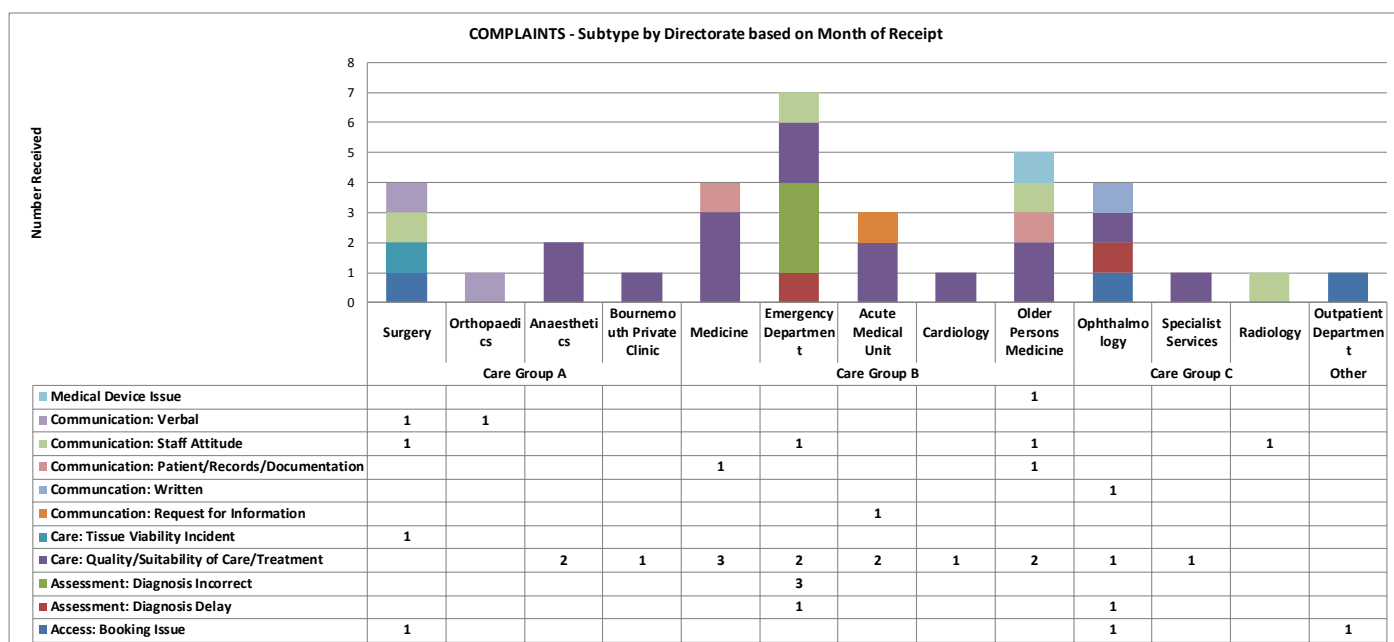
3.5 Care Conversations

Snippets of care conversations are being used across the Trust for various training and education sessions. Snippets are accessible through the patient experience team and clinical leads for departments and wards.

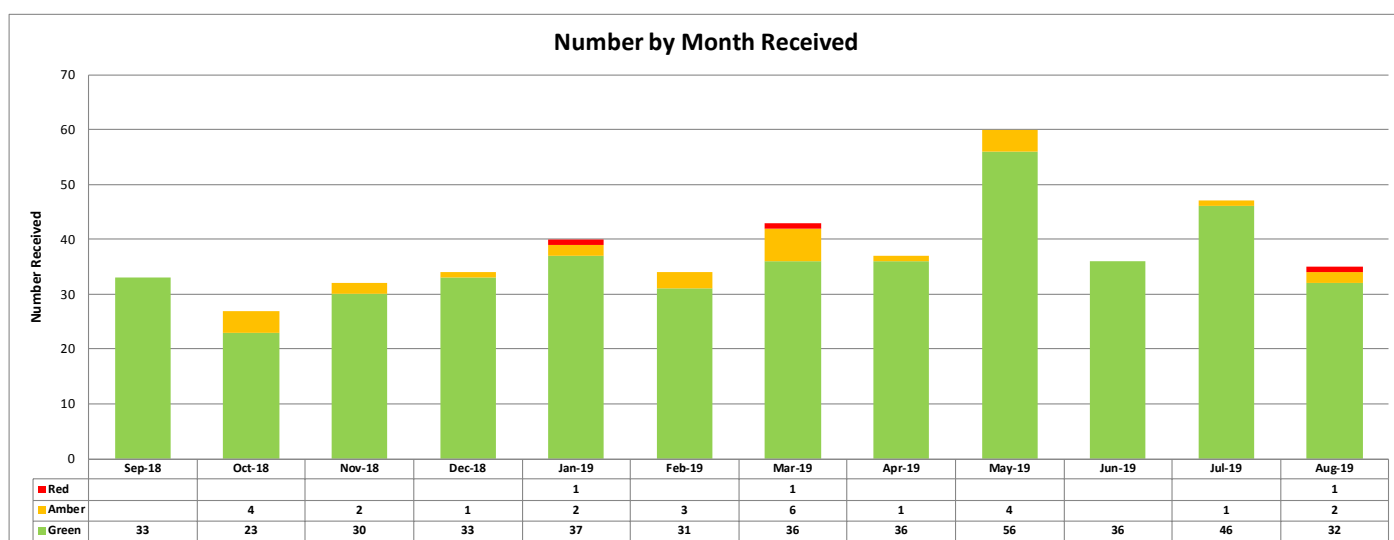
4.0 Complaints

4.1 A total of 35 new complaints and 5 reopened complaints were received in August 2019 all of which were acknowledged within 3 days. The highest themes being:

- Care: Quality / Suitability of Care / Treatment
- Communication: Staff Attitude
- Assessment: Diagnosis Incorrect



Total Complaints received financial year to date: 215



4.2 Complaint response times Year to date

A slight decrease in the number of complaints received in August 2019 is noted.

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Rolling 12 months
1st Responses Due in Month	36	41	24	29	40	34	35	34	49	54	46	37	459
Number Where 1st Response Completed On	18	32	13	22	27	21	25	20	31	26	21	14	270
Percent With 1st Response On Time	50%	78%	54%	76%	68%	62%	71%	59%	63%	48%	46%	38%	59%

Whilst a decrease in first response rates, against the current trust standard is noted, there has been steady clearance of the overdue responses.

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
1st Responses Overdue at Month Start	642	12	6	7	8	7	9	9	6	13	20	19
Number cleared in Month	6	10	3	4	6	4	6	8	4	9	13	12
Percentage cleared in month	1%	83%	50%	57%	75%	57%	67%	89%	67%	69%	65%	63%

4.3 Complaints performance by Care Group

Care Group	Complaints															Change	Trend
	Number Due	Number on time	% on time September 2018	% on time October 2018	% on time November 2018	% on time December 2018	% on time January 2019	% on time February 2019	% on time March 2019	% on time April 2019	% on time May 2019	% on time June 2019	% on time July 2019	% on time August 2019			
CGRPA	9	3	44	79	50	80	33	64	92	71	79	62	57	33	▼		
CGRPB	19	6	35	81	64	67	72	54	53	62	52	26	32	32	=		
CGRPC	6	3	50	50	0	71	88	75	100	29	63	71	40	50	▲		
OTHER	3	2	0	50	0	0	75	67	0	0	100	33	67	67	=		
PRIVATE	0	0	0	0	100	0	0	0	0	0	0	0	0	0	=		
GRAND TOTAL	37	14	41	76	55	72	67	59	71	59	63	46	41	38	▼		

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

Care Group	Concerns															Change	Trend
	Number Due	Number on time	% on time September 2018	% on time October 2018	% on time November 2018	% on time December 2018	% on time January 2019	% on time February 2019	% on time March 2019	% on time April 2019	% on time May 2019	% on time June 2019	% on time July 2019	% on time August 2019			
CGRPA	38	33	100	78	72	67	95	84	85	76	87	76	89	87	▼		
CGRPB	77	59	100	63	56	49	91	69	78	75	76	74	71	77	▲		
CGRPC	30	24	100	76	61	75	100	100	89	80	87	93	90	80	▼		
OTHER	50	47	100	72	82	88	98	95	91	91	94	96	98	94	▼		
PRIVATE	0	0	100	0	0	0	0	100	0	0	0	0	100	0	▼		
GRAND TOTAL	195	163	100	70	68	66	94	84	85	80	85	84	85	84	▼		

Following a benchmarking exercise looking at complaints response timescales across Dorset and other local systems, which was reviewed at the Healthcare Assurance Committee, the recommendation was approved to increase the Trust response timescale for green complaints to 35 working days (from 25). This will align the Trust with Poole Hospital's process in preparation for merger.

5.0 Recommendations

The Board of Directors is asked to note the report which is provided for information and assurance and note the increased timescales for complaints responses (item 4.3).



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

BOARD OF DIRECTORS	
Meeting date:	25 September 2019
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Finance Report
Section on agenda:	Quality and 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
<p>Summary:</p> <p>As at 31 August 2019, the Trust is reporting a surplus of £1,158,000 representing a favourable variance of £383,000. This is mainly being driven by an additional £422,000 of provider sustainability funding following the national accounts process.</p> <p>After adjusting for this and other excluded items, the Trust is reporting an adverse variance of £7,000 against the year to date control total.</p> <p>Further focus is required in the identification and achievement of financial savings to support financial recovery plans if the Trust is to achieve its agreed financial control total.</p>	
Related strategic objective:	Improving quality and reducing harm. Focusing on continuous improvement and reduction of waste
Relevant CQC domain:	
Are they safe?	<input type="checkbox"/>
Are they effective?	<input type="checkbox"/>
Are they caring?	<input type="checkbox"/>
Are they responsive to people's needs?	<input type="checkbox"/>
Are they well-led?	<input checked="" type="checkbox"/>
Impact on risk profile:	



The Royal Bournemouth
and Christchurch Hospitals
NHS Foundation Trust



Finance Report

For the period to end

31 August 2019

Pete Papworth
Director of Finance

Executive Summary

The Trust has set a full year break-even budget, consistent with the financial control total agreed with NHS Improvement. Achieving this budget supports access to £4.3 million in Provider Sustainability Funding and secures £1 million in Financial Recovery Funding.

As at 31 August, the Trust is reporting a surplus of £1.158 million representing a favourable variance of £383,000. This is mainly being driven by an additional £422,000 of Provider Sustainability Funding following the national accounts process for 2018/19. After adjusting for this and other excluded items, the Trust is reporting an adverse variance of £7,000 against the year to date control total.

Income & Expenditure

After adjusting for pass through drugs and devices; income is ahead of plan by £809,000. This is mainly being driven by the additional PSF allocation together with higher than planned specialist income, particularly Ophthalmology outpatients and emergency activity within Gastroenterology and General Surgery. The Trust has also received £223,000 additional income in relation to non-contracted out of area activity.

Expenditure reported a net overspend of £426,000 after adjusting for pass through drugs and devices. This includes an over spend against the pay budget of £1.209 million reflecting both the shortfall in the cost improvement programme and a continued usage of agency premium expenditure. This has been partially offset by underspends in non pay budgets. Targeted action continues to be taken in both areas to mitigate this level of overspend.

Cost Improvement Programme

The Trust has set a challenging target to achieve £10.45 million of savings during 2019/20. As at 31 August schemes amounting to £7.05 million have been identified, representing a shortfall of £3.4 million, with a further risk that schemes may not deliver fully. This shortfall includes £1 million linked to a Dorset ICS commercial transaction which will now not progress.

This is a primary area of financial focus, and mitigating financial recovery plans have been prepared to mitigate this shortfall and are currently being validated for inclusion in future forecasts.

Sustainability Funding

The Dorset Integrated Care System (ICS) has accepted an overall 'system' control total. As such, all providers secure their individual Provider Sustainability Fund (PSF) if this system control total is achieved.

The collective Provider Sustainability Fund allocation for the ICS is £14.3 million, of which £4.3 million relates to our Trust. Whilst at 31 August the ICS is £421,000 ahead of plan, this is largely due to the phasing of identified savings and significant risk remains within the full year forecast. Work continues across all partners to mitigate this.

Finance Report

As at 31 August 2019

Dorset Integrated Care System	Year to date			Full year		
	Budget	Actual	Variance	Plan	Forecast	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Dorset County Hospital NHS Foundation Trust	(5,904)	(5,788)	116	0	0	0
Dorset HealthCare University NHS Foundation Trust	(2,433)	(1,941)	492	2,036	2,036	0
Poole Hospital NHS Foundation Trust	(8,089)	(8,269)	(180)	0	0	0
Dorset Clinical Commissioning Group	833	833	0	2,000	2,000	0
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	(1,395)	(1,402)	(7)	0	0	0
SURPLUS/ (DEFICIT)	(16,988)	(16,567)	421	4,036	4,036	0

The Trust has also been allocated funding through the national Financial Recovery Fund (FRF). This amounts to £998,000 and is dependent upon the Trust alone achieving its agreed financial control total.

Cash

As at 31 August the Trust is holding a consolidated cash balance of £57.50 million. This is a strong position which improved significantly upon receipt of the 2018/19 Provider Sustainability Funding.

Capital

Capital expenditure amounting to £3.3 million has been committed to date, which is £3.7 million behind the year to date budget. This reflects the timing of expenditure, particularly in relation to the One Dorset Pathology Laboratory Information Management System, replacement Medical Equipment and the Dorset Clinical Services Review. The full year forecast is consistent with the revised capital programme.

Recommendation

Members are asked to note the Trust's financial performance for the period ending 31 August 2019.

Finance Report

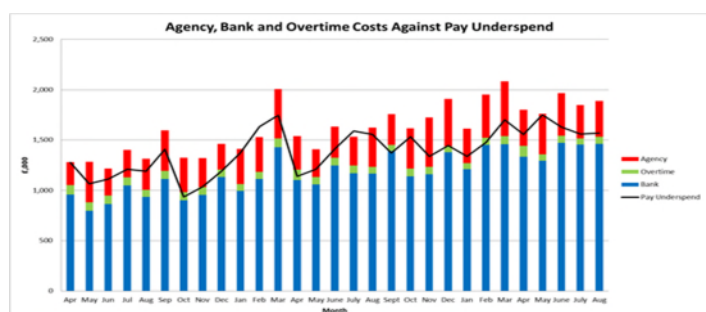
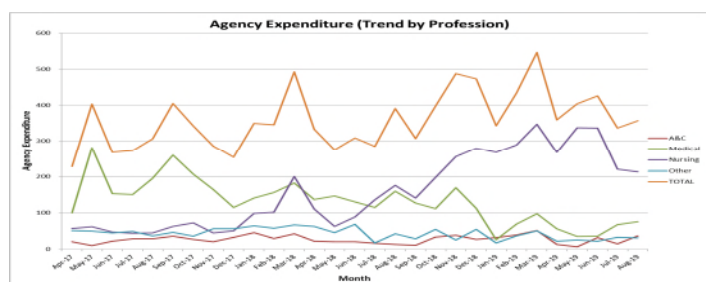
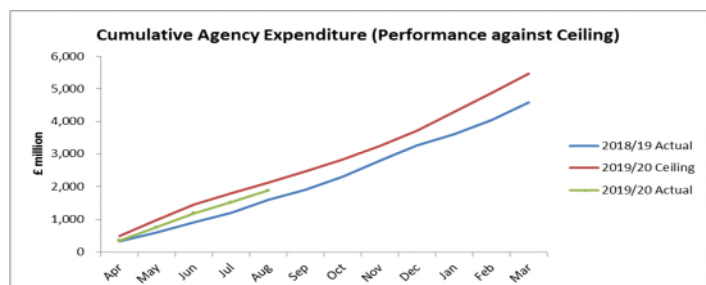
As at 31 August 2019

Income and Expenditure

Income and Expenditure Summary	Budget £'000	Actual £'000	Variance £'000	Pass Through £'000	Residual Variance £'000
NHS Clinical Income	116,788	117,601	813	(133)	680
Non NHS Clinical Income	1,623	1,533	(91)	0	(91)
Non Clinical Income	14,523	14,743	220	0	220
TOTAL INCOME	132,934	133,877	942	(133)	809
Employee Expenses	83,960	85,169	(1,209)	0	(1,209)
Drugs	14,225	14,311	(86)	360	274
Clinical Supplies	15,190	14,738	451	(227)	224
Misc. other expenditure	18,784	18,499	285	0	285
TOTAL EXPENDITURE	132,159	132,718	(559)	133	(426)
SURPLUS/ (DEFICIT)	775	1,158	383	0	383

Income Analysis	Budget £'000	Actual £'000	Variance £'000
NHS Dorset CCG	82,376	82,376	(0)
NHS England (NHSE South West)	19,647	20,185	539
NHS West Hampshire CCG (and Associates)	10,974	10,974	0
Other NHS Patient Income	4,470	4,744	274
Non NHS Patient Income	1,623	1,533	(91)
Non Patient Related Income	12,353	12,151	(202)
Provider Sustainability Fund	1,207	1,629	422
Financial Recovery Fund	284	284	0
TOTAL INCOME	132,934	133,877	942

Agency Expenditure

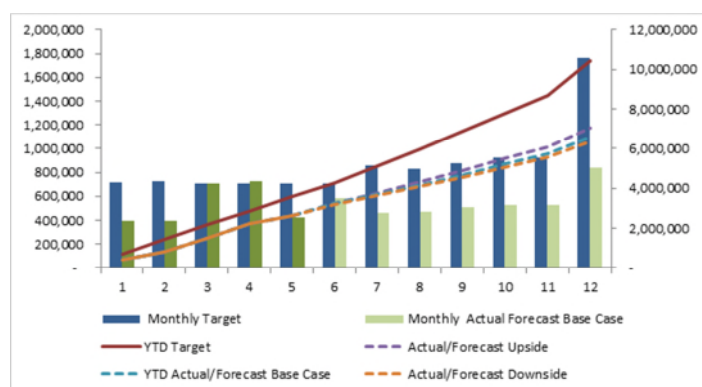


Care Group Performance

Care Group Performance	Budget £'000	Actual £'000	Variance £'000
Surgical Care Group	5,160	4,768	(392)
Medical Care Group	5,601	4,589	(1,012)
Specialties Care Group	2,369	2,883	515
Corporate and Trust-wide Budgets	(12,354)	(11,082)	1,272
SURPLUS/ (DEFICIT)	775	1,158	383

Cost Improvement Programme

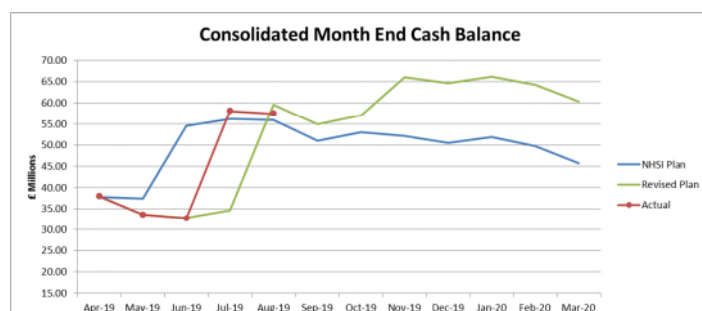
Cost Improvement Programme	Budget £'000	Actual £'000	Variance £'000
Surgical Care Group	536	439	(97)
Medical Care Group	1,076	423	(652)
Specialties Care Group	1,013	756	(257)
Corporate and Trust-wide Budgets	945	857	(87)
TOTAL	3,569	2,475	(1,094)



Capital Expenditure

Revised Capital Programme	Budget £'000	Actual £'000	Variance £'000
Estates	1,225	744	481
IT Strategy	2,823	704	2,119
Medical Equipment	1,462	781	681
Centrally Managed	1,453	1,048	405
SURPLUS/ (DEFICIT)	6,963	3,277	3,686

Cash



BOARD OF DIRECTORS	
Meeting date:	25 September 2019
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Workforce Report
Section on agenda:	Quality and Performance
Supplementary reading:	--
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 Committee, HAC, Education & Training Committee
Action required:	Note for information
Summary: The paper shows workforce statistics including turnover, sickness absence, and safe staffing information.	
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.



The Royal Bournemouth
and Christchurch Hospitals
NHS Foundation Trust

Workforce Report

For the period to end



























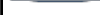













August 2019






































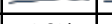






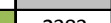
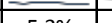
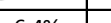
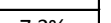


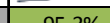
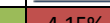
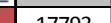
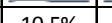
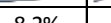
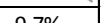






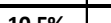
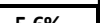








Karen Allman
Director of Human Resources



Workforce Report for September Board

As at 31st August 2019

Care Group	Appraisal Compliance		Mandatory Training Compliance	Sickness		Joining Rate	Turnover	Vacancy Rate (from ESR)
	Values Based	Medical & Dental		Absence	FTE Days			
	At 31 August			Rolling 12 months to 31 August				At 31 August
Surgical	53.3% 	85.5% 	94.5% 	4.05% 	14380 	11.3% 	7.7% 	3.6% 
Medical	55.2% 	77.0% 	94.2% 	4.17% 	22081 	17.8% 	11.4% 	6.9% 
Specialities	54.4% 	87.4% 	95.8% 	4.03% 	12909 	11.4% 	13.6% 	9.4% 
Corporate	60.4% 	100.0% 	95.6% 	4.27% 	14391 	11.2% 	8.7% 	1.9% 
Trustwide	55.9% 	83.2% 	94.8% 	4.13% 	63761 	13.5% 	10.5% 	5.6% 

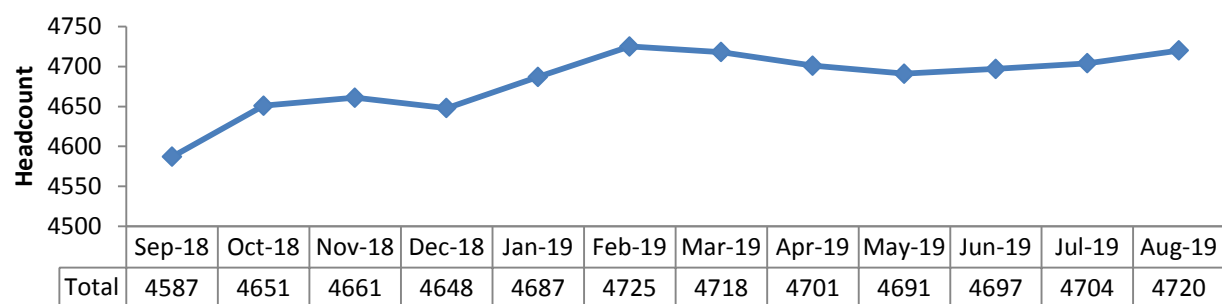
Staff Group	Appraisal Compliance		Mandatory Training Compliance	Sickness		Joining Rate	Turnover	Vacancy Rate (from ESR)
	Values Based	Medical & Dental		Absence	FTE Days			
	At 31 August			Rolling 12 months to 31 August				At 31 August
Add Prof Scientific and Technical	71.1% 		94.9% 	4.85% 	2396 	18.0% 	14.0% 	-1.7% 
Additional Clinical Services	52.3% 		94.8% 	6.16% 	17699 	23.8% 	14.9% 	7.9% 
Administrative and Clerical	61.1% 		96.7% 	3.70% 	12094 	10.9% 	10.4% 	3.9% 
Allied Health Professionals	49.1% 		95.4% 	2.34% 	2308 	13.2% 	12.2% 	2.0% 
Estates and Ancillary	53.4% 		93.9% 	6.38% 	7866 	13.5% 	8.9% 	10.7% 
Healthcare Scientists	37.0% 		95.0% 	3.53% 	1222 	4.8% 	8.7% 	15.7% 
Medical and Dental		83.2% 	90.8% 	1.23% 	2383 	5.3% 	6.4% 	-7.3% 
Nursing and Midwifery Registered	56.2% 		95.3% 	4.15% 	17793 	10.5% 	8.2% 	9.7% 
Trustwide	55.9% 	83.2% 	94.8% 	4.13% 	63761 	13.5% 	10.5% 	5.6% 

Workforce Report for September Board

As at 31st August 2019

1. Staffing and Recruitment

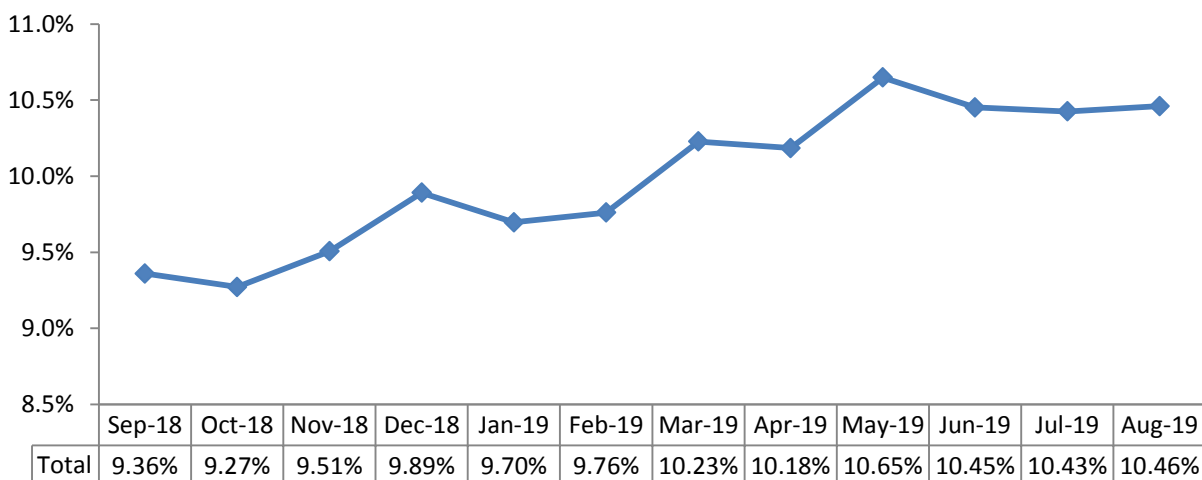
Substantive Staff (Headcount) Trend



Turnover rate for August little changed from July at 10.46%.

The joining rate at 13.5% continues to run at a higher rate than turnover, currently 3% higher, which is a positive. As a result, substantive staff headcount continues to rise, currently at 4,720 representing an increase of 174 (3.82%) over the 4,545 seen at the same point last year.

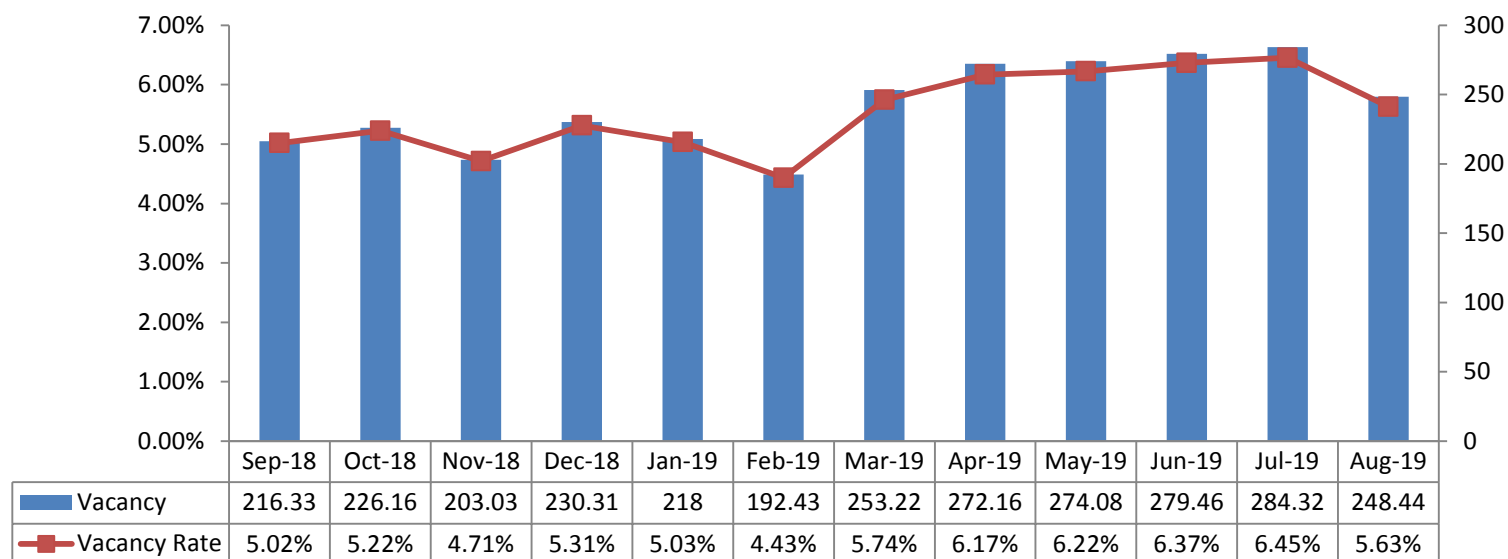
Permanent Staff Turnover Rate (Headcount)



Vacancy rate for August 5.6%, down from 6.5% the previous month; trend chart below.

Please note: the apparent overstaffing in Medical and Dental is due to staff crossover on rotation; this occurs on the snapshot date when using contracted WTE.

Vacancy Trend For All Care Groups, All Directorates, All Staff Groups



2. Essential Core Skills Compliance

Compliance for August 2019 continued its gradual month-on-month increase to a new all-time high of 94.8%, up from 94.5% as at 31st July. Medical and Dental remain at 91%. Estates and Ancillary have increased to 94%, all other staff groups are at 95% and above. Fire training continues its upward trend since moving to e-learning from April 2019 with compliance now standing at 97%, up from 96.1% last month and against a figure of 80.7% at the start of the year which is an excellent result.

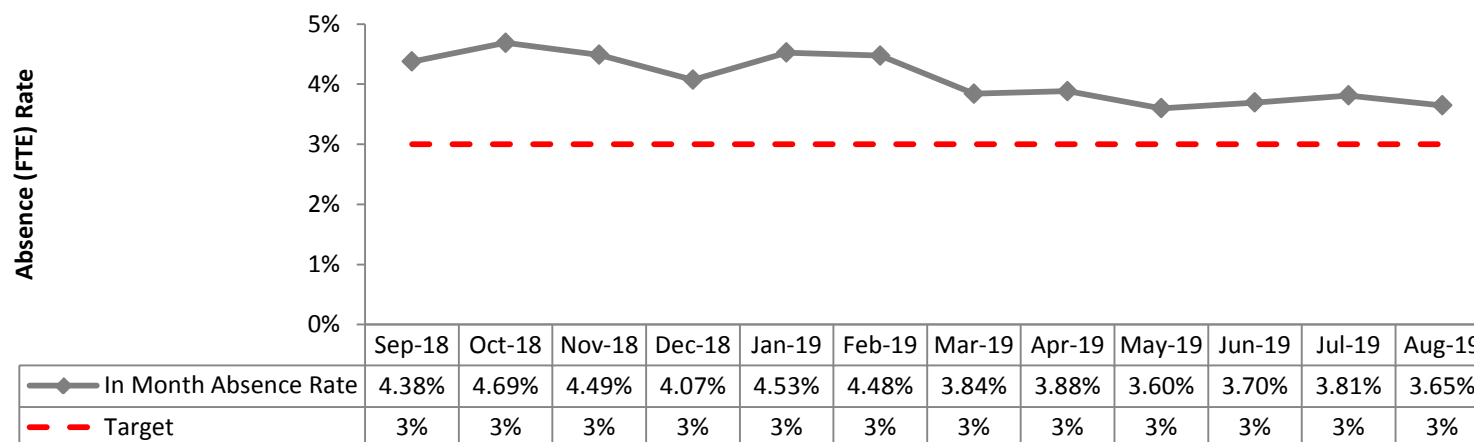
As always, we continue to work closely with colleagues across the NHS in Dorset to align training and improve the transferability of skills. The BEAT team continue to review and adapt mandatory training wherever possible to make it as user-friendly and less time-intensive as possible.

Workforce Report for September Board

As at 31st August 2019

3. Sickness Absence

In Month Absence Rate (FTE)



	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Surgical	4.24%	4.66%	4.02%	3.39%	4.28%	4.71%	4.38%	3.97%	3.42%	3.47%	4.07%	4.17%
Medical	3.91%	4.31%	3.99%	3.98%	4.52%	4.68%	3.92%	4.08%	4.20%	4.23%	4.04%	3.45%
Specialties	5.15%	4.79%	5.44%	4.07%	4.43%	3.80%	3.07%	3.34%	2.95%	2.96%	3.57%	3.55%
Corporate	4.52%	5.26%	4.90%	4.95%	4.89%	4.56%	3.87%	3.98%	3.45%	3.79%	3.41%	3.50%
Trust	4.38%	4.69%	4.49%	4.07%	4.53%	4.48%	3.84%	3.88%	3.60%	3.70%	3.81%	3.65%

The in-month sickness absence rate reduced to 3.65% from 3.81% in July. The Surgical care group continues its red rating, up 0.1% to 4.17%; Medical care group returned to an amber rating, down 0.59% to 3.45% from 4.04% the previous month; the Specialties care group and Corporate remain amber.

A high level of focus continues on managing sickness, and the health and wellbeing initiatives on offer continue to be widely promoted within the Trust. We continue to search for new ways to support staff and managers in promoting health and wellbeing initiatives.

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 August 2019:

Registered Nurse (RN)	Actual Day	93.1%	HCA	Actual Day	100.0%
Registered Nurse (RN)	Actual Night	96.8%	HCA	Actual Night	120.7%

From August 2019 the Trust is now required to report on Allied Health Professional (AHP) numbers that are counted in the ward templates.

This month's return shows zero AHP's in our ward templates; we are however currently recruiting AHP's into the ward 9 template, so this will change shortly.

Overall the Trust maintained a safe and stable staffing position in August 2019. A small percentage of high cost agency was utilised, which continues to be monitored through the Premium Cost Agency meeting.

There were no reportable red flag shifts for August 2019.

Care hours per patient day (CHPPD)

CHPPD is a measure of ward productivity and provides transparency to the variation of staff to patients across wards, units and Trusts.

Simplistically, low rates may indicate a potential patient safety risk and high rates could suggest unproductive wards or inefficient staff rostering processes.

The latest Trust CHPPD data available is:

Workforce Report for September Board

As at 31st August 2019

Measurement	Data Period	Trust Value	Peer Value	National Value	Chart
Cost per WAU - Substantive Nursing & Midwifery Staff	2017/18	£671	£686	£710	
Cost per WAU - Registered Substantive Nurses & Midwives	2017/18	£520	£520	£554	
Cost per WAU - Healthcare Support Workers	2017/18	£152	£166	£155	
Total Nursing & Midwifery FTE	2017/18	1,698.0	1,845.3	2,096.6	
Care Hours per Patient Day - Total Nursing & Midwifery Staff	May 2019	8.0	8.0	8.1	
Cost per Care Hour - Total Nursing & Midwifery Staff	Mar 2019	£23.42	£23.73	£23.65	
Cost per Patient Day - Total Nursing & Midwifery Staff	Mar 2019	£184.50	£185.61	£189.65	
Average Staff Cost - All Nursing & Midwifery Staff	2017/18	£37,893	£38,577	£39,279	

The national CHPPD data has not been updated since last reported in August 2019.

5. Workforce Committee

Items to highlight to the Board from the meeting of Workforce Committee held on 12th August.

- Concern about the lack of training space (Risk 727 re. Training Room 1) and the impact on training, particularly Resus. As we move forward with the plans for the merger and integration of the services the strain on the current available training space will become even more acute.
- Workforce Disability Equality Standard - Declaration rates for all staff: 4% disabled, 66% not disabled, 30% not specified. Issue with declaration rates as people can be reluctant to declare that they are disabled. The ED&I Committee will be looking to encourage staff to update their information in this regard.
- ECS compliance at its highest ever, at 94.5%; and increase in Fire Safety training since moving to e-learning.
- Medical appraisal levels impressive.
- Recruitment hotspots – overarching document produced covering all care groups and discussed in detail in the minutes.

BOARD OF DIRECTORS	
Meeting date:	25 September 2019
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Winter Plan 2019/20
Section on agenda:	Strategy and Risk
Supplementary reading:	None
Director or manager with overall responsibility:	Richard Renaut, Chief Operating Officer
Author(s) of paper:	Donna Parker, Deputy Chief Operating Officer
Details of previous discussion and/or dissemination:	Performance Management Group, Trust Management Board, Care Groups
Action required:	Discussion and Decision
<p>Summary:</p> <p>Following circulation to Trust Management Board in July and ongoing feedback from Care Groups and Dorset system partners, the Trust's Winter Plan 2019/20 has been updated and is attached. This remains an iterative document. The plan incorporates our 7-pronged approach (below) as well as an outline of the prioritised schemes against our £979k winter budget:</p> <ul style="list-style-type: none"> • Building on learning from previous years • Demand and capacity planning • Sustainable ongoing quality and service improvement (QI programme) • Specific planning and investment for winter capacity • Clear escalation plans • Communication and engagement with our staff, partners, patients and public • Partnership working that secures capacity and resilience across the Dorset system. <p>Key potential risks remain:</p> <ul style="list-style-type: none"> • Attendance, admission (non-elective +7.6%) and conveyance growth • Prevalence/strains of flu impacting on the Australasian winter • Changes in provision of and capacity in '111' service • Urgent Treatment Centre capacity • Workforce capacity • Primary care capacity/change and ICPCS recruitment • EU Exit • Changing acuity patterns • Ongoing population demographic • Social care capacity • Operational pressures now extend beyond winter. 	

The Board is asked to:

1. Consider and approve the current plan, noting this remains iterative as we continue to monitor progress on demand and capacity, as well as internal and external QI programmes and schemes.
2. Consider and provide input and/or support on:
 - What further action could/should be taken?
 - Is there anything different/further required in our internal Communication Plan (see section 7)?
 - The Trust's flu vaccination programme
 - Ensuring annual leave planning to support 'step up' over the winter, especially at peak times
 - Preparing for October half term to avoid a spike in stranded patients
 - Ensuring a focus on 'Home for Christmas' (and at other peak times)
 - Ensuring plans and supporting elective phasing to ensure urgent, cancer and long waiting patients are treated
 - Ongoing support for QI programme 'Making Every Inpatient Day Count'
 - Support for upcoming Rapid Improvement Events (section 4)
 - How we support our staff during this time, noting this is a period of extended 'step up'?

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:	Links to Inpatient Flow, Stranded Patients and ED related risk assessments

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust Operational Winter Plan 2019-20



Table of Contents

No	Section	Page
1	Introduction	3
2	Building on Learning from Previous Year	4
3	Demand and Capacity	9
4	Quality and Service Improvement Plans	13
5	Winter Capacity	16
6	Escalation Plans	22
7	Communication and Engagement	23
8	Partnership Working	24
9	Governance, Monitoring and Reporting	25
	Appendix 1 – Care Group Headline Plans	26

1. Introduction

Meeting the clinical needs of the patients accessing our services during the winter period requires a 7 pronged approach:

1. Building on learning from previous years
2. Demand and capacity planning
3. Sustainable ongoing quality and service improvement (QI programme)
4. Specific planning and investment for winter capacity
5. Clear escalation plans
6. Communication and engagement with our staff, partners, patients and public
7. Partnership working that secures capacity and resilience across the Dorset system.

2018/19 saw a further increase in demand on our services with ED attendances up by 4.6% over the year and non-elective admissions up by 5.8% on 2017/18. Winter demand volume, together with periods of higher clinical acuity, increases pressure on our services. In addition, the winter period often brings with it untoward events such as infectious diseases (e.g. Norovirus) and additional risks such as pandemic flu.

Overall in 2018/19 the Trust coped well over winter, with a reduction in Operational Pressures Escalation Level (OPEL) 3-4 days compared to the previous year. Whilst we did not experience a significant flu pandemic or norovirus outbreak, nor did we experience a significantly cold winter, feedback and analysis suggests our planning, QI and escalation work contributed to better outcomes. Learning has however, indicated some areas for improved planning (e.g. critical/high acuity care capacity).

This plan outlines the detail against the 7-pronged approach for 2019/20. Based on what our staff and patients are telling us though, key to our drive for improved, safe and quality care for our patients over winter are:

- Trust-wide commitment to outlier reduction, including a dedicated winter ward
- Building on our acuity monitoring and response
- Improving on our elective and annual leave phasing to treat as many of and our long waiting elective patients around winter, also securing urgent care capacity for winter
- Again, a focus on helping our patients to get, 'Home for Christmas' and putting us in the best possible position for December and January
- Providing additional staffing cover, support to improve processes as well as communication and wellbeing support for our staff
- Proactive flu vaccination plan to support staff wellbeing and protect our patients.

As a Trust team we need to galvanise around the work to achieve these priorities for our patients.

We do however, need to remain sighted on a number of perceived or additional risks and our planning will need to remain under review in order to respond to these as further information becomes available:

- Prevalence/strains of flu impacting on the current Australasian winter
- Changes in provision of and capacity in '111' service
- Urgent Treatment Centre capacity
- Workforce capacity
- Primary care capacity/change and ICPCS delayed recruitment
- EU Exit
- Attendance, admission and conveyance growth
- Changing acuity patterns

- Ongoing population demographic
- Social care capacity
- Operational pressures now extend beyond winter.

This document should be read in conjunction with the following Trust policies:

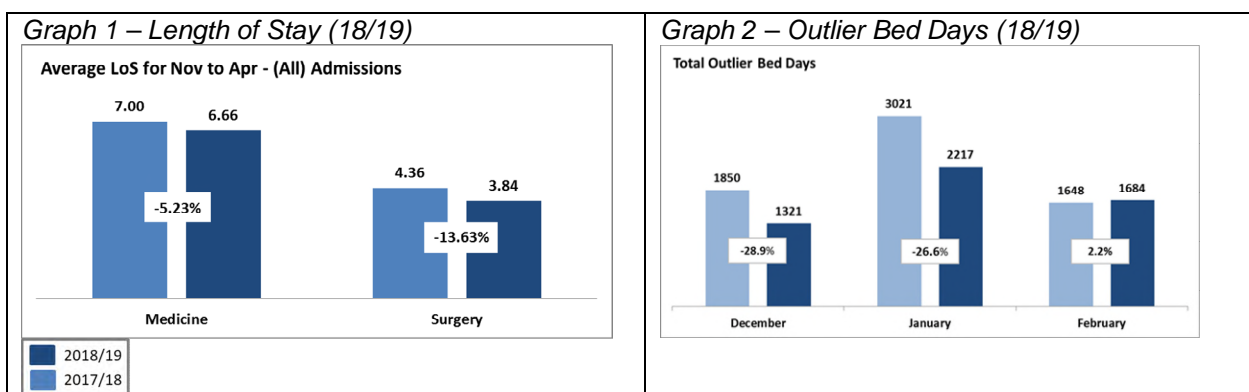
- Capacity and Flow Policy
- Escalation Policy
- OPEL Escalation Action Log
- Incident Response Plan.

Departmental policies and escalation plans should also be referred to.

The Trust will be working in conjunction with system partners to ensure safe effective care for the people of Dorset.

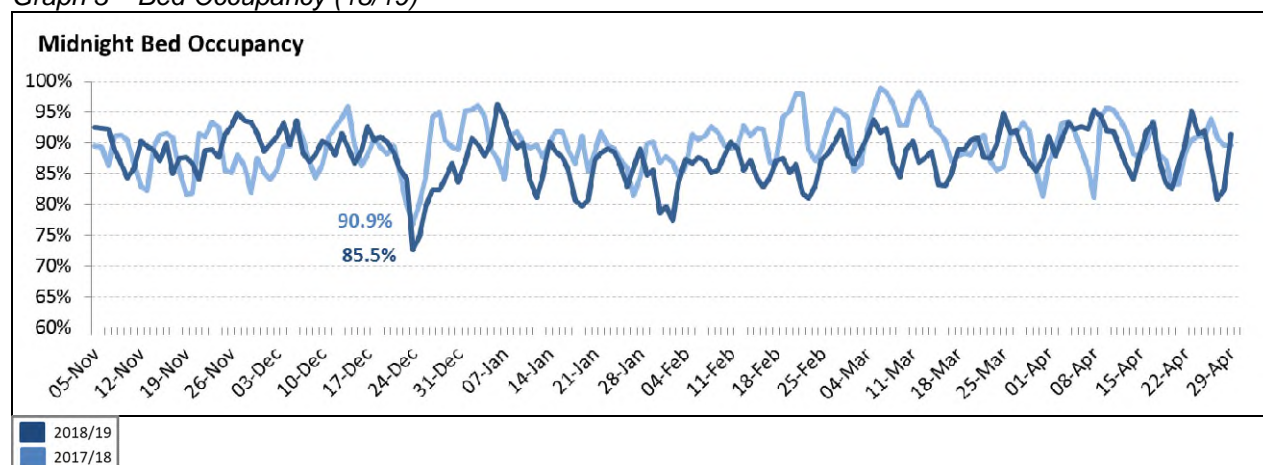
2. Building on Learning from Previous Year

Despite the increase in demand, we saw a reduction in length of stay (LoS, 0.2 days, 3%) and bed occupancy (1%) on average during 18/19. We also saw outlier bed days drop during the winter of 2018/19 as well as less OPEL 3-4 days (7 in Jan-Mar 19 vs 21 in Jan-Mar 18).



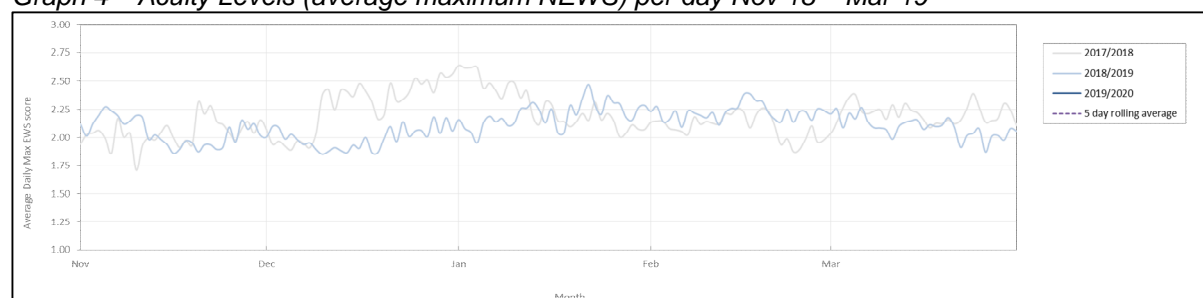
In addition, our focus on achieving even higher discharges and better bed occupancy on Christmas Eve, supported improved flow through the Christmas/New Year period.

Graph 3 – Bed Occupancy (18/19)



Whilst we did not experience the high levels of acuity seen in December and the start of January as in 17/18, acuity did increase through January and remained at higher levels through February. It should be noted that this peaked again in April along with demand, particularly around the Easter period.

Graph 4 – Acuity Levels (average maximum NEWS) per day Nov 18 – Mar 19



Over the winter period mortality relative risk has remained within expected levels and overall staff feedback on safety and teamwork was relatively positive.

Graph 5 – HSMR 18/19

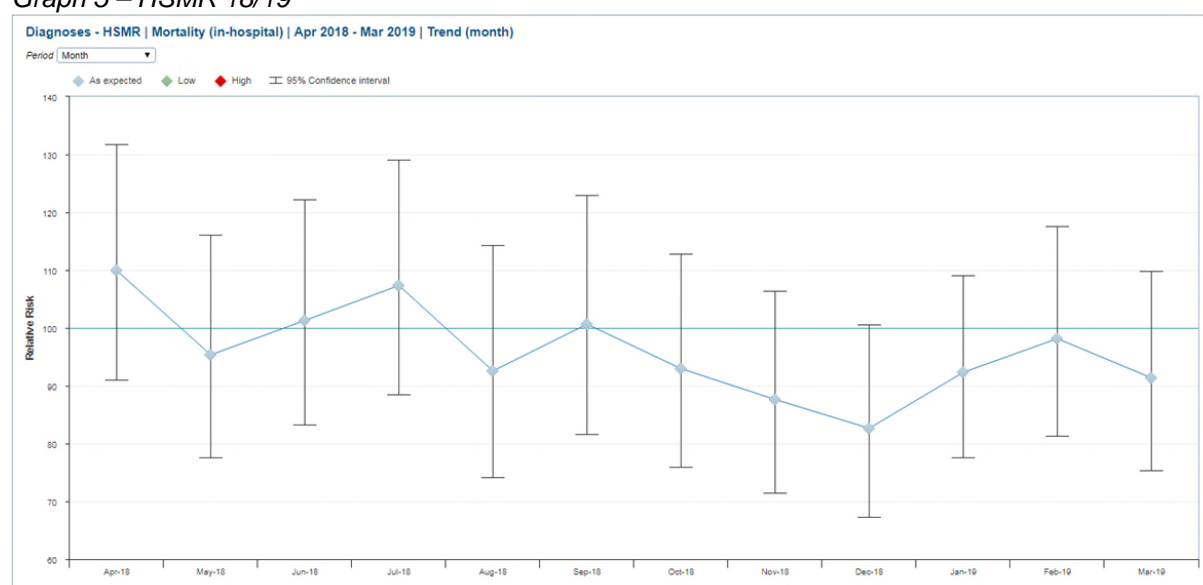


Table 1 – Winter 18/19 Staff Survey Summary Results (82 responses)

40% - Nurses, AHP – 27%, Doctors – 22%, Other 11%	
Safe services	83% said 'about the same' or safer
Awareness of winter plans	88% said partially or well informed
Teamworking across the Trust	73% rated 4/5 (good/excellent)
Teamworking across the health/social care system	42% rated 4/5 (43% rated 3)
Own and team morale	57% rated 4/5 (26% rated 3)

In-year QI Programme and other developments

All of this was partly achieved through our continued in-year focus on our QI programme priority areas which supported our drive to improve patient pathways and safe patient care:

- 'First 24 hours' – improved processes (e.g. medical clerking), increased Same Day Emergency (Ambulatory) Care
- Surgical flow
- Acuity
- Deteriorating Patient
- Sepsis.

Emergency Department - In addition, other areas of development also supported patient flow. An improvement and investment programme in ED came to fruition through the second part of the year, implementing B7 navigator roles and queue nursing as well as recruiting to additional medical posts and reconfiguring the BREATH (rapid assessment and treatment) area. Further work is now to build on these.

Fayrewood Ward – Transferred from the St Leonards Community Hospital site, providing an on-site rehabilitation ward at RBCH. Reduced delays in transfer, smoother handover and work to improve rehab models and LoS progressed well.

Integrated Primary and Community Care Services (ICPCS) and Urgent Care – Through 18/19 investment was secured across Dorset to support ICPCS as well as ED streaming and integrated urgent access to GPs out of hours. The latter culminated in the commencement of the new Dorset Integrated Urgent Care Service (IUCS) from April 2019. Early indications suggest further work is required to improve capacity and pathways, especially relating to the 111 service and ED streaming. This is a significant risk and needs to be a priority area for Dorset partners.

Delays in recruitment to and full establishment of the ICPCS programmes have yet to fully come to fruition (39.37wte out of 143.48wte outstanding Aug 19), noting shift of staff from acute and other providers does present some risk. Monitoring of key indicators has however, shown improvement in some localities in 18/19:

- Four localities showed improvement in all three indicators (Occupied Bed Days; Admissions; Stranded Patients) – *North Bournemouth, Dorset West, Purbeck, Weymouth & Portland*
- Central Bournemouth and Christchurch had improved their final positions in at least one of the indicators.

A number of East Dorset localities did remain off target/did not achieve trajectories, however, further work is expected in 19/20 to drive improvement, supported by the new Primary Care Network structure.

<p>Occupied Bed Days (Over 65s) – Full Year Effect</p> <p>Initial analysis at year end (March 2019) shows that overall:</p> <table border="1"> <thead> <tr> <th colspan="2">Occupied Bed Days (Over 65s) – April 2018 to March 2019</th> </tr> </thead> <tbody> <tr> <td colspan="2">IMPROVED POSITION (BETTER THAN PLANNED TRAJECTORY) – 6 LOCALITIES</td> </tr> <tr> <td>East</td> <td>West</td> </tr> <tr> <td>Bournemouth North</td> <td>Dorset West</td> </tr> <tr> <td>East Bournemouth</td> <td>North Dorset</td> </tr> <tr> <td>Purbeck</td> <td>Weymouth & Portland</td> </tr> <tr> <td colspan="2">CLOSE TO MEETING TARGET – 7 LOCALITIES</td> </tr> <tr> <td>Christchurch</td> <td>East Dorset</td> </tr> <tr> <td>Poole Bay</td> <td>Mid Dorset</td> </tr> <tr> <td>Poole Central</td> <td></td> </tr> <tr> <td colspan="2">OFF TARGET (PERFORMANCE RAG RATED RED) – 1 Locality</td> </tr> <tr> <td colspan="2">Central Bournemouth</td> </tr> </tbody> </table> <p>Our Dorset</p>	Occupied Bed Days (Over 65s) – April 2018 to March 2019		IMPROVED POSITION (BETTER THAN PLANNED TRAJECTORY) – 6 LOCALITIES		East	West	Bournemouth North	Dorset West	East Bournemouth	North Dorset	Purbeck	Weymouth & Portland	CLOSE TO MEETING TARGET – 7 LOCALITIES		Christchurch	East Dorset	Poole Bay	Mid Dorset	Poole Central		OFF TARGET (PERFORMANCE RAG RATED RED) – 1 Locality		Central Bournemouth		<p>Admissions (Over 65s)</p> <p>Initial analysis at year end (March 2019) shows that overall:</p> <table border="1"> <thead> <tr> <th colspan="2">ADMISSIONS (Over 65s) – April 2018 to March 2019</th> </tr> </thead> <tbody> <tr> <td colspan="2">ACHIEVED or VERY CLOSE TO PLANNED TRAJECTORY – 9 LOCALITIES</td> </tr> <tr> <td>East</td> <td>West</td> </tr> <tr> <td>Bournemouth North</td> <td>Dorset West</td> </tr> <tr> <td>Christchurch</td> <td>Mid Dorset</td> </tr> <tr> <td>East Bournemouth</td> <td>North Dorset</td> </tr> <tr> <td>Poole Central</td> <td>Weymouth & Portland</td> </tr> <tr> <td>Purbeck</td> <td></td> </tr> <tr> <td colspan="2">DIDN'T ACHIEVE TRAJECTORY (OVER 100 ADDITIONAL ADMISSIONS) – 3 LOCALITIES</td> </tr> <tr> <td>Central Bournemouth</td> <td>East Dorset</td> </tr> <tr> <td>Poole North</td> <td></td> </tr> <tr> <td colspan="2">OFF TARGET (PERFORMANCE RAG RATED RED) – 1 LOCALITY</td> </tr> <tr> <td colspan="2">Poole Bay</td> </tr> </tbody> </table> <p>Our Dorset</p>	ADMISSIONS (Over 65s) – April 2018 to March 2019		ACHIEVED or VERY CLOSE TO PLANNED TRAJECTORY – 9 LOCALITIES		East	West	Bournemouth North	Dorset West	Christchurch	Mid Dorset	East Bournemouth	North Dorset	Poole Central	Weymouth & Portland	Purbeck		DIDN'T ACHIEVE TRAJECTORY (OVER 100 ADDITIONAL ADMISSIONS) – 3 LOCALITIES		Central Bournemouth	East Dorset	Poole North		OFF TARGET (PERFORMANCE RAG RATED RED) – 1 LOCALITY		Poole Bay	
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Winter debrief (internal) – what worked well

Following our analysis and positive feedback from staff (e.g. Care Group based and TMB debriefs, staff survey) the following will be continued as ‘business as usual’ (BAU) or QI work. Alternatively, some will be repeated in our 19/20 winter schemes and/or will be included in our partnership working during the year.

Worked Well	Approach for 2019/20			
	Built into BAU	QI 19/20 / Organisational Development	Winter Planning / Schemes	Partnership Work 19/20
Winter specific schemes should be repeated/continued e.g.:				
• ED schemes (e.g. additional doctor/consultant cover, evening/night cover, Nurse Navigator, BREATH pathway)	✓	✓		
• Additional Dr, therapy, MDT cover in AMU/OPM		✓	✓	
• ‘Acuity’ support		✓	✓	
• Taxi and transport flow support			✓	✓
• Surgical Frailty	✓	✓		
OPM, frailty and discharge capacity (e.g. OPAL, Agincare, interim, collaboration with Poole Hospital, ‘bag packing’)	✓	✓	✓	✓
Additional winter bed capacity			✓	
Communication and teamworking		✓	✓	✓
Partnership collaboration e.g.:				
• Dedicated ward social workers	✓			✓
• Red Cross discharge support	✓			✓
Nurse ‘block booking’			✓	
Elective phasing (incl social stay step down except clinically urgent/40+ww)			✓	
Escalation response planning, including additional senior/matron cover	✓		✓	
Dedicated and prioritised winter budget			✓	
Use of bed occupancy and predictor tools.	✓		✓	

Winter debrief (internal) – what could be improved?

Our analysis, debriefs and staff feedback did however, indicate the following areas for improvement:

Could be improved	Action/Plan for 19/20
ITU/high acuity (e.g. bipap) capacity	Option appraisal and implementation of dedicated winter scheme to optimise and increase capacity

Could be improved	Action/Plan for 19/20
<p>Bed capacity:</p> <ul style="list-style-type: none"> • 'Spread' (creating <u>multiple outlying</u>) • Less beneficial/opportunity cost of some flex areas (e.g. TIU, Fayrewood bay) • Multiple bed moves 	<ul style="list-style-type: none"> • QI Programme 'Making Every Inpatient Day Count' to optimise/further improve occupancy, LoS and outlying • Dedicated 'winter ward' (up to 28 beds) • 'No go' for some areas or OPEL 4 only
Sustainable solution for OPM cover for next winter (building on 18/19 arrangements)	Care Group and joint RBCH/PH services plan
Realise further benefits from Surgical AEC	Surgical Frailty implementation of substantive and increased capacity from Sept/Oct 19
More doctor, nursing, AHP (<i>incl pharmacy</i>) cover – improve consistency/continuity	Winter schemes to include enhanced cover Winter ward approach to cohort outlying/staff resource and support improved ward/team processes
Start recruitment/block booking earlier	Nurse workforce plan underway, including new agency/block booking arrangements, to include winter ward staffing plan
Challenges for pharmacists (e.g. miscommunications, TTAs not signed, bleep nos not clear, outlier requirements, vacancies etc)	See above re ward/team processes Reviewing additional requirements for winter schemes EPMA implementation plan
Pathways between Poole/RBCH	Review of trauma SOP
High level of terminal cleans required	Review as part of winter schemes
Flu vaccination campaign	Campaign developed Learning from Australia – vaccinations expected to match strain – start early Oct
Particular issues raised re Haematology/Oncology patients	To be reviewed by Care Group
Ensure winter plan includes finalised plan for Easter 2020	To include in schemes and bed capacity plans
External partners reduced capacity over holiday periods	Raised through system partnership meetings/debrief

Dorset system debrief

A Dorset Integrated Care System (ICS) winter debrief was also held and the following were agreed for further work in preparation for winter 2019/20:

- Standardisation of policies/leaflets across all the trusts specifically Discharge and Leaving Hospital policies. First action: Discharge checklist. - *Policy reviewed and for UEC Board approval September.*
- Develop the 'Dorset Deal' i.e. same message to patients and relatives across all 4 trusts – *Patient leaflet being developed aligned with above policy.*
- Review the function of the Single Point Of Access (SPOA) service – *update awaited.*
- Review OPEL framework and include triggers for partners – *workshops held and revised escalation process and triggers to be included in system winter plan.*
- Complete overhaul of resilience calls with reporting by exception only. Promote East or West facing calls where appropriate – *as above.*

- Optimise DSR to act as the trigger for resilience calls, to include SWAST data – *development in progress. Bid submitted to automate data flows.*
- Review of winter reporting (sitreps etc) – *update awaited.*
- Call for MIU at Wimborne to be open 7 days a week – *reviewing as part of Dorset-wide UTC plans.*
- Review criteria for admission to community hospitals – *update awaited.*
- Visits to other high performing systems/Trusts to share learning (including the use of new technologies such as Waitless app, how they use community beds etc) – *visits being planned. RBCH to Yeovil September.*

3. Demand and Capacity

ED attendances

The following shows the increasing demand seen on our Emergency Department, with a 5.8% growth last year and a further 4.6% YTD (July) 19/20.

The natural trend is for winter attendances to be lower than summer, though it should be noted that typically majors/resus/observation demand (higher acuity) is seen during the winter. Further analysis has been undertaken across the system to further understand the increases this year. RBCH experienced a 23.1% increase in majors. Attendances overall across Dorset have particularly increased between the hours of 0100 - 0400 and 0500 – 0700 and at RBCH also an increase between 2200 – 2300. Furthermore, Fridays (6.2%) and Sundays (8.2%) have seen the biggest increases in attendances this year across Dorset.

Graph 6 – Overall ED attendances 2016/17 – 19/20 YTD

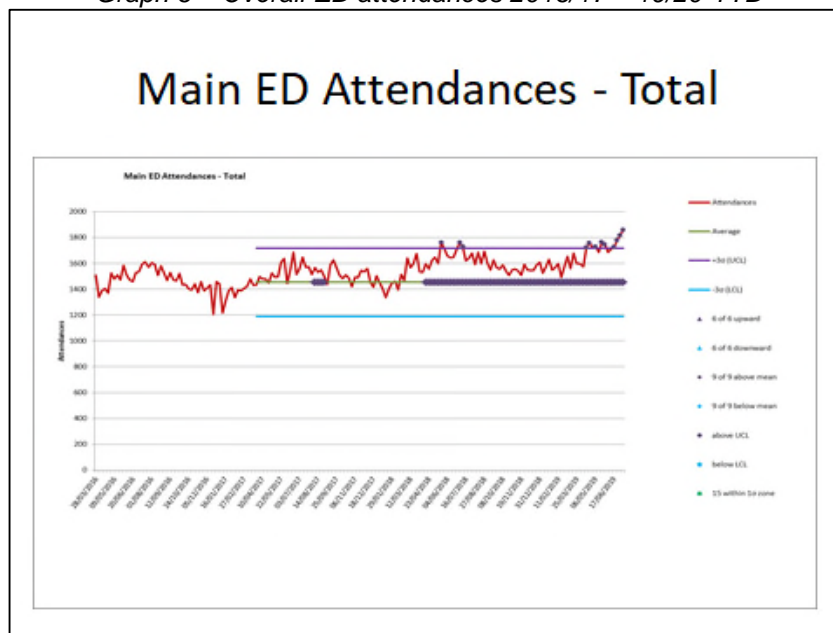


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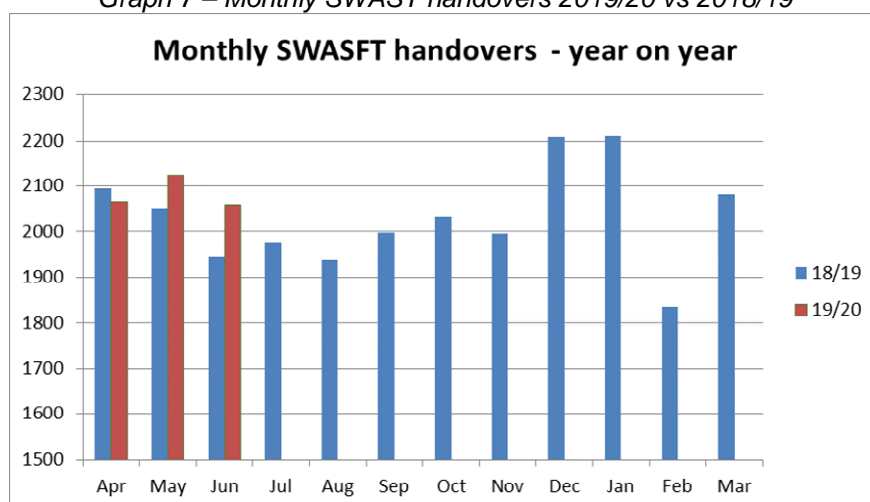
ED Attendance Variance: Total

2017/2018		2018/2019		2019/2020 YTD	
Variance from Previous Year (Figures)	Variance From Previous Year (%)	Variance from Previous Year (Figures)	Variance From Previous Year (%)	Variance from Previous Year (Figures)	Variance From Previous Year (%)
3296	4.35%	4592	5.81%	975	4.59%

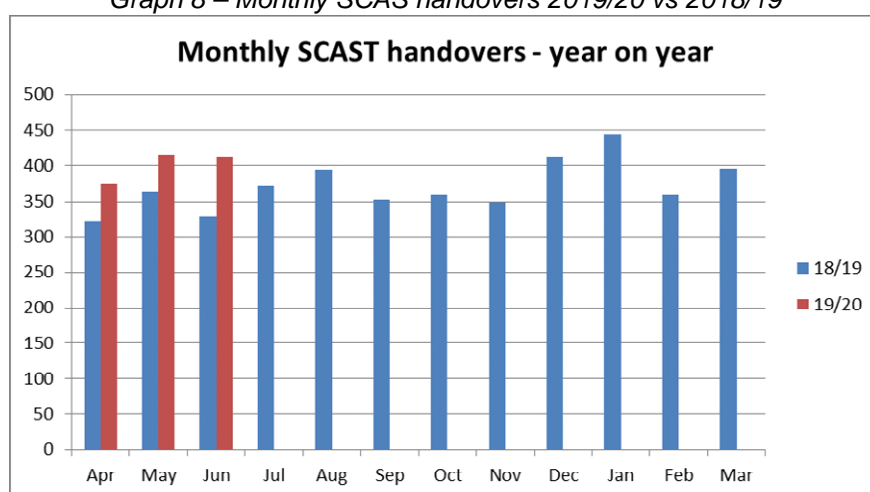
Ambulance conveyances

During 2018/19 the Trust experienced a significant increase (6.1%) in the number of ambulance conveyances to the hospital compared with 2017/18. This trend has continued in 19/20 YTD, with a 4.86% increase YTD (Apr-June). In June 2019 the number of SWAST ambulance conveyances increased by 5.97% compared with June 18 and SCAS conveyances were up 25.61%, as highlighted in the graphs below.

Graph 7 – Monthly SWAST handovers 2019/20 vs 2018/19



Graph 8 – Monthly SCAS handovers 2019/20 vs 2018/19



Demand and capacity pressures as well as pathway changes in the 111 service have presented a challenge, with an increasing number of patients recommended to attend ED. Furthermore, capacity in our Urgent Treatment Centre as well as reduced streaming from ED have also exacerbated pressures on ED so far this year.

These patterns and issues impacting on attendances and conveyances indicates a significant risk for the winter and therefore, system and partnership work and schemes indicated below (sections 4 & 8) will be key.

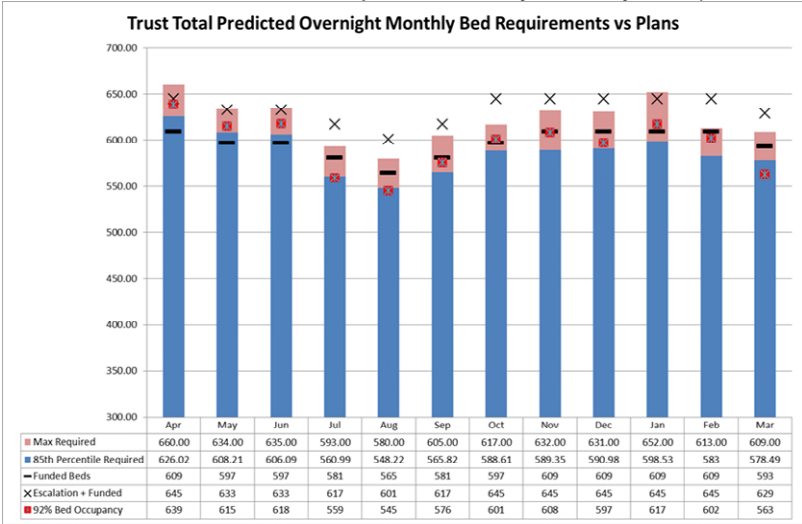
Non elective admissions

Early modelling for 2019/20 looked at bed capacity requirements based on a continued growth trend in non-elective demand¹ and potential outputs of key QI projects relating to reductions in stranded patients, implementation of the enhanced Surgical Frailty service and increased day

¹ Growth 18/19 vs 17/18 further applied to 18/19 baseline to project 19/20.

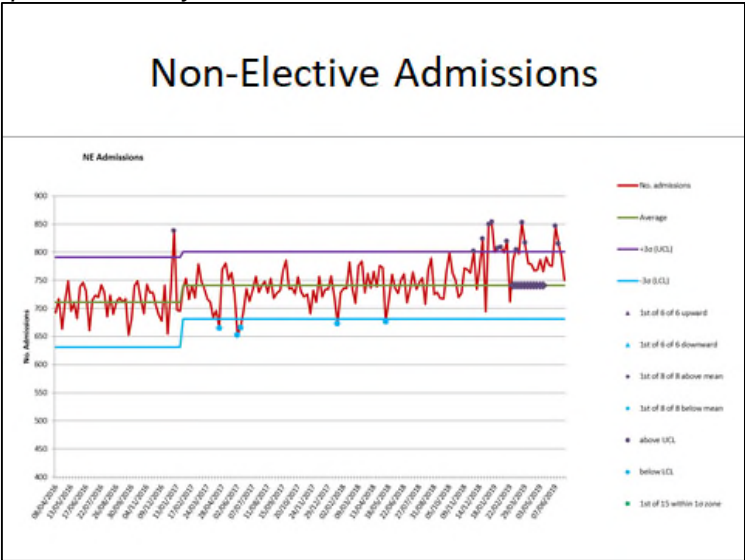
case care. The model projected that up to c50 more beds (above core incl winter ward) could be required over the winter period, if no further actions were taken and our improvement trends for reduced LoS stopped. It is noted that in this scenario the nationally recommended maximum occupancy (92%) is largely met on average from core capacity.

Graph 9 – Bed modelling scenario for 19/20 (incl winter ward, non-elective continued growth trend, QI delivered on stranded patients, frailty and day case)



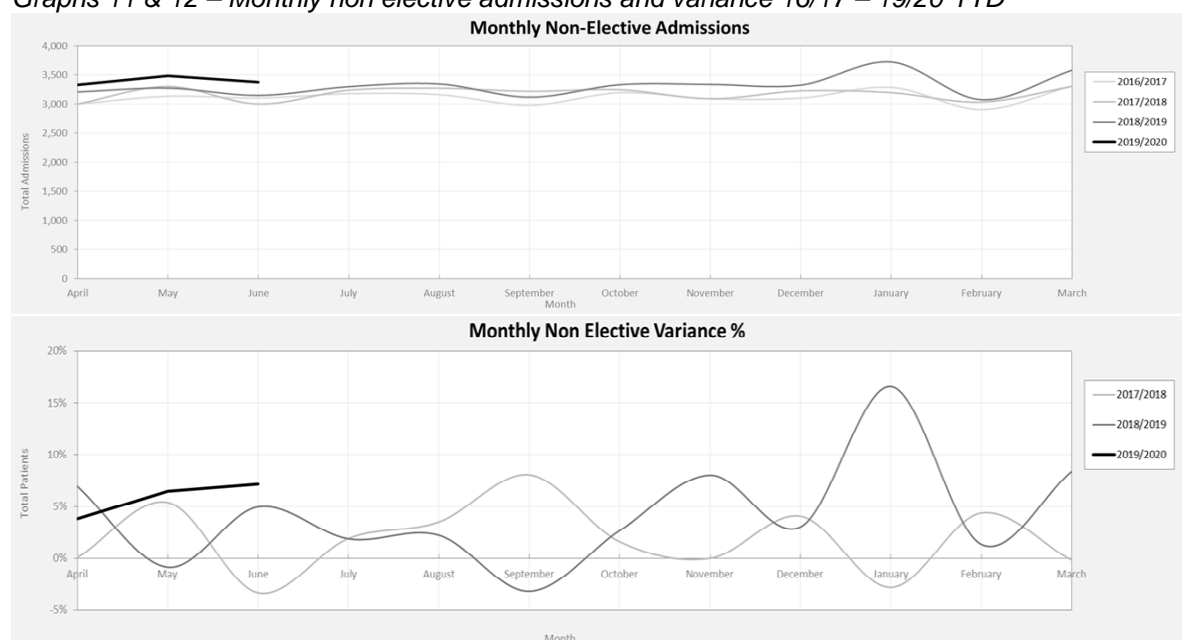
In light of exceptional growth, together with higher acuity seen in the early part of 19/20 further analysis and modelling of non-elective demand will remain under review.

Graph 10 – Weekly non elective admissions SPC 16/17 – 19/20 YTD



YTD we are seeing higher levels of growth than has been included in our bed modelling. April to end August has shown a 7.6% increase in non elective admissions. Whilst length of stay has reduced and discharges have increased, winter acuity and other pressures are likely to see LoS increase and discharges decrease. As a result **this modelling will continue to be refreshed to reflect current trends in demand and QI deliverables. Further actions will be considered as required.**

Graphs 11 & 12 – Monthly non elective admissions and variance 16/17 – 19/20 YTD



Occupied Bed Days

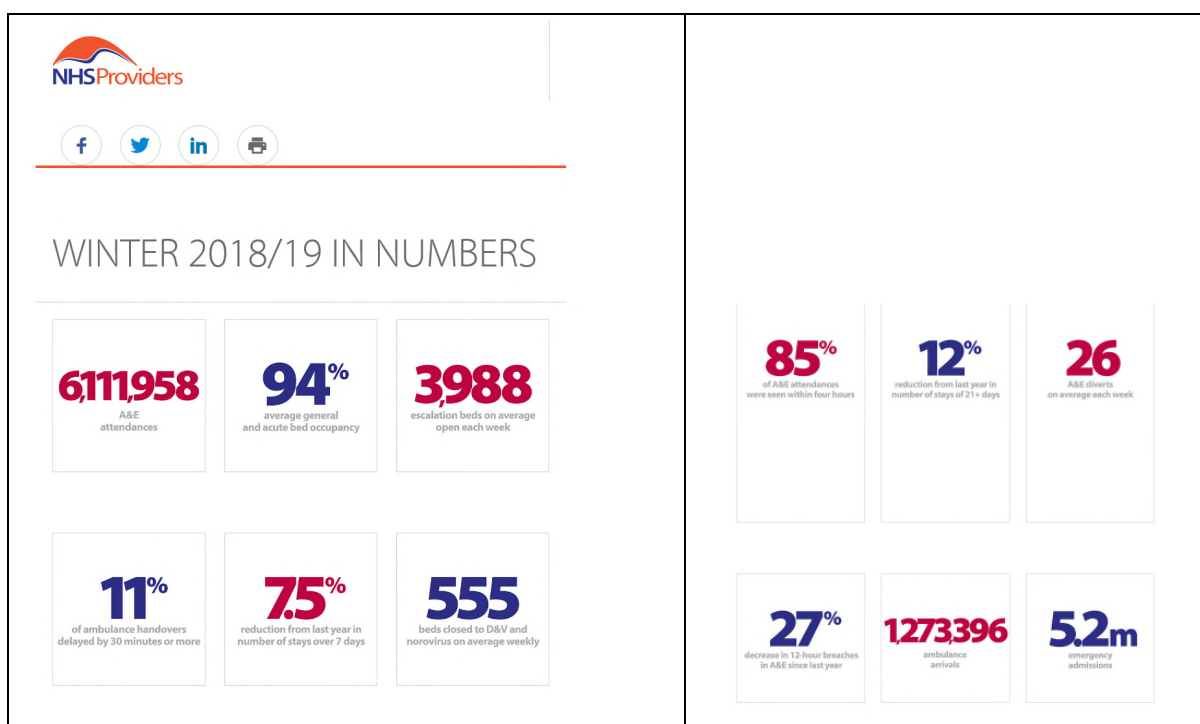
The higher admissions rate, but 1% reduction in bed occupancy in 18/19, was supported by our QI and flow work which has reduced low value 'stranded' bed stays.

National context

NHS Providers reported that, *"The scale of this increase in demand over the winter in 2018/19 was somewhat unexpected. Much milder weather, with a less severe strain of flu and a significant reduction in the prevalence of norovirus, should, on the face of it, have meant a less stretched health service than last year. Despite the more benign external conditions, demand for emergency care [services grew by 6% compared to the previous year](#), and when we take a longer view, emergency admissions have increased by nearly a fifth (18%) since 2014/15 – a staggering rise in activity in just four years"*. As a result, performance against A&E, waiting list, cancer and diagnostic targets was poor.

They went on to say, *"Once again, NHS staff showed remarkable resilience and commitment through the winter months in keeping services going, treating more patients than ever, and ensuring that the overwhelming majority received good care, often in the face of considerable pressures"*. This is echoed across the Dorset system.

Systems are already busy preparing for winter 19/20 and we await the outcome of the current clinical pilots which are testing alternative performance measures in urgent and emergency care, as well as cancer, planned and mental health care.



This document builds on learning nationally and locally for last winter and will be informed by any further national guidance as it becomes available.

4. Quality and Service Improvement Plans

Building on the 2018/19 QI Programme, a number of workstreams will be paramount in supporting sustainable and embedded service and process improvements. Through staff engagement and enthusiasm, supported by our well embedded QI methodologies, these aim to deliver quality, safety and patient flow through 2019/20 as a foundation for winter.

Emergency Department

Reducing patient delays at the front door and ensuring the patient receives the right treatment, in the right place and in the right time remains a priority as attendances and patient expectations rise. This builds on the significant work and investment into the department in 2018/19 which is improving nursing (e.g. Obs Bay nursing template, supernumerary B7 navigator, 'queue' nurse) and medical workforce (e.g. increasing evening and weekend cover, additional consultant posts). Estates reconfiguration enabling a new Rapid Assessment Hub has also now been completed at the 'front door' of Majors. Focus is on the following areas:

- Focus on newly reconfigured Rapid Assessment Hub (RAH)
- Patient facing triage
- Increase the effective use of Point of Care Testing
- Reducing ambulance handover delays
- Improving the Trauma and Orthopaedic pathways jointly with Poole Hospital
- Building on team vision, culture and development
- Reviewing pathways to AMU
- Improve Urgent Treatment Centre pathways for patients
- Development of a visual decision matrix.

Digital clerking

Streamlining the medical clerking process was a key improvement in 2018/19, establishing a Combined Clerking approach to support admission pathways from ED to AMU. The 2019/20 workstream aims to take this a step further and digitise the Emergency Department input into the new pro forma, for patients presenting to ED Majors, by 30th November 2019.

Making Every Inpatient Day Count

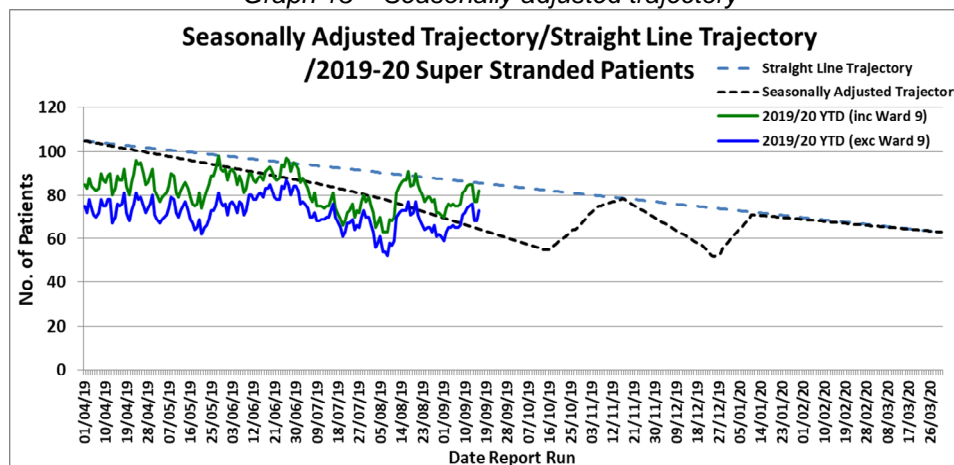
The Trust's patient flow programme for 2019/20 will focus on the following areas and is key to getting us in a good place to cope with the demands of winter:

'Stranded' Patients (21+ day stay) – setting out to achieve the national 40% reduction target, reducing outliers and laying the ground for a dedicated winter ward. Weekly Executive sponsored reviews have commenced and streams of work include:

- Planned Action Learning Week for August
- CHC pathway improvement including 'in-reach' role
- Building staff skills across the wards on the Discharge Policy
- Review Leaving Hospital Policy
- Therapy based PDSAs
- IV antibiotic provision review
- national ECIST team reviews
- Avoid over prescribing social care, which can result in delays
- Reviewing whether long stays are alternatives for bed based care.

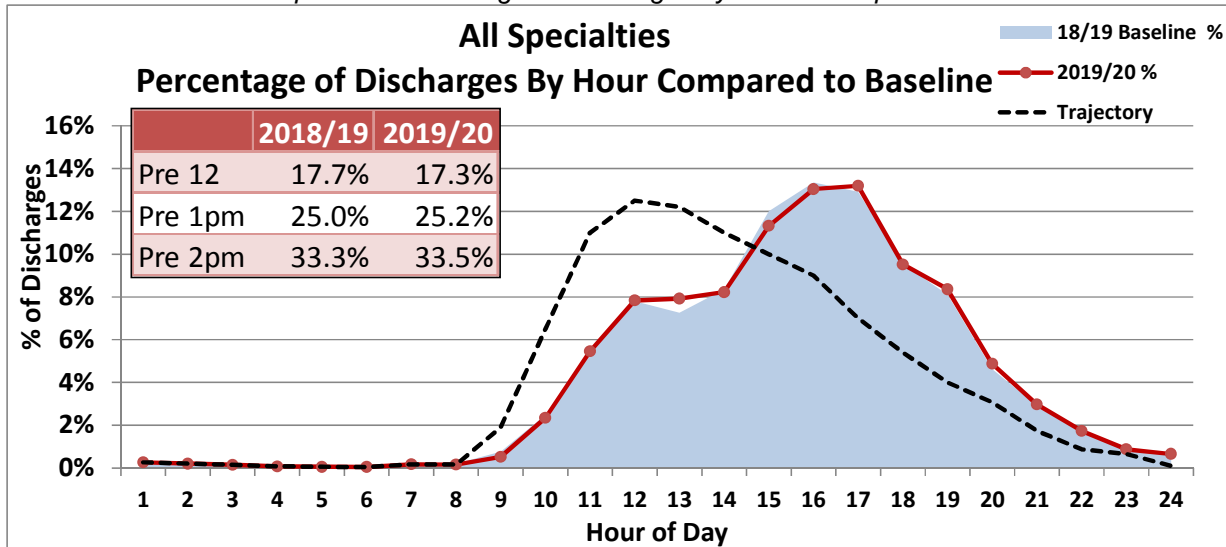
All of this will be supported by a system Steering Group.

Graph 13 – Seasonally adjusted trajectory



Health of the Ward – building on the implementation of the new flow management IT system, developing and embedding effective processes at ward level will be a priority for this workstream. As well as improving and providing better sight on flow management processes across the Trust, the aims include improvements to transport booking processes and early discharge ('home for lunchtime'). Reviewing the location of screen and I.T. interfaces together with ward based process mapping has commenced. Together with Care Group based work to review MDT tasks, functions, cover and processes, we have set an aim to shift the curve so instead of 33% discharged by 2pm we achieve that before 12 noon (see chart below, dotted line). This would free up around 17 beds just as AMU/SAU are receiving GP and ED peak demand. This would reduce outliers.

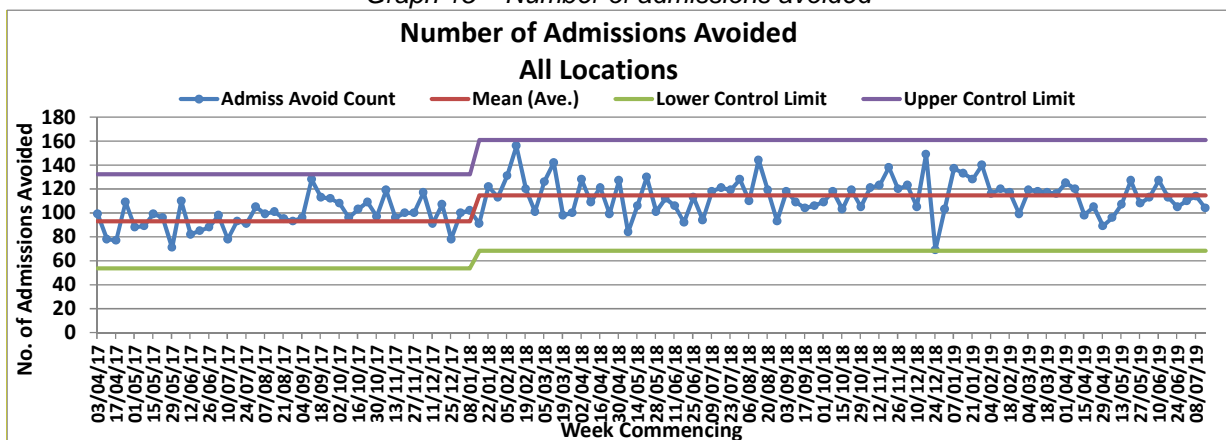
Graph 14 – Percentage of discharges by hour – All Specialties



Frailty Pathway – collaboratively driving further improvement throughout the Frailty pathway this programme includes: joint work with Poole Hospital to develop a single Comprehensive Geriatric Assessment (CGA), surgical ‘pre op school’ and action learning week to support enhancement of the Surgical Frailty Team in the autumn, Frailty Nurse Practitioner PDSA on Ward 4, OPAC development, and transformation work on Ward 5 and Fayrewood. Collaborative work with the Poole team will also build on the Frailty GIRFT visit. The work aims to reduce LoS and support the reconfiguration of surgical bed capacity to better match ‘patients to place’.

Admission Avoidance – the workstreams aim to increase 0-Day LoS via Same Day Emergency Care services by a further 10% compared to 2018/19 and sustain or reduce ambulance conveyances. This will be further supported by specific QI work in DAIRS (respiratory service), Surgery and Cardiology, including testing ED/AMU in-reach models. The provision of specialist advice to GPs via Consultant Connect has progressed well and is being well received by GP colleagues. Increasing the number of specialties available will continue to be a priority. Providing access to ED consultant advice for paramedics is also being explored as well as collaborative opportunities with our local Primary Care Networks including the potential for joint therapy support to the SWAST hub and mobile service. The AEC clinic will also be reviewed to see if we can achieve more.

Graph 15 – Number of admissions avoided



Central Venous Access Line and Falls Workstreams – these specific clinical workstreams build on our drive to ensure quality and safety as a fundamental of care for our patients. Work on our CVAD policy and SOPs is well progressed and work is underway on securing PICC line advice, electronic CVAD referral form and needle free devices. Improving the

documentation of falls risks and trialling a falls checklist in Older Persons' Medicine (OPM) and Medicine also continues the Falls improvement workstream through 19/20.

Acuity Workstream – following from the successful work in 2018/19 to establish an acuity monitoring system across the Trust, the project team are continuing to work on response mechanisms and this will be further facilitated by our specific winter schemes. Developing timely, clinical communications is also a priority of the project utilising the new devices purchased. This work will link with acuity critical care/Bipap and related work.

Rapid Improvement Events – building on our Action Learning Week model, a series of Rapid Improvement Events will be held through 19/20. Current plans:

23-27 September – focus on reducing avoidable social/rehab admissions

- Additional nursing/therapy support to medicine and OPM post-take wards rounds to:
 - Identify patients with social/rehab needs and identify alternatives to admission
 - Inform the W14 acute medical ward SOP re 3-5 day stay patients
 - Trial an AMU, cross partner, MDT meeting in AMU
 - Involving Dementia & Delirium Team.

October – potential focus on ED BREATH model and reducing medical admission waits in ED

- Early planning suggests the following areas to be considered:
 - Building on learning from September event
 - BREATH processes
 - SDEC (AEC) pathways.

Other developments/priority work in 19/20

Following confirmation of investment the expansion of the 24/7 mental health liaison service will represent a significant increase in presence in ED and across the Trust. This has evidenced based benefits to patients and the wider service.

During 19/20 other service developments are also in progress, including collaborative work with Poole Hospital.

Older Persons' Medicine has now appointed a joint Clinical Transformation Lead (consultant) and priorities for the teams include:

- Workforce (including overseas recruitment and medical staffing rotation)
- 'One work plan' on consistent pathways/standards of care and links with other specialities.

Trauma services and capacity for Dorset patients were also challenged last winter and this continues into 19/20. Work is progressing on this, again under a joint consultant Clinical Transformation Lead and includes review of the Fractured Neck of Femur pathway, including transfers between RBCH and Poole.

Other key areas of joint work are Stroke Hyper Acute and Cardiac NSTEMI pathways where we anticipate patients moving towards admission to RBCH, thereby providing timely interventions and reducing overall LoS. **This may be implemented during 19/20 and review of patient flows and capacity will form part of the work.**

5. Winter Capacity

Our specific approach to winter initiatives and capacity includes six key areas of intervention over and above 'business as usual' (BAU). This is in order to deliver our key priorities:

- Trust-wide commitment to outlier reduction, including a dedicated winter ward
- Building on our acuity monitoring and response

DRAFT 2b – iterative working document

- Repeating and improving on our elective and annual leave phasing to treat as many of and our long waiting elective patients, also securing urgent care capacity for winter
- Again, a focus on helping our patients to get, 'Home for Christmas' and putting us in the best possible position for December and January
- Providing additional staffing cover, support to improve processes as well as communication with and wellbeing support for our staff
- Proactive flu vaccination plan to support staff wellbeing and protect our patients.

Winter schemes

The below table outlines the schemes specifically implemented in winter 18/19. A number of these have been now commenced substantively. Further schemes have also been proposed and are included below. **A costing and prioritisation exercise has been undertaken and final schemes to be confirmed in September.**

es to be confirmed in September.

WINTER SCHEMES PROPOSAL V2 (Aug19)			
CG	Directorate:	18/19 Schemes re-prioritised for 19/20	Comments
		Care Group B - ED, AMU, Medicine & OPM	
B	ED	ED - Additional Ambulance Queue Nurse (5pm-2am) Band 5, 7 days per week for 12 weeks	Funding moved to recurrent ED phase 1 improvement plan for 19/20
B	ED	ED Tracker - Additional Band 2, 12 hours per day, 7 days per week	
B	ED	Band 7 Additional Physio in minors, 8 hours per day, 7 days per week	
B	ED	Additional Streaming Capacity Fri-Mon, 6 hours per day	
B	ED	AMU - Additional Nurse Practitioner to support Outlier Management, 1.00 WTE Band 6	
B	ED	Annualised job plans in ED doubling up consultants weekends and evening shifts (in budget) (2 cons until 10pm) - Plan to achieve 12 PAs and night support plan (1.40 WTE)	
B	ED	ED / front door review	
B	Med/OPM	AMU Consultant Additional Ward Rounds (7 Day / Extended Hours)	
B	Med/OPM	Additional SHO's / Extended hours support (3.00 WTE) - OPM	
B	Med/OPM	SHO Additional On Call / Extended Hours (AMU)	
B	Med/OPM	OPM Consultant Additional Ward Rounds (7 Day / Extended Hours)	
B	Med/OPM	OPM Additional Therapy Input - Extended Hours	
B	OPM	OPAL - 7 Day / Extended Hours	
		Care Group A - Surgery	
A	Surgery	Surgical Frailty Specialty doctor	To be funded as invest to save from CIP
		Corporate	
Corp/A/B	Operations	Responding to Acuity Metrics - Jnr Dr/Outreach/CST Response Role	
Corp	Facilities	Out of Hours Additional Transport Pressures (ambulance)	
Corp	Facilities	Out of Hours Additional Transport Pressures (taxi)	
Corp	Operations	Extended Clinical Site (B6 1.00 WTE) Dec-Mar	
Corp	Facilities	Portering ALW review outputs	
Corp	Facilities	Additional Terminal Clean Capacity	
		Winter Bed Capacity - Trust-wide	
A	Surgery	Ward 14 +6 beds (increase from 3 months to 4 ths from Dec-Mar)	Proposed dedicated fast flow medical ward for extra winter beds 19/20 - cost indicated is 50:50 agency & incl medical/therapy /pharmacy. Excludes April - further £167k 20/21.
B	Winter	Winter Wards - Extended medical bed base (incl TIU, Ward 9)	
C	Oncology	Macmillan Unit - Flex bed capacity (x2)	yet tbc for 19/20 (not within this separate funding envelope currently)
A	Winter	Winter Wards - Extended Beds - Derwent	
		New Proposals for 19/20	
A	tbc	CGA Priority 2: £20k Discharge support worker role 7 days a week for 6/12 from 1st October 2019	
A/B	Anaesthetics/ Medicine	CGA Priority 3: £132k. One additional ITU bed for 3/12 (1/1/20-31/3/20). Note: plans for bipap to also be considered	funding envelope for both ITU & bipap for full period limited
Corp	Operations	Transfer team (?separate to above schemes) - based on 2 x b3 Nov-Mar	
B	OPM	OPAL/intermediate care/therapy support to SPOA/paramedics (£ est based on SWAST/therapy proposal paper, 6mth pilot, 7 day service)	Not within this separate funding envelope - to be considered by UEC Board (?transformation or other funds)
	Medicine	Bipap capacity	See above re ITU/bipap
B	TBC	Physicians assistants/admin - ED (?and other areas)	yet tbc (not affordable within this separate funding envelope currently)

Note: above plan to include (where appropriate) identified costings for Easter/April 20/21 planning.

Care Group plans (see appendix A)

As in 18/19 and previous years, directorates have reviewed their winter and escalation plans. Appendix A highlights key plans.

Overarching principles expected within all plans are:

- Support for higher acuity and patient safety
- Phased capacity (including annual leave planning) to ensure optimum 7 day cover over winter/peak periods
- 'Step up' of capacity and particularly in lead up to Christmas ('Home for Christmas')
- Optimising MDT working
- In reach to front door areas
- Advice and guidance to primary and community colleagues
- Same Day Emergency Care (ambulatory unless proven otherwise)
- Bed capacity as per below plan
- Escalation plans in place and well communicated within teams
- Training in Discharge and Leaving Hospital policies prioritised for key staff
- Collaborative work with partners.

Beds

It is well recognised that much winter capacity is secured through increased same day emergency care, timely senior decision making and diagnostics, improved ward processes, discharge processes and capacity. Increasing beds is fraught with challenge due to the need to secure staffing for a fixed/flexible period and ensure an embedded team approach is able to delivery safe, quality care. Where capacity can be sought in the community or by supporting patients at home for 'medically ready' patients, this is generally recognised as better for patients, avoiding in hospital deconditioning and supporting rehabilitation.

Notwithstanding this, the Trust acknowledges that increased acuity and demand will require some additional bed capacity. Following feedback from our winter debrief and survey, together with our bed modelling, our plan is to open a dedicated winter ward (up to 28 beds). Workforce plans are currently underway and opening dates to be confirmed – plan to open mid Oct with 16 beds and phase up to 28 by January and expecting to close post Easter. The ward is planned to be a shorter stay Medicine ward and plans are being worked up for medical, AHP and other cover requirements.

Routine at OPEL level orPlan for winter opening (dates tbc)	No. of Beds
Winter only		
Winter Ward	16 - 23/10 phase up to 28 by Jan	28
Ward 9	Y	2
OPEL 2		
Eye Unit Paeds Bay		3
SAU		4
Ward 12 outlying		
Ward 23		6
BPC (if beds avail)		
Ward 23 PPU (if beds avail)		
OPEL 3		
Ward 12 flex up	separate funding currently unidentified	6
Mac Unit	Y	2
Pre/Internal OPEL 4		
Derwent outlying &/or flex up	flex up - separate funding currently unidentified	8
Day case areas (e.g. TIU, DSU)	separate funding currently unidentified	
BPC		5
Ward 23 PPU		4
Total	32	68

Above indicates winter and other flex beds planned in line with OPEL escalation protocols. Bed occupancy and activity prediction tools will inform future and real-time planning.

Workforce

All departments will need to ensure robust annual leave arrangements, particularly over the Christmas/New Year period. The organisation does see an increase in staff sickness in the winter months and the flu vaccination will help to mitigate this. Both sickness and vacancies are regularly monitored, both at a department level and Trust wide to ensure full support to our staff and service cover.

The Trust's winter ward will require a dedicated team (see below Nursing – Safe Staffing). Other flex areas (as outlined above and in line with OPEL escalation) will be supported by a 'step up' model and means that securing the appropriate workforce is a lower risk as staff/shifts are added to existing, embedded ward areas. There does remain a risk, particularly given the potential for heightened levels of sickness and demand pressure, as well as the availability of non-agency staff. However, this approach will ensure continuity of high quality care and leadership. Safe staffing will be maintained through use of existing ward workforce and specialist staff with the use of bank and agency where necessary. Whilst we aim to keep outliers to a minimum, clinical nursing support and advice for patients receiving care off their base ward will be accessed through the matron workforce.

With regard to medical cover, schemes outlined in this plan demonstrate areas of additional cover for peak periods as well as additional non-medical/MDT support. Areas of risk currently remain ED (noting additional posts commenced Sept 19), OPM and Pharmacy with ongoing work to resolve recruitment challenges, secure backfill/additional sessions, secure locums and/or other 'insourced' support. **Plans for the winter ward and outlier cover are currently being reviewed and finalised by Care Group B** (noting the aim for patients to be on the right ward and minimise outliers).

Last winter, volunteers (both external and internal corporate staff) formed an increased part of our response to operational pressure escalation through a more planned approach and increased training in advance of winter. This approach will be refreshed for 19/20.

Nursing – Safe Staffing 2019/20

Recruitment:

The Trust has robust plans for the monitoring and management of staffing vacancies, through its existing governance process.

Current recruitment initiatives being undertaken include:

- Regular advertisements on NHS Jobs.
- Cohort of 36 newly qualified nurses expected in the autumn.
- Return to practice nurses approximately 8 in a year.
- Overseas recruitment campaign with NEU Professionals for 25 Older Persons Medicine nurses and 5 Haematology /Oncology nurses. First cohort planned to arrive in November 19.
- 14 Registered Degree Nurse Apprentices (RNDAs) commencing in the Trust in September 2019 in addition to existing ward templates.
- Programme for internal recruitment of RNDAs has also commenced.
- Working in partnership with Health Education England to convert existing band 4 nursing staff to nursing associates.

The Trust is also preparing to staff an additional Acute Medical Ward from October 2019 to April 2020. Substantive recruitment to this area is already underway. The planned staffing

model is for a 60/40 split between substantive staff and agency staff. Good progress has been made with recruiting the unregistered staff with the ward near template. Challenges around the recruitment of band 5 registered nurses are being experienced, however the Trust is confident in its ability to support the area from within the existing workforce currently.

Operational Management:

A midday safe staffing meeting is held Monday – Friday to enable effective staffing resource management through identifying hotspots and focusing on key areas of concern. Each meeting reviews the next 24 hour period. At the weekends the operational Matron undertakes this role. This has proved effective at preventing staffing red flag incidents. The Trust has not reported any red flag staffing incidents since 2018. The Trust Unify data also demonstrates that a safe staffing position has been maintained throughout the past year including when extra capacity has been in operation.

The Trust has utilised premium cost agency (PCA) over the past year and whilst the aim is to continue to reduce this, the Trust will utilise PCA in order to maintain safe staffing and patient safety.

Influenza

Current guidance for the 2019/20 vaccination programme is available at: <https://www.england.nhs.uk/publication/vaccine-ordering-for-2019-20-influenza-season-letters/>. Further guidance on vaccination for NHS workers is awaited.

Winter sees a significant increase in the risk of flu outbreak and it is important that Healthcare workers with direct patient contact are vaccinated because:

- National Institute for Health and Care Excellence (NICE) guidelines highlight a correlation between lower rates of staff vaccination and increased patient deaths
- Up to 50% of confirmed influenza infections are subclinical (ie asymptomatic). Unvaccinated, asymptomatic (but nevertheless infected) staff may pass on the virus to vulnerable patients and colleagues
- Flu-related staff sickness affects service delivery, impacting on patients and on other staff – evidence suggests a 10% increase in vaccination may be associated with as much as a 10% fall in sickness absence
- Patients feel safer and are more likely to get vaccinated when they know NHS staff are vaccinated.

Experience in the Australian winter *can be* an indicator of incidence and severity expected in the upcoming UK winter, noting, “*Flu viruses change continuously and the WHO monitors the epidemiology of flu viruses throughout the world making recommendations about the strains to be included in vaccines for the forthcoming winter*”. The latest report from the Australian Department of Health includes:

“*Australian Influenza Surveillance Report No 06 – week ending 14 July 2019*
Key Messages

- **Activity** – *Currently, influenza and influenza-like illness (ILI) activity are above average for this time of year compared to previous years. However, this activity is not unusual when compared to the range of activity during an average influenza season. At the national level, notifications of laboratory-confirmed influenza have decreased in the past fortnight; however, this may be due in some measure to data entry backlogs.*
- **Severity** – *Clinical severity for the season to date, as measured through the proportion of patients admitted directly to ICU, and deaths attributed to influenza, is low.*

- **Virology** – *The majority of confirmed influenza cases reported nationally were influenza A in the year to date (83%) and past fortnight (77%). The proportion of influenza B nationally has been increasing each week since early May, however, the proportion has declined in the past week”.*

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/cda-surveil-ozflu-flucurr.htm>

Uptake across the Trust in 18/19 was 66% of frontline staff.

The Trust will be reviewing practice against the national guidance, with a view to full compliance. We will aim to build on our work last year:

- Board commitment ambition to achieve 100% staff vaccination
- Nationally recommended flu vaccine will be ordered and provided for healthcare workers
- Anonymous collection of data on reasons for staff who decides against uptake
- ‘Flu team’ established
- Full comms plan in place
- Live data collections to identify areas of poor uptake
- Drop in clinics, 24 hour mobile vaccination schedule and flexible OHD ‘bleep’ service
- Department based trainers
- We will review appropriate practice to support uptake in higher clinical risk areas.

Progress will be regularly reported to the Trust Board.

Management of any outbreak will be coordinated through the South West Region, Health Protection Team of Public Health England. Public Health Dorset and Dorset CCG will maintain communications with the Trust via the Infection Control Team.

Infection control 2019/20

In the 2018/19 flu season the predominant circulating strain was Flu A, and impact the impact on the trust was less severe than in the 2017/18 season. Given the early arrival of the flu season in Australia the Microbiology and Infection Control Departments have been vigilant in case of a similar situation occurring in the Northern Hemisphere. To date, although it is very early in the season, there is no evidence of an early flu season in the UK, we will however have a better idea by the end of October around the time of the half term holidays. If high numbers of flu patients come into the trust cohorting patients may be considered in line with our policies, provided there is only one circulating strain of Flu. Testing for influenza will continue to be managed through the microbiology lab. Point of care testing in ED is not being considered at this present time. Senior oversight will be in place in line with Infection Control and OPEL/Escalation Policies.

As with previous years the following actions will be carried over through 2019/20:

- Education and awareness for ILI, PCR screening and PPE.
- Continue with successful triage approach to PCR screening
- Ongoing liaison with Pharmacy to ensure timely/sufficient ordering of Osetamivir stocks
- Improving consistency of prophylaxis for staff via OHD
- Health of the Ward system will improve side room management
- Good stock control systems in relation to PPE
- Provision of information leaflet for relatives of flu patients
- Continue weekly and quarterly updates to staff including doctors on case numbers/relevant infection control information and protocols.

Norovirus has arrived early this year with significant ward closures which have been managed using the Trust Norovirus policy and Outbreak policy.

It is too early to say if additional weekend on call/support arrangements will be required for the winter period but if the need arose for example in an especially bad flu or Norovirus season then weekend working by infection control staff may be required.

The Infection control team remains vigilant to the risk of importing multidrug resistant organisms from other trusts such as *Candida auris* and resistant *Klebsiella* to this end we maintain good contacts with neighbouring trusts and are aware of Public Health England surveillance data. Any patients admitted from hospitals where these organisms are a problem are isolated and screened until we have evidence that they are not colonised with these organisms.

6. Escalation Plans

The Operational Pressures Escalation Levels (OPEL) is a nationally mandated system, further developed internally last winter, which sets out a formal and transparent approach to the state of departments and the Trust. This improves consistency and speed of response in escalation. There continues to be opportunity to refine our approach internally and linking into the system pressures and escalation.

Following from the successful approach last year, between September and November 2019 the OPEL triggers and actions will be reviewed and further tested at an internal multidisciplinary winter preparedness event. Feedback from other departments including in the 18/19 winter debrief/survey will be reviewed to see where improvements can be made. Specific themes include:

- Anticipating OPEL escalation and taking mitigating actions (advance planning)
- Review and update actions indicated at each level
- Actions being sufficient to address the issues
- Care Group escalation processes (e.g. huddles)
- Effective OPEL meetings (including membership)
- Senior presence rota.

The Trust's Escalation Policy and OPEL Action Guide are accessible via the Trust's intranet. These also indicate and link to the Dorset system resilience response arrangements.

In hours, the process and protocols are supported by the Trust's corporate and Care Group structure, including the triumvirate of executive/senior doctor, manager and nurse. The Trust's on-call arrangements consist of an on-call manager and on-call executive. There will normally be on site presence out of hours for key escalation meetings/actions by the manager from OPEL 2 with a deteriorating position and OPEL 3 for the executive. This is also supported by the operational duty matron role in the evenings and weekends.

Departmental Escalation Plans will also be reviewed and communicated to teams to ensure consistency and timeliness of local responses.

System Resilience and Sitrep Reporting

Multi-agency weekly teleconference calls are expected to take place over the winter; these can be increased to daily when demand increases. In addition to the daily teleconference, the established process for calling an extraordinary teleconference via Single Point of Access (SpoA) will be available. Resilience alerts can be submitted at any time by partner organisations via the SpoA. **The Dorset-wide escalation process is currently being reviewed and updates will be reflected in future iterations of the plan.**

Daily Sitreps (indicating operational pressures, performance, A&E diverts, cancelled operations etc) will be collected from the NHS Improvement web portal via the BI and

Operations Directorates – these will be signed off by the Associate Director Operations, Deputy COO or nominated deputy on behalf of the Chief Operating Officer. Arrangements will be reviewed as required for any weekend/bank holiday reporting.

Christmas/New Year (and other peak holiday periods)

A specific operational plan will be developed for the Christmas/New Year period due to the expected surge of patients attending hospital following the bank holiday periods. This will detail department plans, contacts, reporting responsibilities and management oversight for each day, reporting in line with OPEL and assurance on plans for:

- Christmas & Bank Holidays-Senior Leadership presence
- Daily Situation reports responsibilities.

Emergency Preparedness

The Trust's Winter Plan should also be read in conjunction with relevant Emergency Preparedness policies and plans. In particular the Cold Weather Plan lists the actions to be taken in times of extended cold weather and the effect on patient conditions.

The Trust is required to respond to a major or internal critical incidents at any time, including when the hospital is experiencing capacity challenges.

7. Communication and Engagement

Circulation of this plan, to staff groups and partners will be undertaken. This will also be supported by clinical workshops and presentations to key staff groups between September-December. Based on feedback which suggested an effective comms plan during 18/19, a similar plan will be developed to ensure regular updates through the winter period, including in the Core Brief, Staff Bulletin and other media (e.g. screensavers, posters, targeted emails, patient and staff stories, SMS messages and social media). Furthermore, key aspects of the plan will be shared at the Dorset-wide winter planning workshop.

This paper will be submitted to the Trust Management Board in July and September 2019 and Board of Directors in September 2019. It remains an iterative plan and further updates will be provided by exception to both committees over the remainder of 2019/20.

Feedback will also be sought through the winter period to support a responsive approach to issues.

Communications to patients and public

Communications to patients and public are usually led by the CCGs, working jointly with partner communication leads.

Dorset System wide communication aims for Winter 2019-20 are:

- To support Our Dorset ICS partners to maintain an effective health and care service over the winter months;
- To provide proactive support for health and social care partners in periods of high demand;
- To provide reassurance to the public that the health and social care system is prepared for, and responding to, winter pressures;
- To be proactive and open in providing information to the media and the public about the health and social care system's plans for, and response to, winter pressures.

- To ensure people are aware of alternatives to A&E and what other services are available and when they are open;
- To inform the public about what they can do to get the most appropriate care where and when needed, at the same time helping the health system in Dorset to manage demand;
- Encourage greater use of pharmacies;
- To ensure communications during the winter period across the health system are co-ordinated and consistent, avoiding duplication and making best use of resources.

Key Messages

- For information on how to stay well during the winter months and get the most appropriate care for your needs, visit www.staywelldorset.nhs.uk;
- Emergency Departments (ED) should only be used in a life-threatening emergency;
- Know what services are available and when you should use them.

Activity

Co-ordinated winter communications activity will be planned between local NHS organisations, Dorset Council, BCP Council and Public Health Dorset. Activity and messages will be in line with national and regional winter communications plans for 2019/20. Timings and content subject to change to reflect local demands and escalation plans.

Further detail is available via the **Our Dorset Winter Communications Plan 2019/20** held by the local communications team.

8. Partnership Working

As Dorset partner winter plans are shared, **these will be reviewed in light of potential impact and/or opportunities**. Key existing areas of current partnership working include:

- Collaboration with East Cluster and East Integrated Health Care Partnership (all partners) locality based meetings, supporting development of ICPCS/Primary Care Network projects
- Joint Stranded Patient Steering Group
- Dedicated ward based Social Workers
- Joint Action Learning Week planned
- Integrated Urgent Care Service partnership – exploring potential for rotational staff
- Exploring proposal for therapy/intermediate care support to SPOA/paramedics
- Consultant Connect advice & guidance for GPs and potentially paramedics

As lead commissioner, Dorset CCG are working with SWAST on a transformation plan as well as on options for the provision of increased 111 capacity. Delivery of expected outputs is expected to commence over the coming months. **Further update is awaited but will be key to pressures on ED attendances and conveyances, as will the ongoing work on improving Urgent Treatment Centre capacity.**

Given levels of increase in SCAS conveyances, we will need to work with West Hampshire CCG and SCAS to review priorities for winter. A joint review by ED and SCAS of handover processes has been agreed in advance of winter.

Social care and community capacity currently remain a risk for the winter period, particularly during peak holidays.

9. Governance, Monitoring and Reporting

The strategic and operational teams will regularly review metrics to aid 'horizon scanning' of issues through the winter, escalation and response. Metrics include:

- 4 hour ED performance (and/or new national targets/requirements)
- Time to decision to admit / discharge
- Over 7, 21 day LoS
- Medically ready patients (and those over 21 days)
- Same Day Emergency Care activity
- ED attendances and ambulance conveyances
- Activity and occupancy levels (92% max, 88% stretch) against predictor
- NEWS (acuity)
- Readmissions
- Cancelled on the day admissions
- Outliers outside of the medical care group
- Bed capacity open
- Days at OPEL 3 and 4
- Sis, LERs, mortality
- 111 and UTC streaming capacity
- ITU bed days and delays

Monitoring will take place through the following internal groups/committees:

- Performance Management Group (PMG)
- Operations Management Group (joint RBCH/PH)
- RBCH Senior Leadership Team (SLT)
- Trust Management Board (TMB)
- Finance & Performance Committee
- Trust Board of Directors

As well as other external groups, progress will also be overseen by the Dorset Urgent & Emergency Care Delivery Board.

Care Group Plans 19/20

ACTION Below schemes generally commence Dec/Jan. Bringing these forward and/or red text schemes below may be subject to further funding identified	National Requirement		
	Front Door including streaming & ambulatory	Improved Flow & SAFER bundle	Improved Discharge & Discharge to Assess
CARE GROUP A – SURGERY			
Surgery			
Surgical AEC 5-day service – single point of access for Surgical emergencies. Calls streamed via central bleep. Consultant of the day named, Surgical Registrar relieved of general duties to focus on emergency surgical care. All day CEPOD list in place. Vascular calls taken by Vascular Consultant in hours. Gynae and Vascular hot clinics in place.	✓		
Vascular: RBH is the vascular hub. Ward 7 Right Hand Side – LoS improvements have enabled bed consolidation into ring fenced capacity (10 beds) New working pattern for Vascular Consultants from Friday September 6 th to further ensure robust hub cover 24/7	✓		✓
General Surgery: 7 Day a week Consultant rota (1:9) in place		✓	
Full Surgical Frailty service implemented from the Autumn		✓	✓
Urology: 7 Day a week Consultant led care as part of consultant of the week model from 7 th October 2019. This includes a plan to move to DC TURP and TURBT	✓	✓	✓
DiSCO and 'bag packer' in place in Surgery. Annual leave support in place to ensure consistency of provision			✓
Orthopaedics			
Streaming from ED for Trauma care is via the Orthopaedic Registrar at PHT with updated and improved SOP in place	✓		
Ring-fenced Derwent beds to maintain major elective work and RTT compliance until late December and then re-opening to NHS Orthopaedics March 2019 – full plan including supporting medicine pressures (e.g. Jan/Feb) tbc. Escalating to 28 beds is not currently within the separate winter funding envelope.		✓	

Psychology input in place and funded to support LOS reduction evidenced at 2 days average, alongside MSK hub and CHAIN development			✓
Ongoing support of the treatment of Upper Limb patients from Poole at Bournemouth (daily liaison between Poole TAC and RBH Admissions to facilitate) to support Poole Trauma capacity over winter period	✓		
Consider post trauma transfers from PHT to facilitate ED to Trauma moves assisting ED flow and 4hr	✓		
Effective use of Derwent theatres with patients operated there in January and February flowing to BPC to protect Derwent beds for medicine		✓	
Additional palliative care and OPM input into Derwent beds during January and February 2019		✓	
Anaesthetics			
ITU transfer prioritisation PDSA to support transfers out of ITU and timely support for ED Resus and other appropriate patients	✓		
New ITU Consultant from August 29 th to reduce risk of fatigue and increase Monday cover	✓		
Additional ITU capacity in readiness for higher acuity, flu impact, clinically urgent major electives (e.g. cancer). Noting limited funding envelope being worked through to confirm affordable level/period of capacity		✓	
Optimise use of Ward 12 Short Stay Unit and day case by using Derwent for onward flow. Ability to escalate further is not within the separate winter funding envelope. Book NO social ONS admissions unless clinically urgent (Jan/Feb - tbc)		✓	
Waking night in place to ensure 24/7 cover for CEPOD cases to protect daytime EL activity Daily review of CEPOD and cancellation of EL activity to support second CEPOD if required		✓	
Hourly review of theatresmart dashboard, review of dashboard at CST & ELF meetings as required		✓	
Sterile services to run flexibly to support demand.		✓	
Maternity			
Use of escalation SOP to SWAST as required for emergency transfers if either birthing unit full or patients needing NEL		✓	

transfer Daily review by Head of Midwifery of operational position in East Dorset to ensure consistency of provision of birthing resources.			
CARE GROUP B – MEDICINE			
Medicine and ED			
GP streaming - weekly timetable to review capacity Increase GP streaming during peak times – evenings and weekends (not currently within separate winter funding envelope or reflected in UTC model).	✓		
Continued SDEC model and increase AEC during peak times dates and times to be confirmed as part of detailed planning (part funded in current winter envelope).	✓		
24/7 Crisis support to ED for mental health patients.	✓		
Escalation process in place to facilitate timely transfer from ED of mental health patients to appropriate facility.	✓		
As part of ED escalation request help in minors from RBH Orthopedic SHO/Middle Grade in the evening.	✓		
Trauma SoP in place to ensure timely transfer to Poole.	✓		
Fit to Sit – increase to 6 chairs 24/7	✓		
Maintain escalation process to maintain flow out of ED and ensure Trust responds to ED pressure.	✓		
Model of specialty consultant of the day in place in hours for all medical specialties – available to GPs and ED Consultants as well as in-reach to AMU/ED. Out of hours, any calls will be to the on-call consultant (Medicine, Cardiology, Gastro – GI bleed).	✓		
Continued high acuity bay model in AMU to facilitate streaming and care for very unwell patients.	✓		
Additional Acute Physician 12.00 – 20.30 at weekends during January, February and March		✓	
Additional junior doctors at weekends to support medical take.	✓	✓	
Alcohol Nurse/support worker working across ED and AMU to avoid admission and direct patients to alternative service.	✓		
SHINE in place to ensure early patient assessment and	✓		

handover if ambulance queueing.			
Three times a day ED Board Round to facilitate ED flow and maintain safety.	✓		
Project in planning for Paramedic/GP access to ED consultant via Consultant Connect	✓		
Increased staffing capacity & to support ad-hoc 3 rd BIPAP patient in ALU. Increased number of trained BIPAP staff within Medicine. (Note currently being costed and tbc from winter envelope)		✓	
Reduction in respiratory electives to facilitate increased flexibility & volume of medical staffing capacity to inpatient areas.		✓	
Change of OP clinic templates in January to ensure sufficient fast track capacity.		✓	
Cardiology			
Acute Cardiac Clinic opened and works alongside the Cardiac ANPs in-reaching into ED and AMU. The ambulatory service is currently open 5 days a week taking referrals from ED and AMU, moving towards direct referral from GPs. This will compliment some of the urgent access clinics already in place (rapid access AF, Heart function clinic and the rapid access chest pain clinic). Change to bed base to accommodate two trolley spaces for Cardiac ANPs to bring patients from ED to CIU for further assessment rather than remain in ED or go to AMU	✓		
Consultant Connect in place	✓		
Cardiac LoS improvements also supported by 'step up'/'step down' area allowing reduced time to lab and day case approaches. A combined Rota is now in place to allow interventional consultants to complete additional list on the weekend if workload requires		✓	
Admission avoidance and discharge of patients facilitated through planned clinics which support the ongoing pathway whilst allowing patients to remain at home.		✓	
Weekend NSTEMI lists in place to support improved flow for this group of patients requiring diagnostics +/- intervention		✓	
ANP cover on Saturdays and bank holidays to support timely discharge for post procedures patients who do not qualify for same discharge avoiding need to wait for the medical ward			✓

rounds			
Older Persons' Medicine (incl Discharge Team)			
Older Person Ambulatory Care Clinic (OPAC) runs Monday – Friday supported by Geriatricians and Nurse Practitioners at RBCH and Christchurch Day Hospital. Function of avoiding admission or supporting early discharge from the frailty unit. Increase consultant input across week to support GP referrals and admission avoidance from community.	✓		✓
Additional fortnightly geriatrician rapid response clinic being trialed to provide patients with appointments that require review within a couple of weeks but are not admission avoidance. This will release capacity in OPAC clinic for more admission avoidance slots. One or two slots available each fortnight in addition to regular outpatient clinics.	✓		
OPM commander rota to provide a manager in OPM as a link for the care group with responsibility to attend bed meetings as appropriate and to communicate key messages with the OPM directorate to support flow and escalation.		✓	
Therapy huddle at 11am at OPEL 3 to identify areas of pressure that require prioritisation across the hospital. OPM commander to link with the team. Key messages re: community or social care services responding to OPEL 3 to be disseminated and therapy to escalate any patients or support required.	✓	✓	✓
OPM Nurse practitioner team supporting Consultant Connect to allow discussion with GP's regarding potential admissions for specialist advice and guidance.	✓		
Additional OPM weekend and evening ward rounds (MDT support) with focus on additional discharges		✓	✓
<p>Increased focus on stranded patients (7-21 days LOS) to deliver additional bed capacity through implementation of:</p> <ul style="list-style-type: none"> • CHC Clinical In reach Worker from Dorset CCG • Stranded Patient Clinical Advisor • Additional stranded patient meetings supported by the Discharge Services Manager • Discharge key workers based on wards to ensure key members of the ward based MDT's • Ongoing commissioning of Agincare to support flow through Trust Interim service. <p>Senior leadership and support from the Dorset system to expedite discharge for super stranded patients over 21 days</p>		✓	✓

OPM Nurse Practitioner pilot on ward 4 (short stay frailty ward) to support the medical and nursing workforce).		✓	
Increased capacity of the Interim Care service including the Agincare Domiciliary Service to bridge delays for patients awaiting social services packages of care at home as an alternative to being stranded at RBCH.	✓		✓
OPAL and Nurse Practitioner team in ED to identify patients with frailty within 2 hours of attendance to support triage of to access the appropriate acute or community service from ED. This will include either transfer to: OPAU (Older Persons Frailty Unit) OPAC (Older Persons Ambulatory Care) Discharge to Locality Community Hub Services (Intermediate care, Day Hospital, Step down beds or reablement). Where appropriate Geriatrician PTWR to be completed on ED if of benefit to patient and hospital. This is not always possible but will be considered when appropriate.	✓	✓	✓
Daily MDT outlier meeting to ensure all outliers have appropriate plans and the MDT communication is effective and timely. Discharge key worker support at this meeting allocated.		✓	✓
Response from Dorset Healthcare (Bmth & Dorset) Intermediate Care service within 2 hours of referrals to avoid admission. In-Reach from community matrons/DHC clinical leads as required at OPEL 3 to be requested and organized if considered to be of benefit.	✓	✓	
Bleep service with immediate response from Social services to ED, AMU and OPAU to patients who are deemed as Medically stable for discharge but require social care assessment/support to facilitate admission avoidance.	✓		✓
Social services workers attendance at ward based MDT's, particularly OPAU and ward 5 to support timely professional guidance and effective planning for admission avoidance and complex discharge.	✓	✓	✓
Care Group Wide			
Silver command rota in place to ensure named senior care group manager to oversee flow and expedite discharges.		✓	
Additional ward (28 beds) to improve flow from AMU. General Acute medical ward opening 16 beds on 23 rd October/22 beds on 1 st December and 28 beds on 1 st January until end April. General principle of cohorting specialities in order to optimise doctor cover and process efficiencies.		✓	

Weekly briefing with Care Group Clinical Directors to ensure they are all briefed on current pressures and required actions.	✓	✓	
Daily Care Group Huddle to brief team on daily actions and plans.	✓	✓	
CARE GROUP C – SPECIALITIES			
Specialist Services			
Senior pharmacist presence on AMU consultant ward rounds if vacancy issues resolved.		✓	
Dedicated pharmacy support provided to AMU, AFU and Cardiology to support timely review of and provision of discharge medications, supported by a pharmacy hub approach.			✓
Appointing an additional pharmacist to provide input to the additional acute medical ward in the mornings and AMU in the afternoons to support discharges and flow.			✓
Pathology			
Ongoing review and flexible management of phlebotomy provision across the trust to support wards. Transfer of GP blood requests to the community has resulted in improved access for outpatient and inpatient phlebotomy.		✓	
Cancer Care			
Macmillan Unit flex capacity is to be provided, linked to an escalation process agreed with the Macmillan team. This will include a trigger for fast track CHC patients. De-escalation process also to be identified and agreed to maintain patient safety.		✓	
Consider Ward 11 flexing capacity to support haematology outliers.		✓	
Focus on admitting and discharging from the day unit and ambulating patients where appropriate.		✓	
Radiology			
Maximise MR capacity to enable improved 7 day access for inpatient/ambulatory cases.		✓	
Consider cancellation/reduction of elective 'cold' outpatient (and ultrasound) work during the Christmas and New Year period to release capacity for urgent/inpatient and fast track slots.		✓	
Additional RDA cover now routinely rostered for all bank holidays.		✓	

Review provision of ultrasound lists on Christmas day – will be dependent on level of vacancies. Confirmation tbc as part of detailed planning up to peak period.		✓	
Ophthalmology			
QI review Eye ED to maximise efficiency and capacity to support demand.		✓	
Ophthalmology ward to continue to provide flex capacity to support outliers and maintain flow. This will be supported with strict criteria to select appropriate patients for transfer.		✓	
To consider ceasing, or flexible approach to, elective non urgent paediatric surgery from Christmas to mid-February. (Fully reinstate from half term).		✓	
Cease undertaking non urgent GA's over the Christmas and New Year period.		✓	
Maintenance of RTT through winter – plans to include: <ul style="list-style-type: none"> • continuation of demand management and referral process review • additional activity (to include spread into weekends) • focus on outpatient waits to reduce late 'additions to list' requiring surgical capacity • additional locum/substantive posts • outsourcing 		✓	
TRUST-WIDE/CORPORATE	Front Door including streaming & ambulatory	Improved Flow & SAFER bundle	Improved Discharge & Discharge to Assess
"Late Matron Shift" (shared between all Care Groups) Monday – Friday from 12pm – 8pm – to also help support hospital when at OPEL 3. Plus weekend Duty Matron.		✓	
Escalation Policy and OPEL action guide continues. Workshops in Sept-Dec to review any further refinement/operational implementation. Also supported by review of system-wide escalation process.	✓	✓	✓
Acuity programme – supporting response to higher acuity triggers hospital wide		✓	
Taxi and transport flow support			✓
Daily monitoring of bed occupancy and other predictor tools to inform escalation and further planning		✓	✓



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

BOARD OF DIRECTORS	
Meeting date:	25 September 2019
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Freedom to Speak Up – Bi-Annual Report (2019/20)
Section on agenda:	Governance
Supplementary reading:	None
Director or manager with overall responsibility:	Debbie Fleming, Chief Executive
Author(s) of paper:	Helen Martin, Freedom to Speak Up Guardian
Details of previous discussion and/or dissemination:	Previous update at March 2019 Board of Directors meeting. Annual governance at Audit Committee (November 2018)
Action required:	Decision
<p>Summary: Annual Report, outlining progress of the Freedom to Speak Up Team and priorities for 2019.</p> <p>Decision:</p> <ul style="list-style-type: none"> • Sign annual declaration (Appendix A)- attached to the statement of commitment as at March 2019 • Board to note draft strategy (Appendix B) • Board to agree a joint board development session for speaking up 	
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 significant risks:	Approval and support from board will lead the development of our culture of safety within



The Royal Bournemouth and Christchurch Hospitals

NHS Foundation Trust

	RBCH so that we become a more open and transparent place to work, where all staff are actively encouraged and enabled to speak up safely.
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Freedom to speak up (FTSU)

Bi annual report (2019/20) RBCH

1.0 Executive Summary: A Vision for Raising Concerns

Sir Robert Francis set out his vision for creating an open and honest reporting culture in the NHS in his 2015 publication “Freedom to Speak Up”. He recognised that having a healthy speaking up culture helps protect patients and improves the experience of NHS workers. Consequently he mandated that each Trust appoint a Freedom to Speak Up Guardian (FTSUG) which has now been part of the NHS standard contract for two years.

Over this time, training and guidance has been developed and refined supported by the National Guardian Office (NGO) but also from the establishment of local networks. Furthermore, CQC inspections recognise that listening and responding to people who speak up, and tackling the barriers to speaking up, is a natural ingredient of good leadership and a well led organisation.

The purpose of this paper is to

- Update the board on the current position of speaking up culture at RBCH including the aims and progress.
- Sign annual declaration (appendix a)
- Board to note draft strategy (appendix b)
- Board to agree a joint board development session for speaking up

2.0 Our Shared Approach

A joint speaking up model now exists across both Poole and Bournemouth Hospitals, developed in view of significant changes to the delivery of healthcare within Dorset and in anticipation of the merger. Existing experiences at Royal Bournemouth and Christchurch Trust (RBCH) and Poole Hospital Trust (PHT) alongside guidance and recommendations from the National Guardian Office (NGO), National Health Service Improvement (NHSI) and national experience have helped shape our model. This shared approach now benchmarks well against the recommendations set out in 2018 by the NGO, meeting the elements recognised as essential for speaking up (appendix c).

2.1 Our Vision

To develop a culture of safety within RBCH and PHT so that we become a more open and transparent place to work, where all staff are actively encouraged and enabled to speak up safely.

2.2 The Freedom to Speak up (FTSU) Team

The FTSUG, Helen Martin, commenced in a seconded post from 1st May working across both sites. The team has grown since September 2018 to 5 Freedom to Speak Up Ambassadors (FTSUA) whose role is to promote, listen, support and provide an impartial view to staff when speaking up. The purpose of this team is to help support the needs of all our staff, no matter where they work or whatever diverse background they come from.

The role of the Freedom to Speak Up (FTSU) Ambassador will contribute to creating a culture of speaking up where staff feel safe and confident to raise concerns. The FTSU Ambassador will work alongside the FTSU Guardian promoting, listening, supporting and providing an impartial view to staff when speaking up.



The Team now includes (from left to right):

Tom Beaumont	X-Ray Clinical Lead
Helen Martin	FTSUG
Sally Papworth	Preadmission Assessment Sister
Catherine Bishop	Medical Secretary/Staff Governor
Hazel Rodriguez	Pensions Lead (absent from photo)
David Flower	Lead Chaplain/Mortuary Manager (absent from photo)

The team has flourished since being in post. It is not only instrumental in developing a diverse and inclusive approach but also will allow staff to have a choice to whom they raise a

concern with. The team will also be key to provide an internal quality assurance and support network and cover when the FTSUG is not available. The FTSUG has set up monthly team and training sessions ensuring that the commitment from the FTSUA's are supported with individual development opportunities. The team continues to look for a medical replacement following the departure of the chief registrar in February and sees this role as being a key one to the team.

The process to recruit ambassadors at PHT is also underway and will be advertised and promoted during the national speaking up October. It is anticipated that these posts will be in place by the end of November. The ambassadors at RBCH will help in this process and are keen to explore opportunities across site to support each-other.

3.0 Key Progress Update

3.1 NHS staff survey: Freedom to Speak up Index

At the 2018 National Freedom to Speak up Conference, Simon Stevens presented preliminary findings that a small subset of questions in the NHS staff survey could be used as a proxy measure of the Freedom to Speak up culture in trusts. The NGO have now completed this work and analysed the results from the most recent staff survey to identify those trusts with the highest index scores. We are delighted to learn that RBCH has scored the highest index score for 2018 for Acute Trusts with an index score of 84% and reflects the whole journey we have taken within our cultural review. Alongside the work from the FTSU team there have been a number of other initiatives, such as building on our local and trust governance structure moving to one which focused on the learning from incidents further underpinned by the launch of our LERNS forms which encourages staff to share safety incidents, share good practice, share improvement ideas and share issues. All have contributed to the reporting culture of RBCH.

The NGO recognise that this is a measure of a healthy FTSU culture which in turn is a reliable indicator of a high performing trust. A case study outlining our journey has been submitted so that learning can be shared nationally. The report is to be published in October and the FTSU team are going to London on 8th October for a presentation with Simon Stevens.

3.2 Care Quality Commission (CQC)

CQC inspections recognise the strong link between the quality of management and leadership and the quality of its services. Listening and responding to people who speak up, and tackling the barriers to speaking up, is a natural ingredient of good leadership, which itself has always been a significant element of the CQC-rating process. Consequently the CQC now assesses a trust's speaking up culture during inspections under the key line of enquiry (KLOE) 3 as part of the well-led question.

The NGO correlates those trusts which have higher CQC-ratings as being ones that support their guardians most and have a stronger speaking up culture at all levels of management and leadership. Both of these will contribute to a higher level of quality of services.

The FTSUG has met with the CQC engagement team building good links in preparation of our inspection. The FTSUG is involved in the preparation for the CQC inspection at PHT, due imminently.

3.3 Developments at PHT

Since being in post the FTSUG has built upon the speaking up profile already developed in PHT. A formal launch occurred on 13th September at the #thankyouFriday. A number of key activities have commenced and include (but not exclusively) the;

- development of a clear speaking up process, working with other departments such as Risk and Governance and Human Resources. This has resulted in the development of a Trust Policy based on the one produced by NHS improvement,
- development of clear governance structure, and building links with key stakeholders within this.
- development of Intranet Webpage,
- development of resources including leaflets, banners, posters, literature, pens etc,
- development of contact details including email and telephone number,
- development of a reporting and monitoring system for national submissions but internally triangulating the data with HR, Risk and Governance, unions
- development of key links with Diversity and Inclusion team. The National Guardian office encourage close working partnerships with staff diversity networks so this participation will continue to be key,
- presentation to staff meetings within key areas of the organisation e.g. theatres, radiotherapy, midwifery, breast screening etc
- FTSU participation within Trust Induction including medical induction,
- discussions regarding exit interviews,
- Attendance to national conferences, webinars, training,
- Commenced expression of interest for ambassadors

3.3 FTSU Networks

The NGO recognises the need to develop and engage within formal regional networks. The FTSUG has been an active member of the Thames Valley Network since its inception in 2017 but due to recent changes to strategic boundaries, is now aligned to the southwest. It is envisaged that the guardian will continue to have links within both regions and attendance will depend on the proximity of the meeting. This forum is excellent for support and sharing good practice.

The FTSUG has also set up and chairs a local Dorset FTSU Network since September 2018. The vision of this group was agreed to share best practice, look to act as a mentor for difficult cases and explore whether there would be advantages in developing a one system approach to hearing cases, allowing staff across Dorset, the access to truly independent and impartial advice.

3.4. National Guardian Office (NGO)

The FTSUG continues to be an active contributor to the work from the NGO. Part of this work is to submit and support requirements from the NGO. These include quarterly submissions, census information and other surveys.

3.4.1 Quarterly NGO submissions

Temporarily submissions are on hold due to changes within the national IT software. Ordinarily we provide quarterly information about speaking up cases raised at each organisation, outlining the themes and reporting the feedback received from those cases closed. The FTSUG is committed to contributing to these submissions, and anticipates this back in operation over the next few months. Until then it is important to note that nationally the number of referrals to FTSUG are increasing and a key theme continues to be that linked to attitudes and behaviour.

Nationally the last set of data was quarter 4 2018/19. Key headlines include:

- **3,406** cases were raised to Freedom to Speak Up Guardians / ambassadors / champions
- **928** of these cases included an element of patient safety / quality of care
- **1,312** included elements of bullying and harassment
- **122** related to incidents where the person speaking up may have suffered some form of detriment
- **506** anonymous cases were received
- **5** trusts did not receive any cases through their Freedom to Speak Up Guardian
- **220 out of 227 NHS trusts** sent returns
- Highest reporters are nurses followed by administrative staff and Allied Health professionals

3.4.2 NGO case reviews

In June 2017, the National Guardian's Office launched a case review process reviewing how trusts have handled concerns and the treatment of people who have spoken up, where there is evidence that good practice has not been followed. Recommendations are then made and it is encouraged that all trusts benchmark their own practice to ensure the learning from such reviews is shared. Six case reviews have been completed with over 100 recommendations. The guardian is nearing the completion of her review but has already had key conversations within HR where quick changes can be implemented.

3.5 Key Publications

This summer several important reports have been published which will need review and action.

3.5.1 NHSI: Freedom to speak up review tool for NHS trusts and foundation trusts

In July 2019, NHSI has produced a guide and self-assessment tool to outline what boards need to create a culture which focuses on learning and improving the quality of patient care and the experience of workers. This guide has been aimed at senior leaders because it is recognised that it is the behaviour of executives and non-executives (which is then reinforced by managers) that has the biggest impact on organisational culture. The tool requires boards to:

- Support behaviour that encourages workers to speak up
- Demonstrate commitment to FTSU
- Have a strategy to improve your FTSU culture
- Support your FTSUG
- Be assured your FTSU culture is healthy and effective
- Be open and transparent

Both Trusts have reviewed and completed previous versions of this tool in autumn 2018 to varying degrees of detail. It is anticipated that as part of our joint approach a joint board development training session will be in autumn 2019 to facilitate a discussion and reflection. This will then be used to complete the self-review tool and develop an improvement action plan and shape our strategy.

It is envisaged that this exercise will be undertaken biennially, enabling reflection on our current speaking up culture, process and policies so that we are assured that our patients are protected and staff have a good working experience. This work can then be fed into the wider programme of work to improve culture including that of compassionate and inclusive leadership, creation of meaningful values, tackling bullying and harassment, improving staff retention, reducing excessive workloads and building powerful and effective teams.

3.5.2 NGO training

Following a case review carried out by the NGO, recommendations have been published in August 2019 outlining national guidelines to improve the quality, clarity and consistency of training on speaking up. It will be essential to benchmark our training to these recommendations and work with training departments to meet the new requirements. Information at corporate induction is already in place at both sites alongside other training programmes. A key area will be looking at delivering core messages on how our first line managers welcome, handle and feedback concerns. This area is a key component to the 2019-2021 strategy and FTSUG work plan.

3.6 Freedom to Speak up Strategy (2019-2021)

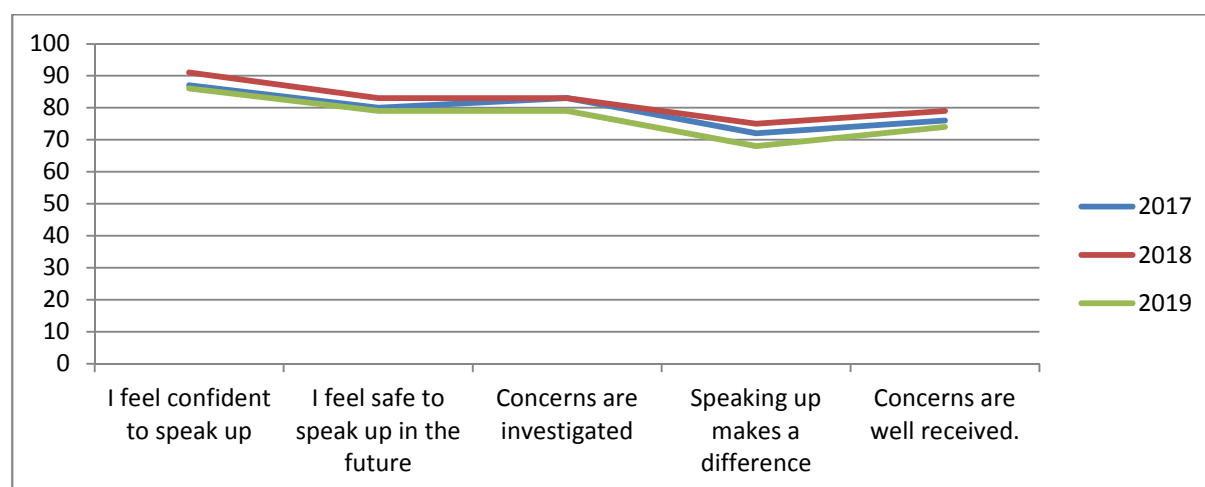
The guardian has developed a strategy for speaking up, setting out our vision, ambition and aims based on a diagnosis of issues the trust is currently facing in relation to speaking up. This has been developed using tools such as the NHSI self-assessment, alongside other data including staff survey, pulse surveys, complaints, risk and governance data etc. The strategy has been aligned to each organisation's objectives and a detailed work plan is in place to measure its delivery. It is requested that the board note this strategy prior to consultation and will be amended for approval following the joint board development in autumn.

Table 1: FTSU objectives aligning to PHT and RBCH objectives

FTSU objective	RBCH Objective	PHT Objective
Embed speaking up process, reporting and monitoring system	Improving quality and reducing harm	Ensure that we continue to provide safe, high quality care for patients
Embed a communications strategy	Listening to patients and staff	focusing on staff engagement to create a positive culture
Embed strong and working relationship with Trust board	Strengthening team working	Take forward people strategy
Embed training for FTSU team, new and existing staff	Valuing our staff	Providing strong and effective leadership
Embed a network within region and locally	Strengthening team working	Take forward people strategy
Embed an ambassador team, ensuring support and training	Strengthening team working	Take forward people and people strategy

4.0 What are our staff telling us?

The staff impressions survey is used as a quarterly opportunity to “check the pulse” of the organisation, completed in quarter 1, 2 and 4. From 29th July to the 30th August 2019 (Q2) the staff impressions survey not only looked at the mandatory questions of what the organisation is like to work at and be treated at but also asked staff the 5 key questions outlined from the Sir Francis report to assess if RBCH has an open and honest reporting culture. The same questions were asked in the same quarter in 2017 and 2018. The numbers are traditionally low in this survey with 510 completing it this year, slightly down from last year. Caution therefore needs to be taken into account when interpreting this.



Graph 1: : Q2 Staff impression survey results (n= 510 in 2019, n= 612 in 2018 and n = 273 in 2017).

The data collected from this pulse survey suggests a slight deterioration in all 5 questions. This however needs monitoring within the annual staff survey, due out in the next quarter for us to draw proper conclusions. Alongside this data a number of comments were noted from those who responded, and in many ways they are useful to help the FTSU team need to focus its time over the next few months.

TABLE 2: Comments from Staff Impressions Survey Qtr 2 (2019)

Positive comments	Negative Comments
Managers are happy to listen to my concerns	I am unable to voice my concerns in case of backlash
Speaking up is encouraged and responsive	Broken promises, and no point as nothing changes
My manager has been really proactive in dealing with the issues I have raised	Maybe listened to but nothing is ever remedied
Manager very approachable	“big brother corporation” and I have lost trust
Feedback is routine when concerns are raised	Falls on deaf ears
Open door policy	I have raised concerned but always shot down
I am confident that my manager will listen to me and be supportive	Nothing ever changes.

This survey also allows us to explore how staff from all backgrounds feel about our speaking up culture. Eight percent of staff who completed the survey were from a BAME background. Table 3 could imply that staff from BAME backgrounds feel less confident and safe to speak up than white counterparts but if they do they are more confident that they are investigated, makes a difference and are well received.

TABLE 3: Staff Impressions survey results for BAME staff

2019	ALL	BAME (8%)	difference
I feel confident to speak up	86	84	↓
I feel safe to speak up in the future	79	76	↓
Concerns are investigated	79	84	↑
Speaking up makes a difference	68	70	↑
Concerns are well received	74	76	↑

Our NHS staff survey results indicate that our BAME colleagues' experience working at RBCH is perceived less positively than their white counterparts. A positive action programme has been put into place to help understand and resolve some of the personal and organisational barriers faced by BAME employees and to enlighten senior leaders on their experiences. This is a key trust strategy to developing a more inclusive culture. The FTSU team are a key member of the Equality, Diversity and Inclusion Committee/work party and are involved in supporting the BAME network, alongside holding listening events in October as part of their speaking up October month. The FTSU team will also be visiting staff using the firm favourite trolley, with the EU network to ensure we also hear the voices from our European colleagues.

5.0 Case Referrals – the headlines

A range of data is collected by the FTSUG. This report will look at this data including the key themes of concerns raised, where concerns have been raised and by whom. One key link has been with the risk and governance tool LERN – raise an issue form which has resulted in referrals but also healthy discussions on potential hot spots at our regular meetings. Alternatively, referrals have come directly from presentations, the organisation department, word of mouth and recommendation.

5.1 Key Themes of concerns

Table 4 illustrates the number of cases heard through the FTSUG office at RBCH. It is this data that forms part of what is submitted quarterly to the National Guardian Office (NGO).

Table 4: Themes raised through the FTSUG office

Themes	Qtr 1 (April – June)	Qtr 2 (July – Sept) 2.9.19 until	Qtr 3 (Oct – Dec)	Qtr 4 (Jan – 11 Mar)	Number of concerns raised
Attitudes & Behaviours	10	7			17
Other	1				1
Performance Capability					
Policies	8	8			16
Quality & Safety		4			4
Staffing Levels					
Total	19	19			38

Table 4 shows that a similar number of cases raised at RBCH have either an element of attitudes and behaviours or policy. The NGO recognises bullying and harassment as a key theme mirrored across the network. This year of particular note has been hearing the voices from our international staff who are new to the country and NHS. Quotes include:

- “I feel that I am on the tube and asked to go to central London with no map” At least on the underground there is an app to help me”
- “I feel like an outcast and isolated”
- “I feel excluded, lonely and frustrated”
- “I clearly frustrate other and soon become excluded from conversations”

One of the trust network groups which has been developed is one for our international doctors and whilst we are not nationally alone in these issues, there feels an urgency that we need to address them. This network group has set up a buddying system and help work with new recruits. The FTSU team is also involved in helping shape and structure of this network in terms of purpose and goals using the Affina methodology. That aside, there is also something around how we all are towards this important group of staff, who often leave their families to come and work here, already feeling vulnerable. The need to provide better inductions, answering their questions and showing better empathy and care will all help and should be part of all roles.

This year there has also been more staff worried about a formal policy or wanting advice regarding this. Such examples include concerns where staff have felt unsupported whilst suspended which has been easily resolved by working with our HR colleagues and the templates used. Another piece of work is explore again the information we are able to give staff within the constraints of confidentiality, to debrief those staff involved in a process whether that be someone who has raised a concern or involved in writing statements. Staff feel very vulnerable when involved in a formal process and whilst the new ER tracker may help to keeping those involved better informed of the process, conversations about what can be feedback at the end of a process needs further exploration.

5.2 Where are concerns being raised?

Table 5: The number of concerns raised in Clinical care groups

Clinical Care Groups	Qtr 1 (April – June)	Qtr 2 (July – Sept)	Qtr 3 (Oct – Dec)	Qtr 4 (Jan – Mar)	Number of concerns raised
Clinical Care Group A	3	7			10
Clinical Care Group B	4	6			10
Clinical Care Group C	2	2			4
Corporate/operations	10	4			14
Total	19	19			38

Table 5 shows that care groups A and B have been good reporters to the FTSU team this year. This is not a surprising trend as the FTSU team have focused its activities to these areas but we do need to ensure that this work is not at the expense of other care groups and areas.

5.3 Who are raising concerns?

Table 6: Who are raising concerns in RBCH?

	Qtr 1	Qtr2 (as 2.9.19)	Qtr3	Qtr4	Total
Dr	2	3			5
Nurse	3	2			5
HCA	3				3
Midwife		1			1
AHP					
AHP pharm	2	4			6
Admin/Cler	5	7			12
Clean/Catering Main/anc	3	1			4
Board					
Corporate	1				1
Other		1			1
Anon					
Total	19	19			38

Table 6 shows that our non-clinical colleagues are good reporters to the FTSU team. A key focus for last year was visit and speak to our administrative and clerical teams which may in part explain this change. AHPs have previously been our largest group of professionals who have raised a concern to the FTSUG followed by nursing/HCA, which mirrors the national picture. Reaching out to our medical colleagues has also been particularly successful over the last 6months including attending junior doctor meetings and medical trust induction.

6.0 The Role of the Board.

The NHSI clearly state that the board are to create a culture which focuses on learning and improving the quality of patient care and the experience of workers. They recognise that it is the behaviour of executives and non-executives (which is then reinforced by managers) which has the biggest impact on organisational culture. The document published in July this year, clearly defines responsibilities of the executive and non-executive leads and the FTSUG has sent these out separately and discussed at their 1:1s. The self-assessment tool explicitly sets out those expectations (refer to section 3.5.1). Regular and in depth reviews of leadership and governance arrangements will help boards to identify areas for further development. It is anticipated that we will completed this review, together with the FTSUG, in the autumn which will then help shape our strategy.

The National Guardian maintains that the role of the board is to kept abreast of all matters relating to speaking out. This encompasses being sighted on both the issues being raised and apparent barriers to speaking up. It has been suggested that Board reports should include measures of

activity and impact and where possible, include “case studies” describing real examples of speaking up that guardians are handling. Many factors play into speaking up activity and no firm conclusions can be drawn by analysing numbers alone.

7.0 Next Steps

This is outlined within the draft strategy (appendix b). The FTSUG will report back within its governance structure of the audit committee but also the board in six months-time. Key tasks include (but not exclusively):

- Increasing profile within trust and visiting clinical and non-clinical areas
- Support to the national speaking up October
- Completion of board development session and self-assessment tool
- Approval of strategy

8.0 Summary

The purpose of creating a speaking up culture is to keep our patients safe and at the heart of everything we do. Our model is now shared with PHT which will be essential in view of the significant changes proposed over the next 5 years with the merger and the delivery of the clinical services review. During this time, excellent patient care will need to continue and having staff whom feel free to speak up will ensure that our patients remain safe. Sharing the learning across both sites and key themes will be essential and challenge us to deliver the best service to our staff.

9.0 Board Actions

This paper requests the board to approval and note:

1. Board commitment to statement and annual declaration (appendix a)
2. Board to note draft strategy (appendix b)
3. Board to agree a joint board development session for speaking up

**POOLE HOSPITAL AND ROYAL BOURNEMOUTH &
CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUSTS**

Board of Directors' Statement of commitment to the principles of the Freedom to Speak up Publication set out by Sir Robert Francis.

Sir Robert Francis set out his vision for creating an open and honest reporting culture in the NHS in his 2015 publication Freedom to Speak Up. The Board of Directors is committed to fostering a culture of safety and learning in which all staff feel safe to raise a concern across the Trust.

Speaking up is essential in any sector where safety is an issue. Speaking up should be something that everyone does and is encouraged to do. There needs to be a shared belief at all levels of the organisation that raising concerns is a positive, not a troublesome activity, and a shared commitment to support and encourage all those who raise honestly held concerns about safety. Without a shared culture of openness and honesty in which the raising of concerns is welcomed, and the staff who raise them are valued, the barriers to speaking up will persist.

The Board supports the key principles of speaking up and is committed to leading the actions required to implement them. The Board will receive support from the Freedom to Speak up Guardian (FTSUG) who is sponsored by the Chief Executive.

The key principles the Board is committed to include:

	Principle	Action
1	Culture of safety	Every organisation involved in providing NHS healthcare, should actively foster a culture of safety and learning, in which all staff feel safe to raise concerns.
2	Culture of raising concerns	Raising concerns should be part of the normal routine business of any well led NHS organisation.
3	Culture free from bullying	Freedom to speak up about concerns depends on staff being able to work in a culture which is free from bullying and other oppressive behaviours.
4	Culture of visible leadership	All employers of NHS staff should demonstrate, through visible leadership at all levels in the organisation, that they welcome and encourage the raising of concerns by staff.
5	Culture of valuing staff	Employers should show that they value staff who raise concerns, and celebrate the benefits for patients and the public from the improvements made in response to the issues identified.
6	Culture of reflective practice	There should be opportunities for all staff to engage in regular reflection of concerns in their work.
7	Raising and reporting concerns	All NHS organisations should have structures to facilitate both informal and formal raising and resolution of concerns.
8	Investigations	When a formal concern has been raised, there should be prompt, swift, proportionate, fair and blame-free

		investigations to establish the facts.
9	Mediation and dispute resolution	Consideration should be given at an early stage to the use of expert interventions to resolve conflicts, rebuild trust or support staff who have raised concerns.
10	Training	Every member of staff should receive training in their organisation's approach to raising concerns and in receiving and acting on them.
11	Support	All NHS organisations should ensure that there is a range of persons to whom concerns can be reported easily and without formality.
12	Support to find alternative employment in the NHS	Where a NHS worker who has raised a concern cannot, as a result, continue in their current employment, the NHS should fulfil its moral obligation to offer support.
13	Transparency	All NHS organisations should be transparent in the way they exercise their responsibilities in relation to the raising of concerns, including the use of settlement agreements.
14	Accountability	Everyone should expect to be held accountable for adopting fair, honest and open behaviours and practices when raising or receiving and handling concerns.
15	External Review	There should be an Independent National Officer (INO) resourced jointly by national systems regulators and oversight bodies and authorised by them to carry out the functions described in this report
16	Coordinated Regulatory Action	There should be coordinated action by national systems and professional regulators to enhance the protection of NHS workers making protected disclosures and of the public interest in the proper handling of concerns
17	Recognition of organisations	CQC should recognise NHS organisations which show they have adopted and apply good practice in the support and protection of workers who raise concerns.
18	Students and Trainees	All principles in this report should be applied with necessary adaptations to education and training settings for students and trainees working towards a career in healthcare.
19	Primary Care	All principles in this report should apply with necessary adaptations in primary care.
20	Legal protection	Should be enhanced to those who make protected disclosures.

Speaking up ANNUAL DECLARATION

This declaration is to be signed annually alongside our statement of commitment to the Sir Robert Francis recommendations

Declaration

Please tick the statements below to confirm that you remain.

- ☐ I recognise that I have a responsibility for creating a safe culture and an environment which workers are able to highlight problems and make suggestions for improvement.
- ☐ I understand the importance of workers feeling able to speak up and the trusts vision to achieve this
- ☐ I recognise the impact of my own behaviour on the trust's culture. I will therefore reflect on my own behaviour regularly so that it does not inhibit someone speaking up*.
- ☐ I have insight into how my power could silence truth
- ☐ I will welcome approaches from workers and thank them for speaking up. I will ensure that I will provide feedback
- ☐ I will speak up, listen and constructively challenge one another during board meetings
- ☐ I will seek feedback from peers and workers and reflect on how effectively they demonstrate the trust's values and behaviours
- ☐ I will accept challenging feedback constructively, publicly acknowledge mistakes and make improvements.
- ☐ I will be open and transparent and see speaking up as an opportunity to learn.

*It is good practice to test your behaviour with direct and incidental feedback from staff surveys, pulse surveys, social media comments, reverse mentoring, 360 feedback and appraisals.

Signed: _____ Date: _____

Name in block letters: _____

Job title:



The Royal Bournemouth and
Christchurch Hospitals
NHS Foundation Trust



Freedom to Speak Up (FTSU)

Strategy 2019 – 2021

DRAFT

**If this document is printed – please check in the Policies,
Procedures and Guidelines section of the intranet to ensure this is
the most up to date version**

A) SUMMARY POINTS
This strategy sets out the Trust's Freedom to Speak Up vision and strategy over the next 2 years alongside its work plan.
This strategy aims to improve the experience of whistleblowing at Poole Hospital Trust (PHT)
It outlines how to measure the success of the strategy
B) ASSOCIATED DOCUMENTS
Policy: Freedom to speak up: raising concerns (whistleblowing) policy

B) DOCUMENT DETAILS	
Author:	Helen Martin
Job title:	Freedom to Speak Up Guardian (FTSUG)
Directorate:	Nursing (PHT) Corporate (RBCH)
Version no:	1
Target audience:	All Trust employees (and those who have worked at PHT) including agency workers, temporary workers, students, volunteers and governors.
Approving committee / group:	Trust Board of Directors
Chairperson:	Chair of Board
Review Date:	

C) CONSULTATION PROCESS			
Version No.	Review Date	Author	Level of Consultation
1		Helen Martin	

D) VERSION CONTROL						
Date of Issue	Version No.	Date of Review	Nature of Change	Approval Date	Approval Committee	Author
	1		New strategy for FTSU		Trust Board	Helen Martin

CONTENT		PAGE No.
1	Introduction and Purpose	3
2	Definition	3
3	Roles and Responsibility	3
4	Our shared approach	4
5	Our vision	6
6	Our strategy	7
7	Our objectives	8
7.1	Embed speaking up process, reporting and monitoring system.	9
7.2	Embed a communication strategy	9
7.3	Embed strong and open working relationship with Trust board	9
7.4	Embed training for FTSU team, new and existing staff	9
7.5	Embed a network within region and locally	10
7.6	Embed FTSU ambassador team, ensuring support and training.	10
8.0	Measuring success	10
9.0	Summary	11
Appendices		
Appendix A – Statement of Commitment to the principles of FTSU set out by Sir Robert Francis		
Appendix B – Work plan to meet key objectives for 2019/20		
Appendix C – Equality Impact Assessment		

1.0 Introduction and Purpose

Sir Robert Francis set out his vision for creating an open and honest reporting culture in the NHS in his 2015 publication "Freedom to Speak Up (FTSU)". He recognised that having a healthy speaking up culture helps protect patients and improves the experience of NHS workers. Consequently he mandated that each Trust appoint a Freedom to Speak Up Guardian (FTSUG) which has now been part of the NHS standard contract for two years.

Over this time, training and guidance has been developed and refined supported by the National Guardian Office (NGO) but also from the establishment of local networks. Furthermore, Care Quality Commission (CQC) inspections also recognise that listening and responding to people who speak up, and tackling the barriers to speaking up, is a natural ingredient of good leadership and a well led organisation.

The purpose of this document is to set out the Trust's Freedom to Speak Up vision and strategy over the next 2 years. This document should be read alongside the Trust's Raising Concern (Whistleblowing) Policy. The Trusts have adopted the standard integrated policy for whistleblowing and Freedom to Speak Up which will be reviewed annually to continue to meet national guidance and best practice.

2.0 Definitions

The following definitions apply to this strategy:

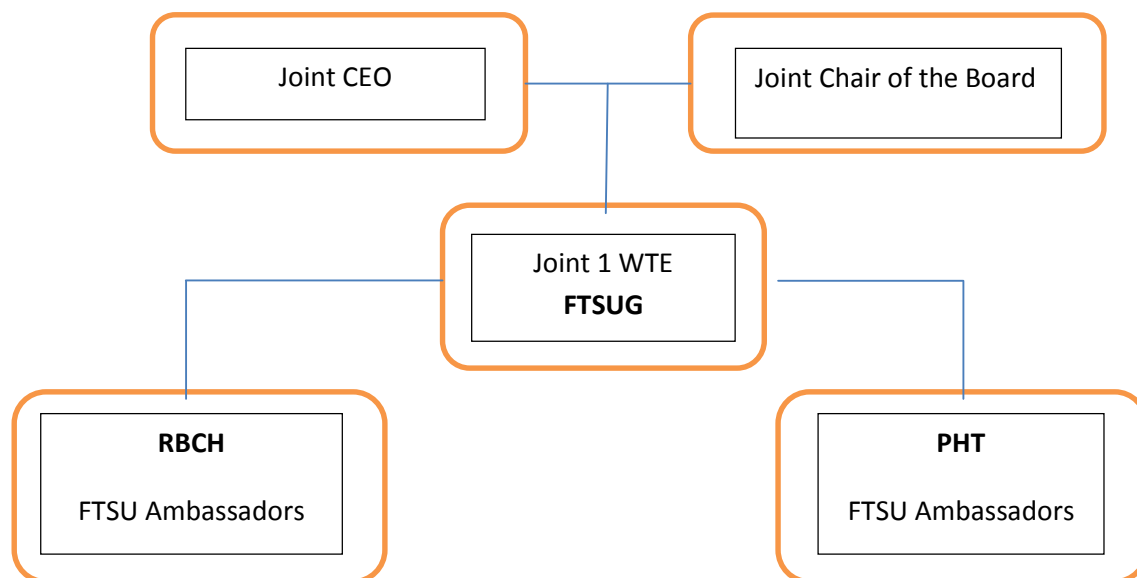
Freedom to speak up	A process encouraging staff to raise concerns and speak up to protect patients and improve the experience of NHS workers.
Freedom to speak up guardian	A named person who acts as an independent and impartial source of advice to staff at any stage of raising a concern, with access to anyone in the organisation, including the chief executive, or if necessary, outside the organisation
Vision	An aspirational description of what an organization would like to achieve or accomplish in the mid-term or long-term future.
Objective	basic tools that underlie all planning and strategic activities
Strategy	a Board level approved document which identifies the aims and objectives for the Trust in a given subject area

3.0 Roles and Responsibilities

Chief Executive and Chair	Accountable for ensuring that FTSU arrangements meet the needs of the workers in the trust.
Executive lead for FTSU	Lead executive responsible for ensuring latest guidance is applied and ensuring the FTSUG role is implemented and supported.
Non-executive lead for FTSU	Lead non-executive ensuring implementation of latest guidance and alternative support for FTSUG. Oversees speaking up matters regarding board members.
FTSUG	<ul style="list-style-type: none">• empower staff to raise concerns within organisations,• provide confidential advice and support to staff in relation to concerns they have about patient safety and/or the way their concerns have been handled,• ensure that organisational policies and processes in relation to the raised concern are in place and followed correctly,• ensure shared learning amongst local/regional/national Networks,• produce reports to monitor the outcomes and impact of FTSU.
FTSU Ambassadors	Contribute to creating a culture of speaking up where staff feel safe and confident to raise concerns. The FTSU Ambassador will work alongside the FTSU Guardian promoting, listening, supporting and providing an impartial view to staff when speaking up.

4.0 Our Shared Approach

In May 2019, the FTSUG commenced working across Royal Bournemouth and Christchurch NHS Trust (RBCH) and Poole Hospital Trust (PHT), in anticipation of the proposed merger in 2020 and wider clinical services review. A sustainable model outlined below was presented in spring 2019 and supported by senior leadership from both trusts.



Existing experiences at RBCH and PHT alongside guidance and recommendations from the NGO, National Health Service Improvement (NHSI) and national experience have all helped shape this model for our future. Table 1 benchmarks our shared approach with the recommendations set out in 2018 by the NGO. It clearly shows that this model allows us to build a service, meeting the elements recognised as essential for staff so that they can speak up.

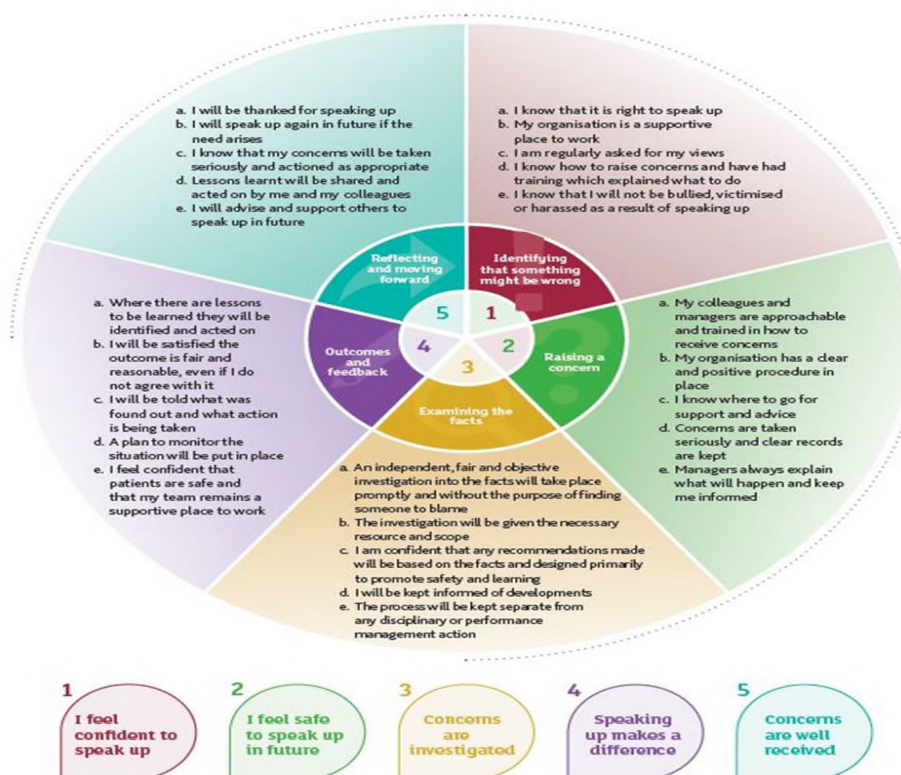
Table 1: National Guardian Office Recommendations for FTSU (2018)

Summary of NGO 2018 recommendations	
Recommendation	Our shared Approach
FTSUG have ring-fenced time to enable guardians properly to meet the needs of workers.	FTSUG works 35hrs/week across both PHT and RBCH
Appointments of FTSUG are made in a fair and open way	FTSUG was appointed following a competitive recruitment process and is seconded with the view of establishing a clear sustainable role
FTSUG has direct access to CEO and Non-executive director with speaking up as part of their portfolio	The FTSUG has quarterly conversations with the CEO, supported by monthly case reviews with our directors of nursing and mentor support. Access to named Non Executive leads also occurs six monthly alongside chair of the board.
FTSUG report to their board in person and on a six monthly basis	This is anticipated to continue separately with each trust and is planned Sept/March until merger occurs.
Those in speaking up roles make an assessment of the possible conflicts that may other role that they have may bring. Following this assessment, appropriate action should be taken to mitigate against any conflict by introducing local networks.	Annual review of conflict of interest assessment is reviewed
FTSUG undertake refresher training every 12months	The FTSUG completed National Guardian training in February 2015 and refresher training in February 2019. NGO training also undertaken including webinars, networks.
Local FTSU networks should reflect the diversity of the workforce that it supports.	FTSU Ambassadors have been in place since summer 2018. This process is already underway at PHT with the launch for expressions of interest, aligning with the NGO speaking up October. It is anticipated that approximately 5 people from different parts of the organisation will be in place by November.
All organisations review their mechanisms for seeking feedback on cases raised by FTSUG, take action to ensure that these are compliant with NGO guidance.	Feedback and evaluation is obtained from staff who raise concerns with the FTSUG. Feedback is actioned and impact assessed and presented to the board. NGO guidance from case reviews, training guidance and other key documents are all benchmarked and action plans put into place.
FTSUG attend regional meetings regularly and work to ensure that their organisation is represented at every regional meeting.	Regional meetings are attended and FTSUG is chair of the Dorset FTSU Network

5.0 Our Vision

To develop a culture of safety within RBCH and PHT so that we become a more open and transparent place to work, where all staff are actively encouraged and enabled to speak up safely.

Sir Robert Francis set out his vision for creating an open and honest reporting culture in the NHS in his 2015 publication “Freedom to Speak Up”. The Trust Boards publicly commit to these principles on an annual basis (appendix A).



Alongside these principles and more recently in July 2019, NHSI has produced a guide and self-assessment tool to outline what boards need to create a culture which focuses on learning and improving the quality of patient care and the experience of workers. This guide has been aimed at senior leaders because it is recognised that it is the behaviour of executives and non-executives (which is then reinforced by managers) that has the biggest impact on organisational culture. The tool requires boards to:

- Support behaviour that encourages workers to speak up
- Demonstrate commitment to FTSU
- Have a strategy to improve your FTSU culture
- Support your FTSUG
- Be assured your FTSU culture is healthy and effective
- Be open and transparent

Both Trusts have reviewed and completed previous versions of this tool in autumn 2018 to varying degrees of detail. It is anticipated that as part of our joint approach a joint board development training session will be in autumn 2019 to facilitate a discussion and reflection. This will then be used to complete the self-review tool and develop an improvement action plan and shape this strategy.

It is envisaged that this exercise will be undertaken biennially, enabling reflection on our current speaking up culture, process and policies so that we are assured that our patients are protected and staff have a good working experience. This work can then be fed into the wider programme of work to improve culture including that of compassionate and inclusive leadership, creation of meaningful values, tackling bullying and harassment, improving staff retention, reducing excessive workloads and building powerful and effective teams.

6.0 FTSU Strategy

Both RBCH and PHT are committed to delivering the vision of working towards a culture of safety so that we become a more open and transparent place to work, where all staff are actively encouraged and enabled to speak up safely.

This strategy sets out our vision, ambition and aims based on a diagnosis of issues the trust is currently facing in relation to speaking up. This will be developed using tools as described in section 3 alongside other data including staff survey, pulse surveys, complaints, risk and governance data etc. which will all contribute to the identity for areas of improvement. Aligning this strategy to organisational objectives will be important and help prioritise effort and show impact. In addition to this it needs clear alignment to other complementary strategies within the trust including our People Strategy, Leadership Development Strategy, Trust Improvement Programme and Leading for Equality, Diversity and Inclusion.

This strategy outlines each objective and refers to appendix B for the detailed work plan for the next 2 years to deliver the vision:

To develop a culture of safety within RBCH and PHT so that we become a more open and transparent place to work, where all staff are actively encouraged and enabled to speak up safely.

7.0 Objective

FTSU objective	RBCH Objective	PHT Objective
Embed speaking up process, reporting and monitoring system	Improving quality and reducing harm	Ensure that we continue to provide safe, high quality care for patients
Embed a communications strategy	Listening to patients and staff	focusing on staff engagement to create a positive culture
Embed strong and working relationship with Trust board	Strengthening team working	Take forward people strategy
Embed training for FTSU team, new and existing staff	Valuing our staff	Providing strong and effective leadership
Embed a network within region and locally	Strengthening team working	Take forward people strategy
Embed an ambassador team, ensuring support and training	Strengthening team working	Take forward people and people strategy

7.1 Embed speaking up process, reporting and monitoring system.

The process of speaking up needs to be easy, accessible and clear. The FTSUG has been determined to ensure that this needs to be a conversation rather than a complex referral process. This has been set up within RBCH and learning will be taken to PHT. The reporting of themes, where cases are being raised and by whom, are key to informing the board. Alongside this work, key conversations with other stakeholders and the analysis of data, allows the FTSU team to target its work and support. Having a national profile with the NGO is also important to attracting and retaining staff as it shows clearly that both RBCH and PHT are organisations which want staff to speak to keep our patients safe.

7.2 Embed a communication strategy

A continuous and forward thinking communications campaign is a key deliverable to ensuring staff remain up-dated and informed of speaking up. Regular messaging that reinforces the message that speaking up is welcomed and actions result from speaking up. Demonstrating the impact of speaking up, the improvements made and learning generated as a result, are also important elements of any FTSU communications strategy. Communication strategies also need to consider ways in which more inaccessible workers can be reached and also how appropriate messages can be tailored to, and reach vulnerable workers and those who may face particular barriers to speaking up. They should also be accompanied by measures so that impact can be assessed. Strategies will be regularly be refreshed so the messaging remains effective and impactful.

7.3 Embed strong and open working relationship with Trust board

A key element of both NHSI and NGO guidance is the development of an open working relationship with the Trust board. This includes direct access to Chief Executive Officer (CEO), Chair of the Board and Non-executive Director (NED). The key strategic aim is to ensure that relationships also develop when new roles or merger plans begin to flourish. Developing and embedding this relationship is essential to facilitating the escalation of any trends and barriers to speaking up. Having a clear understanding of each-others role will also be an important aim so that effective communication and support occurs at the beginning of this journey. As described in section 3 a biennial exercise will be undertaken using the NHSI self-assessment tool to facilitate reflection from the board on our current speaking up culture, process and policies so that it is assured that our patients are protected and staff have a good working experience.

7.4 Embed training for FTSU team, new and existing staff

Following a case review carried out by the NGO, recommendations have been published in August 2019 outlining national guidelines to improve the quality, clarity and consistency of training on speaking up. It will be essential to benchmark our training to these recommendations and work with training departments to meet the new requirements. Information at corporate induction is already in place at both sites alongside other training programmes. A key area will be looking at delivering core messages on how our first line managers welcome, handle and feedback concerns.

7.5 Embed a network within region and locally

Regional guardian network meetings provide a vital mechanism for guardians to be kept up-to-date with developments in speaking up alongside support and learning from peers. The NGO expect all FTSUG to regularly attend regional network meetings and for their organisation to provide the necessary. Due to recent changes in NHS strategic boundaries Poole and Bournemouth feed into the south west network but is welcome to continue to attend Thames Valley meetings due to the proximity of many of the regional meetings. A Dorset Network has also been set up and chaired by the Bournemouth and Poole FTSUG. This has proved to be a valuable peer support and supervision.

7.6 Embed FTSU ambassador team, ensuring support and training.

The development of local FTSU networks help ensure that workers who need to speak up can do so easily by tackling a number of challenges posed by factors such as geographic spread and workforce size, whilst giving workers choice about the individual they would want to approach. It is important that those within a local network receive the training and support they need to ensure that they can provide a quality service that is consistent with the NGO's guidance for FTSUGs. This network has been established at RBCH since summer 2018 and is anticipated to be in place at PHT by November.

8.0 Measuring success

There are a number of ways to measure the success of the speaking up strategy. These include:

- increase effective awareness training for all staff so they are clear about what concerns they can raise and how to raise them;
- provide regular communications to all staff (including those permanently employed on a full-time/part-time basis, temporary/ contracted workers and volunteers) to raise the profile and understanding of our raising (whistleblowing) concerns arrangements;
- communicate key findings to staff about the level and type of concerns raised and any resultant actions taken, as is appropriate under the scope of confidentiality;
- share good practice and learning from concerns raised, with the key aim of fostering openness and transparency, such as staff briefings, team meetings and the intranet;
- actively seek the opinion of staff to assess that they are aware of and, are confident in using local processes and use this feedback to ensure our arrangements are improved based on staff experiences and learning;
- use local intelligence from exit interviews as way of example to understand and support staff and provide additional information on how culture can continue to be improved
- obtain feedback from staff who use the service for critical feedback and improvement.

9.0 Summary

The purpose of creating a speaking up culture is so that our patients remain safe and at the heart of everything we do.

This strategy attempts to provide a clear direction for RBCH and PHT so that a sustainable joint speaking up process can be maintained. This will be essential in view of the significant changes proposed over the next 5 years with the merger and the delivery of the clinical services review. During this time, excellent patient care will need to continue and having staff whom feel free to speak up will ensure that our patients remain safe. Sharing the learning across both sites and key themes will be essential and challenge us to deliver the best service to our staff.

Appendix A:



POOLE HOSPITAL AND ROYAL BOURNEMOUTH & CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUSTS

Board of Directors' Statement of commitment to the principles of the Freedom to Speak up Publication set out by Sir Robert Francis.

Sir Robert Francis set out his vision for creating an open and honest reporting culture in the NHS in his 2015 publication Freedom to Speak Up. The Board of Directors is committed to fostering a culture of safety and learning in which all staff feel safe to raise a concern across the Trust.

Speaking up is essential in any sector where safety is an issue. Speaking up should be something that everyone does and is encouraged to do. There needs to be a shared belief at all levels of the organisation that raising concerns is a positive, not a troublesome activity, and a shared commitment to support and encourage all those who raise honestly held concerns about safety. Without a shared culture of openness and honesty in which the raising of concerns is welcomed, and the staff who raise them are valued, the barriers to speaking up will persist.

The Board supports the key principles of speaking up and is committed to leading the actions required to implement them. The Board will receive support from the Freedom to Speak up Guardian (FTSUG) who is sponsored by the Chief Executive.

The key principles the Board is committed to include:

	Principle	Action
1	Culture of safety	Every organisation involved in providing NHS healthcare, should actively foster a culture of safety and learning, in which all staff feel safe to raise concerns.

2	Culture of raising concerns	Raising concerns should be part of the normal routine business of any well led NHS organisation.
3	Culture free from bullying	Freedom to speak up about concerns depends on staff being able to work in a culture which is free from bullying and other oppressive behaviours.
4	Culture of visible leadership	All employers of NHS staff should demonstrate, through visible leadership at all levels in the organisation, that they welcome and encourage the raising of concerns by staff.
5	Culture of valuing staff	Employers should show that they value staff who raise concerns, and celebrate the benefits for patients and the public from the improvements made in response to the issues identified.
6	Culture of reflective practice	There should be opportunities for all staff to engage in regular reflection of concerns in their work.
7	Raising and reporting concerns	All NHS organisations should have structures to facilitate both informal and formal raising and resolution of concerns.
8	Investigations	When a formal concern has been raised, there should be prompt, swift, proportionate, fair and blame-free investigations to establish the facts.
9	Mediation and dispute resolution	Consideration should be given at an early stage to the use of expert interventions to resolve conflicts, rebuild trust or support staff who have raised concerns.
10	Training	Every member of staff should receive training in their organisation's approach to raising concerns and in receiving and acting on them.
11	Support	All NHS organisations should ensure that there is a range of persons to whom concerns can be reported easily and without formality.
12	Support to find alternative employment in the NHS	Where a NHS worker who has raised a concern cannot, as a result, continue in their current employment, the NHS should fulfil its moral obligation to offer support.
13	Transparency	All NHS organisations should be transparent in the way they exercise their responsibilities in relation to the raising of concerns, including the use of settlement agreements.
14	Accountability	Everyone should expect to be held accountable for adopting fair, honest and open behaviours and practices when raising or receiving and handling concerns.
15	External Review	There should be an Independent National Officer (INO) resourced jointly by national systems regulators and

		oversight bodies and authorised by them to carry out the functions described in this report
16	Coordinated Regulatory Action	There should be coordinated action by national systems and professional regulators to enhance the protection of NHS workers making protected disclosures and of the public interest in the proper handling of concerns
17	Recognition of organisations	CQC should recognise NHS organisations which show they have adopted and apply good practice in the support and protection of workers who raise concerns.
18	Students and Trainees	All principles in this report should be applied with necessary adaptations to education and training settings for students and trainees working towards a career in healthcare.
19	Primary Care	All principles in this report should apply with necessary adaptations in primary care.
20	Legal protection	Should be enhanced to those who make protected disclosures.

Speaking up ANNUAL DECLARATION

This declaration is to be signed annually alongside our statement of commitment to the Sir Robert Francis recommendations

Declaration

Please tick the statements below to confirm that you remain.

- ☐ I recognise that I have a responsibility for creating a safe culture and an environment which workers are able to highlight problems and make suggestions for improvement.
- ☐ I understand the importance of workers feeling able to speak up and the trusts vision to achieve this
- ☐ I recognise the impact of my own behaviour on the trust's culture. I will therefore reflect on my own behaviour regularly so that it does not inhibit someone speaking up*.
- ☐ I have insight into how my power could silence truth
- ☐ I will welcome approaches from workers and thank them for speaking up. I will ensure that I will provide feedback
- ☐ I will speak up, listen and constructively challenge one another during board meetings
- ☐ I will seek feedback from peers and workers and reflect on how effectively they demonstrate the trust's values and behaviours
- ☐ I will accept challenging feedback constructively, publicly acknowledge mistakes and make improvements.
- ☐ I will be open and transparent and see speaking up as an opportunity to learn.

*It is good practice to test your behaviour with direct and incidental feedback from staff surveys, pulse surveys, social media comments, reverse mentoring, 360 feedback and appraisals.

Signed: _____ Date: _____

Name in block letters: _____

Job title:

Appendix B: Work plan to meet key objectives for 2019/20

	Action lead	Timescale Completed/update
1. Embed speaking up process, reporting and monitoring process		
Review Trust “speaking up” policy in line with national policy, outlining clear process of reporting concerns.	FTSUG	RBCH: Completed April 2019. Review April 2020, or earlier if needed. PHT: Board 31 st July 2019
Self-assessment of current speaking up culture <ul style="list-style-type: none"> Completion of NGO self-review tool. Repeat for both Trusts following NHSI tool (July 19) Review of staff survey, Trust grievance data, HR workforce, PALs feedback 	FTSUG and board FTSUG	RBCH: Review November 2019 PHT: DWOD, Board session Oct 19 RBCH. 2018 staff survey completed. PHT: 2018 staff survey completed.
Soft Launch at PHT (May-Sept) Meet key stakeholders (Risk/HR/OD/Senior leadership/comms/IT/OH/current FTSUG/PALs) Assess current status Reporting Comms Intranet information Database Literature		Sept 19 Met Risk, HR, OD, Comms. OH and key areas Data reviewed Governance agreed Met and bulletin 11 th July. posters. Engagement champions. Updated 8 th July Commenced Commenced
Recruit FTSUA at PHT	FTSUG	October 2019
Official Launch PHT	FTSUG	September 2019
Continue case referrals	FTSUG	RBCH and PHT: In progress

<p>Submission of data to NGO including (but not exclusive)</p> <ul style="list-style-type: none"> • quarter data, • annual census and • Annual FTSU Survey 	<p>Quarterly</p> <p>Annual</p> <p>Annual</p>	<p>May 2019</p> <p>June 2019</p>
PHT: set up governance structure and reporting expectations	FTSUG	Completed; June 2019.
<p>Trust monitoring and feedback</p> <p>Six monthly Board reports and presentation</p>		PHT and RBCH: April and Sept annually
Engage with CQC engagement team	FTSUG	<p>RBCH: 19th July 2019</p> <p>PHT: 19th July 2019</p>
Carry out annual “taking the pulse” staff survey to measure the culture of the organisation	FTSUG	<p>RBCH: Qtr 2 Staff impressions – (Sept 19).</p> <p>PHT: assess process with HR/OD</p>
Develop sustainable speaking up strategy in line with merger plans with PHT	FTSUG	Sept 2019 although objectives in place
Contribute to change programme and tackling poor behaviours work-stream/dr engagement	FTSUG	<p>RBCH Project Group established.</p> <p>Complete intranet signposting page (aug)</p> <p>Masterclass – incivility (Nov19) Booked.</p>
OD Facilitator for trust wide programmes		<p>Resilience training, customer care, MBTI. Complete Affina Coach</p> <p>Complete TKI training</p> <p>Complete ALS</p> <p>PHT: join team. Supported culture change/OD programme</p>

Conduct an annual review of strategy, policy and process. Ensure receive feedback from workers	FTSUA	RBCH: Summer 19 by FTSUA PHT: Autumn 19 by FTSUA
<p>Sample cases of concern to quality assure and ensure:</p> <ul style="list-style-type: none"> Investigation process of high quality Recommendations are reasonable Workers thanked Investigations are independent and fair 		<p>Via Networks and discussion of complex cases.</p> <p>RBCH/PHT: Autumn 19 - To develop internal QA with ambassador</p>
Develop and approve Job descriptions/spec for FTSUG and FTSUA.	FTSUG	Summer 2019
2. Embed a communication strategy		
<p>Communication strategy PHT</p> <ul style="list-style-type: none"> Literature Current status Intranet site Soft launch Full launch with FTSUA Guardian walkabouts 		<p>In progress</p> <p>Data reviewed</p> <p>8th July updated</p> <p>Commenced</p> <p>Sept 19</p> <p>October 19</p>
<p>Communication strategy RBCH</p> <ul style="list-style-type: none"> Guardian walkabouts- to increase visibility Presentations/road shows to key areas Meet and develop relationships with key players Screen savers (June 19) Payslip (Summer 19) Banners 	FTSUG	<p>Week commencing 17th June 19</p> <p>FTSU Awareness Month (Oct 19).</p> <p>In progress and continue</p> <p>Completed.</p> <p>June (both Trusts)</p> <p>To repeat autumn 19</p>

		Completed (both Trusts)
Comms programme visiting all areas of organisation/targeting with information	FTSUG	Walkabout week 17 th June 19 FTSU Awareness Month.
Be an active member of Diversity and inclusion work-stream	FTSUG	RBCH: In progress and continue PHT: join group. Planning to review case review
Develop a lessons learned and share with relevant service areas and across the Trust. Update intranet site to include board reports and lessons learnt.	FTSUG	RBCH: latest update April 2019. PHT: updated. Board reports and lessons learnt to be updated
3. Embed strong and open working relationship with Trust board		
<ul style="list-style-type: none"> Set up regular meetings with <ul style="list-style-type: none"> CEO DCEO/ DON Director of Improvement Responsible FTSU NED Chair of the board Director of HR Medical Director 		Occurs quarterly Occurs monthly Occurs 6weekly Occurs 6monthly Occurs 6monthly Book ad hoc Book ad hoc
<ul style="list-style-type: none"> Develop joint sustainable strategy 		Winter 2019. Completed
4. Embed a training for FTSU team, new and existing staff		
<ul style="list-style-type: none"> Development of training and support programme for first line managers in conjunction with OD leadership programme Incorporate induction programmes Leavers questionnaire/Exit interviews information 	FTSUG/OD	RBCH – meeting at coffee break PHT: presentation RBCH – on project group PHT – finish review

Training of FTSUG <ul style="list-style-type: none"> National Conference RIDES attendance Ad hoc training (CQC inspections, case reviews, training for managers) 	FTSUG	Undermining behaviours. Mediation training Autumn 19.
5. Embed a network within region and locally		
Integral member of local FTSUG network	FTSUG	Attend Thames valley. Circulation south west.
Develop and lead Dorset FTSUG network	FTSUG	Chair. Met 11 th June. Meeting 8 th October 19
Poole Hospital integrated model development	FTSUG	Completed
6. Embed a FTSU ambassador team, ensuring support and training		
Set up FTSUA at PHT Job description Expression of interest Interview In post by launch	FTSUG	October 19 Sept 19 Nov 19 End of Nov 19
Development of Trust ambassador – Case support	FTSUG	Completed RBCH PHT – plan Spring 2020
“recruit” into medical ambassador post	FTSUG	RBCH. Autumn 19
Develop support network	FTSUG	Attending champion programme at RBCH
Training programme for FTSUA	FTSUG	Coaching MBTI Masterclass TKI

Appendix C: Equality Impact Assessment

Date of assessment	September 2019
Care Group or Directorate	Nursing/Corporate
Author	Helen Martin
Position	Freedom to Speak Up Guardian (FTSUG)
Assessment area (i.e. procedure/ service/ function)	FTSU strategy 2019-2021
Purpose	This strategy sets out the Trust's Freedom to Speak Up vision and strategy over the next 2 years alongside its work plan plan.
Objectives	
Intended Outcomes	

What is the overall impact on those affected by the policy/function/service?

Ethnic Groups	Gender Groups	Religious Groups	Disabled persons	Other
Low	Low	Low	Low	Low

Available information

Assessment of overall impact: Low

Strategy outlines vision, objectives and workplan for speaking up over the next 2 years..

Consultation:

Actions:

None identified

Appendix C: NGO recommendations for FTSUG (2018)

Summary of NGO 2018 recommendations	
Recommendation	Our shared Approach
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FTSUG report to their board in person and on a six monthly basis.	This is anticipated to continue separately with each trust and is planned Sept/March until merger occurs.
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All organisations review their mechanisms for seeking feedback on cases raised by FTSUG, take action to ensure that these are compliant with NGO guidance.	Feedback and evaluation is obtained from staff who raise concerns with the FTSUG. Feedback is actioned and impact assessed and presented to the board. NGO guidance from case reviews, training guidance and other key documents are all benchmarked and action plans put into place.
FTSUG attend regional meetings regularly and work to ensure that their organisation is represented at every regional meeting.	Regional meetings are attended and FTSUG is chair of the Dorset FTSU Network



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

BOARD OF DIRECTORS	
Meeting date:	25 September 2019
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Meeting dates for 2020
Section on agenda:	Governance
Supplementary reading:	N/A
Director or manager with overall responsibility:	Debbie Fleming, Chief Executive
Author(s) of paper:	Carla Santos
Details of previous discussion and/or dissemination:	N/A
Action required:	Decision
Summary: Proposed dates and times of meetings for the 2020/21 Board of Directors.	
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?	 ✓ ✓ ✓ ✓ ✓
Impact on significant risks:	N/A

BOARD OF DIRECTORS MEETINGS 2020

Meetings will be held bi-monthly on the last Wednesday of the month

Date	Time	Venue
Wednesday 29 January	08:30-12:30	Royal Bournemouth Hospital Room TBC
Wednesday 25 March	14:00-18.00	Poole Hospital Room TBC
Wednesday 27 May	08:30-12:30	Royal Bournemouth Hospital Room TBC
Wednesday 29 July	14:00-18.00	Poole Hospital Room TBC
Wednesday 30 September	08:30-12:30	Royal Bournemouth Hospital Room TBC
Wednesday 25 November	14:00-18.00	Poole Hospital Room TBC

BOARD OF DIRECTORS MEETING – 25 September 2019

PART 2 AGENDA - **CONFIDENTIAL**

The following will be taken in closed session i.e. not open to the public, press or staff in the
Conference Room, Education Centre, Royal Bournemouth Hospital

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

Timings		Purpose	Presenter
10.40	1. MINUTES OF PREVIOUS MEETING		
	a) Minutes of the meeting held on 31 July 2019 (paper)	Decision	All
10.42	2. MATTERS ARISING		
	a) Updates to the Actions Log (paper)	Discussion	All
10.45	3. QUALITY AND PERFORMANCE		
	a) Update from the Change Champions (presentation)	Information	Deb Matthews
12.00	4. STRATEGY AND RISK		
	a) Board Assurance Framework (paper)	Discussion	Paula Shobbrook (TO FOLLOW)
	b) Risk Register Report (paper)	Discussion	Paula Shobbrook
	c) EU Exit Update (paper)	Information	Richard Renaut (TO FOLLOW)
12.15	5. GOVERNANCE		
	a) Bournemouth Hospital Charity Annual Report and Accounts (paper)	Decision	Pete Papworth
	b) Sealing of Deeds (paper)	Decision	Karen Flaherty
12.25	6. ANY OTHER BUSINESS		
	a) Key Messages for Communication to Staff	Discussion	All
	b) Reflective Review	Discussion	All
	– What has gone well?		
	– What do we need more of?		
	– What do we need less of?		
12.30	6. LUNCH		
	The following items will be presented to the boards of directors of the Trust and Poole Hospital NHS Foundation Trust jointly although any decisions will be made by each Board of Directors separately.		
1.15-2.45	7. STRATEGY AND RISK (continued)		
	a) Patient Benefits Case (paper)	Decision	Alyson O'Donnell/ Angus Wood
	b) Due Diligence Process (paper)	Decision	Mark Orchard/ Pete Papworth

c) Shadow Interim Board Composition (paper)	Information	Jacqueline Cotgrove (TO FOLLOW)
d) Dorset Estates Partnership Arrangements (paper)	Decision	Richard Renaut
e) Whole Building Design – External Elevations (presentation)	Information	Steve Killen
f) Pathology Full Business Case (paper)	Information	Mark Mould/ Stephen Harding
g) Draft Dorset System Long Term Plan (paper)	Information	Mark Orchard/ Pete Papworth

NHS
The Royal Bournemouth
and Christchurch Hospitals
NHS Foundation Trust

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!