

A meeting of the Board of Directors will be held on Wednesday 29 May 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		
	Richard Renaut, Paula Shobbrook		
8.35-8.40	2. MINUTES OF PREVIOUS MEETING		
	a) Minutes of the meeting held on 27 March 2019 (paper)	Decision	All
8.40-8.45	3. MATTERS ARISING		
	a) Updates to the Actions Log (paper)	Information	All
8.45-8.55	4. Chief Executive's Report (paper)	Information	Debbie Fleming
8.55-10.00	5. QUALITY AND PERFORMANCE		
	a) Patient Story (verbal)	Information	Fiona Hoskins
	b) Medical Director's Report (paper)	Information	Alyson O'Donnell
	c) Trust Board Dashboard (paper)	Information	Donna Parker
	d) Performance Report (paper)	Information	Donna Parker
	e) Quality Report (paper)	Information	Fiona Hoskins
	f) Finance Report (paper)	Information	Pete Papworth
	g) Workforce Report (paper)	Information	Karen Allman
	h) Quality Impact Assessment Process (paper)	Decision	Alyson O'Donnell
	i) Get It Right First Time (GIRFT) Update (presentation)	Discussion	Alyson O'Donnell/ Helen Rushforth
10.00-10.15	6. STRATEGY AND RISK		
	a) Progress Update on 2018/19 Corporate Objectives (paper)	Information	Debbie Fleming
	b) Trust Objectives 2019/20 (paper)	Information	Debbie Fleming
10.15-10.20	7. GOVERNANCE		
	a) Membership Engagement Strategy (paper)	Decision	Karen Flaherty

- | | | | |
|----|--|-------------|-----------------------|
| b) | Trust Management Board Terms of Reference (paper) | Decision | <i>Karen Flaherty</i> |
| c) | Council of Governors Determination on Non-NHS Activity (paper) | Information | <i>Karen Flaherty</i> |

8. NEXT MEETING

Wednesday 31 July at 2.00pm in the Board Rooms, Poole Hospital.

9. ANY OTHER BUSINESS

Key Messages for Communication to Staff

10.20-10.35

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 2.00pm on **Wednesday 27 March 2019** in the Board Rooms, Poole Hospital.

Present:	David Moss	(DM)	<i>Chairperson</i>
	Debbie Fleming	(DF)	<i>Chief Executive</i>
	Karen Allman	(KA)	<i>Director of Human Resources</i>
	Pankaj Davé	(PD)	<i>Non-Executive Director</i>
	Peter Gill	(PG)	<i>Director of Informatics</i>
	Christine Hallett	(CH)	<i>Non-Executive Director</i>
	Alex Jablonowski	(AJ)	<i>Non-Executive Director</i>
	John Lelliott	(JL)	<i>Non-Executive Director</i>
	Pete Papworth	(PP)	<i>Director of Finance</i>
	Iain Rawlinson	(IR)	<i>Non-Executive Director</i>
	Richard Renaut	(RR)	<i>Chief Operating Officer</i>
	Cliff Shearman	(CS)	<i>Non-Executive Director</i>
	Paula Shobbrook	(PS)	<i>Director of Nursing and Midwifery</i>
In attendance:	Carmen Cross	(CC)	<i>Head of Midwifery</i>
	James Donald	(JD)	<i>Head of Communications</i>
	Karen Flaherty	(KF)	<i>Trust Secretary</i>
	Helen Martin	(HM)	<i>Freedom to Speak Up Guardian</i>
	Deborah Matthews	(DMA)	<i>Director of Improvement and Organisational Development</i>
	Donna Parker	(DP)	<i>Deputy Chief Operating Officer (for item 6)</i>
	Dily Ruffer	(DR)	<i>Governor and Membership Manager</i>
	Carla Santos	(CSa)	<i>PA to the Trust Secretary's Office</i>
	Ruth Williamson	(RW)	<i>Deputy Medical Director</i>
Public/ Governors:	Derek Chaffey		<i>Public Governor</i>
	Eric Fisher		<i>Public Governor</i>
	Lisa Layton		<i>Inspection and Relationship Holder, CQC</i>
	Keith Mitchell		<i>Public Governor</i>
	Margaret Neville		<i>Member of public</i>
	Roger Parsons		<i>Public Governor</i>
	Rae Stollard		<i>Appointed Governor</i>
	David Triplow		<i>Public Governor r</i>
	Michele Whitehurst		<i>Public Governor</i>
Apologies:	Alyson O'Donnell	(AOD)	<i>Medical Director</i>

12/19 **WELCOME, APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST** Action

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

13/19 **MINUTES OF PREVIOUS MEETING**

(a) Minutes of the meeting held on 30 January 2019 (Item 2(a))

The minutes of the meeting held on 30 January 2019 were **approved** as an accurate record of the meeting.

14/19 **MATTERS ARISING**

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

The update was **noted** and clarification was provided that medical staff at the Trust would have a discussion with the Coroner's office if they were unsure whether a referral was necessary. The Board **agreed** to close this action.

15/19 **Chief Executive's Report (Item 4)**

The Board **noted** the report from the Chief Executive, in particular:

- the approval by the Board and the board of directors of Poole Hospital NHS Foundation Trust (**PHFT**) of the outline business case for the capital to implement the plans to establish major emergency and major planned care hospital sites in east Dorset;
- the work to progress the merger of the Trust and PHFT as an enabler for implementation of the Clinical Services Review with a proposed date of April 2020;
- the joint work of the governors from both trusts to agree the criteria on which the council of governors at the Trust and PHFT would evaluate the merger as part of the approval process, the draft constitution for the new trust and public engagement activities more generally;
- the planning and preparations for the United Kingdom's exit from the European Union; and
- the Caring For You Award for the Maternity Leadership Team at the Trust from the Royal College of Midwives and the Volunteer of the Year award at the Unsung Hero Awards for Mandy Preece, a volunteer for Macmillan Caring Locally at Christchurch Hospital.

16/19 **QUALITY AND PERFORMANCE**

(a) Patient Story (Item 5(a))

One of the Trust's long serving governors, Eric Fisher, shared his recent experience as a patient with the Trust following referral from the Dorset and Wiltshire National Abdominal Aortic Aneurysm (**AAA**) Screening Programme.

The following aspects of his treatment and experience were highlighted:

- the wider impact of a postponement of his surgery on family members as well as his own preparations for surgery;
- his overall positive impression of the quality and safety of the care provided, with staff working well together on handovers between wards and treating him as an individual;
- how effectively the Dorset and Wiltshire National AAA Screening Programme had worked across different organisations and sites and the need to increase awareness among men over 65;
- the benefits of preparing for surgery in terms of a successful outcome and a quicker recovery and discharge from hospital, with the Fitter Better Sooner booklet produced by the Royal College of Anaesthetists having been particularly helpful;
- the need to ensure proactive communications with the patient and their family about what was happening, although his surgery had been clearly explained and his questions had been answered;

- the discharge had gone smoothly but it would have been useful to have a written record as a reminder of all the information he had been given about medication, dressings, physiotherapy and what to expect and look out for after he left hospital; and
- the use of headphones and classical music to help him sleep and the importance of the quality improvement work to help patients sleep well while in hospital.

He also encouraged the Board to take the time to reflect on the ways in which all groups of staff help to look after patients each day, as well as focussing on areas where performance needed to improve.

PS thanked Eric Fisher for his thoughtful and balanced observations on the care he had received and his experiences as a patient.

(b) Update on Governor Activity (Item 5(b))

David Triplow, in his role as Lead Governor, updated the Board on:

- the range of events organised by the governors taking place over the next few months;
- the work with the governors at PHFT to develop the criteria for the council of governors at the Trust and PHFT to evaluate the merger, the new constitution and joint engagement activities; and
- the elections for 12 vacancies on the council of governors over the summer and the need to ensure that new governors elected received dedicated training to prepare them for the council of governors' decision on the application for merger.

The Board joined in his thanks to the public governor, Guy Rouquette, who had recently resigned as a governor, and to Rae Stollard, the appointed governor for Bournemouth Borough Council, who would be retiring as a councillor on 2 May 2019.

(c) Improvement Programme 2018/19 Review and 2019/20 Priorities (item 5(c))

The Board reviewed the evaluation of the quality improvement (QI) programme in 2018/19 and the progress in achieving the agreed aims. The Board noted that there had been a number of successes including the reduction in the time taken for patients to be seen by a senior clinician following an acute admission to hospital and avoiding duplication when obtaining a patient's history and examining the patient. These improvements had supported the Trust in coping well with the operational pressures over winter.

The Board recognised that the emphasis on quality had supported the Trust in the delivery of its cost improvement programme by engaging staff while enabling the delivery of efficiencies and reductions in costs for the Trust and the Dorset system. There had also been an improvement in the sustainability score, calculated using the NHS Sustainability Model, reflecting how the Trust was getting better at embedding changes although further work had been identified to improve on this.

A Non-Executive Director highlighted that despite a great deal of work the Trust had not made the progress that might have been expected in the

delivery of antibiotics or to reduce the number of cases of E. coli. It was highlighted that Dorset had one of the highest number of E.coli cases in the country and the Trust was above the national rate for hospital-associated cases in the country. However, when the number of bed days and the number of blood tests were correlated the Trust was within the expected range. The Trust had invited the NHS Improvement (**NHSI**) infection prevention and control lead to visit the Trust to support improvement.

In relation to sepsis, the Trust had set itself a challenging aim and had successfully delivered high quality training to staff and improved outcomes for patients by reducing deaths from sepsis but still needed to improve the recording of data to demonstrate the improvement in terms of the delivery of antibiotics to patients.

The Board **endorsed** the QI priorities for 2019/20 and the programme of work to support these.

(d) Medical Director's Report (Item 5(b))

RW presented the key themes from the report:

- the Trust was within the 'as expected' or 'better than expected' ranges for Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital Mortality Indicator (SHMI) and the crude mortality rate over winter had significantly improved;
- the positive feedback on the medical examiner process from a junior doctor audit and from patients' families through patient experience and end of life surveys;
- the Trust had been included as a case study in a Care Quality Commission (**CQC**) report on learning from deaths following implementation of the medical examiner process; and
- the actions identified following mortality reviews of specific areas.

(e) Trust Board Dashboard (Item 5(e))

The paper was **noted** for information.

(f) Performance Report (Item 5(f))

The Board **noted** the performance exceptions to the Trust's compliance with the 2018/19 Single Oversight Framework, national planning guidance and contractual requirements. The following areas were highlighted:

- a number of initiatives introduced in the Emergency Department (**ED**) resulting in improved performance against the four hour standard during March;
- the recovery plan in Endoscopy was expected to deliver a return to compliance with the six week diagnostic standard within two months;
- risks remained around performance on referral to treatment times with an increase in the total waiting list and were being addressed in the Trust's quality priorities for 2019/20 and broader work with system partners; and
- the Trust was awaiting news of further developments following the pilot of new 28 day cancer diagnosis standard.

The Board discussed how emergency readmissions data needed to be treated

with caution in terms of absolute numbers given the correlation with an increased number of admissions. A more meaningful way to present the data was being developed to help understand the causes for readmissions as this may not always be an indicator of the quality of care. Additional checks were also being put in place to ensure that patients on waiting lists in high risk specialties were not deteriorating while waiting.

A full review of winter planning would take place after Easter.

(g) Quality Report (Item 5(g))

The Board **noted** the report. The following areas were highlighted:

- two serious incidents had been reported in January and one in February, which were being reviewed;
- despite the busy period feedback from patients had been positive about their care reflecting progress with the work to improve patient experience and engagement, although performance in ED had been affected;
- the continuation of Care Conversations following a successful trial;
- a different approach to improving the quality of sleep and rest for patients while in hospitals, an area where the Trust has received negative feedback from patients; and
- a deterioration in response times to complaints following a change in the policy and an increase in the number of complaints, however, there had been a reduction in the number of complaints reopened indicating an improvement in the quality of responses.

(h) Finance Report (Item 5(h))

The Board **noted** the report. The Trust continued to deliver against its agreed financial recovery plan and was confident in achieving the full year financial control total. The Trust's surplus was £1.262 million worse than budget due to the loss of the Provider Sustainability Funding (**PSF**) during January and February associated with the Dorset integrated care system (**ICS**) failing to achieve its agreed financial control total. The forecast year end position had been updated to reflect the loss of the quarter four PSF payment in full due to the Dorset ICS failing to achieve its full year financial control total.

There was likely to be a further improvement in the year end final position as a result of additional funding through the PSF and additional distributions by way of bonus. There had also been some underspending on the capital programme due to the slippage of some programmes.

The Board underlined that the Trust's surplus had been achieved as a result of agreeing and delivering an improved financial control total through a small number of one-off, non-recurrent financial improvements. The Trust had agreed a breakeven budget for 2019/20, which would require the delivery of the cost improvement programme (CIP) to overcome a significant recurrent deficit and allow it to return to a sustainable financial position.

(i) Workforce Report (Item 5(i))

The Board **noted** the report, in particular that:

- the Trust vacancy rate had gone down and the joining rate continued to

be consistently higher than the turnover rate with more detailed focus on specific clinical and non-clinical areas from the Workforce Strategy and Development Committee and in Care Group reviews;

- essential core skills compliance had reduced slightly as a result of minimising staff training over winter;
- sickness absence had reduced and the Trust was confident that it had robust recording of sickness absence in place (with the exception of medical staff) and strong health and wellbeing support, recognising that staff were working under pressure during winter; and
- no red flag shifts (where staffing levels were deemed to be unsafe as set out by the NICE safe staffing recommendations) were reported by the Trust in February 2019, which had maintained a safe and stable staffing position over winter.

The Board considered the causes of sickness absence, with musculoskeletal conditions and stress being the top two causes, reflecting the national picture across all sectors. Long-term sickness absence was reviewed to ensure that an appropriate action plan was in place with appropriate support from Occupational Health and Human Resources. Non-Executive Directors emphasised the need for electronic rostering for medical staff to support safe staffing and accurate recording of sickness absence. The Audit Committee was maintaining a focus on this, particularly in the light of the requirement to deploy electronic rosters by 2021 in the NHS Long Term Plan.

(j) National Staff Survey Results 2018 (Item 5(j))

The Board **noted** the results of the 2018 national staff survey, including receiving its highest ever number of responses, and had been ranked third nationally by Listening into Action in terms of how staff rated the leadership and culture at their trust. Senior Leadership Team members would be visiting different areas of the hospital the following week to thank staff for their work during 2018/19.

The Board recognised the need to focus on areas including 'Quality of Care', and 'Equality, Diversity and Inclusion' and to spend time as a Board considering how to support the continuing achievement of such high standards during a period of transformation. It was agreed that should be covered as part of the Board's well-led self-assessment, with any actions forming part of the resulting development plan.

17/19 STRATEGY AND RISK

(a) Progress Update on Stakeholder Engagement Outcomes (Item 6(a))

The Board **noted** the progress made against the stakeholder engagement outcomes and that ongoing stakeholder engagement would be assessed as part of the well-led self-assessment.

18/19 GOVERNANCE

(a) Freedom to Speak Up – Annual Report (Item 7(a))

Helen Martin, Freedom to Speak Up (FTSU) Guardian, reminded the Board of the FTSU vision 'to develop a culture of safety within RBCH so we become a

more transparent place to work, where all staff are actively encouraged and enabled to speak up safely' and the structure for FTSU within the Trust.

HM presented the positive feedback from those who had spoken up to the FTSU team and more general feedback on the safety culture at the Trust from the 2018 Staff Survey. The Trust's work had also been used as a national case study by the National Guardian Office (**NGO**).

Attitudes and behaviours continued to be the main theme of issues raised through the FTSU office and would be a focus of work in 2019/20. Other areas of focus in the coming year would be:

- encouraging greater feedback on the experiences of Black, Asian and Minority Ethnic (BAME) staff;
- getting to identified hard to reach areas;
- sharing learning with PHFT in the spirit of merger as well as with other healthcare providers locally;
- continuing to embed the work on FTSU; and
- supporting the FTSU Ambassador team.

The Board thanked Helen for her inspirational leadership in the FTSU Guardian role, recognising the difference that it had made and the changes at the Trust as a result. The Board **renewed** its approval of the statement of commitment to the principles set out by Sir Robert Francis in 'Freedom to Speak Up' published in 2015.

(b) Information Governance Annual Report (Item 7(b))

The Board noted the Information Governance Annual Report for 2018/19 including the introduction of the Data Security and Protection (**DSP**) Toolkit, replacing the Information Governance Toolkit, and the implementation of the General Data Protection Regulation (GDPR).

Although the Trust's overall score on the DSP Toolkit was higher than that for the Information Governance Toolkit in previous years, it did not expect to be able to evidence all of the new requirements by the end of March and an improvement plan was being developed for acceptance by NHS Digital, detailing how the Trust intends to comply with the outstanding elements of the DSP Toolkit within 6 months. As a result the Trust would not be compliant with the DSP Toolkit and would expect to receive an overall grading of 'Standards not fully met (Plan Agreed)'.

The Board confirmed its risk appetite and acceptance of the risk around responding to requests for information within 20 days under the Freedom of Information Act 2000 to allow for a balancing of priorities by staff.

(c) Directors' Register of Interests (Item 7(c))

The Board **noted** the register of interests. AJ and CS would provide an update on their interests outside the meeting.

AJ/CS

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

The Board **approved** the changes to the terms of reference for the Audit Committee.

(e) Finance and Performance Committee Terms of Reference (Item 7(e))

The Board **approved** minor changes to the terms of reference for the Finance and Performance Committee.

19/19 NEXT MEETING

The next meeting will take place on **Wednesday 29 May 2019** at 8.30am in the Education Centre, Royal Bournemouth Hospital.

20/19 ANY OTHER BUSINESS

There was no other business.

Key Messages for Communication to Staff:

1. Quality Improvement
2. Positive workforce indicators
3. Staff Survey
4. FTSU

21/19 COMMENTS AND QUESTIONS FROM GOVERNORS AND THE PUBLIC

DM noted that the procedure for questions from the governors and public at Board meetings had been updated to ensure that personal confidential information about individuals was not disclosed in questions or comments and to ensure time questions came from a range of those present.

1. In response to a question about themes from the free text comments to the 2018 Staff Survey, the recurrent theme was from staff finding it difficult to access the survey and requesting paper copies were provided.
2. Prompted by the patient story, one of the governors highlighted the importance of physiotherapists and other allied health professionals in helping to educate and rehabilitate patients and reduce admissions to hospitals and length of stay. In response, a number of examples were provided of where allied health professionals were helping to support patients at the Trust from the Emergency Department to the community beds on Fayreward Ward as well as in the community.

22/19 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 4.15pm

Date of Meeting	Ref	Action	Action Response	Response Due	Brief Update
27.03.19	18/19	GOVERNANCE			
	(c)	Directors' Register of Interests			
		The Board noted the register of interests. AJ and CS would provide an update on their interests outside the meeting.	AJ/CS		Completed. Updates were provided and reflected in the register of interests.
Key:	Outstanding	In Progress	Complete	Not yet required	



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

BOARD OF DIRECTORS	
Meeting date:	29 May 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 March 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

May 2019

REPORT OF THE CHIEF EXECUTIVE

1. Update on the Merger and Capital Programme

Over the past few months, we have made great progress in (a) developing our plans to merge our organisations, and (b) firming up our building plans that will enable us to separate emergency and planned care. In undertaking this work, I have been hugely encouraged by the strength of the joint working between our two organisations and the strong relationships that are being forged as we develop our plans together.

Earlier this month, I was delighted to announce the appointments of the four interim Clinical Transformation Leads, who will be working to bring teams together and develop joined up workforce plans across the two organisations:-

- Dr Lee Gray, Consultant in Emergency Medicine (PHT) has been appointed as transformation lead for emergency medicine across the two Trusts;
- Mr Richard Hartley, Consultant Orthopaedic Surgeon (RBCH) has been appointed as transformation lead for trauma and orthopaedics across the two Trusts;
- Dr Isabel Smith, Clinical Director for Anaesthesia, Critical Care, Theatres and Sterile Services (RBCH) has been appointed as transformation lead for theatres and anaesthesia across the two Trusts;
- Dr Matt Thomas, Deputy Medical Director (PHT) has been appointed as transformation lead for older people's medicine.

Having been given permission by the Competition and Markets Authority (CMA) to bring these four services together in advance of the merger, we have been fortunate in being able to appoint four dedicated and talented clinicians to lead this work.

Meanwhile, it is becoming increasingly evident that the role of NHS Improvement (NHSI) in mergers and acquisitions will become even more important in the future, given the proposal to change the competition rules within the NHS which has recently been out to consultation. NHSI is fully supportive of our plans to merge, and we shall be seeking their further advice and support in advance of a meeting with the CMA to firm up the merger timeline. In the meantime, the two Trusts continue to work to an anticipated merger date of April 2020, recognising that the precise date will be dependent on the approval of our capital plans.

As previously reported, the Outline Business Case relating to our capital plans was submitted to NHSI as agreed, at the end of March 2019 and is actively being reviewed by members of the regional team. The project team and workstream leads are now beginning to focus on developing the Full Business Case, which will allow us to draw down the necessary capital funding. We are keen to update staff and stakeholders regarding our future building programme, and as such, we will be running two engagement events to share these plans. These will take place on 5 June 2019 at the Royal Bournemouth Hospital and on 6 June at Poole Hospital, and will be in addition to our usual programme of joint staff briefings.

Despite the inevitable focus on our building plans and the work to be done associated with the merger, it is important to note that the transformation agenda that we have embarked upon is really about radically changing and developing all our services. All of our plans, which form part of the wider Dorset system plan, are aimed at changing the way we deliver care across all our sites, in order to deliver improved outcomes for our patients.

2. Clinically-led review of NHS access standards - Urgent & Emergency care

Last summer the Prime Minister asked the NHS to undertake a clinical review of current access targets. The aim of the review is to determine whether updating and improving the targets currently in use could better support frontline staff to deliver the highest quality care and best experience for patients.

The review has been led by the NHS National Medical Director, Professor Stephen Powis, with the help of key NHS staff and patient groups such as Healthwatch. Professor Powis published an [interim report](#) of the review on 11 March, which contains proposals to carefully test updates upgrades to NHS access standards.

I am pleased to confirm that Poole Hospital Trust is one of the trusts across England to take part in the testing of the proposed new urgent and emergency care standards. This will help the NHS to understand the impact they have on clinical care, patient experience and the management of services, compared to the current single four-hour access standard in A&E.

The standards that will be tested over the next few months are:

- **Time to initial clinical assessment:** To ensure patients have their condition assessed are directed to those best able to meet their needs at the earliest opportunity;
- **Treatment within the first hour for critically ill and injured patients:** To ensure that patients with the most critical conditions, such as stroke, heart attack and suspected sepsis, receive the right treatment rapidly. This will also include those requiring emergency mental health care;
- **Total time in A&E:** To reduce the risk of patient harm through long waits for admission or inappropriate admission, and reducing very long waits for those who need care;

- **Use of Same Day Emergency Care:** To help avoid overnight stays on wards for those patients who can go home the same day given the right treatment quickly, freeing up beds for those who do need to be admitted.

Over the last few weeks teams across PHT have worked with NHS leaders nationally to develop how the testing of these proposed new standards can be done safely. That work has been completed and we are ready to start testing of some of these standards from 22 May, for an initial period of 6-8 weeks. We expect that a second period of testing covering all the standards will follow shortly afterwards.

Once testing is completed, the NHS nationally will analyse the data to track results, with the learning from here and the other participating trusts informing any final recommendations from the review later in the year.

It is important to note that during the field testing, whilst we are monitoring the new measures, reporting against the 4-hour standard will be suspended. This will be applicable from the beginning of the first phase of the field test, and includes both daily and monthly reporting.

This is clearly a very important development, and it is good that PHT will be at the forefront in shaping the development of the new national standards.

3. Local Authority Elections

As members will be aware, local authority elections took place on 2 May 2019 for the two new unitary authorities of Bournemouth, Christchurch and Poole Council and Dorset Council with candidates seeking election for the two councils' 158 seats. The Conservative Party won Dorset Council, whilst no party gained overall control of Bournemouth, Christchurch and Poole Council.

Both unitary authorities are key stakeholders in each of our Trusts and we expect to work very closely with them. Positive relationships are beginning to be formed with the officers for the new local authorities, and over time, we look forward to establishing good relationships with the new elected members.

Both the Bournemouth, Christchurch and Poole Council and the Dorset Council nominate appointed Governors to sit on the Council of Governors for each of our Foundation Trusts. At the time of writing, we are awaiting the outcome of these nominations.

4. Bournemouth University and Dorset's Integrated Care System launch a major new partnership to innovate healthcare

Members will wish to note that an important new partnership has been launched between Bournemouth University, the local NHS and industry, with the aim of using innovation to drive forward improvements in healthcare outcomes for people across Dorset.

A number of our Executive Directors attended the 'Transforming Healthcare Through Innovation' event, along with more than 150 specialists from across professional

practice, academia and business, and marked the start of a formal partnership between Bournemouth University and Dorset's Integrated Care System (ICS), which is a partnership of all NHS and local authorities in the county. As well as hearing from key speakers involved in Dorset healthcare, the event featured practical examples of how technology is being used to innovate.

Alongside research areas like assistive technology, new courses are being offered at Bournemouth University in areas like medical science and bio-medical science and a brand new building is currently being built at the university's Lansdowne Campus, to be the home of the Health and Social Sciences Faculty from September 2020.

In achieving greater integration, the partnership aims to collaboratively bid for innovation funding opportunities and improve workforce education, enhancing Dorset's position as a leading area for research into transformative healthcare nationally.

5. NICE Public Board meeting

On 22 May 2019, Poole Hospital was delighted to host the Public Board meeting for the National Institute for Health and Care Excellence (NICE) in the Education Centre. The role of NICE is to improve outcomes for people using the NHS and other public health and social care services. NICE does this by producing evidence-based guidance and advice for health, public health and social care practitioners, developing quality standards and performance metrics for those providing and commissioning health, public health and social care services, and by providing a range of information services for commissioners, practitioners and managers across the spectrum of health and social care.

By holding public meetings on a bi-monthly basis at different venues across the country, anyone interested in the work of NICE can attend. The chairman of NICE, Professor David Haslam, and NICE Board had shown a keen interest in coming to our area and we were very pleased to be able to offer the Education Centre at Poole Hospital as a venue.

6. Poole Hospital New Main Entrance

At the time of writing, I am delighted confirm that work on the Poole Hospital Main Entrance is progressing well, with the following anticipated key milestones:

- the new main entrance thoroughway will be open to staff and visitors by the end of May 2019, which will connect the multi-story car park walkway, Philip Arnold Unit, Dorset Cancer Centre and main hospital building via the dome area. The new main entrance foyer will include a visible security office and CCTV monitoring station, a free cashpoint machine, and the re-provision of the car park attendant office and hospital main reception desk. Three retail units will also open for business from 30 May 2019 (a relocated and enlarged Costa Coffee, Stock Shop and WH Smith unit which has agreed to stock M&S chilled food).
- The Phase II works will be completed by the end of June 2019, and this will include a new dedicated first floor patient transfer linkway between the main

hospital and the Philip Arnold Unit, thereby improving patient dignity compared with the previous requirement to facilitate inpatient bed transfers via an unheated ground floor poly-glazed link tunnel adjacent to the dome. In addition, the current Costa Coffee unit will be converted to create much needed public washroom facilities within the dome area (including a fully equipped 'changing places' facility). The existing conservatory will be repurposed to create a 'patient experience centre' complimenting the existing PALS building on Longfleet Road.

Members are aware that funding for a new main entrance, reception and associated infrastructure was explicitly excluded from the capital investment linked to the Dorset Clinical Services Review (£147 million), on the assumption that any development would be self-financing through commercial income. The development was generated over several months with advice from external commercial and legal partners, and will significantly enhance facilities for patients, visitors and staff whilst not requiring any capital investment from the Trust. Further, the development will return an annual income stream in addition to a one-off income receipt already received.

PHT will be organising an official opening of its new main entrance during July 2019.

A modest investment is planned for the existing North Entrance on Longfleet Road adjacent to the hospital's current Accident and Emergency Department. A radical overhaul of the whole hospital site wayfinding is already being implemented.

7. Getting it Right First Time (GIRFT) Programme

Members will be aware of the national Getting It Right First Time (GIRFT) programme, which has been established over the past few years. The number of these reviews is increasing as the programme has been broadened to include all medical specialities as well as surgical specialities. Our two acute Trusts have agreed with the GIRFT team that going forwards, all GIRFT reviews should be carried out jointly.

In May, we were visited by the national Cardiology and Stroke teams. Both meetings were well attended, and both were very positive, with many areas of good practice identified. Each visit has resulted in a number of suggested actions for the Trusts to consider, with a particular theme being around ensuring robust seven day consultant cover across both sites. We are expecting to receive more in-depth reports from the GIRFT team, which will help us to identify areas where we can improve efficiency or where there is a difference in the outcomes/services being delivered across the two Trusts.

8. Celebrating International Nurses Day

International Nurses Day is celebrated every year on 12 May, the anniversary of the birth of Florence Nightingale, to highlight and celebrate the role nurses play in healthcare around the world. Both Trusts did this in their different ways – for example, a conference was held at the Royal Bournemouth and Christchurch Hospitals, whilst celebration cakes were given out to the nurses working on the

wards in Poole Hospital, whilst both hospitals celebrated the day on social media, with videos and posts on Facebook and Twitter.

I should like to take this opportunity to thank all our nurses across both our organisations, for the enormous contribution they make every day in providing treatment and care for our patients. We are very grateful to them for their hard work, skill and dedication.

9. Brexit Preparations

Members will be aware that in line with national guidance, both Trusts instigated a number of plans to mitigate the risks associated with a 'no deal' EU Exit starting in December 2018. Following the decision by the EU to grant the UK a delay to Article 50 until the end of October 2019, the Cabinet Office suspended No Deal EU Exit Planning on the 11 April 2019. The national team consider that there are currently no known issues with the delivery of health in the South West region due to the EU Exit and the risk is therefore assessed as green.

Both Trusts will keep abreast of any EU Exit developments and will take action accordingly. The risk to the Trusts will be reassessed in September 2019 should a no EU Exit once again be a possibility.

10. Refurbishment of the Cardiac Catheter Laboratories at the Royal Bournemouth Hospital

I am delighted to report that the £4.5 million refurbishment of the Cardiac Catheter Laboratories at the Royal Bournemouth Hospital has now been completed. RBH provides regional electrophysiology and 24/7 coronary angioplasty/stenting services for Dorset and parts of west Hampshire and Wiltshire.

The cardiac catheter labs treat around 5,700 patients each year, with more than 1,000 urgent or emergency procedures for patients suffering a heart attack. The refurbished facility will enable the cardia team to provide a significantly improved quality of care and extend the availability of invasive cardiac procedures. It will also enable the provision of electrophysiology procedures in a second lab, which means that patients can be treated more quickly. Electrophysiology is an area of cardiology concerned with treating patients who have abnormalities of heart rhythm. RBH is the only hospital in Dorset to carry out such procedures, with around 600 cases performed last year.

The new state-of-the-art labs provide high resolution images, thus allowing precision guidance during cardiac procedures. At the same time, a new x-ray system has reduced radiation exposure to both patients and staff.

The newly refurbished catheter labs were opened by former Liverpool FC and Scotland captain Graeme Souness, who is also a former heart patient and patron of the Bournemouth Heart Club.

Debbie Fleming
Chief Executive



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

BOARD OF DIRECTORS	
Meeting date:	29 May 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 Steering Group
Action required:	Note for information
Summary: Monthly Medical Director's Report. To update the Board on the Trust's Mortality performance.	
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 Hospital Standardised Mortality Ratio (HSMR) for the Trust for the last 12 months (February 2018 –January 2019) is 94.5; this is rebased for October 2018 and is in the 'better than expected' range. The figure for RBH (excluding Christchurch and the Macmillan Unit) is 84.6 and is in the 'better than expected range'. The latest SHMI (Standardised Hospital Mortality Indicator) for January 2018 to December 2018 is 96, which is within the expected range. From this month the National Audit Office has begun publishing SHMI at site level and also by various diagnostic codes for the first time. The SHMI figure for RBH is 88, which is in 'better than expected' range. Predictably the figure for Christchurch represents the end of life care provided on the Macmillan Unit and is 296 which is in the 'higher than expected' category. Previously Mortality Steering Group (MSG) had analysed the upward trend in SHMI and the reasons for this. Data suggests that this pattern is driven by a higher proportion of inpatient deaths i.e. fewer patients dying in the community in the 30 days after discharge. This analysis predicted the downward trend in SHMI in line with HSMR that we are now seeing. We are reassured that overall SHMI in the recent upload is 4 points better (Annexe A - central graph). 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 more slowly than expected, however an escalation plan is in place if required.

The Trust has observed improvements in crude mortality rates for the Financial Year 2018/19 compared to Financial Year 2017/18, especially over the winter months (December/January/February). We therefore expect an improvement in standardised mortality ratios for this Financial Year (Annexe A - top right graph). Mortality rates for all high risk conditions (stroke, congestive cardiac failure, acute renal failure, sepsis and pneumonia) are stable and within the expected range (see Annexe A).

Learning from Deaths

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 14/05/2019

Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Deaths in Month	141	121	141	128	103	116	118	121	118	164	132	132
eMortality Reviews Completed in Month	55	153	69	76	8	38	84	18	18	208	69	114
Category of Death by Month Review Completed												
Grade 0	50	140	64	71	6	29	77	18	17	188	61	104
Grade 1	5	13	5	5	2	8	6	0	1	19	8	10
Grade 2	0	0	0	0	0	1	1	0	0	1	0	0
Grade 3	0	0	0	0	0	0	0	0	0	0	0	0
Learning Disability Deaths in Month	3	0	2	0	0	0	1	0	0	0	0	0
Learning Disability Deaths Reviewed	3	0	2	0	0	0	0	0	0	0	0	0

LeDeR Mortality

There were no deaths reported in patients with a learning disability in March or April 2019. There was a single death reported in February. An internal structured review death was undertaken which graded the death as 0. Good practice was noted, particularly in the multidisciplinary management of a patient with progressive oropharyngeal dysphagia and aspiration pneumonia.

Medical Examiner (ME) Process

Since November 2018 all deaths have been screened to identify any deficiencies in clinical care or hospital induced harm using standardised screening proforma. Relatives are contacted to provide an opportunity for them to raise any concerns and to discuss the contents of the medical certificate of the cause of death.

Between October 2018 and December 2018, the Medical Examiners (MEs) screened 331 deaths. Of these 34% had death certificates issued within 24 hours. This is a significant improvement as previous feedback from the local registrars was that we were an outlier for providing certificates beyond the statutory limit of 5 days. MEs were successful in contacting 271 families where 11 families raised concerns or questions about care. All concerns were successfully resolved by PALS verbally and none required a more formal investigation. Positive comments about care or individuals were fed back to the clinical teams. The ME process appears to be more robust in identifying potential care issues. In this cohort MEs raised concerns or questions about care in 18% of the screening reviews undertaken. Further data on the outcomes is awaited but presently around two deaths per week have a rapid review to consider whether a full RCA investigation is required. In most cases the additional information available at that point has made this unnecessary.

Action Plan from the Mortality Surveillance Group (MSG) / Reviews

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

New Dr Foster Alerts

Dr Foster alerts in diagnostic categories: Lung diseases due to external agents - Aspiration Pneumonia (relative risk and Cusum alert)

MSG has conducted a mortality review in Aspiration Pneumonia and shared the findings with the SALT (Speech and Language Therapy Team). The review was discussed at the February Trust MSG. The SALT team subsequently reviewed the cases and presented their findings back to the May Trust MSG.

Learning Points

Mouth care

Further work is required to support all appropriate clinical staff to consistently examine a patient's mouth and to take responsibility for providing mouth care. One case highlighted the need to check the entire oral cavity (including the palate and the back of oral cavity with a pen torch) in order to provide appropriate interventions.

Feeding at risk plans

Communication and hand over regarding Feeding at Risk plans is not robust. There is a lack of clarity about plans between primary and secondary care but also within our own systems when a patient is re-admitted. This issue is well recognised by the Speech and Language Therapy Team. Feeding at risk is seen as part of a palliative pathway. However, this does not seem to prevent re-admission with feeding issues or recurrent aspiration. This is compounded when patients with feeding at risk plans are re-admitted and placed 'Nil by Mouth' pending a further SALT review.

Delay in NG tube insertion

There was a delay in NG tube insertion in one case by five days which can impact outcomes by compromising nutrition.

Action Plan

- The Risk and Governance and Coding team will explore ways to communicate 'feeding at risk plan' via e-na or a CPI flag. It is expected that, as the Dorset Care Record rolls out, that this will improve communication between primary and secondary care;
- Explore mouth care training options for all staff involved in patient care with the Deputy Director of Nursing.

Dr Foster Alert in 'coma stupor and brain damage'

This CUSUM alert was previously noted by MSG. A full review was conducted by the Trust mortality lead following patient level data extraction by the Audit Office.

Summary Findings

- All deaths followed an 'out of hospital cardiac arrest'. All were graded as 0 with no diagnostic delays identified;
- All deaths were coded as 'anoxic brain damage' in primary position. 9/16 patients had this confirmed by CT brain and/or EEG;
- The majority of patients were admitted to RBCH as cardiac ischemia was to be excluded as a cause of their arrest. 2/16 were transferred from Poole Hospital after the return of spontaneous circulation. No patient had cardiac ischemia however 7/16 deaths were thought to be secondary to primary ventricular arrhythmia;
- All patients died as a result of the withdrawal of life sustaining treatment;

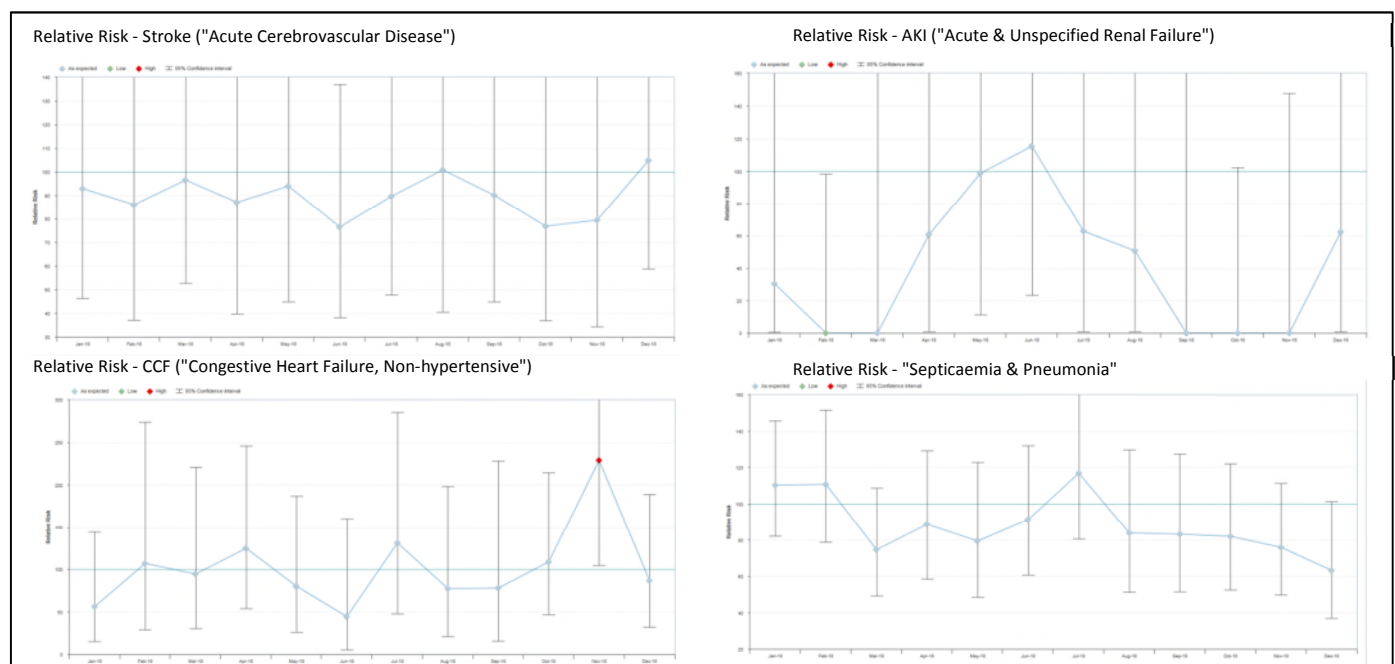
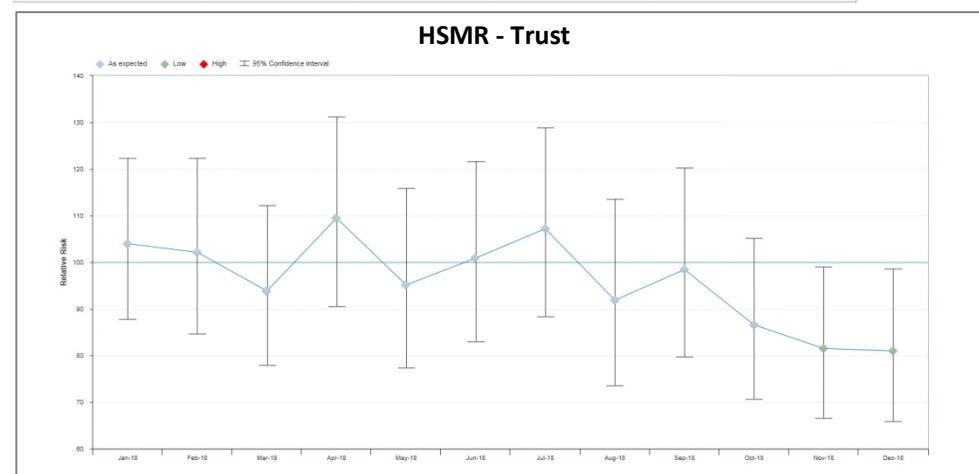
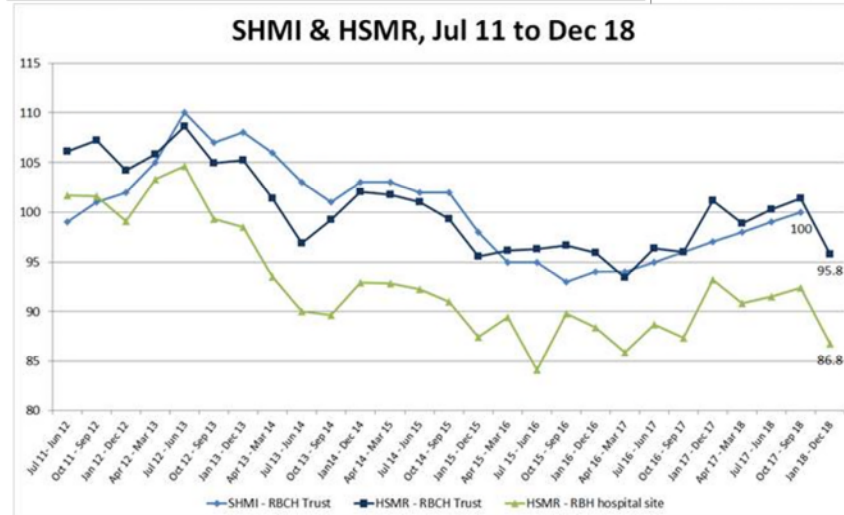
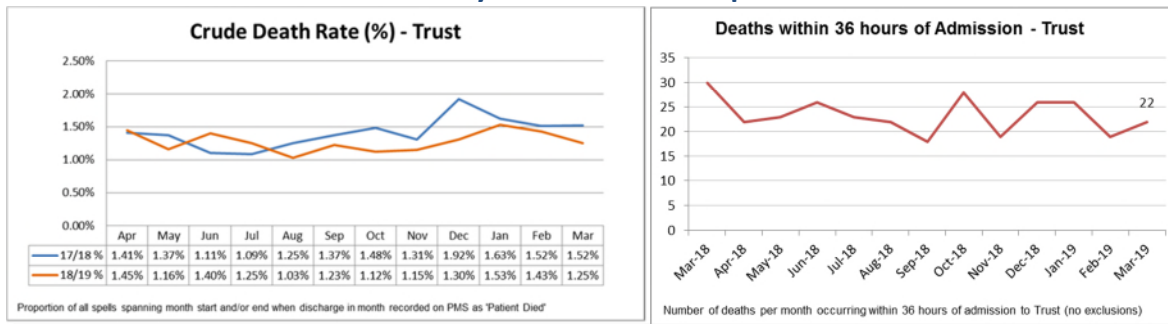
- One death was secondary to drowning and two following choking;
- One patient with Parkinson disease was resuscitated after choking as DNAR status was only available after return of spontaneous circulation.

Action Plan

- No specific action plan is required. However 7/16 deaths should have been coded as secondary to 'primary arrhythmia'.

This alert is closely related to the previous procedural alert in 'other respiratory procedures' which related to invasive ventilation in patients who had suffered an out of hospital cardiac arrest. It is possible to draw the correlation that patients are being transferred to RBH following 'out of hospital cardiac arrest' due to the Trust status as the 'Cardiac Intervention' Centre for Dorset.

ANNEX A - Data Review - Mortality Surveillance Group



Trust Board Dashboard - April 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 Q2			2018/19 Q3			2018/19 Q4			Trend (where applicable)
		Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	
Quality of care	Caring - A&E scores from Friends and Family Test % positive	90.8%	90.6%	92.1%	89.3%	89.1%	88.3%	88.1%			
	Caring - Inpatient scores from Friends and Family Test % positive	97.9%	97.8%	97.6%	98.2%	97.2%	98.0%	98.3%			
	Caring - Maternity scores from Friends and Family Test % positive	97.3%	95.9%	100.0%	93.0%	90.1%	98.0%	97.1%			
	Caring - Mixed sex accommodation breaches	0	1	0	0	0	0	10			
	Caring - Staff Friends and Family Test % recommended - care (Quarterly)										
	Caring - Formal complaints	27	32	34	40	34	43	37			
	Effective - Emergency re-admissions within 30 days following an elective or emergency spell at the provider	711	712	711	757	677	750	737			
	Effective - Hospital Standardised Mortality Ratio - Weekend (DFI) - All Sites	79.3	72.7	115.3	81.3						
	Effective - Hospital Standardised Mortality Ratio - Weekend (DFI) - MAC	259.0	342.1	428.9	282.5						
	Effective - Hospital Standardised Mortality Ratio - Weekend (DFI) - RBH	63.7	67.6	107.2	75.9						
	Effective - Hospital Standardised Mortality Ratio (DFI) - All Sites	85.5	79.7	81.0	89.6						
	Effective - Hospital Standardised Mortality Ratio (DFI) - MAC	187.4	157.5	199.7	178.3						
	Effective - Hospital Standardised Mortality Ratio (DFI) - RBH	78.0	72.7	75.4	82.9						
	Effective - Summary Hospital Mortality Indicator										
	ED Attendances	8200	7965	8126	8436	7370	8596				
	Elective Admissions	6381	6294	5111	6181	5569	6428				
	GP OP Referrals	6469	5971	4783	5851	5396	5779	5631			
	Non-elective Admissions	3356	3334	3323	3731	3073	3588				
	Organisational health - Staff sickness in month	4.7%	4.5%	4.1%	4.5%	4.5%	3.8%	3.9%			
	Organisational health - Staff sickness rolling 12 months	4.1%	4.1%	4.1%	4.1%	4.2%	4.2%	4.2%			
	Safe - Clostridium Difficile - Confirmed lapses in care	0	0	1	1	0	0	1			
	Safe - Clostridium Difficile - infection rate	6.12	0	6.12	6.12	0	0	18.98			
	Safe - MRSA bacteraemias	0	0	0	0	0	0	0			
	Safe - NHS England/NHS Improvement Patient Safety Alerts outstanding	0	0	0	0	1	0	0			
	Safe - Occurrence of any Never Event	0	0	0	1	0	0	1			
	Safe - Potential under-reporting of patient safety incidents (Quarterly reporting rate)		41.28			37.2					
	Safe - VTE Risk Assessment	96.5%	96.1%	95.6%	95.8%	95.8%	96.2%	95.7%			
	Number of Serious Incidents	0	1	0	2	1	1	3			
	Appraisals - Values Based (Non Medical) - Compliance	88.9%	90.9%	90.6%	89.8%	89.1%	88.4%	2.1%			
	Appraisals - Doctors and Consultants - Compliance	89.1%	91.2%	85.3%	79.5%	83.2%	84.0%	83.7%			
	Essential Core Skills - Compliance	93.1%	93.0%	92.8%	93.2%	92.9%	93.0%	93.6%			
	Organisational health - Proportion of temporary staff	7.8%	8.0%	8.3%	8.0%	8.7%	9.3%				
	Organisational health - Staff turnover	9.3%	9.5%	9.9%	9.7%	9.8%	10.2%	10.2%			
Finance and use of resources	Sustainability - Capital Service Capacity (YTD Score)	1	1	1	1	1	1				
	Sustainability - Liquidity (YTD score)	1	1	1	1	1	1				
	Efficiency - I&E Margin (YTD score)	1	1	1	1	1	1				
	Controls - Agency Spend (YTD score)	1	1	1	1	1	1				
	Controls - Distance from Financial Plan (YTD score)	2	2	2	2	2	1				
	Overall finance and use of resources (YTD score)	1	1	1	1	1	1				
Operational performance	A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge	93.5%	90.3%	89.6%	87.6%	87.9%	96.5%	91.1%			
	Cancer maximum 62-day wait for first treatment from NHS cancer screening service referral	100.0%	92.0%	94.4%	88.9%	69.2%	90.0%				
	Cancer maximum 62-day wait for first treatment from urgent GP referral for suspected cancer	77.5%	91.8%	89.2%	89.1%	86.7%	89.1%				
	Maximum 6-week wait for diagnostic procedures	93.4%	96.5%	93.5%	94.8%	96.7%	99.3%	98.3%			
	Maximum time of 18 weeks from point of referral to treatment in aggregate - patients on an incomplete pathway	86.9%	86.7%	85.7%	85.4%	85.3%	84.6%	84.0%			

BOARD OF DIRECTORS	
Meeting date – Info Pack only:	29 May 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 David Mills, Associate Director Information & Performance Dawn Ailes, RTT Performance Lead
Details of previous discussion and/or dissemination:	PMG / Finance 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 Single Oversight Framework, national planning guidance and contractual requirements.</p> <p><i>Note, the narrative report should be read in conjunction with:</i></p> <ul style="list-style-type: none"> • <i>Trust Board Dashboard</i> • <i>Performance Indicator Matrix</i> <p>Executive Summary:</p> <p>This report focuses on April 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 dropped to 91.1%. • Zero 12 hour decision to admit breaches in April 2019. • 2018/19 ambulance conveyances were 6.1% above 2017/18 levels; in April 2019 SWAST conveyances decreased by 1.4% compared with April 2018 however SCAS conveyances were up 16.1%. • There was one 52 week RTT breach in April. • The RTT total waiting list (CSR) continued to increase in April 2019 and remains above (worse than) the March 2018 target for number of patients waiting. • Trust wide RTT performance against the 18 week standard dropped slightly to 83.9% in April and remains below the national standard. • Performance against the 62 day cancer standard for March is 89.4% remaining above the national target of 85%. • Urology significantly improved its 62 day standard in March to 85.6% from 78.9% in February. • All three cancer 31 day standard targets were achieved in March and for Q4 overall. • All SSNAP indicators were achieved for Q4 • The diagnostic 6 week standard was just under the 99% target achieving 98.3% in April. • The number of patients on the planned waiting list waiting over 6 weeks for their 	

planned procedure decreased in Q4 to 7.5% compared to 14.4% in Q3.	
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:	<p>Performance metrics are key control measures for the following risks on the Trust Risk Register:</p> <ul style="list-style-type: none"> • Flow (463) • Stranded patients (452) • RTT (735) • Right Referral, Right Care (736) • Financial - PSF



Operational Performance Report

For the period to end
April 2019

Richard Renaut
Chief Operating Officer

1. Executive summary

Key highlights and exceptions:-

- Performance against the 4 hour standard dropped to 91.1%.
- Zero 12 hour decision to admit breaches in April 19.
- 2018/19 ambulance conveyances were 6.1% above 2017/18 levels; in April 19 SWAST conveyances decreased by 1.4% compared with April 18 however SCAS conveyances were up 16.1%.
- There was one 52 week RTT breach in April.
- The RTT total waiting list (CSR) continued to increase in April 19 and remains above (worse than) the March 18 target for number of patients waiting.
- Trust wide RTT performance against the 18 week standard dropped slightly to 83.9% in April and remains below the national standard.
- Performance against the 62 day cancer standard for March is 89.4% remaining above the national target of 85%.
- Urology significantly improved its 62 day standard in March to 85.6% from 78.9% in February.
- All three cancer 31 day standard targets were achieved in March and for Q4 overall.
- All SSNAP indicators were achieved for Q4
- The diagnostic 6 week standard was just under the 99% target achieving 98.3% in April.
- The number of patients on the planned waiting list waiting over 6 weeks for their planned procedure decreased in Q4 to 7.5% compared to 14.4% in Q3.

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 – March 19/April 19

Performance against the 4 hour standard dropped in April 19 to 91.1%. This reflects the increased pressure seen over the Easter period with increases in attendances and the Trust operational pressure levels reaching OPEL 3 on more occasions.

RTT performance deteriorated to 83.9% in April, remaining below our local target trajectory. The overall numbers on the clocks still running waiting list continued to rise, increasing by 0.9% with the overall 18 week backlog remaining fairly static.

Despite significant efforts by operational and clinical staff, the Trust had a 52 week breach of the RTT standard in dermatology. This was due to the ongoing pressures in dermatology across Dorset. A system wide RCA is in the process of being undertaken to identify any learning and further actions required.

The Trust achieved all the Cancer standards in March 19; of particular note is the improvement in March's performance against the 62 day cancer standard which rose to 89.1%. The Trust achieved all the Cancer standards in Q4, except for the 62 day screening service referral target.

The diagnostic target slipped slightly in April to 98.3% just below the 99% standard. The focus for 2019/20 remains the sustainable recovery of the 99% target.

Operational Performance Report

As at 20/05/2019

Table 1 – Operational and Contracting Guidance - KPIs 2019/20 – actuals & forecast May 19

Single Oversight Framework Indicator	National Target	NHSI Trajectory 18-19 / 19-20	Mth / Qtrly	RAG rated performance against national targets and NHSI submitted trajectories		
				Mar-19	Apr-19	May 19 projection
A&E 4hr maximum wait time	95%	91.6% - 95.0%	Mthly & Qtrly	96.5%	91.1%	
RTT 18 week incomplete pathways	92%	83% - 88.5%	Mthly	84.6%	84.0%	
RTT - no. of incomplete pathways	≤ March 2018	24,880	Yr End	26,411	26,653	
RTT - no 52 week waiters	0	0	Mthly	0	1	
Cancer 62 day wait for first treatment from urgent GP referral**	85%	85%	Mthly & Qtrly	89.1%	est	
Cancer 62 day wait for first treatment from Screening service**	90%	90%	Mthly & Qtrly	90.0%	est	
Maximum 6 weeks to diagnostic test	99%	99%	Mthly	99.3%	98.3%	

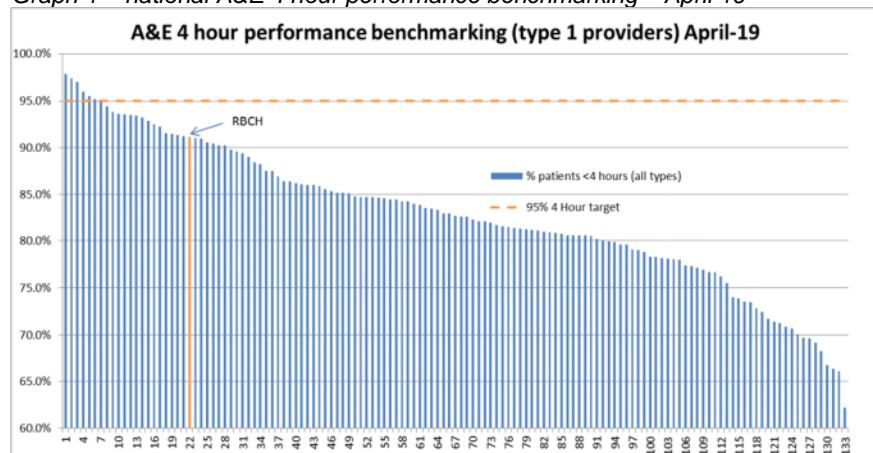
RAG Key: Red - below national target and organisational trajectory; Amber - above trajectory but below national target or 'at risk'; Green - above national target (and trajectory).

**Final validated April performance upload will be completed early June 19

2.2 National Benchmarking – March 19 / April 19

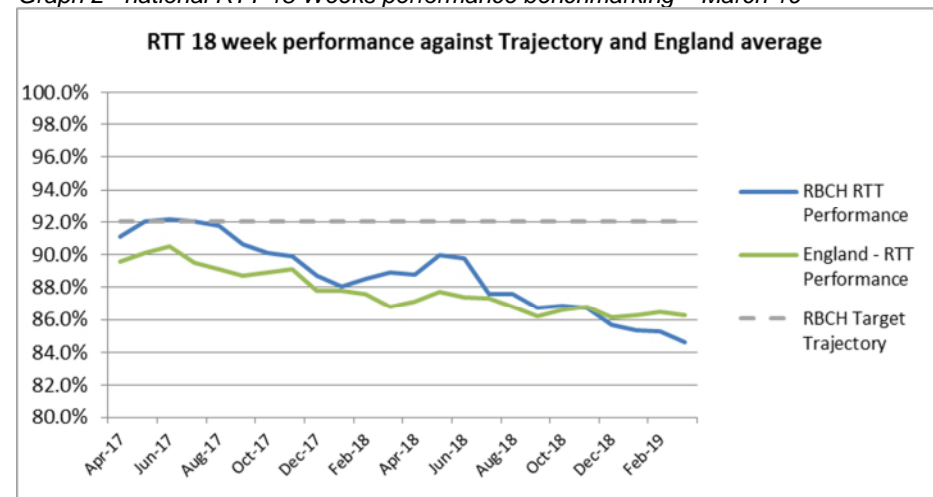
RBCH benchmarked 22nd out of all type 1 trusts nationally for ED 4 hour performance in April, good performance considering the urgent care pressures on the Trust and wider system over the Easter period.

Graph 1 – national A&E 4 hour performance benchmarking – April 19



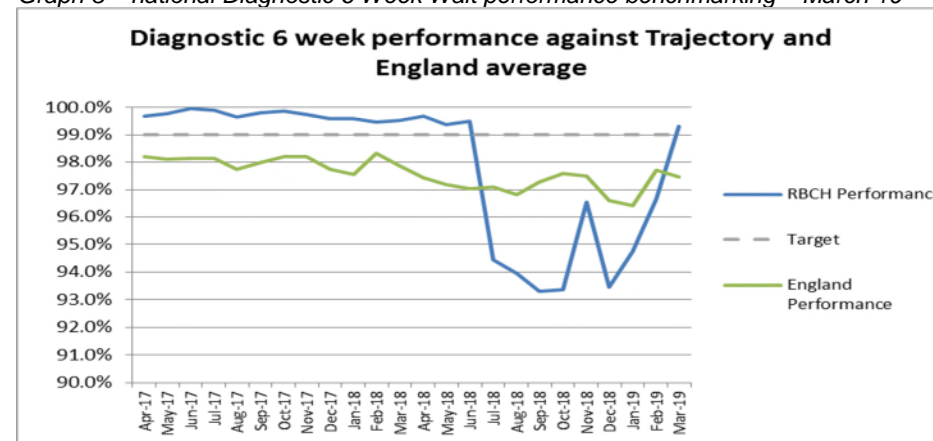
Trust wide RTT performance (86.3%) remained just below the national average in March.

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



RBCH benchmarked above the national average Diagnostic performance (99.3%) in March 19. Whilst the trust was just below the target for April we still envisage remaining above the national average.

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

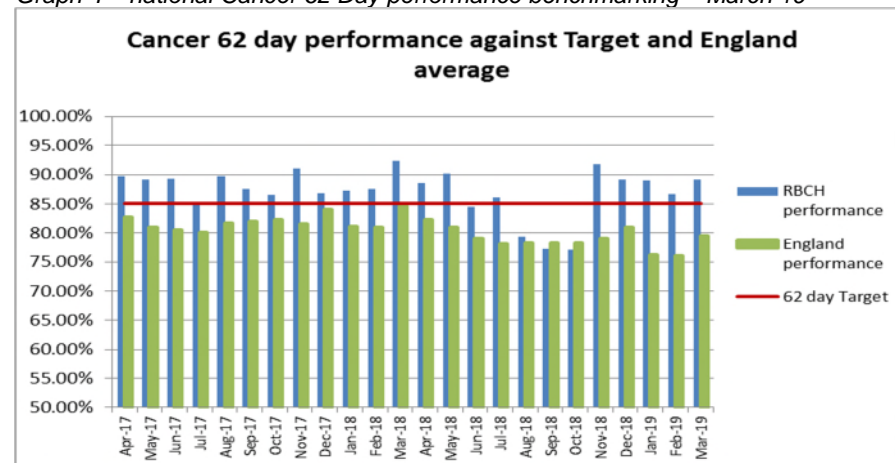


Operational Performance Report

As at 20/05/2019

The Trust's return to compliance against the Cancer 62 day performance standard continued to improve during March 19 and remains significantly above the National average.

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



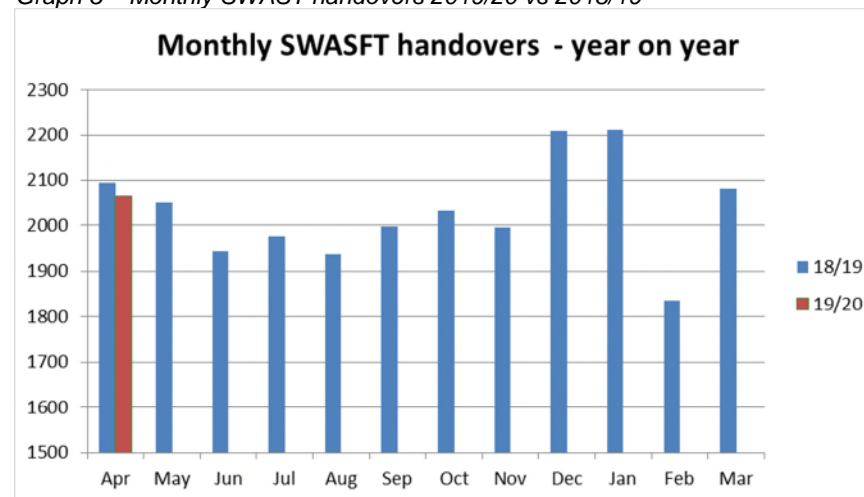
3. Forecast Performance, Key Risks and Action

3.1 A&E Targets, PSF and Stranded Patients

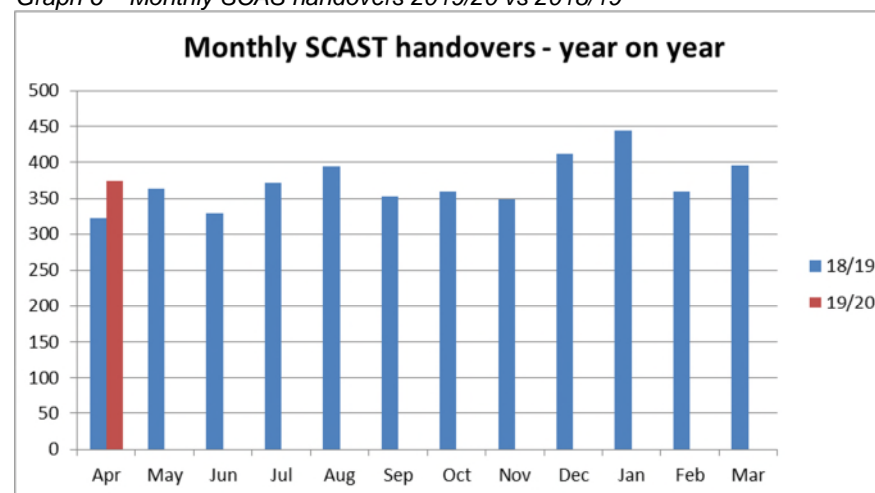
Performance against the 4 hour standard decreased to 91.1% during April compared to March (96.5%). There were no 12 hour breaches of the decision to admit standard in April

During 2018/19 the Trust experienced a significant increase (6.1%) in the number of ambulance conveyances to the hospital compared with 2017/18. In April 19 the number of SWAST ambulance conveyances decreased by 1.4% compared with April 18 and SCAS conveyances were up 16.1%, as highlighted by graphs 5 and 6. There was an increase in the number of 30 and 60 minute handover breaches in April compared to March.

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



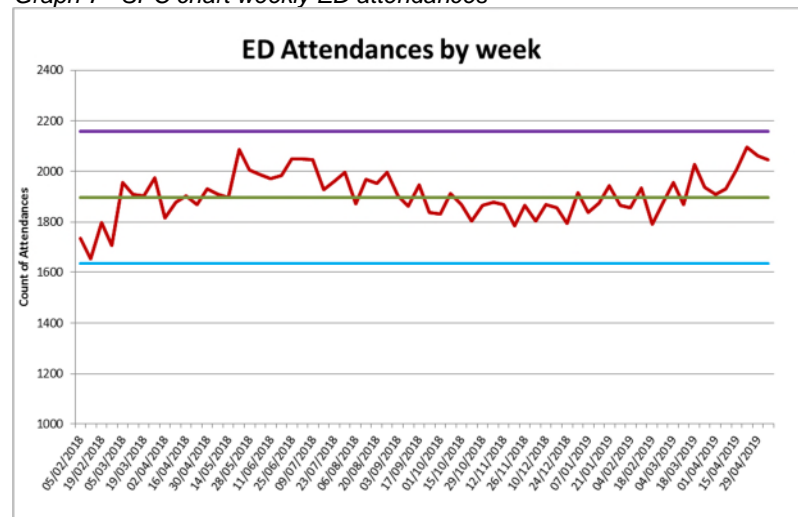
Graph 6 – Monthly SCAS handovers 2019/20 vs 2018/19



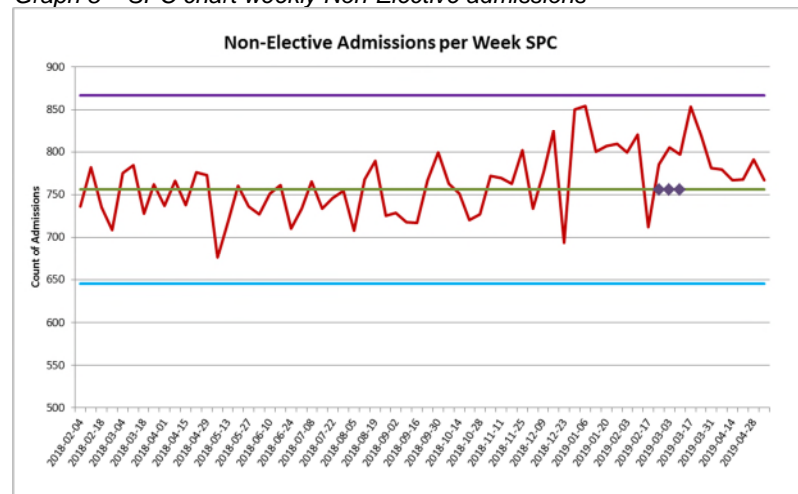
Overall ED attendances in April 19 were 5.72% higher than in April 18 and emergency admissions were up 3.7% in April 19 compared to April 18. The weekly trends are highlighted in the Statistical Process Control charts below. The increase in emergency admissions over March and April has triggered an SPC rule with nine points above the

mean, suggesting this is a special cause variation and needs monitoring over the coming months to see if activity levels revert back to the natural variation.

Graph 7 –SPC chart weekly ED attendances



Graph 8 – SPC chart weekly Non-Elective admissions



ED and Conveyances

The Quality Improvement work in the Emergency Dept continues to improve patient pathways and a refreshed QI programme has been established with an overarching Steering Board. The focus will include embedding the Consultant of the Day and medical leadership model as well as on Assessment processes. Successful recruitment has ensured there will be a fully established middle grade rota from June 19. Alongside this the two Advanced Nurse Practitioners will participate in the medical rota.

‘Breath’ continues to impact and improve patient pathways and contributed towards the Trust remaining above 91% for the 4 hour performance standard in April despite the Trust being at OPEL 3 and the number of attendances increasing significantly on last year.

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

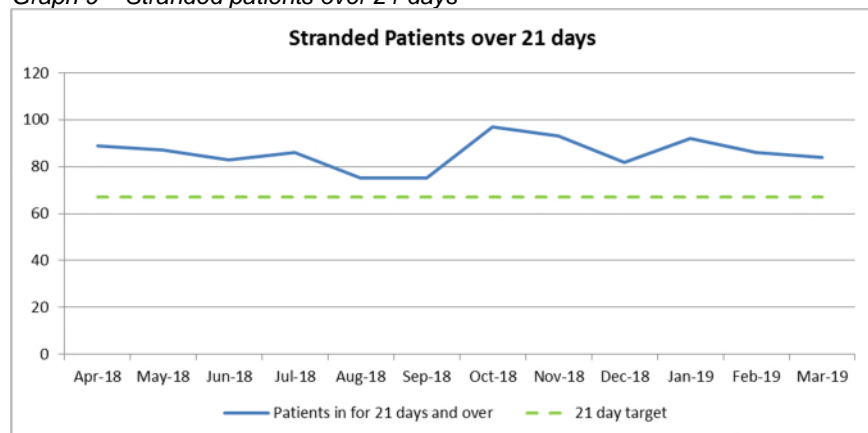
The number of patients who have been in hospital for over 21 days increased during April reflecting the bed pressures over the Easter period and an increase in the proportion of patients who were medically fit for discharge.

The System Peer Review in April has commenced focusing on care out of the acute setting, e.g. Neuro Rehabilitation, Orthopaedic Rehabilitation and Dementia and Delirium nursing home provision.

The Trust is continuing to work with its NHS and social care partners to revise its Discharge Policy to improve the patients’ pathway out of hospital and this is being launched on the 20th May. The appropriate staff are undergoing a training session to ensure a smooth transition.

This remains a priority workstream under our QI Programme: Making Every Inpatient Day Count.

Graph 9 – Stranded patients over 21 days



Funded TAXI Pilot for ED

A recent meeting was held with Dorset CCG and a representative from SWASFT for both urgent and PTS transport. This was to discuss the taxi pilot that that was running over the last winter.

The pilot demonstrated there is a direct relationship between:

- The time a patient arrives at the trust and the % of patients that go home the same day.
- The time a patient arrives at the trust and the overall length of stay.

SWASFT are planning to undertake an audit to see if any patients that were brought in using frontline resources could have been safely transported another way.

Work with GPs and the bed bureau continues to develop the process for deciding how a patient should travel, whilst ensuring that GPs fully understand the choices that they make around transporting patients and the implications for the patient in terms of wait for transport and length of stay.

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

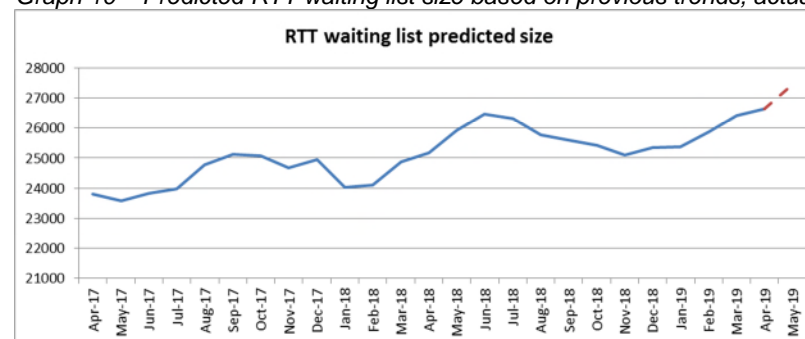
RTT performance reduced to 83.9% in April, in conjunction with an increase in the overall number of clocks still running. The number of patients waiting over 18 weeks has risen slightly.

The CCG are trialling an approach to enable Trusts to feed specific elective performance issues (over and above the priority specialities list) to the Dorset system Elective Care Board. As a Trust we focused on key general surgical specialities and urology for the report as there are a number of similar issues across them including a number of patients waiting more than 40 weeks.

Pressure across RTT specialities continue and carve out from cancer remains one of the largest pressures across many specialities. The Trust experienced a 14.6% increase in 2 week cancer referrals in 2018/19, the largest increase over the last three years, with an increase of 17.3% in cancer treatments.

Pressure on outpatients waits due to increasing cancer referrals and increasingly complex patients, alongside gaps in medical staffing.

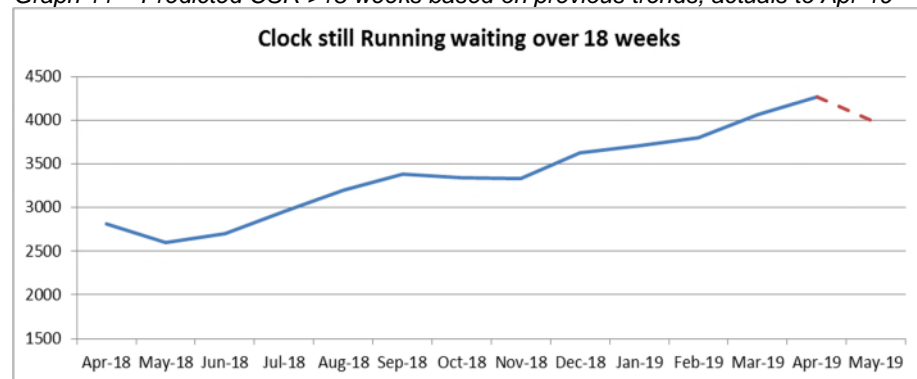
Graph 10 – Predicted RTT waiting list size based on previous trends, actuals to Apr-19



Operational Performance Report

As at 20/05/2019

Graph 11 – Predicted CSR >18 weeks based on previous trends, actuals to Apr-19



The Dermatology Service remains under extreme pressure with reduced consultant cover from July.. The service is looking at locums and insourcing as options to sustain the service in the short term. The recruitment process has started for Consultants at RBCH and Poole. The monthly Pan Dorset steering group is continuing its focus on Dorset wide transformation for Dermatology.

The RTT situation within Ophthalmology is being closely managed with a range of options identified to help support a reduction in waiting times. This includes the investment in an additional Trust grade doctor post, additional consultant sessions and a referral refinement exercise in relation to cataract surgery. Both the insourcing option as well as the outsourcing option to the independent sector is still being explored.

The number of over 40 week waits increased by 14 during April. Patients continue to be tracked and pathways facilitated. The expectation is for this trend to continue during May. A deep dive into the reasons for delays for these patients is being undertaken, which will be reported next month.

Table 2- 40+ week incomplete pathways by specialty

Specialty	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
General Surgery	14	13	14	13	18	17	14	28	41	44	40	31	40
Urology	30	35	20	18	16	19	20	30	42	34	36	45	58
Trauma & Orthopaedics	4	12	11	5	3	4	1	1	3	1	3	4	4
Ear, Nose & Throat (ENT)	2	2	5	4	3	1	1	2	1	1	3	3	2
Ophthalmology	0	0	1	5	1	1	6	5	11	17	13	19	18
Oral Surgery	0	0	1	2	3	2	4	5	2	1	3	7	5
Cardiothoracic Surgery	0	0	0	0	0	0	0	0	0	0	0	5	0
General Medicine	3	3	1	1	5	5	2	1	1	1	2	4	5
Cardiology	1	0	4	5	0	0	4	3	2	1	1	2	4
Dermatology	2	4	5	3	10	7	6	1	2	2	4	1	1
Thoracic Medicine	0	0	0	0	0	1	1	0	0	0	2	0	1
Neurology	0	0	0	0	0	0	0	0	0	0	0	0	0
Rheumatology	0	0	0	0	0	0	1	0	0	0	0	0	0
Geriatric Medicine	0	0	0	0	0	0	1	3	3	1	0	0	0
Gynaecology	4	3	2	4	8	3	3	3	3	3	3	6	5
Other	0	1	2	2	5	1	0	1	5	4	5	4	2
Total	60	73	66	62	72	61	64	83	116	110	115	131	145

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

The Trust is able to report compliance with all cancer standards in March 19.

Table 3 –performance against cancer KPIs for Q4

Area	Indicator	Measure	Target	RBCH Performance			
				Jan-19	Feb-19	Mar-19	Quarter 4 2018/19
Cancer Waiting Times	2 week wait	From referral to to date first seen - all urgent referrals	93.0%	91.7%	96.7%	95.5%	94.7%
	2 week wait	From referral to to date first seen - for symptomatic breast patients	93.0%	90.0%	100.0%	100.0%	93.9%
	31 day wait	From decision to treat to first treatment	96.0%	96.2%	99.5%	99.2%	98.2%
	31 day wait	For second or subsequent treatment - Surgery	94.0%	97.0%	96.0%	100.0%	97.8%
	31 day wait	For second or subsequent treatment - anti cancer drug treatments	98.0%	100.0%	100.0%	100.0%	100.0%
	62 day wait	For first treatment from urgent GP referral for suspected cancer	85.0%	89.1%	86.7%	89.1%	88.4%
	62 day wait	For first treatment from NHS cancer screening service referral	90.0%	88.9%	69.2%	90.0%	84.3%

All cancer standards were also achieved in Q4 except for the 62 day wait from screening service. This was not achieved due to the small

numbers of patients treated and the number exercising patient choice. The final position for the 62 day standard from referral to treatment for the quarter is 88.4% against a target of 85%. The national position for February was 76.2% and March was 76.1% compared to the Trust at 89.1% and 86.7% respectively. This achievement was testimony to all the hard work across the specialities as the number of fast track referrals rose by 14.6% in 2018/19 compared to previous year.

3.4 Diagnostic 6 Week Wait

The Trust achieved 98.3% in April just below the 99% standard. The number of patients waiting over 6 weeks increased by 48 with the main reason being patients awaiting endoscopy and interventional radiology diagnostics.

JAG accreditation remains a risk for our Endoscopy Service, despite their best efforts and insourcing which supported improvement during Q4. There are plans for WLIs for every Saturday and bank holiday in May; subject to nursing and decontamination staffing being available. There is currently a shortfall of lists needed to achieve GRS/JAG targets. Locum consultants are being recruited to commence September.

4. Other Indicators - Exception Reporting

See Performance Indicator Matrix for full performance detail

In April 2019 there were 10 reportable Mixed Sex Accommodation Breaches on the Acute Lung Unit. These occurred during a period of increased operational pressure, which delayed the transfer off the unit of patients who were no longer requiring higher acuity care. Unfortunately, all patients in the area at the time are recorded as a 'breach', so 3 MSA incidents resulted in 10 breaches.

Recommendation

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

BOARD OF DIRECTORS	
Meeting date:	29 May 2019
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Quality Report
Section on agenda:	Quality and Performance
Supplementary reading:	Nil
Director or manager with overall responsibility:	Paula Shobbrook, Director of Nursing and Midwifery
Author(s) of paper:	Fiona Hoskins, Deputy Director of Nursing and Midwifery Jo Sims, Associate Director of Quality and Risk
Details of previous discussion and/or dissemination:	Not Applicable
Action required:	Note for information
<p>Summary: The Quality report is a summary of the key quality indicators in April.</p> <p>There were 3 Serious incidents reported in April 2019</p> <p>The Trust remains in the top quartile for the inpatient Friends and Family Test for March 2019; the Emergency Department and Out Patient Department remained in second quartile.</p> <p>A total of 38 complaints (including one re-opened) were received in January 2019. All were acknowledged within three days. Complaint response times for April have deteriorated and are being explored in further detail.</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

April 2019

Paula Shobbrook
Director of Nursing and Midwifery

Quality Report: April 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

Three Serious Incidents including one Never Event were reported in April 2019

- A delay in the follow up of a patient on a cancer pathway which may have impacted on his treatment options and prognosis. Actions and learning have been identified, and will be monitored to completion via a Post Event Review Meeting in 3 months.
- An inpatient fell on an RBCH ward, sustaining a head injury and a fractured hip. There was a delay in the fracture being diagnosed and, therefore, a transfer for treatment to Poole Hospital. At PGH he was assessed for conservative treatment and repatriated. The patient had a second fall whilst an inpatient at PGH. Following re-admission to RBCH the patient passed away. An investigation is in progress with input from Poole hospital's Orthopaedic team.
- A drug for oral use only was given via an intravenous route in error. A scoping meeting was undertaken and confirmed that this was a Never Event. Immediate actions have been taken in regard to the use and availability of syringes specific to oral medications. An investigation is in progress.

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 March 2019 ranked RBCH Trust 3rd with 27 other hospitals out of 167 placing RBCH in the top quartile based on patient satisfaction.
- The Emergency Department FFT performance in March 2019 ranked RBCH Trust 13th with 9 other hospitals out of 136 placing RBCH ED department in the second quartile.
- Outpatients FFT performance in March 2019 ranked RBCH Trust 3rd with 27 other Trusts out of 248 Trusts, placing the departments in the second quartile.

Table 1: National Performance Benchmarking data

	October		October		October	
In-Patient Quartile						
Top	98.537%	Top	98.537%	Top	98.537%	Top
2		2		2		2
3		3		3		3
Bottom		Bottom		Bottom		Bottom

	October		October		October	
ED Quartile						
Top		Top		Top		Top
2	90.776%	2	90.776%	2	90.776%	2
3		3		3		3
Bottom		Bottom		Bottom		Bottom

	October		October		October	
OPD Quartile						
Top		Top		Top		Top
2	97.501%	2	97.501%	2	97.501%	2
3		3		3		3
Bottom		Bottom		Bottom		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	0	21	20	100.0%	0.0%
Main OPD Xch	0	16	15	100.0%	0.0%
Oral and Maxillofacial	0	N/A	N/A	N/A	N/A
Outpatients General	0	159	157	98.1%	0.6%
Jigsaw OPD	0	7	7	71.4%	28.6%
Corporate Total		203	199	97.5%	1.5%

3.3 Patient Opinion and NHS Choices: April Data

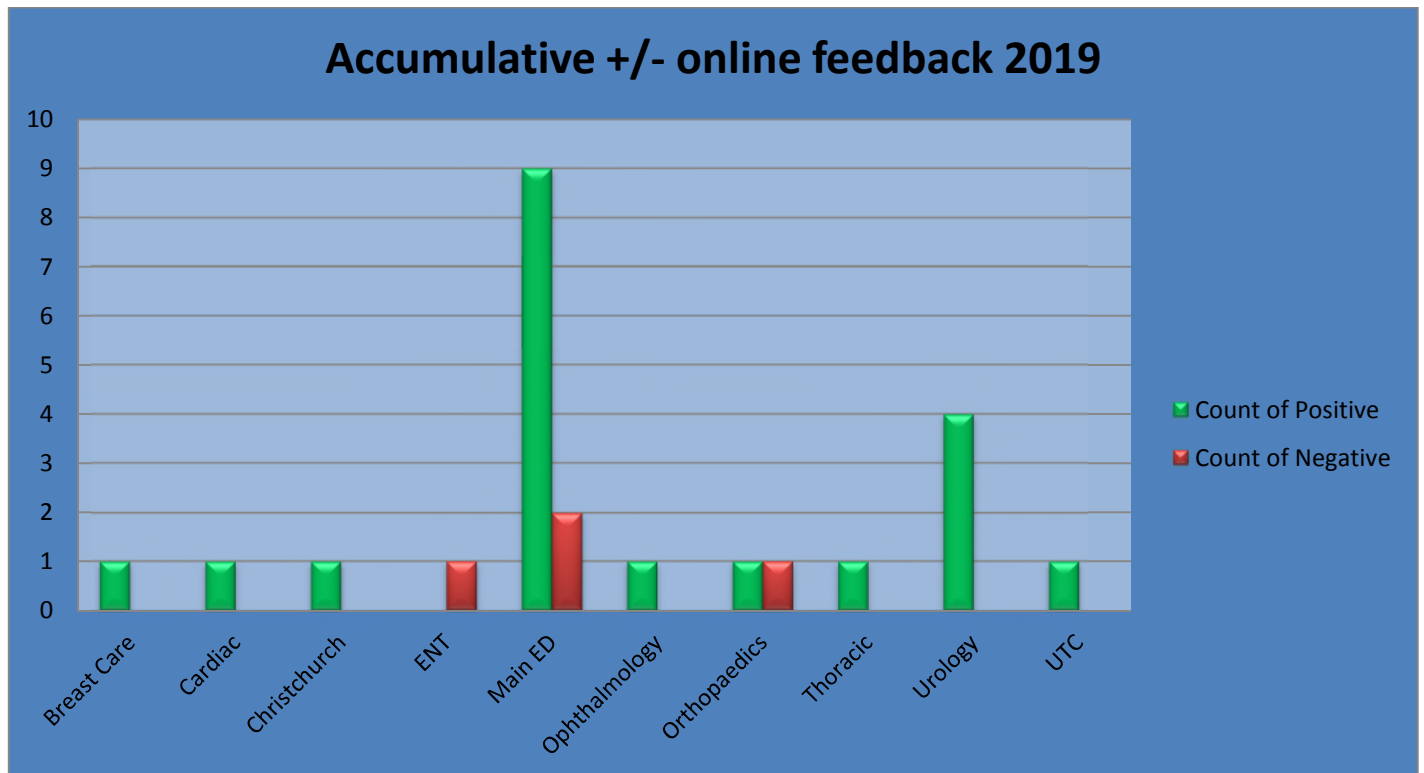
Five patient feedback comments were posted in April, 4 expressed satisfaction with the staff attitude, care and professionalism. 1 expressed concerns over the closure of Phlebotomy at Christchurch and the knock on effects of coming to RBH

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

From the 1st May Care Conversations will be rolled out across all inpatient wards with full conversations being shared with HoNQs and audio snippets shared with matrons and ward sisters via a shared drive folder system.

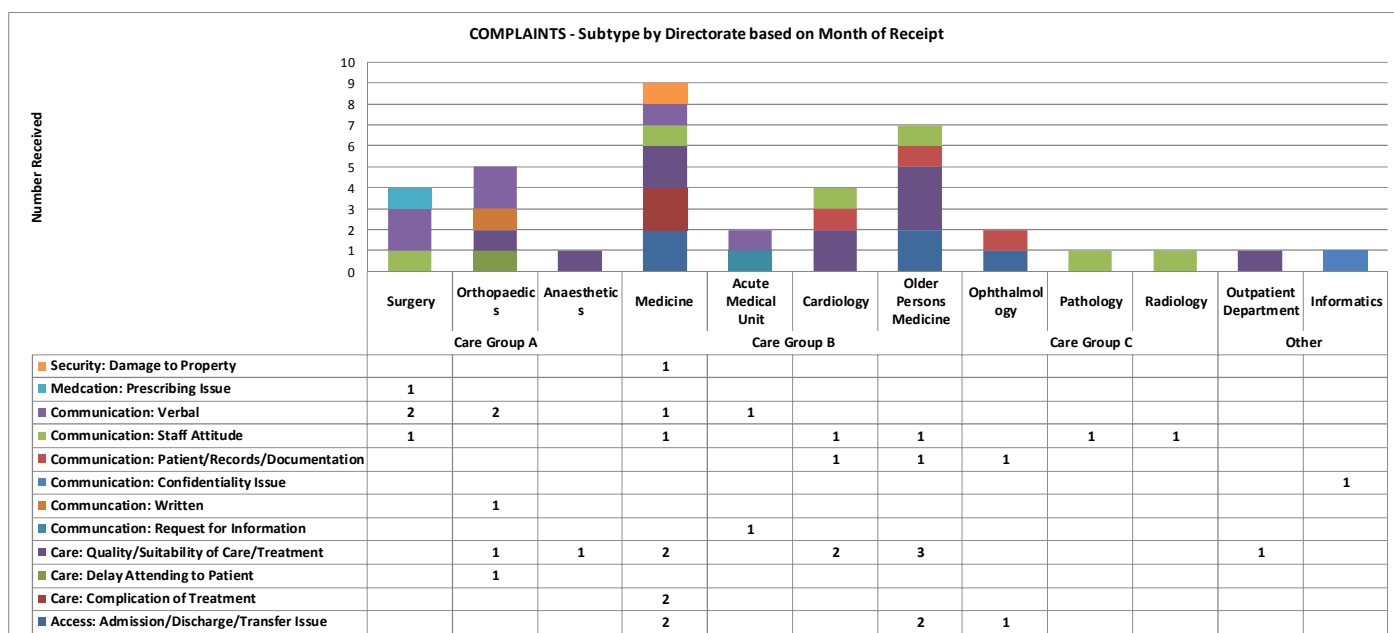
3.6 NHS Inpatient Survey 2018

Both RBCH and PGH have been working together to identify a joint focus for the 'NHSI Experience of Care week' in April. Our theme for activities will be based around 'great communication'. Following the NHS inpatient survey one topic will be related to reducing noise at night and how staff communication can help reduce distress for our patients when in a busy hospital environment. This will be followed by an action learning week about noise at night with further events and activities to engage with our staff.

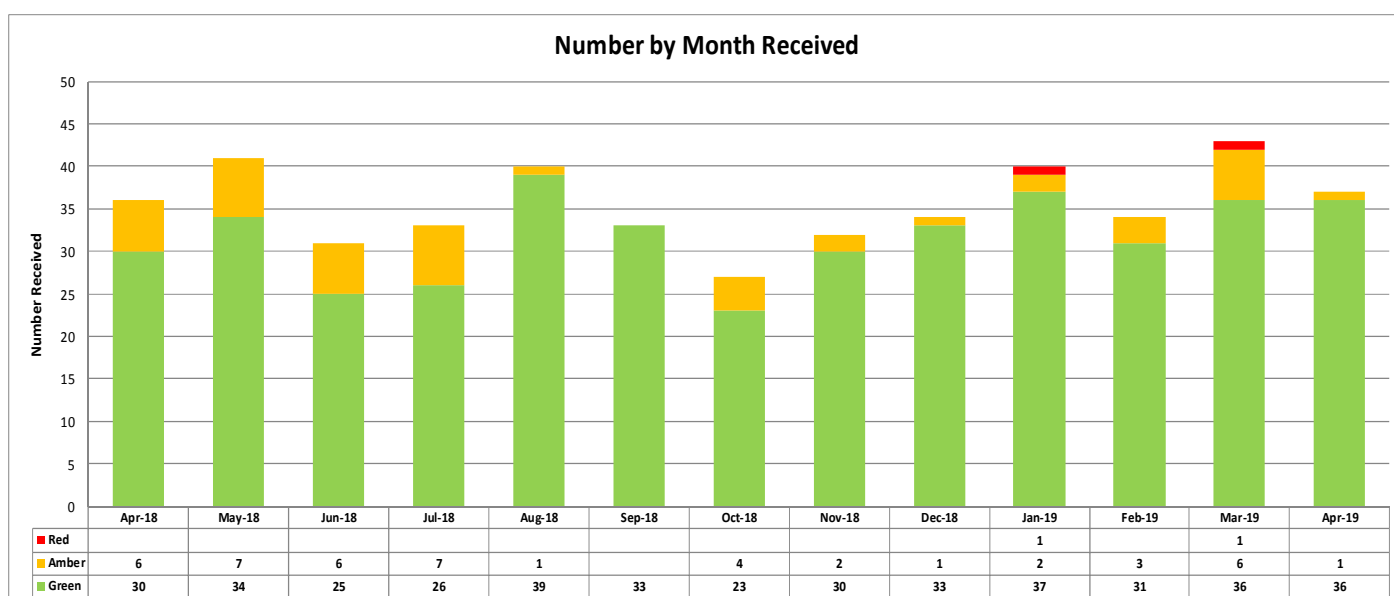
4.0 Complaints

4.1 A total of 37 new complaints and 1 reopened complaint were received in April 2019 all of which were acknowledged within 3 days. The highest themes being:

- Care: Quality / Suitability of Care / Treatment
- Communication: Staff Attitude
- Access: Admission / Discharge / Transfer Issue



Total Complaints received financial year to date: 37



4.2 Complaint response times Year to date

An increase in the number of complaints is noted and variable response rates is also noted since November 2018:

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	Rolling 12 months
1st Responses Due in Month	12	10	19	14	18	14	6	10	9	14	12	14	152
Number Where 1st Response Completed On	9	8	14	9	8	11	3	8	3	9	11	10	103
Percent With 1st Response On Time	75%	80%	74%	64%	44%	79%	50%	80%	33%	64%	92%	71%	68%

4.3 Complaints performance by Care Group

Care Group	Complaints															Trend
	Number Due	Number on time	% on time May 2018	% on time June 2018	% on time July 2018	% on time August 2018	% 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	Change	
CGRPA	14	10	69	80	74	64	44	79	50	80	33	64	92	71	▼	
CGRPB	13	8	64	71	71	63	35	81	64	67	72	54	53	62	▲	
CGRPC	7	2	57	50	100	100	50	50	0	71	88	75	100	29	▼	
OTHER	0	0	100	100	100	0	0	50	0	0	75	67	0	0	=	
PRIVATE	0	0	0	0	0	0	0	0	100	0	0	0	0	0	=	
GRAND TOTAL	34	20	66	72	75	65	41	76	55	72	67	59	71	59	▼	

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

Care Group	Concerns															Trend
	Number Due	Number on time	% on time May 2018	% on time June 2018	% on time July 2018	% on time August 2018	% 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	Change	
CGRPA	49	39	89	100	93	100	100	78	72	67	95	84	85	76	▼	
CGRPB	71	53	86	100	88	100	100	63	56	49	91	69	78	75	▼	
CGRPC	45	36	100	100	77	100	100	76	61	75	100	100	89	80	▼	
OTHER	46	42	73	100	95	100	100	72	82	88	98	95	91	91	=	
PRIVATE	0	0	0	100	100	0	100	0	0	0	0	100	0	0	=	
GRAND TOTAL	212	170	88	100	100	100	100	70	68	66	94	84	85	80	▼	

It is recognised that there has been a drop in the response rates. The individual Care Groups are all working hard towards improving this. All delayed responses have had holding letters or telephone calls sent / made to the complainants with explanations regarding the delay provided.

5.0 Recommendations

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



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

BOARD OF DIRECTORS	
Meeting date:	29 May 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
Summary: The financial reports are detailed in the attached papers.	
Related strategic objective:	Improving quality and reducing harm. Focusing on continuous improvement and reduction of waste
Relevant CQC domain: Are they safe? Are they effective? Are they caring? Are they responsive to people's needs? Are they well-led?	 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ✓
Impact on risk profile:	Three financial and performance risks recorded 2019/20 on the risk register for monthly review by Committee



The Royal Bournemouth
and Christchurch Hospitals
NHS Foundation Trust



Finance Report

For the period to end

30 April 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 secures £4.3 million in Provider Sustainability Funding and £1 million in Financial Recovery Funding.

At the end of the first month, the Trust is behind this plan by £66,000, with an actual deficit of £322,000 against the planned deficit of £256,000. This has been driven mainly by a shortfall in the cost improvement programme, and further work is underway to close this gap.

Income & Expenditure

After adjusting for pass through drugs and devices; income is behind plan by £266,000. This is mainly due to specialist activity being below budget, in part due to an agreed change in clinical coding, and is expected to improve in the coming months.

Whilst expenditure reported a net under spend of £200,000 after adjusting for pass through drugs and devices, within this is an over spend against the pay budget of £246,000. This is a significant concern at this early part of the financial year, and reflects both the shortfall in the cost improvement programme together with a continued increase in agency premium expenditure. Action is in hand in both areas to mitigate this level of over spend.

Cost Improvement Programme

The Trust has set a challenging target to achieve £10.5 million of savings. As at 30 April schemes amounting to £8 million have been identified, which after risk adjustment are reduced to £6.3 million. This represents a shortfall of between £2.5 million and £4.2 million. Further schemes continue to be identified to close this shortfall.

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) and Financial Recovery Fund (FRF) allocations if this system control total is achieved. The Trusts PSF and FRF allocations are £4.260 million and £998,000 respectively. Payments are made quarterly in arrears subject to achievement.

Cash

As at 30 April the Trust is holding a consolidated cash balance of £37.95 million. This is a strong position, and will improve significantly upon receipt of the 2018/29 provider sustainability incentive funding.

Recommendation

Members are asked to note the Trust's financial performance for the period ending 30 April 2019.

Finance Report

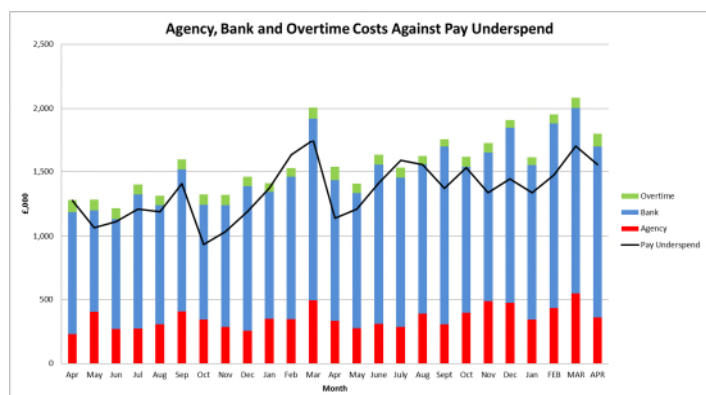
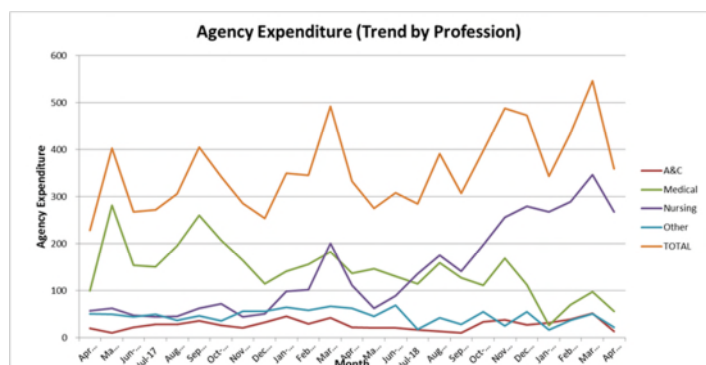
As at 30 April 2019

Income and Expenditure

Income and Expenditure Summary	Budget £'000	Actual £'000	Variance £'000	Pass Through £'000	Residual Variance £'000
NHS Clinical Income	22,982	22,742	(240)	44	(196)
Non NHS Clinical Income	469	463	(6)	2	(4)
Non Clinical Income	2,843	2,778	(66)	0	(66)
TOTAL INCOME	26,294	25,982	(312)	46	(266)
Employee Expenses	17,059	17,305	(246)	0	(246)
Drugs	2,738	2,728	10	22	32
Clinical Supplies	2,997	2,831	166	(68)	98
Misc. other expenditure	3,755	3,440	315	0	315
TOTAL EXPENDITURE	26,550	26,304	246	(46)	200
SURPLUS/ (DEFICIT)	(256)	(322)	(66)	0	(66)

Income Analysis	Budget £'000	Actual £'000	Variance £'000
NHS Dorset CCG	16,430	16,432	1
NHS England (Wessex LAT)	3,767	3,528	(240)
NHS West Hampshire CCG (and Associates)	2,207	2,212	6
Other NHS Patient Income	577	570	(7)
Marginal rate emergency tariff (MRET)	136	136	0
Non NHS Patient Income	469	463	(6)
Non Patient Related Income	2,444	2,379	(66)
Provider Sustainability Fund	213	213	0
Financial Recovery Fund	50	50	0
TOTAL INCOME	26,294	25,982	(312)

Agency Expenditure

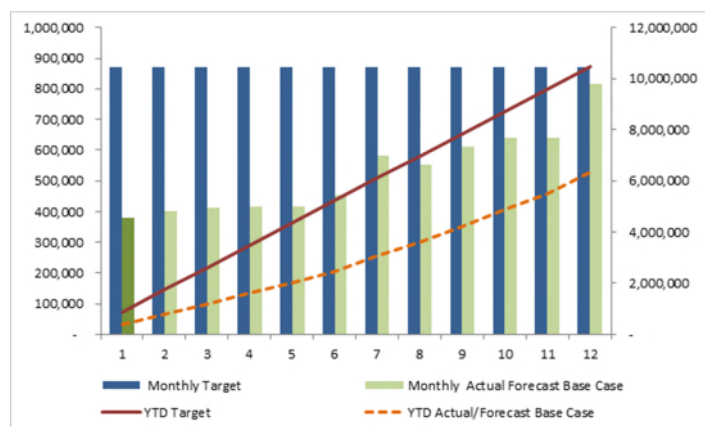


Care Group Performance

Care Group Performance	Budget £'000	Actual £'000	Variance £'000
Surgical Care Group	662	473	(190)
Medical Care Group	847	562	(285)
Specialties Care Group	559	654	96
Corporate Directorates	(3,210)	(3,222)	(12)
Centrally Managed Budgets	886	1,211	325
SURPLUS/ (DEFICIT)	(256)	(322)	(66)

Cost Improvement Programme

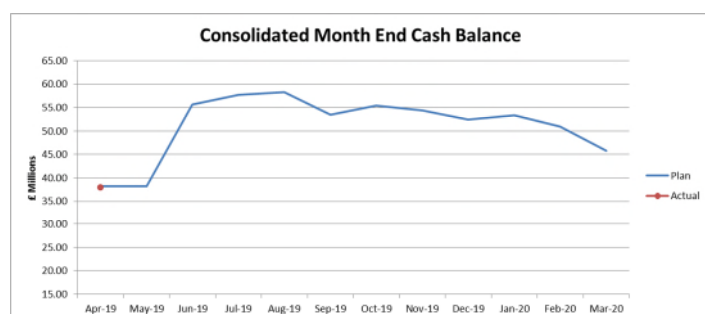
Cost Improvement Programme	Budget £'000	Actual £'000	Variance £'000	Base Forecast £'000
Surgical Care Group	187	86	(100)	2,038
Medical Care Group	215	16	(199)	365
Specialties Care Group	203	125	(77)	1,448
Corporate Directorates	267	179	(88)	2,471
SURPLUS/ (DEFICIT)	871	406	(465)	6,321



Capital Expenditure

Capital Programme	Budget £'000	Actual £'000	Variance £'000
Estates	289	87	202
IT Strategy	453	61	392
Medical Equipment	392	6	386
Centrally Managed (includes Donated)	296	23	273
SURPLUS/ (DEFICIT)	1,430	177	1,253

Cash



BOARD OF DIRECTORS	
Meeting date:	29 May 2019
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Workforce Report
Section on agenda:	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.



Workforce Report

For the period to end

April 2019

Karen Allman
Director of Human Resources

Workforce Report for May Board

As at 30th April 2019

Care Group	Appraisal Compliance		Mandatory Training Compliance	Sickness		Joining Rate	Turnover	Vacancy Rate (from ESR)
	Values Based	Medical & Dental		Absence	FTE Days			
	At 30 April			Rolling 12 months to 30 April			At 30 April	
Surgical	1.5%	87.7%	93.3%	4.10%	14398	12.4%	8.6%	
Medical	3.0%	78.8%	92.6%	3.93%	20502	18.3%	10.0%	
Specialities	2.2%	83.3%	94.2%	4.34%	13940	10.2%	12.9%	
Corporate	1.0%	100.0%	95.9%	4.63%	15325	9.1%	9.5%	
Trustwide	2.1%	83.7%	93.6%	4.21%	64165	13.2%	10.2%	

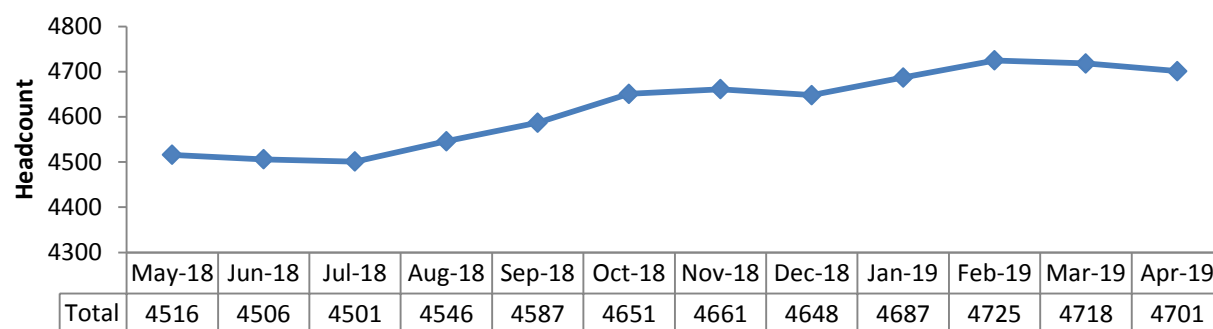
Staff Group	Appraisal Compliance		Mandatory Training Compliance	Sickness		Joining Rate	Turnover	Vacancy Rate (from ESR)
	Values Based	Medical & Dental		Absence	FTE Days			
	At 30 April			Rolling 12 months to 30 April			At 30 April	
Add Prof Scientific and Technical	1.4%		94.1%	5.45%	2668	14.9%	14.2%	
Additional Clinical Services	0.6%		93.1%	6.13%	17263	23.7%	12.6%	
Administrative and Clerical	3.1%		96.5%	3.80%	12236	9.8%	10.4%	
Allied Health Professionals	0.7%		94.5%	2.41%	2366	13.7%	11.3%	
Estates and Ancillary	0.3%		94.7%	7.03%	8628	14.0%	10.6%	
Healthcare Scientists	4.0%		96.7%	2.99%	1058	6.8%	8.7%	
Medical and Dental		83.7%	89.3%	1.14%	2155	4.6%	5.7%	
Nursing and Midwifery Registered	3.0%		93.7%	4.17%	17791	10.4%	8.5%	
Trustwide	2.1%	83.7%	93.6%	4.21%	64165	13.2%	10.2%	

Workforce Report for May Board

As at 30th April 2019

1. Staffing and Recruitment

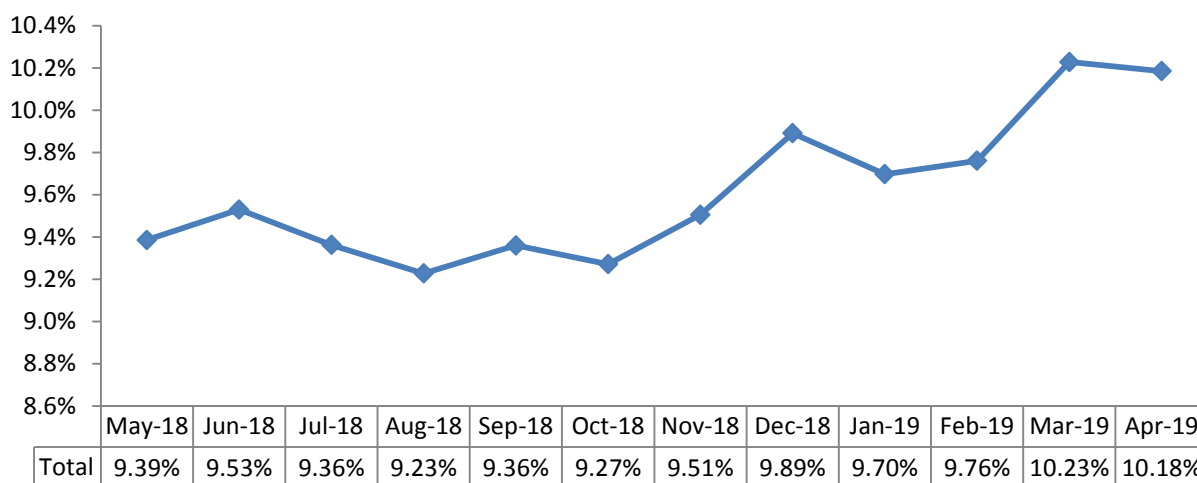
Substantive Staff (Headcount) Trend



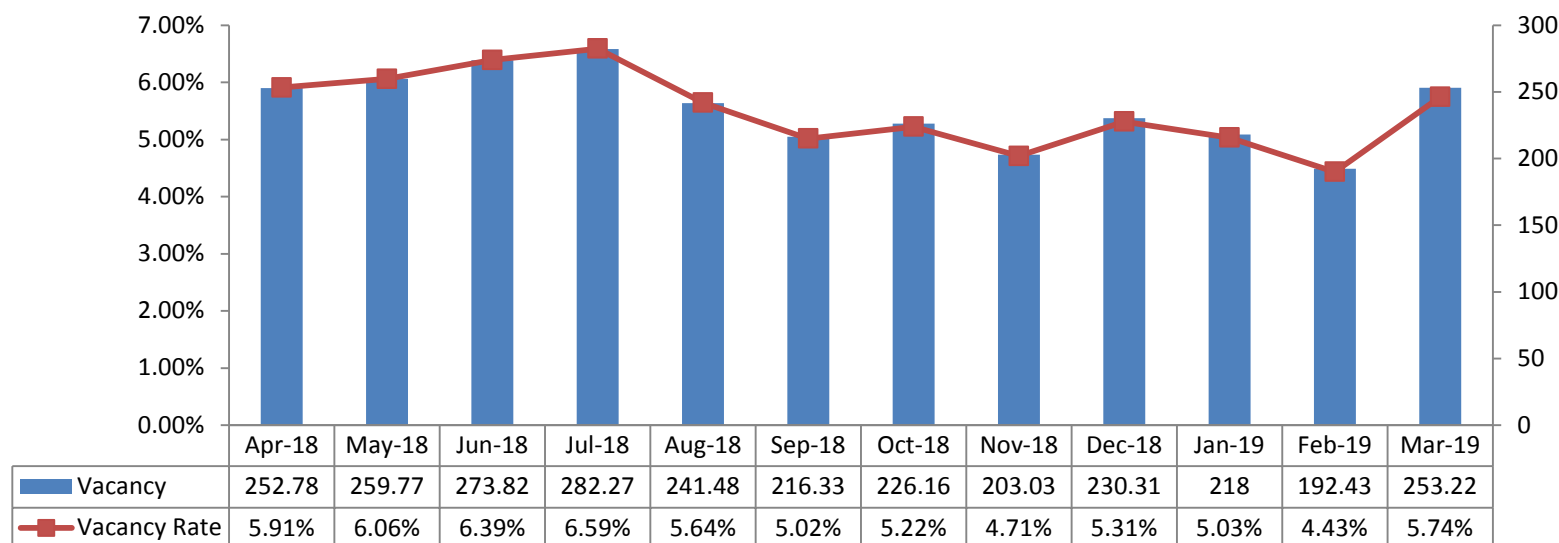
Following last month's small increase, the turnover rate reduced to 10.18% for April from 10.23%; the joining rate shows a small increase to 13.2% (13.1% last month) and consistently remains above the turnover rate. Substantive staff headcount at 4,701 shows an increase of 187 (4.14%) over the 4,514 at the same point last year, which is a positive.

Vacancy rate at 30/04/19 is not available at the time of writing; the trend chart below reflects the position as at 31/03/19 at 5.74%.

Permanent Staff Turnover Rate (Headcount)



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



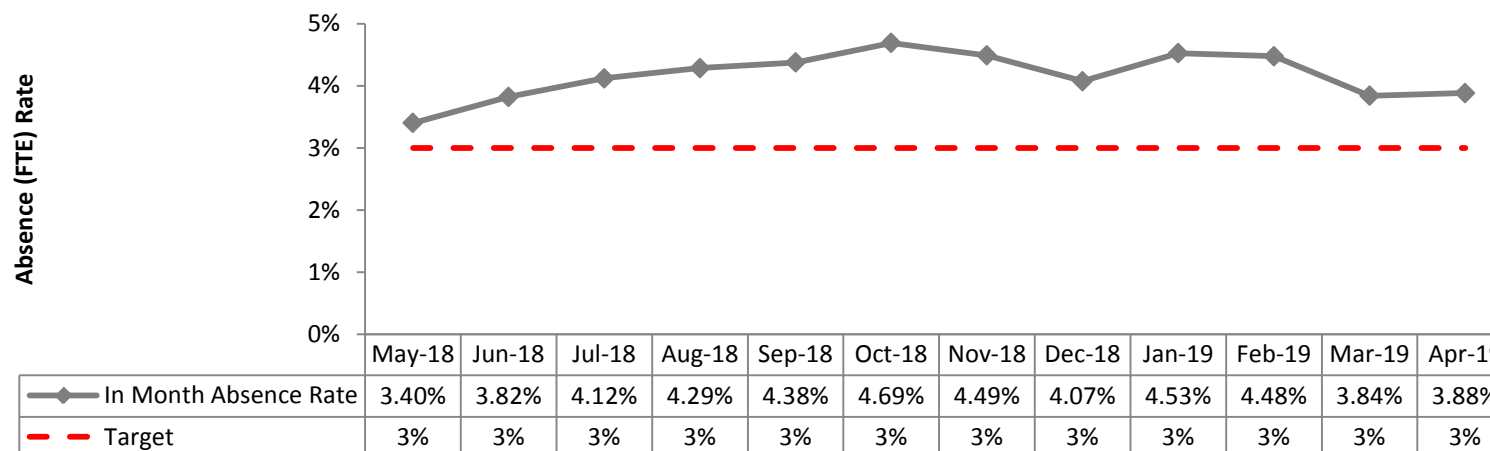
2. Essential Core Skills Compliance

Compliance for April 2019 stood at 93.6%, up from 93% as at 31st March. Medical and Dental saw 1% improvement to 89.3% from 88.3% the previous month; this continues to be closely monitored by the Medical Director. As previously advised, fire training is now two-yearly and via e-learning for all staff. Fire Safety compliance for April increased to 86.7%, up from 82.4% the previous month, which is very encouraging. Clinical ward-based staff will also undertake fire evacuation training as a separate element which will be recorded in ESR.

Focus continues on driving towards our target and we are working 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.

3. Sickness Absence

In Month Absence Rate (FTE)



	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Surgical	3.70%	4.24%	4.38%	4.12%	4.24%	4.66%	4.02%	3.39%	4.28%	4.71%	4.38%	3.97% ↓
Medical	2.43%	2.77%	3.58%	3.75%	3.91%	4.31%	3.99%	3.98%	4.52%	4.68%	3.92%	4.08% ↑
Specialties	3.66%	3.82%	4.31%	5.08%	5.15%	4.79%	5.44%	4.07%	4.43%	3.80%	3.07%	3.34% ↑
Corporate	4.41%	5.08%	4.53%	4.55%	4.52%	5.26%	4.90%	4.95%	4.89%	4.56%	3.87%	3.98% ↑
Trust	3.40%	3.82%	4.12%	4.29%	4.38%	4.69%	4.49%	4.07%	4.53%	4.48%	3.84%	3.88% ↑

The in-month sickness absence rate maintained its amber rating for April at 3.88%. The Surgical care group continued the encouraging progress seen for March, down 0.41%, and returned to an amber rating at 3.97%; this represents a reduction of 0.74% over the last two months. Unfortunately the Medical care group showed a small increase and slipped back into the red at 4.08%.

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, including the introduction of a financial wellbeing support package in the pipeline.

Workforce Report for May Board

As at 30th April 2019

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 April 2019:

Registered Nurse (RN)	Actual Day	95.4%	HCA	Actual Day	103.8%
Registered Nurse (RN)	Actual Night	97.2%	HCA	Actual Night	124.9%

Overall the Trust maintained a safe and stable staffing position in March 2019. A small percentage of high cost agency was utilised, which continues to be monitored through the Premium Cost Agency meeting. A rise in bank and agency usage in recent months has been noted, creating a nursing overspend. This is being addressed through the Premium Cost Avoidance group, with all temporary staffing initiatives being reviewed.

There were no reportable red flag shifts for April 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:

Measurement	Data Period	Trust Value	Peer Value	National Value	Chart
Cost per WAU - Substantive Nursing & Midwifery Staff	2017/18	£671	£686	£710	
Total Nursing & Midwifery FTE	2017/18	1,698.0	1,845.3	2,096.6	
Care Hours per Patient Day - Total Nursing & Midwifery Staff	Feb 2019	7.8	7.8	7.9	
Cost per Care Hour - Total Nursing & Midwifery Staff	Jan 2019	£25.45	£26.02	£25.80	
Cost per Patient Day - Total Nursing & Midwifery Staff	Jan 2019	£200.87	£202.36	£208.00	
Average Staff Cost - All Nursing & Midwifery Staff	2016/17	£33,181	£34,872	£35,334	

Workforce Report for May Board

As at 30th April 2019

This data demonstrates that the average number of care hours a patient received in a day in February 2019 at the Trust was 7.8 hours (all nursing, midwifery and support staff). This was 0.1 below the national median of 7.9 and measures equitably with peer organisations. On analysis the data suggests that the current staffing model is cost effective and safe.

BOARD OF DIRECTORS	
Meeting date:	29 May 2019
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Quality Impact Assessment Policy
Section on agenda:	Performance
Supplementary reading:	Quality Impact Assessment (QIA) Policy
Director or manager with overall responsibility:	Paula Shobbrook, Director of Nursing Alyson O'Donnell Medical Director
Author(s) of paper:	Helen Rushforth
Details of previous discussion and/or dissemination:	Audit Committee; Healthcare Assurance Committee
Action required:	Decision
<p>Summary: A recent internal audit review of our Cost Improvement Programme (CIP) made the following recommendations:</p> <ul style="list-style-type: none"> • The improvement manager to escalate all QIA's that are outstanding to the director of improvement and organisational development • The improvement manager to provide a narrative on each incomplete QIA within the monthly CIP report. • The QIA policy should be presented at the Board of Directors for their scrutiny and approval at the earliest opportunity. The Board should be given the opportunity to consider the benefits and risks of increasing the threshold over which a QIA is required, or conversely considering the option of eliminating the financial threshold, for reasons cited in this finding. • The Improvement Manager should ensure that the CIP Tracker for 2019/20 requires additional information to be provided if the field for 'QIA Required' is populated as 'No' but where the scheme exceeds the threshold (if a threshold is imposed going forward, see above). • The Improvement Manager to consider introducing the requirement for directorates to provide their own evidence for all schemes requiring a QIA, on an annual basis, with a mandatory requirement to provide narrative on the rationale for circumventing the QIA process where applicable. <p>Following the Internal Audit review we are proposing removal of the threshold of £20,000 for documentation of QIA as this will ensure all schemes considered and</p>	



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

that Medical Director and Director of Nursing have full oversight of work being undertaken.	
Related strategic objective:	Improving quality and reducing harm. Focusing on continuous improvement and reduction of waste
Relevant CQC domain: Are they safe? Are they effective? Are they caring? Are they responsive to people's needs? Are they well-led?	 ✓ ✓ <input type="checkbox"/> <input type="checkbox"/> ✓
Impact on risk profile:	N/A



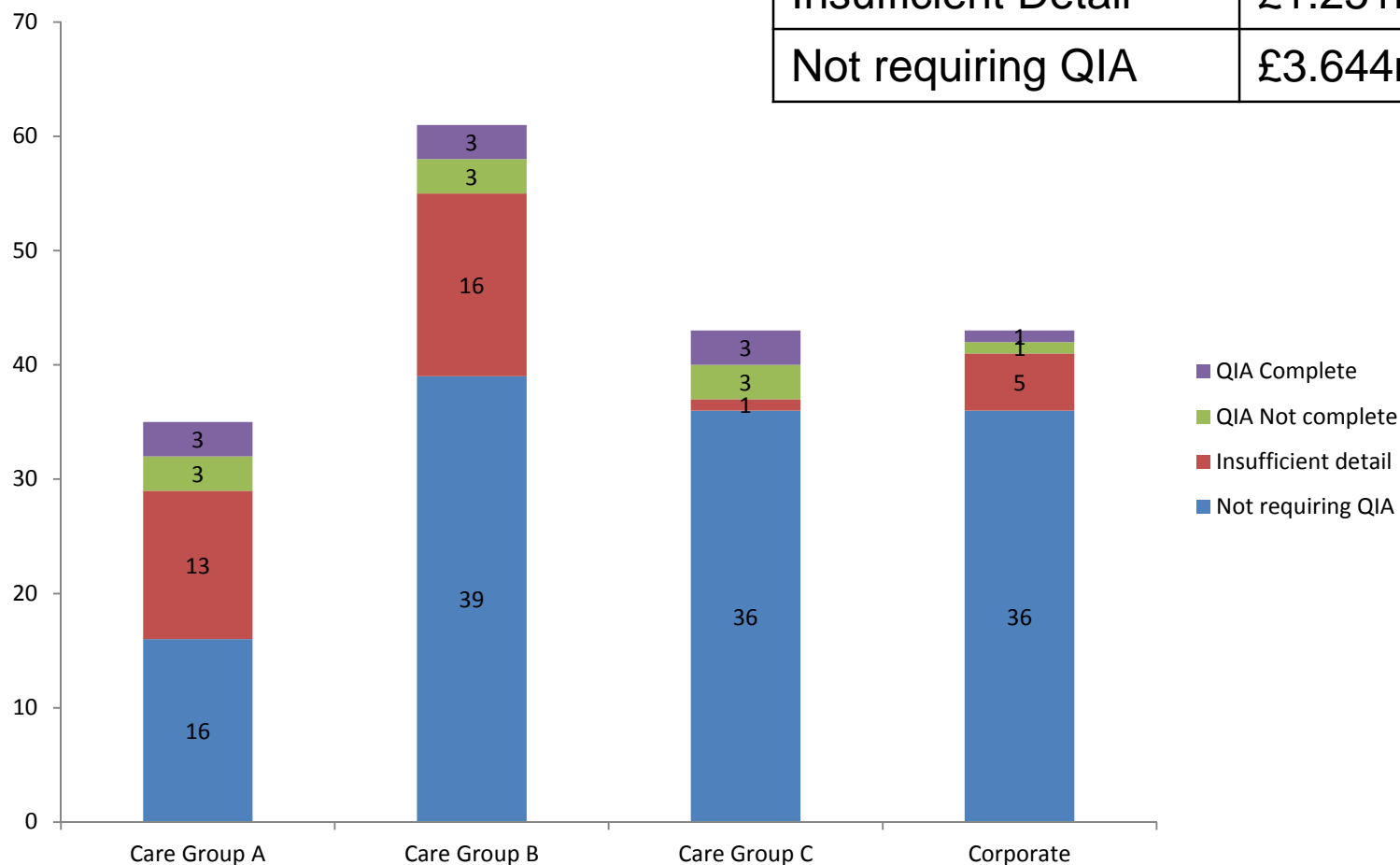
The Royal Bournemouth
and Christchurch Hospitals
NHS Foundation Trust

QIA Reporting

As at April 2019

QIA Status Report

QIA Complete	£2.078m
QIA Not Complete	£0.804m
Insufficient Detail	£1.251m
Not requiring QIA	£3.644m



Definitions and Approach

QIA Complete	Processes deemed sufficient to assess quality risk; Director of Nursing and Medical Director involved in approval (e.g. movement to Joint Chief Exec post, QIA, ward review process)
QIA Not Complete	Processes may be sufficient but require approval by DoN and MD to confirm if considered appropriate and sufficient
Insufficient Detail	Scheme not sufficiently developed for QIA review; to be monitored to confirm that savings have not been taken in advance of QIA assessment
Not requiring QIA	Schemes which will not have quality impact

Savings by Theme

Row Labels	Workforce: Medical	Workforce: Nursing	Workforce: Other	Corporate and Admin	Estates and Facilities	Hospital Medicines and Pharmacy	Patient Pathway	Procurement	Other Savings	Grand Total
Surgical										
Anaesthetics		183,433	0			20,000		64,573	1,500	269,506
Maternity							155,004			155,004
Orthopaedics	96,000						0	145,298	144,000	385,298
Surgery		641,000						66,641	0	707,641
Medical										
Cardiology	12,000			20,000		7,500	173,000	73,944	64,000	350,444
ED	277,000	627,000	2,500			1,000		2,000	11,996	921,496
Medicine	1,542	0		5,000		71,000	15,000	47,500	30,000	170,042
Older People's Medicine		425,000					2,000		27,248	454,248
Specialties										
Cancer Care						50,000			733,500	783,500
Ophthalmology		0				0	0	0	25,000	25,000
Pathology	60,000		30,000					31,000	110,000	231,000
Radiology			160,000					87,000		247,000
Specialist Services			30,000			829,000		1,800		860,800
Corporate										
Facilities					497,000					497,000
Finance				92,000						92,000
Human Resources									20,000	20,000
Operations				120,000						120,000
Outpatients		24,000		36,000						60,000
Trust Board				60,097						60,097
Estates									87,000	87,000
Informatics				340,016						340,016
Central										
Audit and Assurance				407,047						407,047
Centrally Managed Programmes								532,466		532,466
Grand Total	446,542	1,900,433	222,500	1,080,160	497,000	978,500	345,004	1,052,222	1,254,244	7,776,605

WTE Impact

Row Labels	Sum of WTE Actual
Surgical	
Anaesthetics	5.00
Maternity	0.00
Orthopaedics	0.00
Surgery	0.00
Medical	
Cardiology	0.00
ED	0.00
Medicine	0.00
Older People's Medicine	0.00
Specialties	
Cancer Care	0.00
Ophthalmology	0.00
Pathology	0.00
Radiology	0.00
Specialist Services	0.00
Corporate	
Facilities	0.00
Finance	0.00
Human Resources	0.00
Operations	1.00
Outpatients	2.00
Trust Board	0.00
Estates	0.00
Informatics	0.00
Central	
Audit and Assurance	0.00
Centrally Managed Programmes	0.00
Grand Total	8.00



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

BOARD OF DIRECTORS	
Meeting date:	29 May 2019
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Progress Update on 2018/19 Corporate Objectives
Section on agenda:	Strategy and Risk
Supplementary reading:	None
Director or manager with overall responsibility:	Debbie Fleming, Chief Executive
Author(s) of paper:	Executive Directors
Details of previous discussion and/or dissemination:	Board of Directors, January 2019
Action required:	Note for information
Summary: The attached report provides an update on progress against the Trust objectives for 2018/19 as at the end of the year.	
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:	Various risks highlighted in the Board Assurance Framework

			Lead Exec	RAG Rating				Commentary	
				Q1	Q2	Q3	Q4		
OBJECTIVE ONE									
Valuing our staff									
Narrative:			Recognising the contribution of our staff and helping them develop and achieve their potential						
Measures:	1.1	Delivery of the Trust's People Strategy with a focus on:							This work continues supported by cross Dorset Integrated Care System work and merger planning. Mental health first aid training is being rolled out with staff trained to provide support in the organisation. Recruitment remains challenging and we are working to attract new staff. The vacancy rate overall remains low but pinch points remain. Good progress with staff networks and delivery to plan RBCH team presented progress to Debbie Fleming in May jointly with Poole Hospital. Reverse Mentoring project secured and timelines being agreed, provisional start date September 2019.
		a) Developing fit for purpose workforce plans by December 2018		KA					
		b) Further enhancing health and wellbeing support for staff in place by December 2018		KA					
		c) Recruiting, retaining and developing staff in line with the strategy		KA					
		d) Delivering on key priorities in our diversity and inclusion plan in accordance with the timescales set out in the plan		DM					
	1.2	Delivery of the Leadership Strategy Implementation Plan with a focus on:		DM					Discussions at system level in progress. Organisational Development team linked to national and local Leadership Academy. Plan being developed for "better development conversations" Three internal role specific leadership development programmes, supported by Active Learning Sets (ALS) learning. Plan to line up development offer with Poole Hospital. Launched on intranet. Further rollout with HR and BEAT support . Pay changes implemented in line with national strategy. #ThankYou! Day is set for 24th September 2019.
		a) Talent management		DM					
		b) Leadership development		DM					
		c) Management Toolkit		DM					
		d) Recognition and Reward – these will be implemented throughout 2018/19 in accordance with the timescales set out within our strategy		KA/DM					
		The measures we will use to track progress focus on:		DM					53% completion rate compared to 46% in 2017. Engagement score equivalent to 4 with new measurements. Q4 survey at 85% for Mainly Good. Q4 survey going live in May. Delivered.
		a) Action plans to address issues raised by staff, with the aim of maintaining our staff survey results and aiming to increase the engagement score from 3.9 to 4 over the next two years, demonstrating an improvement year on year		DM					
		b) Improving the Staff Impressions "Mainly Good" overall experience score to exceed 92%		DM					
		c) Maintaining a turnover rate below 12%		KA					

		<ul style="list-style-type: none">redesigning our prioritisation and planning processes to further improving the quality and safety of the WHO checklist in emergency surgery	DM					Working group has done process mapping and identified key actions; currently working to implement eCaMIS booking solution used in Poole Hospital which would help align practice in the trusts.
2.3		Supporting our Specialty Pathways <i>Aim: To ensure implementation of recommendations outlined in the external cultural review and British Association of Dermatology review in accordance with agreed timelines</i> This will include: <ul style="list-style-type: none">redesign of booking processimproved staff trainingimproved patient informationIntroduction of electronic systemsall surgical forms in dermatology are completed accurately by August 2018 and zero avoidable hospital reason cancellations by October 2018	DM DM DM DM DM					Complete. Two clinical staff training weeks in Q1 - complete - staff training now on-going operationally. New internet page for patient information designed and first stage pages now available for publication. Stage two in design which will include further clinician information. New electronic appointment booking form in place. Surgical form being developed in e-forms to replace current paper version. Prototype of surgical form currently being reviewed by clinicians and administrative team. Was on track to deliver with regular progress monitoring. Some operational challenges have slowed progress on delivery of zero hospital reason calculations. Plans in place to refresh this work as part of operational activity.
2.4		<i>Aim: To improve patient safety and experience by reducing RTT waiting times in ophthalmology to a maximum of 18 weeks and outpatient follow up waits. The focus of this work will extend to improving efficiency in eye theatres by March 2019</i>	RR					Improved follow-ups, but deteriorated referral to treatment (RTT)/ total waiting list position. A limited amount of additional resource is available from the CCG and internal RTT pressures found to support some backlog reduction. This is alongside demand and capacity planning and transformation initiatives into 2019/20. Ophthalmology is a formal Quality Improvement (QI) project for 2019-20 and this work is being undertaken with the Associate Director for Elective Planning & Transformation.
2.5		<i>Aim: To ensure that there are no unnecessary diagnostics and/or nursing observations for patients who are medically ready for discharge by March 2019</i>	RR					Consultation re overnight nursing obs for Medically Ready for Discharge (MRFD) patients complete and recommendations made to Director of Nursing.
2.6		Fundamentals of Care <i>Aim: "To improve the coordination of Peripherally Inserted Central Catheter (PICC) lines, confirming status of every patient with a PICC line inserted by RBCH and ensuring compliance with the CVAD care bundle by March 2019"</i> <i>Aim: To continually improve the safety and timeliness of treatment and reduce avoidable patient deterioration on our wards</i> We will do this by: <ul style="list-style-type: none">ensuring that every patient with an early warning score (NEWS) of 9 or above, is escalated for review and then seen by an appropriate clinician within 30 minutes of their initial trigger by the end of March 2019. <i>Aim: To further improve the identification and management of sepsis in our emergency and admitting areas by March 2019</i> We will do this by: <ul style="list-style-type: none">treating all patients with a high risk of sepsis with a first dose of antibiotics within 1 hour of admission/diagnosis of sepsis and all other suspected septic patients within 3 hours by March 2019. <i>Aim: To reduce the number of Never Events and promote an open learning culture</i> We will do this by:	PS AOD AOD					The CVAD Quality Improvement project for 2018/19 has been extended for six months with a deadline of September 2019. This is due to delays in IT support. Joint working with Poole Hospital on developing electronic checklists is ongoing. Awaiting approval of policy and standard operating procedures. Changes in NEWS score and those requiring escalation now visible on electronic whiteboard. NEWS 2 implementation now entering final stages of testing prior to full implementation over the next 2-3 months. This project did not achieve its "aspirational" aim for 2018/19 despite best efforts. Successful winter pressures acuity shift PDSA (Plan, Do, Study, Act) run from January to March 2019. Metrics suggest continued improvement in time to administration of antibiotics. Mortality data for deaths from sepsis have shown improving trends over the last 2 years and are showing lower numbers and a better than expected ratio over this winter. Full submission of CQUIN data for 2018/19 despite loss of momentum of the project following clinical lead

		<ul style="list-style-type: none"> embedding the learning from Never Events and Serious Incidents and implement agreed actions arising from the human factor work led by the Medical Director, it is ongoing through 2018/19 	PS					Staff survey results positive for safety culture and learning/feedback from reported incidents. Agreed at SLT on 14 May 2018 to close this Board Assurance Framework risk.
	2.7	<p>Building QI Capacity and Capability</p> <p>To continue to develop our infrastructure for quality improvement at all levels within the organisation by March 2019. We will do this by:</p> <ul style="list-style-type: none"> expanding the provision of QI coaching support and training and development programmes to frontline teams deepening the involvement of patients and carers in our QI work embedding local ownership and performance management of improvement projects to sustain front line staff engagement in QI 	DM					<p>The delivery of QI training has continue through Q4 with a total have 427 staff having attended since 2015. The Improvement Team are supporting the junior doctors to deliver their QI projects through their F1 year at RBCH. A number of ad hoc workshops for departments and multi disciplinary teams have been be facilitated to provide tailored QI training and education. The Improvement Team also continues to offer QI coaching and mentoring. Plans are in place to refresh the QI Academy strategy to build on the current offering.</p> <p>Patient Engagement Champion (PEC) training took place in March 2019, with 11 RBCH staff being trained to support patient volunteers. The projects supporting the 2019/20 QI objectives will have patient engagement or Experienced Based Design where relevant and use some of the tools and techniques learnt on the PEC training.</p> <p>Embedding and sustaining improvements continues to be a challenge. Key to this is staff engagement at all stages of the project.</p>
	2.8	<p>Efficiency and Productivity</p> <p>We will continue to ensure services are provided in a cost effective manner and that we achieve our financial plan to deliver a deficit of no more than £2.381 million by the end of March 2019.</p>	PP					The Trust achieved its improved financial control total for 2019/20 (a surplus of £24.619 million.) and scored the associated Provider Sustainability Fund payment..
	2.9	<p>To continue to improve the responsiveness of services for patients and achieve the national standards of:</p> <p>Cancer waits (62 days)</p> <p>Elective referral to treatment waits (18 weeks RTT)</p> <p>Diagnostic waits (maximum 6 weeks)</p>	RR					Performance remained aabove the national standard.
			RR					Trus performance dropped at the end of Q4 and remained below the national average.
			RR					Performance against the national standard recovered in Q4 to above the 99% target.

OBJECTIVE THREE		Strengthening Team Working				
Narrative:		Developing and strengthening Team RBCH to deliver safe and compassionate care for our patients and shaping future health care across Dorset				
Measures:	3.1	Progressing implementation of the Clinical Services Review by completing the clinical design of the planned and emergency sites by July 2018 and securing the lifting of the undertakings placed on the Trusts by the Competition and Markets Authority. The Board will monitor and drive progress in accordance with the project plan agreed for this work.	DF			Outline Business Case approved by the boards of directors at the end of March and subsequently submitted to NHS Improvement (NHSI). Clinical Transformation Leads appointed, who will be working to bring teams together and develop joined up workforce plans across the two organisations:
	3.2	Strengthen collaborative working and relationships between the Trust and local partners gauged by regular feedback, via a structured qualitative assessment, from partners and in so doing progress the implementation of the Dorset Sustainability and Transformation Plan. To be completed by March 2019.	DF			Relations with key partners are positive. Positive relationships are beginning to be formed with the officers for the new local authorities, and over time, engagement activity being planned to establish good relationships with the new elected members following local authority elections on 2 May 2019.
	3.3	Jointly implement the Dorset Care Record (DCR) Phases 1a-2, 1b and 2 in accordance with the timescales in the DCR programme plan.	PG			The Dorset Care Record (DCR) continues to release iterations: the third iteration has now gone live and includes Pathology, Radiology and Referrals data from Dorset County Hospital; Radiology and encounters data from RBCH/PHFT (Inpatients, Outpatients and waiting lists). As such we currently have achieved 21 of the 84 interfaces. The next iteration is being developed currently and targeting ten interfaces. Work started in February 2019 for this iteration and is currently overrunning by about two months due to a variety of reasons which are being managed by the DCR Programme Board. RBCH is fully represented on this board - PG is the SRO for DCR.
	3.4	Develop team working by embedding the Aston OD Team Coaching approach across the organisation, helping enhance the delivery of care through heightened team effectiveness. Specific measures will focus on: a) At least 50 teams being engaged with the Aston OD Team Journey by March 2019 b) Achieving an average Trust score of 4 in the NHS Staff Survey key finding for Effective Team Working	DM			Affina delivered a refresher session for Team Coach network. Extension granted to second cohort and third training cohort to be delivered and trainees working towards accreditation. Affina coach network strengthened.
	3.5	To work with partners to submit a successful bid to reshape urgent care services in Dorset. This includes preparing for a "go live" in April 2019. Key aspects are developing the Urgent Treatment Centre (UTC) at RBH, work with GPs on Improving Access especially out of hours, as well as the wider 111 and 111 on line offer to patients, to provide alternatives to A&E attendance.	DM RR			Measures changed for 2018. Good results on team questions.
						Bid successful and service launched on 1 April 2019.



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

BOARD OF DIRECTORS	
Meeting date:	29 May 2019
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Trust Objectives 2019/20
Section on agenda:	Strategy and Risk
Supplementary reading:	None
Director or manager with overall responsibility:	Debbie Fleming, Chief Executive
Author(s) of paper:	Deborah Matthews, Director of Improvement and Organisational Development
Details of previous discussion and/or dissemination:	Board of Directors, March 2019
Action required:	Note for information
<p>Summary:</p> <p>This paper sets out the Trust's objectives for 2019/20 as agreed by the Board of Directors at its meeting March 2019.</p> <p>These annual priorities are in line with our vision and four strategic objectives: Valuing Staff; Improving Quality and Reducing Harm; Strengthening Team Working; Listening to Patients and Staff.</p>	
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:	Various risks highlighted in the Board Assurance Framework

2019 / 20 Corporate Objectives

The Board is asked to agree the following four objectives for 2019/20, designed in conjunction with our Change Champions.

NHS
The Royal Bournemouth
and Christchurch Hospitals
NHS Foundation Trust

**Our vision is to work in partnership
and continually improve our services.
We aim to do this by:**

- Valuing our staff**
Recognising the contribution of our staff and helping them develop and achieve their potential
- Strengthening team working**
Developing and strengthening Team RBCH to deliver safe and compassionate care for our patients, and shaping future health care across Dorset
- Improving quality and reducing harm**
Focusing on continuous improvement and reduction of waste
- Listening to patients and staff**
Ensuring meaningful engagement to improve patient and staff experience

Our Trust objectives 2019/2020

Communicate - Say it, hear it, do it! | Improve - Change it! | Teamwork - Share it! | Pride - Show it!

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

OBJECTIVE ONE		Valuing our staff
Narrative:		<i>Recognising the contribution of our staff and helping them develop and achieve their potential</i>
Priorities and Measures:	1.1	Deliver the Trust's People Strategy with a focus on: <ul style="list-style-type: none"> recruiting new staff to keep the vacancy rate below 6% developing sustainable workforce solutions that link to a flexible and local workforce and maintain a turnover rate below 12%
	1.2	Develop a talent management programme in line with our leadership strategy to ensure we develop staff with the capabilities and behaviours needed for a sustainable future: <ul style="list-style-type: none"> introduce a talent review and succession planning process improve talent conversations as part of the annual appraisal round
	1.3	Maintain our 2018 staff survey results and completion rate over the next two years: <ul style="list-style-type: none"> ensure we deliver on 'you said, we did', publicising and promoting positive outcomes and interventions to support staff retention
	1.4	Deliver key priorities in our diversity and inclusion plan:

		<ul style="list-style-type: none"> • increasing Black, Asian and Minority Ethnic (BAME) representation across our leadership teams • continue to improve our Workforce Race Equality Standard (WRES) results to ensure our BAME staff do not experience higher levels of bullying, harassment or discrimination
--	--	---

OBJECTIVE TWO		Improving Quality and Reducing Harm
Narrative:		<i>Focusing on continuous improvement and reduction of waste</i>
Priorities and Measures:	2.1	<p>To continuously improve the quality of care and outcomes for patients as part of our 2019/20 improvement programme. Priorities include:</p> <ul style="list-style-type: none"> • <i>Hospital Flow</i>: a) expanding opportunities for admission avoidance and reducing delays to discharge and b) improving ambulance handover times and ensuring timely assessment, treatment and flow through the emergency department (ED) • <i>Outpatients</i>: reducing the number of unnecessary visits for our patients • <i>Ophthalmology</i>: ensuring good morale and support for staff in eye outpatients and achieving eye theatre efficiency of 80% • <i>Medical Rotas</i>: optimising medical manpower and management of medical rosters using the most effective digital solutions • <i>Clinical Documentation and Communication</i>: improving the consistency and accuracy of what is recorded in the health record, how it is stored and improving communication between teams through digital innovation • <i>Fundamentals of Care</i>: embedding the Medical Examiner process for all inpatient deaths to improve a) the accuracy and timeliness of the death certification process and b) the care of patients with enhanced needs due to acuity and dependency and c) the provision and documentation of discussions with patients about the risks and benefits of treatment options (consent processes)
	2.9	<p>Efficiency and Productivity</p> <p>To continue to ensure services are provided in a cost effective manner and that we achieve our financial plan to deliver a financial breakeven position by the end of March 2020.</p> <p>To continue to deliver efficiency and productivity opportunities using Getting it Right First Time (GIRFT) and Model Hospital benchmarking data to reduce unwarranted variation in our clinical and non-clinical services.</p>
	2.10	<p>To continue to improve the responsiveness of services for patients and achieve the national standards relating to:</p> <ul style="list-style-type: none"> • Cancer waits • Elective referral to treatment waits • Diagnostic waits • A&E waits

	2.11	<p>Digital Transformation</p> <p>To jointly implement the remaining component parts of the Dorset Care Record (DCR) in accordance with the timescales in the DCR programme plan</p> <p>Clinical applications:</p> <ul style="list-style-type: none"> implement the three core trust wide clinical applications (strategic electronic patient record, order communications, electronic prescribing and medicines administration) and support the clinical leaders of these programs transform clinical processes to achieve the maximum benefit from these investments <p>IT infrastructure:</p> <ul style="list-style-type: none"> complete the wired network upgrade project to provide fast and resilient network services migrate all devices to Windows10 and mitigate against all IT security threats
--	------	---

OBJECTIVE THREE		Strengthening Team Working
Narrative:		<i>Developing and strengthening team working across RBCH and with colleagues at Poole Hospital to deliver safe and compassionate care for our patients and shaping future health care across Dorset</i>
Priorities and Measures:	3.1	<p>Progressing implementation of the Clinical Service Review by:</p> <ul style="list-style-type: none"> obtaining approval for the Outline Business Case from NHS Improvement (NHSI) and developing the Full Business Case that will enable the development of the planned and emergency sites agreeing the merger timetable with the Competition and Markets Authority and obtaining approval from NHSI for the Merger Business Case <p>Play a proactive role within the Dorset system, maintaining positive relationships and effective joint working with partners to implement the Dorset Sustainability and Transformation Plan.</p>
	3.2	<p>To support the transformation and early integration of services as part of our East Dorset clinical reconfiguration programme:</p> <ul style="list-style-type: none"> support a cultural change programme and discovery workshops with RBCH and Poole Hospital staff to ensure an inclusive approach to the development of our future vision and values as a single merged organisation provide bespoke change management support to our clinical transformation leads to encourage effective team working and foster collaborative relationships
	3.3	Develop a system wide risk and governance framework across RBCH and Poole Hospital to support the identification, escalation and mitigation of risks to patient safety and quality
	3.4	<p>To further develop team working at all levels within the organisation using the Affina team journey and other interventions, thereby securing an improvement in our 2018 staff survey scores for:</p> <ul style="list-style-type: none"> The team I work in has a set of shared objectives The team I work in often meets to discuss the team's effectiveness

OBJECTIVE FOUR		Listening to Patients and Staff
Narrative:		<i>Ensuring meaningful engagement to improve patient experience</i>
Priorities and Measures:	4.1	<p>Maintain progress in meeting our improvement trajectory for the National Patient Experience benchmarks by March 2020, by:</p> <ul style="list-style-type: none"> • maintaining internal focus on patient experience agendas • engaging, listening and responding to patient feedback in the serious incident and Medical Examiner processes to support improvement and learning
	4.2	<p>Maintain and strengthen communications and engagement with local people by March 2020 through:</p> <ul style="list-style-type: none"> • playing an active part in developing and implementing the Dorset-wide communications and engagement strategy • working in partnership with Governors to carry out a series of listening events /community focus groups to provide feedback on current services and proposals for future service delivery
	4.3	<p>Ensure that patients and members of the public are actively involved in the transformation of our services by routinely utilising experience based co-design, design thinking and digital service design within the One Acute Network (OAN) Programme</p>



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

BOARD OF DIRECTORS	
Meeting date:	29 May 2019
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Membership Engagement Strategy
Section on agenda:	Governance
Supplementary reading:	None
Director or manager with overall responsibility:	Debbie Fleming, Chief Executive
Author(s) of paper:	Karen Flaherty, Trust Secretary
Details of previous discussion and/or dissemination:	Engagement Committee, 14 March 2019 Council of Governors, 2 May 2019
Action required:	Decision
<p>Summary:</p> <p>The Council of Governors approved the Membership Engagement Strategy for 2019-20 at its meeting earlier in May 2019. The Membership Engagement Strategy also requires approval and endorsement by the Board of Directors. The Council of Governors is responsible for the implementation of this Membership Engagement Strategy. The Board of Directors ensures that the necessary support and resources are available for the Membership Engagement Strategy to be successful and to work alongside the Trust's other aims and objectives and strategies to engage with patients and the public.</p>	
Related strategic objective:	Listening to patients. Ensuring meaningful engagement to improve patient experience
Relevant CQC domain:	
Are they safe?	✓
Are they effective?	✓
Are they caring?	✓
Are they responsive to people's needs?	✓
Are they well-led?	✓
Impact on high risks:	None



Membership Engagement Strategy

Approval Committee	Version	Issue Date	Review Date	Document Author(s)
Council of Governors	V5	April 2019	April 2020	Engagement Committee

CONTENTS

1.0	AIMS AND OBJECTIVES	2
2.0	MEMBERSHIP REQUIREMENT	3
3.0	BECOMING A MEMBER	3
4.0	BUILDING AND MAINTAINING THE MEMBERSHIP BASE	4
5.0	MANAGING MEMBERSHIP INFORMATION	6
6.0	MEMBERSHIP COMMUNICATION	6
7.0	DEVELOPING MEMBERSHIP BENEFITS	8
8.0	PLAYING A KEY COMMUNITY ROLE	8
9.0	WORKING WITH OTHER MEMBERSHIP ORGANISATIONS	9
10.0	EVALUATING SUCCESS	9
11.0	MEMBERSHIP RECRUITMENT – EQUALITY AND DIVERSITY	10
12.0	APPROVAL, REVIEW AND REVISION	10
	APPENDIX A	11
	APPENDIX B	12

1.0 AIMS AND OBJECTIVES

- 1.1 A foundation trust is accountable to the local community through its members and the Council of Governors. The Membership Engagement Strategy sets out the way in which The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (**RBCH** or the **Trust**) will recruit and engage with its members. The Membership Engagement Strategy will ensure that the Trust adopts a planned structured and co-ordinated approach to membership and forms part of the Trust's wider engagement activity as set out in the Trust's Patient Experience and Public Engagement Strategy.
- 1.2 Engaging with the membership is a central aspect of a foundation trust. As both a community employer and provider of vital services, there is an obligation continually to listen and react to the needs of staff, local people and stakeholders. Engagement with the membership is a measure of success as a foundation trust, as the more local people are involved and help to inform decisions, particularly on patient-centred services, the better the resulting management decisions. In turn this will inspire the local community to become more involved in a hospital they value and in which they have confidence.
- 1.3 The principal mechanisms for this will be:
 - holding events in the public constituencies to meet members and share information about the Trust;
 - maintaining an active membership and ensuring it is as representative of the local population as possible;
 - engaging with the membership on an ongoing basis and in a timely fashion, and showing how their views are incorporated into decisions; and
 - reporting, using the Annual Report, Annual Meeting and Annual Plan, on the state of membership, how members have been engaged over the previous year and how they will be engaged in the coming year.

2.0 MEMBERSHIP REQUIREMENT

What is the requirement for membership?

- 2.1 The Trust is required by law to have a membership from which a Council of Governors is elected. Members have the right (subject to the Trust's constitution) to stand for election as a governor and to vote for their representative(s) on the Council of Governors. One of the primary purposes of the Council of Governors is to represent the views of the local community to the Board of Directors.

Eligibility for membership and the Constitution

- 2.2 The Trust membership is to be drawn from the communities served by the hospitals and their catchment areas and should reflect as closely as possible the demographic make-up of those communities. The membership should reflect the different age, socio-economic, gender and ethnicity percentages in the communities served.
- 2.3 There are two elected membership groups for RBCH:
- public membership, representing patients, carers and members of the public living in the catchment area; and
 - staff membership, representing employees of the Trust.
- 2.4 Provisions on eligibility to become or remain a member are set out in the Trust's constitution. Any person aged 12 years or over may become a member and membership is open to the constituency areas covering Bournemouth and Poole, New Forest and Rest of England and Christchurch and Dorset County.
- 2.5 There are five classes of staff membership: Medical and Dental, Nursing, Midwifery and Healthcare Assistants, Estates and Ancillary Services, Allied Health Professions, Scientific and Technical and Administrative, Clerical and Management. Provisions on the eligibility for membership of the staff constituency are set out in the Trust's constitution.

3.0 BECOMING A MEMBER

How to apply to become a member

- 3.1 Interested individuals can join the Trust as a member by filling in the membership application form available on the Trust's website or by obtaining a printed membership application form from Governors or the Governor and Membership Manager.
- 3.2 Becoming a member is easy, free of charge and members can get involved as little or as much as they want, in accordance with the Trust's governance and constitutional arrangements.
- 3.3 All new staff who are on permanent contracts or temporary contracts of a duration of twelve months or more will automatically become members of the Trust unless they choose to opt out. The benefits of being a member are explained to staff on induction.

- 3.4 Details of the composition of the membership at the time of the publication of this Membership Engagement Strategy are included in Appendix A of this document.

Benefits of being a member

- 3.5 Joining the Trust gives members a voice so that they can help shape the future of the Trust. Members, where they have indicated that they wish to take part, will:
- be sent a regular newsletter giving information about the Trust;
 - be sent regular email updates on key issues;
 - receive invitations to events;
 - receive invitations to an Annual Meeting;
 - be asked for their views on future developments at the hospitals;
 - be able to vote in elections if 16 years old or over;
 - if eligible, have the opportunity to stand for election to the Council of Governors; and
 - find out more about how to get involved in fundraising or voluntary work.
- 3.6 Members will be supporting their local hospitals and will have access to their local governors.

4.0 BUILDING AND MAINTAINING THE MEMBERSHIP BASE

Building the membership base

- 4.1 The Council of Governors is responsible for the implementation of this Membership Engagement Strategy which is approved and endorsed by both the Council of Governors and the Board of Directors of the Trust. The Board of Directors ensures that the necessary support and resources are available for the Membership Engagement Strategy to be successful and to work alongside the Trust's other aims and objectives and strategies to engage with patients and the public.

Resources

- 4.2 Resources are necessary for the membership recruitment activities to continue and to maintain communications with the Trust's current membership. The Trust has provided a Governor and Membership Manager to act as principal contact for members and governors. The Governor and Membership Manager, alongside the Trust Secretary and the Head of Communications, will also support the activity of the Council of Governors, promote communication with members and work to engage with and develop the membership community.
- 4.3 Resourcing will cover:
- the staffing of the membership function;
 - non-pay costs associated with membership governance such as elections and maintenance of the membership database;
 - provision of newsletters and other communications to members;
 - provision of clinical and medical staff to speak at the Council of Governors' constituency health talks; and
 - support for members' engagement meetings and events.

Maintaining the membership register

- 4.4 This Membership Engagement Strategy focuses the Trust's proactive approach to membership recruitment. The Trust seeks to ensure that the communities it serves are aware of the opportunity to become a member of the foundation trust and what this means for them.
- 4.5 Details of planned events for members are available on request and will be made available on the Trust's website and advertised in member publications.
- 4.6 The Trust will:
- strive for a membership that reflects the diverse communities it serves;
 - provide a simple and accessible process for becoming a member;
 - encourage staff not to opt out and to empower them to take an active role in helping to build the membership base;
 - recognise and use members as a valuable resource who can assist in improving services;
 - maintain an accurate and informative membership database to meet regulatory requirements and to be a tool for developing the membership;
 - identify initiatives for raising the profile of membership with members from all constituencies to encourage them to become active members;
 - consult with patients, the public and other stakeholders so their views and ideas can inform the process of recruitment and retention of members;
 - produce explanatory materials informing the members and public about the Trust, its vision and performance;
 - advertise membership across all sectors of the community;
 - seek out best practice from other member-based organisations and adopt if appropriate; and
 - use appropriate monitoring systems to evaluate whether membership is open and representative.

Constituency boundaries

- 4.7 The constituencies were revised in 2016 and cover:
- Bournemouth and Poole;
 - Christchurch and Dorset County; and
 - New Forest and Rest of England.

Membership target for 2019/20

- 4.8 The Trust aims to attract new members and has set a target of 300 new public members over and above the current number for the financial year 2019/20.
- 4.9 The focus for staff members will be maintaining near 100% membership by focusing on reducing the numbers who opt out of membership by providing more information on membership and the work of Staff Governors at induction and more generally.
- 4.10 An action plan for membership recruitment, management and engagement during the financial year 2019/20 is provided at Appendix B.

5.0 MANAGING MEMBERSHIP INFORMATION

- 5.1 The Trust Secretary's Office is responsible for facilitating and managing the public membership recruitment, engagement and development. A database provides efficient data for the annual reporting to NHS Improvement/Monitor and helps inform the Trust on how to improve its services to members. The public membership database also ensures that the public register of the Trust is accurate and maintained in accordance with the Data Protection Act 2018 and the General Data Protection Regulation. The public membership database is regularly validated by removing the details of deceased members or updating the details of members who have moved, to ensure it is up to date.
- 5.2 The membership application was updated in 2018 to reflect the requirements of the General Data Protection Regulation. The membership form now sets out the legal basis for processing personal data that the Trust receives from members. This reflects the Trust's legal obligations under the National Health Service Act 2006 (as amended) to maintain a public register of members and ensure that the membership of the public constituency is representative of those eligible for such membership.
- 5.3 The public membership database allows analysis of membership by constituency, age, ethnicity, gender, disability and socio-economic grouping, which allows the Trust to monitor how representative the members are of the population in the constituencies.
- 5.4 The Human Resources Department database is used to update and maintain the staff membership database together with a register of opted out staff managed and maintained by the Governor and Membership Manager.
- 5.5 The register of members must be available for public inspection and a copy or extract must be provided on request. A reasonable charge will be made if the request for a copy or extract is not from a member. The information made available or provided will be the name of each member and the constituency to which he/she belongs. Members may also request that their information is not made available on the public register.

6.0 MEMBERSHIP COMMUNICATION

- 6.1 The Trust will support all members and their elected governors to contribute as effectively as possible to the development of the organisation and its services. Building on established good practice, clear and reliable methods of communication between the Trust and its members will be maintained.
- 6.2 A range of methods have been identified for this including:
- Understanding Health talks in public constituencies
 - Governor stands at the Trust's Open Days, Understanding Health talks and Trust charity events
 - Public engagement events
 - Governor stands at community events
 - Governors presenting to local organisations/community groups
 - Governors attending schools careers and other events
 - Surveys of members
 - Listening events both within the hospitals and at other venues open to the public

- Public meetings of the Council of Governors and the Board of Directors and the Annual Meeting
- Member newsletter and regular emails to members
- Staff Governors noticeboard and postbox
- Appointed Governor for Volunteers postbox
- Governor awareness events (prior to elections)
- Governor email addresses

All of the above methods will be continued in 2019/20.

- 6.3 More than one governor represents a constituency; therefore governors are encouraged to work together to hold meetings within the constituency, whether they are educational on a service provided by the Trust or to receive feedback and views on Trust service development or the Trust's services more generally. These are important for gathering members' views which can be used to develop the Trust's future strategies and plans for service delivery. They also serve to support governors in their role and help build relationships between governors and their constituency members.
- 6.4 The Trust will arrange and keep members informed of:
- events and meetings;
 - meetings between members and their elected governors;
 - membership opportunities and contacts for queries or further information; and
 - election processes and the outcome of elections.
- 6.5 The Trust will keep members informed of:
- the services and organisation of the Trust; and
 - Trust activities, plans and the processes used in developing those plans, and key performance indicators.
- 6.6 The Trust will seek members' feedback and engagement by:
- encouraging members to vote in governor elections;
 - consultation on future strategies and plans for the Trust;
 - communication opportunities for members to share views amongst themselves, with their elected governors and with the Trust;
 - face-to-face and electronic surveys; and
 - involvement in appropriate consultative and advisory groups, including user groups and focus groups.
- 6.7 In addition to the usual activities listed above, governors are required to have an understanding of the issues, and engage with members and the public to gain their views to include in relation to the proposed merger of the Trust and Poole Hospital NHS Foundation Trust, the implementation of the Dorset Clinical Commissioning Group's Clinical Services Review and revisions to the Sustainability and Transformation Plan for Dorset, including as part of Dorset's evolution to an integrated care system. Members and other stakeholders will be keen to understand the implications for the Trust as their local hospital.
- 6.8 Comments made by members demonstrate that the FT Focus newsletter is valued as an important source of information on developments at the Trust and forthcoming events. Governors are encouraged to contribute to this publication through articles

and suggesting topics or areas that may be of interest to members. However, as well as the FT Focus newsletter sent to all members, the Engagement Committee will email members who have provided email addresses with more current news and also promote the use of the Trust's website to keep up to date on news about the Trust.

- 6.9 Events will be promoted in FT Focus and emails to members and also through the use of posters and flyers in relevant locations in the public constituencies identified by governors and within the hospitals (including the LCD screens), press releases to local media, including community publications, and stakeholder groups, Facebook, Twitter and through notifying local media of events using the facilities provided on their websites. Governors can also provide details of community publications and groups who can be included on the circulation list maintained by the Communications team. In 2019/20 the Trust would like to continue to make progress with regard to ongoing consultation with our members through workshops or user and focus groups and to use information sheets, frequently asked questions and information videos available on the Trust's website to address common issues which are raised by members. The Engagement Committee is currently considering other ways to promote events.
- 6.10 This helps identify the members who wish to have a more active role in the Trust. The Trust is particularly seeking to get email addresses for more members as this makes communication cheaper and easier and will enable opportunities to be offered to more members on a timely basis.
- 6.11 It is the Council of Governors' responsibility to engage with the membership on behalf of the Trust. That includes expanding the membership, communicating with it, ensuring that it is representative and that its voice is heard. Methods by which the Governors and the Trust intend to communicate, recruit and engage with members are set out in Appendix B.

7.0 DEVELOPING MEMBERSHIP BENEFITS

- 7.1 An important aspect of governor work is the development of a benefits package that will make membership more meaningful. Governors are ideally suited to assisting the Trust in its patient feedback and quality assurance effort.
- 7.2 Governors will seek to be involved in focus and user groups looking at patients' and relatives' experiences and patient engagement across the hospital on a periodic basis. This method will also be used to help drive recruitment as well as engagement.
- 7.3 The work of the governors with members and direct feedback will mean that members have direct input into the day-to-day operation of the Trust.
- 7.4 Governors will take responsibility to feed back to the Board a summary of the key issues raised and will communicate the resolution of any issues to the membership.

8.0 PLAYING A KEY COMMUNITY ROLE

- 8.1 NHS organisations are established to serve the needs of their local population. Being an NHS foundation trust highlights the importance of accountability to local communities and of working in partnership with members and colleagues in other organisations to strengthen the community focus and engagement that the Trust seeks to achieve. Benefits from the activities of the Trust in the local community are

already significant. The Trust employs around 4,000 people. Professional and vocational training contributes to the development of skills in the local workforce.

- 8.2 Through the Trust membership and partnerships with local government, Bournemouth University, voluntary organisations and focus, service user, carer and staff groups the Trust will develop its civic partnership role as an active and accessible participant in the life of the community. The Trust seeks to make positive contributions to local initiatives and partnership working that offer greater social inclusion for service users and improve awareness of and access to its services.
- 8.3 The Trust's aim is to develop a strong sense of shared purpose with other like-minded organisations and will work with other NHS foundation trusts to raise the profile of community activity. The Trust will seek to share best practice with partner organisations on membership, co-operation and community relations.

9.0 WORKING WITH OTHER MEMBERSHIP ORGANISATIONS

- 9.1 The Trust is a member of NHS Providers, an organisation offering training and best practice information to help develop governors and the membership function. This includes a governor advisory committee (**GAC**) consisting of eight elected governors and two foundation trust chairs appointed by the board of NHS Providers. The primary role of the GAC is to guide the governor support work programme of NHS Providers. Governors regularly attend training days run by this organisation and will be encouraged to provide reports to the Council of Governors and disseminate information from the training and other events to fellow governors.
- 9.2 In addition, governors are encouraged to network with the governors at local foundation trusts and healthcare providers. Such networking events enable ideas to be exchanged and could lead to the pooling of resources for events of mutual interest.

10.0 EVALUATING SUCCESS

- 10.1 The Council of Governors has a key role in monitoring the effectiveness of this Membership Engagement Strategy and ensuring that it remains a meaningful and relevant document as the membership of the Trust grows and the organisation matures.
- 10.2 The Engagement Committee of the Council of Governors will meet as necessary and not less than six times each year to review progress against this Membership Engagement Strategy. This ensures that governors are fully involved in membership development and engagement given their responsibility for the delivery of this Membership Engagement Strategy. A report will be provided to all members in the Annual Report of the Trust and future plans will be set out in the Trust's Annual Plan.
- 10.3 The success criterion will be that members will become more engaged with activities and consultations in the Trust. This will be supplemented by other measures such as a closer alignment of the membership base with the demographics of the catchment areas (as benchmarked using the Trust's public membership database) and the number of active members, i.e. those attending events organised by the Trust, individual governors and the Council of Governors.

10.4 Using the public membership database, the effectiveness of recruitment processes will be monitored and the profile of the membership recruited will be compared to the demographic characteristics of the local population at regular intervals through the Engagement Committee of the Council of Governors. Consideration will be given to any gaps in the membership profile and what targeted recruitment activities should be introduced to address them. In executing this strategy the Engagement Committee will ensure close liaison and cooperation with the Board of Directors.

11.0 MEMBERSHIP RECRUITMENT – EQUALITY AND DIVERSITY

11.1 All activities connected with membership recruitment will comply with the Trust's Equality, Diversity and Inclusion Policy.

12.0 APPROVAL, REVIEW AND REVISION

12.1 The Membership Engagement Strategy will be approved by the Board of Directors and the Council of Governors.

12.2 The Membership Engagement Strategy will be reviewed annually or earlier if recommended by the Engagement Committee of the Council of Governors.

12.3 Version control will be managed by the Trust Secretary's Office.

APPENDIX A

MEMBERSHIP

i. Eligibility Criteria

Membership is open to individuals who:

- are over 12 years of age
- complete a membership application form

Full details are given in the Trust's constitution.

ii. Constituencies and Statistics

As at 31 March 2019 there are 9,998 public members in the following constituencies:

• Bournemouth and Poole	7,171
• Christchurch and Dorset County	2,009
• New Forest and Rest of England	818

iii. Council of Governors

Members of the Council of Governors as at 31 March 2019 are set out below.

Public Governors	Staff Governors	Appointed Governors
18	5	6

There were two vacancies for a Public Governor in the Christchurch and Dorset County constituency as at 31 March 2019, a vacancy for the Medical and Dental Staff Governor and a vacancy in the Appointed Governor for Borough of Poole council.

APPENDIX B

ACTION PLAN

It is the Council of Governors' responsibility to engage with the membership on behalf of the Trust in furtherance of its duty to represent the interests of members and the wider public. That includes expanding the membership, communicating with it, ensuring that it is representative and its voice is heard. This Membership Engagement Strategy has outlined how the Trust and the governors intend to do this with a series of tasks and actions needed to fulfil those objectives:

OBJECTIVE	TASK	TIMING	LEAD OF PROCESS
1. Membership Engagement: Engage with members and within the constituencies	1.1 Establish an annual programme for meetings/events in constituencies and the communications strategy for these. These should include one public event updating on changes to local hospital services, one listening event and one health talk in each constituency	March 2019	Constituency Governor Representative and constituency event leads
	1.2 Review target for new members 2019/20	April 2019	EC > CoG
	1.3 Work with the Governor and Membership Manager and the Communications Department to ensure Governors' pages on the website are up to date, informative and include events over the next 12 months	Ongoing	All Governors and Trust Secretary's Office and Communications Department
	1.4 Include a section in Trust's Annual Plan on Governors' future plans for membership engagement	March 2019	Trust Secretary's Office > Governor Strategy Committee > Director of Service Development

	1.5 Include section in Annual Report on Governor membership activities during 2019/20 and message from the Lead Governor	April-May 2019	Trust Secretary's Office > Governor Strategy Committee > Head of Communications
	1.6 Continue to develop strategies to reach identified hard to reach groups, including those groups of the local population which are currently underrepresented geographically or demographically, i.e. working age adults and younger members	Ongoing	EC with all Governors support
	1.7 Send regular email update to members and identify ways of obtaining email addresses for more members	Monthly	Chair of EC/Lead Governor > Trust Secretary's Office
	1.8 Development of joint engagement activities with governors at Poole Hospital NHS Foundation Trust	May 2019	EC and Membership engagement and recruitment group at Poole Hospital NHS Foundation Trust

Glossary:

CoG Council of Governors

EC Engagement Committee



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

BOARD OF DIRECTORS	
Meeting date:	29 May 2019
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Trust Management Board Terms of Reference
Section on agenda:	Governance
Supplementary reading:	None
Director or manager with overall responsibility:	Debbie Fleming, Chief Executive
Author(s) of paper:	Karen Flaherty, Trust Secretary
Details of previous discussion and/or dissemination:	Trust Management Board, March 2019
Action required:	Decision
Summary: Minor changes are proposed to the terms of reference for the Trust Management Board and are shown on the attached version of the terms of reference. These were reviewed by the Trust Management Board at its meeting in March and are recommended for approval.	
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 high risks:	None



TRUST MANAGEMENT BOARD

Terms of Reference

The Trust Management Board (**TMB**) is a committee established by the Chief Executive. It is a forum for strategic development and major operational decision-making at an executive level relating to the Trust's implementation of its vision, values and objectives and clinical and corporate governance requirements within the context of broader NHS policy. It provides clinical, professional and managerial leadership to the Trust.

1. Membership

- 1.1. TMB shall comprise the Executive Directors, the Trust Secretary, the Director of Improvement and Organisational Development, the Deputy Chief Operating Officer, the Directors of Operations, the Care Group Medical Leads, the Clinical Directors, the Associate Medical Directors and the Chairman of the Medical Staff Committee.
- 1.2. The Chairman of TMB shall be the Chief Executive. In his/her absence the meeting will be chaired by the Deputy Chief Executive and in the absence of the Deputy Chief Executive the meeting will be chaired by the Medical Director. In the absence of any of the above the remaining members present shall elect one of the Executive Directors to chair the meeting.
- 1.3. Only members of TMB or their appointed deputies have the right to attend TMB meetings. If a Clinical Director is absent he/she must nominate a suitable deputy empowered to act in his/her place. Other individuals may be invited to attend for all or part of any meeting, as and when appropriate.

2. Secretary

The Trust Secretary or his/her nominee shall act as the Secretary of TMB.

Approval Committee	Version	Approval Date	Review Date	Document Author
Trust Management Board	Draft V7	May 2019	May 2020	Trust Secretary

3. Quorum

The quorum necessary for the transaction of business shall be ten members and should include not less than four Executive Directors and four members who are either Care Group Medical Leads or Clinical Directors.

4. Frequency of meetings

TMB shall meet monthly and at such other times as the Chairman of TMB shall require. These meetings may take place jointly with the Hospital Executive Group or equivalent from Poole Hospital NHS Foundation Trust.

5. Notice of meetings

- 5.1. Meetings of TMB shall be called by the Secretary of TMB at the request of the TMB Chairman.
- 5.2. Only members can submit relevant items for the agenda. Items for inclusion on the agenda must be notified to the Trust Secretary seven working days before the meeting. Exceptionally papers may be submitted less than seven working days before the meeting or tabled at the meeting with the prior agreement of the Chairman. Items of urgent business will be considered at the start of the meeting.
- 5.3. Unless otherwise agreed, notice of each meeting confirming the venue, time and date, together with an agenda for the meeting, shall be forwarded to each member of TMB, and any other person required to attend, no later than five working days before the date of the meeting. Supporting papers shall be sent to TMB members, and to other attendees as appropriate, at the same time.
- 5.4. Each agenda item should include a description of the actions requested of TMB.
- 5.5. The agenda for TMB meetings shall be set with a view to facilitating considered discussion of key strategic and operational matters affecting the Trust.

Approval Committee	Version	Approval Date	Review Date	Document Author
Trust Management Board	Draft V7	May 2019	May 2020	Trust Secretary



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

6. Minutes of meetings

6.1. The Secretary shall minute the proceedings and resolutions of all TMB meetings, including the names of those present and in attendance.

6.2. Minutes of TMB meetings shall be circulated promptly to all members of TMB unless a conflict of interest exists, in which case suitably redacted minutes of the meeting shall be circulated to those affected.

7. Duties

TMB shall:

7.1. Strategy

7.1.1. Develop, refine and agree the draft strategic plan, capital plan, commercial strategy and transformation programme for approval by the Board of Directors with appropriate recommendations. Clinical Directors have responsibility for development of the directorate strategy in response to the corporate plan in conjunction with the Directors of Operations.

7.1.2. Monitor and advise on implementation of the strategic plan, capital plan and transformation programme.

7.1.3. Review and agree the Trust's strategy on research and innovation for approval by the Board of Directors with appropriate recommendations.

7.1.4. Review and agree the Trust's strategy on developing and maintaining relationships with commissioners and other local partner organisations.

7.1.5. Review of the Trust's Vision and Values and Objectives on an annual basis.

7.2. Resources

7.2.1. Refine and agree the annual business plan and budget, including cost improvement plans, with appropriate recommendations for optimum patient benefit, for approval by the Board of Directors.

Approval Committee	Version	Approval Date	Review Date	Document Author
Trust Management Board	Draft V7	May 2019	May 2020	Trust Secretary



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

7.3. Performance Management

- 7.3.1. Receive and review the corporate financial and performance data on a Trust aggregate basis agreeing any mitigating or corrective action as appropriate.
- 7.3.2. Review progress as reported by Care Groups with particular attention to management of specific challenges against the agreed transformation programme and propose action as required to achieve agreed targets.

7.4. Quality Improvement

- 7.4.1. To agree the QI strategy to support the Improvement Board in implementing the QI Strategy.
- 7.4.2. To consider and agree the allocation of resource to support QI work and to monitor progress against QI milestones and targets.

7.5. Quality

- 7.5.1. Monitor and advise on implementation of the quality strategy and quality objectives across the Trust, consider aggregate quality metric data, agreeing any mitigating actions as appropriate.
- 7.5.2. Review the progress of the appraisal and revalidation of doctors within the Trust and agree and take recommended actions.
- 7.5.3. Review and advise on key policies relating to the patient safety, clinical effectiveness and patient experience.
- 7.5.4. Review Clinical Governance arrangements and performance, including meeting required clinical standards, and recommend appropriate action.
- 7.5.5. Agree the Trust's annual plan for clinical audit prior to final approval by the Board of Directors.
- 7.5.6. Review the significant risks reported to TMB and work collectively to identify solutions and mitigations for identified risks escalated from directorates and care groups.
- 7.5.7. Advise on actions necessary to respond to CQC and other regulatory review of services and to implement agreed actions.

Approval Committee	Version	Approval Date	Review Date	Document Author
Trust Management Board	Draft V7	May 2019	May 2020	Trust Secretary



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

7.5.8. Review reports from the Quality and Risk Committee and agree responses which require the input or authority of TMB.

7.6. Advisory

7.6.1. Advise the Board of Directors and take decisions as to:

- 7.6.1.1. priorities for the provision and development of clinical services within the Trust's strategic plan;
- 7.6.1.2. the distribution of available resources within the annual business plan, budget and capital plan;
- 7.6.1.3. performance management of the delivery of clinical services; and
- 7.6.1.4. the examination and implementation within the Trust of both national and local NHS policy and guidance as necessary.

8. Decision Making

8.1. Issues will always be discussed with a view to reaching a consensus, i.e. broad agreement but not necessarily unanimity. However, in circumstances where this cannot be achieved, the following arrangements will apply:

- 8.1.1. A decision can be taken by the Chief Executive. He/she should take account of all the views expressed and bears full responsibility and accountability for the decision. Clinical concerns and objections must be fully documented in the minutes.
- 8.1.2. If there is a significant objection from the Clinical Directors, that issue must be referred to the Board of Directors for review and/or final decision with the objections noted. The relevant Clinical Directors may be invited to attend a meeting of the Board of Directors to speak. A very important or urgent decision could justify an extraordinary meeting of the Board of Directors. In either case, the Chief Executive may take whatever interim actions he/she thinks most appropriate and account for these subsequently to the Board of Directors.

Approval Committee	Version	Approval Date	Review Date	Document Author
Trust Management Board	Draft V7	May 2019	May 2020	Trust Secretary



The Royal Bournemouth and Christchurch Hospitals

NHS Foundation Trust

- 8.1.3. Final decisions of the Board of Directors and TMB will be binding. Members of TMB have a collective responsibility for implementing the decision.

9. Reporting Responsibilities

- 9.1. TMB reports to the Board of Directors through the Chief Executive and Executive Directors.
- 9.2. The minutes of TMB meetings shall be submitted to the Board of Directors after each meeting.
- 9.3. TMB shall make whatever recommendations to the Board of Directors it deems appropriate on any area within its remit where action or improvement is needed.

10. Other

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

11. Authority

TMB is authorised to seek any information it requires from any employee of the Trust in order to perform its duties.

12. Supported Strategic Goals

The key strategic objectives the Trust has set are:

Valuing our Staff - Recognising the contribution of our staff and helping them develop and achieve their potential

Improving Quality and Reducing Harm - Focusing on continuous improvement and reduction of waste

Strengthening Team Working - Developing and strengthening team working across RBCH and with colleagues at Poole Hospital to deliver safe and compassionate care for our patients and shaping future health care across Dorset

Approval Committee	Version	Approval Date	Review Date	Document Author
Trust Management Board	Draft V7	May 2019	May 2020	Trust Secretary



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

Listening to Patients and Staff - Ensuring meaningful engagement to improve patient experience

Approval Committee	Version	Approval Date	Review Date	Document Author
Trust Management Board	Draft V7	May 2019	May 2020	Trust Secretary

BOARD OF DIRECTORS	
Meeting date:	29 May 2019
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Council of Governors Determination on Non-NHS Activity
Section on agenda:	Governance
Supplementary reading:	None
Director or manager with overall responsibility:	Debbie Fleming, Chief Executive
Author(s) of paper:	Karen Flaherty, Trust Secretary
Details of previous discussion and/or dissemination:	Not applicable
Action required:	Note for information
<p>Summary:</p> <p>Each year, the Council of Governors of the Trust must, in relation to the Trust's forward plans:</p> <ul style="list-style-type: none"> determine whether it is satisfied that the carrying on of the non-NHS activity will not to any significant extent interfere with the fulfilment by the Trust of its principal purpose (the provision of goods and services for the purposes of the health service in England) or the performance of its other functions; and notify the directors of the Trust of its determination. <p>The Council of Governors received an update on private patient activity at the Council of Governors' meeting on 2 May 2019 and determined that it is satisfied that the carrying on of the non-NHS activity will not to any significant extent interfere with the fulfilment by the Trust of its principal purpose (the provision of goods and services for the purposes of the health service in England) or the performance of its other functions.</p> <p>This paper notifies the directors of the Trust of that decision.</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?	✓



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

Are they responsive to people's needs?	✓
Are they well-led?	✓
Impact on high risks:	None

BOARD OF DIRECTORS MEETING – 29 May 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
10.45	1. MINUTES OF PREVIOUS MEETING		
	a) Minutes of the meeting held on 27 March 2019 (paper)	Decision	<i>All</i>
10.50	2. MATTERS ARISING		
	a) Updates to the Actions Log (paper)	Discussion	<i>All</i>
10.55	3. QUALITY AND PERFORMANCE		
	a) Independent Review of Theatre Safety and Culture (paper/presentation)	Information	<i>Alyson O'Donnell/ Abigail Daughters</i>
	b) 7 Day Services Board Assurance Framework (paper)	Decision	<i>Alyson O'Donnell</i>
	c) Well-led Self-assessment framework (paper)	Decision	<i>Fiona Hoskins/ Karen Flaherty</i>
12.00	4. STRATEGY AND RISK		
	a) Pathology Update (paper)	Information	<i>TBC</i>
	b) Commercial Strategy (paper)	Decision	<i>Pete Papworth</i>
	c) Risk Register Report (paper)	Discussion	<i>Fiona Hoskins</i>
12.30	5. GOVERNANCE		
	a) Interim Board Composition (presentation/verbal)	Discussion	<i>Debbie Fleming</i>
	b) Senior Independent Director Election (paper)	Decision	<i>Karen Flaherty</i>
	c) Board Committee Membership (paper)	Decision	<i>Karen Flaherty</i>
12.50	6. ANY OTHER BUSINESS		
	a) Key Messages for Communication to Staff	Discussion	<i>All</i>
	b) Reflective Review	Discussion	<i>All</i>
	– What has gone well?		
	– What do we need more of?		
	– What do we need less of?		

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!