NHS

The Royal Bournemouth and Christchurch Hospitals

NHS Foundation Trust

A meeting of the Board of Directors will be held on Wednesday 29 January 2020 at 8.30am in the Vision Suite at The Village Hotel.

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

Jill Hall
Interim Trust Secretary

A G E N D A

Timings			Purpose	Presenter
8.30- 8.32	**1.**	**WELCOME, APOLOGIES FOR ABSENCE and DECLARATIONS OF INTEREST** Alyson O'Donnell		
8.32- 8.35	**2.**	**MINUTES OF PREVIOUS MEETING**		
		a) Minutes of the meeting held on **27 November 2019** (paper)	Decision	*All*
8.35- 8.40	**3.**	**MATTERS ARISING**		
		a) Updates to the Actions Log (paper)	Information	*All*
8.40- 8.50	**4.**	**Patient Story** (verbal)	Information	*Paula Shobbrook*
8.50- 8.55	**5.**	**Chief Executive's Report** (paper)	Information	*Debbie Fleming*
8.55- 9.55	**6.**	**QUALITY AND PERFORMANCE**		
		a) Medical Director's Report (paper)	Information	*Ruth Williamson*
		b) Trust Board Dashboard (paper)	Information	*Richard Renaut*
		c) Performance Report (paper)	Information	*Richard Renaut*
		d) Quality Report (paper)	Information	*Paula Shobbrook*
		e) Finance Report (paper)	Information	*Pete Papworth*
		f) Workforce Report (paper) i. Summary of Six Month Safe Staffing Report	Information	*Karen Allman*
		g) Progress Update on 2019/20 Trust Objectives (verbal)	Information	*Debbie Fleming*
		h) Winter Plan update (verbal/presentation)	Information	*Richard Renaut*
9.55-- 10.05	**7.**	**GOVERNANCE**		
		a) Leaving Hospital Policy (paper)	Information	*Richard Renaut*
		b) Anti-Slavery Statement (paper)	Decision	*Paula Shobbrook*
10.05	**8.**	**NEXT MEETING** **Wednesday 25 March 2020** at 12.45am in the Board Rooms, Poole Hospital.		

10.05-10.10	**9.**	**ANY OTHER BUSINESS**

Key Messages for Communication to Staff

110.10-10.15	**10.**	**COMMENTS AND QUESTIONS FROM THE GOVERNORS AND PUBLIC**

Comments and questions from the governors and public relating to items on the agenda and considered by the Board of Directors at the meeting.

11. RESOLUTION REGARDING PRESS, PUBLIC AND OTHERS

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

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

Minutes of a Meeting of the **Board of Directors** (the **Board**) of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (the **Trust**) held in public at 2.15pm on **Wednesday 27 November 2019** in the Board Rooms 1 and 2, Poole Hospital.

Present:	David Moss	(DM)	*Chairperson*
	Karen Allman	(KA)	*Director of Human Resources*
	Pankaj Davé	(PD)	*Non-Executive Director*
	Debbie Fleming	(DF)	*Chief Executive*
	Peter Gill	(PG)	*Director of Informatics*
	Christine Hallett	(CH)	*Non-Executive Director*
	Alex Jablonowski	(AJ)	*Non-Executive Director*
	John Lelliott	(JL)	*Non-Executive Director*
	Alyson O'Donnell	(AOD)	*Medical Director*
	Pete Papworth	(PP)	*Director of Finance*
	Iain Rawlinson	(IR)	*Non-Executive Director*
	Richard Renaut	(RR)	*Chief Operating Officer*
	Paula Shobbrook	(PS)	*Director of Nursing and Midwifery/Deputy Chief Executive*
In attendance:	Clare Bent	(CB)	*Consultant Radiologist*
	James Donald	(JD)	*Head of Communications*
	Jill Hall	(JH)	*Interim Trust Secretary*
	Anneliese Harrison	(AH)	*Assistant Trust Secretary (minutes)*
Public/ Governors:	Howard Fincher		*Public Governor*
	Eric Fisher		*Public Governor*
	John Lewis		*Public Governor*
	Maureen Todd		*Public Governor*
	Kevin Steele		*Public Governor*
	David Triplow		*Public Governor*
	Michele Whitehurst		*Public Governor*
Apologies:	Deborah Matthews	(DMa)	*Director of Improvement and Organisational Development*
	Cliff Shearman	(CS)	*Non-Executive Director*

		Action
54/19	**WELCOME, APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST**	

There were no apologies for absence or declarations of interest to be noted. The Chair welcomed those attending the meeting

55/19 **Patient Story (Item 2)**

Board members viewed a short video of a recent feature for BBC news South Today that focused on the development of a Quality Improvement (**QI**) initiative led by Dr Clare Bent using video goggles to help improve patient experience whilst undergoing procedures. The goggles allowed patients to stream television programmes and films whilst undergoing a procedure under local anaesthetic thereby reducing patient anxiety and shortening recovery and length of stay in hospital. The use of this technology was becoming increasingly more popular with the growing number of minimally evasive procedures being developed within the interventional radiology department. This had also captured the interest of other services both internally and at other hospitals across the country.

Board members praised the initiative and the excellent example of how the QI methodology was being used to improve patient experience within the hospital. It was suggested that the initiative should be presented to the Allied Health and Science Network and to identify whether there were any potential Intellectual Property rights associated with the use of the goggles during medical procedures. The infrastructure required to support the potential expansion and use of the goggles in other areas of the Trust would be considered separately. **PG/CB**

56/19   MINUTES OF PREVIOUS MEETING

(a)   Minutes of the meeting held on 25 September 2019 (Item 3(a))

The minutes of the meeting held on 25 September 2019 were **approved** as an accurate record of the meeting.

57/19   MATTERS ARISING

(a)   Updates to the Actions Log (Item 4(a))

The updates to the actions were noted.

(b)   Chief Executives Report (Item 4(b))

The Board **noted** the report from the Chief Executive and in particular:
- the appointment of the Shadow Interim Board who will oversee the establishment of the new organisation;
- completion of the process to identify the name for the new organisation which would be released after the purdah period;
- the visit by Simon Stevens, NHS Improvement (**NHSI**), at Poole Hospital NHS FT (**PHFT**) that focused on progress with the pilot of the new standards for emergency care and pathways;
- progress with the development of the Dorset system plan with partners and refreshing the vision for the future;
- the completion of the Care Quality Commission (**CQC**) inspection at PHFT and the positive initial feedback received about the Trust's culture and leadership;
- confirmation received from the CQC that they would not be inspecting RBCH ahead of the merger as the Trust was consistently demonstrating that it was providing a good standard of quality care;
- both Trusts had been regarded highly within the National Cancer Patient Experience survey for cancer care.

A Non- Executive Director raised concerns about the current level of work underway within primary and community care to help reduce demand queried whether the Board had oversight of this. Conversations were underway to ensure there was oversight of demand and capacity models in place within each locality. Focus was also being placed on the needs of older people across Dorset and promoting more joined up working with partner organisations to improve pathways.

58/19   QUALITY AND PERFORMANCE

(a)   Update on Governor activity (Item 5(a))

DT provided an update on the recent governor activities which included:
- the appointment of a number of new governors including for the Hospital Volunteers group who would be representing the Trust on Radio Solent to talk about the role of the End of Life Care volunteers;
- governor attendance at a number of events including the Trust Open Day;
- the planning underway for the schedule of events for 2020 including a joint membership event with governors at PHFT;
- well attended events including a health talk in Christchurch, a listening event in the hospital atrium and the continued interest in the library talks informing the public about the merger work.

Board members recognised and thanked the Council of Governors for their valued work and particularly the role of Governor observers on Trust Committees. The recent appointment of the Youth Lead, Paula Sim, was highlighted who would be supporting the Trust with its work to increase engagement with young people.

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

The key areas in the report were summarised and included:
- the encouraging mortality performance figures which placed the Trust within the better than expected range despite challenges nationally and highlighted that patient safety was being maintained during peak pressures;
- 'good saves' were being identified as part of the learning from mortality reviews and examples of excellence in care to widen the spectrum of learning and improve clinical outcomes.

The Board also received an overview of the themes from the aggregated Report on Education and Safe Working Hours for Doctors in Training and the work underway to address the rota gaps identified particularly in pressured areas to ensure that doctors were receiving good quality training whilst balancing this with service delivery needs.

(c) Trust Board Dashboard (Item 5(c))

The item was noted for information.

(d) Performance Report (Item 5(d))

Board members noted the performance exceptions to the Trust's compliance with the 2019/20 Single Oversight Framework, national planning guidance and contractual requirements as outlined within the report.

RR gave a presentation based on the need to transform emergency care in order to address current levels of demand. The key themes included:
- the need to revise the ED 4 hour target to ensure that focus was being placed on patient safety in light of the increase in the acuity of the sickest patients;
- the actions in place focusing on the management of stranded patients and ensuring that inpatients are in the right place for their

care;
- the progress being made with the winter plan and the wider integrated care programme;
- use of the Quality Improvement methodology to rethink pathways and planning within the department;
- the learning that will be shared from the pilot of the new standards at PHFT;
- the availability of additional acute medical consultants in ED during peak periods who will review patients to assess those requiring admission.

Board members welcomed the actions underway both internally and externally and placed emphasis on the need to unlock primary care and the NHS 111 service. This would be considered as a future topic for the Board Development programme.

(**JH/DF/ DM**)

(e) Quality Report (Item 5(e))

The key themes from the report were highlighted:
- one serious incident had been reported in October;
- friends and family test (FFT) performance placed the Trust within the lower quartile for patient feedback in ED and this was reflective of current pressures;
- complaints performance had been improved following the implementation of the revised response timeframe of 35 days.

The Chair of the Healthcare Assurance Committee (HAC) emphasised that improvements were being seen across all patient safety measures despite the recent operational pressures and that this should provide reassurance to the Board that patient safety is being maintained.

(f) Finance Report (Item 4(f))

The key themes from the report were summarised and included:
- the Trust was reporting a surplus of £2.109 million representing a favourable variance of £589,000;
- this was being driven by an additional £422,000 of Provider Sustainability Funding (**PSF**);
- £10.52 million worth of schemes had been identified against the £10.45 million Cost Improvement Plan (**CIP**) target reflecting a material non recurrent investment gain;
- £14.3 million PSF funding had been allocated to the Integrated Care System (ICS) which was currently £781,000 ahead of plan however significant risk remains remained within the full year forecast;
- risks remained around operational performance for forecast and mitigation plans in place within directorates;
- a significant commitment of capital expenditure to date reflecting the timing of some schemes which was anticipated to recover in year.

(g) Workforce Report (Item 5(g))

The key updates from the report were:
- the joining rate remained higher than the turnover rate reflecting the

continued focus on recruitment;

- the positive feedback received from the 14 appointed registered nurse degree apprentices and the continued drive to recruit further overseas nurses;
- an increase in Essential Core Skills compliance helping the Trust to achieve the internal target;
- additional focus on the Flu campaign particularly for front line staff through peer vaccination and a request for increased visibility of senior leaders on wards to drive this further;
- assurance that safe staffing had been maintained and shifts mitigated where appropriate;
- the variation in the reporting for safe staffing across PHFT and RBH which would be addressed as part of the work towards merger;
- a significant decrease in sickness absence performance with increases across all care groups although this remained an improvement on the position last year.

(h) Annual Protection and Safeguarding Report and Statement of Commitment (Item 5(h))

Board members received the annual protection and safeguarding report, which was tabled at the meeting. The report summarised the actions and improvements in 2018/19 to safeguard adults and children at the Trust. The report had been reviewed by the Healthcare Assurance Committee (**HAC**), which had been assured that strong processes were in place, and the Trust had complied fully with the internal auditor's recommendations and the internal action plan.

Themes highlighted from the report included:
- the successful management of the changes implemented following the local government reorganisation;
- the robust processes in place for the regular review of all learning disability inpatients and the support being provided to staff for patients with the more complex needs;
- the improved visibility of the Safeguarding team and leads on wards providing support and education to staff and patients particularly around assessments;
- positive joint working with the local authority and partners in respect of children's safeguarding;
- the action plan developed to introduce level 3 Adult Safeguarding Training for some staff groups requiring the enhanced level;
- the positive feedback received following the last CQC inspection.

The Board **reaffirmed** its commitment to the safeguarding of adults and children. This statement and the report would now be published on the Trust's website.

(i) 7- Day Service Board Assurance Framework (Item 5(i))

The Board received the report noting that 7- Day Service performance had been considered at a previous Board Development seminar in October. Trust performance against the majority of the standards was strong however the Trust was not fully compliant and this related to how patients

were being prioritised. The Board confirmed that they were content with the current methodology and sample size and welcomed the development of a joint approach for with PHFT.

59/19 **STRATEGY AND RISK**

(a) Progress Update on 2019/20 Corporate Objectives (Item 6(a))

The Board noted the progress against the 2019/20 corporate objectives.

60/19 **GOVERNANCE**

(a) Emergency Preparedness, Resilience and Response Statement of Compliance (Item 7(a))

The Board noted the report and the improvement on the previous year's performance against the core standards and were content with the process and the action plan in place. AJ had been appointed as the Champion for EPPR who would oversee progress against the action plan and the further work to align policies with PHFT.

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

The minor amendments reflecting changes to the Committee's membership, reporting and sub-committee structure were **approved** by the Board.

(c) Workforce Development and Strategy Committee Terms of Reference (Item 7(c))
The Board **approved** the amendments to the terms of reference outlined within the paper.

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

The Board **approved** the amendments to the terms of reference outlined within the paper.

(e) Update on establishment of the Shadow Interim Board (Item 7(e))

The Board **approved** the amendments to the terms of reference outlined within the paper.

61/19 **NEXT MEETING**

The next meeting will take place on **Wednesday 29 January 2020** at 8.30am in the Vision Suite at the Village Hotel.

62/19 **ANY OTHER BUSINESS**

There was no other business.

Key Messages for Communication to Staff:

1. Urgent Care Action Plan

2. Flu Vaccination campaign
3. CQC Inspection update
4. Patient story
5. Simon Stevens' visit
6. Statement of Commitment for Safeguarding

63/19   COMMENTS AND QUESTIONS FROM THE GOVERNORS AND PUBLIC

Governors welcomed the suggestion to present the update on urgent emergency care as part of the next Governor Board debrief in December and congratulated the Shadow Interim Board members on their successful appointment.

Concerns were raised about the level of confidence the public had in the NHS 111 service and further communication was requested to help educate and provide advice to members and members of the public about the alternative services available. This was being promoted as part of the Trust's social media campaign throughout winter and governors were also asked to promote the Dorset Clinical Commissioning Group's website as a useful resource.

Governors queried how technology could be used to help address the current pressures in ED. PG noted that a system was currently being developed and trialled with staff working in the department to help log patients and would form the focus of the next action learning week to help reduce queuing and increase the flow of patients.

64/19   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.

The Royal Bournemouth and Christchurch Hospitals
NHS Foundation Trust

Date of Meeting	Ref	Action	Action Response	Response Due	Brief Update
27.11.19	55/19	**Patient Story**			
		The infrastructure required to support the potential expansion and use of the goggles in other areas of the Trust would be considered separately.	**PP/CB**	**Complete**	One of the IT infrastructure team have been in touch with Claire Bent about this.
	58/19	**QUALITY AND PERFORMANCE**			
	(d)	**Performance Report**			
		Board members welcomed the actions underway both internally and externally and placed emphasis on the need to unlock primary care and the NHS 111 service. This would be considered as a future topic for the Board Development programme.	**JH/DM/DF**	**Complete**	Further detail is incorporated within the Long Term Financial Plan which will be discussed in the Part 2 meeting.

Key:	Outstanding	In Progress	Complete	Not yet required

BOARD OF DIRECTORS	
Meeting date:	29 January 2020
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Chief Executive's Report
Section on agenda:	Chief Executive's Report
Supplementary reading:	No
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:	N/A
Action required:	Note for information
Summary: Updates on winter pressures, CQC inspection at Poole, Dorset Integrated Care System, review by the IRP, merger, developments at Christchurch Hospital, International Year of the Nurse and Midwife and improving patient experience.	
Related strategic objective:	All
Relevant CQC domain:	N/A
Are they safe?	☐
Are they effective?	☐
Are they caring?	☐
Are they responsive to people's needs?	☐
Are they well-led?	☐
Impact on high risks:	

BOARD OF DIRECTORS MEETING

January 2020

CHIEF EXECUTIVE REPORT

1. Winter Pressures

As anticipated, the Dorset health and social care system was extremely busy over the festive season, and this has continued into the new year. Both The Royal Bournemouth Hospital and Poole Hospital have continued to experience significant pressure, with both Emergency Departments seeing almost 10% more patients compared to December last year. This situation appears to have been replicated across the whole of the country. It has also been reported that the patients who have been admitted to hospital have been extremely poorly, requiring a high degree of specialist input and monitoring, which in turn has placed greater pressures on staff.

I am proud of the way in which staff on all sites have been working together to respond to this high level of demand. All teams have "gone the extra mile" in order to maintain safe services and a high standard of care for our patients. We have also been working very closely with our partners across the system – that is, the South West Ambulance Service, Dorset Healthcare University NHS Foundation Trust, Dorset County Hospital NHS Foundation Trust, the Dorset CCG, local primary care practitioners and our partner local authorities (BCP, Dorset Council and Hampshire County Council) to avoid admitting patients to hospital where this is appropriate, and to speed up the process of discharging patients, so as to maximise capacity and maintain patient flow..

I should like to take this opportunity to thank all our staff for their on-going commitment during these busy times. I should also like to thank our partners for their support as we work together to tackle these issues. Whilst we know that the next few months are likely to continue to be busy, it is hoped that there will be a little less pressure as we move away from the peak holiday period.

It is important to note that addressing the increasing demand for emergency and urgent care is one of the top priorities for action within the Dorset Integrated Care System. The Board and local people will wish to be kept up-to-date with progress in implementing the strategic transformation programmes aimed at addressing this over the next few months and years.

2. CQC Inspection at Poole

Members will be aware that the Care Quality Commission (CQC) carried out an inspection of Poole Hospital in October 2019. The Trust has received the draft report, has checked this for factual accuracy, and has submitted our final information/evidence to the CQC.

We expect to receive the final report in early February, and this will be shared in full with our staff, stakeholders and members of the public. At this stage, whilst we know that the Trust will need to continue its development work and improvement programmes going in to 2020, we have been encouraged by the feedback received to date.

3. Update on the work of the Dorset Integrated Care System and the development of the Long Term Plan

Partners in Dorset have been working together to review and refresh the Dorset Sustainability and Transformation Plan, in response to the NHS Long Term Plan, and this work is almost complete. It is clear that there will be challenges ahead of us, given the

needs of our population, the pressure on resources, and the workforce shortages that are impacting on the whole of the country.

Nevertheless, we have a good plan in Dorset, and the work that we carried out together in 2013/14 as part of the Dorset Clinical Services Review means that we are ahead of many other systems around the country. Our plans to focus on prevention and early intervention, coupled with our commitment to prioritising the development of integrated community services, means that over time, we will be able to make better use of our acute hospital resources. Our plans to separate emergency and planned care in the east of the county, whilst developing more networked acute services with Dorset County Hospital means that we shall be able to make best use of our specialist resources – people, skills and equipment – and better meet the demand for hospital treatment. We have already started to introduce changes in line with these plans, as we invest in digital services and develop our workforce to work very differently going forwards.

Whilst we have agreed the key elements of the plan, we know that it includes many assumptions that will be challenging to deliver, if we are to meet the anticipated level of demand within the resources available. The Dorset partners are therefore focusing on the following:-

- reviewing the governance arrangements to reduce the bureaucracy, speed up decision-making and increase the pace of implementation. This will include appointing a new independent chair, and agreeing revised meeting arrangements;

- reducing demand for emergency and urgent care, with a particular priority given to better meeting the needs of older people and the development of robust, integrated community services;

- working together to improve access to services and reduce waiting times, by developing new care pathways, better utilising our workforce and improving productivity.

All providers in Dorset will find it challenging to deliver the savings targets over the next few years that will be necessary if we are to provide services within the resources available. The situation has been exacerbated in Dorset on the basis that the local system has previously had access to significant sums of non-recurrent monies, that will not be available going forwards. As always, we shall be working together to make best use of our collective resources across the Dorset system, in the interest of local people.

All this work is taking place as part of the annual planning round, and will eventually be translated into the Annual Operating Plans for each organisation.

4. Outcome of the review by the Independent Reconfiguration Panel

Members will be aware that the Secretary of State for Health, Matt Hancock has now announced that he has accepted the advice of the Independent Reconfiguration Panel to allow the implementation of the Dorset Clinical Services Review to continue. This is a very important development in that there are now no more barriers preventing us from taking forwards our plans. We are very keen to invest in new facilities that will enable us to create the new planned and emergency sites that will allow us to make better use of our skilled workforce and as a consequence, provide exceptional services for our local population.

It is recognised that implementing the recommendations of the Dorset Clinical Services Review will involve a lot of change, and that this is still a matter of concern for many local people. The two Trusts – indeed, the whole of the Dorset system – will be reviewing and strengthening their arrangements for engaging and involving the public in this work, so that we can develop the very best services for our patients going forwards.

We shall now be working closely with colleagues in NHS England and NHS Improvement (NHSI/E) to complete the work that will enable us to draw down the capital monies that have been set aside to support the transformation of services within the Dorset system.

5. Update on the merger of our two organisations

An important development took place in December, in that the two Trusts formally notified the Competition and Markets Authority (CMA) of their intention to merge. As a consequence, the CMA has now commenced the first phase of merger review, the pre-notification phase, which will lead to a formal CMA Phase 1 review. This is the process by which we expect to gain permission for our organisations to merge, and to formally lift the undertakings that have been in place since the last merger proposal.

We are expecting the Phase 1 review to be completed by April, well in advance of our planned merger date of 1 July 2020. Assuming that the Phase 1 review goes well, we shall then be working closely with our regulator NHSI to obtain approval of our formal business case and agree the merger going forwards.

In the meantime, with the new Shadow Interim Board now in place, we have "stepped up" the work to establish our new organisation – that is, the "***East Dorset Hospitals NHS Foundation Trust***". The name for the new organisation was approved last year by the two Boards, following a nomination process that involved all our staff and volunteers, and included feedback from our partner organisations. This is an important milestone, and represents a very significant step in bringing our two organisations together. We hope that all our staff will unite under the one banner as the East Dorset Hospitals NHS Foundation Trust, and that our patients and members of the public can be assured that they will receive the same high standard of care, which ever site they attend. The name of each individual site will be retained, so patients will still be coming to Christchurch Hospital, Poole Hospital and The Royal Bournemouth Hospital to receive treatment and care.

With the Shadow Interim Board now in place, we have refined the arrangements for our public Board meetings. For the remaining months leading up to July, the two existing Boards will focus on operational performance and the management of risk, whilst the Shadow Interim Board focuses on strategic issues and the development of the new organisation.

Members of the Shadow Interim Board will meet together every month for a development session, in addition to its formal meetings – the first of which will take place on 29 January, immediately after the statutory Board meetings. The main focus for this meeting will be to receive an update regarding the merger business case, which will include the long term financial plan (LTFM) and the post transaction integration plan (PTIP). The merger business case is due to be submitted to NHSI in March.

The Shadow Interim Board will also be taking stock of the 2020/21 capital plans relating to the three hospital sites – that is, Christchurch Hospital, Poole Hospital and The Royal Bournemouth Hospital. It is important to note that decisions taken by the Shadow Interim Board will need to be ratified by the two Trust Boards, who retain their statutory responsibilities until such time as the new organisation is formally established.

It is also important to note that we have also started work on developing the new vision and values for East Dorset Hospitals NHS Foundation Trust. This was the focus of discussions at the Joint Leadership Forum held in December (the meeting that brings together our senior clinical and managerial leaders from across the two organisations) and is a priority for the Shadow Interim Board. We have started recruiting new People/Change Champions who will engage with staff from both trusts over the next few months to find out what is important to them as we move forwards with our merger plans. In this way, we shall be developing our new organisation to be a great place to work, as well as a great place to come for care.

Finally, it should be noted that the two Trusts have now approved a "principles agreement" which governs pre-merger cross-trust working for employees across Bournemouth, Poole and Christchurch Hospitals. This agreement was finalised at the beginning of this month, and enables staff who wish to work on another site to do so easily, as and when they are required to do so.

As we move towards merger, with a number of joint posts in place and the composition of the future executive team now clear, the two Trusts are working more closely together than ever before so as to facilitate a smooth transition to the new arrangements.

6. Developments at Christchurch Hospital

As well as the development of the two acute hospital sites, there will also be significant development at Christchurch Hospital over the next few years. Plans have been developed to provide a new Macmillan Hospice on the site, along with additional and improved NHS hospital facilities, and a retirement living village.

Macmillan Caring Locally, RBCH and The Affordable Housing and Healthcare Group (AHH) are working in partnership to bring these much needed public amenities to Christchurch and the wider area. The combined expertise and commitment of these three local organisations will help to deliver a care-led community with a focus on health and well-being.

A series of staff and public engagement events were held between Thursday 16 and Saturday 18 January 2020, as a means of offering all interested parties the opportunity to view and comment on these plans. We expect to submit a full planning application to BCP Council by the end of January in order to take these plans forwards.

7. International Year of the Nurse and Midwife 2020

The Board, Governors and members of the public will be interested to note that 2020 is Florence Nightingale's bicentennial year, designated by the World Health Organisation as the first ever global Year of the Nurse and Midwife. Nurses and midwives make up the largest number of the NHS workforce, and 2020 will be the time to reflect on the enormous impact that they make, on the lives of so many.

Both Trusts will be holding a series of events and celebrations throughout the year to mark this event, and will be taking part in a number of wider celebrations in conjunction with other partners in the Dorset system. It is good to have this opportunity to thank all our nursing and midwifery staff for all the great work they do, and to be able to highlight the valuable role that they play within the NHS.

8. Improving Patient Experience

Whilst the two Trusts are clearly focused on merging within the very near future, it is important to note that staff on all sites continue to prioritise the delivery of safe, high quality care each day, and have not stopped tackling the things that get in the way. There are numerous quality improvement programmes being taken forwards across all our hospital sites. Despite such significant organisational change, the Board, our staff and our leaders would like to emphasise that we remain committed to the delivery of excellent care today, whilst we are engaged in this transformation work.

Debbie Fleming
Joint Chief Executive

BOARD OF DIRECTORS

Meeting date:	29 January 2020
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Medical Directors Report
Section on agenda:	Quality and Performance 5A
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 and Jennie Moffat
Details of previous discussion and/or dissemination:	Mortality indices and reviews discussed at Mortality Steering Group
Action required:	Review and comment
Summary: Monthly Medical Director's Report. To update the Board on the Trust's Mortality performance. This report incorporates the Claims Report.	
Related strategic objective:	Choose an objective
Relevant CQC domain: Are they safe?	✓
Are they effective?	✓
Are they caring?	✓
Are they responsive to people's needs?	✓
Are they well-led?	✓
Impact on significant risks:	N/A

Medical Director's Report to the Board

Mortality Update

Overall HSMR for the Trust for the last twelve months (October 2018 –September 2019) is 92.0. This is rebased for June 2019 and is in the 'better than expected' range. Standardized Mortality Ratio (SMR, incudes all inpatient deaths) is 89.5, this is also in the 'better than expected' range. The figure for RBH (excluding Christchurch and the Macmillan unit) is 81.7 and is also in the 'better than expected range'. The latest SHMI (Standardised Hospital Mortality Indicator July 2018-June 2019) is 90 this is within the expected range. The SHMI figure for RBH is 82, this is in the 'better than expected' range.

Indicator	Site	Value	Range
HSMR	Trust	92.0	Better than expected
SMR	Trust	89.5	Better than expected
	RBH	81.7	Better than expected
SMHI	Trust	90	As expected
	RBH	82	Better than expected

Data Coding and Submission Issues

The Trust has observed a single spike of 137.6 HSMR (56 diagnostic groups) in September 2019 (Annexe A). Corresponding SMR (all diagnoses) for September is 96. This discrepancy has risen due to changes in coding practices and data submission rules in the Trust since June 2019, when partial coding was stopped and all episodes were coded once when full information was available. This meant that for the first deadline of data submission, a significant proportion of in-patient activity was submitted with no codes at all. The coding was completed by 10th working day, and the refreshed data was not being submitted till the next month cycle. September recorded a very high HSMR due to random variation of coding and data submission process which meant the majority of uncorded episodes fell in to HSMR diagnostic category and therefore were excluded from the HSMR calculation.

This was discussed at MSG where it was agreed that supporting mechanisms to improve data quality to the previous standard was the preferred option. However, concern remains that an unacceptable risk to the Trust's reputation exists if national publication of high HSMR cannot be corrected by next month's publication.

The longer term implication of this is that the Trust will never have accurate sight of the correct 12 month rolling HSMR figures as it will be consistently be inflated by the previous

month figures. MSG has reached a temporary resolution of an additional data submission from December onward in order to meet the cut-off for various national agencies. Going forward a weekly data submission is being explored in terms of resources and manpower.

The Trust has also observed a spike in crude mortality rates for December 2019, compared to December 2018. MSG will coduct an investigation into deaths within 36 hours of admission and sepsis to understand the trend, 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 12/11/2019

Month	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Deaths in Month	120	118	162	133	133	121	118	109	121	130	131	132
eMortality Reviews Completed in Month	18	18	210	71	119	13	61	14	100	80	77	4
Category of Death by Month Review Completed												
Grade 0	18	17	190	63	108	12	48	9	82	67	69	4
Grade 1	0	1	19	8	11	1	11	4	18	13	8	0
Grade 2	0	0	1	0	0	0	2	1	0	0	0	0
Grade 3	0	0	0	0	0	0	0	0	0	0	0	0
Learning Disability Deaths in Month	0	0	0	0	0	0	0	0	0	0	0	2
Learning Disability Deaths Reviewed	0	0	0	0	0	0	0	0	0	0	0	0

LeDeR Mortality

There were two deaths reported in patients with a learning disability in October 2019. No deaths were recorded in this category in November and December. Both deaths in October underwent an internal review. One death was expected, where clinical care and communication were good and the death was graded as 0. The second death was unexpected. However, the internal review suggests an excellent multidisciplinary approach and decisions were made with extreme care and caution. This patient died one day post PEG (feeding tube in the tummy) insertion. The procedure was straight forward and no peri-procedure complications were noted. The death was reported to the Coroner; post-mortem findings suggest that this patient died from pneumonia. No deficiencies in clinical care or communication were identified in the internal review.
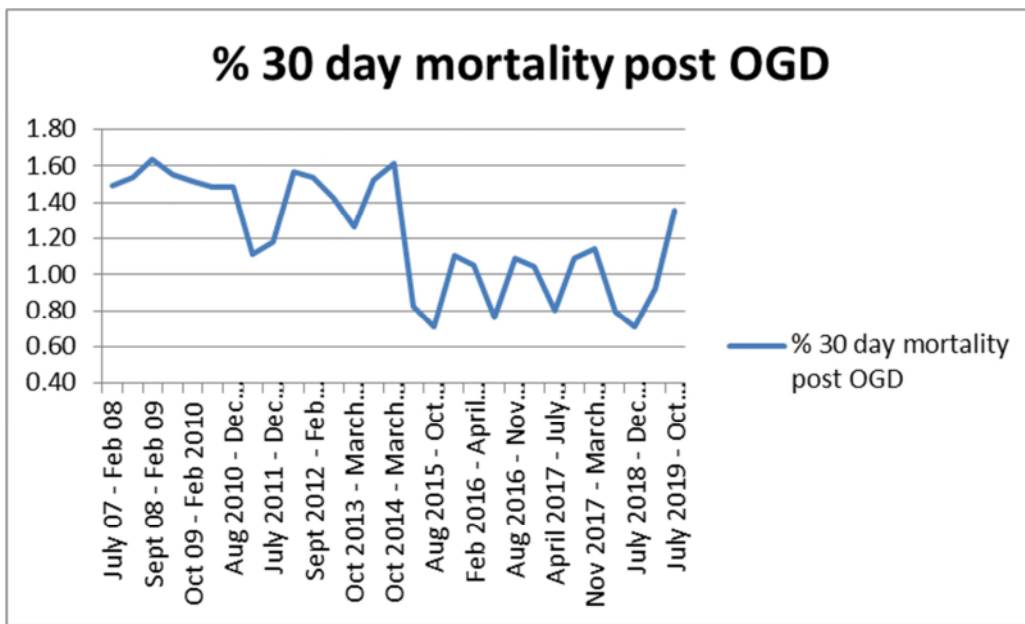
Mortality Surveillance / Reviews

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.
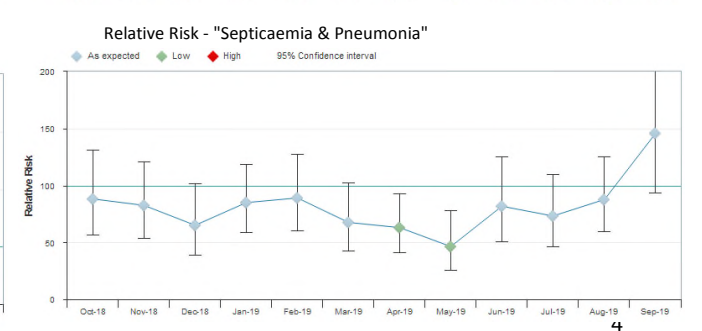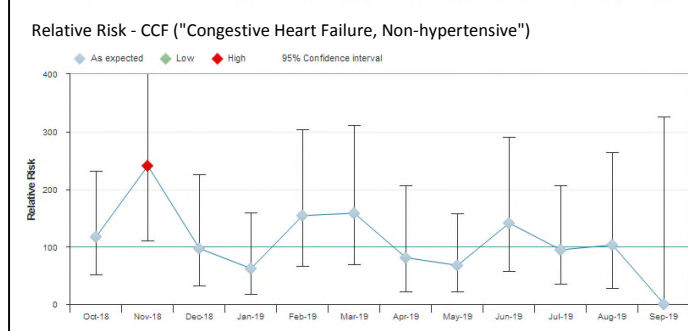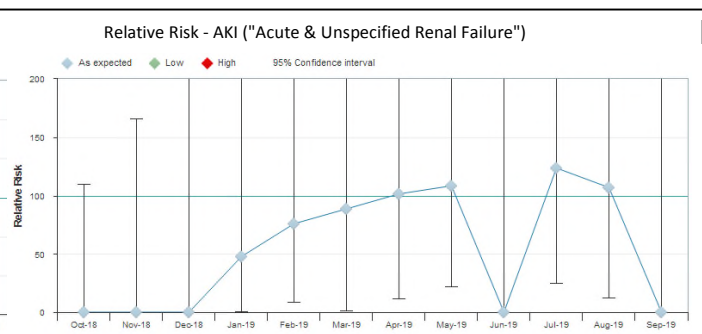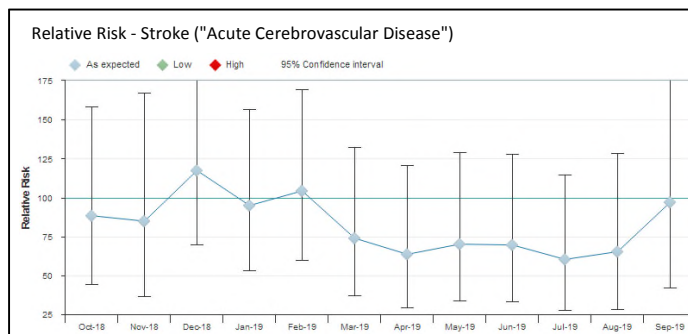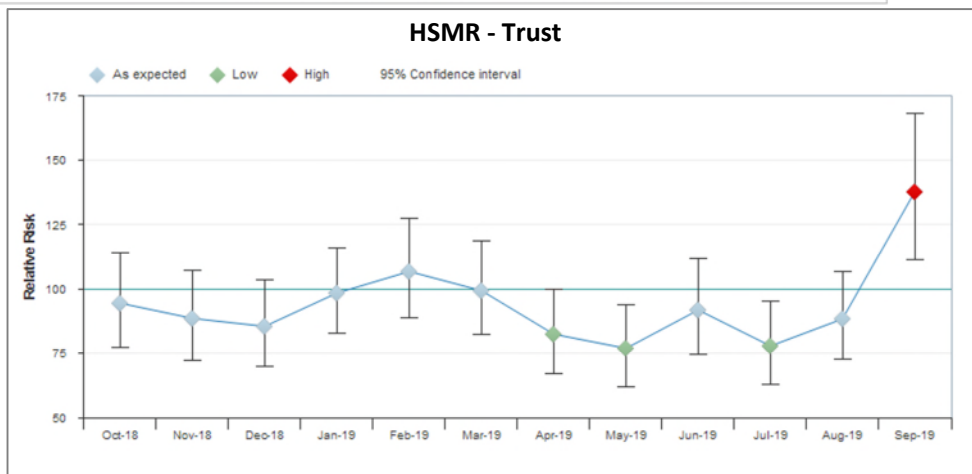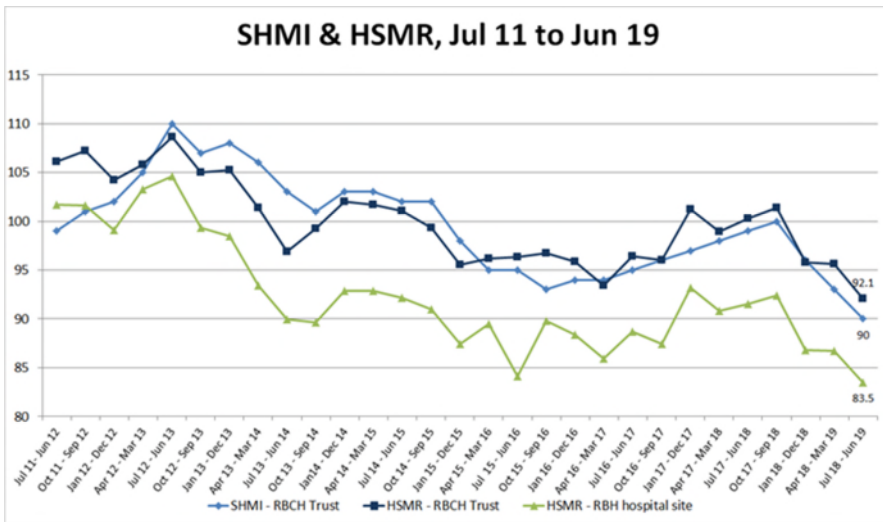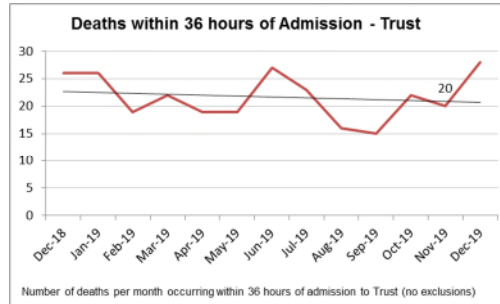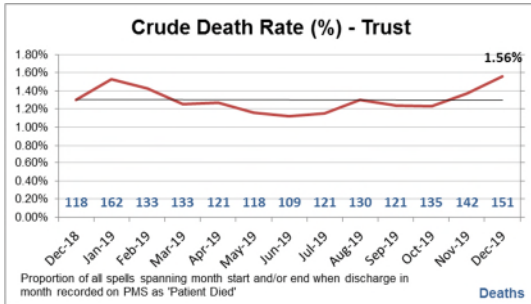
Good Save

MSG promotes learning from mortality reviews and examples of excellence in care (good saves) so as to widen the spectrum of learning and improving overall clinical outcomes.

Mortality chair for gastroenterology, Dr Kirsty Barnett, presented the 30 day crude mortality rates following OGD (endoscopy upper GI tract) from 2007 to 2019. MSG noted an improvement in 30 day post procedure mortality following the introduction of 24/7 gastroenterology on-call with weekend endoscopy lists and enhanced outreach and in-reach services in October 2014. Crude mortality rates fell from 1.6% to 1% in 2015. This is being maintained since the introduction of enhanced gastroenterology services and is a commendable achievement.

30 day crude mortality rates following OGD

Annex A - Data Review - Mortality Surveillance Group

Crude Death Rate (%) - Trust

118 162 133 133 121 118 109 121 130 121 135 142 151

1.56%

Proportion of all spells spanning month start and/or end when discharge in month recorded on PMS as 'Patient Died'

Deaths

Deaths within 36 hours of Admission - Trust

20

Number of deaths per month occurring within 36 hours of admission to Trust (no exclusions)

SHMI & HSMR, Jul 11 to Jun 19

92.1

90

83.5

SHMI - RBCH Trust   HSMR - RBCH Trust   HSMR - RBH hospital site

HSMR - Trust

As expected   Low   High   95% Confidence interval

Relative Risk - Stroke ("Acute Cerebrovascular Disease")

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

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

Relative Risk - "Septicaemia & Pneumonia"

4

CLAIMS AND INQUESTS REPORT JULY to DECEMBER 2019

SUMMARY FOR BOARD PART 1

1.   CLINCAL NEGLIGENCE CLAIMS

There were thirty two new requests for disclosure of records intimating that a clinical negligence claim is being considered. Twelve new claims were received in the period which are currently under investigation. Nine claims settled in the period and eleven claims concluded. There are currently 75 active claims with the total value being £36,938,270.00 inclusive of claimant and defence costs. Of note, the Trust received less new claims in 2019 than in previous years.

2.0   NON-CLINICAL CLAIMS

There are currently nine open non-clinical claims against the Trust. Three new claims were reported in the period with one being closed in the period owing to it being redirected to another defendant. Two further claims were closed with one small compensation payment being made.

3.0   INQUESTS

Fifty eight inquests were heard in the reporting period with twenty two inquests requiring witnesses from the Trust to attend and thirty six being paper inquests. Only three inquests held in the period had an associated serious incident investigation and one inquest required legal representation which has gone on to become a litigation claim.

The Coroner was satisfied that the Trust had put in place appropriate actions to address any patient safety issues and the Trust did not receive any Prevention of Future Death Recommendations in the reporting period.

Numbers of new inquests opened in the period remain high as has been the trend since 2017 with forty three new inquests being registered.

Trust Board Dashboard - December 2019
based on Single Oversight Framework metrics

		2019/20 Q1			2019/20 Q2			2019/20 Q3			Trend (where applicable)
Category	Metric	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	
Quality of care	Caring - A&E scores from Friends and Family Test % positive	88.1%	87.7%	84.1%	86.6%	86.7%	83.7%	87.8%	84.0%	86.0%	
	Caring - Inpatient scores from Friends and Family Test % positive	98.3%	96.4%	97.9%	97.9%	98.5%	98.3%	96.3%	97.1%	97.4%	
	Caring - Maternity scores from Friends and Family Test % positive	97.1%	98.6%	97.8%	99.3%	98.7%	99.4%	98.8%	99.1%	99.0%	
	Caring - Mixed sex accommodation breaches	10	0	3	1	5	9	4	0	0	
	Caring - Staff Friends and Family Test % recommended - care (Quarterly)		89.5%			86.7%					
	Caring - Formal complaints	37	59	36	46	34	29	39	43	48	
	Effective - Emergency re-admissions within 30 days following an elective or emergency spell at the provider	737	710	720	796	728	753	753	811	783	
	Effective - Hospital Standardised Mortality Ratio - Weekend (DFI) - All Sites	64.1	88.5	89.8	105.4	95.2	161.7				
	Effective - Hospital Standardised Mortality Ratio - Weekend (DFI) - MAC	137.4	217.3	299.8	310.6	0.0	176.7				
	Effective - Hospital Standardised Mortality Ratio - Weekend (DFI) - RBH	62.3	77.5	84.2	96.7	95.2	159.2				
	Effective - Hospital Standardised Mortality Ratio (DFI) - All Sites	76.2	83.4	87.3	99.0	100.9	137.5				
	Effective - Hospital Standardised Mortality Ratio (DFI) - MAC	159.9	230.9	174.9	204.9	187.2	208.6				
	Effective - Hospital Standardised Mortality Ratio (DFI) - RBH	69.2	68.2	81.7	89.5	97.5	129.1				
	Effective - Summary Hospital Mortality Indicator	0.896	0.896	0.896	0.886						
	ED Attendances	8889	9344	9157	9778	9565	8946	9241	8885	8906	
	Elective Admissions	5119	5539	5152	5605	5196	5061	5874	5437	4961	
	GP OP Referrals	5824	6177	5871	6508	5631	5923	6467	5715	5051	
	Non-elective Admissions	3333	3501	3458	3655	3566	3458	3732	3701	3536	
	Organisational health - Staff sickness in month	3.9%	3.6%	3.7%	3.8%	3.6%	3.7%	4.1%	4.2%	4.3%	
	Organisational health - Staff sickness rolling 12 months	4.2%	4.2%	4.2%	4.2%	4.1%	4.0%	3.9%	4.0%	4.0%	
	Safe - Clostridium Difficile - Confirmed lapses in care	1	2	0	0	0	2	3	1	0	
	Safe - Clostridium Difficile - infection rate	18.98	12.25	6.33	6.12	18.37	6.33	30.61	18.98	6.14	
	Safe - MRSA bacteraemias	0	0	0	0	0	0	0	0	0	
	Safe - NHS England/NHS Improvement Patient Safety Alerts outstanding	0	0	0	0	0	0	0	0	0	
	Safe - Occurrence of any Never Event	1	0	0	1	1	0	0	0	0	
	Safe - Potential under-reporting of patient safety incidents (Quarterly reporting rate)		42.14			40.76			34.14		
	Safe - VTE Risk Assessment	95.7%	96.5%	96.7%	96.6%	96.3%	96.1%	96.3%	96.6%	96.0%	
	Number of Serious Incidents	3	3	0	2	5	2	1	5	1	
	Appraisals - Values Based (Non Medical) - Compliance	2.1%	9.0%	20.7%	37.4%	55.9%	78.1%	86.2%	88.2%	88.8%	
	Appraisals - Doctors and Consultants - Compliance	83.7%	83.5%	82.5%	81.5%	83.2%	80.1%	80.5%	80.1%	84.1%	
	Essential Core Skills - Compliance	93.6%	93.9%	94.4%	94.5%	94.8%	94.1%	94.6%	94.7%	94.8%	
	Organisational health - Proportion of temporary staff	8.3%	10.7%	8.0%	7.7%	7.9%	7.8%	7.4%	7.7%		
	Organisational health - Staff turnover	10.2%	10.6%	10.5%	10.4%	10.5%	10.0%	10.4%	10.1%	9.9%	
Finance and use of resources	Sustainability - Capital Service Capacity (YTD Score)	3	2	2	2	1	2	2	3		
	Sustainability - Liquidity (YTD score)	1	1	1	1	1	1	1	1		
	Efficiency - I&E Margin (YTD score)	4	3	3	2	2	2	2	2		
	Controls - Agency Spend (YTD score)	1	1	1	1	1	1	1	1		
	Controls - Distance from Financial Plan (YTD score)	2	2	1	1	2	1	2	2		
	Overall finance and use of resources (YTD score)	3	2	2	1	1	1	2	2		
Operational performance	A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge	91.1%	92.7%	86.2%	83.8%	83.1%	81.6%	82.7%	79.3%	75.1%	
	Cancer maximum 62-day wait for first treatment from NHS cancer screening service referral	100.0%	100.0%	88.9%	75.0%	92.9%	93.8%	80.0%	36.8%		
	Cancer maximum 62-day wait for first treatment from urgent GP referral for suspected cancer	86.9%	88.0%	84.5%	90.6%	87.1%	84.5%	85.8%	87.3%		
	Maximum 6-week wait for diagnostic procedures	98.3%	96.9%	95.8%	92.8%	88.4%	88.9%	89.2%	87.9%	82.3%	
	Maximum time of 18 weeks from point of referral to treatment in aggregate - patients on an incomplete pathway	84.0%	85.0%	84.2%	83.4%	82.7%	81.0%	81.2%	81.0%	79.9%	

NHSi are yet to determine the assessment criteria of the following Single Oversight Framework metrics; Effective boards and governance, Use of data and Contributions to sustainability and transformation plans (STPs)

BOARD OF DIRECTORS	
Meeting date:	29 January 2020
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Performance Report
Section on agenda:	Quality and Performance
Supplementary reading:	Yes
Director or manager with overall responsibility:	Richard Renaut, Chief Operating Officer
Author(s) of paper:	Donna Parker, Deputy Chief Operating Officer Sarah Knight, Associate Director, Planning & Elective Transformation David Mills, Associate Director Information & Performance Dawn Ailes, RTT Performance Lead
Details of previous discussion and/or dissemination:	Finance Committee on 27 January 2020
Action required:	Note for information

Summary:
This paper sets out how the Trust is performing against the National performance targets set out within the 2019/20 operational plan
This report focuses on December 2019 performance where it is available and provides a 'look forward' in light of current/projected trends and actions being taken.

Key Highlights & Exceptions:
- Performance against the 4 hour standard was 75.1%
- There were no 12-hour decision to admit breaches
- At December month-end there were 4 patients whose RTT wait was over 52 weeks
- The number of RTT clocks still running remained stable during December.
- The Trust wide RTT performance against the 18 week standard decreased to below 80% in December to 79.9%
- Performance against the 62 day cancer standard for November was achieved at 87.3% (above the 85% national standard) and remains on track for Q3
- The number of 2 week Fast Track referrals are 14.9% above the number received in the same period last year (calendar YTD)
- The number of patients who have been in hospital for over 21 days has increased during December
- There was one Breached of the Cancelled Operation-patients offered a

- binding appointment in 28 days in December
- Diagnostic 6 week performance fell to 82.25%
- There were no breaches of the Single Sex Accommodation standard in December

Related strategic objective:	Choose an objective
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:	

Operational Performance Report

For the period to end

December 2019

Richard Renaut
Chief Operating Officer

Operational Performance Report

1. Executive summary

Key highlights and exceptions – December 2019:-

- Performance against the 4 hour standard was 75.1%
- There were no 12-hour decision to admit breaches
- At December month-end there were 4 patients whose RTT wait was over 52 weeks
- The number of RTT clocks still running remained stable during December.
- The Trust wide RTT performance against the 18 week standard decreased to below 80% in December to 79.9%
- Performance against the 62 day cancer standard for November was achieved at 87.3% (above the 85% national standard) and remains on track for Q3
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- There was one Breached of the Cancelled Operation-patients offered a binding appointment in 28 days in December
- Diagnostic 6 week performance fell to 82.25%
- There were no breaches of the Single Sex Accommodation standard in December

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 – December 2019

Performance against the 4 hour standard fell to 75.1% in December 2019. Increases in attendances and ambulance conveyances have continued through December compared to last year.

RTT performance decreased to below 80% for the first time at 79.9%. Positively December also saw the first decrease in the numbers of clocks still running since November 18. Performance remains below the local target trajectory for 2019/20.

The Trust reported four patients who have waited longer than 52 weeks at the end of December, and a further seven patients were treated beyond 52 weeks in-month. All of these patients are continuing to be closely tracked and medically reviewed. The Trust is targeting action to avoid patients waiting over 52 weeks using financial recovery agreed with the CCG and NHS England.

Diagnostic performance fell in December to 82.25% remaining below the 99% standard. The overall number of patients waiting continues to increase due to endoscopy pressures. The Trust remains focused for 2019/20 on a recovery plan to deliver a trajectory that takes performance back to a minimum of 95%. Insourcing has now commenced as part of this plan.

Table 1 – Operational and Contracting Guidance - KPIs 2019/20 – actuals & forecast Jan20

Single Oversight Framework Indicator	National Target	NHSI Trajectory 19/20	Mth / Qtrly	RAG rated performance against national targets and NHSI submitted trajectories		
				Nov-19	Dec-19	Jan - 20 Projection
A&E 4hr maximum wait time	95%	89.60%	Mthly & Qtrly	79.00%	75.12%	
RTT 18 week incomplete pathways	92%	82%	Mthly	80.97%	79.92%	
RTT - no. of incomplete pathways	24,880	26,400	Yr End	30,134	29,975	
RTT - no 52 week waiters	0	0	Mthly	7	4	
Cancer 62 day wait for first treatment from urgent GP referral*	85%	84.80%	Mthly & Qtrly	87.30%	est.	
Cancer 62 day wait for first treatment from Screening service*	90%	90%	Mthly & Qtrly	36.84%	est.	
Maximum 6 weeks to diagnostic test	99%	99%	Mthly	82.25%	est.	

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 June performance upload will be completed early August 19

2.2 National Benchmarking –November/December 19

RBCH benchmarked 69th out of all type 1 Trusts nationally for ED 4 hour performance in December. A number of Trusts continue to be excluded from the chart below while piloting the NHS Clinical Review of Access Standards.

Graph 1 – national A&E 4 hour performance benchmarking – December 19
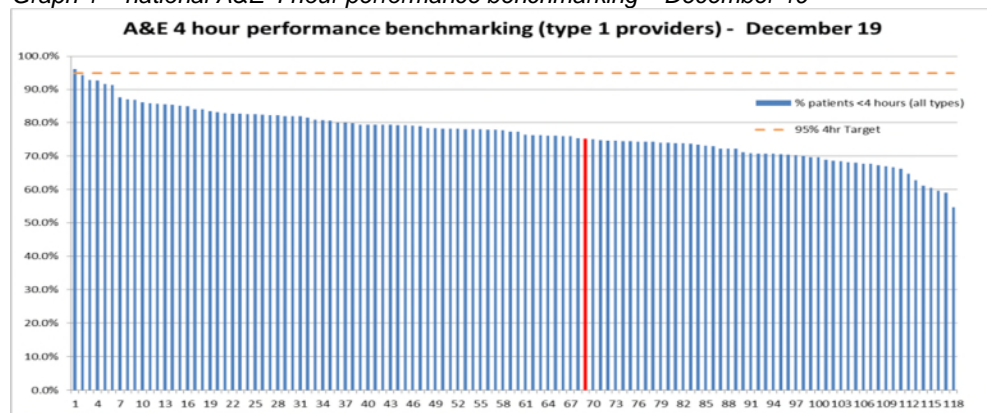
Trust wide RTT performance remained below the national average in November 19. The priority remains a focus on reducing 52 week waits and diagnostic endoscopy waits.

Graph 2 – national RTT 18 Weeks performance benchmarking – November 19
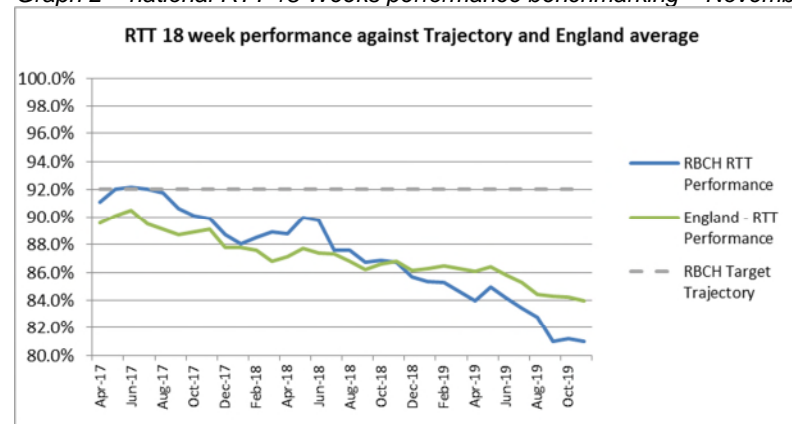
RBCH continues to benchmark below the national average Diagnostic performance in November and this is expected to continue until the recovery plans are fully implemented from December/January (November 19 at 87.87%).

*Graph 3 – national Diagnostic 6 Week Wait performance benchmarking – November 19*
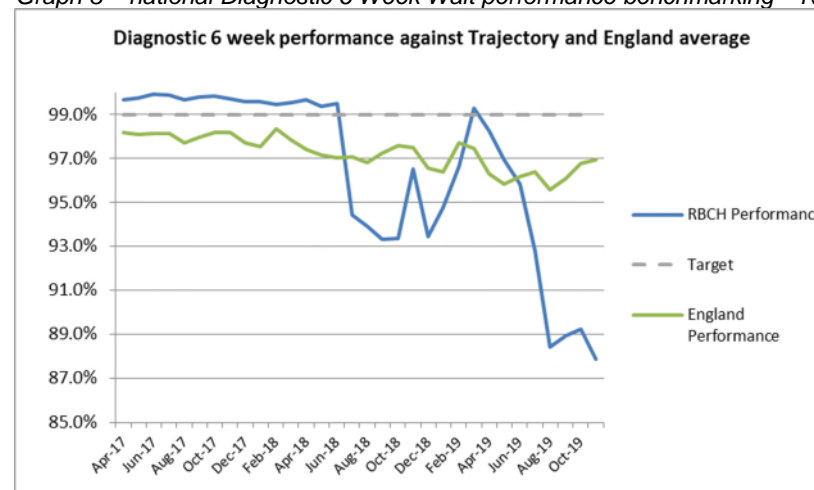
RBCH benchmarked 87.3% for November, above both the national 62-day standard performance and National Performance in November '19. The increase in cancer referrals continues, at 14.9% (increase of 877 patients YTD) above that of last calendar year.

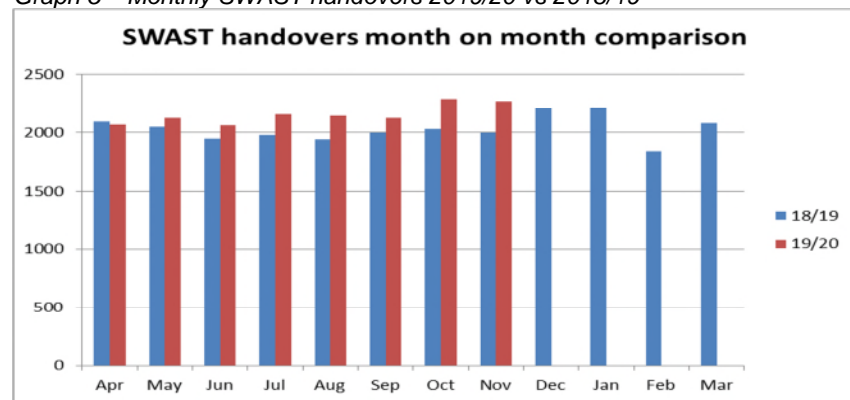*Graph 4 – national Cancer 62 Day performance benchmarking – November 19*
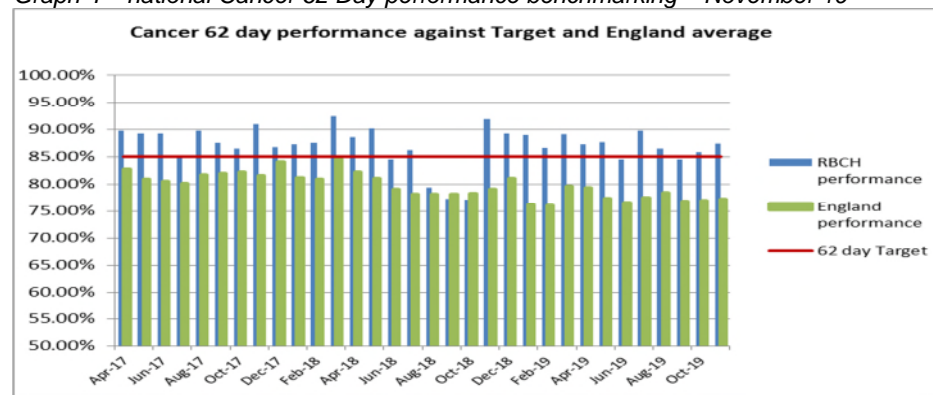
3.Forecast Performance, Key Risks and Action

3.1 A&E Targets, PSF and Stranded Patients

Ambulance conveyances continue to increase compared with the same period in 2018/19 (SWAST 6.6% (Apr-Oct) SCAST 17.0% (Apr-Oct)).

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

Performance against the 4 hour standard fell to 75.1% in December with an overall performance of 79.14% for Q3. Alongside this the 30 minute handover delays increased during December and 60 minute handover delays decreased. Graph 6 shows the increasing trend of non-elective admissions and particularly the rise in late December compared to last year. December 19 attendances show an increase in type 1 attendances of 9.3% (573 patients) to RBH compared to December '18. Alongside an increase of 7.1% (4188 patients) YTD.

Table 2 Monthly and YTD ED attendances Dec 19

	Month			YTD		
	Dec-18	Dec-19	% Variance	Apr-Dec 18	Apr-Dec 19	% Variance
Type 1	6,165	6,738	9.3%	59,170	63,358	7.1%
Type 2	1,190	1,180	-0.8%	11,906	11,932	0.2%
Type 3 - RBH	730	429	-41.2%	3,936	3,353	-14.8%
Type 3 - B&S (reported monthly)	411	558	35.8%	3,475	4,067	17.0%
Total	**8,496**	**8,905**	**4.8%**	**78,487**	**82,710**	**5.4%**

During December the process of clinically managing ambulance queues was implemented, resulting in patients being clinically prioritised to assure patient safety. Alongside this was a change to the Rapid Access nursing templates for treatment and ambulance areas, to focus on 15 minute handovers.

A new clinical management structure has commenced with additional clinicians to improve patient streaming and clinical assessment including direct admission to AMU and to UTC. There is a second PDSA on this planned for January.

Additional beds remain open on ward 14, as planned, to improve flow through winter. Additional pressures have seen further beds opened in December. A full winter plan for Christmas and New Year has been submitted to the CCG. Additional NHSE/I winter monies have been allocated to the Dorset system. This is supporting further additional winter beds and other enhanced medical, nursing and other cover, as

well as increased domiciliary care. NHS111/CAS has also received support.

Streaming to the Urgent Treatment Centre (UTC) continues to improve in December achieving 4.24% for Q3 (table 3). Our working relationship continues with our partners to ensure more patients are seen in a timely manner in the most appropriate setting.

Table 3 – ED Streaming figures

Quarter	Reported Month	DTA Breaches 4-12 Hour	DTA Breaches 12+ Hour	Streamed	% Streamed
Quarter 1	Apr 2019	88	0	279	3.28%
	May 2019	76	0	336	3.73%
	Jun 2019	96	0	307	3.53%
Total		260	0	922	3.52%
Quarter 2	Jul 2019	120	0	276	2.94%
	Aug 2019	118	0	348	3.85%
	Sep 2019	285	0	332	3.94%
Total		523	0	956	3.56%
Quarter 3	Oct 2019	217	0	356	4.02%
	Nov 2019	208	0	356	4.26%
	Dec 2019	247	0	372	4.46%
Total		672	0	1084	4.24%

Emergency admissions were up 8.4% in December 19 compared with December 18 (9.3% YTD) see graph 6.

Graph 6 – SPC chart weekly Non-Elective admissions
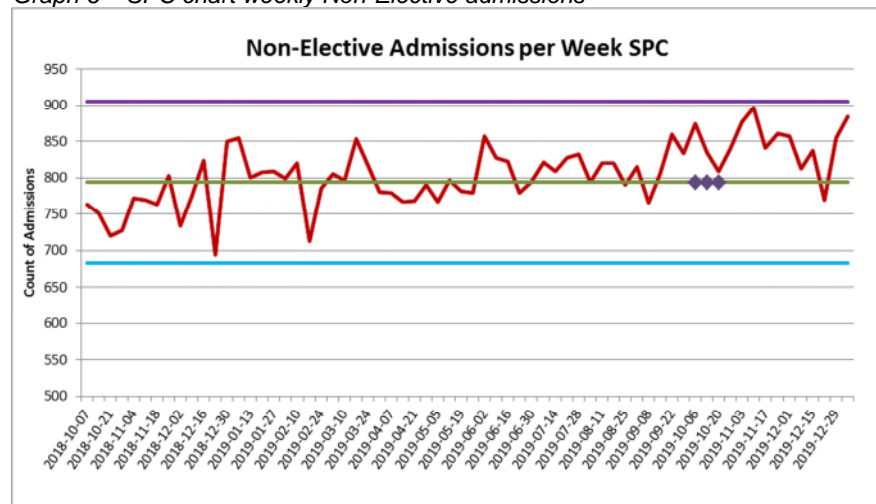
Flow from ED continues to be under pressure as bed occupancy increased during December (noting Christmas Eve exception) and remains high (Graph 7) and conversion rates for admission from ED continue to increase partly reflecting increased acuity.
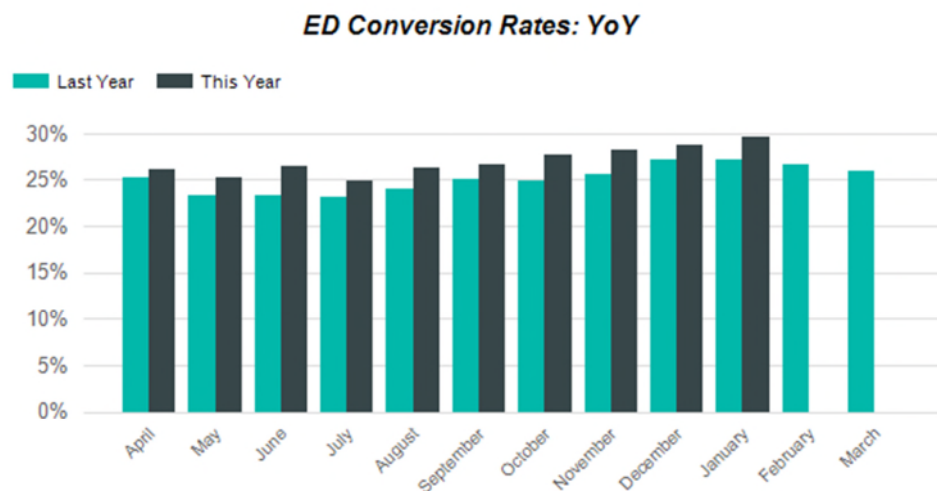
Graph 7 Weekly bed occupancy rates
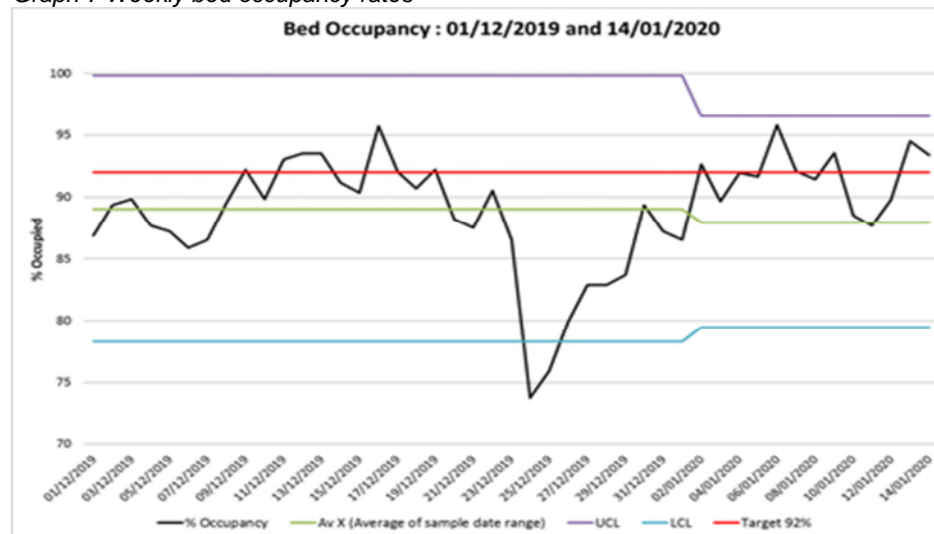
Graph 8 Monthly and YTD Non –Elective admissions/attendances/conversion rates

ED Conversion Rates: YoY

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

All three standards for stranded patients saw a rise in delays during December due to pressures on the community services over the festive period. However, December 19 compared favourably to December 18. Strong working relationships with our partners has resulted in the formal weekly meetings being agreed to be increased in January to twice weekly to focus on agreed actions to improve and sustain pathways for preventing patient delays. This continues to be supported by a dedicated system-wide work stream reporting to the Dorset Urgent & Emergency Care Board.

Table 4 Monthly and YTD Stranded patients

	Month		
	Dec-18	Dec-19	%Variance
Number of patients who have been in the hospital for >7 days	241	236	-2.1
Number of patients who have been in the hospital for >21 days	82	80	-2.5
Number of patients who have been in the hospital for >21 days who are medically fit for discharge	38	28	-26.3

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

The Dorset wide system is working together to improve the overall performance within Dorset for more patients to achieve their first treatment within 18 weeks. The priority focus is on the following KPIs

- Zero 52 week waiters by March 2020
- Aim for zero over 40 week waiters by March 2021
- To achieve March 2019 RTT performance and waiting list numbers by March 2023 (reduction in the waiting list of 3,181)

RTT performance continues to be below target, as the focus remains on prioritising the longest waiting patients and the metrics outlined above.

Graph 9 RTT Clocks still running increase vs Performance national target 92%

Total Clock still Running and Performance
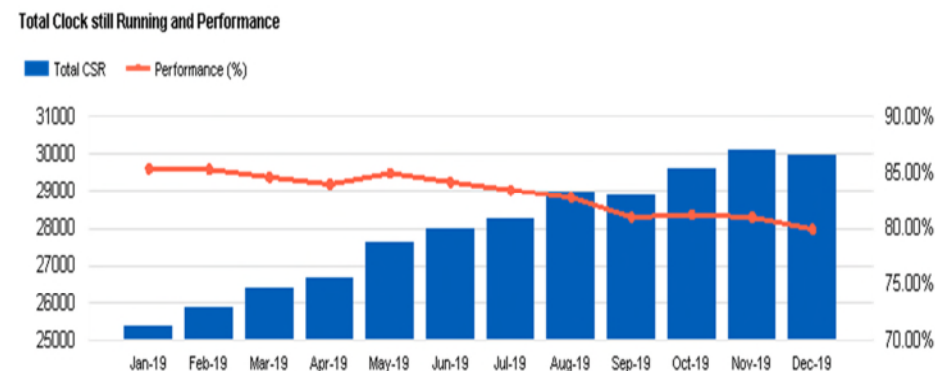
The total number of patients with a clock still running remained stable, though there was still a rise YTD of 3322 patients (15.5%). See Table 5

Operational Performance Report

Table 5 Clocks still running increase

	Month			YTD Increase	
	Dec-18	**Dec-19**	**%Variance**	**Apr-Nov-18**	**Apr-Nov-19**
Clocks still running	25340	29975	18.30%	-54	3322

Weekly meetings continue to focus on patients waiting over 40 weeks. Unfortunately the reduction in patients waiting 40+ weeks seen in October and November was not sustained in December. This is expected partly due to reduced elective work taking place over Christmas. Ophthalmology's position has greatly improved and will continue to do so as the in-sourcing arrangements have begun to see large numbers of patients at the weekend. The Trust is seeking a similar arrangement for other specialities as there are a large number of patients waiting over 40 weeks who have not yet been given a date for treatment. The Trust is working with the National team to seek alternative providers to undertake treatments locally. It should be noted that diagnostic waits for endoscopy are also contributing to the position in General Surgery and General Medicine.

Graph10– Monthly trend in 40+ week incomplete pathways
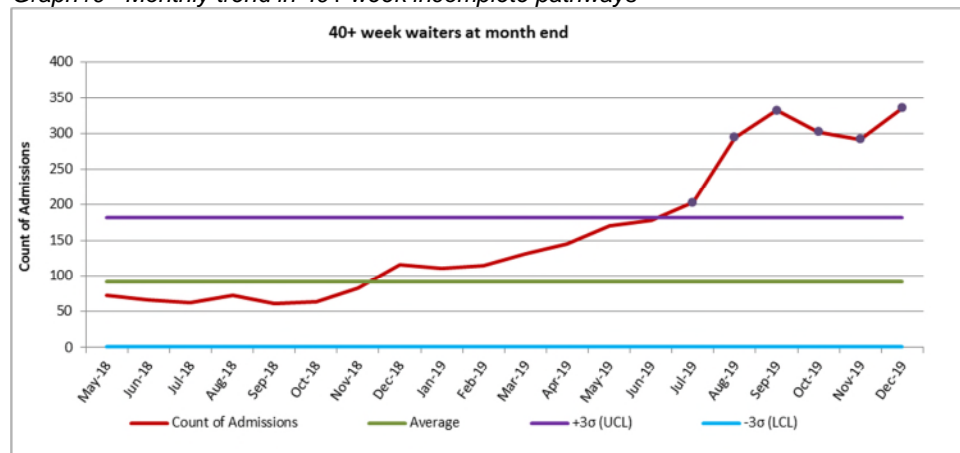
Table 6- 40+ week incomplete pathways by specialty

Specialty	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
General Surgery	40	46	57	81	99	118	109	102	106
Urology	58	55	48	58	74	83	69	71	66
Trauma & Orthopaedics	4	4	2	2	5	8	8	3	7
Ear, Nose & Throat (ENT)	2	0	1	1	3	9	7	5	6
Ophthalmology	18	38	36	28	60	62	38	29	29
Oral Surgery	5	6	1	2	11	5	8	18	30
Cardiothoracic Surgery	0	0	0	0	0	0	0	0	0
General Medicine	5	5	3	2	6	5	9	6	15
Cardiology	4	1	4	2	10	8	11	21	26
Dermatology	1	0	0	1	0	0	0	1	1
Thoracic Medicine	1	0	1	1	0	1	0	0	1
Neurology	0	0	1	1	0	1	2	2	2
Rheumatology	0	0	0	1	0	0	0	0	0
Geriatric Medicine	0	0	0	0	1	0	0	0	0
Gynaecology	5	8	15	16	18	19	23	19	25
Other	2	8	9	7	7	13	18	15	21
Total	**145**	**171**	**178**	**203**	**294**	**332**	**302**	**292**	**335**

Overall the number of patients waiting over 18 weeks rose during December mainly due to Oral surgery capacity pressures, oral surgery is expected to continue to place pressure on long waiters and particularly on 52 weeks.

Graph 11 - Numbers of patient's past 18 weeks
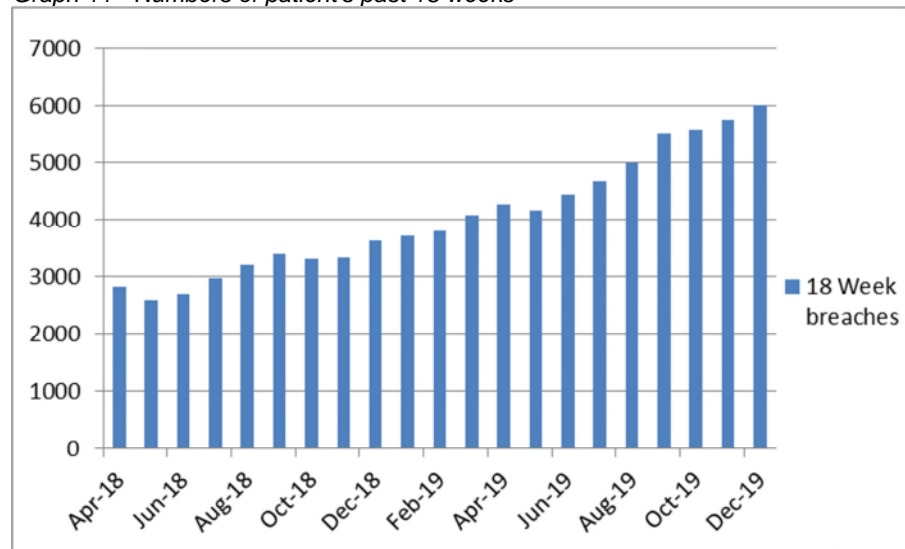
NHSE has agreed a recovery sum of funds to support the endoscopy backlog clearance, although this is dependent on the Trust achieving zero 52 week breaches by the end of March 2020. The funds agreed within the Dorset system are being deployed to reduce the risk of 52 week breaches in ophthalmology and planned for upper GI. An Oral surgery recovery plan is being planned by Poole Hospital as the lead provider of clinical staff. A number of other specialties have growing backlogs or pose a risk to performance including gynaecology, urology and orthopaedics.

At the end of December there were four patients who had waited over 52 weeks. There are a potential further 15 patients at risk of waiting over 52 weeks at the end of January; these are being proactively managed throughout the month with an aim to reduce that to zero.

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

Graph 12 demonstrates that year to date the Trust has had 10,370 fast track referrals compared to 9,097 for the same period last year. A further pressure at present is the volume of patients attending via the screening route. Compliance for the screening standard is often difficult due to the small numbers and a sudden increase (whilst ever still small numbers) has had a significant affect.

Graph 12: 2-Week Fast Track Financial Year

2ww Referrals (Financial Year)
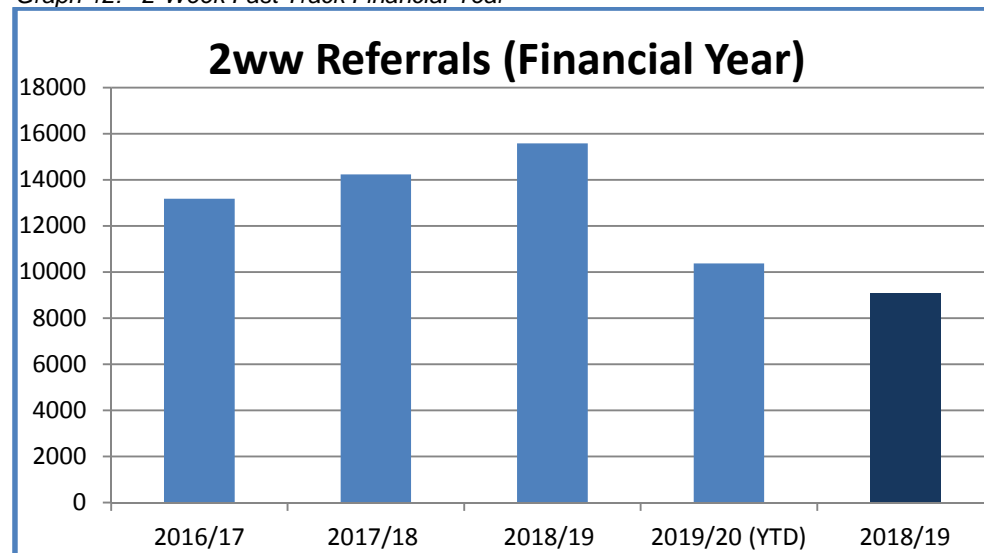
Pressure due to referrals on capacity has meant that Faster Diagnostic Standard (FDS) performance for November has deteriorated slightly as predicted and is now at 69%. Another contributory factor to this current performance is delays in pathology reporting.

With regard to other cancer KPIs the current position for 62 days in November is 87.4% with the current position for December sitting at 84.7%. With this performance the Trust has already achieved Q3.

For the 104 day back stop position as anticipated (including the number of new 104 day backstop patients for November) was 6 in total. Each timeline has been reviewed by the responsible clinician and no patients have been deemed to have come to any clinical harm due to the length of the pathway. This benchmarks exceptionally well compared to other Trusts, with this figure representing less than 0.5% of patients referred on a cancer pathway.
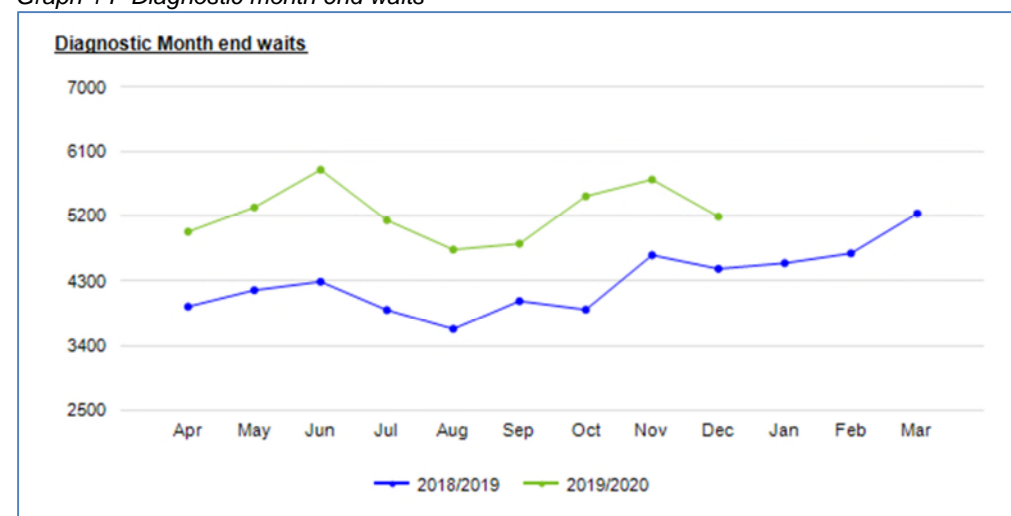
3.4   Diagnostic 6 Week Wait

During December the overall number of patients waiting on the diagnostic waiting list dropped by 9.98%. (518 patients) however the number of patients waiting over 6 weeks rose by 33.0% (229 patients). This continued increase is due to the challenges within endoscopy as previously documented, in addition there has also been carve out caused by the cancer Faster Diagnostic Standards pilot that has commenced within the Trust and the continued increase in all types of referrals to colorectal including Fast Track.

Table 10 – Number of breaches of the Diagnostic 6 week wait YTD

Month			YTD		
Dec-18	Dec-19	%Variance	Apr-Dec 19	Apr-Dec 19	%Variance
292	921	215.41%	1480	4146	180.14%

Graph 15-Diagnostic Performance

Graph 14- Diagnostic month end waits
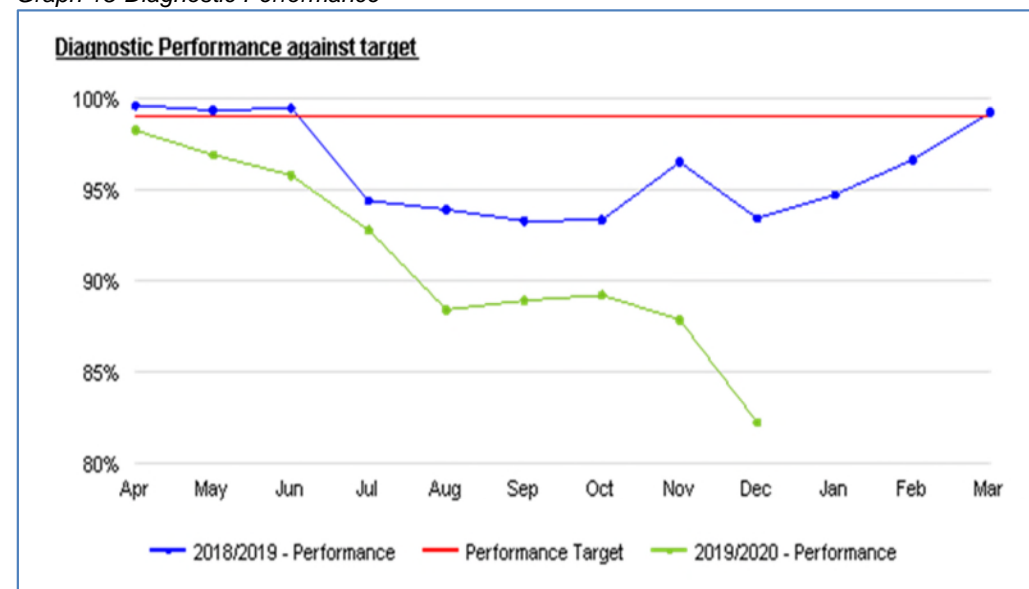
Table 11- Endoscopy Patients Waiting Time Longer than Diagnostic/Surveillance standards

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Surveillance	4	81	182	312	353	386	374	711	531	528	32	179	233	325	458	603	732	734	758	791
Diagnostic breaches	0	18	217	193	269	240	148	264	221	133	9	57	124	233	351	476	535	596	695	902
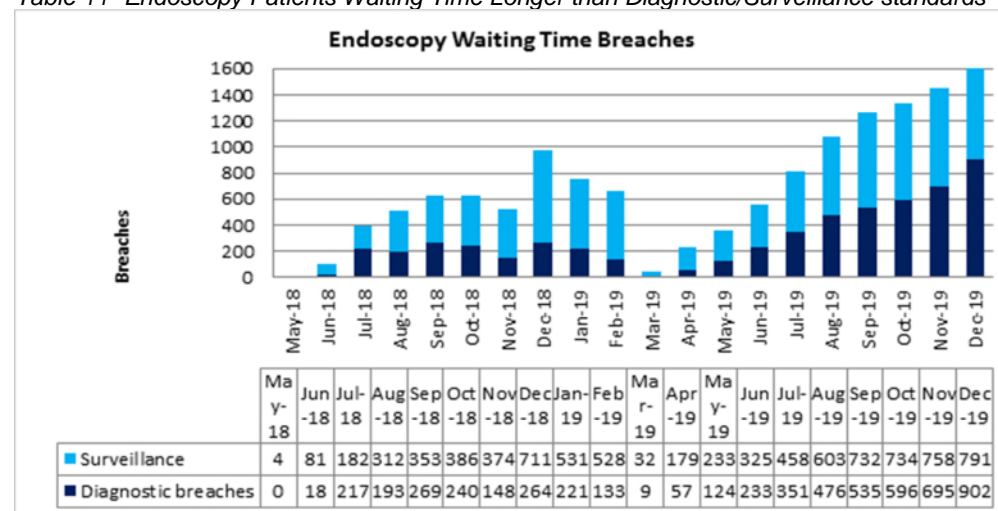
Endoscopy patients on a fuller RTT pathway at risk of breaching 52 weeks are discussed twice weekly to pull these patients through their pathway. Escalation process is now in place to avoid 52 week breaches whilst managing clinical priority lists.

Insourcing of endoscopy has commenced with every Saturday booked throughout January, February and March. Monies for these extra lists have been agreed by NHSE specifically for diagnostic pressures and recovery. These lists will concentrate on reducing the number of patients who are on the diagnostic lists and will release capacity to see patients who are past their surveillance date for endoscopy in week.

A request to increase the risk score to high has been submitted to Risk Management. Endoscopy capacity will also be linked to the High risk relating to the RTT performance. This will go to the December HAC for review and approval.

3. Other Indicators - Exception Reporting

See Performance Indicator Matrix for full performance detail

Not all of performance indicators available at time of report. There were three breaches of the Cancelled Operation-patients offered a binding appointment in 28 days in Q3.

Recommendation

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

BOARD OF DIRECTORS

Meeting date:	29 January 2020
Meeting part:	Not applicable
Subject:	Quality Report
Section on agenda:	Quality and Performance
Supplementary reading:	CQC Insight Report December 19
Director or manager with overall responsibility:	Paula Shobbrook, Director of Nursing and Midwifery
Author(s) of paper:	Fiona Hoskins: Deputy Director of Nursing and Midwifery Jo Sims: Associate Director of Quality and Risk
Details of previous discussion and/or dissemination:	Healthcare Assurance Committee
Action required:	Note for information
Summary: The Quality report is a summary of the key quality indicators in Month. - One (1) Serious Incident was reported in December 2019 - FFT performance for inpatients puts RBCH in the top quartile for inpatients, 3rd quartile for the emergency department and 2nd quartile for outpatients. - The revised policy for complaints commenced 1st September, with 78% responded to within the 35 day timeframe.	
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

NHS

The Royal Bournemouth and Christchurch Hospitals
NHS Foundation Trust

Quality Report

For the period to end

December 2019

Paula Shobbrook
Director of Nursing and Midwifery

1

Quality Report: December 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   Quality

2.1   Serious Incidents

One (1) Serious Incident was reported in December 2019

Missed Diagnosis of Diabetes resulting in Diabetic Ketoacidosis (DKA). The Patient had persistently raised blood sugars from admission, evident on blood gas results but not acted upon appropriately. The patient was not known to be diabetic and required admission to an increased level of care bed for emergency treatment of DKA.

A SI Panel was undertaken 02/12/2019 and an action plan has been put in place. The SI report has been submitted to the CCG for agreement to close.

2.2   CQC Insight Report –

The CQC Insight Model for the Trust was updated on the 7th December 2019

Overall the trust's composite score is rated as Good and is in the highest 25% of acute trusts.

Of the 79 quality indicators, 2 (3%) are categorised as much better, 8 (10%) as better and 1 (1%) as worse. 67 indicators have been compared to data from 12 months previous of which 7 (10%) have shown improvement and 0 (0%) have shown a decline.
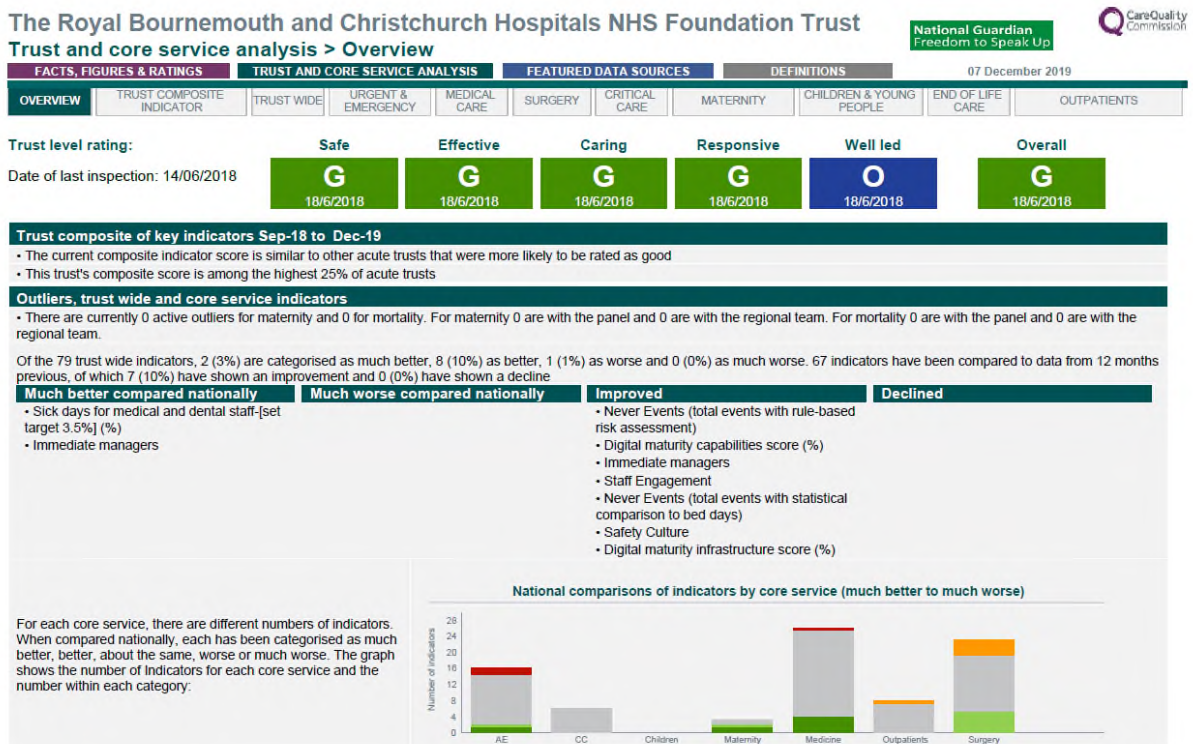
2.3   CQC Engagement programme

The CQC have issued a new programme of engagement meetings for Q4 19/20 and Q1 20/21. The programme includes update meetings with a number of core service teams and staff focus groups.

Date	CQC engagement Meeting/TC	Core service interviews, interviews and focus groups
20 January 2020: 15:00	Telecom with DoN and AD Q&R	
28 January 2020: 12.30	Joint meeting with RBCH and PHFT: Merger and registrations.	
29 January 2020	Lisa Layton to attend the RBCH board meeting	
25 February 2020 15.00 – 17.00	Engagement meeting:	Pharmacy presentation
18 March 2020		13.30 – 14.15: Focus Group: Registered Nursing staff 14.15 – 15.30: ED 15.30 – 16.15: End of life care
24 March 2020: 15.00 – 16.00	Telecom with DoN and AD Q&R	
21 April 2020:	Telecom with DoN and AD Q&R	
28 April 2020		13.30 – 14.15: Focus Group: Matrons 14.15 – 15.30: Critical Care 15.30 – 16.15: Cancer services
14 May 2020	13.30 – 15.00: Engagement meeting	15.00 – 15.45: Alison Giles to meet Chairman David Moss 15.00 – 15.45: Focus group: Medical staff (All grades)
16 June 2020		13.30 – 14.15: Diagnostic Services 14.15 – 15.30: Mental health liaison team (plus wider MHSG as appropriate) 15.30 – 14.15: Focus group: Clinical Bands 2, 3 and 4
22 June 2020	Telecom with DoN and AD Q&R	

2.4   Central Alert System Patient Safety Alerts

Alert Reference	Alert Title	Background summary to alert	Issue Date	Closed on CAS system	Actions and follow up
NHS/PSA /D/2019/0 02	Assessment And Management Of Babies Who Are Accidentally Dropped In Hospital	This alert provides a resource to support providers to develop or update a tailored local guide on the initial actions to take when a baby has been accidentally dropped	09-May-19	21-May-19	Confirmation from maternity that procedures already in place. However alert information has been disseminated to clinical leaders for update information.

NatPSA/2019/001/NHSPS	Depleted Batteries In Intraosseous Injectors	This alert asks providers to replace any battery-powered IO devices that do not have a battery power indicator light with ones with a display that shows how much power is remaining. Where IO devices with a battery power indicator are used, providers are asked to take steps to embed regular checks of these devices to ensure sufficient battery power remains so the devices are always ready and available	05-Nov-19	06-Dec-19	3 locations using devices. (ED, Childs eye, Critical Care Outreach). Investigation found that correct devices were already being used and therefore no action required.
NatPSA/2019/002/NHSPS	Risk Of Death And Severe Harm From Ingesting Superabsorbent Polymer Gel Granules	Superabsorbent polymer gel granules (including sachets, mats and loose powder) are used to reduce spillage onto bedding, clothing and floors when patients use urine bottles or vomit bowls, or when staff move fluid-filled containers (e.g. washbowls, bedpans). In 2017, NHS Improvement issued a Patient Safety Alert1 warning of the asphyxiation risk associated with the use of these gel granules. A patient died after ingesting a sachet of gel granules that had been left in a urine bottle in their room	28-Nov-19	5 Dec 19	Alert sent out to Housekeeping, Logistic and Commercial Service Teams as well as Theatres and Mortuary. Confirmation from Commercial services that the alert potentially affects Histology, Theatres Central, Main Theatres/Sandbourne suite, Cytology, Endoscopy, Histology, Day Surgery, Pathology and Mortuary. Primary use is for spill kits. All affected areas (As per above) have confirmed they have appropriate safety measures in place and have been requested to complete a revised COSHH assessment.
NatPSA/2019/003/NHSPS	Risk of harm to babies and children from coin/button batteries in hearing aids and other hearing devices	This National Patient Safety Alert requires all organisations supplying NHS-funded hearing aids to ensure those issued to babies and children under five years of age have secure battery compartments.	13-Dec-19	13 Dec 19	Not distributed as this alert does not affect the Trust

3.0 Patient Experience and Engagement
3.1 FFT
National Comparison using NHS England data:

- Inpatient and day case Friends and Family Test (FFT) national performance in November 2019 ranked RBCH Trust 3rd with 20 other hospitals out of 169 placing RBCH in the top quartile based on patient satisfaction.

- The Emergency Department FFT performance in November 2019 ranked RBCH Trust 16th with 8 other hospitals out of 135 placing RBCH ED department in the third quartile.

- Outpatients FFT performance in November 2019 ranked RBCH Trust 3rd with 18 other Trusts out of 237 Trusts, placing the departments in the second quartile.

Table 1: National Performance Benchmarking data

	June	July	August	September	October	November
In-Patient Quartile						
Top	98.610%	98.283%	98.807%	98.714%		98.101%
2					97.246%	
3						
Bottom						

	June	July	August	September	October	November
ED Quartile						
Top						
2		86.594%			87.841%	
3	84.086%		86.667%	83.652%		83.964%
Bottom						

	June	July	August	September	October	November
OPD Quartile						
Top			98.173%			
2	97.439%	97.973%		97.306%	98.071%	97.807%
3						
Bottom						

3.2 Family and Friends Test: Corporate Outpatient areas

Corporate	Total eligible to respond	No. PEC's completed	No. of FFT Responses	% Recommended	% Not Recommended
Derwent OPD	N/A	29	27	88.9%	11.1%
Main OPD Xch	N/A	47	47	97.9%	0.0%
Oral and Maxilofacial	N/A	N/A	N/A	N/A	N/A
Outpatients General	N/A	138	135	100.0%	0.0%
Jigsaw OPD	N/A	9	9	88.9%	11.1%
Corporate Total		**223**	**218**	**97.7%**	**1.8%**

3.3 Patient Opinion and NHS Choices: December Data

Eleven patient feedback comments were posted in December, 9 expressed satisfaction with the care, staff attitude professionalism and treatment. Two comments were negative relating to poor care, information and speed of treatment.

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:
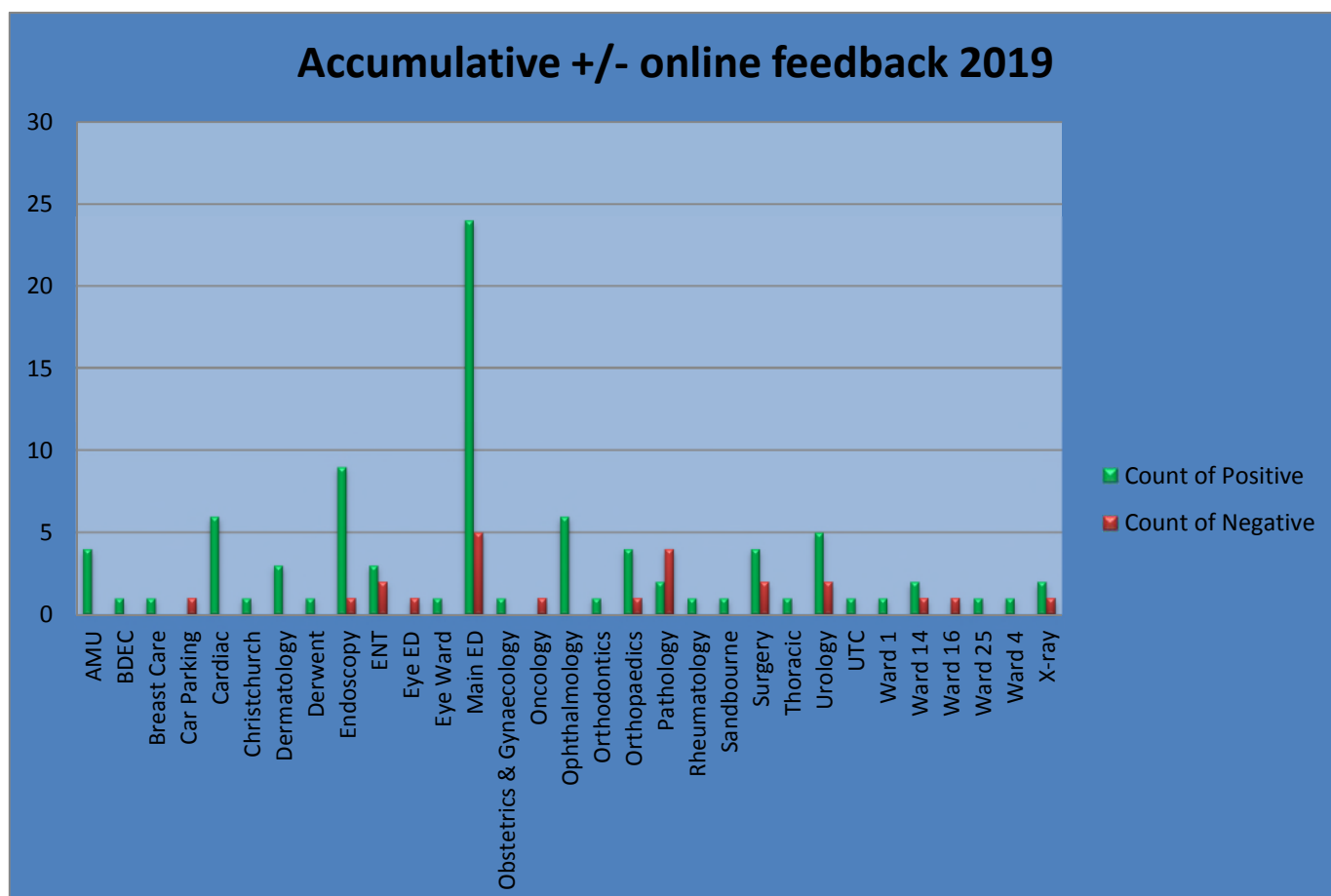
3.5   Care Conversations

To date we have recorded conversations with over 200 patients. These have been edited into over 500 snippets that are indexed under the CQC domains. Care conversations have been used for projects, on committees, used to give direct feedback to staff and to challenge poor behaviour. The information gathered from Care Conversations has an emotional impact and the detail required to gain an understanding of what our patients think of the service we deliver.

4.0   Complaints

4.1   A total of 48 new complaints and 1 reopened complaint were received in December 2019 all of which were acknowledged within 3 days. The highest themes being:

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

- Communication: Verbal

To note: The new 1st response timeframe of 35 days for green complaints commences from the 1 September 2019.

COMPLAINTS - Subtype by Directorate based on Month of Receipt

	Surgery	Orthopaedics	Anaesthetics	Medicine	Emergency Department	Acute Medical Unit	Cardiology	Older Persons Medicine	Ophthalmology	Pathology	Specialist Services	Radiology
	Care Group A			Care Group B					Care Group C			
Infrastructure:Environment									1			
Security: Loss/Theft of Property									1			
Security: Damage to Property			1									
Medcation: Prescribing Issue	1											
Food: Availability									1			
Communication: Verbal	1			1								
Communication: Staff Attitude				1								1
Communication: Patient/Records/Documentation	1											
Communication: Confidentiality Issue					1							
Communcation: Written									1			
Communcation: Request for Information			1									
Care: Quality/Suitability of Care/Treatment	3	1		4	4	2	2	5	1	1	1	
Care: Delay Attending to Patient		1			1							
Assessment: Diagnosis Incorrect					1							
Access: Booking Issue									2			
Access: Admission/Discharge/Transfer Issue	1	1						1	3			

Total Complaints received financial year to date: 373

Number by Month Received

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Red	1		1					1	1			1
Amber	2	3	6	1	4		1	3	2	3	5	1
Green	36	31	35	36	56	36	46	30	26	36	38	46
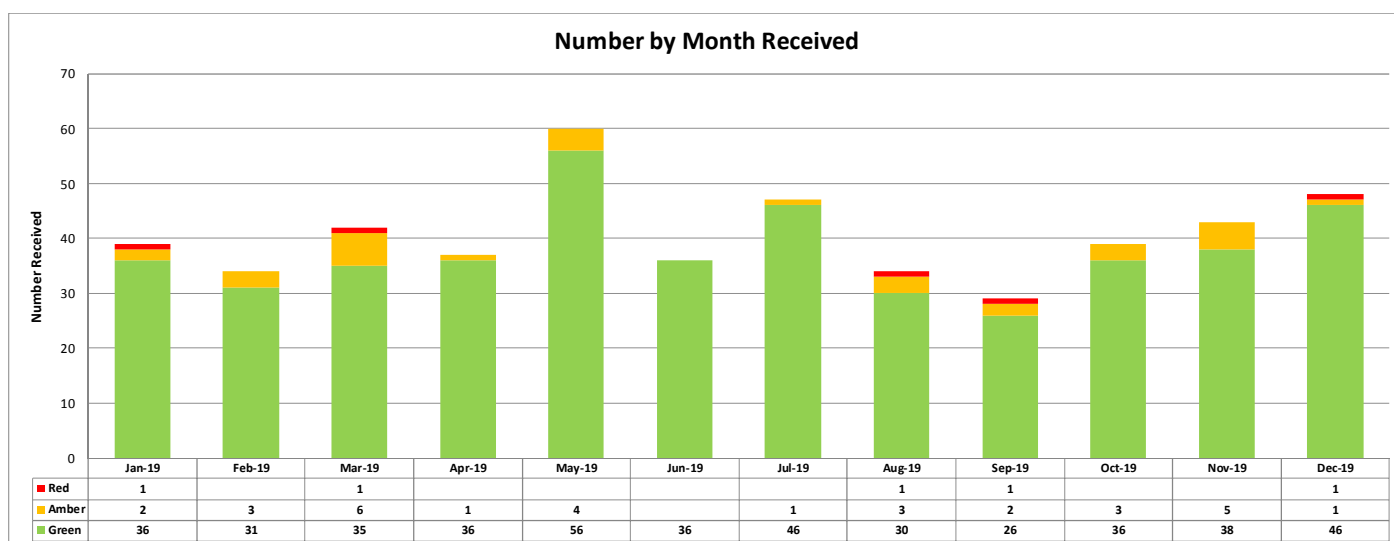
4.2   Complaint response times Year to date

A steady increase in the number of complaints is noted.

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Rolling 12 months
1st Responses Due in Month	40	33	35	33	49	54	46	37	32	22	33	36	450
Number Where 1st Response Completed On	27	21	25	20	31	26	22	15	18	17	22	28	272
Percent With 1st Response On Time	68%	64%	71%	61%	63%	48%	48%	41%	56%	77%	67%	78%	60%

Whilst an increase in first response rates is noted there has also been steady clearance of the overdue responses.

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
1st Responses Overdue at Month Start	804	7	8	8	4	12	18	17	17	20	9	8
Number cleared in Month	6	4	6	8	3	10	12	13	8	15	7	7
Percentage cleared in month	1%	57%	75%	100%	75%	83%	67%	76%	47%	75%	78%	88%

4.3   Complaints performance by Care Group

Care Group	Complaints Number Due	Number on time	% on time December 2018	% on time January 2019	% on time February 2019	% on time March 2019	% on time April 2019	% on time May 2019	% on time June 2019	% on time July 2019	% on time August 2019	% on time September 2019	% on time October 2019	% on time November 2019	% on time December 2019	Change	Trend
CGRPA	11	9	80	33	64	92	71	79	62	57	33	78	83	91	82	▼	
CGRPB	17	13	67	72	54	53	62	52	26	32	32	44	73	33	76	▲	
CGRPC	4	3	71	88	75	100	29	63	71	40	50	57	75	100	75	▼	
OTHER	4	3	0	75	67	0	0	100	33	67	67	0	100	100	75	▼	
PRIVATE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	=	
GRAND TOTAL	36	28	72	67	59	71	59	63	46	41	38	56	77	67	78	▲	

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

Care Group	Concerns Number Due	Number on time	% on time December 2018	% on time January 2019	% on time February 2019	% on time March 2019	% on time April 2019	% on time May 2019	% on time June 2019	% on time July 2019	% on time August 2019	% on time September 2019	% on time October 2019	% on time November 2019	% on time December 2019	Change	Trend
CGRPA	50	47	67	95	84	85	76	87	76	89	87	92	78	85	94	▲	
CGRPB	73	55	49	91	69	78	75	76	74	71	77	81	81	74	75	▲	
CGRPC	20	18	75	100	100	89	80	87	93	90	80	88	92	91	90	▼	
OTHER	35	34	88	98	95	91	91	94	96	98	94	92	93	91	97	▲	
PRIVATE	0	0	0	0	100	0	0	0	0	100	0	0	0	0	0	=	
GRAND TOTAL	179	154	66	94	84	85	80	85	84	85	84	89	86	84	86	▲	

5.0   Recommendations

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

BOARD OF DIRECTORS

Meeting date:	29 January 2020
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, RBCH
Details of previous discussion and/or dissemination:	Finance Committee on 27 January 2020
Action required:	Note for information

Summary:

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

As at 31 December, the Trust is reporting a surplus of £1.041 million representing a favourable variance of £494,000. This is mainly being driven by an additional £422,000 of Provider Sustainability Funding following the national accounts process for 2018/19. After adjusting for this and other excluded items, the Trust is reporting a favourable variance of £53,000 against the year to date control total.

Some risks remain, however the Trust is forecasting the achievement of the full year control total.

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:	

Finance Report

For the period to end

31 December 2019

Pete Papworth
Director of Finance

Executive Summary

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

As at 31 December, the Trust is reporting a surplus of £1.041 million representing a favourable variance of £494,000. This is mainly being driven by an additional £422,000 of Provider Sustainability Funding following the national accounts process for 2018/19. After adjusting for this and other excluded items, the Trust is reporting a favourable variance of £53,000 against the year to date control total.

Income & Expenditure

After adjusting for pass through drugs and devices; income is ahead of plan by £1.460 million. This is mainly being driven by the additional PSF allocation together with higher than planned specialist income, particularly Ophthalmology outpatients and emergency activity within Gastroenterology and General Surgery. The Trust has also received £255,000 additional income in relation to non-contracted out of area activity.

Expenditure reported a net overspend of £731,000 after adjusting for pass through drugs and devices. This includes overspends against the pay budget of £2.7 million reflecting both the shortfall in the Care Group cost improvement programmes and a continued usage of premium cost agency staff. However the spend in relation to agency premium has continued to improve with a £77,000 reduction against the November performance. Targeted action continues to be taken in both areas to mitigate this level of overspend. The aggregate pay over spend has been partially mitigated by underspends against non-pay budgets.

Cost Improvement Programme

The Trust has set a challenging target to achieve £10.45 million of savings during 2019/20, and as at 31 December schemes amounting to £11.08 million have been identified. This includes a material non-recurrent investment gain which has off-set the previously reported shortfall. Continued focus is required to ensure that all identified schemes continue to deliver as expected.

Provider Sustainability Funding

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

The collective Provider Sustainability Fund allocation for the ICS is £14.3 million, of which £4.3 million relates to this Trust. As at 31 December the ICS is £1.621 million ahead of plan, largely reflecting the phasing of identified savings. However, significant risk remains within the full year forecast across all partners and work continues across the ICS to mitigate this.

Finance Report

Dorset Integrated Care System	Year to date			Full year		
	Budget £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Dorset County Hospital NHS Foundation Trust	(3,325)	(3,217)	108	0	0	0
Dorset HealthCare University NHS Foundation Trust	(3,143)	(1,810)	1,333	2,036	2,036	0
Poole Hospital NHS Foundation Trust	(2,644)	(2,522)	122	0	0	0
Dorset Clinical Commissioning Group	1,500	1,500	0	2,000	2,000	0
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	547	600	53	0	0	0
SURPLUS/ (DEFICIT)	**(7,065)**	**(5,449)**	**1,616**	**4,036**	**4,036**	**0**

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

Cash

As at 31 December the Trust is holding a consolidated cash balance of £59.34 million. The significant improvement in November relates to the realisation of an investment gain.

Capital

Capital expenditure amounting to £11.4 million has been committed to date, which is £1.1 million behind the year to date budget. This position reflects the timing of expenditure, particularly in relation to the One Dorset Pathology Laboratory Information Management System, replacement medical equipment and the Dorset Clinical Services Review. The Trust is expecting to commit capital expenditure in line with the aggregate plan.

Recommendation

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

Finance Report

As at 31 December 2019

Income and Expenditure

Income and Expenditure Summary	Budget £'000	Actual £'000	Variance £'000	Pass Through £'000	Residual Variance £'000
NHS Clinical Income	210,116	210,556	440	185	625
Non NHS Clinical Income	2,767	2,701	(66)	0	(66)
Non Clinical Income	28,389	29,289	901	0	901
TOTAL INCOME	**241,271**	**242,547**	**1,276**	**185**	**1,460**
Employee Expenses	152,135	154,835	(2,700)	0	(2,700)
Drugs	25,539	25,585	(46)	449	403
Clinical Supplies	27,567	26,756	811	(633)	178
Misc. other expenditure	35,483	34,330	1,153	0	1,153
TOTAL EXPENDITURE	**240,724**	**241,505**	**(781)**	**(185)**	**(966)**
SURPLUS/ (DEFICIT)	**547**	**1,041**	**494**	**0**	**494**

Income Analysis	Budget £'000	Actual £'000	Variance £'000
NHS Dorset CCG	148,189	148,189	0
NHS England (NHSE South West)	35,439	35,493	55
NHS West Hampshire CCG (and Associates)	19,739	19,739	(0)
Other NHS Patient Income	7,971	8,356	385
Non NHS Patient Income	2,767	2,701	(66)
Non Patient Related Income	23,750	24,228	479
Provider Sustainability Fund	2,769	3,191	422
Financial Recovery Fund	649	649	0
TOTAL INCOME	**241,271**	**242,547**	**1,276**

Agency Expenditure
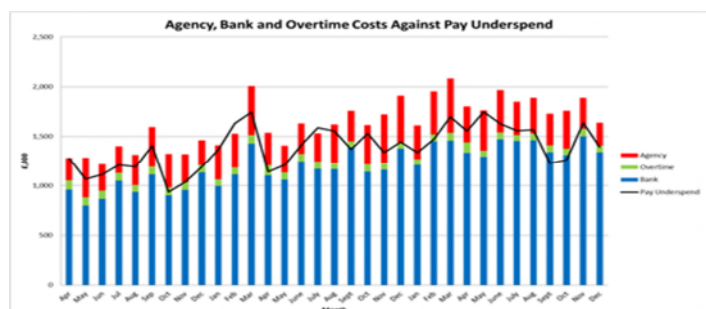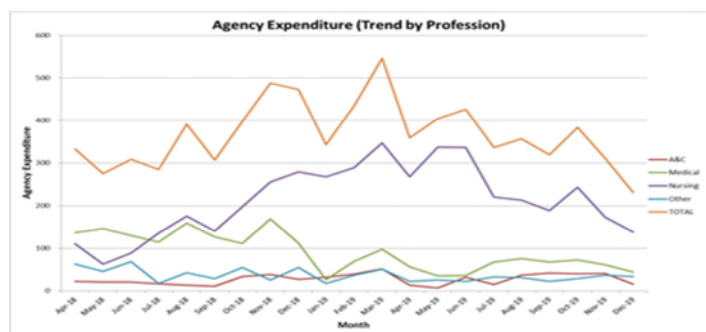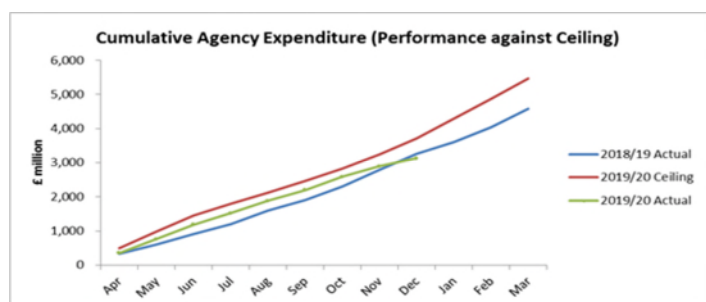
Care Group Performance

Care Group Performance	Budget £'000	Actual £'000	Variance £'000
Surgical Care Group	9,705	8,336	(1,369)
Medical Care Group	9,742	7,525	(2,217)
Specialties Care Group	3,898	4,481	583
Corporate and Trust-wide Budgets	(22,798)	(19,301)	3,497
SURPLUS/ (DEFICIT)	**547**	**1,041**	**494**

Cost Improvement Programme

Cost Improvement Programme	Budget £'000	Actual £'000	Variance £'000
Surgical Care Group	1,388	913	(475)
Medical Care Group	1,936	1,523	(413)
Specialties Care Group	1,823	1,640	(183)
Corporate and Trust-wide Budgets	1,700	5,153	3,452
TOTAL	**6,848**	**9,229**	**2,381**
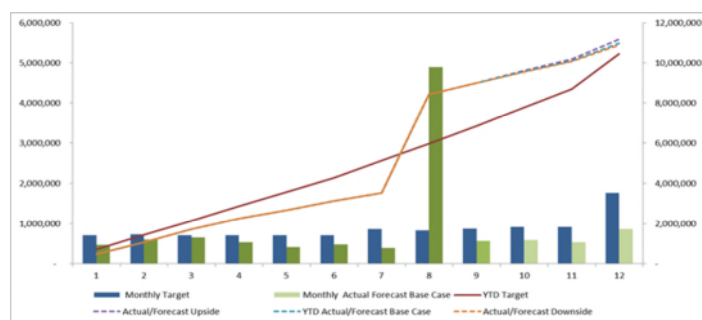
Capital Expenditure

Revised Capital Programme	Budget £'000	Actual £'000	Variance £'000
Estates	2,206	1,580	626
IT Strategy	5,082	5,156	(74)
Medical Equipment	2,631	1,552	1,079
Centrally Managed	2,616	3,123	(507)
SURPLUS/ (DEFICIT)	**12,535**	**11,411**	**1,124**

Cash

The Royal Bournemouth and Christchurch Hospitals
NHS Foundation Trust

BOARD OF DIRECTORS	
Meeting date:	29 January 2020
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, and includes an update on the flu campaign and Line Managers module based training "Support Effective Change".	
Related strategic objective:	Valuing our staff. Recognising the contribution of our staff and helping them develop and achieve their potential
Relevant CQC domain: Are they safe?	✓
Are they effective?	✓
Are they caring?	☐
Are they responsive to people's needs? Are they well-led?	☐ ✓
Impact on risk profile:	Recruitment and workforce planning are existing risks on the risk register.

NHS

The Royal Bournemouth and Christchurch Hospitals
NHS Foundation Trust

Workforce Report

For the period to end

December 2019

Karen Allman
Director of Human Resources

Workforce Report for January 2020 Board

As at 31st December 2019

Care Group	Appraisal Compliance		Mandatory Training Compliance	Sickness		Joining Rate	Turnover	Vacancy Rate (from ESR)
	Values Based	Medical & Dental		Absence	FTE Days			
	At 31 December			Rolling 12 months to 31 December				At 31 December
Surgical	88.0%	86.2%	94.2%	4.17%	14787	8.3%	7.1%	
Medical	87.9%	85.3%	94.2%	4.11%	22144	14.5%	11.6%	
Specialities	88.7%	79.5%	95.7%	3.67%	11850	11.9%	11.7%	
Corporate	91.7%	100.0%	96.3%	4.20%	14403	9.9%	8.5%	
Trustwide	**89.0%**	**84.1%**	**94.8%**	**4.05%**	**63184**	**11.6%**	**9.9%**	

Staff Group	Appraisal Compliance		Mandatory Training Compliance	Sickness		Joining Rate	Turnover	Vacancy Rate (from ESR)
	Values Based	Medical & Dental		Absence	FTE Days			
	At 31 December			Rolling 12 months to 31 December				At 31 December
Add Prof Scientific and Technical	89.6%		93.3%	3.69%	1866	17.9%	12.2%	
Additional Clinical Services	89.4%		95.1%	6.11%	17681	17.8%	14.8%	
Administrative and Clerical	87.9%		97.0%	4.05%	13451	10.6%	10.3%	
Allied Health Professionals	91.7%		95.9%	2.53%	2499	12.5%	10.9%	
Estates and Ancillary	90.2%		94.5%	5.86%	7252	11.1%	8.3%	
Healthcare Scientists	88.3%		95.9%	3.37%	1142	5.8%	9.7%	
Medical and Dental		84.1%	91.6%	1.35%	2705	5.9%	7.4%	
Nursing and Midwifery Registered	88.6%		94.9%	3.85%	16589	8.9%	6.9%	
Trustwide	**89.0%**	**84.1%**	**94.8%**	**4.05%**	**63184**	**11.6%**	**9.9%**	

Workforce Report for January 2020 Board

1. Staffing and Recruitment

Substantive Staff (Headcount) Trend

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total	4687	4725	4718	4701	4691	4697	4704	4720	4761	4797	4796	4820

Permanent Staff Turnover Rate (Headcount)

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total	9.70%	9.76%	10.23%	10.18%	10.65%	10.45%	10.43%	10.46%	10.03%	10.37%	10.14%	9.92%
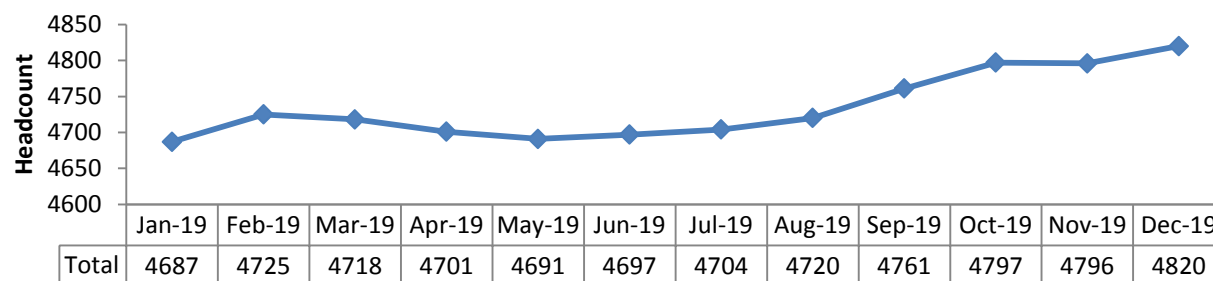
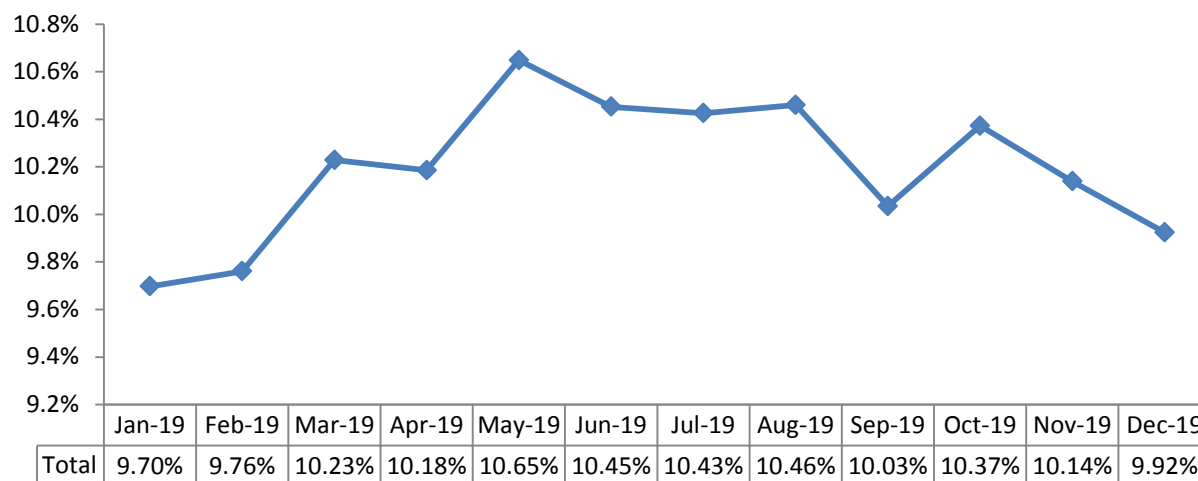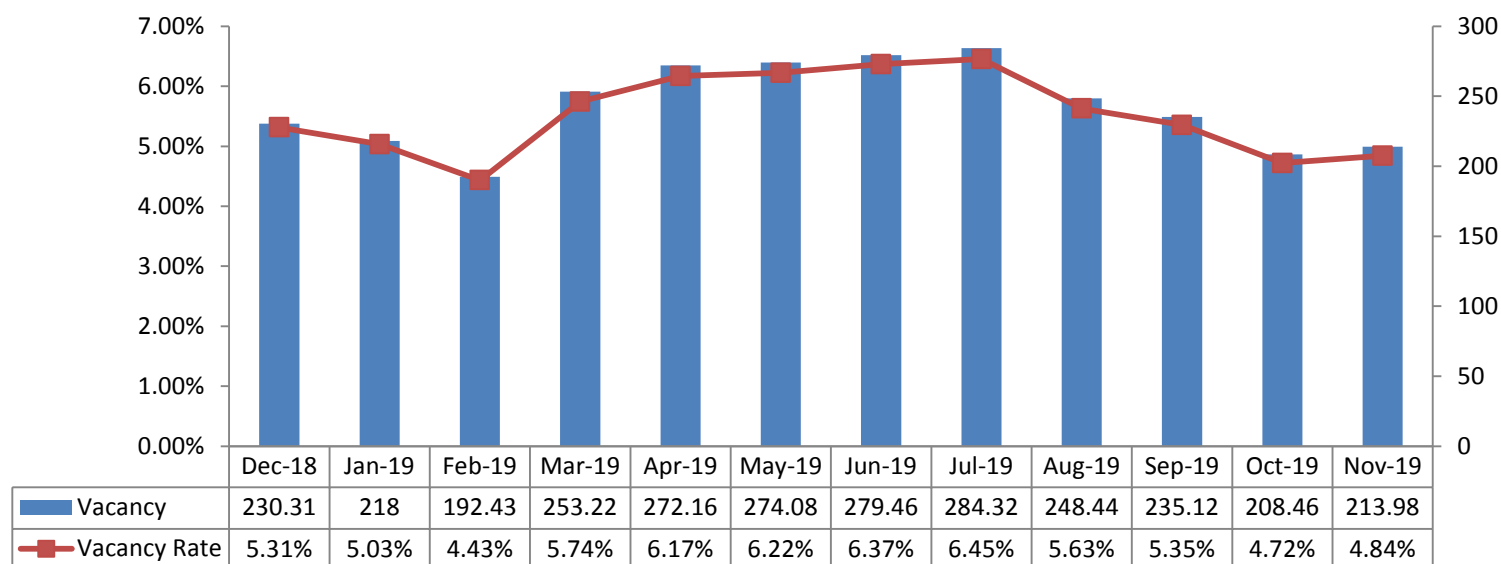Turnover rate for December was down to 9.92% from 10.14% in November.

The joining rate at 11.6% continues to run at a higher rate than turnover which is a positive. As a result, substantive staff headcount currently stands at 4,820 representing an increase of 172 (3.7%) over the 4,648 seen at the same point last year.

Vacancy rate for December unavailable at the time of writing; rate for November was 4.84%; trend chart below.

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

	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Vacancy	230.31	218	192.43	253.22	272.16	274.08	279.46	284.32	248.44	235.12	208.46	213.98
Vacancy Rate	5.31%	5.03%	4.43%	5.74%	6.17%	6.22%	6.37%	6.45%	5.63%	5.35%	4.72%	4.84%

2. Essential Core Skills Compliance

Compliance continues its gradual rise towards the 95% target, up to 94.8% as at 31st December. Medical and Dental up 1% to 92%.

Fire training continues it steady increase since moving to e-learning and now stands at 98.2% as at 31st December. This is an excellent result, up from 84% at the start of the year.

Lack of training space continues to be an issue with the unavailability of training room 1 (risk 727 on the risk register). This issue was discussed again by the Workforce Committee at their meeting on 16th December and has been escalated once again.
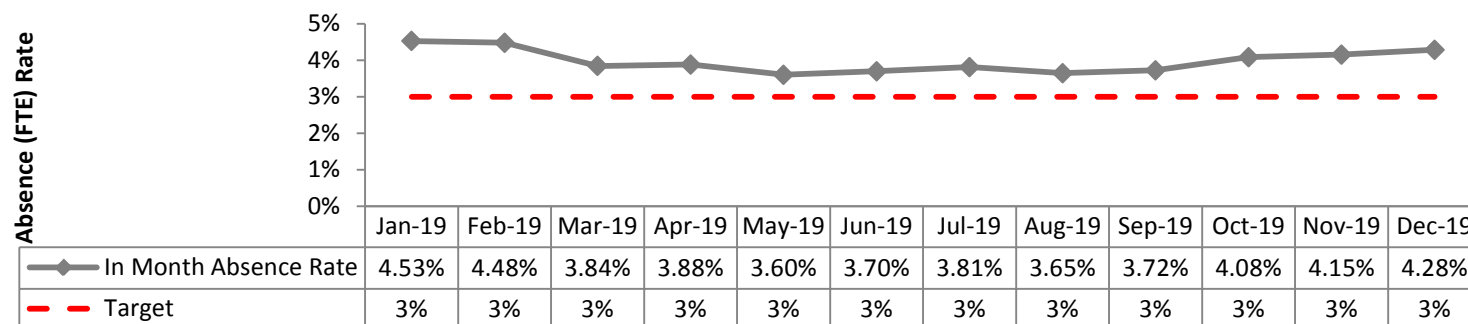As always, we continue to work closely with colleagues across the NHS in Dorset to align training and improve the transferability of skills. The BEAT team continue to review and adapt mandatory training wherever possible to make it as user-friendly and less time-intensive as possible.

3. **Sickness Absence**

In Month Absence Rate (FTE)

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
In Month Absence Rate	4.53%	4.48%	3.84%	3.88%	3.60%	3.70%	3.81%	3.65%	3.72%	4.08%	4.15%	4.28%
Target	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Surgical	4.28%	4.71%	4.38%	3.97%	3.42%	3.47%	4.07%	4.17%	3.77%	4.20%	4.34%	4.72% ⬆
Medical	4.52%	4.68%	3.92%	4.08%	4.20%	4.23%	4.04%	3.45%	3.51%	3.88%	4.11%	4.30% ⬆
Specialties	4.43%	3.80%	3.07%	3.34%	2.95%	2.96%	3.57%	3.55%	3.65%	4.08%	3.78%	3.52% ⬇
Corporate	4.89%	4.56%	3.87%	3.98%	3.45%	3.79%	3.41%	3.50%	4.08%	4.29%	4.38%	4.54% ⬆
Trust	4.53%	4.48%	3.84%	3.88%	3.60%	3.70%	3.81%	3.65%	3.72%	4.08%	4.15%	4.28% ⬆

The in-month sickness absence rate increased slightly to 4.28% from 4.15% last month; Surgical and Medical saw further increases and remain red, but Specialties remains amber with a further reduction from 3.78% to 3.52%. At 4.28% overall, this is slightly higher than the 4.07% recorded for December 2018; although the 12-month rolling figures show a slight improvement: 4.05% as at 31/12/19 compared to 4.10% at 31/12/18.

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

4. Safe Staffing

As part of the Trust's requirement to report on Safe Staffing (CQC – Key Line of Inquiry) the following data summary has been prepared for December 2019:

Registered Nurse (RN)   Actual Day   96.8%   HCA Actual Day   92.6%
Registered Nurse (RN)   Actual Night 98.8%   HCA Actual Night 115.6%

From September 2019 the Trust is required to report on Allied Health Professional (AHP) numbers that are counted in the ward templates. At RBCH AHP's are currently included in the ward template on ward 9 during the day:

AHP Trained   Actual Day   64%   AHP Untrained Actual Day 64%

This is a new initiative, which is being recruited into; a significant uplift in the untrained fill-rate is noted this month and reflects the on-going recruitment.

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

There were no reportable red flag shifts for December 2019.

Care hours per patient day (CHPPD)

CHPPD is a measure of ward productivity and provides transparency to the national 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 (October 2019) available is:

Measurement	Data Period	Trust Value	Peer Value	National Value	Chart
Average Staff Cost - All Nursing Health Visitors & Midwifery Staff	2018/19	🟩 £36,107	£36,318	£37,589	
Cost per WAU - Substantive Nursing & Midwifery Staff	2017/18	🟩 £671.1	£686.1	£710.1	
Care Hours per Patient Day - Total Nursing, Midwifery and AHP staff	Oct 2019	🟦 7.6	7.7	8.0	
Care Hours per Patient Day - Total Nursing and Midwifery staff	Oct 2019	🟦 7.5	7.7	8.0	
Care Hours per Patient Day - Total AHPs staff	Oct 2019	🟦 0.1	0.0	0.0	
Cost per Care Hour - Total Nursing and Midwifery staff	Q4 2018/19	🟦 £23.4	£23.7	£23.7	
Cost per Patient Day - Total Nursing and	Q4 2018/19	🟦 £184.5	£185.6	£189.6	

The national CHPPD data reflects the Trust total nursing care hours as 7.5 per day. This is lower than both peer organisations (7.7) and the national average of (8.0). This data presents the Trust as in quartile 2 (mid to low / green - amber) for the weighted activity unit. The Trust continues to maintain a stable safe staffing position.

5. **Flu Update**

We remain focused on the flu vaccination programme at the Trust and have delivered over 4000 vaccinations since the campaign began in September. The last national weekly (17/1/2020) report showed that over 58% of current front line staff had received the vaccination but this is a disappointing level overall. We are reviewing all of our data and recording to ensure that we are accurately reporting the position as well as continuing with the communication campaigns encouraging staff to still have the vaccine and report if they have had it elsewhere.

6. <u>Joint Line Managers module based training – Support Effective Change – Support for the Planned Merger</u>

Purpose of Training:

Given the scale of change we anticipate it is vital that we provide all of our managers with appropriate support to guide their staff through the changes ahead. This will ensure that all of our staff with line management responsibility will have the skills needed to ensure the merger and implementation of CSR is effectively managed.

Principles of Training:

- For all line managers in Poole and RBCH (up to 800)
- Provides some theory but mainly practical
- Managers can choose which to attend based on individual need but there is an expectation that all will attend the core modules.
- Core modules should be accessed first with additional modules available in any order.
- Will be supported by other resources and align with our joint policies

Audience:

We believe there are over 400 potential line managers across a number of different bands at each Trust, giving us a total audience of 800. However, they will have a range of skills and experiences which will mean that they will benefit from some of the modules but may not need others. Also, in some areas changes may be more limited or may be planned for later.
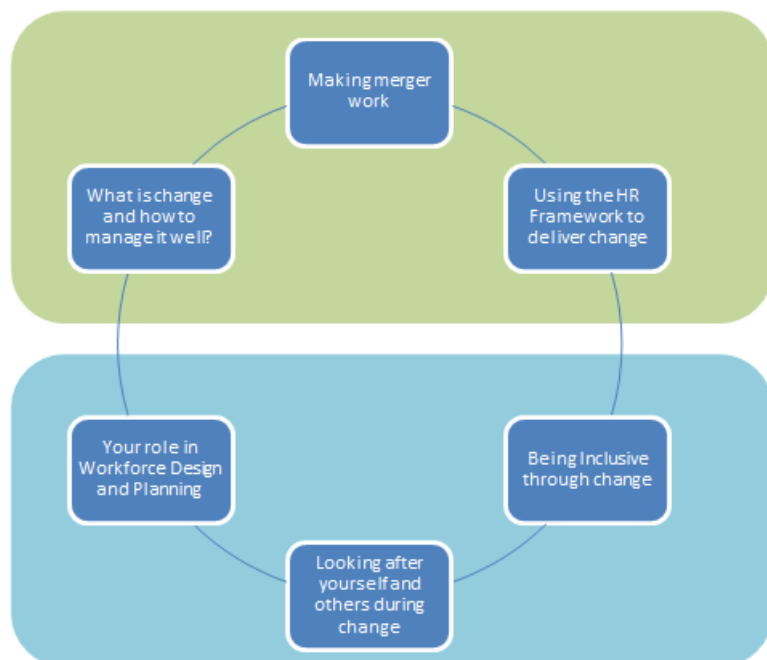
We will also target managers that are likely to be impacted first such as Tier 2 and 3 and those in the priority areas of change.

There is an opportunity to use existing forums, such as the Joint Leadership Forum, to provide training to our VSM group and Clinical Directors.

Modules:

The modules will be delivered from 1st March. The authors are currently working on the content of each module and we will be careful to have consistent messages throughout. A communications plan is being devised and the booking process is being agreed.

Board members and wider members of SLT are asked to actively encourage their direct reports and teams to book on and attend the training modules.

BOARD OF DIRECTORS

Meeting date:	29 January 2020
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Summary of Six Month Safe Staffing Report
Section on agenda:	Quality and Performance
Supplementary reading:	Six Month Safe Staffing Report April– October 2019 (in the reading room)
Director or manager with overall responsibility:	Paula Shobbrook, Director of Nursing and Midwifery
Author(s) of paper:	Fiona Hoskins, Deputy Director of Nursing and Midwifery
Details of previous discussion and/or dissemination:	The Safe Staffing Report (Nurse) December 2019 was discussed and noted at the Workforce Strategy and Development Committee on the 16th December 2019. Following this meeting there are no additional issues to escalate to the Board.
Action required:	Note for information
Summary: This paper is a summary of the Six Month Safe Staffing Report that was presented to the Workforce Strategy and Development Committee in December 2019 (presented in the reading room). The paper reports on the Trusts Nursing and Midwifery Staffing position for the period of 1st April – 30th September 2019.	
Related strategic objective:	Improving quality and reducing harm. Focusing on continuous improvement and reduction of waste
Relevant CQC domain: Are they safe? Are they effective? Are they caring? Are they responsive to people's needs? Are they well-led?	✓ ✓ ☐ ✓ ✓
Impact on risk profile:	N/A

Trust Board Summary of Six Month Safe Staffing Report April – October 2019

In December 2019 the Director of Nursing and Midwifery presented a Safe Staffing Report at the Workforce Strategy and Development Committee providing assurance that guidance for safe staffing produced by the Care Quality Commission and NHS England is being met within the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust. There are three requirements all of which have been met:

1. Report and publish a monthly return via unify indicating 'planned' and 'actual' nurse staffing by ward.
2. Publish information with the planned and actual nurse staffing for each shift.
3. Provide a six monthly report on nurse staffing to the Board of Directors.

Subsequent to this NHS England has mandated that all Trusts report monthly on the Model Hospital Data to their Trust Boards.

Items of note for the Board within the December 2019 Safe Staffing Report include:

1. The latest round of ward Staffing Template Reviews were undertaken in quarters 3 2018 in preparation for budget setting. The outcomes of these reviews were implemented into the staffing templates from April 2019. Updates since implementation of the new templates / last review included:

   a. Surgical Care Group: Critical care commenced a programme of work to review their long-day and night shift patterns. The aim is to align the pattern with Poole General Hospital. This work is expected to impact positively on staff work life balance.

   b. Medical Care Group: The Emergency Department undertook a full review of their nursing template and is following a zero based budget approach and is now recruiting to an improved nursing template.

   c. Specialities Care Group: The Dermatology unit has now fully implemented E-roster. Chemotherapy trained nurses within the Trust remains a challenge; however significant progress has been made with internal training and recruitment.

2. On-going robust management and oversight of the ward staffing continues using:

   a. Eroster clinics to encourage best roster practice, chaired by the Heads of Nursing
   b. Annual template reviews chaired by the Director of Nursing or Deputy.

    c. Safe Care Electronic Staffing tool for daily management and balance of staffing and acuity.

    d. Monthly upload and review of the national Unify Data; demonstrating the Trust maintains a good overall planned to actual staffing fill rate.

    e. Monitoring and reporting of local red flag criteria. The Trust externally reported no red flag incidents between April and September 2019.

    f. Care Hours per Patient Day (CHPPD) data published for quarters one and two suggested that the nurse staffing levels in the Trust are cost effective and equitable with peer organisations. This data triangulated against the Trusts quality metrics demonstrates that the Trust is running an efficient nursing workforce.

3. Exception reporting for vacancies highlighted the following areas:

    a. Medical Care Group: The area with the highest number of vacancies is Older Persons Medicine (OPM). Focused recruitment work in this area is on-gong with a bespoke overseas recruitment campaign for 25 nurses in place. The first nurses are expected to arrive in November 2019. Practice Educator roles have been recruited to, to support the anticipated influx of nurses.

    b. Surgical Care Group: During quarters one and two a significant reduction in vacancies was noted. High vacancies continue on ward 16, which are being mitigated with block booked agency staff whilst recruitment is on-going.

    c. Specialities Care Group: Areas of greatest challenge noted to be pharmacy and interventional radiology. Focused recruitment for these areas is on-going.

4. Recruitment remains a key focus for the Trust with a variety of recruitment initiatives being implemented and explored including:

    o In July the Trust procured a new agency to help with overseas recruitment, NEU Professionals. This recruitment campaign is progressing well, with the first cohort expected in November 2019.

    o In September 2019 fourteen Registered Nurse Degree Apprentices commenced work at the Trust as part of the Dorset wide partially funded RNDA scheme.

    o Converting Associate Practitioners to Registered Nursing Associates (RNA's); course expected to commence in March 2020.

    o Converting Overseas Band 4 Health Care Assistants to RNAs; course expected to commence in September 2020.

5. Premium Cost Avoidance Transformation Steering Group (PCATSG)

Work continues in this group to drive down high cost temporary staffing. Actions to note that were undertaken in quarters one and two includes:

- Ceasing the use of agency HCA staff.
- Implementation of a new agency tier payment structure.
- Development of a plan to reduce and remove Thornbury Nursing Agency
- Continued Growth and development of the band 4 workforce.

In Conclusion:

The reviews of nurse staffing against patient needs continue as a routine methodology and the Trust is assured that the ward templates are set at the correct level. This is further demonstrated through local and national benchmarks such as model hospital, Unify data and red flag reporting.

Hotspot areas with regards to staff vacancy such as Older Persons Medicine, Ward 16, Pharmacy and Oncology have robust plans in place in support recruitment and retention.

Further details of the above reported subjects can be found in the full copy of the Six Month Safe Staffing Report April – October 2019; which is available in the Reading Room.

BOARD OF DIRECTORS

Meeting date:	29 January 2020
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Leaving Hospital Policy
Section on agenda:	Governance
Supplementary reading:	Leaving Hospital Policy – Dorset Integrated Care System
Director or manager with overall responsibility:	Richard Renaut, Chief Operating Officer
Author(s) of paper:	Cherry McCubbin – Associate Director for Older People, Therapies & Integrated Care Val Horn – Discharge Services Manager
Details of previous discussion and/or dissemination:	The Leaving Hospital Policy has been approved by TMB. A Trust-wide implementation plan is currently being progressed through the Discharge Steering Group. The purpose for discussion at Trust Board is to advise of the action taken regarding updates made to the policy and dissemination across all clinical and operational staff within the Trust.
Action required:	Recommend

Summary:

Leaving Hospital Policy has been updated by representatives from all organisations across Dorset ICS. The overarching aim of the policy is to ensure timely discharge of patients leaving hospital, through early engagement, support and the implementation of a fair and transparent escalation process. This policy supports timely, effective discharge from any inpatient/community hospital setting, to an appropriate setting to meet a patient's ongoing needs. It is relevant to all adult inpatients (over the age of 18) in Dorset NHS hospitals who are required to return home or to an alternative setting with or without community support. This policy is in line with current NHS policy and best practice guidance and supports existing guidance on effective discharge. The changes brought about by the implementation of the Care Act 2014, are reflected in this policy.

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:	The implementation of the Leaving Hospital Policy will have a positive impact in the reduction of stranded patients' experiencing long length of stays through reduction in choice of care on discharge from RBCH.

LEAVING HOSPITAL POLICY

November 2019

LEAVING HOSPITAL POLICY

Version number: 1.0

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Classification: Official

Prepared by:

- NHS Dorset Clinical Commissioning Group
- Dorset HealthCare University NHS Foundation Trust
- Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
- Bournemouth, Christchurch and Poole Council
- Poole Hospital NHS Foundation Trust
- Dorset County Hospital NHS Foundation Trust
- Dorset Council
- Dorset Clinical Commissioning Group

REVIEW, REVISION

This policy will be reviewed November 2022 by the Dorset System Resilience Group (or suitable alternative).

CONSULTATION AND APPROVAL PROCESS

This policy was developed locally by a collaboration of partners with input from people working across the system, both locally and nationally.

This policy was signed off by the members of the Urgent Emergency Care Board the membership of which consists of Executives from all Health and Social Care organisations in Dorset.

MONITORING COMPLIANCE AND EFFECTIVENESS

Monitoring will take place in accordance with the framework set out in Appendix 5.

Local monitoring (at each acute hospital and community hospital) will include an audit of:

- Information provided to patients
- Patients' understanding of the information received (Appendix 2, step 2)
- Staff training
- Case study review of a sample of patients who exceed 21 day length of stay, and the application of this policy

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1. OVERALL SUMMARY

Background

1.1 The overarching aim of the policy is to ensure timely discharge of patients leaving hospital, through early engagement, support and the implementation of a fair and transparent escalation process.

1.2 This policy supports timely, effective discharge from any inpatient/community hospital setting, to an appropriate setting to meet a patient's ongoing needs . It is relevant to all adult inpatients (over the age of 18) in Dorset NHS hospitals who are required to return home or to an alternative setting with or without community support.

1.4 This policy applies equally to all patients who are assessed as ready to leave hospital whether they need ongoing NHS or social care and irrespective of who may be funding the care. This includes patients who are responsible for funding their own care.

1.5 For the purposes of this policy the term 'patient' is used to refer to the individual receiving treatment, but where they lack capacity for discharge planning may include their carer or appointed representative (such as a Lasting Power of Attorney or Deputy).

1.6 Early patient participation, engagement and communication are central to the process to enable the patient to leave hospital in a safe and timely manner.

1.7 This policy is in line with current NHS policy and best gractice guidance and supports existing guidance on effective discharge.

1.8 The changes brought about by the implementation of the Care Act 2014, are reflected in this policy.

2. PURPOSE

2.1 The purpose of this policy is to ensure that choice is managed sensitively and consistently throughout the discharge planning process, and people are provided with effective information and support.

2.2 This policy sets out a framework to ensure that NHS inpatient beds will be used appropriately and effectively for those people who require inpatient treatment and that a clear process is in place for when patients remain in hospital longer than is clinically required.

- NHS inpatient beds across Dorset will be used appropriately and efficiently for those people who require treatment within that service.
- There must be no lack of clarity about the need to accept an alternative care provider and/or location that is able to meet the patients assessed need at the point of being ready to leave hospital
- Planning for effective transfer of care, in collaboration with the patient, their representatives and all MDT members will commence at or before admission, e.g. prior to elective procedures.
- Where a patient is unable to express a preference and has nobody who can reliably represent their views, an advocate will be consulted on their behalf.

2.3   When the patient lacks capacity to make decisions about discharge from hospital then the application of the policy should be adapted as detailed in Appendix 1, following the Mental Capacity Act 2005.

2.4   If a patient has been assessed as ready to leave hospital it is not appropriate or desirable that they remain in hospital due to the negative impact this can have on their physical and mental health outcomes.

3.   PRINCIPLES

3.1   Where it is the patient's preference and where appropriate, all possible efforts should be made to support people to return to their pre-admission location.

3.2   People should be provided with information, advice and support in a form that is accessible to them as early as possible before or on admission and throughout their stay.

3.3   Many patients will want to involve others to support them, such as family or friends or carers. Where the patient has capacity to make their own decisions about confidentiality and information sharing, confidential information about the patient should only be shared with those others with the patient's consent.

3.4   If a patient is not willing to accept any of the available, appropriate alternatives, then it may be that they are discharged, after being advised of the risks and consequences of doing so.

3.5   Patients do not have the right to remain in hospital longer than clinically required.

4.   MANAGING EXPECTATIONS OF PATIENTS

4.1   By the time the patient is clinically ready for transfer of care they and/or their representative should understand that they cannot continue to occupy the inpatient bed.

4.2   The Multi-Disciplinary Team (MDT) will work jointly to offer advice and support to the patient and/or representative and to involve them as appropriate to support leaving hospital. The MDT will maintain communication with patients and/or their representatives to manage expectations. It is important that the patient and/or their representative understand discharge planning.

5.   FUNDING ARRANGEMENTS

5.1   This policy applies equally to all people regardless of funding arrangements and the nature of their ongoing care.

5.2   Those responsible for funding their own care will be offered the same level of advice, guidance and assistance regarding choice as those fully or partly funded by their local authority or the NHS.

6.   CHOICE OF AVAILABLE CARE OPTIONS AND INTERIM CARE

6.1   A discharge plan should accommodate patient choice where possible and recognise the patient's autonomy to choose from available care options.

6.2   If a care option is identified that can adequately meet the patient's assessed care and support needs, transfer to this available option would be expected without delay.

6.3   The patient and/or representative will be given information about what would be involved if the patient requires community support.

6.4   Refusal to make a decision about available options or refusal to accept a single available temporary option, that meets the assessed need, must not lead to the patient remaining in the hospital.

6.5   It may be necessary for the hospital, in consultation with the funding authority to implement discharge to an alternatiive or interim location.

7.   DISCHARGE PLANNING

7.1   The MDT will follow the Trusts' Discharge Policy to take a proactive approach in supporting patients to leave hospital.

7.2   The MDT will apply the key principles of the Mental Capacity Act 2005 when planning discharge wilth patients and/or representatives (see Appendix1).

7.3   Whilst the patient is still undergoing hospital treatment, the discharge plan will include establishing care needs after discharge in consultation with the funding authority and community services.

7.4   With elective admissions, discharge planning should start prior to admission but with unplanned admissions a collaborative discharge plan will start as soon as possible after admission.

8.   ESCALATION PROCESS

8.1   Where the patient is ready to leave hospital and the patient or their representative is refusing, the escalation process (outlined in Appendix 2) will be implemented.

9.   FINAL NOTIFICATION TO LEAVE HOSPITAL

9.1   If a patient refuses to leave hospital following all attempts to facilitate a discharge and has:-

- completed medical treatment
- received prior notification of the date for discharge
- a plan for safe discharge

the hospital should act in accordance with the Criminal Justice Act 2008, sections 119-120.

9.2   In all instances, this process should be led by a senior manager from the hospital

9.3   On issuing the Final Notiification to Leave Hospital Letter (Appendix 3), a summary of the discussion from the previous meeting with the patient or representative must be attached.

APPENDIX 1: HOSPITAL DISCHARGE AND MENTAL CAPACITY ISSUES

All staff are required to be familiar with and follow the Mental Capacity Act 2005 (the Act) together with the associated Code of Practice (the Code) which relate to adults aged 16 and over.

The Statutory Principles (Section 1 of the Act & Chapter 1 of the Code)

Staff must have regard, in particular to the five Statutory Principles of the Act as follows:

1. A person must be assumed to have capacity unless it is established that they lack capacity
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success
3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision
4. An act done, or decision made, under the Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

Assessing an individual's ability to make a decision (Section 3 of the Act & Chapter 4 of the Code)

A person lacks capacity in relation to a matter if at the material time he is unable to make a decision due to an impairment of, or disturbance in the functioning of the mind or brain (permanent or temporary).

An individual lacks capacity in relation to a decision if he is unable to

a) understand the information relevant to the decision *or*
b) retain that information *or*
c) use or weigh that information as part of the decision-making process *or*
d) communicate the decision

All practicable steps must be taken to help the patient make the decision themselves. Please refer to Chapter 3 of the Code for practical guidance on how to support people to make decisions for themselves and/or play as big a role as possible in decision-making.

Where the patient is assessed not to have the mental capacity to make the decision in question, the decision must be made in their best interests.

Best Interests (Section 4 of the Act & Chapter 5 of the Code)

All relevant circumstances must be considered, including whether the patient might regain capacity.

The individual must be encouraged to participate as fully as possible in any decision affecting him.

The individual's own past or present wishes and feelings, beliefs and values must be taken into account. Certain prescribed people must also be consulted (set out at section 4(7) of the Act).

A determination of what is in a person's best interests must not be made solely on the basis of a person's age, appearance, condition or aspects of behaviour that might lead to unjustified assumptions.

Deprivations of Liberty Safeguards (DOLS)

A deprivation of liberty will occur where the individual is under continuous supervision and control and is not free to leave.

Where the discharge of a patient without mental capacity potentially involves a deprivation of liberty, the appropriate authorisations must be sought.

Independent Mental Capacity Advocate (IMCA)

An "un-befriended" individual without mental capacity who is facing a long-term change in accommodation or a potential deprivation of liberty is entitled to the services of an IMCA.

APPENDIX 2: **LEAVING HOSPITAL PROCESS**

1 — Provide standard information and support in line with SAFER

- **SAFER CARE BUNDLE:**
- **S - Senior** Review. All patients will have a senior review before midday by a clinician able to make management and discharge decisions.
- **A – All** patients will have an **Expected Discharge Date and Clinical Criteria for Discharge**. This is set assuming ideal recovery and assuming no unnecessary waiting.
- **F - Flow of patients** will commence at the earliest opportunity from assessment units to inpatient wards. Wards that routinely receive patients from assessment units will ensure the first patient arrives on the ward by 10am.
- **E – Early discharge. 33%** of patients will be discharged from base inpatient wards before midday.
- **R – Review**. A systematic MDT review of patients with extended lengths of stay (> 7 days – 'stranded patients') with a clear 'home first' mind set.

- Commence discharge planning on admission

- Continue discharge planning discussion at daily MDT meetings

- Determine if patient has mental capacity

- Inform patient who will be the main contact in respect of discharge planning on the ward

- Provide patient with Leaving Hospital Leaflet and support to understand the information

- Refer to support services and advocacy if required

- Set out an expectation in respect of date of discharge

2 — Assess needs and prepare for discharge

- The patient should be able to answer:
- What is wrong with me?
- What is going to happen now, later today and tomorrow to get me sorted out?
- What things do I need to be able to do to get home?
- How will I contribute to discussions and plans about what needs to happen in order for me to get home?
- When should I expect to be going home, assuming that my recovery is on track?

- Liaise with health and care services to arrange to have their needs assessed for discharge when medically stable

- Discuss available and appropriate options with patient/ representatives. It is important to establish what families and their communities can do to support a patients discharge in the first instance before formal care services are considered.

- Explain the MDT decision-making process with patient/ NOK or Carer, offer the opportunity for a meeting if further clarification is required

- If the patient/representatives have a reason why the proposed care option does not reasonably meet their needs, a rationale must be provided. The MDT must consider and establish whether the option is suitable in meeting the assessed need.

- If there are ongoing disagreements about discharge plans that are proving difficult to resolve a family/MDT meeting should be arranged

- Ensure assessments to clarify care needs and carers' needs are completed.

3 — Available care declined proceed to formal process

- If options offered are declined then a formal meeting should be arranged

- If no agreement has been reached regarding discharge, and/or transfer arrangements after stages 1-2 then the ward should implement the trusts escalation process as outlined in the Discharge Procedure/ Policy.

- The MDT continue to work with the patient/ representatives to try and arrange an appropriate means of meeting the patient's care needs at point of discharge

- Support the patient to reconsider, respond to concerns and offer advice, support and encouragement

- Clarify rationale for transfer to alternative or interim option

- A senior manager supports the MDT to facilitate a solution and/ or informs the patient/ representatives of the trusts intention to discharge the patient in line with the Pan Dorset Leaving Hospital Policy. The Leaving Hospital leaflet will be reissued and an explanation given

- A formal letter is sent outlining the legal process for leavng hospital

APPENDIX 3: FINAL NOTIFICATION TO LEAVE HOSPITAL

Our reference:
To:

Date:

Dear <mark><Name></mark>

FINAL NOTIFICATION TO LEAVE HOSPITAL

Your date to leave hospital is: xxxxxxxxx

The hospital has offered you all necessary support and guidance to enable your safe and appropriate discharge.

You have been informed of your responsibility to finalise other arrangements if you would prefer not to accept what has been proposed.

We have now reached the stage where you are required to leave hospital.

Should you remain in hospital after the date above, the Trust will take legal action to facilitate discharge and may seek to recover its legal costs for doing so from you.

[enc. summary of formal meeting]

APPENDIX 4: PATIENT LEAFLET (UNFORMATTED)

This leaflet is intended to help you, your family or representative understand how we will support you to leave hospital (also known as discharge from hospital).

Preparing to leave hospital (you may be returning home or moving on to other care settings)

It is important we start talking about leaving hospital soon after your admission. This is so we can see if you need any additional help or if you may need to consider alternative care and support. The team of doctors, nurses and therapists can work with you, and those who support or represent you, to work through the possible different options for you.

It is important to understand that **you will only be able to stay in this hospital for the time needed** to complete your course of acute treatment and care.

Your expected date of discharge is the date you are well enough to leave hospital and your hospital treatment will have been completed.

It is important that you only stay in the acute hospital for as long as clinically necessary. There is research that states **staying in an acute hospital for longer than necessary may be detrimental** to your long term health and wellbeing.

Being at home or in an alternative community setting may be the best place to continue recovery or receive ongoing treatment once an illness requiring hospital care is over.

You may wish for family, friends or representatives to help support you in getting ready to leave hospital. This may include attending meetings in the hospital with your consent. If the person is absent or unable to be involved, you may wish to arrange for somebody else who can help support you with your plans to leave hospital.

Our commitment to you…..

The team of clinicians looking after you will:-

- involve you in all the decisions about your care and treatment
- aim to tell you your date for leaving hospital within 48 hours of admission
- give you the information and support to make the best decisions to help with your return home. This may include helping you to understand your care needs, the process of assessing your needs and the options available to you. The process of assessment should always take place away from the acute hospital setting. The team looking after you will explain how this can happen.

You should always ask staff to explain to you:

- what is the medical problem you have
- what the plan is to investigate or treat your condition
- what options are available to you
- what impact your care and treatment may have on you, including any ongoing plan for when you leave hospital
- any follow up care, what this is, who will provide this and where it will happen

What is important for you to consider?:

- What family or support do you have to help you leave hospital, what can they help with?
- If you had paid for care before you came into hospital, this may need to be restarted
- What support can you call upon to help transport you home? Who will transport you home?
- Who can check you're okay once your home, if needed?
- Do you have food and drink for when you get home? Who can help you with this?
- Do you have your keys for your home? Who can let you in if you don't?
- You need to make sure you have all you belongings and medication before you leave.

It is important that you ask the staff looking after you if you have any worries or concerns about any of these things. They can help you sort some of these issues out if needed.

Your GP and, if necessary, the community team such as nurses and therapists, will be sent information with details of the treatment you have received during your stay in hospital, including any changes to medication.

Making Decisions

If you are unable to make decisions about leaving hospital or ongoing care and support (if you lack capacity to do this), and you have appointed a Lasting Power of Attorney, they can help you make the decisions or can make the decisions for you.

If you do not have a Lasting Power of Attorney, then any decision will be made in your best interests and hospital staff or social work staff will need to consult with people who know you well, such as family, friends or carers, to make the decision.

If you do not have family or friends to consult, then the hospital will ask for an Independent Mental Capacity Advocate to be appointed to help establish and represent your views where at all possible.

What if I am unable to return home?

Most people who have been unwell and in hospital will be able to return home; however, some people may require further care after their hospital stay which may be provided in different settings in the community.

If you are not able to return home, an alternative or temporary setting will be identified that can adequately meet your assessed care, housing and support needs. You may receive a choice of options, but this may not be possible in all instances, particularly for temporary arrangements.

We will require you to **make a decision as soon as possible** to allow all necessary arrangements to be made and avoid you staying in hospital longer than you need to.

Transferring to a temporary or alternative setting will enable you to continue your recovery in more peaceful settings with privacy and dignity.

If you are leaving hospital to continue treatment, rehabilitation and assessment, you will receive support from a range of services in the community. This will be discussed with you as part of your plan for leaving hospital.

You have the right to complain at any point of the process if you are not happy with the information and support provided, or with the options being made available to you. A member of the hospital will be able to advise you on how you can complain and your local Healthwatch (0300 111 0102) organisation can also help.

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Ward: ……………………….  ………………….Phone Number…………………………….

Consultant:………………………………………………………………………………..

Ward Sister:…………………………………………………………………………………

Expected Date of Discharge:…………………………………………………………
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An easy-read version of this leaflet is available.

Appendix 5: Audit – Leaving Hospital Policy (2019) – being tested (November/December 2019)

Aim:	1. To reduce length of stay by enabling patients to leave hospital as the earliest possible opportunity 2. To ensure that information is provided at the earliest point, from admission, to manage patient and family expectations
Objectives:	1. Patients receive and understand key information provided to them to help with planning their discharge 2. Planning for discharge begins on admission with the patient/family representative. 3. Patients are well-informed of plans and Multi-disciplinary teams are able to address concerns and issues as early as possible. 4. To contribute towards a reduced length of stay for super-stranded patients

Standards:	Criteria	Lead	Target	Audit Frequency	Source of Evidence
	All patients are given the Leaving Hospital leaflet within 48 hours of admission	Ward Manager	100% for all stranded patients (LoS >7 days)	All adult inpatient wards, every 3 months Audit sample: min 20% of inpatients on selected day	Paper/electronic patient record
	All patients are well informed of their plan for discharge and are able to answer:- 1. What is the medical problem you have 2. What the plan is to investigate or treat your condition 3. What options are available to you 4. What impact your care and treatment may have on you, including any ongoing plan for when you leave hospital 5. Any follow up care, what this is, who will provide this and where it will happen	Ward Manager/Clinical Lead/Department Manager	90% of stranded patients (LoS of >7 days) are able to provide evidence for each	All adult inpatient wards, every 3 months Audit sample: min 20% of inpatients on selected day	Inpatient survey, paper/ electronic patient record (including minutes of meetings)
	Clinicians have undertaken appropriate training to support implementation of the Leaving Hospital policy	Ward Manager/Clinical Lead/Department Manager	100% adult inpatient multidisciplinary teams, hospital social care link workers, in-reach workers	Annually	Attendance sheets, training records
	Retrospective review of patients to audit application of the Leaving Hospital policy (selected patients with a Length of stay of 21 days+)	Ward Manager/Clinical Lead/Department Manager	100% patients audited demonstrate evidence of leaving hospital policy	20% of patients exceeding 21 day length of stay, every 3 months	MDT case study of patients, paper/ electronic patient record

Performance:	To achieve the target levels set out in 'Standards'.
	Balancing measures are to contribute towards the:-
	    • reduction in patients with a length of stay of 21 days+ (Long Length of Stay Patient Tracking List)
	    • reduction in the average length of stay attributed to patients who have been in hospital for 21+ days (Super-Stranded Patient Ambition)
	    • improvement in friends and family feedback				

Review:	Through Trust Clinical Governance Groups, reporting through to system-wide Long Length of Stay Delivery Group (or equivalent)				

A GUIDE TO ROYAL BOURNEMOUTH HOSPITAL ESCALATION IN RESPONSE TO URGENT CARE PRESSURES

NOTE: ED 'BLACK' CAN TRIGGER TRUST-WIDE OPEL 3 ACTIONS (SEE SEPARATE PROTOCOL)

1. Actions listed below should be reviewed hourly at levels 3 and internal 4 as some actions may become more/less relevant/effective as other actions are progressed. This Guide should be read in conjunction with the Trust Escalation Policy.

2. All staff should be familiar with their department plans and where to locate them. These should be implemented in line with escalation level.

3. The ED Trigger actions below should be implemented in conjunction with the ED Escalation Plan.

4. This guide reflects the Trust's actions in escalation, including alerting Dorset system partners to trigger implementation of their OPEL and Escalation Plans. Note: Network policies already established e.g. ITU/Maternity. Follow through of actions will be overseen by the leads identified below or the Incident Commander where not indicated.

5. For Infection Control related pressures, see also Trust Infection Control and Flu Policies as well as Escalation Policy - Appendix B: Clinical Site Side room Management. Incident Commander to ensure Infection Control Team presence (or sub group established) in the event that infection control is significant OPEL trigger.

6. Public comms will be co-ordinated by the CCGs in conjunction with the Trust's Communications Lead.

NHSE Escalation Level	Trust-wide Level & Order of Internal Escalation	HIGH LEVEL TRIGGER AND INTERNAL ACTIONS				
		All Staffing (*below templates or in order to provide extra capacity*) - applies to all areas	**ED Assessment & Treatment Capacity Limited**	**Assessment & Ambulatory Areas - Capacity Limited**	**Insufficient Discharges**	**Trust Bed Capacity Pressure**
PRE and/or INTERNAL 4		**OPERATIONS DIRECTORATE AND CARE GROUP SENIOR LEADS TO ENSURE ALL ACTIONS AT OPEL 1, 2 & 3 HAVE BEEN ENACTED.** **INITIATE ACTIONS BELOW ON DECLARATION OF PRE and/or INTERNAL OPEL 4 (Critical - Internal Escalation Incident).** **COO, DCOO or Exec Director On-Call to instigate:** **Business Continuity Plan - Critical (Internal Escalation Incident) protocol applies with set up of Incident Co-ordination Centre (ICC),** **Full partner Director level teleconference, and** **Consideration of ambulance diverts in accordance with Dorset Ambulance Divert Policy (note all internal support options must have been exhausted prior to divert).** **System-wide escalation policy to be implemented in conjunction with national OPEL framework for consideration/declaration of system-wide OPEL 4** **See OPEL Escalation Quick Guide.**				
		Out of Hours: On-call Manager and On-call Director to be on site (and Medical Director or On-Call Consultant Physician should be considered). If internal critical incident then consider all on call staff to help.				
		Consider formal agreement with CCGs, SWAST, SCAS and PHT (&/or other acute providers e.g. Hants) to divert patients excepting critical/life saving, and/or transfer of staff to RBCH for newly opened areas (see below) - Note: national requirement that all internal support options must have been exhausted.				
		Incident Commander (IC) or Exec Director On-Call to ensure all relevant on-call staff are contacted and on site.	CDs to arrange for emergency medicine consultant, surgical consultant and physician to attend ED to assess requirement for In-Reach/ 24/7 senior decision making in ED in conjunction with the ICC.	CDs to arrange for surgical and physician senior decision maker to be present in assessment areas 24/7 in conjunction with ICC. To consider them taking the GP calls.	OPM Matron in conjunction with DoN&M or nominated deputy to initiate the flex of criteria for discharge via the Discharge Lounge or alternative location (e.g. TIU) considering Sitting Out protocol. (*Subject to staffing and consideration of CQC domains*) https://intranet.rbch.nhs.uk/policies/nursing/143-Full-Capacity.pdf	HoN and CD via ICC to identify senior clinical decision makers to support ward staff to progress care plans where this could release capacity within the next 12-24 hours.
		DoO and CD to review cancer/urgent clinics and consider cancellation where transfer of skills would be highly beneficial to supporting flow and/or acuity. Ensure COO/IC updated on potential clinical and performance consequences.	CD for Radiology, in conjunction with the ICC, to consider cancellation of non urgent outpatient imaging if this will support timely front door flow.	CD for Radiology, in conjunction with the ICC, to consider cancellation of non urgent outpatient imaging if this will support timely front door flow.	DoO, Associate Director - OPM and CD to review in conjunction with ICC, the approach to MRFD patients with consideration to reverse triage.	CD for Radiology, in conjunction with the ICC, to consider cancellation of non urgent outpatient imaging if this would support same day discharge or reduced LoS.
		Nurse and Safety Sub Group co-ordination room to be established and DoN&M or nominated deputy to review and optimise ward staffing to minimise risk as far as possible implementing the management of 'Red Flag' escalation. Regular (e.g. hourly) senior review.	ED Service Manager in conjunction with ED lead Consultant to formulate a rota to provide 24/7 consultant on site cover or mitigations as appropriate.	CGA and CGB DoOs or nominated deputy to review and agree a plan in conjunction with ICC to flex up ambulatory areas where this would be highly beneficial to supporting flow.	CD for Radiology, in conjunction with the ICC, to consider cancellation of non urgent outpatient imaging if this would support same day discharge or reduced LoS.	ICC with support of DoN&M (or nominated deputy) to review action at OPEL 3 with regard to Sitting Out protocol, mixed sex accommodation and outlier criteria, and implement further actions as appropriate in line with risk and CQC domain assessment. https://intranet.rbch.nhs.uk/policies/nursing/143-Full-Capacity.pdf
		IC or Exec Dir On-call to seek staffing support and/or in-reach from partner organisations where appropriate, usually via the Exec Director level Dorset Resilience teleconference.	As per ED Escalation Plan DoO/HoN or nominated deputy to re-review options and action taken at OPEL 3 for overflow in conjunction with the ICC. *All subject to staffing, safety and knock-on impact*	Medical Director to review with relevant DoOs and CDs the options for combining 'front door' pathways into the hospital (e.g. 'one queue' GP and ED patients; combining ambulatory/GP receiving areas). Consider one receiving stream for ED, AEC, AMU, SAU patients.		ICC to review elective plans implemented at OPEL 3 and coordinate further actions/cancellations to release bed capacity.

NHSE Escalation Level	Trust-wide Level & Order of Internal Escalation	All Staffing (*below templates or in order to provide extra capacity*) - applies to all areas	ED Assessment & Treatment Capacity Limited	Assessment & Ambulatory Areas - Capacity Limited	Insufficient Discharges	Trust Bed Capacity Pressure
PRE and/or INTERNAL 4		All staff reallocation will be coordinated by the ICC or delegated to the Nurse and Safety Sub Group based on risk and priority taking into consideration the outputs of actions at OPEL 3. This will include Drs released from normal job planned DCCs and SPAs.	Medical Director to review with relevant DoOs and CDs the options for combining 'front door' pathways into the hospital (e.g. 'one queue' GP and ED patients; combining ambulatory/GP receiving areas). Consider actions at OPEL 3 re CST and primacy and also one receiving stream for ED, AEC, AMU, SAU patients.	IC or Exec on-call (ICC) to ensure any patients in Assessment Areas awaiting transfer to other hospitals, providers or mental health beds are escalated on the Director teleconference.		IC or Exec on-call (ICC) to ensure any patients on ward awaiting transfer to other hospitals, providers or mental health beds are escalated on the Director teleconference.
		CGB DoO to close service at the Day Hospital to release staff to support RBH flow.	If 'combined clerking' not fully implemented or delays are occurring, Clinical Directors to be asked to review current processes for the clerking of patients under instruction from the Medical Director. Each team to consider whether steps can be taken to minimise re-clerking by different grades or speciality of doctors and therefore expediting access to senior decision making.			**ICC to consider and formulate full or phased plan based on the following flex capacity options:** **To ensure consideration of facilities and staffing required for identified patient groups including infection control requirements.**
		IC (or delegated to the Nurse and Safety Sub Group) to coordinate the allocation of staffing from Day Case areas where closed or to support their conversion to inpatient areas.	IC or Exec on-call (ICC) to request 'border flexing' from ambulance services in agreement with PHT (as per protocol) if not implemented at OPEL 3. And/or seek formal agreement with CCGs, SWAST, SCAS and PHT (&/or other acute providers e.g. Hants) to implement Dorset ambulance divert policy. Refer to OPEL Escalation quick guide.			*Use of Derwent (e.g. for shift of orthopaedic/surgical/TIU patients to free those areas for outlying; outlying medical patients) and/or escalation to full bed capacity. This may be considered at OPEL 3, or at planning for peak periods.*
		IC to ensure review of on-call and additional shift pressures on staff (especially where extended e.g. 24/7) and plan/rota for next 24-48 hours (or more as required).	IC or Exec on-call (ICC) to discuss transfer of ED patients awaiting a bed at Poole with Poole Hospital Exec, aim for immediate transfer unless Poole also on OPEL 4, thereby requiring system exec resilience call.			*ICC to consider any areas that could be re/converted to support flow and/or inpatient beds (e.g. Ward 21 admin, Recovery).*
			IC or Exec on-call (ICC) to ensure any patients in ED awaiting transfer to other hospitals, providers or mental health beds are escalated on the Director teleconference.			*ICC to formulate and implement a plan for full or phased day case cancellation to enable conversion to inpatient areas. e.g. Ward 12, Sandbourne, Endoscopy, TIU and/or DSU, including to medical outlier wards, with night and weekend staffing required. Cancellation of elective day case activity will also release theatre staff for reallocation. Note: inpatient beds on Ward 12/DSU could be supported by moving day case trolleys to Sandbourne.*
			ED Service Manager in conjunction with ED consultant to cancel clinics to release staff.			*Extend Ward 9 where not already opened for planned peaks (subject to environment safety assessment)*
			Queue protocol at OPEL 3 to be reviewed by MD, CD and DoO and further changes based on priority and risk to be implemented as agreed.			
System-wide OPEL 4		**System-wide escalation policy to be implemented in conjunction with national OPEL framework for consideration/declaration of system-wide OPEL 4**				

BOARD OF DIRECTORS

Meeting date:	29 January 2020
Meeting part:	Part 1
Reason for Part 2:	Not applicable
Subject:	Anti-Slavery Statement
Section on agenda:	Governance
Supplementary reading:	No
Director or manager with overall responsibility:	Paula Shobbrook, Director of Nursing and Midwifery
Author(s) of paper:	Paula Shobbrook, Director of Nursing and Midwifery
Details of previous discussion and/or dissemination:	n/a
Action required:	Decision
Summary: This statement sets out the approach taken by The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCH or the Trust) to understand all potential modern slavery risks related to its business, and the actions undertaken to mitigate any such risks during the financial year ended 31 March 2020.	
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:	

Anti-Slavery and Human Trafficking Statement

This statement sets out the approach taken by The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCH or the Trust) to understand all potential modern slavery risks related to its business, and the actions undertaken to mitigate any such risks during the financial year ended 31 March 2020.

We are committed to delivering high standards of corporate governance and a key element of this is managing the Trust in a socially responsible way. We are absolutely committed to preventing slavery and human trafficking in our corporate activities and supply chains. We also expect the same high standards which we set for ourselves from those parties with whom we engage, such as our suppliers and those who use our services.

The steps we have taken during the previous financial year in relation to combating modern slavery and human trafficking are set out below

In relation to our supply chains, which include the sourcing of all products and services necessary for the provision of high quality healthcare to our patients:

- We expect and require all of our suppliers to comply with all local, national and (where applicable) international laws and regulations.
- All our orders are placed in accordance with standard NHS terms and conditions. Within these terms are provisions requiring suppliers to ensure they conduct business in a manner that is consistent with any anti-slavery policy and to provide us with any reports or other information that we request as evidence of the supplier's compliance with our anti-slavery policy.
- Our suppliers must comply with all relevant laws and guidance and shall use good industry practice in their area to ensure that there is no slavery or human trafficking in their supply chains; and notify us immediately if they become aware of any actual or suspected incidents of slavery or human trafficking in their supply chains.
- We expect all those in our supply chain and contractors to comply with our values.
- We will not support or deal with any business knowingly involved in modern slavery and human trafficking. All suspicions of modern slavery and human trafficking will be reported to the relevant authority.
- We will consider modern slavery issues when making procurement decisions.

In relation to due diligence and risk management (other than our supply chains):

- We undertake appropriate pre-employment checks and require our agencies on approved frameworks to do the same.
- We protect staff from poor treatment and/or exploitation, and comply with all applicable laws and regulations including fair pay rates and terms of conditions of employment.

- We consult and negotiate with Trade Unions on proposed changes to employment, work organisation, and contractual relations.

In relation to our policies and procedures, which set the tone for how we as an organisation operate:

- We have a clear Freedom to Speak Up: raising concerns (whistleblowing) policy that applies to all individuals working for our Trust and is published on our intranet site. If there are any genuine concerns about any wrongdoing or breaches of the law, including modern slavery laws, these concerns can be raised in confidence and without fear of disciplinary action.
- We have appointed a Freedom to Speak Up Guardian and Ambassadors to promote, listen, support and provide an impartial view to staff when speaking up. The aim is to develop a culture of safety within RBCH so that we become a more open and transparent place to work, where all staff are actively encouraged and enabled to speak up safely.

In relation to the training of our staff:

- Our training for staff includes how to recognise and respond to indicators of human rights abuses.

- We have teams responsible for safeguarding of adults and children, to whom staff are responsible for reporting concerns and who will train staff on how to recognise issues of concern.

This statement will be reviewed annually. This statement was approved by our board of directors in January 2020.

POOLE HOSPITAL NHS FOUNDATION TRUST AND ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUST

JOINT BOARD OF DIRECTORS – PART 2 MEETING

The next private joint part 2 meeting of the Poole Hospital NHS Foundation Trust Board of Directors and Royal Bournemouth and Christchurch Hospital NHS Foundation Trust Board of Directors will be held at 10:30am on Wednesday 29 January 2020 at The Village Hotel, Deansleigh Rd, Bournemouth BH7 7DZ.

If you are unable to attend please notify the Company Secretary's Team, telephone 01202 448723.

David Moss
Chairman

AGENDA – PRIVATE MEETING

10:30am on Wednesday 29 January 2020 at The Village Hotel, Deansleigh Rd, Bournemouth BH7 7DZ

10:30	1	PHFT		For Accuracy and to Agree: Part 2 Minutes of meeting held on 27 November 2019	Chairman
	2	RBCH		For Accuracy and to Agree: Part 2 Minutes of meeting held on 27 November 2019	
	3	PHFT		Matters Arising – Action List	Chairman
	4	RBCH		Updates to the Action Log	Chairman
	5	JOINT		Update on the Merger Transaction	CEO
10:45	**6**	**QUALITY, PERFORMANCE AND RISK**			
	6.1	PHFT	For discussion	Serious Incident Report	MD
	6.2	PHFT	For discussion	Progress on CEPOD Action Plan *(verbal)*	COO / DoN
	6.3	PHFT	For discussion	Risk Register: New Red Risks	DoN
	6.4	RBCH	For discussion	Significant Risk Report	DoN
	6.5	JOINT	For information	Progress Update on the PHFT and RBCH Annual Operational Plans *(verbal)*	IJDoF
11:10	**7**	**GOVERNANCE**			
	7.1	JOINT	For information	Update on the draft Constitution for the new organisation	Co Sec
	7.2	JOINT	For approval	Heads of Terms	A Betts
	7.3	JOINT	For approval	Dorset Long Term Plan	IJDoF
	7.4	JOINT	For approval	Long Term Financial Model	IJDoF

	7.5	JOINT	For approval	People Strategy	DHR&OD
	7.6	JOINT	For information	Draft Merger Business Case	A Betts
	7.7	JOINT	For information	Draft PTIP	A Betts
	7.8	RBCH	For Approval	Recommendation Report: Laundry Services	IJDoF

11.55	**8**	Any Other Business
	8.1	Key points for communication to staff

9   Board Reflection on the Current Meeting
- What has gone well;
- What do we need to do more of;
- What do we need to do less of.

10   Date and Time of Next Private Board Meeting: Board of Directors Part 2 Meeting on Wednesday 25 March 2020 at Poole Hospital.

12:00	11	Close of meeting.