

Poole Hospital NHS Foundation Trust
and
Royal Bournemouth & Christchurch Hospitals
NHS Foundation Trust
Joint Board of Directors Part 1

Wednesday 30 September 2020

09:00 – 11:30

Via Microsoft Teams

(Link to join meeting can be found in Outlook Diary Appointment)

JOINT MEETING OF THE BOARD OF DIRECTORS PART 1 HELD IN PUBLIC

The next meeting of the Poole Hospital NHS Foundation Trust and Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust Boards of Directors, held in public will commence at 09:00 on Wednesday 30 September 2020 via Microsoft Teams.

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

David Moss
Chairman

Please note that mobile devices and laptops may be in use during the meeting to access papers, record actions and notes as appropriate

AGENDA – PUBLIC MEETING

09:00	1	Welcome & Apologies for Absence:		
	2	Declarations of Interest		
	3	Joint	Patient Story	DoN's
	4	APPROVAL OF MINUTES AND ACTIONS		
	4.1	Joint	For Accuracy and to Agree: joint Part 1 Minutes of the Board of Directors Meeting held on 29 July 2020	Chairman
	4.2	Joint	Matters Arising – Action List	Co Sec
09:20	5	Joint	Chief Executive's Report	CE
09:30	6	QUALITY AND PERFORMANCE		
	6.1	Joint	For discussion Integrated Quality, Performance & Workforce Report	Exec's
	6.2	Joint	For information PHFT & RBCH Financial Performance Report: Month 5	JIDoF
	6.3	Joint	For information Mortality Report – Q1 (<i>RBCH verbal update</i>)	MD's
10:30	7	RISK		
	7.1	Joint	Update on Covid-19 and Recovery	Exec's
10:50	8	GOVERNANCE		
	8.1	PHFT	For approval Charitable Funds Expenditure over £25k*	JIDoF
	8.2	RBCH	For information Annual Complaints Report – 2019/20	P Shobbrook

8.3	PHFT	For information	Annual Safeguarding Report – 2019/20	P Reid
8.4	RBCH	For information	Annual Safeguarding Report – 2019/20	P Shobbrook
8.5	PHFT	For information	Workforce & Organisational Development Committee Annual Report	Co Sec/ N Ziebland

9 Questions from the Council of Governors and the Public arising from the agenda

Governors and members of the public are requested to submit questions relating to the agenda by no later than 27/09/2020 to carrie.stone@poole.nhs.uk.

10 Any Other Business

11 Key points of communication to staff

12 Date and Time of Next Meeting:

The first public Board Meeting of University Hospitals Dorset NHS Foundation Trust will be Wednesday 25 November 2020 at 09:00.

13 Close of Meeting

14 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.

11:30 15 NB: A glossary of abbreviations that may be used in the Board of Directors papers will be found at the back of the Part 1 papers.

* late paper

JOINT MEETING OF THE BOARD OF DIRECTORS PART 1 – PUBLIC MEETING

Minutes of the meeting of the Poole Hospital NHS Foundation Trust (PHFT) and the Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust (RBCH) Boards of Directors held on Wednesday 29 July 2020 at 09:00 via Microsoft Teams.

Present:	Mr David Moss	Joint Interim Chairman
	Ms Karen Allman	Director of Human Resources (RBCH)
	Mrs Jacqueline Cotgrove	Director of Workforce and Organisational Development (Poole)
	Mr Pankaj Dave	Non-Executive Director (RBCH)
	Mrs Debbie Fleming	Joint Interim Chief Executive
	Mr Philip Green	Non-Executive Director (Poole)
	Prof Christine Hallett	Non-Executive Director (RBCH)
	Mr Alex Jablonowski	Non-Executive Director (RBCH)
	Mr John Lelliott	Non-Executive Director (RBCH)
	Ms Deborah Matthews	Director of Organisational Development (RBCH)
	Mr Mark Mould	Chief Operating Officer (Poole)
	Dr Alyson O'Donnell	Medical Director (RBCH)
	Mr Pete Papworth	Joint interim Director of Finance
	Mr Iain Rawlinson	Non-Executive Director (RBCH)
	Mrs Patricia Reid	Director of Nursing (Poole)
	Mr Richard Renaut	Chief Strategy & Transformation Officer
	Prof Cliff Shearman	Non-Executive Director (RBCH)
	Mrs Paula Shobbrook	Director of Nursing & Midwifery (RBCH)
	Mrs Caroline Tapster	Non-Executive Director (Poole)
	Dr Matt Thomas	Acting Medical Director (Poole)
	Mr David Walden	Non-Executive Director (Poole)
	Mr Nick Ziebland	Non-Executive Director (Poole)
In attendance:	Ms Camilla Axtell	Information Governance Manager & Data Protection Officer (RBCH)
	Matron Lou Coll	Matron, DME - Older People's Medicine (Poole) (item 3)
	Dr Naomi Fox	Clinical Director, DME, Stroke & Neurology (Poole) (item 3)
	Ms Jill Hall	Interim Trust Secretary (RBCH)
	Ms Anneliese Harrison	Assistant Trust Secretary (RBCH)
	Mrs Catherine Horsley	Committee & Membership Administrator (minute taker) (Poole)
	Mr Richard Moremon	Head of Communications (Poole)
	Mr James Donald	Head of Communications (RBCH)
	Ms Agnes Ponuzs	Housekeeping (RBCH)
	Mrs Carrie Stone	Company Secretary (Poole)

BOD 114/20 Apologies for Absence

Mr Moss welcomed everyone to the first joint virtual public Board of Directors meeting.

Apologies for absence were received from Mr Peter Gill, Director of Informatics (RBCH), Dr Calum McArthur, Non-Executive Director (Poole), Mr Stephen Mount, Non-Executive Director (Poole) and Ms Donna Parker, Interim Chief Operating Officer (RBCH).

Mr Moss welcomed Ms Agnes Ponuzs, who was his mentor and part of the

housekeeping team at RBCH, which was a really important role in terms of cleanliness and infection control. Mr Moss advised prior to lockdown, he had been working as her assistant, which he had found rewarding, albeit challenging and he appreciated the work of the housekeeping team. Mr Moss noted he had invited Ms Ponuzs to observe the meeting to see the work of the Board of Directors. Mr Moss advised Ms Ponuzs was Hungarian and one of over 1,000 EU staff working across both Trusts, who were really important, noting there was a network for EU staff as it was important to support those members of staff.

BOD 115/20 Declarations of Interest

There were no declarations of interest noted.

BOD 116/20 Patient Story

Mr Moss welcomed Dr Fox and Matron Coll to the meeting to present the patient story.

Mrs Reid introduced the patient story of an elderly patient who was admitted to Poole Hospital on 27 March 2020 for a short period of time during the lockdown imposed during the Covid-19 pandemic. The story demonstrated the decisions made as an Acute Trust, colleagues in the community, the impact on the patient and carers and importantly the lessons learnt going forward.

Matron Coll advised a letter of concern had been received regarding the care of the elderly gentleman following discharge from hospital. The patient had presented with Covid-19 like symptoms and the family were concerned at the lack of support and care provide to him and his family.

Matron Coll summarised the steps taken by the ward staff leading up to the patient's discharge and the meeting with the patient's family. Dr Fox provided an overview of the preliminary investigation undertaken by the hospital.

Dr Fox summarised the advice provided at the time of discharge relating to anyone who had Covid-19 symptoms was to self-isolate, noting that the community Multi-Disciplinary Team (MDT) was suspended during the Covid-19 pandemic.

Dr Fox concluded in summary, the lack of information for patients in writing and to ensure timely issuing of the discharge letters. In terms of the community, integrated MDTs should continue in the event of a second wave of Covid-19 to support the community to manage frail and vulnerable patients. Dr Fox reiterated despite Covid-19, hospitals were safe and had been under-utilised during the pandemic and the need to get the message out to the public that hospitals were open and would keep patients safe in the hospital environment.

Mr Moss noted the powerful messages and the learning for everyone during what was a very difficult time for the patient and his family.

Mrs Tapster thanked Dr Fox and Matron Coll for their honesty and candour and hoped this was not a common theme. The learning taken was an important reminder of Covid-19 within the community and the need to work together to prepare for any second wave. Mrs Tapster noted as the Chair of the joint Quality Committees, the Committee had talked about the impact of Covid-19 on the waiting lists and the frail and elderly on discharge, should there be a second wave.

Dr O'Donnell also thanked Dr Fox and Matron Coll, noting that the story was powerful and crystallised the concerns of the impact on patients and members of the public,

who were still concerned about coming into the hospitals and the importance of getting the messaging right that hospitals were a safe place. It was noted as part of incident investigations, there was a standard question relating to whether there was any evidence that Covid-19 had any impact on why the incident had happened over the course of the patient's journey. Dr O'Donnell advised a report would come back to a future Board on the intelligence from the incident investigations on the impact of Covid-19. Dr O'Donnell reassured the Boards that there had been a great deal of learning and that both Trusts were better prepared should there be a second wave.

Mr Moss thanked Dr Fox and Matron Coll on behalf of the Boards and the governors for sharing the powerful story.

Dr Fox and Matron Coll left the meeting.

BOD 117/20 For Accuracy and to Agree: Part 1 Minutes of the PHFT Board Meeting held on 29 January 2020

The minutes were AGREED as a correct record of the meeting.

BOD 118/20 Matters Arising – Action List (PHFT)

It was NOTED and AGREED that all matters arising, unless subject this or future agendas had been executed.

BOD 119/20 For Accuracy and to Agree: Part 1 Minutes of the RBCH Board Meeting held on 29 January 2020

The minutes were AGREED as a correct record of the meeting.

BOD 120/20 Matters Arising – Action List (RBCH)

10/20: Mr Renaut confirmed the contact numbers and information for appointments by department would be set out clearly on the website for the new organisation, University Hospitals Dorset NHS Foundation Trust.

It was NOTED and AGREED that all other matters arising unless subject to this or future agendas had been executed.

BOD 121/20 Chief Executive's Report

Mrs Fleming thanked Dr Fox and Matron Coll for their openness and the importance of being clear and transparent when the Trusts had done well, as well as not so well and to be clear and understand the learning. Mrs Fleming observed that this was a very powerful start to the meeting.

Mrs Fleming presented her report with the key points noted as follows:

- Boards of Directors had approved the NHS Improvement Annual Board self-certifications along with the Registers of Interests and Gifts and Hospitality, which had been updated and were available to view on each Trust's website;
- Number of patients within the Trusts with Covid-19 continued to be very low with only one Covid-19 positive patient currently receiving care. It was noted on Friday 24 July 2020 both Trusts had no Covid-19 positive patients;
- Risk Assessments for vulnerable staff was really important work to support staff, particularly those staff from ethnic backgrounds;
- A Board Development Event had taken place to listen to experiences of staff from

ethnic backgrounds. Board members reaffirmed their strong commitment to ensuring that equality and diversity were embedded as key values within the new merged organisation;

- Working with representatives of our Black, Asian and minority ethnic (BAME) networks to develop an understanding of staff experiences in order to be better placed to introduce meaningful changes, that would ultimately result in every member of staff feeling valued and appreciated in the workplace;
- Work continued across both Trusts to reinstate services and activities which were paused during phase 1 of the Covid-19 pandemic. Clinically urgent cancer treatments had been maintained throughout the pandemic utilising the independent sector. However, there was concern relating to longer waiting times for routine surgery within a number of specialities, with work underway to address the situation;
- Changes in practices in the way clinicians see patients and remote working. Poole Hospital continued to be the highest user of 'Attend Anywhere' in Dorset and Royal Bournemouth Hospital (RBH) the highest user of 'Consultant Connect' in Dorset;
- Cancer Patient Experience Survey results had been published with both Trusts performance at the top of Trusts in Wessex, which was good news;
- A number of merger related documents were being presented for approval at the joint Board of Directors Part 2 meeting later in the day, which formed part of the merger transaction process;
- Priority for the new merged organisation was to be 'safe and legal' on 1 October 2020, with work underway to appoint to the new structure in order to manage well;
- Shadow Interim Board had approved the Vision and Mission along with five strategic objectives for the new merged organisation. Work was underway to engage with staff, governors, stakeholders and members of the public, to agree the values for the new merged organisation;
- Bournemouth University (BU) Board had formally approved the partnership between BU and the new merged organisation, University Hospitals Dorset NHS Foundation Trust. Work continued to firm up the future governance arrangements and the Memorandum of Understanding. It was important to note the new merged organisation would be prioritising innovation, research and further education;
- Outline planning permission for the new Maternity, Children's, Emergency and Critical Care Centre (MCEC) on the RBH site had been approved. This was a hugely exciting development with the benefits described in detail in a new brochure;
- Consultation had been launched for the new MacMillan Unit on the Christchurch site;
- Full planning approval for Poole Theatres was received on 28 July 2020;
- 'System by Default' approach defined by NHS England & NHS Improvement (NHSEI) to be adopted from April 2020 broadly represented the way the Trusts had been working throughout the Covid-19 pandemic. The detail of how 'System by Default' worked in practice was being worked through and what this meant for the new merged organisation;
- GP Patient Survey provided practice-level data about patients' experiences of their GP practices. Overall, for NHS Dorset CCG, 88% of patients rated their experience of their GP practice good, which was higher than the national average of 82% which was an improvement on last year;
- Both Trusts had started to welcome back volunteers who had been temporarily 'stood down' during the Covid-19 pandemic. At RBCH and PHFT, volunteers had manned various entrances to the hospitals, handing out face masks and hand gel, and assisted with way finding. It was hoped more volunteers would be deployed in different roles and departments across the hospitals.

Mr Moss congratulated the teams on obtaining full planning approval for Poole

Theatres.

The report was NOTED.

BOD 122/20 Integrated Quality, Performance and Workforce Report (PHFT)

Mrs Reid presented the report to provide an update on the Trust's quality and safety aspects with the key points noted as follows:

- Infection Control: key focus whilst resetting activity, particularly as we go into a different phase of the Covid-19 pandemic with managing Infection Prevention and Control as well as the burden of the number of Covid-19 cases which had decreased, albeit there were still other micro-organisms to be monitored. There had been an increase in C.Diff and MSSA, as a result of the increase in frailty of patients and deconditioning;
- Pressure Ulcers: an increase had been seen due to frailty of patients;
- Bed Occupancy was circa 87%.

Dr Thomas noted that the Trust had managed well throughout Covid-19. However it was important not to lose sight of some of the more normal work with the key points noted as follows:

- Trend with Insulin prescription issues, which was being managed and tackled nationally;
- Hand off between some electronic systems versus paper systems, which sometimes left the Trust exposed, noting one of the Serious Incidents this month had prompted consideration.

Mrs Cotgrove provided a workforce update with the key points noted as follows:

- Workforce Key Performance Indicators (KPI's) were more favourable compared to pre Covid-19, albeit the impact of Covid-19 on turnover and vacancies was not clear and there was a need to take a view on some of the on-going workforce risks;
- As part of planning teams were identifying workforce risks on priority areas whilst services were being stepped up;
- Sickness rates were higher overall at PHFT which was due to shielding staff. The number of staff sick as a result of Covid-19 was minimal. It was noted if the number of staff shielding was excluded from the data, the sickness rate would be low, noting historically PHFT's sickness rates were low. However, there was a need to understand the low to medium term impact on staff in terms of health and well-being;
- Risk Assessments for all staff, particularly those who were deemed to be at greater risk due to underlying health conditions or those staff from one of the ethnic backgrounds. Human Resources (HR) colleagues had carried out a huge amount of work to support staff with all staff encouraged to complete a risk assessment. There was a national target to achieve 100% of staff completing a risk assessment by 31 July 2020, which was an ambitious target, with the Trust achieving circa 80% to date, which was being monitored and it was expected this percentage would increase;
- 83 shielding staff were due to return on 1 August 2020. HR colleagues were supporting those staff who were concerned, as appropriate;
- Health & well-being support to staff during difficult times and to step up additional services, albeit focus was to understand the medium to long term support on a permanent basis. Charitable support had been received from the national NHS

Charities and work was underway to identify a longer term legacy and short term support to appreciate and acknowledge the hard work of staff.

Mr Mould provided an update on the joint operational performance during June 2020 with the key points noted as follows:

- Continued to be affected by Covid-19, working through phase 2 recovery plan with Covid-19 alongside day to day working;
- Challenging position with the operational metric, however both Trusts were seeing improvements in some areas;
- Aware of possibility of a second surge and a need to be in a place to stop or slow activities down in order to be able to commit resources to respond;
- Learning as part of the phase 1 of Covid-19 had put both Trusts in a good position;
- ED: continued to perform well against the 4 hour standard and mean time. Demand continued to increase in July 2020 with major patients returning to expected numbers and minor injuries less than expected. Challenges with emergency front doors relating to capacity of swabbing and turnaround times with a great deal of work progressing to improve. As different areas were resourced for potential Covid-19 and non Covid-19 patients areas, there was a financial impact;
- RTT: most significantly challenged area with patients seen within 18 weeks, noting we would expect to see 9 out of 10 patients. However, currently the Trusts were seeing circa 4 out of 10 patients. Significant number of patients waiting >52 weeks circa 1000 and in July 2020 this had increased to circa 1600. The overall waiting list size had gone down. However, those patients in the longer wait cohort were significant. Clinicians were focused on the clinical priority of patients with a process in place to categorise patients on the waiting list from 1-4. The focus was on those patients in category 1, who had been seen and those patients in category 4. Mr Mould noted that the Trusts were starting to see capacity put over to those patients, which was good to see. Both Trusts were utilising the independent sector to provide additional capacity moving forward to ensure there was sufficient capacity to deal with the clinical priorities. It was expected the independent sector would be in place up until the end of October 2020. As a Dorset system and as individual organisations, five priority areas had been agreed and were being focused on, with Mrs Fleming leading work on coordinating delivery across the whole of Dorset for Oral Surgery, Orthopaedics, Ophthalmology, Audiology and Endoscopy;
- DM01: starting to see standard improve and recover with 6 out of 10 patients receiving diagnostics within 6 weeks compared to as low as 3 out of 10 patients during Covid-19. Three key areas were Endoscopy with a considerable amount on insourcing with a mobile on the RBH site it in place which would be operational from 3 August 2020, working through the Echo backlog with a plan to clear by the end August 2020 and imaging CT and MRI with plans in place to see improvement within 6 weeks. Mr Mould felt confident around the DM01 position, which was in control compared to other organisations nationally;
- Cancer: maintained a good position throughout Covid-19. As at June 2020 the position had improved in comparison to May 2020. Two week waits (2WW) had improved across the board. However, Breast was 90%, which was disappointing. However, this related to 1 out of 10 patients who had chosen not to attend. The 62 day standard was challenged, mainly due to Endoscopy, which was the biggest single impact on performance. Tracking of patients waiting >104 days as part of their pathway had seen a considerable improvement.

Mr Mould concluded that patients were starting to come back with the 2WW for cancer; at one stage during the pandemic cancer referrals were only 40% of what would normally be expected. However, in June 2020 they were circa 2100 referrals compared to 2400 in the previous year. It was noted referrals were coming back and

patients were starting to return to their GP.

Mr Jablonowski asked if we were continuing to ensure serious cancer patients were receiving the treatment they needed throughout Covid-19 and were we maintaining services when it was life threatening. Dr O'Donnell confirmed a great deal of work had been carried out relating to maintaining pathways and continued to provide critical level of care. It was noted some cancer pathways had been amended in order to keep those cancer patients safe, for example changes in regimes on how medications were delivered in order that cancer patients did not need to come on site and be exposed. It was noted a review was underway on any impact that may have been caused to those patients. Dr O'Donnell noted the utilisation of the independent sector through the first few weeks of the Covid-19 pandemic which had focused on cancer treatment, noting PHFT and RBCH were two of the highest users of independent sector across providers in the South West and had done very well locally. Clinicians had prioritised patients and met on a weekly basis to ensure patients with any impact of potential delay and anyone presenting as an emergency were treated as an emergency in the same way.

Prof Shearman noted those patients who were considered to be low priority and had received minimum contact during the Covid-19 pandemic. However, he felt some of these patients may now have become higher priority. Dr O'Donnell advised throughout the Covid-19 pandemic, both organisations had focused on high priority patients categorised as 1 and 2 and were now focusing on lower priority patients categorised as 3 and 4 and were starting to see those patients coming back in. However, there was an issue with slow diagnostics particularly in Radiology and Endoscopy, with work across the system to enable crossover between PHFT and RBCH.

Mr Dave noted the system working to achieve better outcomes for patients and that the Non-Executive Directors were attending the Integrated Care System (ICS) meeting on 28 July 2020 and asked if there was anything the Non-Executive Directors could raise at the meeting to influence the system working. Mrs Fleming advised the Dorset system were working together to ensure there was a clear pathway for the ICS, as well as individual organisations, noting there were 7 areas of focus. Mrs Fleming advised she was the ICS lead for two of those areas relating to cancer and long waiters.

The report was NOTED.

BOD 123/20 Integrated Quality, Performance and Workforce Report (RBCH)

Dr O'Donnell presented the Quality Report which outlined the Trust's actual performance against key patient safety and patient experience indicators, with the key points noted as follows:

- Infection Control: this had been a key area of focus. The Trust had seen an increase in the number of C.Diff cases in May 2020. However, the number of cases had decreased as a result of further scrutiny of processes;
- Mortality: rates in respect of Covid-19 deaths were excellent compared to the national average, as a result of good shared decision making and End of Life (EOL) planning. A contract had been established for both organisations to utilise Dr Foster mortality service to collate data/metrics to allow comparisons and granularity of data across sites. Medical Examiners were working across the system, particularly with Dorset Healthcare University Hospital NHS Foundation Trust (DUHFT) to provide support within the community and in primary care;
- Two Serious Incidents reported in June 2020. In terms of the Radiology incident, a great deal of work had been undertaken relating to the checklists to ensure

learning and actions were captured and followed.

Mr Lelliott asked if the clinical negligence claims were triangulated with the Serious Incidents, Never Events and other issues. Dr O'Donnell advised the Healthcare Assurance Committee (HAC) received the granular detail for assurance relating to Serious Incidents, Complaints and Inquests, noting Ms Jennie Moffat shared any learning from Inquests. Dr O'Donnell advised the headline figures demonstrated potential NHS Resolution (NHSR) cases and noted on previous experience less than 50% of cases would proceed.

Ms Allman provided a workforce update, with the key points noted as follows:

- Working collaboratively to provide support across sites;
- KPI metrics were going in the right direction;
- Focus on Risk Assessments for all staff with positive performance of those who had completed an assessment;
- Working closely with staff networks by having conversations which were meaningful and delivered appropriately;
- A great deal of work had been undertaken to support those staff who were shielding in preparation for some returning to work with seminars being held for staff and managers.

The report was NOTED.

BOD 124/20 Financial Performance Report: Month 3 (PHFT & RBCH)

Mr Papworth presented the reports to provide an update on the financial performance of both Trusts, with the key points noted as follows:

- Both Trusts reported a financial break-even position at the end of Quarter 1; inclusive of accrued income in relation to the retrospective 'true-up' payments of £1.198m at RBCH and £2.720m at PHFT. The difference in 'true up' payments related to the difference in elective work across each site;
- In response to the Covid-19 pandemic, national interim financial arrangements had been implemented, effective until at least 31 August 2020 with income received as a fixed monthly payment from commissioners reflecting income reported within the December 2019 financial returns, uplifted for inflation; a fixed monthly 'top-up' payment based on the average expenditure reported during November 2019, December 2019 and January 2020; and a retrospective 'true-up' payment to cover specific Covid-19 costs and income losses to support a financial break-even position.
- Both Trusts had significant cash balances with £86.1m at RBCH and £32.6m at PHFT, inclusive of the fixed contractual and 'top-up' payments for June 2020 of £23m at RBCH and £19.7m at PHFT. This reflected the new cash regime and was expected to support all invoices being paid within 7 days of receipt;
- The financial arrangements after 31 August 2020 had not been confirmed by NHSEI, albeit the interim financial arrangements may extend further to 30 September 2020. Thereafter, it was understood there would be a system allocation with a prospective allocation for Covid-19 for the remainder of the 2020/21 financial year and to deliver a breakeven position for the remainder of the year. It was noted there was a national break glass to secure emergency funding should there be a second wave of Covid-19 cases.

Mr Papworth concluded the financial arrangements for 2021/22 were unknown.

The reports were NOTED.

BOD 125/20 Guardian of Safe Hours – Q3/4 (PHFT & RBCH)

Dr Thomas presented the PHFT report to provide an update on the number of exception reports during Quarter 4, with key points noted as follows:

- Junior doctors had engaged with the exception reporting process;
- There were hot spots in ENT and ward A5;
- Increased attendance at junior doctors forum meetings;
- Support provided to junior doctors relating to working patterns and rotas;
- Consideration to be given to further medical and non-medical staff to support junior doctors such as Physician Associates, Advanced Nurse Practitioners and prescribing Pharmacists, particularly in those specialties with the highest number of exception reporting.

Prof Shearman noted that this was a good report and observed that junior doctors had had a difficult time during Covid-19 and asked was it the role of the senior doctors to relieve junior doctors for training in the plan. Dr Thomas advised the Covid-19 experience had been reflected in senior doctors' working patterns, noting on ward A5 there were a number of physicians who were working in a different style, which would be continued going forward, albeit junior doctors' and consultants' working patterns needed to be joined up.

Mr Green asked if there was a sense of how peer Trusts were doing in relation to the process and number of areas of concern raised. Dr O'Donnell advised over the previous 6-9 months, both Trusts were doing well with exception reporting which had also been seen nationally. It was noted exception reporting had continued during Covid-19, which was really helpful for junior doctors. However, there was a need to keep on it. Dr O'Donnell noted that the junior doctors had been flexible and gone above and beyond with unusual ways of working during the pandemic and commended them. Dr O'Donnell noted the importance of the Chief Resident roles, who had backgrounds in Older People's Medicine and Paediatrics and were engaged and working closely with junior doctors and felt there was gap when they were not in place, which had been noticed.

It was noted Dr Ruth Williamson, Deputy Medical Director, RBCH was working with junior doctors to provide support and to ensure the Trusts did not lose the learning obtained during Covid-19. It was also noted the junior doctor's contracts changes and rota compliance with the exception reporting and guardian roles was important in order discuss any red flags with teams.

Dr Thomas noted he considered that the level of reporting was appropriate.

The reports were NOTED.

BOD 126/20 CQC National Inpatient Survey Results (PHFT & RBCH)

Mrs Reid presented the results of the 2019 national inpatient survey for PHFT, noting the detail was reviewed quarterly by the Quality, Safety and Performance Committee. The key points were noted as follows:

- The results were positive overall. The Trust performed better than other Trusts on one question and for all other questions the results fell within the national average range with no outliers;
- The survey results, historic trends, complaints and other patient feedback had

been analysed with five overarching key themes identified for improvement, which would be triangulated with Complaints and Serious Incidents.

Dr O'Donnell presented the results of the 2019 national inpatient survey for RBCH, with the key points noted as follows:

- This was a good news report. The Trust achieved better than most Trusts in 6 questions. For all the other questions the Trust's results fell within the national average range and were not a negative outlier;
- The results relating to noise at night for patients and staff had improved, albeit more work needed to be done.

The reports were NOTED.

BOD 127/20 Annual Complaints Report (PHFT)

Mrs Reid presented the report to provide an update on how complaints were managed, the number of complaints received during 2019/20 and the learning and improvements, noting the themes and number of complaints were also reviewed quarterly, with the annual report summarising the themes. The key points were noted as follows:

- There had been a slight reduction in complexity of complaints due to a new approach being taken by having meetings with patients and families at the outset, which was more positive;
- A deep dive into the way care was delivered and engagement with patients and families on how information was disseminated either verbally or written had been carried out as a result of the number of complaints received relating to clinical care;
- Challenges with achieving the 35 days response target.

Mr Walden noted the complaints closed off effectively from the complainant's point of view which may go onto clinical negligence claims and asked if they were completed separate from the categories of activity. Mrs Reid advised if there was a clinical negligence claim there was always triangulation, noting Mrs Williams, Patient Experience Manager would look to capture if there was a Serious Incident, complaint or litigation. Dr O'Donnell noted how it was still disappointing that the Trusts received clinical negligence claims, where there had not been either a complaint or Serious Incident with both Trusts trying to understand why. It was noted there was a process to deal with informal concerns, which were captured and logged as complaints with face to face contact with the team and early discussions, to help prevent some of the claims. Some resolved when complainants received their records. It was noted that both Trusts needed to get better with communications at the front door. Mrs Reid noted litigation could sometimes be received some time afterwards and when looking back it was important to correlate if there was a complaint in order to get a much broader picture to understand what some of the quality issues were.

Dr O'Donnell advised from an RBCH perspective, there had been a significant improvement in complaint responses, which had been aligned to the response timescales at PHFT, from 25 to 35 days. Over the last couple of months RBCH had achieved 92% of responses within 35 days. It was noted responses sent out had improved due to the push to humanise responses and were written in a better way, which had seen fewer dissatisfied complainants and a drop in the number of complaints referred to the Ombudsman, with one complaint referred to the Ombudsman which had been upheld.

It was agreed that the RBCH Annual Complaints Report would be presented to the joint Board of Directors Part 1 at the next meeting scheduled on 30 September 2020.

Action: PS/CoSec

The report was noted.

Mrs Shobbrook joined the meeting.

BOD 128/20 Annual Infection Prevention and Control Report & Statement of Commitment & IPCC Board Assurance Framework Statement (PHFT & RBCH)

Mrs Reid presented the report to provide an overview of the IPCC framework to demonstrate assurance to the Board, with the key points noted as follows:

- Really important work with both PHFT and RBCH working jointly;
- Public Health England (PHE) updated and refreshed some of their guidance relating to robust Infection Prevention and Control. Off the back of that, NHSEI produced an assurance tool for Acute Trusts and others to test and assure themselves they were meeting the standards;
- 10 domains were fundamental: really good Infection Prevention and Control with a greater emphasis on environment and cleaning and for the Trust to demonstrate the guidance had been taken on board;
- Checked each Trust against each of the 10 domains and brought together a joint action plan on areas we may need to do a little bit more work on around the frequency of cleaning with Covid-19 bringing a different set of issues with a paper to be presented shortly;
- Provided greater assurance and audit trail of what we said we'd do, we had done;
- CQC focused on this, with both Directors of Nursing interviewed separately to go through the 10 domains and provide assurance;
- Constantly monitored going forwards.

Mrs Shobbrook noted having had the CQC's interview and gone through all of the reports at the joint Quality Committees, there were no significant issues to bring to the Boards' attention in terms of gaps in controls and mitigations. A business case would be submitted relating to cleaning, which would help bolster the new guidance for cleaning as a result of Covid-19. Mrs Shobbrook reiterated that both organisations had a history of good Infection Prevention and Control and on that basis, both Trusts had been able to demonstrate assurance.

It was agreed the joint Action Plan for the Infection Prevention & Control Statement of Commitment and IPCC Board Assurance Framework Statement would be presented to a future Board of Directors Part 1 meeting.

Action: PR/PS/Co Sec

Mr Moss thanked Infection Prevention and Control and Housekeeping teams who were both a very important part of both organisations Infection Prevention and Control.

The Boards of PHFT and RBCHFT APPROVED the Infection Prevention and Control Committee (IPCC) Board Assurance Framework (BAF).

BOD 129/20 Annual Health & Safety Report (PHFT)

Mrs Reid presented the report on the Health & Safety and fire safety activity during 2019/20 with the key points noted as follows:

- Continued with Health & Safety and fire training;
- Increase in exposure to hazardous substances due to improved reporting with a

- great deal of work by the Health & Safety team to ensure Estates were robust;
- Reduction in needle stick injuries, which had been a challenge in Maternity;
- Increase in public falls related to the work on site particularly the new main entrance building work in 2019 and to pay attention during the building work on both sites over the next few years.

The report was NOTED.

BOD 130/20 Update on Covid-10 and Recovery (PHFT & RBCH)

Mr Mould presented an update on the Covid-19 position across both Trusts which demonstrated the level, scale and scope of the work undertaken to respond to the pandemic. The key points were noted as follows:

- Joint Dashboard updated three times daily with a set of triggers to enable to respond to any trends of increased activity, which was shared with the Operational Management Group on 28 July 2020 and now in place;
- Reduced number of Covid-19 positive patients with no patients in Critical Care across both sites;
- Small impact on Critical Care at the moment, although there was a need to maintain ability to respond;
- Returning to normal levels of ED attendances;
- Challenges relating to isolation capacity across both sites with some bed capacity closed down in order to isolate patients appropriately with sufficient distance between beds;
- More services being repatriated with staff moving back to their normal day to day working;
- Big push to use Tele-Med and video conferencing;
- Clear messages of physical distancing across all three sites for patients and staff;
- Masks being wore by patients and staff when on site.

Mrs Reid noted the challenges with swabbing all patients at the front door. Mrs Shobbrook noted infection control had been embedded within the teams with good work going on.

Dr Thomas provided an update in relation to medicines, noting there had been good mutual aid between teams across both sites, which had not run out of medicine supplies and had changed practices to adapt to the pressures felt nationally. It was noted importantly there had been access to drugs Remdesivir and Dexamethasone, which were proven to help patients with Covid-19.

Mrs Matthews provided an update on staff wellbeing, noting the focus was on a sustainable and resilient plan moving forward with the organisational development team looking at the ability to step up, as the Trusts moved through different stages.

Dr O'Donnell provided an update on Mortality, which was good news in terms of the lower levels of mortality seen across both Trusts than experienced nationally, due to the local demographic and ethnicity. ITU mortality rate was significantly better than the national ITU mortality rate, which may reflect being behind the peak and the learning from others on the most effective interventions.

Mr Mould provided an update on the bed capacity and discharge mode, with the home first model in place at the start of Covid-19, which had resulted in a significant reduction in the number of patients in hospital beds >21 days and a reduced bed occupancy. It was noted Executives were sighted on patients who were medically fit

to leave and did not need to be in Acute beds. Mr Mould advised Mrs Fleming had written to the system with a meeting held on 27 July 2020 to develop the home first model as we go into winter, as it was better for patients to be in the right setting and enabled both Trusts not to open additional escalation wards, which was an area of focus for both organisations. It was noted we were starting to see recovery of the number of patients waiting. However, there was an increase in patients waiting longer >40 weeks. Both Trusts were utilising the independent sector with the contract continuing in some form until the end of October 2020. The set of risks were monitored daily, weekly and on a monthly basis, which were similar across both Trusts. The focus was on recovery of services, albeit this was complex. The governance diagram set out the 7 priority areas relating to the Outpatient programme, non-elective patients and making sure priority services were in place. The impact on beds and workforce, front door emergency care pathways and maintaining home first model along with a focus on Endoscopy. The governance diagram demonstrated how both Trusts were working together and the recovery programme was feeding into a joint oversight group, who met on a monthly basis, noting progress made to date was supported by clinical leads across each programme of work. The Trusts were currently on Phase 2 recovery and were expecting a letter from NHSEI detailing what Phase 3 would look like with a focus on long wait patients and making sure clinical assessments had been completed in order to prioritise capacity available to address long wait patients, particularly those cancer patients >104 days and broadening out the People Plan in order to respond to mental health and other elements which were starting to emerge, with access to community and primary care as part of Phase 3.

Mrs Tapster noted how we had talked at the meeting about patients who were anxious or fearful of coming into hospital and asked what could we or the system do or were there any national messages which needed to be subtle as we progressed towards the winter and flu season to make sure those people coming into hospital need it and to get the messaging out in the most appropriate way. Mr Mould summarised the work being undertaken in London and the South West around imaging and Endoscopy.

Mr Donald advised work had been carried out internally and externally, noting recently there was a BBC report relating to work at the Eye unit to reassure patients, as there had been a number of patients who had missed their appointments. Mr Moremon advised he was working closely with the CCG communications team and there was a wider initiative in Dorset to make sure the public were aware of the safe facilities and infection control protocols with some clinicians in communication with the public.

The report was NOTED.

BOD 131/20 Charitable Funds Expenditure over £25k

Mr Papworth presented the report to seek support and approval of the award decisions made by the Charitable Funds Committee as follows:

- Surface Guided Radiotherapy: purchasing of Surface Guided Radiotherapy Equipment (SGRT) at a total cost of £884,967 from the Robert White Legacy Fund. This was an optimum camera system which mapped the patient's body contours throughout their treatment to make sure they were in the correct position which improved accuracy of treatment and patient outcomes;
- Additional Costs associated with upgrade to Restaurant: on the basis it was explored whether additional audio visual technologies could be included in the original £220,000 investment previously agreed.

The Boards of PHFT and RBCHFT APPROVED the charitable award decisions.

BOD 132/20 Quality Assurance for Responsible Officers and Revalidation (PHFT)

Dr Thomas presented the report to provide assurance to the Board that the Trust was taking the matter of appraisal/revalidation seriously and supporting senior doctors in the process.

Dr Thomas noted the appointment of Mr Mark Goodwin to oversee appraisals as an Associate Medical Director at RBCH who would also provide cover at PHFT and align processes to bring more robustness which was very positive going forward.

RBCH Quality Assurance for Responsible officers and Revalidation to be presented to the joint Board of Directors Part 1 at the next meeting scheduled on 30 September 2020.
Action: AO'D/Co Sec

The Boards of PHFT and RBCHFT APPROVED the Quality Assurance for Responsible Officers and Revalidation report and Statement of Compliance.

BOD 133/20 Board Assurance Framework 2019/20 – sign off (PHFT)

Mrs Reid presented the summary report of the activity through the Board Assurance Framework during 2019/20 to provide the Board with a year-end update, with the key points noted as follows:

- The Quality, Workforce and Finance Board sub-committees reviewed any risks which may impact the strategic objectives on a quarterly basis;
- Key themes related to Workforce and Estates, which impacted the finance and quality risks;
- Quarter 4 quality risks related to activity reset with regards to long waiters, Endoscopy and cancer treatments with assurance monitored through the Board sub-committees very well.

The Boards of PHFT and RBCHFT APPROVED the PHFT Board Assurance Framework 2019/20 Assurance Framework for 2019/20.

BOD 134/20 Board Assurance Framework 2019/20 – sign off (RBCH)

Mrs Shobbrook presented the report to provide the Board with a year-end update on the Board Assurance Framework with the key points noted as follows:

- Robust oversight through the Healthcare Assurance Committee and Audit Committee;
- Content with the processes in place with Executive oversight and monitoring Committees in place.

The Boards of PHFT and RBCHFT APPROVED the RBCH Board Assurance Framework 2019/20 Assurance Framework for 2019/20.

BOD 135/20 Board Assurance Frameworks 2020/21 (PHFT & RBCH)

Mrs Shobbrook presented the report to seek approval of the Board Assurance Frameworks (BAFs) for 2020/21 which was in accordance with the Trusts' Risk Management Strategy, with the key points noted as follows:

- Work across both Trusts was a great example of how the organisations had come together, which was overseen by the Associate Director of Quality Governance and Risk and in line with the quality and risk strategies. A great deal of work had

been undertaken to align ways of working and monitoring which linked to the Accountability Framework;

- As part of the PTIP work the plan was to have two BAFs as two statutory organisations up to merger and then align and move seamlessly into the new Trust, which would help transition and support the process.

Mr Moss thanked the teams involved for producing the BAF for the new Trust.

The Boards of PHFT and RBCHFT APPROVED the Board Assurance Frameworks for 2020/21.

BOD 136/20 Quality Strategies and Monitoring Plans for 2020/21 (PHFT & RBCH)

Mrs Shobbrook presented the report to seek approval of the 2020/21 Quality Strategy and associated monitoring tools, noting this had been discussed at length at the joint Quality Committees. It was noted the Executives had reviewed the overarching reporting which linked to the Accountability Framework and strategies and were content to recommend approval to the Boards.

The Boards of PHFT and RBCHFT APPROVED the Quality Strategies and Monitoring Plans for 2020/21.

BOD 137/20 Audit & Governance Committee Annual Report 2019/20 (PHFT)

Mrs Stone presented the annual reports which had been received and supported by respective Committees. It was noted they provided good evidence for CQC inspections, provided assurance to the Board that the Board sub-committees were operating within their Terms of Reference and scrutinising the appropriate reports. Mrs Stone concluded all of the reports were for information and to ensure they were in the public domain.

Mr Moss noted the reports provided the opportunity to demonstrate the range of activities and governance of the key Board sub-committees.

The Audit & Governance Committee Annual Report was received and NOTED.

BOD 138/20 Quality, Safety & Performance Committee Annual Report 2019/20 (PHFT)

The Quality, Safety and Performance Committee Annual Report was received and NOTED.

BOD 139/20 Finance & Investment and Finance & Performance Committees Annual Report 2019/20 (PHFT & RBCH)

The Finance and Investment Committee Annual Report report was received and NOTED.

BOD 140/20 Annual Security Report (PHFT)

Mr Mould presented the annual report which was a requirement under Service Condition 24 of the NHS Standard Contract, noting this was the last report for Poole Hospital NHS Foundation Trust.

Mr Mould noted teams across both Trusts were working together to review the requirements moving forward. Mr Mould advised a self-review tool was used to determine response relating to security across PHFT. It was noted there was one

outstanding red item relating to maintaining a list of assets of £5,000 and below across the organisation, with a decision taken that the time and effort would be so significant and it was unclear if it would add value. In terms of physical assaults, there had been a reduction, albeit any was too many, with work to mitigate some of the experiences of staff and patients. The Trust Continued to engage closely with DUHFT relating to mental health staff support to provide a better experience for patients who were admitted with physical or underlying mental health needs.

The report was NOTED.

BOD 141/20 PHFT Annual SIRO Report & RBCH Annual Information Governance Report

Mr Papworth presented the PHFT Annual SIRO report which provided a summary of the Trust's information governance, data security responsibilities and compliance against the toolkit and other legislation. The key points were noted as follows:

- 2019/20 DSB toolkit was submitted at the end of March 2020, which confirmed compliance against all of the 116 mandatory requirements;
- Target of 95% information governance training compliance was achieved;
- 510 information governance related incidents were reviewed and investigated with none requiring onward reporting to the Information Commissioner's Office;
- 707 Freedom of Information (FOI) requests with 705 responded on time with two breaches;
- 2005 Subject Access Requests (SARs) responded to on time.

Mr Papworth concluded this was a positive report which provided assurance to the Board of the information governance responsibilities. Mr Papworth noted assurance over the DSB toolkit was driven by an annual Internal Audit commissioned as part of the Internal Audit programme, which was undertaken mid-year. As a result, Internal Audit had focused on aspects of the toolkit completed which were easier to comply with. However, the more challenging aspects of the toolkit related to governance relating to controls within information assets. Mr Papworth and Mr Gill, SIRO at RBCH had commissioned an Internal Audit of those aspects, to provide assurance. It was felt there were areas for improvement with the outcome of the audit to be presented to the next Audit Committee with an action plan to improve the position on information assets governance. Mr Papworth advised the first joint Information Governance Steering Group had been held which was really positive. It was noted in some areas each Trust did some things well and some not so well. However, it was felt we were in a strong position for the new organisation going forward.

Information Assets Internal Audit Action Plan to be presented to the Audit Committee on 15 October 2020. **Action: PP/Co Sec**

Ms Axtell summarised the RBCH Annual Information Governance Report, with the key points noted as follows:

- DSB toolkit was submitted at the end of March 2020. However, the Trust did not achieve 95% compliance. NHS Digital gave organisations an extension until the end of September 2020, due to the Covid-19 pandemic to achieve compliance. The toolkit was subsequently resubmitted at the beginning of July 2020 and achieved 96% compliance;
- Some discrepancies had been noticed in the reporting between the two Trusts particularly relating to incidents. Circa 500 data protection incidents were raised at PHFT versus circa 200 at RBCH. There was also a difference in the way incidents were reported across the two Trusts. The Information Governance teams across both Trusts were working together and reviewing reporting to

understand the differences and why the number of incidents reported were so widely different;

- FOI compliance at PHFT was consistently high and had been for some time. However, at RBCH, this was not the case, noting the Information Commissioner's Office set a target of 90% of requests responded to within 20 working days, with RBCH currently achieving over 70%. The teams were reviewing processes to look at what each Trust did differently and the reasons for the disparities.

Mr Moss thanked Ms Axtell and other Information Governance colleagues.

The reports were NOTED.

BOD 142/20 Questions from the Council of Governors and the Public arising from the agenda

Mr Moss advised questions from the Council of Governors and members of the public were submitted ahead of the meeting. Mr Moss read out the questions on behalf of the Council of Governors as follows:

Mrs Maureen Todd, Public Governor, RBCH asked 'Over the months, if not years as we have travelled together towards the merger of our two Trusts, reassurances have been given to the Governors that staff jobs would be secured in the new Trust. I would welcome confirmation that the Board is confident that this is or will be the case, particularly in areas of management and administration'.

Mrs Allman responded by advising the Board could not give confirmation that there would be no impact on administrative, management and other roles across the organisations, noting as we merged there would be a reduction in overall roles that supported the corporate and clinical services. However, the Trusts were not looking at making staff redundancies as they were disruptive and costly. The new organisation wished to retain its staff for their knowledge, skills and experience. It was anticipated over time there would be a review of department structures. In relation to turnover of staff, some posts would not be re-appointed and there may also be changes to roles as electronic systems were developed. Mrs Allman reiterated the future workforce plan was to retain experience with no redundancies, albeit this could not be guaranteed and considered that the organisations had been very clear to staff.

Mrs Fleming noted there had been a consistent message that our people were an asset and that we would not want to lose people, recognising in some roles, the new merged organisation would not need two staff and being held to account for the merger savings. However, robust structures were set up and there would be natural turnover with re-deployment where possible. It was noted there would also be new opportunities in the new organisation, albeit it was recognised how unsettling this was for staff as we bring teams together in a fair and equitable way for the organisation and individuals.

Mrs Todd felt reassured by Mrs Allman's response and understood the position which she hoped would be the case. However, Mrs Todd provided some context relating to concerns she had received from staff whilst volunteering at the RBH, who had a lack of confidence in the process and the importance of communicating and reassuring staff. Mrs Allman recognised it was very unsettling and unprecedented times with many staff seeing the merger and CSR as opportunities to develop and felt during responding to Covid-19 teams were working well. It was noted turnover across both organisations had gone down and there would always be people leaving which would be understood through exit interviews and intelligence. It was noted there were strong staff networks and change champions, with managers who cared about their staff.

Mrs Allman advised she was happy to have discussion with Mrs Todd outside of the meeting.

Mr Moss reiterated the important of communications with staff.

Mr David Triplow, Lead Governor at RBCH thanked Mr Moss for allowing the governors to attend the virtual meeting. Mr Triplow also thanked Mrs Dily Ruffer, Governor & Membership Manager at RBCH on behalf of himself and the governors for her hard work and support to the governors during her time in the Trust Secretary's Office. It was noted the governors would miss her and wished her well for the future. Mr Moss thanked Mr Triplow for his kind thoughts and advised the message would be passed on to Mrs Ruffer.

Mr Moss thanked the governors who had attended the virtual meeting and advised the next PHFT Council of Governors was scheduled on 30 July 2020, with a joint briefing for all governors prior to the meeting.

BOD 143/20 Any Other Business

No items were noted.

BOD 144/20 Key points of communication to staff

Mr Moss noted the following points for communication to staff:-

- Patient story was very powerful and the lessons learnt;
- Covid-19 position with low numbers of patients across both sites and the complexity of the recovery to restart activities;
- Capital £201m and recent planning approvals across PHFT and RBH;
- Merger update;

Prof Shearman noted he was impressed with how everyone coped, due to the hard work of the Executives and teams. In relation to the patient story, the attention to care and quality detail was remarkable and to do this during these difficult times summed up what the two organisations were about, care and quality.

Mr Moss also thanked Mrs Ruffer on behalf of the Boards for her dedication and was grateful for her hard work over the years. It had been a good first virtual Board of Directors Part 1 meeting and he hoped everyone had benefited from the meeting.

BOD 145/20 Date and Time of the Next Public Meeting

The last public Board of Directors meetings of Poole Hospital NHS Foundation Trust and the Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust was to take place on Wednesday 30 September 2020.

Members of the public were asked to withdraw from the meeting.

Agreed as a correct record of the meeting:

Chairman _____ Date _____

JOINT BOARD OF DIRECTORS PART 1 ACTION LIST – SEPTEMBER 2020

Meeting Date	Minute No	Matter Arising / Action	Trust / Lead	Due Date	Update
29/07/2020	127/20	RBCH Annual Complaints Report to be presented to the joint Board of Directors Part 1 at the next meeting scheduled on 30 September 2020.	PS/Co Sec	Sep-20	On September 2020 agenda
29/07/2020	132/20	RBCH Quality Assurance for Responsible officers and Revalidation to be presented to the joint Board of Directors Part 1 at the next meeting scheduled on 30 September 2020.	AO'D/Co Sec	Sep-20	On joint BoD Part 2 on 26/08/2020 agenda
29/07/2020	141/20	Information Assets Internal Audit Action Plan to be presented to the Audit Committee on 15 October 2020.	PP/Co Sec	Sep-20	On Audit & Governance on 15/10/2020 agenda
29/07/2020	Joint 039/20 (Quality)	It was noted the Annual Complaint Reports for PHFT and RBCH would to be presented to the joint Board of Directors Part 1 meeting on 29 July 2020.	PS/PR/Co Sec	Sep-20	PHFT Report on July 2020 agenda RBCH Report on September 2020 agenda
19/08/2020	Joint 010/20 (WSC)	PHFT Workforce & Organisation Development Committee Annual Report to be presented to the joint Board of Directors Part 1 on 30 September 2020.	Co Sec	Sep-20	On September 2020 agenda

FUTURE ACTIONS

Meeting Date	Minute No	Matter Arising / Action	Trust / Lead	Due Date	Update
02/03/2016	064/16	It was agreed that a future Board Seminar relating to Pharmacy and medicines optimisation would be useful.	Matt Thomas/ Carrie Stone	Future action	Future Board Seminar
27/07/2016	283/16	Education Strategy - Healthcare scientists would be keen to present to the Board in the future on Succession Planning is a very important topic looking to develop strategies.	Matt Thomas	Future action	Future Board Seminar
30/05/2018 25/07/2018	136/2018 188/2018	A Board Seminar on the medical staffing challenges to be held with an invitation to the Guardian of Safe Hours to attend to provide an update from the Guardian of Safe Hours perspective.	Matt Thomas / Carrie Stone	Future action	Future Board Seminar
29/07/2020	128/20	The joint Action Plan for the Infection Prevention & Control Statement of Commitment and IPCC Board Assurance Framework Statement to be presented to a future Board of Directors Part 1 meeting.	PR/PS/Co Sec	Future Action	Future agenda item

Key:	Outstanding	In Progress	Complete	Future Action
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**JOINT BOARD OF DIRECTORS MEETING
30 September 2020**

CHIEF EXECUTIVE REPORT

1. Update on Covid-19 within our hospitals

Members will be aware that there is currently much concern across the country regarding the increase in the number of Covid-19 infections. Whilst the South West has one of the lowest rates of infection in the country, it is important to note that there has been an increase in the number of infections in our area, and action must be taken to prevent further spread.

Nevertheless, it is encouraging to note that there are still currently very few patients with covid-19 in our hospitals. At the time of writing, there are two positive cases across the two Trusts, with only one patient in the Intensive Care Unit.

Much work is currently being undertaken across both sites to support the phase 3 recovery plan and restoring services to return to near levels of pre-Covid-19 activity. All Directorates are working to increase activity and improve access to services for patients, whilst at the same time, maintaining a safe environment for staff and patients.

The current local and national position indicates the threat of a second peak of Covid-19 which presents some unique challenges in terms of planning for the winter. Accordingly, teams are currently reviewing pathways in light of the new Infection Prevention and Control (IPC) guidance and re-modelling bed bases taking into account the capacity lost due to social distancing. All services are also reviewing their business continuity plans, recognising that some disruption is inevitable, given the impact of the pandemic on workforce and the need to self-isolate. Nevertheless, it is encouraging to see that so much has been learned since the start of the year, which means that both Trusts are far better placed to deal with another peak in Covid admissions.

It is also important to note that partners within the Dorset system are implementing the new national discharge to assess policy. This development represents a significant opportunity in that it will reduce length of stay on our wards, thus increasing the overall capacity available for emergency admissions. This is an essential development in order for the acute Trusts to manage the Phase 3 recovery of services and activity, whilst at the same time, managing the increased activity associated with winter pressures and a potential Covid-19 peak.

2. Update on Covid-19 testing

Members will be aware that there has been a great deal of media coverage recently relating to problems experienced by members of the public in accessing tests for Covid-19, and clearly this is causing a great deal of concern, both nationally and locally. There has been a very significant increase in demand in recent weeks, thought to relate to children and young people returning to school, the increasing number of patients being brought in for planned care, along with an increase in the number of people suffering with the coughs and colds that we normally see at this time of year, which is resulting in more coming forwards for tests.

The number of tests being provided has increased over the past few months, and it is anticipated that this will continue to increase over the coming weeks, as even more capacity becomes available. Work is also underway at a national level to provide better information for the public, to assist them in deciding when it is appropriate to request a test for Covid-19.

Within Dorset, partners have been working very closely together to ensure that our testing resource is used to best effect across the system - including the establishment of a small

centralised team to maintain good communications and ensure that emerging issues are swiftly addressed. For example, as part of their on-going work, the team has facilitated the establishment of a Dorset swabbing team to support our care homes and vulnerable patients, and has established mechanisms to ensure that all key workers are appropriately prioritised. However, there is a limit on the local capacity available in Dorset, and this must be used for priority patients and staff; it is not possible for the Trusts to provide tests for the public, who should be accessing testing via a different route ("Pillar 2")

Whilst there are pressures on the current service and much frustration amongst members of the public, this issue is receiving national and local attention. It is very much hoped that there will be an improvement in coming weeks, but given the on-going increase in demand, it is likely that there will also need to be more specific targeting of this resource amongst asymptomatic members of the public.

The situation will of course continue to be kept under close review.

3. Update on our Merger

Members will be aware that there has been celebrating recently as it has now been confirmed that our two trusts will officially merge on 1st October 2020. The Board of Directors for Poole Hospital NHS Foundation Trust and the Board of Directors for The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust formally approved the merger on 15 September 2020. Similarly, the merger transaction was formally approved by each Council of Governors at their meetings on the same day.

Our regulator NHS England & Improvement have now issued the legal orders that authorise our two trusts to merge on Thursday 1 October, thus creating University Hospitals Dorset NHS Foundation Trust.

This is such encouraging news. Our merger will enable all three hospitals (Christchurch Hospital, Poole Hospital and The Royal Bournemouth Hospital) to provide even better care, and develop world-class services as we become a university hospital trust. Our new organisation will allow us to work better together to tackle Covid-19 and realise our ambitious plans for the future. Whilst the Trusts have recognised this for some time, it is pleasing that this has now been endorsed by the regulator, as part of their formal, rigorous assurance processes. In a recent letter to us, NHS Improvement wrote that our trusts are "well placed to provide substantial improvements for patients".

We are grateful to all our partners, including Dorset Healthcare, Dorset County Hospital, our local councils, South Western Ambulance Service and the Dorset CCG for their on-going support, and we look forward to continuing to work closely with them as part of the Dorset Integrated Care System.

There is still much work to be done to bring all our services together, but this is well underway, with good progress being made. Our organisation development programme centres around developing a shared set of values for the new Trust and creating a strong positive culture, in conjunction with our staff.

Meanwhile, our priority is to ensure that we are "safe and legal" from Day 1. With this in mind, on 22 September, we held formal handover sessions so that the new Care Groups currently being established within the new UHD were formally briefed about the services for which they are taking responsibility. This was carried out using a checklist developed from the National Quality Board, which involves going through detailed information and metrics on performance, quality, workforce, finance and efficiency & productivity (i.e. CIPs). The formal handovers allowed a chance to discuss any "Day 1" issues, whilst at the same time, creating the opportunity for discussion regarding future strategy/transformation plans.

In this way, we have been able to ensure good governance during this time of change - maximising the opportunity for learning and maintaining our focus on safety.

Finally, it should be noted that all employees will transfer to University Hospitals Dorset with protected rights under the Transfer of Undertaking (Protection of Employment) Regulations 2006, more commonly known as TUPE. We are all committed to making University Hospitals Dorset a great place to work, building on the best of the two predecessor organisations.

4. Tackling Inequalities and Promoting Inclusion

Board members will be aware that as a new organisation, we have committed to identifying a named Executive and a named Non-Executive on the Board, responsible for championing inclusion and the work to tackle persistent health inequalities.

I am pleased to confirm that Pete Papworth (Shadow Chief Financial Officer) and Christine Hallett (NED) will be the colleagues to champion and increase the scale and pace of our organisational efforts. Our Director of Organisational Development, Deb Matthews, will be working alongside them to define their role and the expectations, in line with national guidance and best practice.

5. Capital Programme

The past few weeks have been extremely busy as the team has continued working to take forwards our extensive capital programme. As well as starting the building work on the Poole Hospital site and continuing the planning associated with The Royal Bournemouth site, large amounts of additional capital have been made available this year to support Trusts in dealing with the pandemic - and ensuring that this is spent wisely and effectively has taken much time and attention. The revised programme for this year is currently being finalised, following discussion and agreement between our clinical teams and our estates team.

In the meantime, the decant plan relating to the Theatre complex at Poole Hospital is now well underway. This has impacted on a number of teams and services, as we have had to vacate various offices/facilities in order to create space for the new building. As part of this work, additional offices have been created on the Poole Hospital site - a number within Churchfield House and others within one of our properties on Longfleet Road. By moving staff out of the old management corridor, this space is now free to accommodate parts of the pathology service, which in turn allows the space for the Theatre work to commence.

Further work will commence this month to create a temporary walkway between the main hospital and the Eddie Hawker Unit, which will be needed to allow the creation of a secure compound for the Theatres development. The main work programme will commence in October.

Meanwhile, planning work has continued on The Royal Bournemouth hospital site relating to the design of the new Main Entrance and Atrium, and the development of the transport plan.

Finally, members will be pleased to note that the Outline Business Case relating to the development of the emergency and planned care sites is due to be reviewed at the NHS/DHSC Joint Investment Committee on 27th October 2020.

6. Financial Allocations

Following the interim financial arrangements introduced at the start of the pandemic, NHS England and NHS Improvement has now published the revised financial allocations and payment guidance effective from 1 October. This sets out in detail the changes relating to system funding envelopes, and how block contracts and national top-ups will operate until the end of the financial year. As expected, this confirms that overall our Integrated Care System must achieve financial balance within its allocation.

With our system partners, we are currently working through the complex guidance to understand the ICS financial allocation and agree how this is distributed amongst partner organisations. In support of this, we are undertaking a further internal process to re-evaluate current expenditure and confirm our recovery plans. This will allow us to prioritise funding for the remainder of the financial year to ensure maximum benefit for our patients.

Clearly, this is a very important issue and will be the subject of separate briefings and discussions with the Board, the future Trust Management Group and budget holders within the organisation going forwards.

7. Dorset Integrated Care System (ICS)

Members will be aware that as part of this year's planning guidance, great emphasis has again been placed on strengthening partnership and system working. In this way, partners are expected to better meet the needs of local people and use all resources to best effect.

Throughout the Covid-19 pandemic, partners within the Dorset system have been working very closely and effectively together, with the outcome being even stronger relationships and the development of more streamlined decision-making processes.

Work continues to strengthen the Dorset ICS - in particular, in finalising the review of our governance arrangements. Covid-19 has brought this work sharply into focus, as partners have really seen the benefit of working even more closely together to manage the pandemic. We are all committed to maintaining/developing the most effective governance arrangements going forwards as we move on with the "recovery stage" and get things back to normal.

The recent announcement regarding financial allocations - whereby it has been confirmed that it is the Integrated Care System that must achieve financial balance overall within its allocation - has reinforced the commitment of NHSI/E to working with and through systems. It also serves to reinforce the interdependence of partners working within an ICS, and the need to plan and prioritise together.

It is encouraging to note that the Dorset system has been working to a common control total for some time, and whilst we are seeking to strengthen our governance arrangements, we already have systems in place to ensure that the right people are involved in decisions, and that these can be made swiftly within the Dorset ICS.

8. EU Transition

As members will be aware, the UK exited the European Union on the 31st January 2020 and remains in a transition period. From the 1st January 2021, the UK will regain its political and economic independence and can start new trading relationships with the EU and rest of the world.

The UK Government is currently working on a trade agreement, due to be completed by the 15th October. Other relationships to be finalised are immigration, aviation, security and

access to fishing waters. If these are not agreed, no-deal plans will be required for these areas.

Whilst we have been focusing quite rightly on Covid-19, clearly, this remains an extremely important matter, with a number of key risk areas for University Hospitals Dorset (UHD), including the following:

- Procurement – national stocks of equipment (usually 6 weeks) which have already been affected by Covid-19
- Clinical trials
- Vaccines
- Cyber attacks

The Dorset Local Resilience Forum (of which UHD is a member) continues with its transition planning and will lead on any requirements for Dorset. Colleagues within UHD are meeting on a regular basis to monitor risks and put mitigation into place. Meanwhile, any operational issues arising from EU transition will be addressed at the thrice weekly Tactical meetings.

9. Celebrating Completion of the Electronic Patient Record (EPR) Project

On 14 September 2020, the Strategic Electronic Patient Record (SEPR) project board agreed to close the project that has been running for 4 years to migrate the RBCH clinical staff from a legacy EPR (eCAMIS Clinical Viewer) to Graphnet Carecentric which has been in place in Poole since 2002. With the movement of 34M clinical pieces of data and the migration of about 40 interfaces this project means that any clinical data captured on EPR at any of the 3 UHD sites is instantly available to any clinician employed by the trust, and all clinical staff have the same single electronic record. The EPR has 3 main functions – it acts a repository for patient data that is fed from the departmental “best of breed clinical information systems” e.g. cardiology, pharmacy, radiology, pathology etc; it has a suite of structured electronic forms (more than 100) that enable clinicians to digitally document care into the EPR in real time, (many of these forms are sent automatically to the next clinician in the patient pathway) and it launches Order Comms, Electronic Prescribing, The Dorset Care Record, The scanned paper record and in the near future Radiology Imaging (PACS) without requiring the user to sign in or find the patient’s record. This is a truly wonderful achievement and a fantastic starting position for our merged trust. I don’t know of any trust in the country that could claim they have merged their EPR in advance of organisational merge!

This has been a collaborative team effort between Informatics and our clinical leaders, and it important that we recognise Orna Lovelady, who has programme managed this change for the entire duration, the technical genius of Tracie Tiller, Steve Furber and the interface team led by Alex Cashell, the clinical leadership of Dr Tim Shaw and Dr Rupert Page, and of course, our Graphnet colleagues who have worked in true partnership throughout.

10. Annual Members Meetings

Despite the disruption associated with COVID-19, I am delighted to confirm that we still went ahead with the Annual Members Meetings for each of our Trusts this autumn. Poole Hospital NHS Foundation Trust held its Annual Members Meeting on Thursday 17 September 2020, whilst The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust held its Annual Members meeting on Tuesday 29th September 2020. We were able to connect with our members and share the challenges and successes of each Trust - whilst at the same time maintaining safety - by broadcasting these events live via Microsoft Teams.

I am grateful to all those who supported the Trusts by joining these events, and in particular, to our IT and Communications’ teams who worked hard to ensure that we were able to

connect in this way by video conference. 2019/20 was a year of great challenge and significant change for both Trusts in the lead up to merger, and once again, we are hugely proud of our staff and all that has been achieved throughout the year. Whilst it is indeed the end of an era, both events ended by focusing on the work underway to create a very positive. In looking forwards, we were all encouraged to note that our new organisation will be stronger and more resilient than either of its predecessors, and will be better placed to deliver safe, high quality care for our patients.

Mrs Debbie Fleming
Joint Chief Executive

JOINT BOARD OF DIRECTORS PART 1 – COVER SHEET

Meeting Date: 30 September 2020

Agenda item: 6.1

Subject:	Integrated Performance Report (IPR) August 2020
Prepared by:	Mark Mould, Donna Parker, Jackie Coles, Alison Ashmore, David Mills, Carla Jones, Denise Richards
Presented by:	Executive Directors for specific service areas
Purpose of paper:	To inform FIC members on the operational performance of the combined Trust during August 2020 and consider recovery plans.
Background:	<p>Our new joint integrated performance report will be published monthly and includes a set of indicators covering the main aspects of the new Trust's performance relating to safety, quality, experience and operational performance. It gives the public and staff better quality information about the performance of our hospitals in the areas that matter to them. It shows the indicators that are used to measure performance for each of the Trust's operational areas and how well it is delivering its key services.</p> <p>The IPR is a detailed report that gives a range of forums ability if needed to deep dive into a particular area of interest for additional information and scrutiny. The document provides a single 'shared truth' of performance across the new organisation. The content of this report has been informed by informal feedback from members of the both Trust Boards and the wider leadership team.</p> <p>All NHS organisations received a letter from Sir Simon Stevens (Chief Executive NHSE/I) and Amanda Pritchard (Chief Operating Officer NHSE/I) on 31st July detailing the third phase of the NHS response to Covid-19.</p> <p>Key priorities for the rest of 2020/21:</p> <ul style="list-style-type: none"> • <i>Accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available in the 'window of opportunity' between now and winter.</i> • <i>Preparing for winter demand pressures, alongside continuing vigilance in the light of further probable Covid-19 spikes locally and nationally.</i> • <i>Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention</i> <p>A paper on the approach to Key priorities for the rest of 2020/21 detailed in a separate paper shared with the Trust Board August 2020.</p>

**Key points
for Board
members:**

Operational Performance

Emergency Care:

Poole Hospital is one of 14 trusts across England testing the proposed new urgent and emergency care standards. Internally these metrics are monitored at RBCH as part of our quality governance and have been included in the table below. Guidance is expected confirming national metrics for EDs.

Operational (Field testing standards) and Internal Care Standards

		Aug-20		
Standard	Aim	Poole	RBCH	Combined
Operational (Field testing standards)				
Mean time in the dept	200 mins	227 mins	211 mins	219 mins
Time to assessment	15 mins	3 mins	7 mins	5 mins
Internal Care Standards				
Time to triage (RBCH: to assessment)	15 mins	3 mins	7 mins	5 mins
Time to first clinician seen (RBCH: to Dr seen)	60 mins	113 mins	108 mins	110 mins
Time waited for a bed (RBCH: DTA to left dept)	60 mins	93 mins	67 mins	80 mins

4 Hour Standard – RBCH

RBCH ED Monthly Performance: YTD		2020/21 Totals (All Types)			2019/20 Totals (All Types)		
Quarter	Reported Month	Attends	Total Breaches	Total Performance	Attends	Total Breaches	Total Performance
Q1	Apr-20	4509	374	91.71%	8889	789	91.12%
	May-20	6190	397	93.59%	9344	679	92.73%
	Jun-20	7009	617	91.20%	9157	1266	86.17%
Q2	Jul-20	7967	963	87.91%	9778	1584	83.80%
	Aug-20	8494	1802	78.79%	9565	1614	83.13%

Summary

Both departments had seen a reduction in attendances and non-elective admissions since Covid. However, August saw the highest attendances YTD, with combined attendances across both departments almost double that seen in April. This demand combined with staffing gaps, increased ambulance attendances and surges meant key metrics (pilot metrics/4hr/ambulance handover delays) deteriorated across both departments in August. Furthermore, flow has been impacted by increasing occupancy as well as swab turnaround times; exacerbated by system-wide deterioration in stranded patient/Discharge to Assess capacity. Maintenance of increased capacity and Blue/Green pathways is placing additional pressure on staffing and financial templates and these are being reviewed by the Directors of Nursing and as part of the Trusts' planning submissions.

Factors impacting on standards and flow

Demand	<ul style="list-style-type: none"> Increases in attendances, in particular, surges Increases in ambulance arrivals and/or surges (e.g. 10+ conveyances/majors attends in 1 hour are increasingly experienced) Increases in acuity and non-elective admissions Summer increases in Minors attendances
Clinical Processing Capacity	<ul style="list-style-type: none"> Clinical staffing capacity to manage the increasing attendance numbers and new Blue/Green pathways (incl PPE/IPC practices) Time to 1st clinician seen time (mean) tracking above the 60 mins standard Clinical capacity available within the 111 Service can impact on increasing urgent care attendances.

Bed Capacity/ Trust Occupancy	<ul style="list-style-type: none"> Increasing bed occupancy (now routinely over 75%) Beds required for Covid Reset & Recovery activity (e.g. surgery) No. of patients in the beds over 7 & 21 days driving up average length of stay (87% increase in no. of patients over 21 days July vs May) Increased use of escalation and/or outlying beds to maintain capacity Covid swab turnaround times impacting on flow out of admissions units and cohorting (reduced bed capacity)
<u>High Level Actions being taken</u>	
Work continues against a number of the high level actions across both Trusts (see table below), including:	
<ul style="list-style-type: none"> First pilot of 111 First at RBCH completed, both sites pilot late Sept Combined UTC/Minors front doors Ambulatory model within Poole ED Bed planning against modelling Frailty pathway commenced at RBCH Home First programme board and work stream priorities for 1 Oct implementation, <i>noting backlog capacity limitations through September</i> Home First Reset Week held w/c 14/9 Capital Investment to improve flow of both departments 	
The teams will be reviewing all existing plans and developing the UHD Urgent & Emergency Care plan going forward. This is expected to be presented to a Board seminar in Nov.	
Primary Care and Out of Hours	Continue to work with partners to support capacity gaps.
UTC & Minors	Combined UTC/Minors front door (Poole). Improved streaming and booking to UTC (RBCH). Implementation of national 111 First (1 Dec) and direct booking to UTC/Minors.
ED Majors/Pathways	Transform BREATH from static to mobile service (RBCH: improve timeliness of investigations). Increased use of POCT.
ED Staffing	Template reviews undertaken in light of Blue/Green pathway and capacity changes in EDs - being reviewed by DoNs.
Covid	Quick turnaround trials and review of provision/action plans to support timely flow. Continued review of Blue/Green pathways and bed configurations to optimise flow.
Same Day Emergency Care (SDEC)	Develop SDEC facilities across the Trusts (Poole to include Surgery and Trauma; RBCH relocating services linked to capital bids)
Theatre Reconfiguration	CEPOD theatres in place 24/7 and additional trauma capacity in place (Poole).
Bed Modelling & Configuration	Complete Bed Modelling Reset workstream to inform winter planning, to include closing of bed capacity gap.
Perform Flow Programme & Health of the Ward	Continued joint work on flow management processes.
Admission Units, Frailty and Medicine	Reworked medical rotas to improve out of hours and weekend cover/senior decision making. Implement 24/7 Frailty pathway from 7/9/20 (RBCH).
Winter Planning & Funds	Develop proposals based on learning from previous winters (e.g. escalation capacity, additional medical/clinical weekend support, improved LoS)
Capital Bids	Bids submitted to NHSI/E for ED and front door. Final approval awaited.
Discharge	Home First (D2A) system programme. Weekly stranded patient meetings continue.

Referral to Treatment (RTT)

Providers and commissioners are required to plan on the basis that their RTT waiting list, measured as the number of patients on an incomplete pathway, will be no higher in March 2021 than in March 2019. At the end of August 20 there were 41,172 patients on the waiting list, less than the combined March 2019 position of 42,587 however this is an increase of 1,859 from last month. There are 2,050 patients waiting over 52 weeks, an increase of 427 patients from last month.

Waiting List Size	Mar 2019	42,587	August 2020	41,172
Referral to treatment 18 week performance			August 2020	49%
RTT incomplete pathways >52+ weeks			August 2020	2050

Performance – The waiting list has increased since July with a corresponding drop in backlog of patients waiting over 18 weeks, this has resulted in an increase in performance from 41.2% to 49%. Whilst the number of patients waiting over 18 weeks has reduced, there has been a rise in patients waiting over 26, 40 and 52 weeks.

Factors impacting on standard

Clinical Processing Capacity	<p>The Trust's 18 week RTT performance is 49% against the 92% standard; this is mainly due to the impact of COVID-19 and the need to cancel elective work in Quarter 1 in line with national guidance.</p> <p>Elective activity is recovering however productivity remains lower than previous years due to restoring services safely in line with national and clinical infection control guidance which make each procedure take much longer.</p>
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High Level Actions:

- Restoration plans are focused on increasing additional elective capacity to undertake elective procedures including, Government contract to use the Independent Sector, outsourcing services using other local NHS and private providers, insourcing services to provide additional theatre lists and running WLI sessions where possible. All of these actions will help to achieve the national ambition of restoring to 80% of elective activity by September and 90% by October 2020.
- Outpatient pathways play a lesser part in the drop of performance, a joint outpatient transformation implementation group is leading on all actions to restore outpatient activity to 100% by September, the main actions are increasing activity using video and telephone consultations with an ambition to transform and maintain a minimum of 25% of all outpatient activity to be non-face to face, 60% of all follow-up appointment activity should be non-face to face.

DM01 (Diagnostics report)

Less than 1% of patients should wait 6 weeks or more for a diagnostics test.

August 20	Total Waiting List	< 6weeks	>6 weeks	Performance
PH	3025	2798	227	92.5%
RBH	4718	3444	1274	73%
Combined	7743	6242	1501	80.6%

Factors impacting on standard

Clinical	Lost capacity during quarter 1 drove the decline in performance however this has been improving exponentially during quarter 2
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Processing Capacity	and it is expected to achieve the ambition of restoring 90% of last year's activity by October. Radiology has excelled this month with all modalities achieving > 95% of this standard, endoscopy has also started to recover.
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High level actions include:

- Securing additional temporary endoscopy capacity on the RBCH site and reviewing all endoscopy activity in the Dorset system to reduce waiting times,
- working collaboratively across both sites to standardise and reduce waiting times for cardiology MRI and CT and
- Insourcing to provide additional capacity in radiology. Extra lists are being undertaken in Ultrasound to reduce the waiting times; this is providing a reduction of approximately 150 patients per week. A system of examination exchange is in progress to support a reduction in waits on both sites.

Cancer Standards

Cancer waiting time targets were met in July, however performance for August is still looking very challenged and unlikely to achieve. (due to be uploaded on 2nd October)

	Measure	Target	Quarter 1 2020/21	Jul 20- FINAL	Aug 20 - Report due 2/10/20	Sep 20 - Report due 3/11/20	Q2 20/21- Report due 3/11/20
Merged Trust	Cancer Two Week Wait	93%	96.7%	97.7%	99.2%	95.8%	98.0%
	Cancer Plan 62 Day Standard (Tumour)	85%	79.3%	88.3%	76.8%	67.9%	80.8%
	62 Day Screening Standard (Tumour)	90%	73.3%	66.7%	60.0%	100.0%	70.0%
	31 Day First Treatment (Tumour)	96%	96.2%	96.6%	95.5%	92.8%	94.9%
	Subsequent Treatment - Surgery	94%	89.4%	88.9%	85.5%	80.0%	86.0%
	Subsequent Treatment - Anti Cancer Drugs	98%	100.0%	100.0%	100.0%	100.0%	100.0%
	Faster Diagnosis	75%	76.3%	79.9%	79.4%	72.4%	79.4%

Performance

- There are still challenges managing deferred pathways. There are currently 127 deferred patients at various stages of the pathway (therefore not all are cancer but need a diagnostic intervention to 'rule out' the diagnosis) This continues to impact performance as most of these patients will already have breached the 62 day standard should it be confirmed they have cancer. This is compounded further as the new referral numbers are now almost back to pre COVID levels. This is being very closely monitored to ensure clinical safety of patients on deferred pathways

Factors impacting on standard

Demand	<ul style="list-style-type: none"> • Two Week wait referrals continue to increase
Clinical Processing Capacity	<ul style="list-style-type: none"> • Medical Workforce capacity transferred to support emergency rota gaps • Patient choice to have surgery • Reduced capacity in interventional areas • Specific challenges in specific pathways- namely dermatology and OMF

High Level Actions:

- Joint RBH Cancer post across both sites
- Aligning processes and support to MDT's across all sites
- On-going site specific meetings for pathway improvements across both Hospital sites - all tumour sites.
- Enhanced tracking data to proactively manage patients as part of weekly meetings with respective Directorates.
- Weekly backlog/backstop meeting to manage patients who have already breached 62 days.
- Use of independent capacity to support recovery

Options & decisions required:	No decisions required
Recommendations:	Members are asked to note: Operational Standards <ul style="list-style-type: none"> Challenges relating to COVID – 19. Recovery The link to the phase 3 recovery plan
Next steps:	Work will continue in addressing the actions raised as part of the escalation reports.

Links to Poole Hospital NHS Foundation Trust and the Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	<p>Continually improve the quality of care so that services are safe, compassionate, timely and responsive – achieving consistently good outcomes and an excellent patient experience</p> <p>To be a great place to work, by creating a positive and open culture, and supporting and developing staff across the trust, so that they are able to realise their potential and give of their best</p> <p>To transform and improve our services in line with the Dorset ICS Long term Plan, by separating emergency and planned care and integrating our services with those in the community</p>
Corporate Risk Register: (if applicable)	<p>PHT 1342 - The inability to provide the appropriate level of services for patients during the COVID-19 outbreak</p> <p>RBCH 879 - COVID -19 impact on Trust services</p> <p>RBCH – 808 Risks to regulatory performance compliance, patient delay and dissatisfaction if RTT related targets for 2019/20 are not met</p> <p>PHT - 1074 Risks associated with breaches of 18 week Referral to Treatment and 52 week wait standards</p>
CQC Reference:	<p>Urgent & Emergency Care – Responsive /Well led Domain</p> <p>All 5 areas of the CQC framework</p>

Committees/Meetings at which the paper has been submitted:	Date
Trust Board	September 2020
QC	September 2020
FIC	September 2020
CCG Contracting Group	September 2020
Staff Partnership Forum	September 2020
HEG /TMB	September 2020

Quality - SAFE

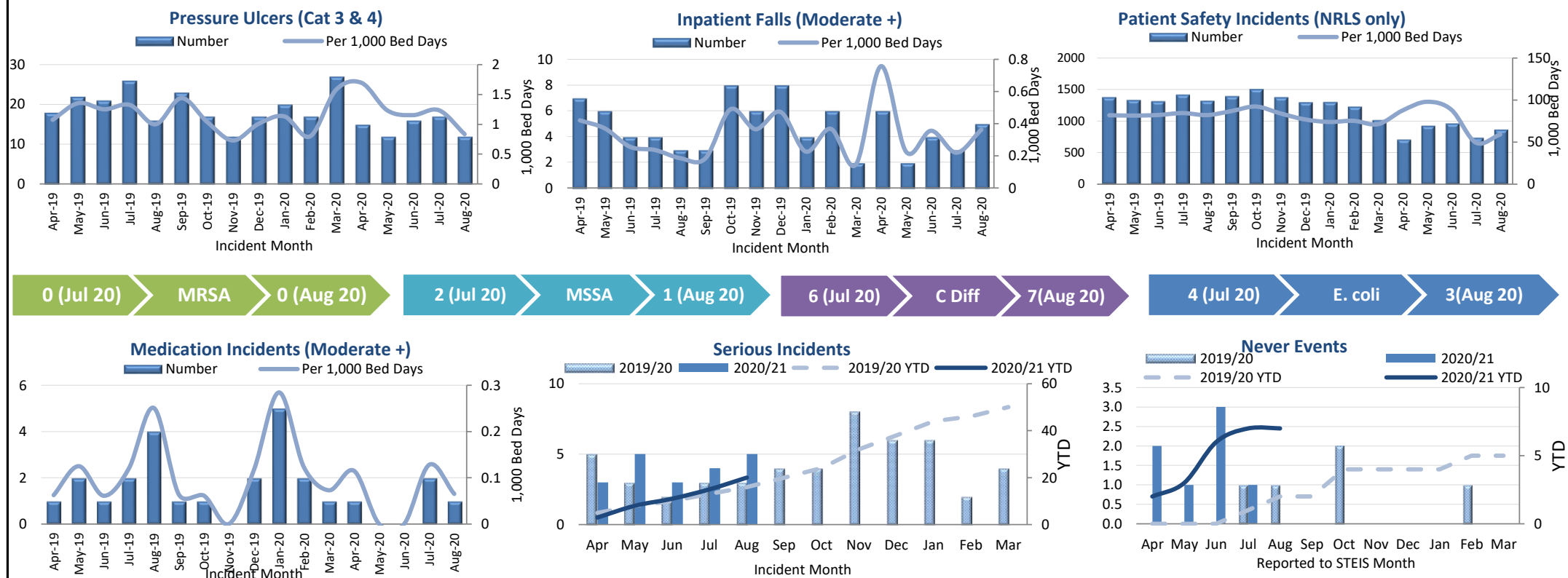
Commentary on high level board position

- A stable picture with key alert organisms except for C.Difficile which has risen by 1 case this month. The trust IPCT continue to work to implement and strengthen the response to COVID-19 including advising on the safe working practices required to implement new national guidance. The work to identify cases of hospital attributable COVID-19 has been embedded. There have been no known cases of hospital attributed COVID-19 during August.
- The incidence of hospital acquired pressure ulcers is reducing. An increase in acuity and dependency of the elderly, possibly associated with deconditioning during lockdown continues to be seen and the severity of pressure ulcers identified on admission has increased.
- Work to reduce the incidence of in-patient falls is ongoing. Identified contributory factors include delay in offering verbal coaching due to donning PPE, ability to provide enhanced care (specialising), dehydration, hypoxia and delirium.
- Five (5) new SIs were reported in month (2 RBCH, 3 PHFT). Scoping meetings have been held and investigations are in progress.
- No new Never events reported in month

High level Board Performance Indicators

		20/21 YTD	19/20 YTD	Variance
Pressure Ulcers (Cat 3 & 4)	Number	72	103	31
	Per 1,000 Bed Days	0.63	0.63	0.00
Inpatient Falls (Moderate +)	Number	20	24	4
	Per 1,000 Bed Days	0.17	0.15	-0.03
Medication Incidents (Moderate +)	Number	4	10	6
	Per 1,000 Bed Days	0.03	0.06	0.03
Patient Safety Incidents (NRLS only)	Number	4,207	6,762	2555
	Per 1,000 Bed Days	36.73	41.32	4.59
Hospital Acquired Infections	MRSA	0	0	0
	MSSA	15	18	3
	C Diff	30	26	-4
	E. coli	21	41	20

High Level Trust Performance



Quality - RESPONSIVE

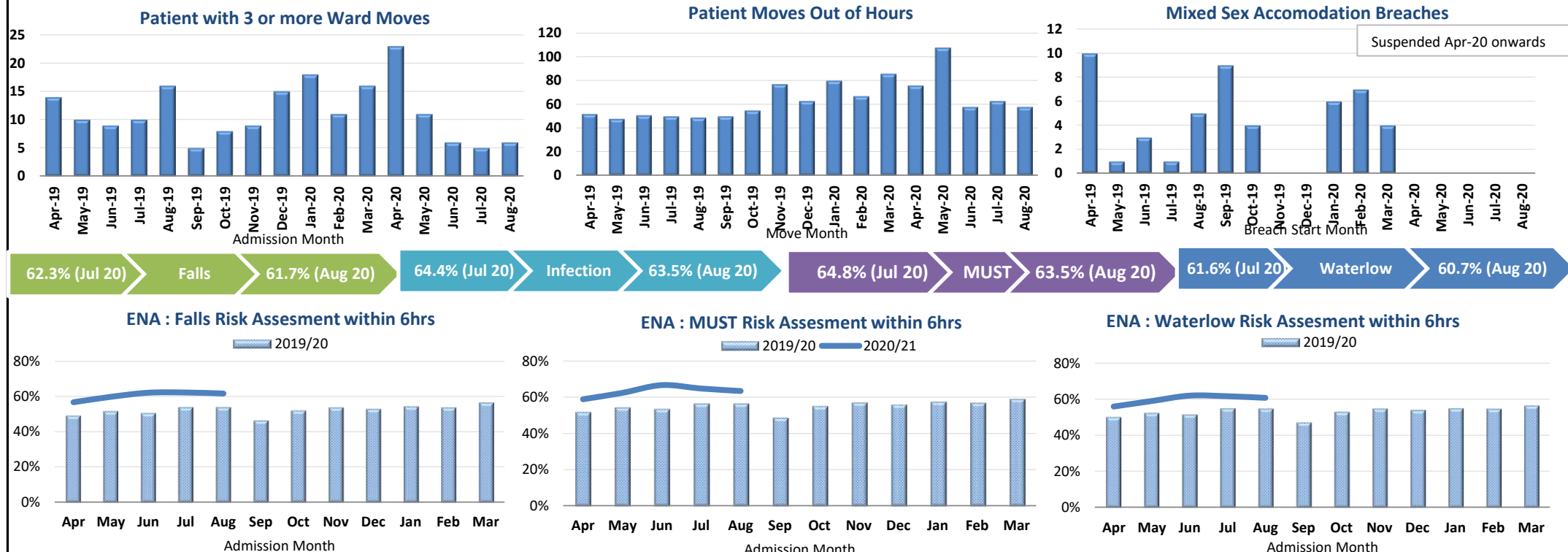
Commentary on high level board position

- The National Mixed Sex Accommodation return has been suspended from April 2020. It is currently also suspended for 20/21 Quarter 2 due to Covid-19. The Trust however, continues to manages same sex accommodation in the usual way.
- There is considerable variation in eNA compliance figures across the 2 Trusts, Work is in progress to review the current reporting criteria to try to align and agree quality improvement priorities for Q2,3 and 4.
- Work has commenced to review patient moves out of hours which occur between 22.00 and 0700. This will include ensuring that processes for reporting are harmonised across both organisations.

High level Board Performance Indicators

	20/21 YTD	19/20 YTD	Variance	
Patient with 3+ Ward Moves (Non-Clinically Justified Only)	51	59	8	
Patient Moves Out of Hours (Non-Clinically Justified Only)	363	250	-113	
Mixed Sex Acc. Breaches Suspended Apr-20 onwards due to Covid	0	20	N/A	
ENA Risk Assessment				
*infection eNA assessm	Falls	61%	52%	9%
went live at RBCH	Infection*	63%	15%	N/A
during April 20	MUST	64%	54%	9%
	Waterlow	60%	53%	7%

High Level Trust Performance



Quality - EFFECTIVE AND MORTALITY

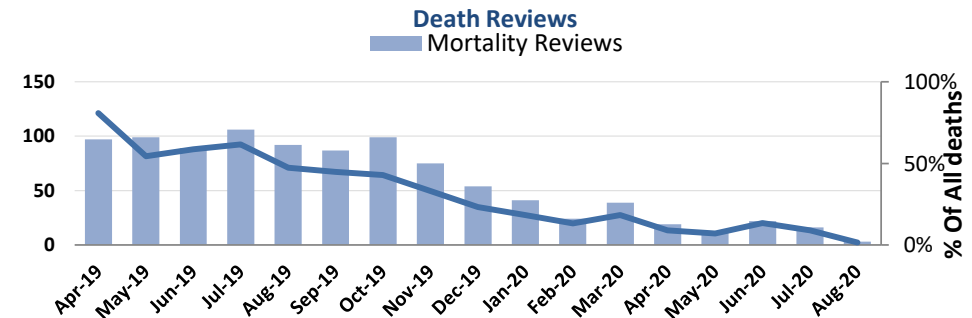
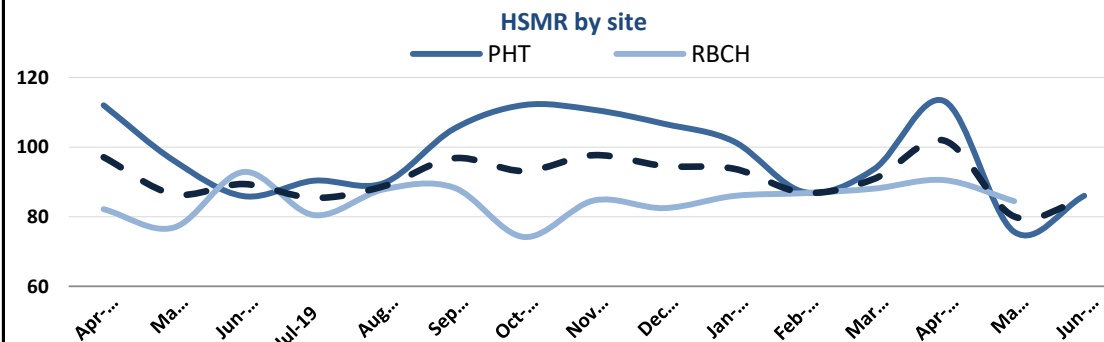
Commentary on high level board position

- Medical Examiner reviews continued during Q2. Increased implementation at PHFT with the ME service now reviewing 95% of all in hospital deaths.

High level Board Performance Indicators

		20/21	19/20	Variance
HSMR	Latest (May 20 - RBH)	84.5	76.9	
	Latest (May 20 - PHT)	86.0	85.9	
Patient Deaths	YTD	935	1047	112
Death Reviews	Number	71	483	N/A
Note: 3 month review turnaround target	Percentage	8%	59%	
Deaths within 36hrs of Admission		166	167	-1
Deaths within readmission spell		70	99	-29
Patient readmitted within 5 days				

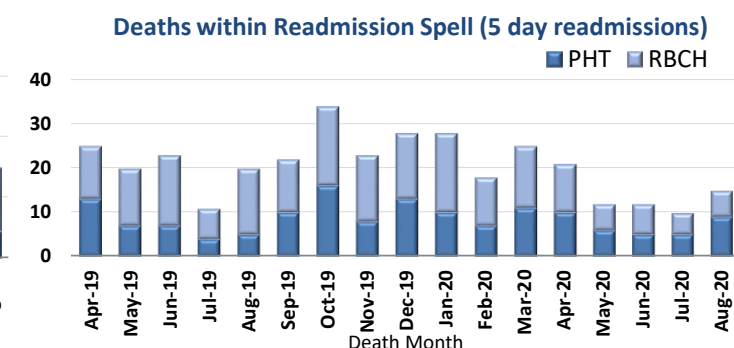
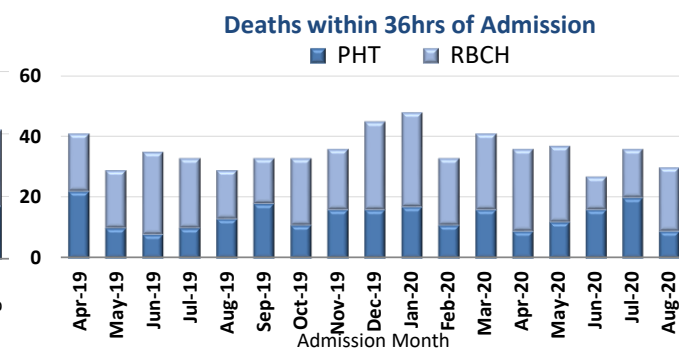
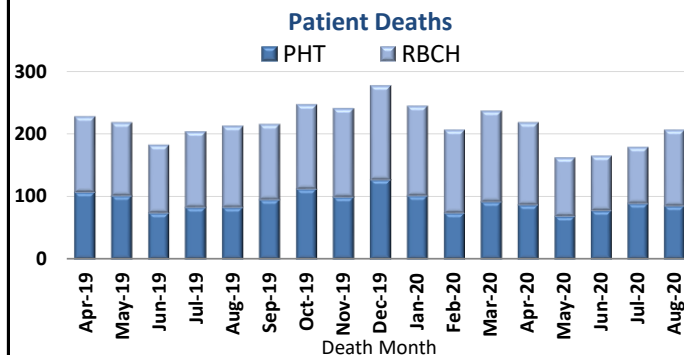
High Level Trust Performance



80.9 (May 20) HSMR 85.3 (Jun 20)

180 (Jul 20) Patient Deaths 207 (Aug 20)

9.0% (Apr 20) Deaths Reviewed 7% (May 20)



Quality - CARING

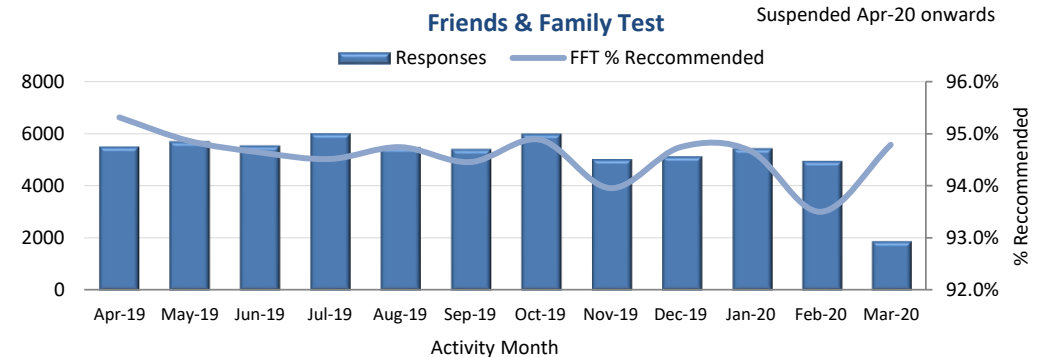
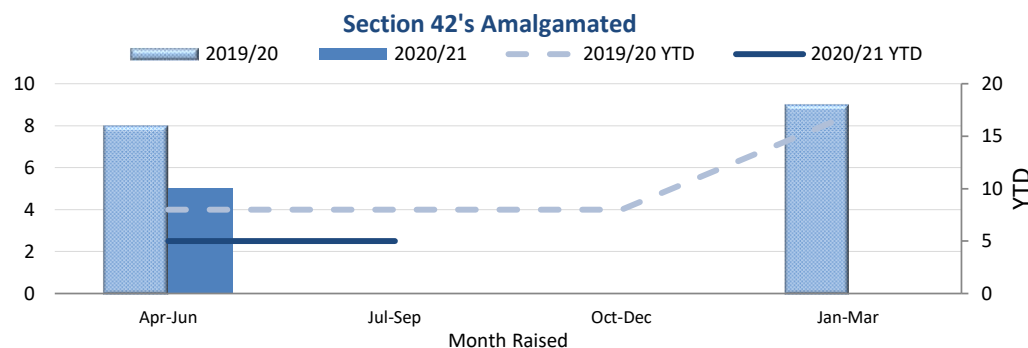
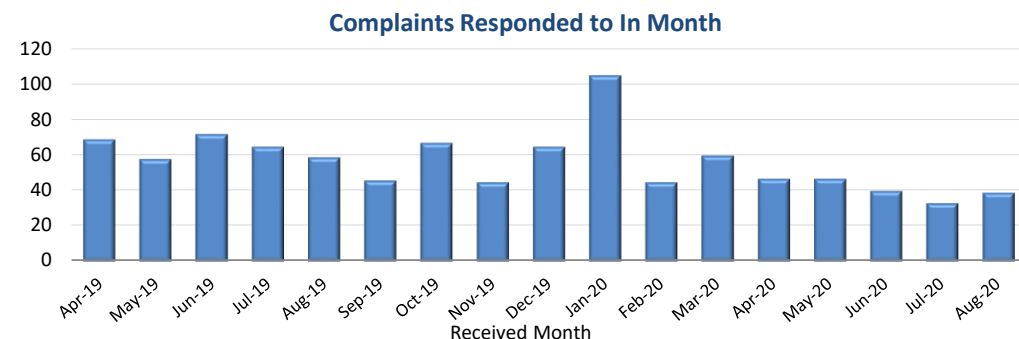
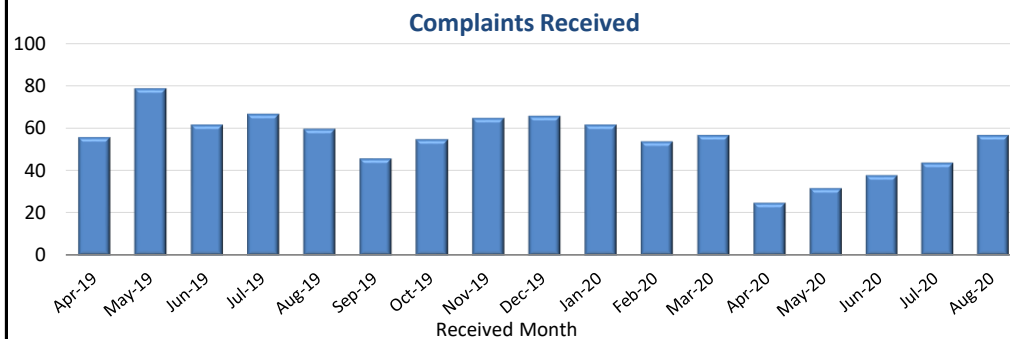
Commentary on high level board position

- To ensure consistency, both organisations will work towards aligning complaint handling processes and internal/external reporting.
- A month-on-month increase in complaints received is noted, aligning with the increase in activity during Covid-19 reset. RBCH has also noted an increase in concerns which are being resolved at a department level.
- PH have received 16 complaints this month, 4 have been assessed as red and 7 as amber. Assessment is based on the complaint narrative received, using the CQC domains that help to reflect the subjective nature of complaints.
- RBCH have received 41 complaints, 2 assessed as red and 4 as amber.
- To note: PH reports concerns/complaints that are informally resolved separately as 'complex concerns', hence the disparity noted in numbers.
- PH have continued rolling-out FFT to include inpatient areas. A total of 2,260 responses were received in August. The % rating care as good or very good in maternity services (delivery) was 89%; Emergency Department, 82%; and inpatient areas, 95%.
- A streamlined PLACE audit is being planned, aligned with national guidance.

High level Board Performance Indicators

	20/21 YTD	19/20 YTD	Variance
Complaints Received	26	113	87
Complaint Response Compliance	TBC		
Complaint Response in month	206	323	117
Section 42's	5	8	3
Friends & Family Test	N/A	94.8%	-
Return suspended Apr-20 onwards			

High Level Trust Performance



Quality - WELL LED

Commentary on high level board position

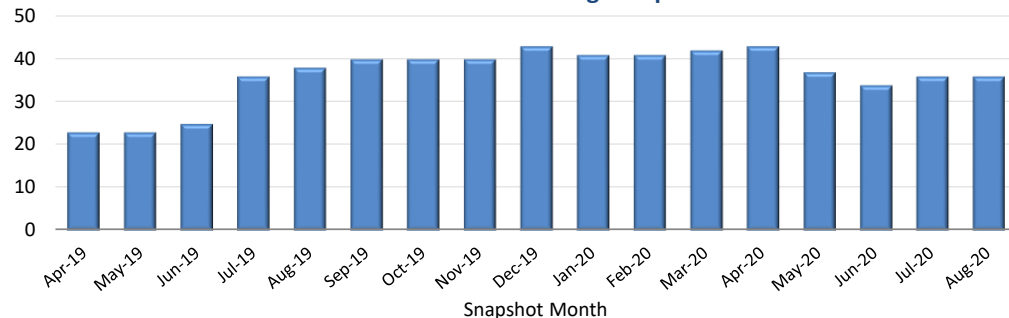
- As part of the work to align practices for safe staffing the criteria for red flags will be reviewed and aligned across both trusts. In Poole there were 31 red flags raised in August. There have been no externally reportable red flags at RBCH, as mitigating actions have been undertaken on each occasion a concern was raised.
- The registered nursing and midwifery value for CHPPD at RBCH is currently reflected on model hospital as 5.9 which measures well against the peer value of 5.2 and National value of 5.3. The trust is not an outlier for CHPPD and the data demonstrates the delivery of safe, cost effective staffing levels. Poole is currently 5.7.
- Establishment reviews are currently underway in both trusts to inform future staffing templates.
- A review of risks rated 12+ has been undertaken at both Trusts and process are in place to align risks at Trust, BAF, Care Group and Directorate level. The Risk register at each Trust (Datix) has been redesigned to follow the same format and coding structure.
- New BAF risks for 20/21 have been identified at each Trust and are aligned with common Board objectives. All BAF risks have been assigned an Exec lead and an appropriate monitoring committees in line with current and proposed governance arrangements. A combined BAF Report for UHD will be presented to the Quality Committee and Shadow Interim Board in September.
- Plans are in place to align CAS Alert processes at each Trust and create a single policy for UHD. A meeting is planned for the 14/9/20 with the national CAS lead to ensure systems are aligned for the 1 October 20.

High level Board Performance Indicators

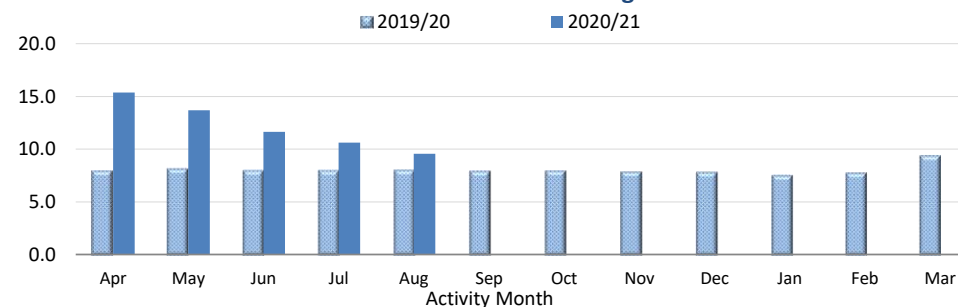
	20/21 YTD	19/20 YTD	Variance
Risks 12 and above on Register	36	38	-2
Red Flags Raised* *different criteria across RBCH & PHT	84	206	-122
Overall CHPPD	11.8	8.1	3.8
Patient Safety Alerts Outstanding	0	0	0

High Level Trust Performance

Risks 12 and above on Risk Register per month



Overall CHPPD Amalgamated



36 (Jul 20)

Risks 12+

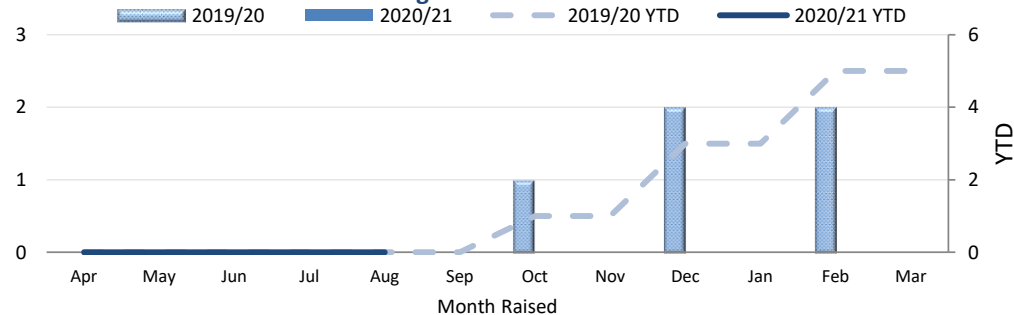
38 (Aug 20)

10.6 (Jul 20)

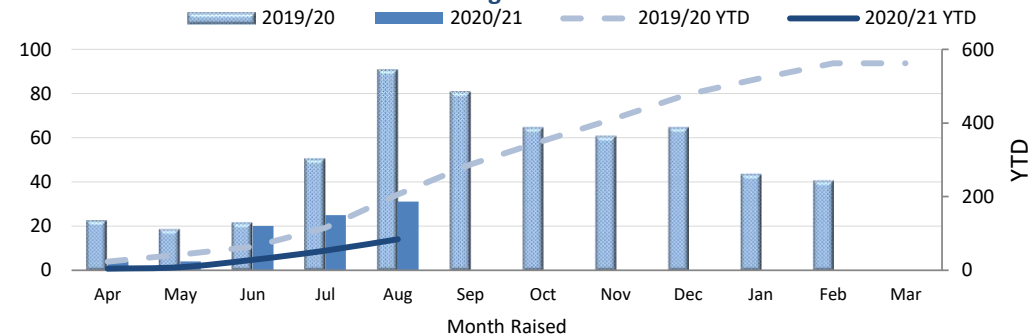
Overall CHPPD

9.6 (Aug 20)

Red Flags Raised - RBCH*



Red Flags Raised - PHT*



Elective & Theatres

Commentary on high level board position

18 Weeks Referral to Treatment

- The Trust's 18 week RTT performance is 49% against the 92% standard, this is due to cancelling elective work in line with national guidance. Constrained capacity due to COVID and the impact of infection control guidance has reduced efficiency.
- The 52+ and 26+ week backlog has increased since last month.
- The Trust number of incomplete pathways is 3% below the March 2019 target.
- Specialty level recovery plans have been developed and discussed jointly with a focus on system wide working in relation to 52 week waiters. This will not deliver the RTT standard in the short to medium term due to reduced capacity as a result of efficiency and utilisation limitations. Additional capacity plans have been proposed via the Adopt and Adapt initiative (and bids)
- At the end of August 2020 the Trust reported 2,050 52 week breaches. Dorset wide leads are progressing joint plans in 5 key specialties: Endoscopy, Ophthalmology, Orthopaedics and ENT/Oral Surgery.

Theatre utilisation

- The current theatre utilisation rates are low as they do not include activity undertaken within the Independent Sector and therefore is not a true reflection of the position. The activity undertaken at the acute trusts will be focused on cancer and emergency cases which can also impact adversely on utilisation rates.

Trauma

- Hip fractures within 36 hours of admission (clinically appropriate for surgery) is currently 69%, a significant improvement compared to the July position of 40%. This is a result of patient prioritisation

High level Board Performance Indicators & Benchmarking

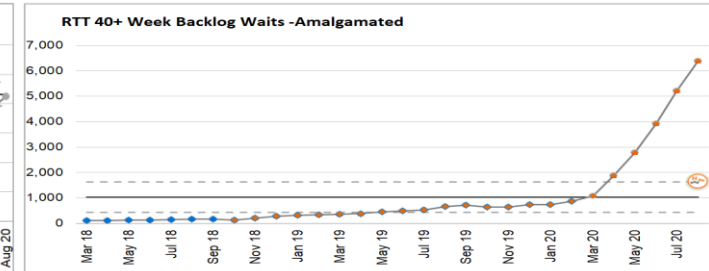
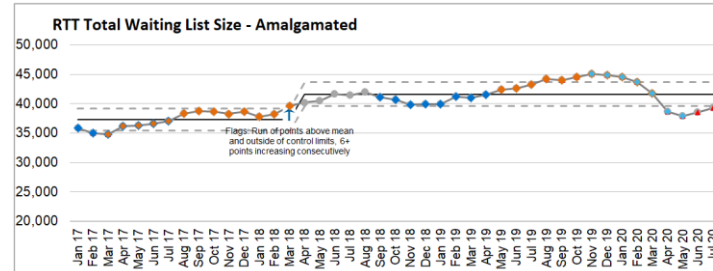
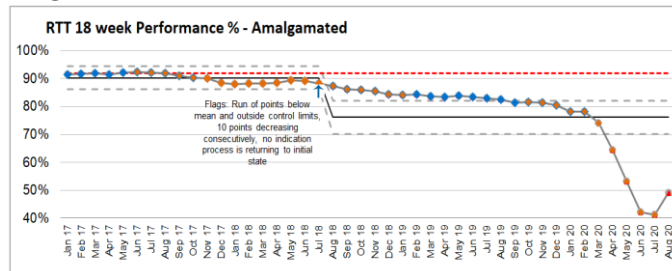
Referral To Treatment

	Standard	Merged Trust
18 week performance %	92%	49.0%
Waiting list size	42,587	41,172
Waiting List size variance compared to Mar 19 %	0%	-3%
No. patients waiting 26+ weeks		16,950
No. patients waiting 40+ weeks		6,395
No. patients waiting > 52 weeks	0	2,050
Average Wait weeks	8.5	20.8

Theatre metrics

Theatre utilisation - main	98%	67%
Theatre utilisation - DC	91%	70%
NOFs (Within 36hrs of being clinically fit - CCG)	95%	69%

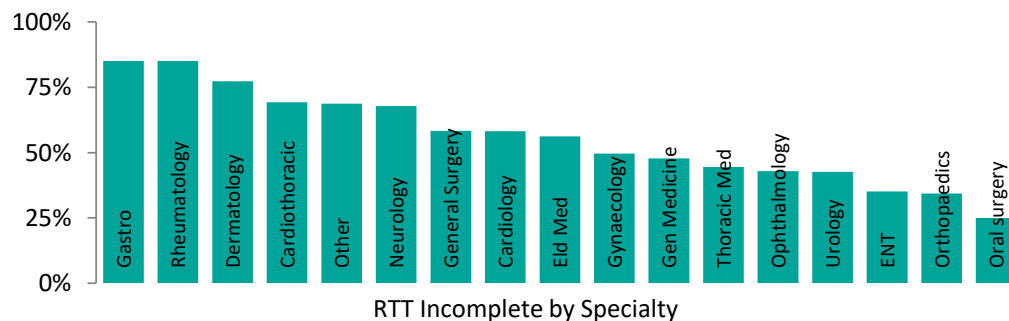
High Level Trust Performance



RTT Incomplete 49% <18weeks

18
WEEKS

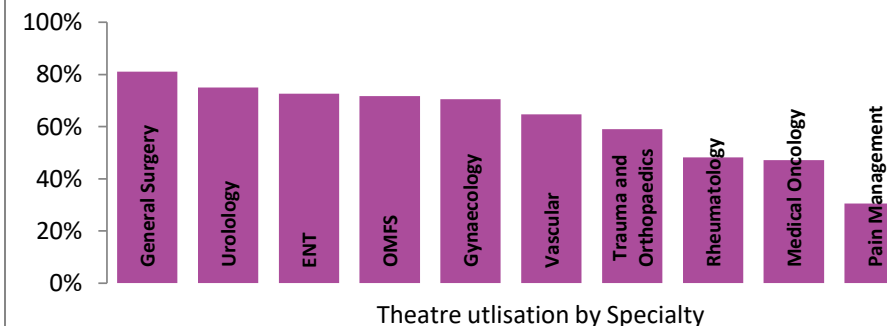
(Last month 41.2%)



Theatre Utilisation 69%



(Last month 67%)



Referral to Treatment (RTT)

What is driving under performance?

What actions have been taken to improve performance ?

92% of all patient should be seen and treated within 18 weeks of referral.
Performance 49% at the close of August 2020.

The overall waiting list (denominator) was 41,172 which is below the Mar 19 waiting list of 42,587.

At at end of August 2020, 2,050 patient pathways were reported as having exceeded 52 weeks.

August 2020 compared to January 2020

11311 increase > 18 weeks
12284 increase > 26 weeks
5670 increase > 40 weeks
2022 increase > 52 weeks

During the first wave of the Covid-19 pandemic the priority was to undertake essential emergency/urgent services whilst adhering to national guidelines on social/physical distancing, shielding and self isolation. This led to a significant reduction in elective activity and out patient appointments were managed in a digital non face to face with some clinical reviews deferring patients. In addition the reduction in diagnostic activity has resulted in delays to the 18 week pathways and an increase in 52 week waits.

Non admitted and Admitted Performance

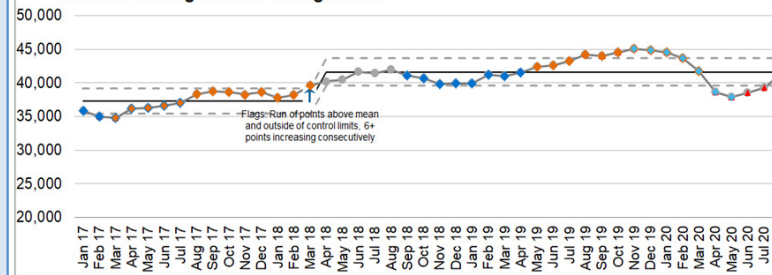
In addition to the above further reasons for under performance in 18 week patient pathways are:

- Royal College guidelines on which patients can be safely seen during Covid leading to many patients being deferred for both outpatients and elective surgery
- Cancellations of non urgent diagnostic procedures
- Patients choosing to proactively stay away
- National requirements regarding testing, PPE and infection control processes restrict a full recovery of activity over the coming months.
- Clinical prioritisation of cancer pathways during reduced activity

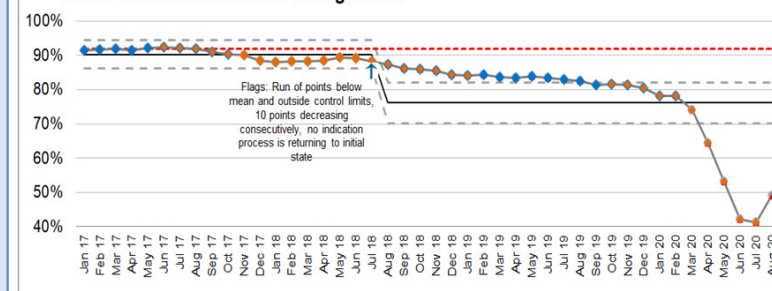
Individual specialties continue to review how capacity can be increased whilst adhering to national guidelines. The changes in the Infection Prevention and Control measures in terms of self isolation requirements prior to a procedure and PPE is supporting an increase in utilisation.

The focus on Phase 3 recovery remains a high priority and is now formally discussed on a weekly basis through the joint Operational Performance Group chaired by the Chief Operating Officer. This provides oversight of the overall combined performance for both sites and of the individual Directorate plans. In addition each Directorate has a recovery plan which also includes schemes which where appropriate will utilise external capacity or insourcing. Dorset wide collaborative working continues in the 5 key specialties previously noted.

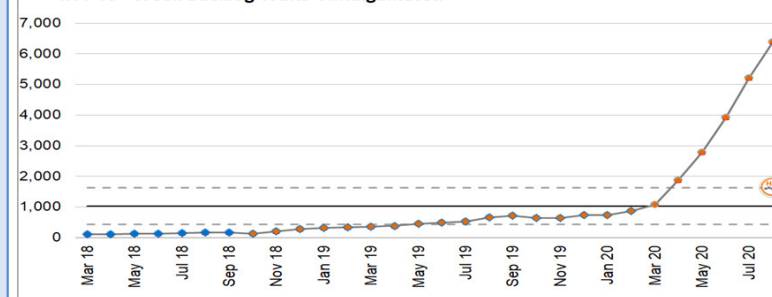
RTT Total Waiting List Size - Amalgamated



RTT 18 week Performance % - Amalgamated



RTT 40+ Week Backlog Waits - Amalgamated



Additional theatre capacity continues to be provided by the Independent Sector. Close working with colleagues in the Independent Sector continues as it is essential that this capacity is fully utilised.

Endoscopy remains a key priority with all urgent and Fast Track patients across both Bournemouth and Poole booked first and existing capacity across both sites is being used optimally. The use of the Independent Sector and insourcing has created additional capacity and the use of day theatres on the Royal Bournemouth site is also contributing to an increase in activity levels.

Executive Lead Mark Mould

Trustwide Lead

Author

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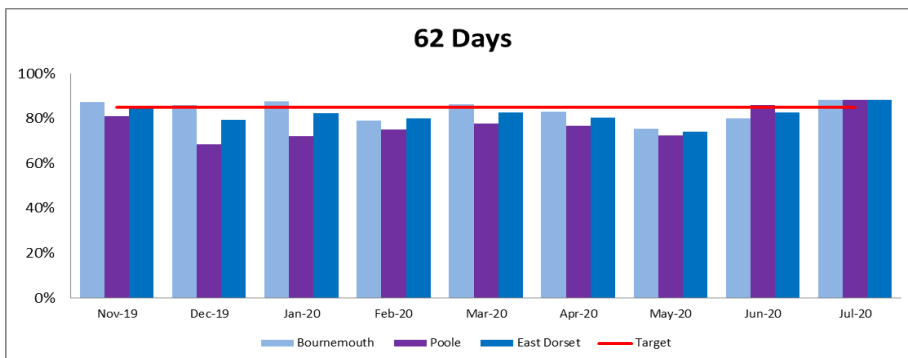
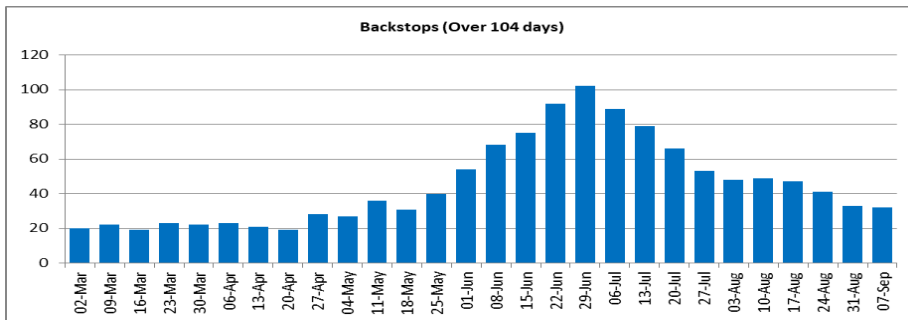
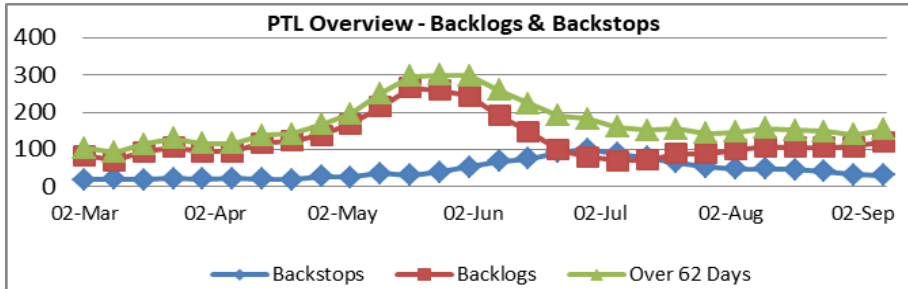
Cancer - Actual July 2020 and Forecast August 2020

Commentary on high level board position

Cancer Standards

For the month of July the Trust achieved the key Cancer KPI's, however the pressure of patients on previously delayed pathways now being treated means that the position for August is more challenged for all KPI's. This is compounded further as the volume of 2 week wait referrals is now back to pre-COVID levels but capacity for some diagnostics and theatre availability is still limited.

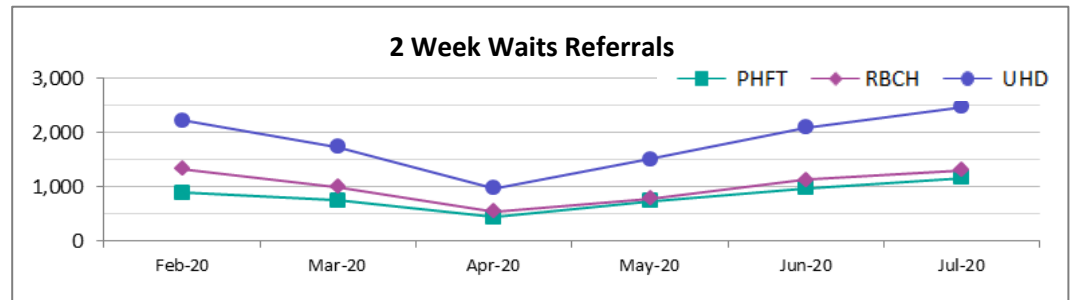
The number of 104 day back stops has significantly reduced and a harm review for all patients has been undertaken by the responsible Clinician.



High level Board Performance Indicators & Benchmarking

Cancer Standards

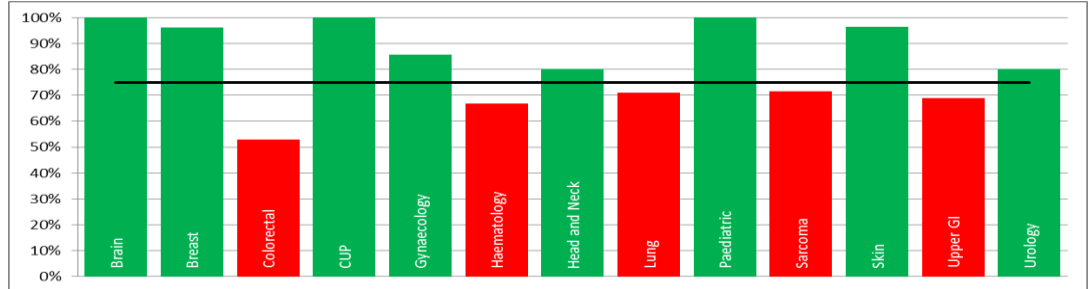
	Standard	Merged Tru: Jul-20	Predicted Aug-20
2 week wait (RBH not being monitored)	93%	97.7%	99.2%
62 day standard	85%	88.3%	73.3%
28 day faster diagnosis standard	75%	79.9%	76.1%



Target 75%



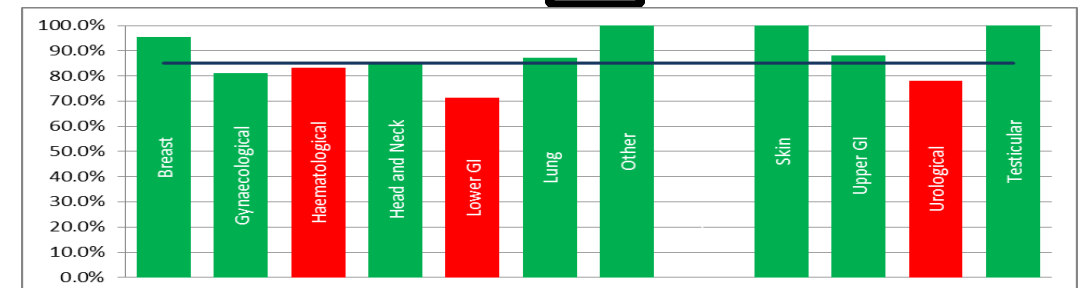
Merged Trust: Jul 2020 79.9%



Target 85%



Merged Trust: July 2020 88.3%



Emergency

Commentary on high level board position

Both Emergency Departments have experienced continued increases in attendances with >750 patients presenting in August over July 2020. In total combined attendances are almost double those seen in April 2020. Overall attendances do remain lower than the same period last year.

Ambulance conveyances were also 2% higher than the same period last year, approximately 3 additional handovers per day.

Both departments continue to see ED minors through or jointly with the respective site based Urgent Treatment Centres. This is maintaining additional capacity for majors presentations in order to mitigate against Ambulance Delays and optimise infection control, with on-going revenue consequences related to staffing. A joint paper for future ED staffing options is near completion and being shared with executives in September as part of the planning submission. Increasing bed occupancy and inpatient IPC measures are challenging flow and we are seeing increased time from decision to admission.

Both departments have made capital bids against national funding, and are now developing plans for these projects.

High level Board Performance Indicators

Emergency Dept

Standard	Merged Trust
Arrival time to initial assessment	15
Clinician seen <60 mins	1766
Mean time in ED (PHT only)	200
4 hour performance (RBCH only)	95%
Patients >12hrs from DTA to admission	0
Patients >6hrs in dept	1841
ED attendance Growth (YTD)	-25.7%

Ambulance Handover

Ambulance handover growth (YTD)	-5.5%
Ambulance handover 30-60mins breaches	168
Ambulance handover >60mins breaches	18

Emergency Admissions

Emergency admissions growth (YTD, all types)	-12.3%
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4 mins

Jul-20

Mean time to
initial
assessment

5 mins

Aug-20

199 mins

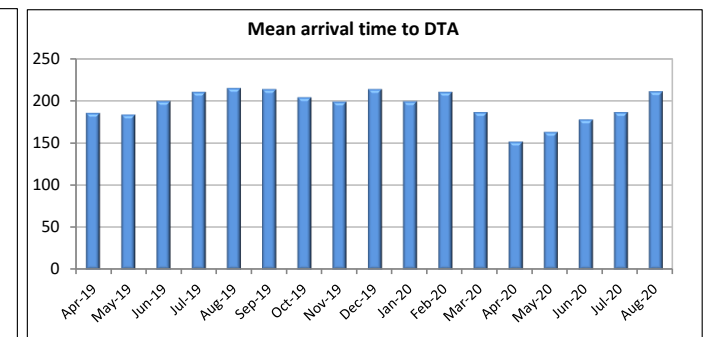
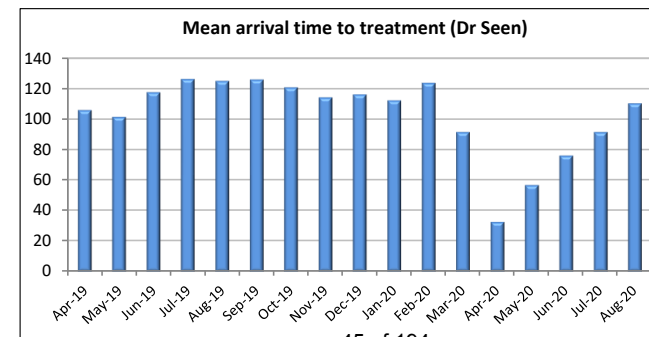
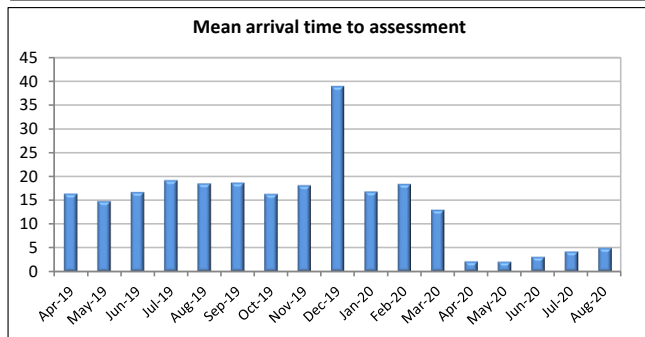
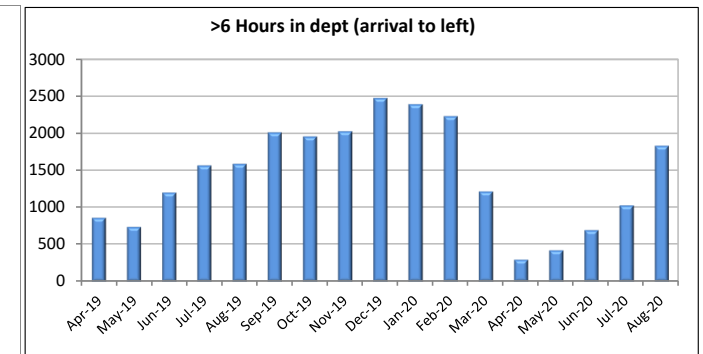
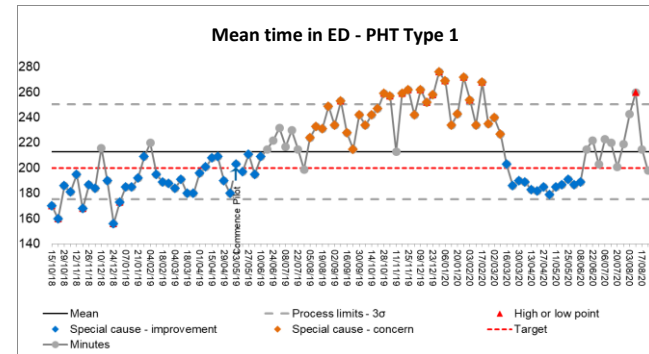
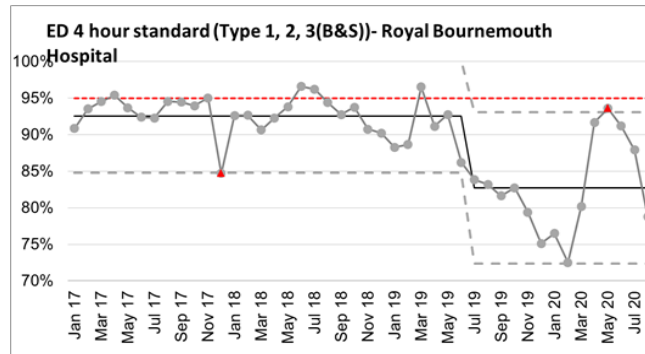
Jul-20

Mean time
in Dept RBH
& PHT

205 mins

Aug-20

High Level Trust Performance



Outpatients & Diagnostics

Commentary on high level board position

Outpatients

- Outpatients continue to push on video and telephone consultations for first line where possible
- The Outpatient Follow up backlog remains a significant issue, a full report was provided to the Joint Quality Committee.
- The Trust is, with the Dorset system, launching a Patient Initiated Follow Up (PIFU) service, with education provided to patients to inform when they should request a follow up.
- Activity Recovery is going well for outpatients, with overall figures for August (new and follow up) at 86% when compared to the previous financial year.

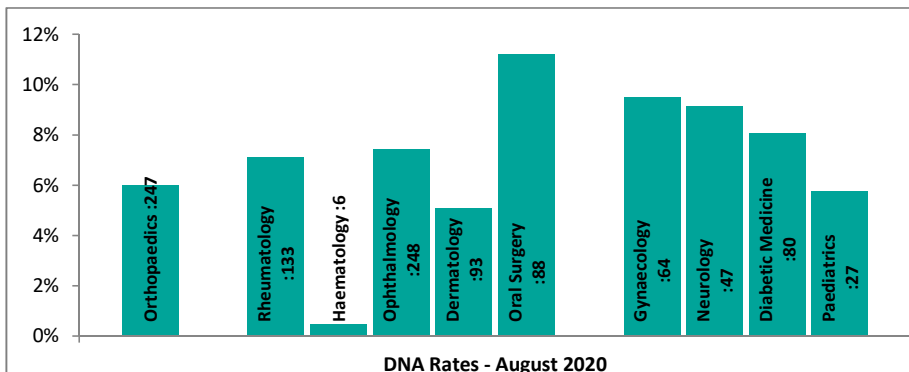
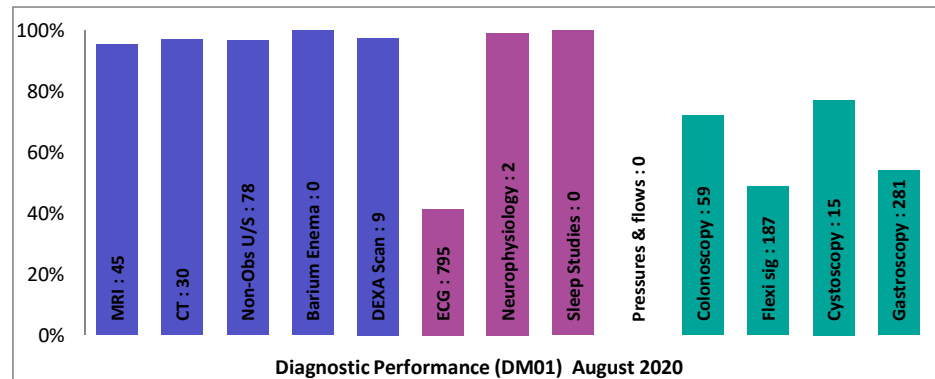
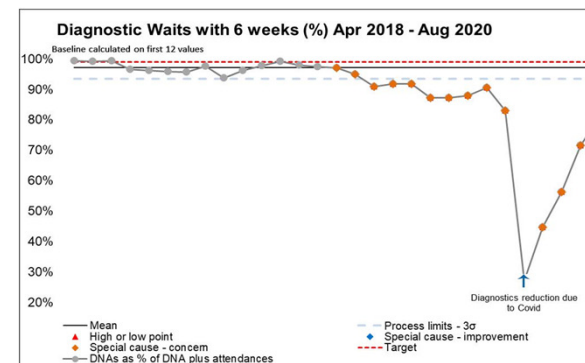
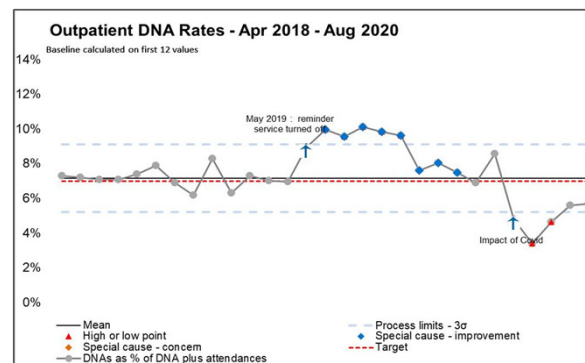
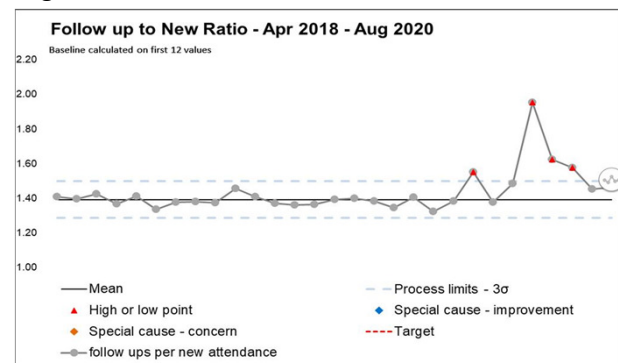
Diagnostics

- Endoscopy and imaging capacity constrained by Infection Control requirements
- Consolidation of Endoscopy IT systems begun - moving to single waiting list
- Cardiac echo recovery plan constrained by availability of insourcing solution, and process of transfer to PH from RBH
- IS assisting with MRI, CT and Plain Film. Additional WLIs and weekends planned.
- 6 Week imaging standard on target for 99% compliance for both sites by end of September.

High level Board Performance Indicators & Benchmarking

	Standard	Merged Trust
Referral Rates		
GP Referral Rate year on year +/-	-0.5%	-45.8%
Total Referrals Rate year on year +/-	-0.5%	-45.3%
Outpatient metrics		
Follow up backlog		13,652
Follow-Up Ratio	1.91	1.46
% DNA Rate	5%	5.7%
Patient cancellation rate		9.2%
30% reduction in face to face attendances		
% telemedicine attendances		52.9%
Diagnostic Performance (DM01)		
% of >6 week performance		38.2%

High Level Trust Performance



Patient Flow

Commentary on high level board position

Patient Flow

Hospital admissions exceeded discharges in August resulting in a net gain of 100 patients. In addition, the number of beds consumed by patients with a length of stay greater than 7 days has steadily increased since April. An average of 181 beds a day in April, increasing to 333 a day in August (+152 Beds|+84%).

The high admission to discharge ratio and increasing number of patients staying over 7 days, coupled with reduced bed capacity (for infection control and social distancing measures), has resulted in an increase in bed occupancy rates in the last 3 months (June 74.3%, July 80.2%, August 82.4%). It should be noted that bed flexibility has also been limited by cohorting (e.g. separating surgical pre-isolated patients). However, bed occupancy on average (noting peaks) remains below the aspiration of 85% and below that observed in August last year (91.2%).

Whilst beds occupied by patients with a length of stay greater than 21 days remain below that in the pre-covid period, the observed average daily number has steadily increased over the last 3 months (June 54, July 71, August 92). Despite the increase, an average of 92 per day is 49% of the 186 observed in the first 2 months of the 2020 calendar year.

High level Board Performance Indicators & Benchmarking

September 2020

Patient Flow

Bed Occupancy

Standard

Merged Trust

Stranded patients:

Length of stay 7 days

42%

#DIV/0!

0

Length of stay 14 days

21%

0

Length of stay 21 days

108

12%

0

Non-elective admissions

0

> 1 day non-elective admissions

0

Same Day Emergency Care (SDEC)

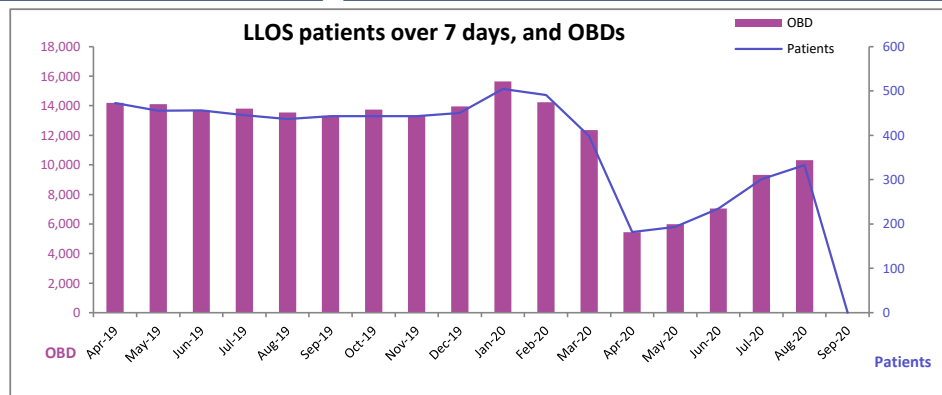
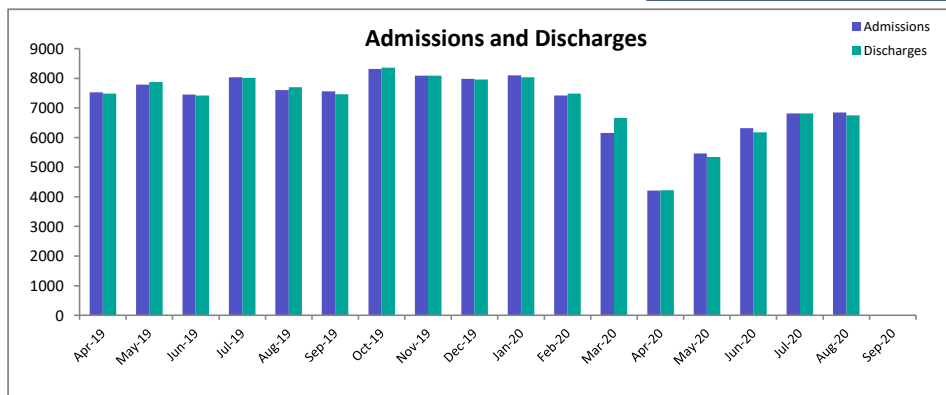
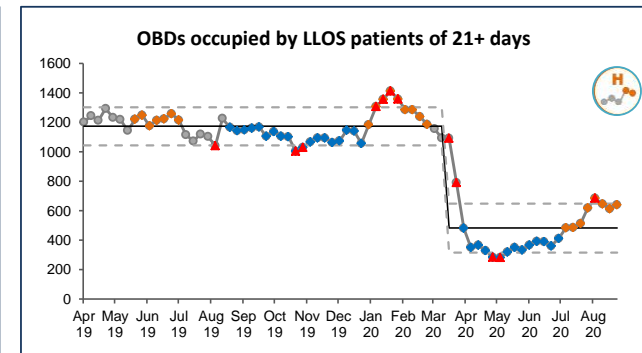
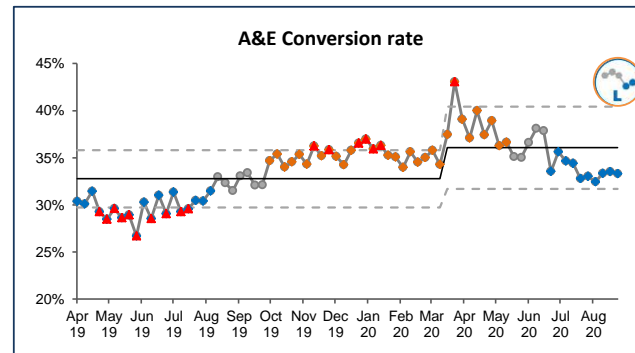
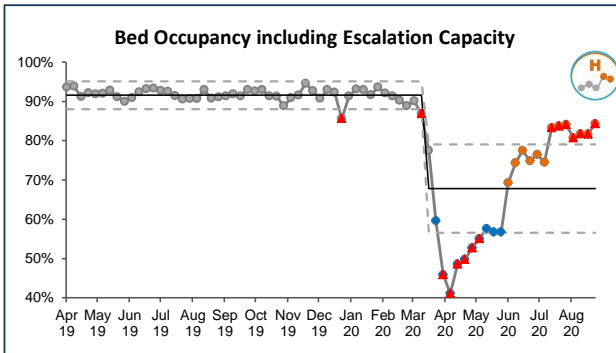
0

Conversion rate (admitted from ED)

30%

#DIV/0!

High Level Trust Performance (weekly)



OCCUPANCY

What is driving occupancy?

Actions Taken

Both sites have seen increasing occupancy rates which are consistently greater than 75%. Although driven in part by the increasing number of emergency admissions, the number of occupied bed days (OBDs) consumed by long length of stay patients, continues to increase. In addition the number of patients flagged as medically ready to leave has exceeded the number to-date, indicating that the current discharge model and processes that underpin the model cannot meet demand.

There are a number of factors that continue to contribute to a 'slowing down' in the number of discharges needed to maintain an operationally healthy occupancy:

- Lack of capacity in the system to support patients going home who need support from health and / or social care (pathway 1).
- Caution and anxiety across the care home sector; and increasing demand for patient swabbing and test results to be available prior to discharge, is causing delays.
- Processes underpinning current model do not support the level of demand from acute providers. This includes the flow of information between the community and wards.
- Higher acuity and an increasing conversion to admission rate via ED.
- Significant number of referrals via the brokerage is creating delay.
- High number of patients in community beds who could be cared for at home with the right support in place.
- Current Dorset D2A model is not aligned to the national guidance.
- Increased demand on Bridging services has reduced capacity to mitigate against other delayed patients.
- The current flows of information that support discharge are disjointed with multiple inputs that can lead to confusion and inconsistency for wards.

Governance

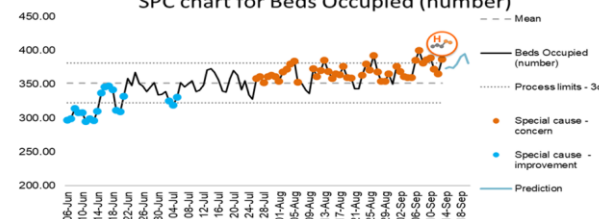
Home First Board with Executive sponsorship and leadership established to oversee the implementation of a D2A model fit for the future.

Delivery

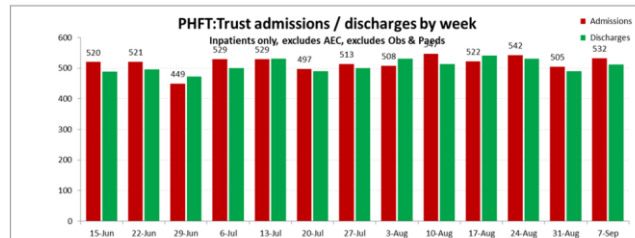
A delivery group reporting to the Home First Board has been established to design and implement the future D2A model.

PHFT

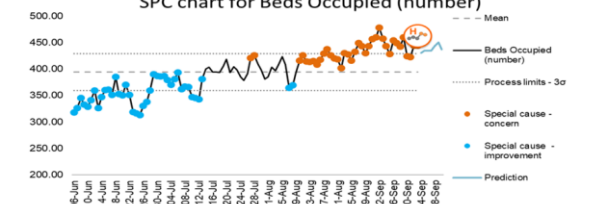
SPC chart for Beds Occupied (number)



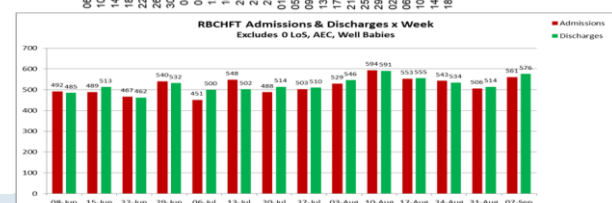
PHFT: Trust admissions / discharges by week

**RBCHFT**

SPC chart for Beds Occupied (number)



RBCHFT Admissions & Discharges x Week



An operational group is in place to support the delivery group in ensuring the quick wins are rolled out across the system.

Improvement Actions

A number of pathway specific actions are set out below in addition to several transformational changes to the current D2A model, specifically:

- Aiming for assessment to be undertaken out of hospital and ensuring that the majority of patients leave hospital on a short term interim option of care or beds – with rehab/reablement/optimisation so that brokerage is not undertaken in the hospital
- Pooling all of the currently fragmented bits of short term care and centrally coordinating
- Local Authorities are exploring commissioning additional care to support patients being discharged home with support.
- A re-run of the review of all patients delayed for discharge with all partners with the specific aim of reducing the number of 'medically ready to leave,' patients.
- Transition plan in place to release community capacity to support only those patients needing bed based assessment. Capacity for Pathway 1 needs to be in place to ensure community beds are used appropriately.
- D2A dashboard will be in place for 1st Oct to create greater visibility to the Dorset system of how the D2A function is performing.
- Learning from other systems played back to the Dorset system, including Hampshire.
- ECIST are supporting the Dorset system in the implementation of the new model. This includes some specific work with acute trusts around Criteria to reside and 'same Day Emergency Care,' (SDEC).
- The system is working to implement the new D2A model. First iteration of the new model planned to commence from the 1st Oct 2020, including staff working differently and across organisational boundaries.

D2A Pathway 1

- Partners to provide visible capacity of homecare across the system to "blend" capacity of packages to expedite discharge arrangements for patients returning home.
- Demand & Capacity Review of dom care by social care following reduction of bridging capacity.

D2A Pathway 2

- Urgent commissioning of appropriate D2A block-booked residential and nursing home beds
- to ensure patients are discharged rapidly to an appropriate care setting, providing high quality care and ability to manage high turnover of patients from NHS settings.

D2A Pathway 3

- Urgent review of assessment and brokerage process for patients with complex health needs (previously CHC pathway) ensuring D2A is followed and appropriate nursing home beds available across Dorset.

Lead Director Mark Mould

Workforce

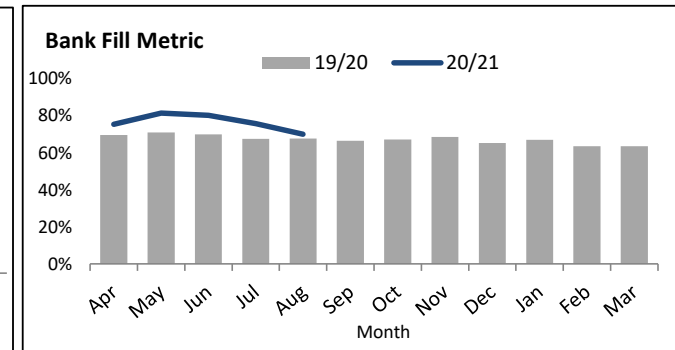
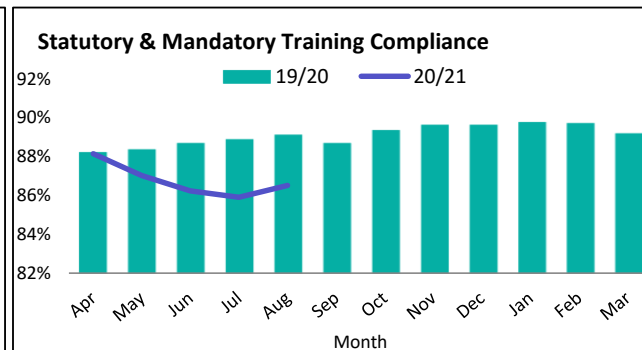
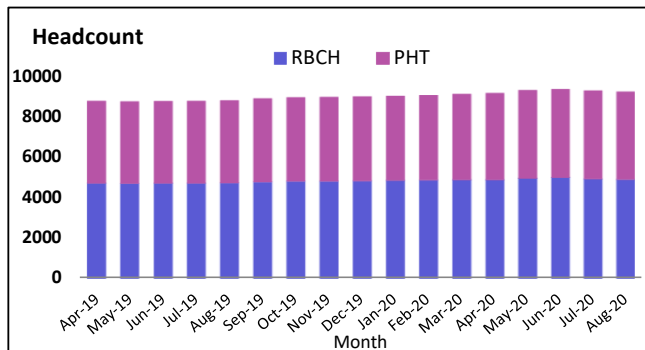
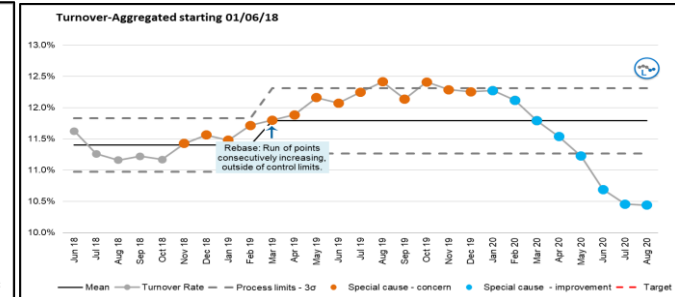
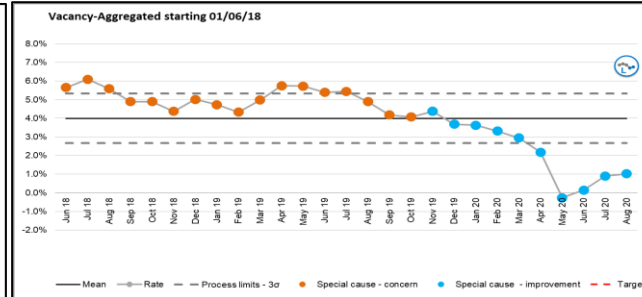
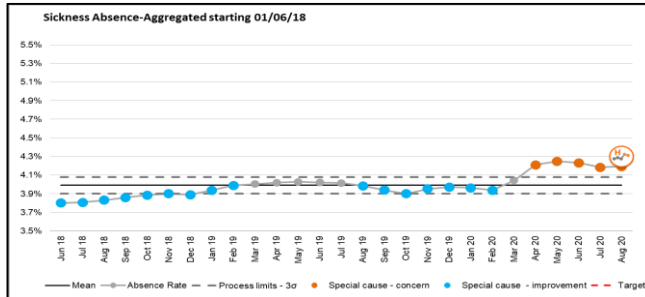
Commentary on high level board position

- Turnover has remained stable over the last few months and has reduced by 1.3% compared to the same period last year. This may relate to the atypical period where stability has been important and other jobs less accessible.
- The vacancy fill rate appears to have been distorted due to the influx of clinical and medical students joining in the Covid period.
- The overall sickness absence rate has maintained at 4.2%, but we are starting to see an increase in Covid related absence.
- The values based appraisal rate has increased this month, whereas the appraisal rate for medical and dental staff has reduced. All medical staff have been advised to complete their appraisal as soon as possible and by the end of December 2020.
- Statutory & Mandatory training has maintained a reasonable level despite significant disruption due to increased flexibility.

High level Board Performance Indicators

		20/21 YTD	19/20 YTD	Variance
Turnover		10.9%	12.2%	-1.3%
Vacancy Rate		0.7%	5.4%	-4.7%
Sickness Rate		4.2%	4.0%	0.2%
Appraisals	Values Based	30.1%	40.4%	-10.3%
	Medical & Dental	65.9%	82.9%	-16.9%
Statutory and Mandatory Training		86.8%	88.6%	-1.9%
Staff Friends & Family Test	Caring	N/A	87.4%	
Note: 19/20 Q1 & Q2 only	Work		72.7%	

High Level Trust Performance



JOINT BOARD OF DIRECTORS PART 1 – COVER SHEET

Meeting Date: 30 September 2020

Agenda item: 6.2

Subject:	Month 5 Financial Performance
Prepared by:	Andrew Goodwin, Deputy Chief Finance Officer Chris Hickson, Associate Director of Finance
Presented by:	Pete Papworth, Chief Finance Officer
Purpose of paper:	For information.
Background:	<p>In response to the COVID-19 pandemic, national interim financial arrangements have been implemented, effective until the end of September 2020 (extended by 2 months). Consistent with this, the Trusts income is no longer conditional upon activity levels and financial performance, with income received as follows:</p> <ul style="list-style-type: none"> • a fixed monthly payment from commissioners reflecting income reported within the December 2019 financial returns, uplifted for inflation; • a fixed monthly 'top-up' payment based on the average expenditure reported during November 2019, December 2019 and January 2020; and • a retrospective 'true-up' payment to cover specific COVID-19 costs and income losses and support a financial break-even position. <p>As a result of these arrangements; despite setting a deficit budget (due to a number of non-recurrent financial benefits during November 2019, December 2019 and January 2020), the Trust is expecting to report a financial break-even position each month, supported by a variable retrospective 'true-up' payment.</p>
Key points for members:	<ul style="list-style-type: none"> • Both Trusts have reported a YTD financial break-even position; inclusive of accrued income in relation to the retrospective 'true-up' payment (RBCHFT £3.778m; PHFT £5.424m). <p>This reflects the net deficit after taking into account the budget deficit, the direct impact of COVID-19 (revenue costs and lost income), off-set by under spends against base budgets reflecting the reduced</p>

	<p>activity and bed occupancy during April.</p> <ul style="list-style-type: none"> Capital spend to date totals £6.709m at RBCHFT (of which £563,000 related to the Trusts COVID-19 response) and £7.683m at PHFT (of which £697,000 directly related to COVID-19). Non COVID-19 capital spend reflects the first year of the agreed joint six-year capital programme. Both Trusts are holding significant cash balances (RBCHFT £85.7m; PHFT £31.1m), inclusive of the fixed contractual and 'top-up' payments for September (RBCH £23m; PHFT £19.7m). This reflects the new cash regime and is expected to support all invoices being paid within 7 days of receipt.
Options and decisions required:	No decisions are required at this time.
Recommendations:	Members are asked to note the financial performance to 31 August 2020.
Next steps:	Continued close monitoring and strong financial governance given the unprecedented circumstances and associated volatility.

Links to Poole Hospital NHS Foundation Trust and Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective(s):	Ensure all resources are used efficiently, effectively and economically to deliver key operational standards
BAF/Corporate Risk Register: (if applicable)	AF4
CQC Reference(s):	Use of Resources

Committees/Meetings at which the paper has been submitted:	Date

Finance Report

August 2020

Pete Papworth
Joint Director of Finance

Executive Summary

Key Points - August 2020

In response to the COVID-19 pandemic, national interim financial arrangements have been implemented. Consistent with this, the Trusts income is no longer conditional upon activity levels and financial performance, with income received as follows:

- a fixed monthly payment from commissioners reflecting income reported within the December 2019 financial returns, uplifted for inflation;
- a fixed monthly 'top-up' payment based on the average expenditure reported during November 2019, December 2019 and January 2020;
- a retrospective 'true-up' payment to cover specific COVID-19 costs and income losses and support a financial break-even position.

As a result of these arrangements; despite setting a deficit budget (due to a number of non-recurrent financial benefits during November 2019, December 2019 and January 2020), the Trust is expecting to report a financial break-even position each month, supported by a variable retrospective 'true-up' payment.

During August the Trust has reported additional costs of £711,000 and income losses of £181,000 in responding to the COVID-19 pandemic. This results in a net deficit of £1.002 million when added to the budget deficit of £110,000. However this has been partially off-set by significant under spends against the baseline non-pay budgets due to the cancellation of elective activity and a significantly reduced bed occupancy. As a result, the retrospective 'true-up' requirement to achieve a break-even position is £991,000, which has been accrued.

Capital expenditure at the end of August amounted to £7,683,000 (YTD) of which £697,000 related to specific COVID-19 requirements and is expected to be reimbursed. The full year capital programme reflects the first year of the joint (with The Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust) six year capital programme and totals £28.5 million. This will be monitored closely given the potential impact of the pandemic and risk of slippage.

The Trust is currently holding a consolidated cash balance of £31.1 million, however this includes the September contractual and top-up payments, received in advance (£19.7 million).

As reported previously, interim financial governance arrangements have been put in place to ensure all COVID-19 costs are appropriately considered and approved in advance.

Income & Expenditure

STATEMENT OF COMPREHENSIVE INCOME	In Month (£'000)			Year to Date (£'000)			Full Year (£'000)		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Forecast	Variance
Income									
Income is £920k favourable in month due to the additional top-up payment accrued to deliver a break-even position of £991k. Contract income is per the block contract payment plan. Other operating income is ahead of plan by £1m mainly due to top-up income of £991k, it also has additional education and training income of £206k (offset by additional cost) and shortfalls in areas such as private patient income, overseas visitors, recharge income and car park & catering.									
Operating income from patient care activities: Dorset CCG	14,786	14,781	(5)	73,927	73,920	(7)	177,374	177,374	0
Operating income from patient care activities: NHSE	4,547	4,547	0	22,735	22,738	3	54,564	54,564	0
Operating income from patient care activities: West Hampshire CCG	365	365	0	1,825	1,825	0	4,380	4,380	0
Operating income from patient care activities: Other CCG	0	0	0	0	(9)	(9)	0	0	0
Operating income from patient care activities: Other (inc. Non NHS)	258	73	(185)	1,430	600	(830)	3,283	3,283	0
Other operating income	4,361	5,361	1,000	21,673	26,369	4,696	52,227	52,227	0
Operating Income	24,317	25,127	810	121,590	125,443	3,853	291,828	291,828	0
Charitable Income	102	212	110	510	620	110	1,800	1,800	0
Total Income	24,419	25,339	920	122,100	126,063	3,963	293,628	293,628	0
Employee expenses	(16,503)	(17,406)	(903)	(82,477)	(84,547)	(2,070)	(199,339)	(199,339)	0
Clinical supplies expenses	(1,662)	(1,520)	142	(8,327)	(8,139)	188	(20,022)	(20,022)	0
Drugs expenses	(2,208)	(2,079)	129	(11,181)	(10,677)	504	(26,778)	(26,778)	0
Purchase of healthcare and social care	(29)	(33)	(4)	(147)	(459)	(312)	(353)	(353)	0
Depreciation and amortisation expense	(658)	(630)	28	(3,291)	(3,181)	110	(7,900)	(7,900)	0
Clinical Negligence expense	(880)	(865)	15	(4,401)	(4,386)	15	(10,559)	(10,559)	0
Premises & Fixed Plant	(694)	(748)	(54)	(3,503)	(4,487)	(984)	(8,468)	(8,468)	0
Other operating expenses	(1,574)	(1,583)	(9)	(7,919)	(8,738)	(819)	(19,881)	(19,881)	0
Operating Expenses	(24,208)	(24,864)	(656)	(121,246)	(124,614)	(3,368)	(293,300)	(293,300)	0
Net finance costs	(321)	(429)	(108)	(1,605)	(1,657)	(52)	(3,852)	(3,852)	0
Share of profit/(loss) of associates/joint ventures	0	0	0	0	0	0	0	0	0
SURPLUS/ (DEFICIT)	(110)	46	156	(751)	(208)	543	(3,524)	(3,524)	0
Consolidation	0	0	0	0	0	0	0	0	0
Surplus/ (Deficit) after Consolidation	(110)	46	156	(751)	(208)	543	(3,524)	(3,524)	0
Less:									
Impairment adjustment	0	0	0	0	0	0	0	0	0
Capital donations/grants income impact	70	(46)	(116)	275	208	(67)	40	40	0
Subtotal	(40)	0	40	(476)	0	476	(3,484)	(3,484)	0
Control Total	0	0	0	0	0	0	0	0	0
Variance from Control Total	(40)	0	40	(476)	0	476	(3,484)	(3,484)	0

Performance against Control Total

Due to the national interim financial arrangements, the Trust is not required to agree a financial control total at present. Instead, the Trust is expecting to report a financial break-even position each month supported by the retrospective 'true-up' payment to cover specific COVID-19 related costs. These interim arrangements will be in place until the end of September 2020

Care Group Performance and Forecast

Care Group Performance

The Surgical Care Group were £171k adverse. Trauma & Orthopaedic Pay £104k adverse due to additional medical sessions and agency spend. Critical Care Pay £88k adverse due to agency expenditure and additional session spend.

The Medical Care group were £189k favourable. General Medicine Non Pay £154k favourable mainly due to Bowel Scope Screening SLA recharges. Specialist Medicine Non Pay £125k favourable due to drugs expenditure.

Clinical & Operational Support were £9k favourable. Pathology Non Pay £95k favourable due to activity related contract and consumables spend. Pathology Pay £61k favourable due to vacancies. Operations Income £166k adverse due to the impact of COVID on car park, catering and retail rental income.

Womens, Childrens & Oncology Care Group were £260k favourable. Oncology Non Pay £316k favourable due to Drugs.

Directorate	In Month (£'000)			Year to Date (£'000)			Full Year (£'000)		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Forecast	Variance
Critical Care	(2,268)	(2,326)	(58)	(11,316)	(10,809)	507	(27,442)	(27,442)	0
Surgery	(1,187)	(1,193)	(6)	(5,935)	(5,904)	32	(14,290)	(14,290)	0
Trauma & Orthopaedics	(938)	(1,045)	(107)	(4,689)	(4,843)	(155)	(11,341)	(11,341)	0
Surgical Care Group	(4,393)	(4,564)	(171)	(21,940)	(21,556)	384	(53,074)	(53,074)	0
General Medicine	(3,048)	(3,032)	16	(15,154)	(14,046)	1,108	(37,641)	(37,641)	0
Specialist Medicine	(1,072)	(948)	124	(5,484)	(5,031)	454	(12,878)	(12,878)	0
Emergency & Ambulatory Care	(1,249)	(1,200)	49	(6,235)	(5,949)	286	(15,074)	(15,074)	0
Medical Care Group	(5,369)	(5,180)	189	(26,873)	(25,025)	1,848	(65,593)	(65,593)	0
Radiology & Therapies	(1,703)	(1,697)	6	(8,483)	(8,123)	360	(20,618)	(20,618)	0
Pharmacy & Pathology	(1,265)	(1,157)	108	(6,317)	(6,157)	160	(15,320)	(15,320)	0
Operational Support & Outpatients	(751)	(855)	(104)	(3,736)	(4,389)	(652)	(9,016)	(9,016)	0
Clinical & Operational Support	(3,718)	(3,709)	9	(18,536)	(18,669)	(133)	(44,954)	(44,954)	0
Oncology and Cancer Services	(2,244)	(1,958)	286	(11,413)	(10,519)	894	(27,246)	(27,246)	0
Women's Services	(1,245)	(1,277)	(32)	(6,156)	(6,053)	104	(14,923)	(14,923)	0
Children's Services	(1,320)	(1,314)	7	(6,737)	(6,526)	211	(16,048)	(16,048)	0
Women, Children & Oncology	(4,809)	(4,549)	260	(24,305)	(23,098)	1,208	(58,217)	(58,217)	0
Corporate	(3,518)	(3,305)	214	(17,997)	(17,469)	528	(42,408)	(42,408)	0
Corporate	(3,518)	(3,305)	214	(17,997)	(17,469)	528	(42,408)	(42,408)	0
Centrally Managed Budgets	(1,215)	(2,489)	(1,273)	(5,924)	(14,160)	(8,235)	(13,999)	(13,999)	0
Trust-Wide Income	22,914	23,842	928	114,825	119,770	4,945	274,721	274,721	0
Centrally Managed	21,699	21,353	(345)	108,901	105,610	(3,291)	260,722	260,722	0
Total Surplus/ (Deficit)	(110)	46	155	(751)	(208)	543	(3,524)	(3,524)	0

Pay Expenditure

Pay Expenditure: Key Points

Total pay for the Trust was £2,070k adverse against budget year to date.

Substantive pay was £7,205k favourable against budget, mainly as a result of vacancies, with this offset by expenditure on overtime (£487k), bank (£5,849k) and agency staffing (£2,939k).

The Surgical Care Group had the highest overtime expenditure of £230k; the majority of this spend relating to the Critical Care Directorate (£225k). The Care Group also had the second highest agency usage of £736k. The Critical Care Directorate agency spend was predominantly for Theatre agency staff (£328k), whilst the Trauma & Orthopaedics Directorate agency spend was mainly for registered nursing agency staff (£128k) and middle grade medical agency (£70k).

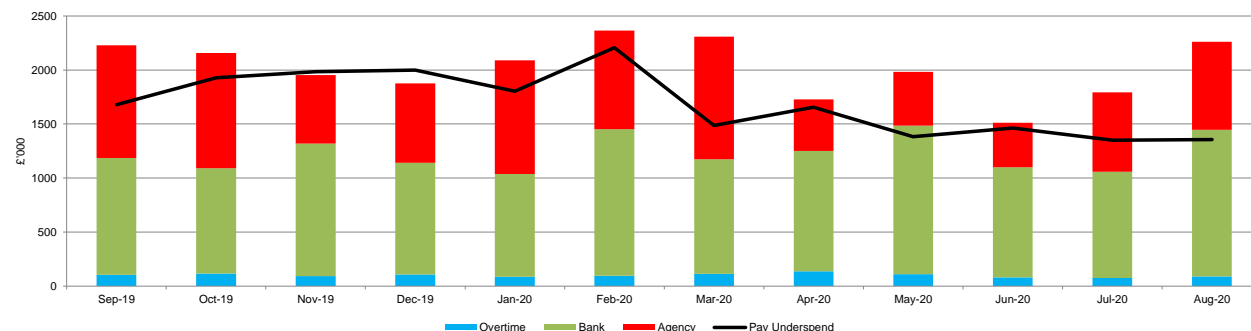
The Medical Care Group had the highest bank spend of £1,891k, mainly in Emergency & Ambulatory Care (£1,001k) and General Medicine (£771k). Emergency & Ambulatory care bank spend was predominantly for medical staff (£742k) and registered nursing (£139k). General Medicine bank spend related to registered nursing (£424k), unregistered nursing (£229k) and medical staff (£115k).

The Medical Care Group also had the highest agency spend of £760k. Specialist Medicine spent £161k on medical staff whilst General Medicine spent £253k on registered nursing agency staff. Emergency Medicines agency spend related to registered nursing staff.

The largest variance was a £3,811k overspend against Centrally Managed Budgets. £3,804k of this overspend related to COVID-19 staffing which included £480k of agency spend (£163k consultant agency and £255k registered nurse agency) and £1,397k of bank spend (£570k registered nurse bank, £415k medical bank and £255k unregistered nurse bank).

Directorate	Year To Date (£'000)						
	Budget	Substantive	Pay Underspend	Overtime	Bank	Agency	Variance
Critical Care	8,514	7,745	770	225	94	390	61
Surgery	5,574	5,038	536	5	380	114	37
Trauma & Orthopaedics	4,360	3,701	659	1	624	231	(196)
Surgical Care Group	18,448	16,483	1,965	230	1,098	736	(99)
General Medicine	12,807	11,280	1,527	21	771	325	410
Specialist Medicine	2,705	2,310	395	3	118	174	99
Emergency & Ambulatory Care	6,196	4,671	1,525	4	1,001	261	260
Medical Care Group	21,707	18,260	3,447	28	1,891	760	768
Radiology & Therapies	7,600	6,718	882	59	162	308	353
Pharmacy & Pathology	4,678	4,078	599	17	66	154	362
Operational Support & Outpatients	3,660	3,353	307	22	167	69	49
Clinical & Operational Support	15,938	14,149	1,789	99	395	531	764
Oncology and Cancer Services	6,238	5,755	483	31	346	209	(103)
Women's Services	5,893	5,481	412	1	325	63	24
Children's Services	5,499	5,274	225	2	182	(1)	43
Women, Children & Oncology	17,630	16,510	1,120	33	852	270	(36)
Corporate	6,738	6,129	609	96	144	25	344
Corporate	6,738	6,129	609	96	144	25	344
Centrally Managed Budgets	1,058	2,782	(1,725)	0	1,469	617	(3,811)
Trust-Wide Income	959	959	0	0	0	0	0
Centrally Managed	2,016	3,741	(1,725)	0	1,469	617	(3,811)
Totals	82,477	75,273	7,205	487	5,849	2,939	(2,070)

Agency, Bank and Overtime Costs Against Pay Underspend



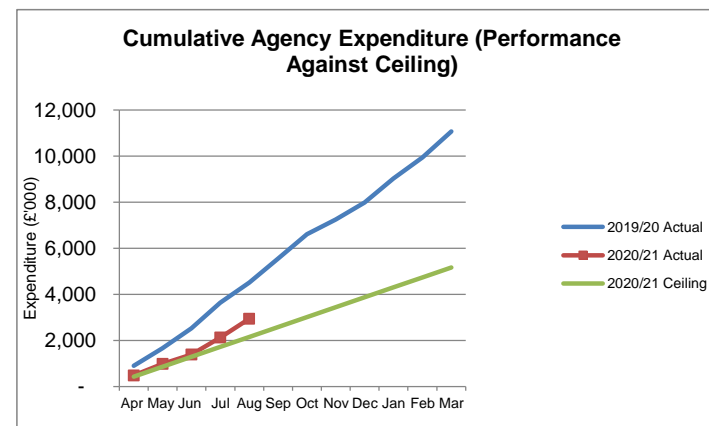
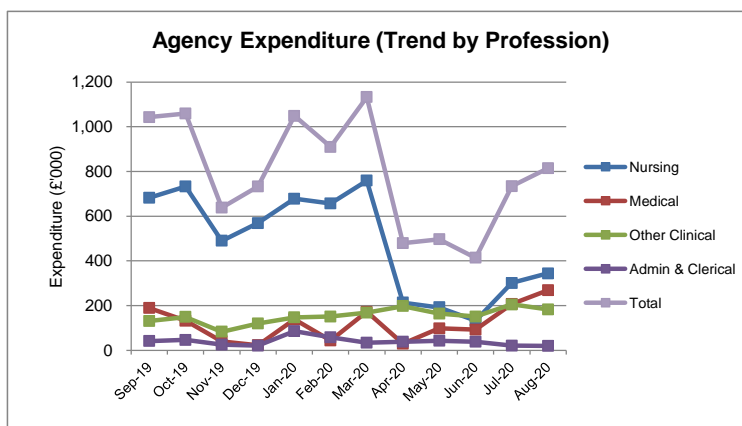
Pay Expenditure

Agency Expenditure

Total agency staff expenditure for Month 5 was £815k (compared to £734k in Month 4), against a £431k NHSI target. At £344k nursing agency staff accounted for the largest staff group spend, followed by £269k on Medical staff.

Of the total agency spend in month, £91k related to COVID-19 (compared to £112k in Month 4).

Pay Metrics	In Month Actual	Year to Date Actual	Budget	Full Year Forecast	Variance
Total pay costs as % of total operating income	69.3%	67.4%	68.3%	68.3%	0.0%
Agency expenditure as % of total pay	4.7%	3.5%	4.2%	4.2%	0.0%



Agency Spend by Profession (£'000)	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Nursing	682	733	490	569	678	657	759	213	192	133	301	344
Medical	189	132	40	23	138	44	172	29	98	92	207	269
Other Clinical	131	149	83	120	147	151	168	198	164	151	205	183
Admin & Clerical	41	46	25	21	86	58	34	38	43	38	21	19
Total	1,043	1,060	638	733	1,049	910	1,133	479	497	414	734	815

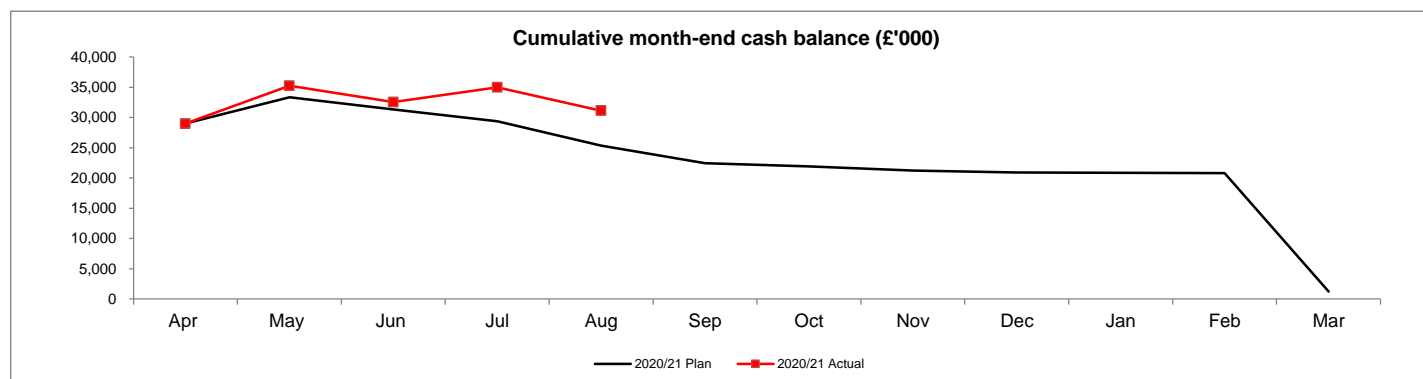
Cash and Working Capital

Cash Balance

The closing cash balance is £31.1m which includes the September block contract payments of £19.7m. The 2019/20 Q4 PSF was received in May (£5.5m).

This cash balance under the interim financing arrangements assumes that cash support is not required.

The cash position continues to be monitored on a daily basis. The cash plan assumes that the block contract payments are in place for the whole financial year.



Cumulative cash balance	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000
2020/21 Plan	29,005	33,328	31,320	29,377	25,339	22,440	21,904	21,226	20,929	20,875	20,799	1,249
<i>Of which</i>												
<i>Uncommitted Term Loan</i>	0	0	0	0	0	0	0	0	0	0	0	0
2020/21 Actual	29,005	35,254	32,555	35,000	31,138							
<i>Of which</i>												
<i>Uncommitted Term Loan</i>	0	0	0	0	0							

Public Sector Payment Policy: Better Payment Practice Code

The Better Payment Practice Code requires the Trust to pay all valid non-NHS invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

As part of the public sector response to COVID-19, public sector organisations have been instructed to pay all suppliers within 7 working days of receipt of invoice/delivery of goods. The Trust is therefore making daily payments for all invoices that are approved. During the first quarter no on-account payments have been made.

Better Payment Practice Code	In Month		Year to Date	
	No.	£'000	No.	£'000
Non-NHS Invoices				
Total bills paid	4,482	10,752	24,954	62,910
Total bills paid within target	4,385	10,568	23,598	59,359
Percentage of bills paid within target	97.8%	98.3%	94.6%	94.4%
NHS Invoices				
Total bills paid	337	5,434	1,298	10,742
Total bills paid within target	319	5,382	1,126	10,256
Percentage of bills paid within target	94.7%	99.0%	86.7%	95.5%
Total				
Total bills paid	4,819	16,186	26,252	73,652
Total bills paid within target	4,704	15,950	24,724	69,615
Percentage of bills paid within target	97.6%	98.5%	94.2%	94.5%

Capital

Capital Programme

New capital arrangements are in place for 2020/21, with capital allocations made at Integrated Care system level, rather than at individual organisation level.

The Dorset ICS allocation has now been received and detailed capital plans were submitted to NHS England and Improvement on 29 May.

The Trust's proposed capital programme for 2020/21 amounts to £28.5 million, an increase of £4.1m due to additional funding received for the CIF and UEC. This represents the Trust's element of the agreed joint (with The Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust) six year capital programme. This excludes COVID-19 related capital expenditure which is separately reimbursed (£697k).

Capital expenditure at the end of August amounted to £7,683k.

Capital Programme	Year to Date (£'000)			Full Year (£'000)		
	Budget	Actual	Variance	Budget	Forecast	Variance
Estates	928	567	360	6,964	6,964	0
Estates	928	567	360	6,964	6,964	0
EPMA	0	148	(148)	220	220	0
IT Schemes	795	502	293	2,546	2,546	0
IT Schemes	795	650	145	2,766	2,766	0
COVID-19	697	697	0	697	697	0
Medical Equipment	958	1,051	(93)	5,164	5,164	0
Linac at Poole	0	0	0	0	0	0
Donated Assets	452	110	342	1,764	1,764	0
Medical Equipment	2,107	1,858	249	7,625	7,625	0
Theatres Programme	2,357	3,229	(872)	7,765	7,765	0
CSR Acute Reconfiguration - WCEC	1,546	1,379	167	3,392	3,392	0
Centrally Managed	3,903	4,608	(705)	11,157	11,157	0
Grand Total	7,733	7,683	49	28,512	28,512	0

Finance Report

August 2020

Pete Papworth
Joint Director of Finance

Executive Summary

Key Points - August 2020

In response to the COVID-19 pandemic, national interim financial arrangements have been implemented. Consistent with this, the Trusts income is no longer conditional upon activity levels and financial performance, with income received as follows:

- a fixed monthly payment from commissioners reflecting income reported within the December 2019 financial returns, uplifted for inflation;
- a fixed monthly 'top-up' payment based on the average expenditure reported during November 2019, December 2019 and January 2020;
- a retrospective 'true-up' payment to cover specific COVID-19 costs and income losses and support a financial break-even position.

As a result of these arrangements; despite setting a deficit budget, the Trust is expecting to report a financial break-even position each month, supported by a variable retrospective 'true-up' payment.

During August the Trust has reported additional costs of £916,000 and income losses of £296,000 in responding to the COVID-19 pandemic. This results in a net deficit of £1.267 million when added to the budget deficit of £55,000. However this has been partially off-set by under spends against the baseline, drugs, devices and clinical supplies budgets. As a result, the retrospective 'true-up' requirement to achieve a break-even position is £886,000 which has been accrued.

Capital expenditure to August amounted to £6.709 million of which £563,000 related to specific COVID-19 requirements and is expected to be reimbursed. The full year capital programme reflects the first year of the joint (with Poole Hospitals NHS Foundation Trust) six year capital programme and totals £37.9 million at 31 August. This will be monitored closely given the potential impact of the pandemic and risk of slippage.

The Trust is currently holding a consolidated cash balance of £85.7 million, however this includes the September contractual and top-up payments, received in advance (£23 million).

As reported previously, interim financial governance arrangements have been put in place to ensure all COVID-19 costs are appropriately considered and approved in advance.

Income & Expenditure



STATEMENT OF COMPREHENSIVE INCOME	In Month (£'000)			Year to Date (£'000)			Full Year (£'000)		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Forecast	Variance
Operating income from patient care activities: Dorset CCG	16,832	16,832	0	84,159	84,159	0	214,751	214,751	0
Operating income from patient care activities: NHSE	3,911	3,911	0	19,557	19,557	0	48,059	48,059	0
Operating income from patient care activities: West Hampshire CCG	2,252	2,252	0	11,259	11,259	0	27,022	27,022	0
Operating income from patient care activities: Other CCG	255	255	(0)	1,273	1,273	(0)	3,054	3,054	0
Operating income from patient care activities: Other (inc. Non NHS)	725	637	(88)	3,846	3,004	(842)	8,732	8,732	0
Other operating income	3,675	4,353	678	17,523	19,597	2,073	20,869	20,869	0
Operating Income	27,649	28,239	590	137,615	138,848	1,232	322,487	322,487	0
Charitable Income	172	175	4	875	871	(4)	189	189	0
Total Income	27,820	28,415	594	138,491	139,719	1,228	322,676	322,676	0
Employee expenses	(17,823)	(18,742)	(920)	(88,424)	(91,817)	(3,393)	(209,651)	(209,651)	0
Clinical supplies expenses	(2,559)	(1,960)	600	(13,024)	(10,370)	2,654	(35,626)	(35,626)	0
Drugs expenses	(2,804)	(2,580)	224	(14,470)	(12,593)	1,877	(35,002)	(35,002)	0
Purchase of healthcare and social care	(408)	(461)	(53)	(2,134)	(2,297)	(162)	(4,405)	(4,405)	0
Depreciation and amortisation expense	(688)	(759)	(71)	(3,438)	(3,801)	(363)	(8,252)	(8,252)	0
Clinical Negligence expense	(390)	(390)	(0)	(1,950)	(1,950)	(0)	(4,681)	(4,681)	0
Premises & Fixed Plant	(1,269)	(1,512)	(243)	(6,218)	(7,348)	(1,129)	(11,879)	(11,879)	0
Other operating expenses	(1,356)	(1,522)	(167)	(6,892)	(6,905)	(14)	(9,758)	(9,758)	0
Operating Expenses	(27,296)	(27,927)	(630)	(136,551)	(137,082)	(531)	(319,254)	(319,254)	0
Net finance costs	(579)	(569)	10	(2,896)	(2,869)	27	(6,951)	(6,951)	0
Share of profit/(loss) of associates/joint ventures	0	0	0	0	0	0	600	600	0
SURPLUS/ (DEFICIT)	(55)	(81)	(26)	(957)	(233)	724	(2,930)	(2,930)	0
Consolidation	0	53	53	0	97	97			
Surplus/ (Deficit) after Consolidation	(55)	(28)	27	(957)	(136)	821	(2,930)	(2,930)	0
Less:									
Impairment adjustment	0	0	0	0	0	0	0	0	0
Capital donations/grants income impact	0	27	27	0	135	135	0	0	0
Subtotal	(55)	0	55	(957)	0	957	(2,930)	(2,930)	0
Control Total		0			0		0	0	
Variance from Control Total	(55)	0	55	(957)	0	957	(2,930)	(2,930)	0

Performance against Control Total

Due to the interim funding arrangements following the COVID-19 pandemic the Trust is working to a breakeven position with any shortfall in expenditure funded through the True up process. The current guidance advises that these interim arrangements will be in place until 30 September 2020.

Care Group Performance and Forecast

Care Group Performance

The Surgical and Specialties Care Group positions are underspent due to the current arrangements in place concerning Elective activity and the redeployment of clinical staff.

The Medical Care Group is incurring planned costs relating to key Endoscopy Insourcing workstreams.

This underspend is being directly offset with £5.958 million year to date spend in relation to COVID-19 which is reported within Centrally Managed Budgets.

Directorate	In Month (£'000)			Year to Date (£'000)			Full Year (£'000)		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Forecast	Variance
Anaesthetics and Theatres	(1,935)	(1,879)	56	(9,712)	(9,404)	308	(23,318)	(23,318)	0
Maternity	(297)	(288)	9	(1,502)	(1,505)	(3)	(3,579)	(3,579)	0
Orthopaedics	(948)	(538)	410	(4,736)	(3,054)	1,682	(11,419)	(11,419)	0
Surgery	(2,262)	(2,293)	(31)	(11,333)	(10,850)	483	(27,157)	(27,157)	0
Surgery Management	(89)	(94)	(5)	(447)	(439)	8	(1,130)	(1,130)	0
Surgical Care Group	(5,531)	(5,093)	438	(27,730)	(25,253)	2,477	(66,603)	(66,603)	0
Cardiology	(1,631)	(1,535)	96	(8,234)	(7,819)	414	(19,816)	(19,816)	0
ED and AMU	(1,822)	(1,927)	(105)	(9,175)	(9,535)	(360)	(22,178)	(22,178)	0
Medicine	(2,274)	(2,564)	(290)	(11,593)	(12,219)	(626)	(27,907)	(27,907)	0
Older People's Medicine	(2,564)	(2,419)	145	(12,884)	(12,780)	104	(30,960)	(30,960)	0
Medical Care Group	(8,291)	(8,446)	(154)	(41,885)	(42,353)	(467)	(100,861)	(100,861)	0
Cancer Care	(1,847)	(1,777)	70	(9,523)	(8,934)	588	(23,045)	(23,045)	0
Ophthalmology	(1,080)	(1,192)	(112)	(5,519)	(5,079)	440	(13,396)	(13,396)	0
Pathology	(271)	(180)	92	(1,283)	(879)	404	(3,128)	(3,128)	0
Radiology	(839)	(696)	143	(4,112)	(3,876)	236	(9,861)	(9,861)	0
Specialist Services	(1,653)	(1,325)	327	(8,227)	(6,855)	1,372	(19,712)	(19,712)	0
Specialties Management	(3)	(3)	0	(14)	(14)	0	(34)	(34)	0
Research	0	(164)	(164)	0	(570)	(570)	0	0	0
Specialties Care Group	(5,693)	(5,337)	356	(28,679)	(26,208)	2,471	(69,177)	(69,177)	0
Corporate	(3,211)	(3,383)	(172)	(16,080)	(16,931)	(851)	(38,334)	(38,334)	0
Corporate	(3,211)	(3,383)	(172)	(16,080)	(16,931)	(851)	(38,334)	(38,334)	0
Centrally Managed Budgets	(1,978)	(2,371)	(393)	(9,893)	(12,426)	(2,533)	(24,043)	(24,043)	0
Trust-Wide Income	24,649	24,550	(99)	123,310	122,939	(371)	296,087	296,087	0
Centrally Managed	22,670	22,179	(492)	113,417	110,513	(2,904)	272,044	272,044	0
Total Surplus/ (Deficit)	(55)	(80)	(24)	(957)	(232)	725	(2,930)	(2,930)	0

Consolidation	0	53	53	0	97	97			
Surplus/(Deficit) after Consolidation	(55)	(27)	29	(957)	(135)	822	(2,930)	(2,930)	0

Less:

Impairment adjustment	0	0	0	0	0	0	0	0	0
Capital donations/grants income impact	0	27	27	0	135	135	0	0	0
Subtotal	(55)	0	55	(957)	0	957	(2,930)	(2,930)	0

Control Total		0	0		0	0		0	
Variance from Control Total	(55)	0	55	(957)	0	957	(2,930)	(2,930)	0

Dorset Integrated Care System (ICS)

Dorset ICS Financial Position

Due to the national interim financial arrangements, there is currently no requirement to agree financial control totals. Instead, all NHS organisations are expecting to report financial break-even positions each month supported by fixed payments from commissioners, a national 'top-up' payment reflective of the underlying cost base, and a retrospective 'true'up' payment to cover specific COVID-19 related costs. These interim arrangements will be in place until at least 30 September 2020.

The position reported across the Dorset ICS is shown below.

Financial Position by Organisation (incl. Sustainability Funding)	In Month (£'000)			Year to Date (£'000)			Full Year (£'000)		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Forecast	Variance
Dorset County Hospital NHS FT	0	0	0	0	0	0	0	0	0
Dorset Healthcare University NHS FT	0	0	0	0	0	0	0	0	0
Poole Hospital NHS FT	(40)	0	40	(476)	0	476	(3,485)	0	3,485
Dorset Clinical Commissioning Group	0	0	0	0	0	0	0	0	0
Royal Bournemouth & Christchurch Hospitals NHS FT	(55)	0	55	(957)	0	957	(2,930)	0	2,930
Dorset ICS Surplus/(Deficit)	(95)	0	95	(1,433)	0	1,433	(6,415)	0	6,415
System Control Total	0	0	0	0	0	0	0	0	0
Sustainability Funding attributable to system	0	0	0	0	0	0	0	0	0

Pay Expenditure

Pay Expenditure: Key Points

Total pay for the Trust was £3.393 million adverse against budget year to date.

Substantive pay was £5.539 million favourable against budget, mainly as a result of vacancies, with this offset by expenditure on Overtime (£449,000), Bank (£6.828 million) and Agency staffing (£1.655 million).

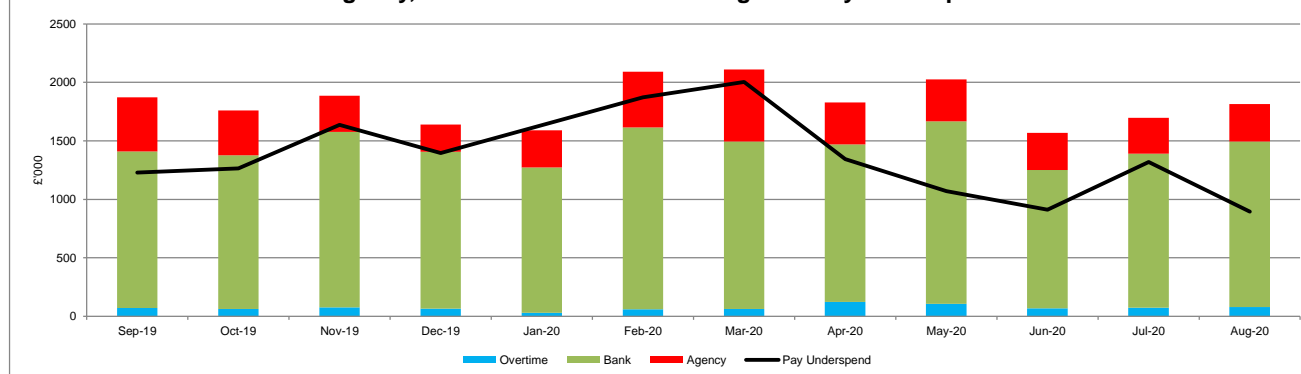
The Medical Care Group had the highest Overtime expenditure of £122,000; the majority of this spend relating to Older Peoples Medicine (£54,000). The Care Group also had the highest Agency usage of £735,000 mainly within Medicine and Older People's specialities.

The Medical Care Group had the highest bank spend of £3.634 million, again mainly in Emergency & Ambulatory Care (£2.156 million) and Older Peoples Medicine (£822,000).

The largest variance was a £4.368 million overspend against Centrally Managed Budgets. £3.935 million of this spend related to COVID-19 staffing which included £553,000 of agency spend (£41,000 Medical agency and £417,000 Registered Nurse and non medical agency) and £1.306 million of bank spend (£852,000 Registered Nurse & Healthcare Assistant bank, £243,000 Medical bank, £138,000 Other Health Care professionals and Estates, Admin & Clerical of £73,000).

Directorate	Year To Date (£'000)						Variance
	Budget	Substantive	Pay Underspend	Overtime	Bank	Agency	
Anaesthetics and Theatres	8,314	8,221	94	54	89	7	(56)
Maternity	1,015	1,010	5	0	18	(0)	(14)
Orthopaedics	2,984	2,575	409	6	24	(1)	380
Surgery	8,539	7,987	552	13	564	24	(50)
Surgery Management	393	344	49	0	28	30	(9)
Surgical Care Group	21,246	20,137	1,109	73	724	61	251
Cardiology	5,455	5,174	281	6	125	6	145
ED and AMU	7,848	5,993	1,855	24	2,156	129	(453)
Medicine	7,220	6,708	511	39	532	328	(388)
Older People's Medicine	11,854	10,696	1,158	54	822	272	11
Medical Care Group	32,377	28,571	3,806	122	3,634	735	(686)
Cancer Care	3,693	3,325	368	0	226	9	132
Ophthalmology	3,066	2,901	166	24	64	61	17
Pathology	2,736	2,202	535	9	125	50	351
Radiology	4,226	3,957	269	16	136	25	91
Specialist Services	4,798	4,118	679	6	60	30	583
Specialties Management	0	0	0	0	0	0	0
Research	959	932	26	2	0	0	25
Specialties Care Group	19,477	17,435	2,042	57	611	176	1,198
Corporate	15,233	14,342	891	57	522	101	211
Corporate	15,233	14,342	891	57	522	101	211
Centrally Managed Budgets	91	2,399	(2,308)	140	1,337	583	(4,368)
Trust-Wide Income	0	0	0	0	0	0	0
Centrally Managed	91	2,399	(2,308)	140	1,337	583	(4,368)
Totals	88,424	82,885	5,539	449	6,828	1,655	(3,393)

Agency, Bank and Overtime Costs Against Pay Underspend



Pay Expenditure

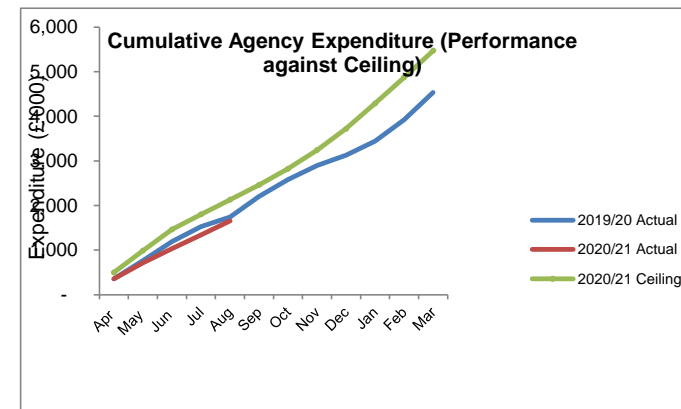
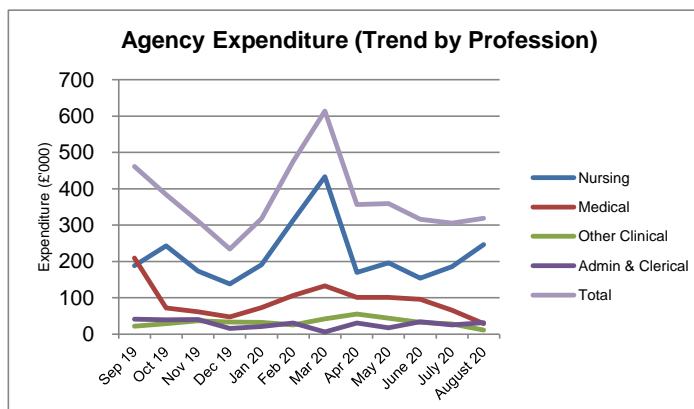
Agency Expenditure

Agency costs were £13,000 below the NHS Improvement agreed trajectory for August.

August 2020 Agency spend is £318,000 compared to August 2019 agency spend of £357,000 reflecting the impact of COVID-19 in relation to elective activity and redeployment of staff.

Of the total agency spend, £128,000 relates to COVID-19 (compared to £142,000 in July).

Pay Metrics	In Month Actual	Year to Date Actual	Budget	Full Year Forecast	Variance
Total pay costs as % of total operating income	66.4%	66.1%	65.0%	65.0%	0.0%
Agency expenditure as % of total pay	1.7%	1.8%	0.6%	2.2%	-1.5%



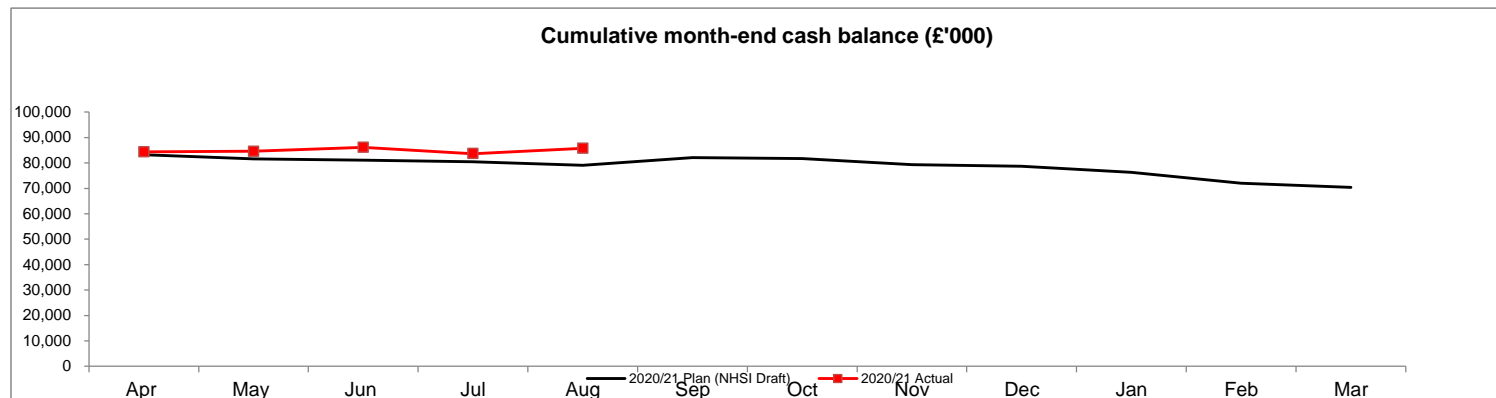
Agency Spend by Profession (£'000)	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	June 20	July 20	August 20
Nursing	189	243	173	138	191	314	433	170	196	154	186	246
Medical	209	72	61	47	73	106	133	101	101	96	66	29
Other Clinical	22	29	36	33	33	26	42	55	44	33	28	12
Admin & Clerical	41	40	41	15	21	30	6	30	17	34	25	32
Total	461	384	311	234	318	476	614	357	359	316	305	318

Cash and Working Capital

Cash Balance

As at 31 August, the Trust (excluding grouped entities) is holding £83.7 million in cash reserves. This increases to £85.7 million upon consolidation.

This cash balance includes September 2020 block payments from Commissioners received mid August 2020 of £23 million. This funding mechanism is currently forecast to continue to year end however further guidance is expected.



Cumulative cash balance	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000
2020/21 Plan (NHSI Draft)	83,256	81,533	81,031	80,462	79,032	82,063	81,650	79,314	78,632	76,248	72,050	70,348
<i>Of which</i>												
<i>Uncommitted Term Loan</i>	0	0	0	0	0	0	0	0	0	0	0	0
2020/21 Actual	84,365	84,561	86,134	83,662	85,712							
<i>Of which</i>												
<i>Uncommitted Term Loan</i>	0	0	0	0	0	0	0	0	0	0	0	0

Public Sector Payment Policy: Better Payment Practice Code

The Better Payment Practice Code requires the Trust to pay all valid non-NHS invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

As part of the public sector response to COVID-19, public sector organisations have been instructed to pay all suppliers within 7 working days of receipt of invoice/delivery of goods. The Trust is therefore making daily payments for all invoices that are approved.

Better Payment Practice Code	In Month		Year to Date	
Non-NHS Invoices	No.	£'000	No.	£'000
Total bills paid	4,096	12,159	21,052	64,196
Total bills paid within target	3,983	11,863	19,723	60,293
Percentage of bills paid within target	97.2%	97.6%	93.7%	93.9%
NHS Invoices				
Total bills paid	163	635	987	9,687
Total bills paid within target	153	469	908	7,438
Percentage of bills paid within target	93.9%	73.9%	92.0%	76.8%
Total				
Total bills paid	4,259	12,794	22,039	73,883
Total bills paid within target	4,136	12,332	20,631	67,731
Percentage of bills paid within target	97.1%	96.4%	93.6%	91.7%

Capital



Capital Programme

New capital arrangements are in place for 2020/21, with capital allocations made at Integrated Care system level, rather than at individual organisation level.

The Dorset ICS allocation has now been received and detailed capital plans were submitted to NHS England and Improvement on 29 May.

The Trust's proposed capital programme for 2020/21 has been updated to reflect in year capital allocations in relation to Critical Infrastructure Fund £1.114 million and Urgent and Emergency Care £2.500 million. This represents this Trust's element of the agreed joint (with Poole Hospitals NHS Foundation Trust) six year capital programme. This excludes COVID-19 related capital expenditure which is separately reimbursed.

Capital expenditure at the end of August amounted to £6.709 million against a plan of £7.664 million. The variance reflects delays in the MacMillan Unit and Radiology refurbishment. Work is currently underway to determine what spend can be brought forward to mitigate these underspends.

Capital Programme	Year to Date (£'000)			Full Year (£'000)		
	Budget	Actual	Variance	Budget	Forecast	Variance
Estates	324	158	166	1,585	1,585	0
Estates	324	158	166	1,585	1,585	0
EPMA	152	476	(324)	1,132	1,132	0
IT Schemes	1,120	2,092	(972)	5,031	5,031	0
LIMS	460	509	(49)	1,144	1,144	0
IT Schemes	1,732	3,076	(1,344)	7,307	7,307	0
COVID-19	563	563	0	563	563	0
Medical Equipment	1,001	376	625	4,004	4,004	0
Donated Assets	113	188	(75)	452	452	0
Medical Equipment	1,677	1,126	551	5,019	5,019	0
Macmillan Unit	713	27	686	4,210	4,210	0
Pathology Hub	370	5	365	5,120	5,120	0
Women Children Emergency Centre	1,583	2,216	(633)	3,627	3,627	0
Infrastructure	532	6	526	2,249	2,249	0
Patients and Visitors Concourse	316	6	310	999	999	0
Decants	243	11	232	2,101	2,101	0
Merger	4	59	(55)	262	262	0
Critical Infrastructure Fund	0	0	0	1,114	1,114	0
Urgent & Emergency Care	0	0	0	2,500	2,500	0
Community Hub XCH	110	18	92	1,100	1,100	0
Multi-Storey Car Park	20	-	20	600	600	0
Other	40	-	40	98	98	0
Centrally Managed	3,931	2,348	1,583	23,980	23,980	0
Grand Total	7,664	6,709	955	37,891	37,891	0

JOINT BOARD OF DIRECTORS PART 1 – COVER SHEET

Meeting Date: 30 September 2020

Agenda item: 6.3

Subject:	Mortality Report Q1
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Prepared by:	Dr A Wheldon
Presented by:	Dr M Thomas

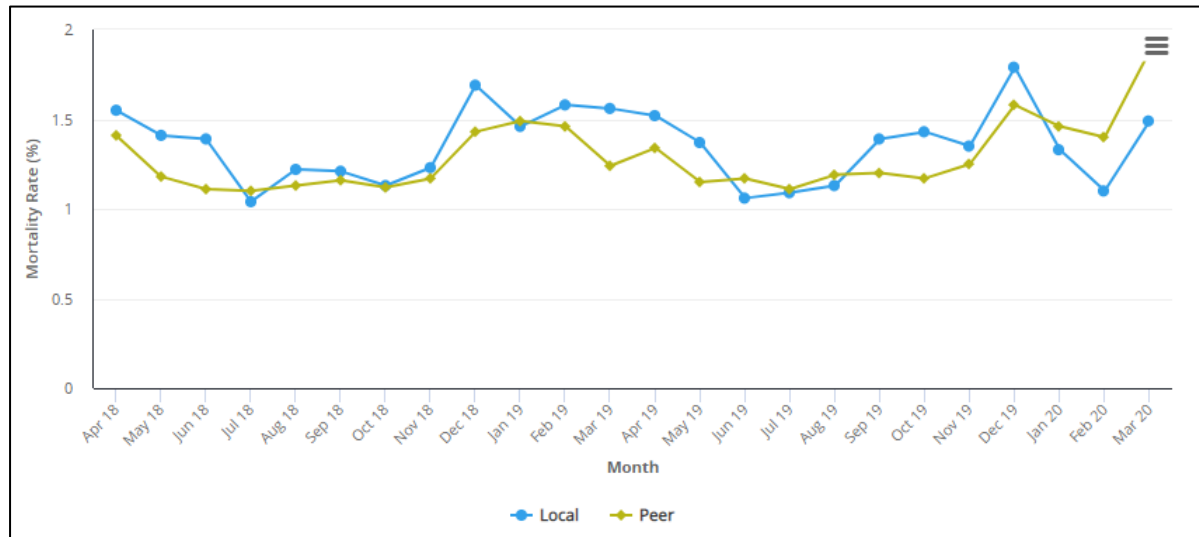
Purpose of paper:	Quarter 1 Mortality Statistics for Poole Hospital. For scrutiny
Background:	The Learning from deaths group monitor mortality across the trust to enhance the safe delivery of care through trust wide learning.
Key points for Board members:	<ul style="list-style-type: none"> - Mortality rates remain within expected levels - Trust Governance Processes are being adapted to align with RBH ahead of merger
Options and decisions required:	N/A
Recommendations:	N/A
Next steps:	N/A

Links to Poole Hospital NHS Foundation Trust and Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	Deliver safe, responsible, high quality care
BAF/Corporate Risk Register: (if applicable)	AF1
CQC Reference:	Safe

Committees/Meetings at which the paper has been submitted:	Date

Poole Hospital NHS Trust Mortality Report 2020 – Quarter One:

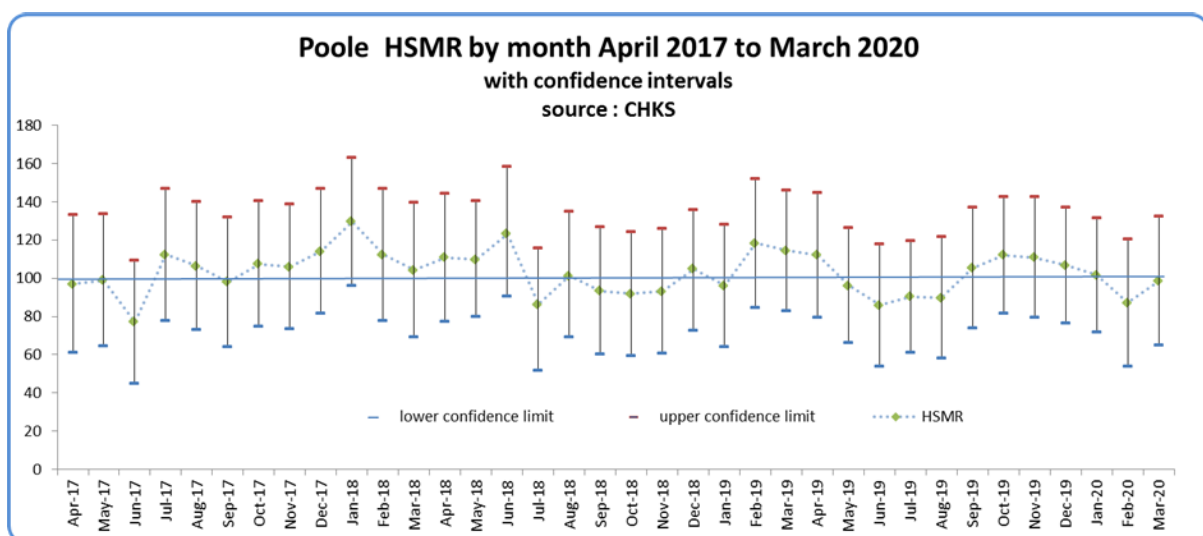
Crude Mortality April 2018 – March 2020:



The crude mortality rates which include data to March 2020 indicate that the mortality rate for Poole Hospital remains within statistically normal variation.

Poole hospital had six cases of confirmed and 3 suspected COVID-19 deaths in March 2020. In March 2020 the Trust's crude mortality rate increased by 0.39%. This increase is in line with the peer.

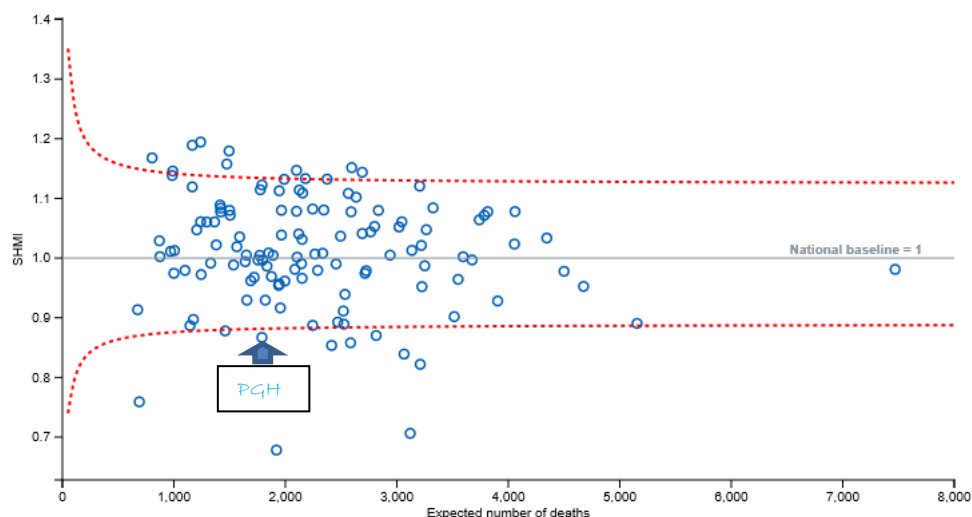
Hospital Standardised Mortality Ratio (HSMR):



The HSMR graph gives the observed versus expected HSMR since April 2017. The trust HSMR for the 12 month period to March 2020 is 100.1. The confidence interval ranges between 90.84-109.36 and so Poole Hospital remains within expected variation.

Standardised Hospital Mortality Index:

The SHMI is the ratio between the actual number of patients who die following hospitalisation and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It covers patients admitted to hospitals in England who died either while in hospital or within 30 days of being discharged. Deaths related to COVID-19 are excluded from the SHMI.



SHMI for Poole Hospital to February 2020 was 0.867 ie fewer observed deaths than would be expected. This places Poole in the lower than expected category. Similarly, the Royal Bournemouth Hospital is in the Lower than expected category.

Meetings with the mortality team from the Royal Bournemouth Hospital are on-going and we continue to work towards similar methodology for coding and governance processes across the two sites. As part of this process, the statistical provider for the two sites will be aligned. Metrics have been agreed for on-going mortality data review around the time of merger to ensure continued surveillance at this time. We will monitor mortality at each site following merger and have combined data representing the overall trust position. Significant progress has been made throughout Quarter one both in terms of establishing the Medical Examiner role and the necessary governance structures around mortality at Poole Hospital ahead of merger.

Learning From Deaths:

During the 2019-2020 period to March 2020 there were a total of 1147 deaths of patients admitted to Poole General Hospital. There have been 233 deaths in Quarter 1, 2020.

<u>2019-2020</u>		<u>2020-2021</u>	
Quarter 1	282	Quarter 1	233
Quarter 2	261		
Quarter 3	337		
Quarter 4	267		

In Quarter 1, only 4.5% of deaths in the trust were subject to a death in hospital review (excluding deaths due to COVID-19). There has been a gradual decline in completion of mortality reviews. Overall for last year, an average of 18.6% of cases underwent a retrospective mortality review.

To address the decline in use of the death in hospital review document, departmental mortality leads have been contacted and the importance of the death in hospital review document highlighted at the hospital Grand Round. There will be a continued emphasis on its use and departmental mortality leads are invited to attend the learning from deaths meeting to present Mortality/Morbidity meeting outcomes and recommendations. This is key to the new governance structure prior to merger.

The format of Morbidity/Mortality meetings across departments vary and are individualised to the requirements of each department. However, to ensure learning is shared trust wide, and to enable a mechanism for rapid, specialist review of deaths when required, the departments have now been asked to complete a standard output document following an M/M meeting, which is also used by the Royal Bournemouth Hospital.

Meetings with the Royal Bournemouth Hospital Mortality team and Risk management are on-going and plan to ensure processes across the trusts are consistent ahead of merger. As part of this alignment, changes to IT in Poole, Risk Management processes and Medical Examiner processes are required.

Feedback to the Learning from Deaths Group:

Evidence of Avoidability:

1. An issue regarding a transfer of care between Dorchester Hospital and Poole Hospital
2. Patients contracting Covid-19 in a care home/hospital setting

Learning Points:

1. Lack of IDS following the death of a patient
2. Poor quality information on the IDS for the GP
3. Teams praised for high quality care during the Covid-19 pandemic
4. Good communication with relatives and patients
5. Timely liaison with palliative services

Covid -19 Pandemic:

The Covid-19 Pandemic has required rapid changes to the trust guidance on death certification processes in line with new, emergency government legislation. Capacity to continue with the normal process has been maintained throughout the pandemic crisis and Medical Examiners were able to continue with an independent review to ensure trust governance, quality and safety were maintained. We aim to continue to expand the medical examiner role with a view to all deaths in the trust following this process within the year to support better safeguards for the public and to enhance patient safety through continuous monitoring and reporting.

- A total of 47 patients who died of COVID-19 during this reporting period had case note review
- The average age of the patients was 81.8 years with a range of 49-96
- All patients had multiple comorbidities

Team Responsible for Care:

Orthopaedics	4
DME	28
Medicine	8
Haem/Onc	3
Palliative	1
ITU	3

12 patients had some evidence of avoidability as the COVID-19 infection was more likely than not transmitted in either a hospital setting or that of a care home environment. 1 patient had a delay to theatre due to the pandemic which may have contributed to the poor outcome.

Overall, the care of the patients has been to a very high standard, with early senior review and escalation plans for treatment made appropriately. Communication with patients and their families has been excellent across all departments.

Quarter 1 Medical Examiner Report:

The Medical Examiner role continues to develop in Poole and the governance structures around the Poole Service have been adapted to align with those of RBH. The number of deaths scrutinised by the Medical Examiner team is increasing. The goal is for all deaths within the trust to undergo an independent review by the medical examiner team by the time of merger. We are meeting with community teams to develop a similar community based service which can integrate with the existing services of Poole and RBH.

Total no. patients screened by Medical Examiner April-June 2020

April	39	43%
May	34	44%
June	43	54%

47% of all deaths were scrutinised by the Medical Examiner April-June 2020 (116/245)

ME screening within 24hours of death

Yes	77	66%
No	39	34%

ME screening within 48hours of death

Yes	101	87%
No	15	13%

Next of kin contacted

Yes	95	82%
No	21	18%

Concerns raised by next of kin

Yes	7	6%
No	109	94%

ME screening then referred to coroner

Yes	17	15%	5/17 (29%) resulted in inquest
No	99	85%	

ME screening identified issues with care

			Raised to medical or surgical team	Raised to risk
Yes	24	20%	13 (11%)	4 (3%)
No	92	80%		

In summary, significant progress has been achieved in the first quarter with governance structures and processes aligned across Poole and Bournemouth Hospitals. A computer software package is required in Poole to fully align the two sites. However, the fundamental governance structures around the learning from death processes are now in place ahead of merger.

Author: Dr Adam Wheldon

Mortality Lead, Poole Hospital

22/7/20

JOINT BOARD OF DIRECTORS PART 1 – COVER SHEET

Meeting Date: 30 September 2020

Agenda item: 7.1

Subject:	Phase 3 Recovery Plans
Prepared by:	Judith May on behalf of Jackie Coles, Deputy Chief Operating Officer
Presented by:	Mark Mould, Chief Operating Officer
Purpose of paper:	To provide an updated position on Phase 3 recovery plans and associated performance trajectories for noting.
Background:	<p>The Dorset ICS has established a system-wide Elective Care Recovery Group whose role is to deliver the recovery of elective care activity and performance in Dorset (including diagnostics) during Phase 3 of the NHS response to covid19. Mark Mould, Chief Operating Officer for UHD is a member of this Group.</p> <p>At UHD, the Elective Care Programme Group led by Jackie Coles, Deputy Chief Operating Officer in conjunction with Care Group Director of Operations coordinate the development and delivery of comprehensive specialty level recovery plans and trajectories for elective care including plans for the restoration of services to return to near levels of pre-covid activity. Monitoring of performance will take place at the Trust's weekly Operational Performance Group.</p> <p>Currently, all Directorates are working to trajectories to increase activity and to improve access to services for patients, alongside maintaining safe environments for staff and patients together with the challenges this presents in terms of increasing activity.</p> <p>This paper provides a summary of the latest South West and Dorset performance and an update on the August position for Phase 3 recovery of elective care in UHD. Specifically, including the following recovery programmes:</p> <p>A. 52 week waits</p> <ul style="list-style-type: none"> • Orthopaedics • Oral & Maxillofacial • Ear, Nose and Throat • Ophthalmology • Surgery (Work in progress) • Gynae • Other (Work in progress) <p>B. Diagnostic recovery (DM01)</p> <ul style="list-style-type: none"> • Cardiac/Echocardiology

	<ul style="list-style-type: none"> • Imaging • Endoscopy (also included within the 52 week wait recovery programme) <p>C. Activity recovery</p> <p>The recovery programmes are aligned to the Dorset Integrated Care System's priorities for recovery on elective care and diagnostics and actions are being taken across the System to reduce variation and maximise and prioritise use of resources.</p>
Key points for members:	<p>The South West is performing well as a region. It is the top performing region on RTT recovery and 2nd highest on diagnostics recovery.</p> <p>The South West is ranked 4th for the number 52+ww however as a proportion of the total waiting the number of 52+ww in the South West and in Dorset specifically, is high. The South West is the worst performing region (3.9%) and Dorset is ranked 7th out of the 7 systems in the South West at 6.3%.</p> <p>The South West and Dorset are performing well on diagnostics (DM01) recovery, however the SW is the least recovered region for endoscopy including Dorset.</p> <p>Dorset is the best performer in the region on cancer (2ww booked appointments) and for Outpatient activity recovery.</p> <p>For UHD, against the Trust's 7 priority specialty level 52+ww recovery programmes, the areas of challenge in delivering the recovery trajectories are Ophthalmology, surgical procedures and access to theatres. Plans are in place to improve on performance including access to community theatres and Independent Sector providers.</p> <p>On diagnostics performance, imaging is performing well and will improve further through September. The limiting factors on improvement in Endoscopy are the implementation of clinical guidelines for infection control and workforce. The overall waiting list in Endoscopy is reducing at both Bournemouth and Poole, however the Trust has not restored activity to last year's level due to limited access to Covid-19 swabbing locally which is being addressed in September.</p> <p>Further detailed commentary on performance is included within the IPR report included within the papers for this meeting.</p>
Options and decisions required:	To note the content of the paper and the link to the financial envelopes to maintain recovery in quarter 3.
Recommendations:	None
Next steps:	An RTT recovery plan will be submitted to FIC and then Board of Directors in October.

Links to Poole Hospital NHS Foundation Trust and the Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective(s):	<p>3.6 - For patients with routine elective care, reduce the number of people waiting longer than 52 weeks for their treatment, compared to 2019/20, working towards zero referral to treatment (RTT) waits over 52 weeks and total waiting numbers no greater than January 2020.</p> <p>3.7 - For patients requiring diagnostics to improve the responsiveness working towards the national standard relating to 99% within 6 weeks.</p>
BAF/Corporate Risk Register: (if applicable)	<p>808 - Risks to regulatory performance compliance, patient delay and dissatisfaction if RTT related targets for 2019/20 are not met</p> <p>1074 - Risks associated with breaches of 18-week Referral to Treatment and 52 week wait standards. Risk of causing patient harm due to delayed care, risk of reputational and financial damage.</p> <p>773 - Risk to access performance standards in UGI and Colorectal owing to Endoscopy waiting times</p>
CQC Reference(s):	All Domains

Committees/Meetings at which the paper has been submitted:	Date
Trust's weekly Operational Performance Group.	Sept
Trust management Group	Sept
HEG /TMB	Sept

September Briefing

Phase 3 Covid Recovery

Activity and Performance Recovery Plans for Poole and RBH

September 30th 2020

- **Covid Update**
- **South West Performance Dashboard**
 - Latest data by region
 - Outpatient activity recovery position by system
 - RTT position by system
 - Diagnostics position by system
 - Cancer recovery by system
- **UHD Summary Operational Position**
 - Recovery Trajectories – 52 week waits
 - Recovery Trajectories –DM01, including Cancer performance
 - Monthly Activity Recovery Phase 3

Appendices

Appendix A. Elective Recovery Priorities and planning: RBH and Poole

Appendix B. Phase 3 Letter - Third phase Letter of the NHS response to Covid-19

Appendix C. Phase 3 -Elective Incentive Letter

Appendix D - Preparing for winter demand pressures,

Appendix E : Doing the above in a way that takes account of lessons learned during the first Covid peak;

- Reduced rate of positive patients but starting see a small number of admissions
- Reduced impact on critical care -
- Moved towards our 'new norm' – ED attendances and urgent/emergency admissions increasing
- Impact of releasing isolation/lockdown restrictions remains uncertain and we need to remain alert to changing National & local issues
- Front door, ward and critical care configurations continue to support Covid/Non Covid pathways, resulting in capacity being challenged and timeliness of movement
- Patients to attend hospital when really necessary (tele-med/videoconferencing)
- Recognition that patients have been concerned to come into hospital; we are being overt with our IPC measures and doing all we can to minimise nosocomial infections in the NHS
 - Physical distancing
 - Masks being worn by all staff, visitors and patients
- Screening for patients and staff, plus antibody testing remains a challenge
- Recognition of the impact on our staff – wellbeing support continues
- Fast track referrals return towards previous levels
- Focus on longer waiting elective patients

Covid-19 Daily Trust Dashboards (22/9/20)



COVID-19 Metrics - RBCH & PHT

[Current Position](#)
[Swabbing Trends](#)
[Admission/ED Trends](#)
[Mortuary Status](#)
[Trigger Tool](#)
[Dorset-wide Covid-19 Dashboard](#)

Current Position

[Select all](#)
[PHT](#)
[RBCH](#)

Bed state (PHT) @ 12:25 - 9

OPEL 3

Bed state (RBCH) @ 12:00 + 45

OPEL 2

Inpatients

 Poole data: CAMIS / Telepath Updated: 12:25
 Bournemouth data: TelePath Updated: 12:30

Positive Cases

Currently admitted

1

On ITU

1

On other wards

0

 Area
 RBITU

Positive patients

1

Cumulative cases

391

Cumulative discharges (excl. death)

289

Cumulative deaths

111

Awaiting Results

97

Negative Cases

563

Inpatients on a Covid-19 pathway

98

Last 24 hours

Admitted yesterday

0

Admitted today

0

Discharged yesterday

0

Discharged today

1

Critical Care

 Poole data: ICIP Critical Care Updated: 12:25
 Bournemouth data: Critical Care Updated: 12:30

Green Zone

 Level 1
1

 Level 2
4

 Level 3
11

 Available beds
3

 Total beds
19

Blue Zone

 Level 1 (Covid)
0

 Level 2 (Covid)
0

 Level 3 (Covid)
0

 Available beds
12

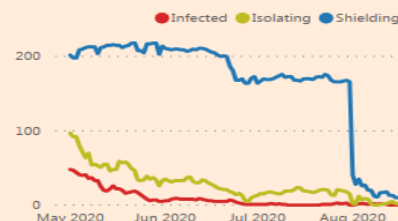
 Total beds
12

 Level 1 (non-Covid)
0
 Level 2 (non-Covid)
0
 Level 3 (non-Covid)
0

Staffing

 Poole data: ESR Updated: 22/09 09:49
 Bournemouth data: HealthRoster & ESR Updated: 22/09 08:49

Staff absence reason last 30 days



Shielding

5

Isolating

31

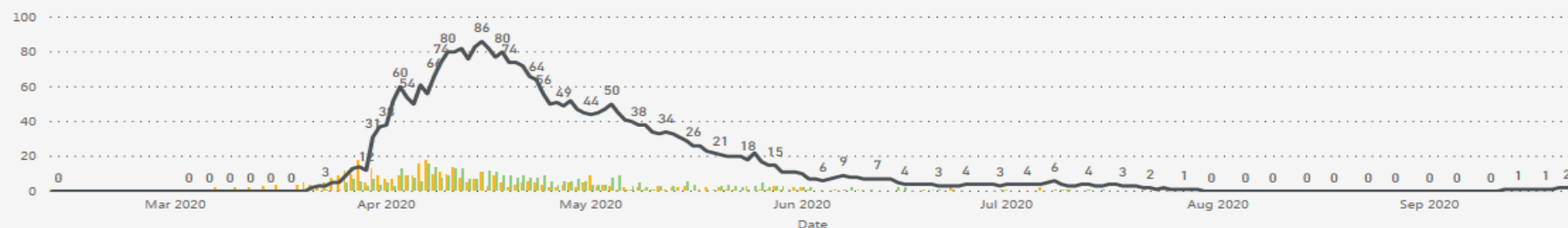
Infected

23

- ☐ Select all
- ☐ Add Prof Scientific and Technic
- ☐ Additional Clinical Services
- ☐ Administrative and Clerical
- ☐ Allied Health Professionals
- ☐ Estates and Ancillary
- ☐ Healthcare Scientists
- ☐ Medical and Dental
- ☐ Nursing and Midwifery Registered
- ☐ Students

Covid-19 Admissions, Discharges and Current Inpatients by Day

Admissions Discharges Current Inpatients



RBCH Data: Camis/Covid Strep Updated: 12:30

PHT Data: Camis and Telepath Updated: 12:25

South West Performance Dashboard

National Summary by Region (NHS Trust Based)

Release 1.0



Home

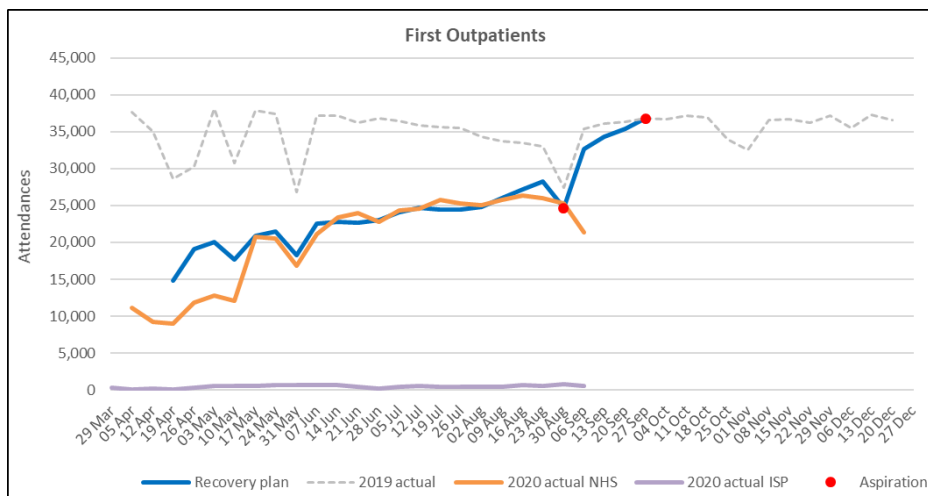


Latest Data by Region (NHS Trust based)

		Performance/Activity							Rank						
		East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West
Diagnostics	Jul-20	42.8%	42.9%	42.0%	40.3%	41.4%	32.0%	38.2%	6	7	5	3	4	1	2
A&E 4 Hour Performance	Aug-20	89.5%	91.6%	87.2%	91.8%	87.7%	91.2%	89.5%	5	2	7	1	6	3	4
A&E 12 Hour Trolley Waits	Aug-20	33	182	7	2	14	12	76	5	7	2	1	4	3	6
RTT 18 Week Performance (Incomplete)	Jul-20	45.8%	45.7%	46.8%	47.9%	45.7%	47.8%	48.8%	5	7	4	2	6	3	1
RTT Total Waits (Incomplete)	Jul-20	454,290	672,023	606,898	539,629	575,605	544,248	380,526	11.1%	1.7%	3.1%	3.2%	4.7%	6.4%	4.1%
RTT 52 Week Plus (Incomplete)	Jul-20	12,822	14,993	9,620	10,955	12,096	10,561	11,124	6	7	1	3	5	2	4
Cancer 2 Week Wait Performance (All Suspected)	Jul-20	91.0%	90.9%	88.3%	87.7%	90.7%	93.8%	90.8%	2	3	6	7	5	1	4
Cancer 2 Week Wait Performance (Breast Symptoms)	Jul-20	92.0%	93.9%	78.3%	82.8%	80.1%	91.1%	91.5%	2	1	7	5	6	4	3
Cancer 31 Day Wait Performance (First Treatment)	Jul-20	92.6%	95.0%	93.4%	95.2%	95.0%	97.0%	97.2%	7	5	6	3	4	2	1
Cancer 31 Day Wait Performance (Surgery)	Jul-20	83.2%	90.1%	82.2%	87.4%	84.7%	91.9%	93.9%	6	3	7	4	5	2	1
Cancer 31 Day Wait Performance (Drug)	Jul-20	98.6%	99.7%	99.6%	98.6%	99.5%	99.7%	99.8%	6	2	4	7	5	3	1
Cancer 31 Day Wait Performance (Radiotherapy)	Jul-20	97.5%	98.1%	95.7%	96.6%	98.1%	92.0%	95.6%	3	1	5	4	2	7	6
Cancer 62 Day Wait (Consultant Upgrade)	Jul-20	80.0%	87.9%	85.4%	87.5%	82.2%	85.2%	87.6%							
Cancer 62 Day Wait (Screening)	Jul-20	20.9%	27.0%	13.0%	15.3%	29.6%	42.6%	52.9%	5	4	7	6	3	2	1
Cancer 62 Day Wait (Standard)	Jul-20	76.6%	74.5%	72.8%	78.9%	75.7%	85.2%	83.5%	4	6	7	3	5	1	2

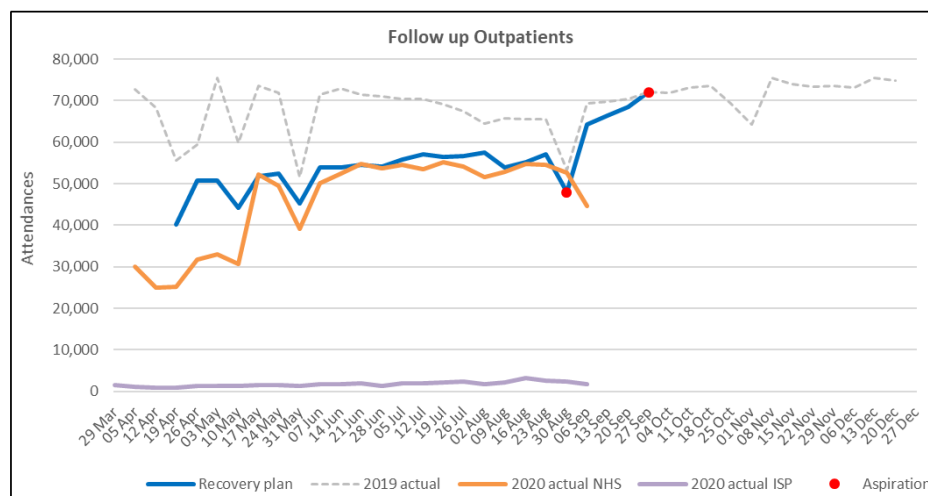
SW is top performing region on RTT 18 weeks, 4th highest on 52 week plus waits and 2nd highest on diagnostics recovery.

South West Elective Recovery: Outpatient Activity



First outpatient attendance (OPFA)

	19/20	20/21	Plan	% recovery	Variance to plan
BNSSG	6,509	4,034	6,021	62.0%	-33.0%
BSW	6,810	4,260	6,301	62.6%	-32.4%
Cornwall	2,172	1,076	2,009	49.5%	-46.4%
Devon	8,500	5,063	7,862	59.6%	-35.6%
Dorset	5,068	3,595	4,688	70.9%	-23.3%
Gloucestershire	3,255	1,695	3,011	52.1%	-43.7%
Somerset	3,093	1,654	2,862	53.5%	-42.2%
South West	35,407	21,377	32,754	60.4%	-34.7%



Follow-up outpatient attendance (OPFU)

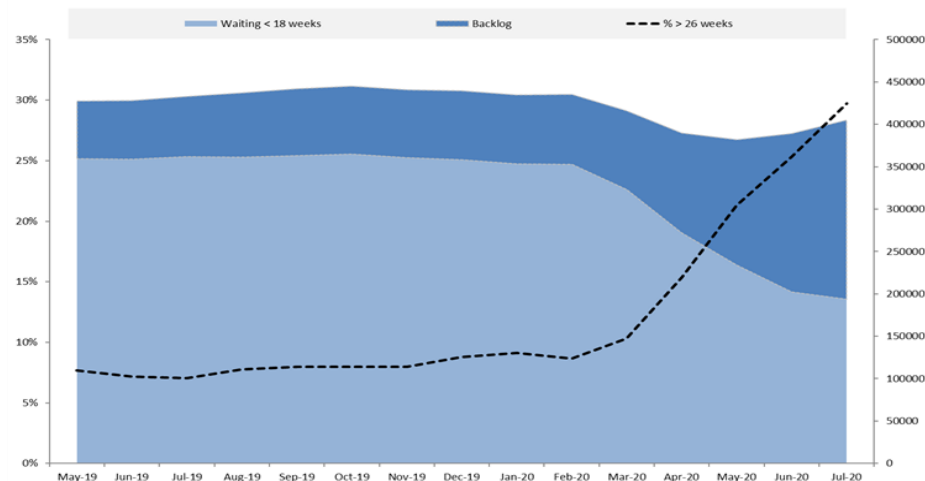
	19/20	20/21	Plan	% recovery	Variance to plan
BNSSG	13,783	9,045	12,750	65.6%	-29.1%
BSW	12,162	7,138	11,250	58.7%	-36.6%
Cornwall	4,567	2,419	4,225	53.0%	-42.7%
Devon	18,316	11,918	16,943	65.1%	-29.7%
Dorset	7,717	5,997	7,139	77.7%	-16.0%
Gloucestershire	6,867	4,072	6,352	59.3%	-35.9%
Somerset	5,989	4,078	5,540	68.1%	-26.4%
South West	69,401	44,667	64,199	64.4%	-30.4%

Please note: Baseline data is taken from SUS for the same week last financial year (2019/20), actual weekly data is taken from the Weekly Activity Sitrep collection. NB. Plan used submitted by systems up to 31st July 2020, for the following period a derived NHSI/E activity plans has been used.

South West - Elective Recovery: RTT



South West: RTT Waiting List Size



July 20 published position – all providers

Numbers > 52 weeks						% of WL > 52 weeks					
System	March	April	May	June	July	March	April	May	June	July	
BSW	102	261	480	853	1272	0.15%	0.40%	0.76%	1.34%	1.95%	
BNSSG	96	251	531	967	1494	0.13%	0.37%	0.80%	1.41%	2.07%	
Glos	33	153	359	688	1028	0.06%	0.30%	1.07%	1.35%	1.92%	
Somerset	120	272	511	931	1356	0.35%	0.88%	1.70%	3.03%	4.30%	
Dorset	164	482	1,032	1730	2653	0.28%	0.90%	1.95%	3.24%	4.84%	
Devon	302	658	1,281	2239	3232	0.31%	0.69%	1.38%	2.35%	3.22%	
Cornwall	8	21	59	136	286	0.03%	0.08%	0.22%	0.51%	1.04%	
SW Total	825	2098	4253	7,544	11,321	0.20%	0.54%	1.11%	1.94%	2.80%	

Latest weekly PTL (week ending 6th September) – NHS providers

New Weekly RTT PTL from this week which includes:

- Additional time bands covering 0-104 weeks in their entirety;
- Waiting list split by admitted and non-admitted;
- TCI date;
- Full specialty breakdown.

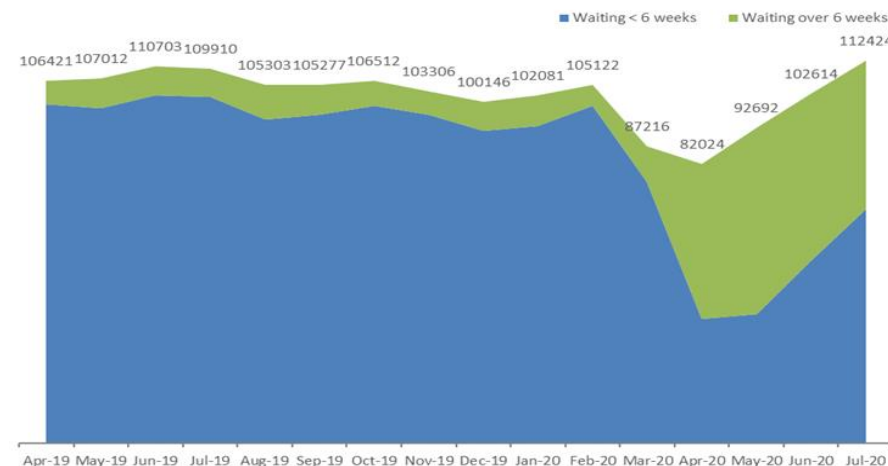
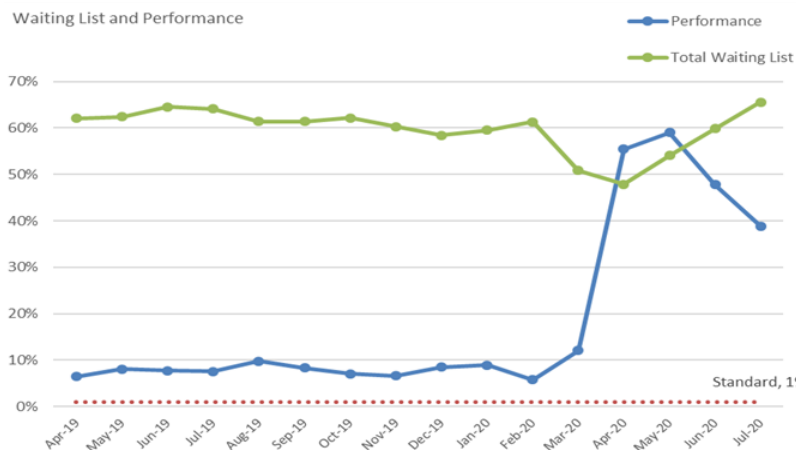
Region	52+ Week Waiters	Percentage 52+ Week Waiters RANK	Percentage 52+ Week Waiters of Total Waiting List
Grand Total	115,868	1	2.9%
North East and Yorkshire	16,601	3	2.9%
North West	18,000	5	3.0%
Midlands	14,988	1	2.1%
East of England	16,230	6	3.6%
London	20,638	4	3.0%
South East	15,110	2	2.6%
South West	14,299	7	3.9%

STP	52+ Week Waiters	Percentage 52+ Week Waiters RANK	Percentage 52+ Week Waiters of Total Waiting List
Bath And North East Somerset, Swindon And Wiltshire STP	1,784	3	2.8%
Bristol, North Somerset And South Gloucestershire STP	2,113	4	3.5%
Cornwall And The Isles Of Scilly Health & Social Care Partnershi..	309	1	1.2%
Devon STP	3,432	6	4.6%
Dorset STP	3,643	7	6.3%
Gloucestershire STP	1,351	2	2.5%
Somerset STP	1,687	8	5.4%

South West Elective Recovery: Diagnostics



Waiting List and Performance



Data source (above) – Published July DM01

(below) - Latest Weekly Diagnostics (as per weekly return as at 6th September 20)

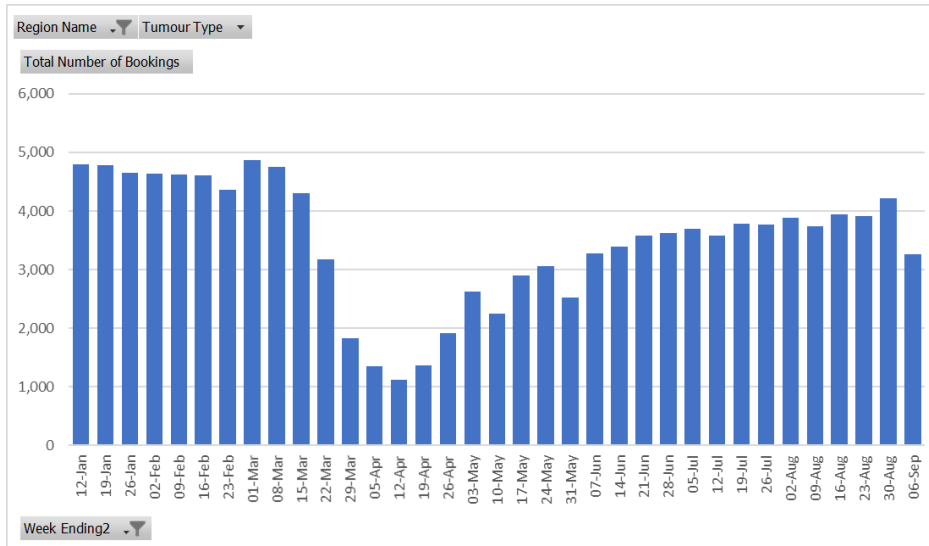
Region	Total Waiting List	Number of 6+ Week Waiters	6+ Week Performance	6+ Week Performance RANK	6+ Week Waiters Without TCI (as a Percentage of Total Waiting List)	STP	Total Waiting List	Number of 6+ Week Waiters	6+ Week Performance	6+ Week Performance RANK	6+ Week Waiters Without TCI (as a Percentage of Total Waiting List)
Grand Total	1,106,138	450,717	40.7%	1	29.07%		105,369	39,399	37.4%	1	28.18%
North East and Yorkshire	181,243	70,208	38.7%	3	26.98%	Bath And North East S..	25,935	11,532	44.5%	7	35.74%
North West	171,810	72,357	42.1%	6	31.87%	Bristol, North Somerset A..	26,225	9,477	36.1%	4	26.60%
Midlands	197,675	78,784	38.8%	4	28.20%	Cornwall And The Isles Of ..	5,901	1,925	32.6%	3	23.06%
East of England	134,364	66,509	49.5%	7	36.62%	Devon STP	19,439	7,454	38.3%	5	27.44%
London	194,420	81,865	42.1%	5	27.62%	Dorset STP	11,173	3,032	27.1%	1	19.99%
South East	121,257	43,595	36.0%	1	24.41%	Gloucestershire STP	8,053	2,218	27.5%	2	24.13%
South West	105,369	39,399	37.4%	2	28.18%	Somerset STP	8,643	3,761	43.5%	6	29.77%

Please note: Data quality of weekly submissions is still under review and being followed up with organisations where data is inconsistent with DM01

South West Elective Recovery: Cancer

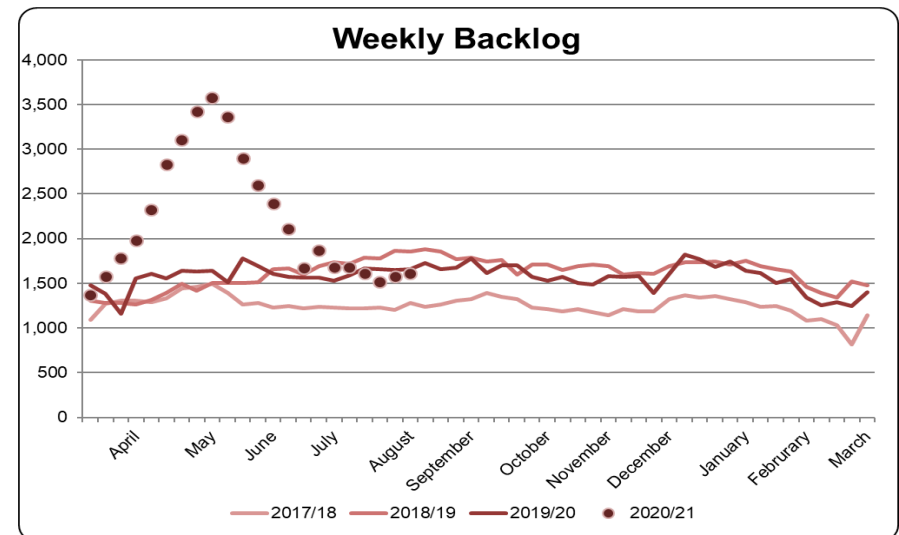


This takes the latest eRS bookings for 2ww, i.e. the number of booked appts not referrals, weekly backlog data is taken from the 62 day cancer PTL.



Region	Average baseline pre C19 per wd	W/end 6th September	% recovery	Rank
BSW	100	94	93.9%	3
BNSSG	193	180	93.2%	4
Cornwall	28	22	77.5%	6
Devon	242	173	71.5%	7
Dorset	156	154	98.2%	1
Gloucestershire	102	99	96.7%	2
Somerset	107	96	89.3%	5

Region	Average baseline pre C19 per wd	W/end 6th September	% recovery	Rank
East of England	974	926	95.1%	1
London	1,365	1,181	86.5%	4
Midlands	1,398	1,160	83.0%	5
North East and Yorkshire	1,283	1,035	80.7%	7
North West	1,019	893	87.6%	3
South East	1,175	958	81.6%	6
South West	928	816	87.9%	2



UHD Summary recovery position



OPG Temporary front sheet

		July - Merged Position	August - Merged Position	August - RBH position	August - Poole position	* September - Weekly Merged 6th September
RTT	%	39.3%	49.0%	45.9%	55.0%	50.5%
	Incomplete pathways	39313	41172	26889	14283	
	52 weeks	1623	2050	957	1093	2173
DM01	%	71.10%	80.60%	73%	92.50%	78.17%
ED	4 hour	87.73%	78.33%	78.33%		82.69%
	Mean time	184.18	205.33	162.61	214.77	184.16
Ambulance	60 minute handover breaches	13	18	18	0	5
Cancer	2 week wait	97.7%	99.20%		99.20%	99.20%
	62 day	88.30%	76.80%	73.80%	81.50%	80.80%
	Faster Diagnosis	79.90%	79.40%	74.30%	85.60%	79.40%
	Backstops (104)	100	29	22	7	4
OP Backlog		5811	13179	7517	5662	13611
Activity recovery (% variance vs 2019/20)	First OPS	- 27%	- 19%	- 24%	- 16%	- 34%
	F/U	- 25%	- 19%	- 22%	- 16%	- 40%
	Day case	- 27%	- 23%	- 17%	- 34%	- 29%
	elective	- 56%	- 48%	- 55%	- 14%	- 32%
	endoscopy	- 46%	- 31%	- 24%	- 44%	- 35%

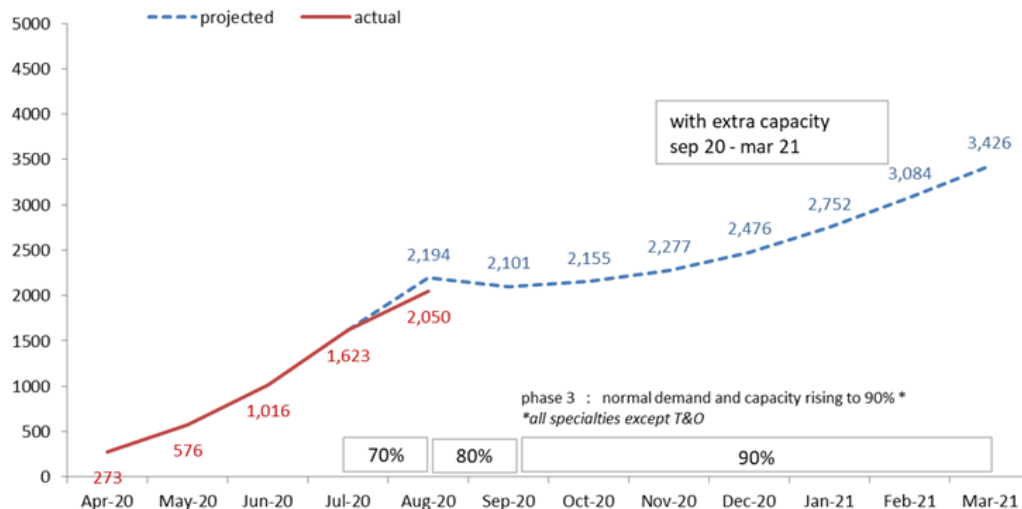
The endoscopy figure is low for the last week due to delays in clinical coding.

- Weekly comparisons are a marker but not always a comparable position compared to the previous week

UHD Recovery Trajectories – 52 week waits



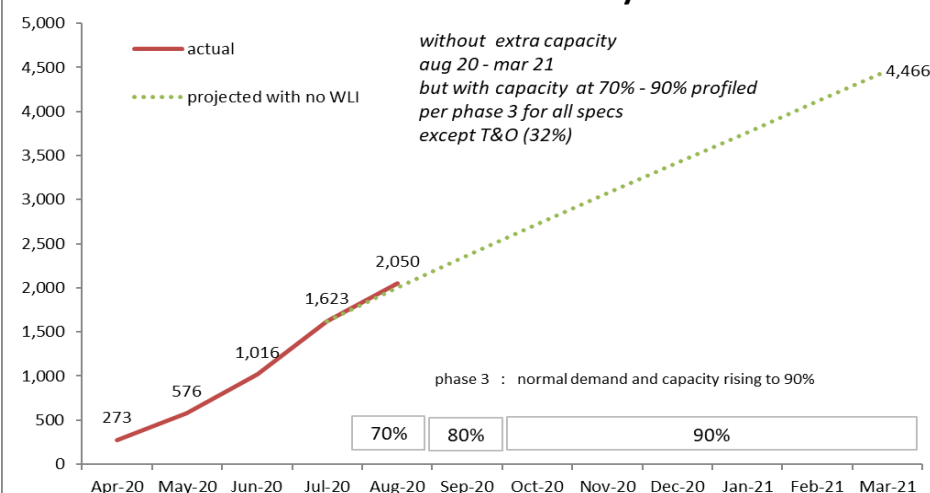
All 52week RTT Pathways : UHD



1. With no intervention the 52 week backlog would increase month on month to 4466
2. Extra activity assumed Oct- March (3000 cases – ENT/ OMF/Eyes)
3. Longer term recurring capacity needed to sustain position
4. August actual position **144** better than trajectory

Performance	Actual	Forecast	+/-
May	576		
June	1016		
July	1623		
August	2050	2194	-144
September		2101	
October		2170	

All 52week RTT Pathways

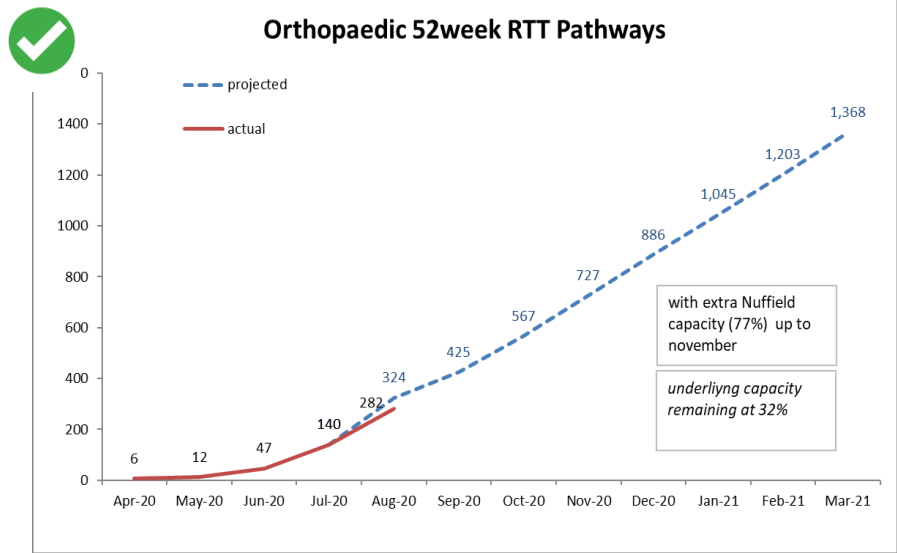
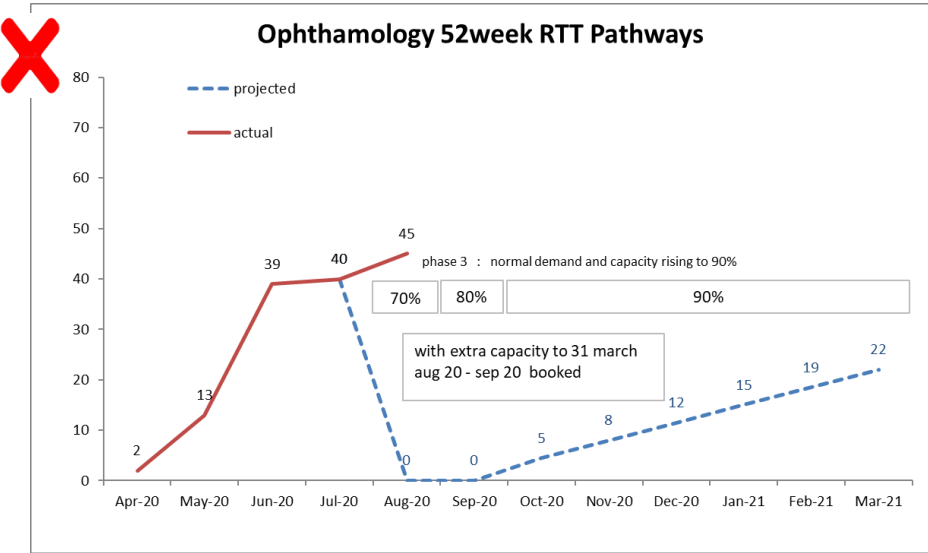
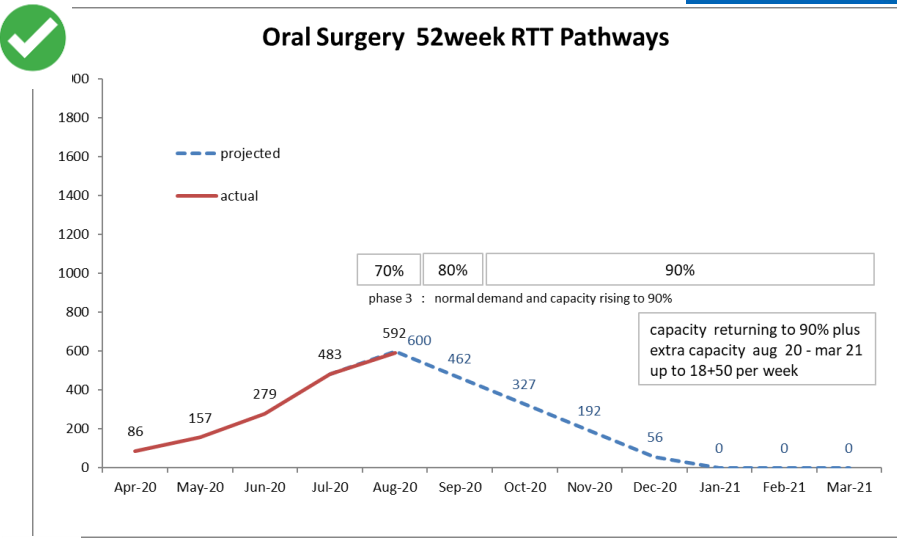
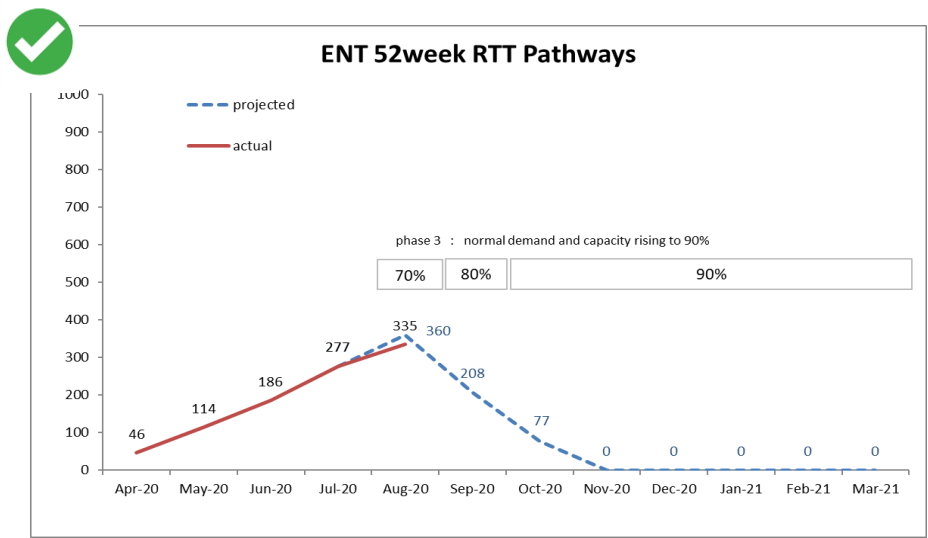


UHD 52+ speciality Position - August



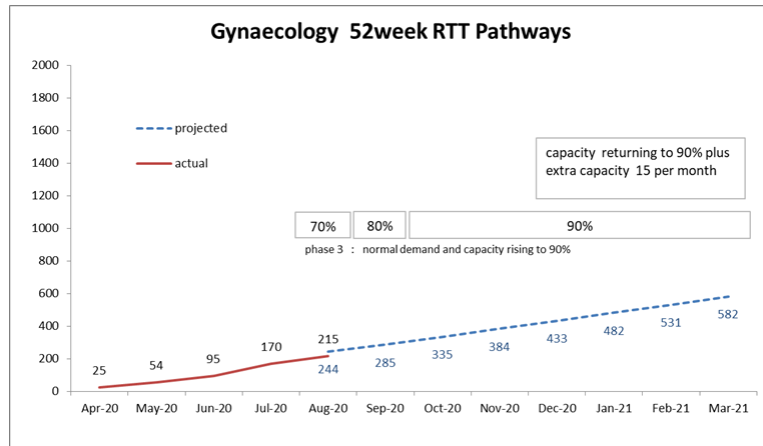
		RBH			PHT			UHD			52+ change since previous month
Specialty		0-51	>=52 Wks	Total	0-51	>=52 Wks	Total	0-51	52+	Total	
100	General Surgery	4692	162	4854	1609	182	1,791	6,301	344	6,645	37
101	Urology	1788	103	1891	0	0	0	1,788	103	1,891	16
110	Trauma & Orthopaedics	4858	282	5140	223	0	223	5,081	282	5,363	142
120	ENT	869	48	917	2431	287	2718	3,300	335	3,635	58
130	Ophthalmology	4609	45	4654	1	0	1	4,610	45	4,655	5
140	Oral surgery	309	90	399	2447	502	2949	2,756	592	3,348	109
150	Neurosurgery	0			0	0	0			0	0
160	Plastic surgery	0			0	0	0			0	0
170	Cardiothoracic Surgery	13	0	13	0	0	0	13		13	0
300	General medicine	2025	38	2063	403	0	403	2,428	38	2,466	9
301	Gastroenterology	0			394	0	394	394		394	0
320	Cardiology	1734	10	1744	670	0	670	2,404	10	2,414	-6
330	Dermatology	625	1	626	885	0	885	1,510	1	1,511	-1
340	Thoracic Med	491	3	494	0	0	0	491	3	494	-1
400	Neurology	351	2	353	548	0	548	899	2	901	-1
410	Rheumatology	564	1	565	328	0	328	892	1	893	0
430	Eld Med	117	0	117	36	0	36	153		153	0
502	Gynaecology	1383	95	1478	1612	120	1732	2,995	215	3,210	45
OTH	Other	1504	77	1581	1603	2	1605	3,107	79	3,186	14
TOTAL		25932	957	26889	13190	1093	14283	39,122	2,050	41,172	426

52ww: Top 7 Speciality Level Recovery Trajectories (1)



52ww: Top 7 Speciality Level Recovery Trajectories (2)

Further progress on recovery plans for General Surgery / Urology / 'Other'

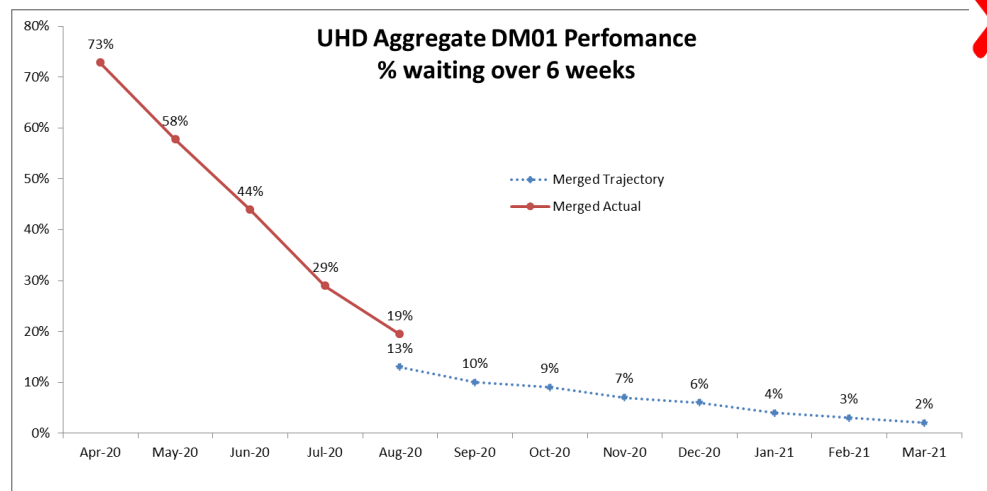


- Recovery plans for all other specialties with +52ww are being developed with a timeline of having draft plans available by w/c 21st September. **Further detail on the approach is included in appendix A.**

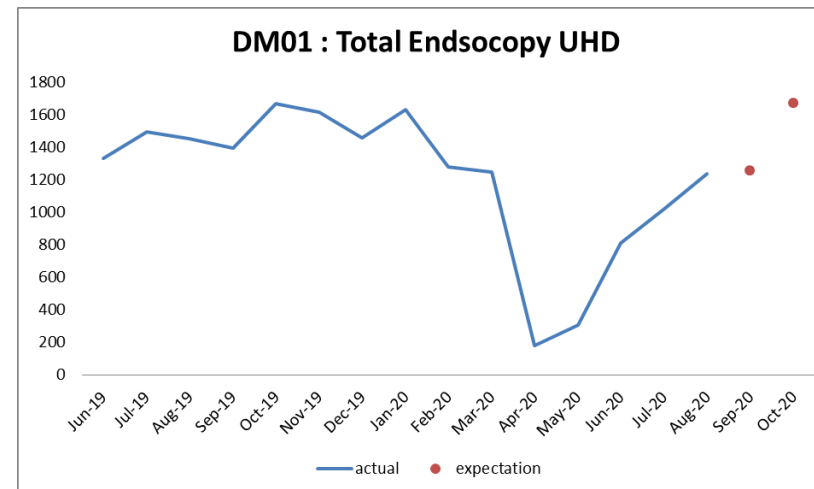
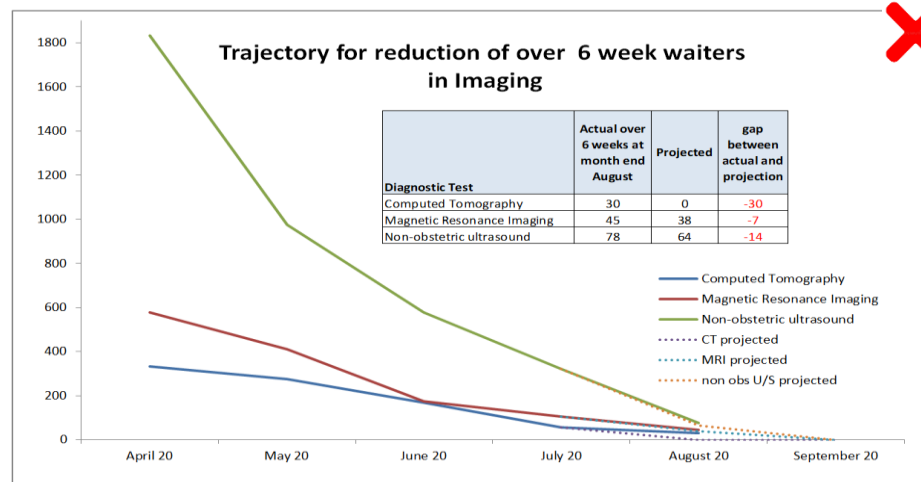
3 'simple' cross cutting actions this month:

- PTL validation - Validate all > 52 weeks, clerically and clinically if required
- Clear all patients on OP pathways, bring forward all diagnostics and appts to next week and convert to DTA/TCI if needed
- Outsourcing/insourcing/additional sessions and review of opportunity to land some high volume lists to treat our patients, focussing on non admits that we can pull forward into September before month end on those patients that have waited the longest

RBH & Poole combined Recovery Trajectories –DM01



Performance	Actual	Forecast
May	42.3%	
June	56.3%	
July	71.1%	
August	80.6%	87%
September		90%



DM01 Progressing well

Diagnostics - DMO1 August

			RBH				PGH				Combined		
			<6 Wks	Total	Performance		<6 Wks	Total	Performance		<6 Wks	Total	Performance
Imaging	Magnetic Resonance Imaging		372	373	99.70%		587	631	93.00%		959	1004	95.50%
	Computed Tomography		554	554	100.00%		458	488	93.90%		1012	1042	97.10%
	Non-obstetric ultrasound		1273	1282	99.30%		1069	1138	93.90%		2342	2420	96.80%
	Barium Enema		1	1	100.00%		0	0			1	1	100.00%
	DEXA Scan		349	358	97.50%		0	0			349	358	97.50%
Physiological Measurement	Audiology - Audiology Assessments		0	0			0	0			0	0	
	Cardiology - echocardiography		398	1181	33.70%		164	176	93.20%		562	1357	41.40%
	Cardiology - electrophysiology		0	0			0	0			0	0	
	Neurophysiology - peripheral neurophysiology		0	0			292	294	0.993		292	294	0.993
	Respiratory physiology - sleep studies		0	0			12	12	1		12	12	1
	Urodynamics - pressures & flows		0	0			0	0			0	0	
Endoscopy	Colonoscopy		109	155	70.30%		43	56	76.80%		152	211	72.00%
	Flexi sigmoidoscopy		115	278	41.40%		64	88	72.70%		179	366	48.90%
	Cystoscopy		51	66	77.30%		0	0			51	66	77.30%
	Gastroscopy		222	470	47.20%		109	142	76.80%		331	612	54.10%
	Total		3444	4718	73.00%		2798	3025	92.50%		6242	7743	80.60%

Cancer Performance

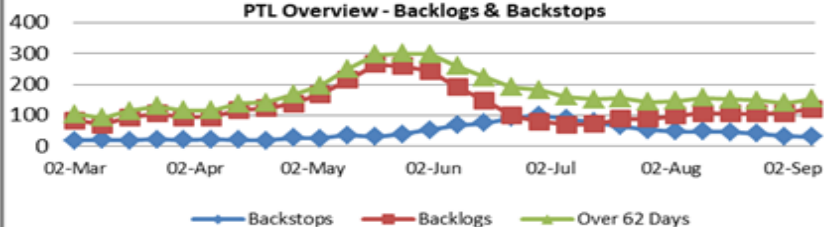
Cancer - July 2020

Commentary on high level board position

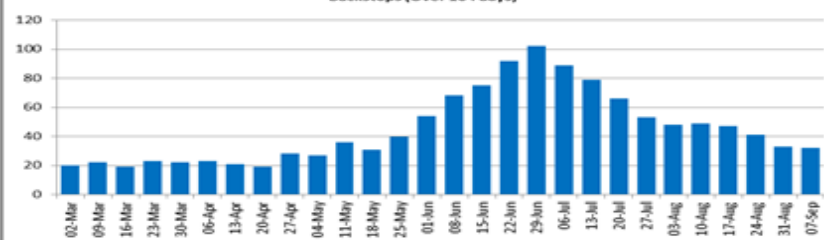
Cancer Standards

For the month of July the Trust achieved the key Cancer KPI's, however the pressure of patients on previously delayed pathways now being treated means that the position for August is more challenged for all KPI's. This is compounded further as the volume of 2 week wait referrals is now back to pre-COVID levels but capacity for some diagnostics and theatre availability is still limited. The number of 104 day back stops has significantly reduced and a harm review for all patients has been undertaken by the responsible Clinician.

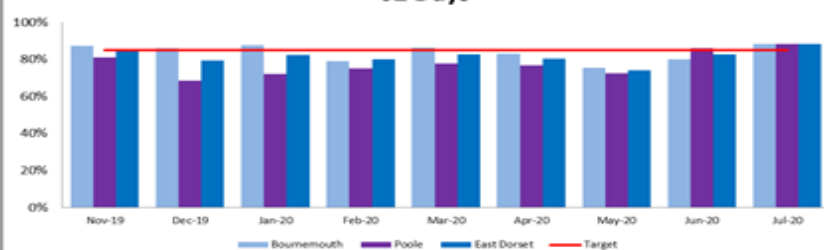
PTL Overview - Backlogs & Backstops



Backstops (Over 104 days)



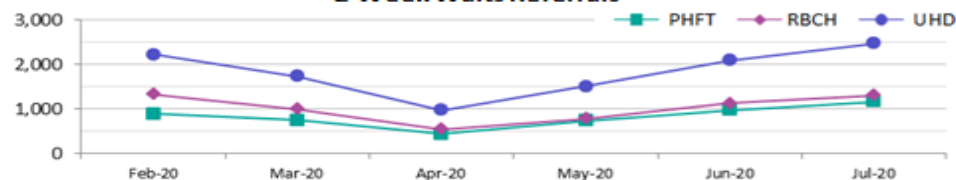
62 Days



High level Board Performance Indicators & Benchmarking

Cancer Standards	Standard	Merged Tru Jul-20	Predicted Aug-20
2 week wait (RBH not being monitored)	93%	97.7%	80.9%
62 day standard	85%	88.3%	73.3%
28 day faster diagnosis standard	75%	79.9%	76.1%

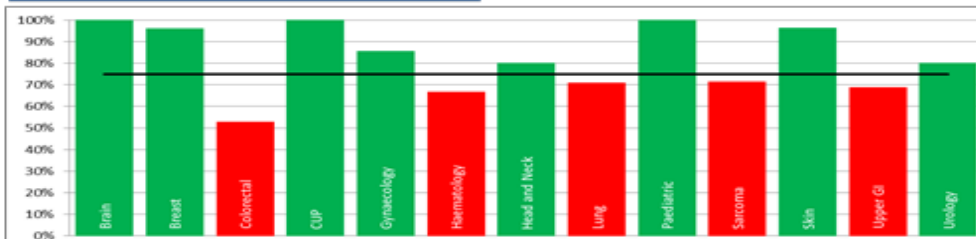
2 Week Waits Referrals



Target 75%

28

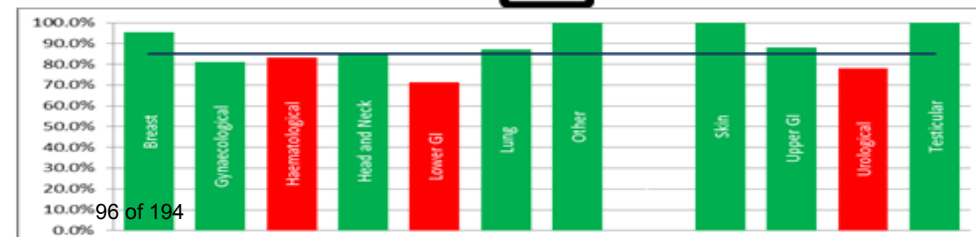
Merged Trust: Jul 2020 79.9%



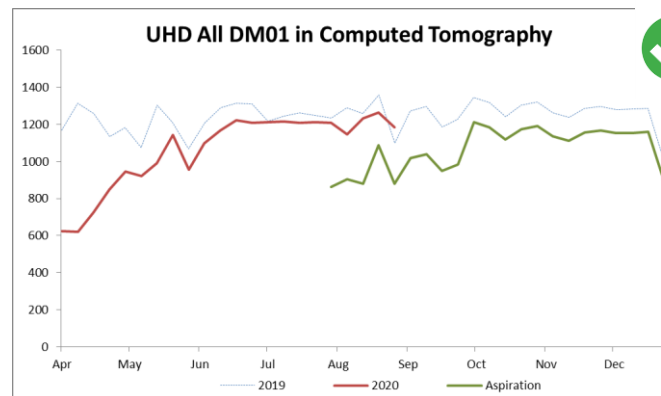
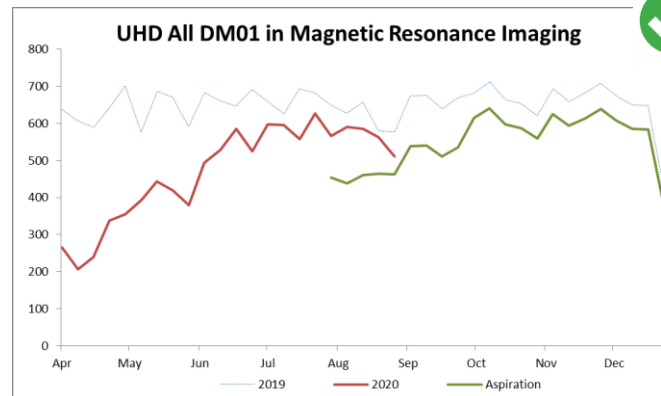
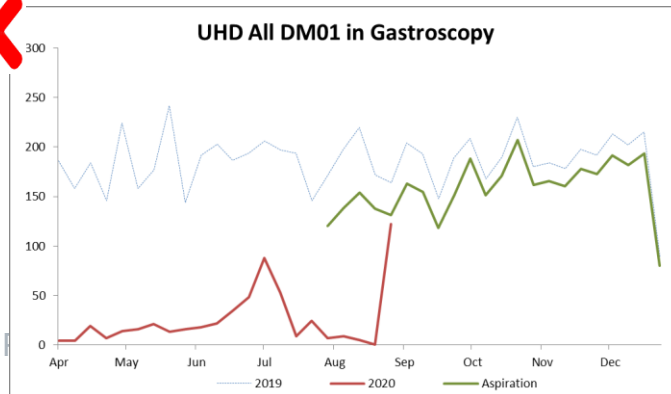
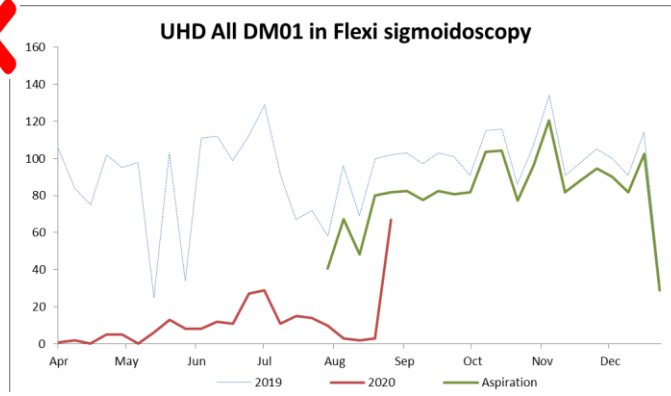
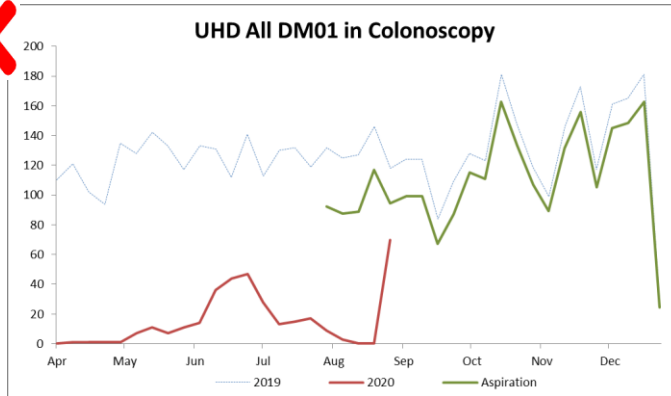
Target 85%

62

Merged Trust: July 2020 88.3%

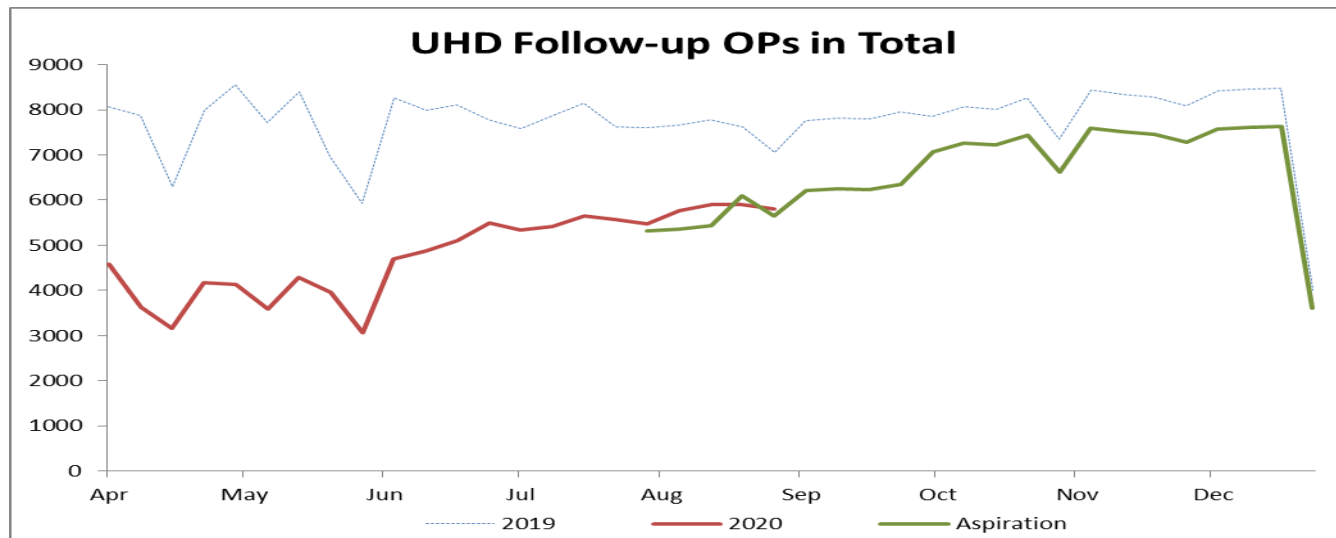
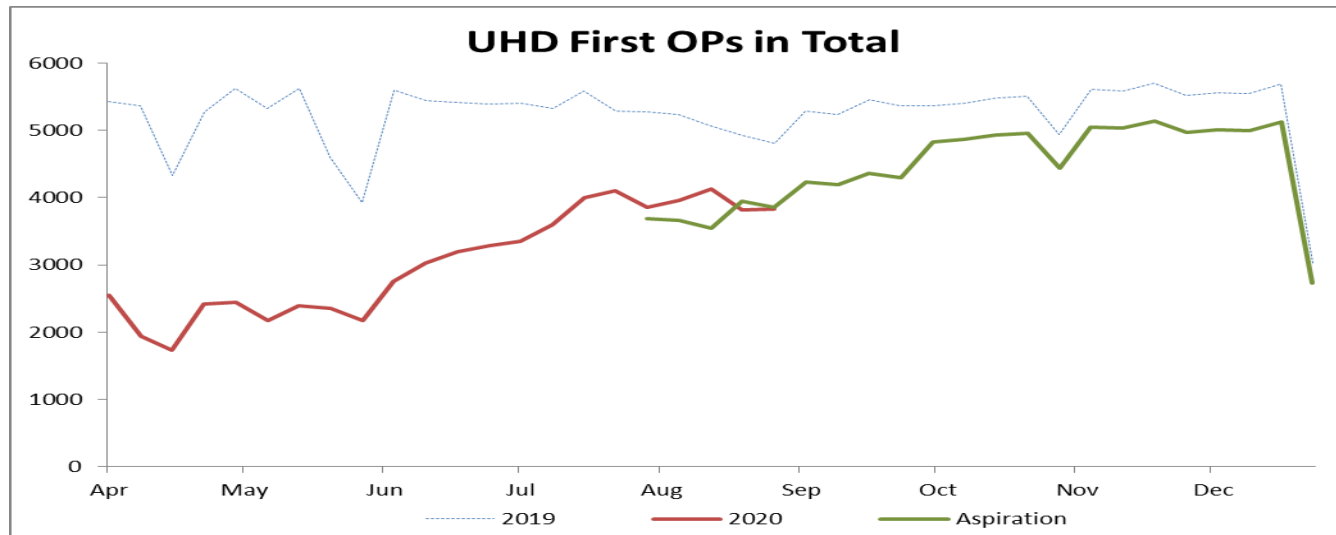


DMO1 - Monthly Recovery Phase 3

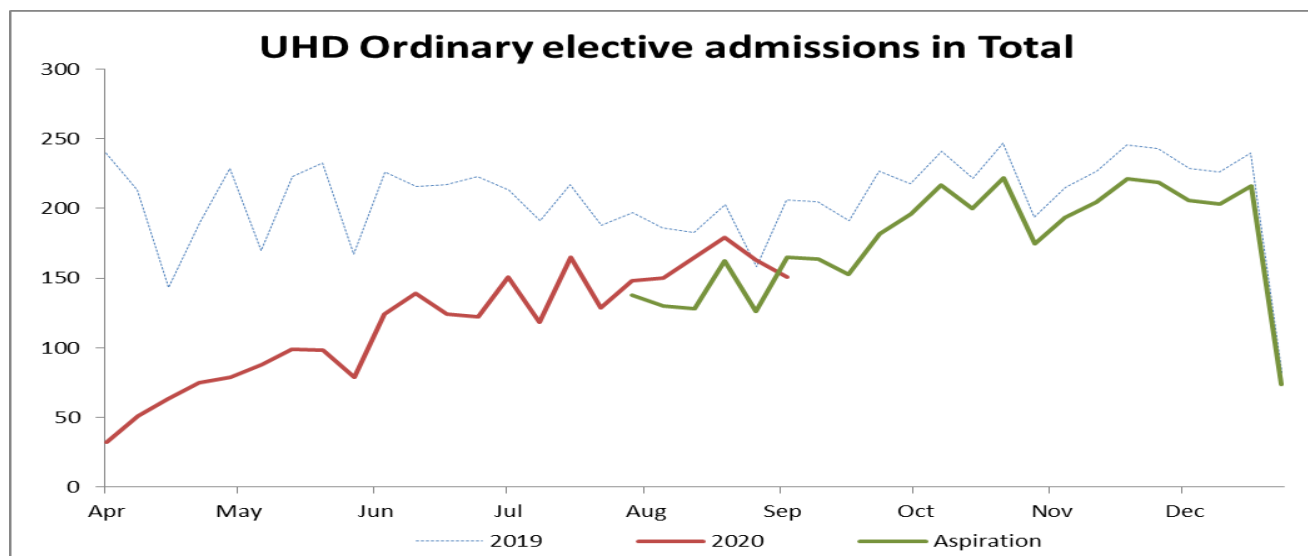
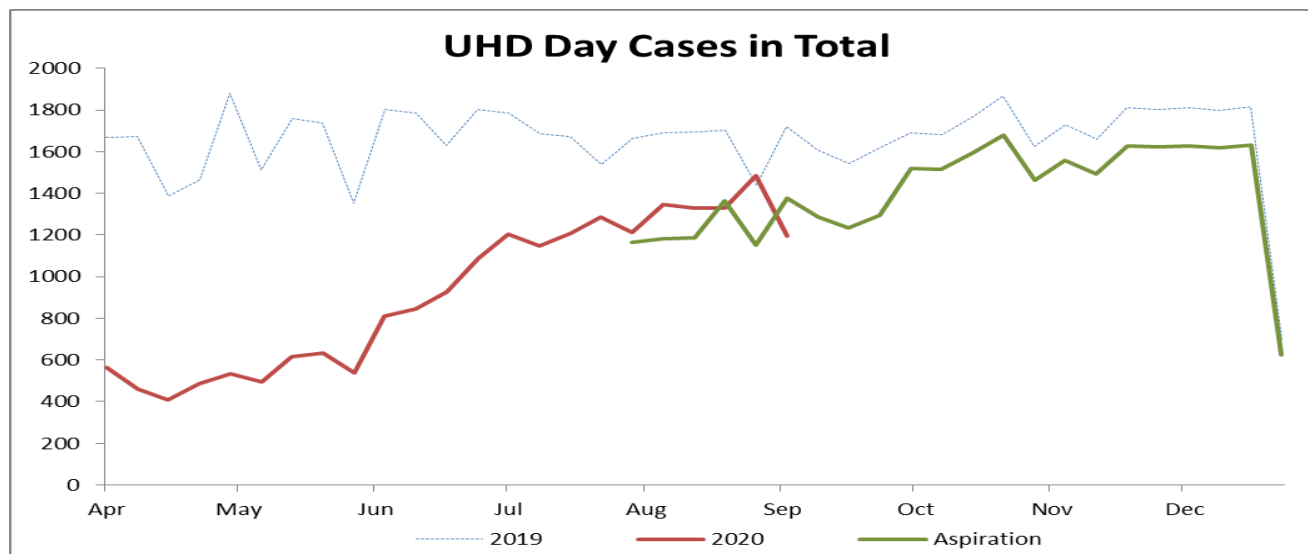


Please note – figures reported here are as per those reported to NHSi in the weekly activity report. Figures reported for endoscopy are understated due to issues with identifying activity using coding. Other solutions are being investigated – but the figures shown are those that would be viewed by NHSi.

Monthly Activity OPS /F/U Recovery Phase 3



Monthly Recovery Daycase /Elective) Phase 3



Independent Sector Update



- Revised contract now signed until end of November /December
- The longer-term arrangements will be commissioned by call-off contracts at a local level under a national framework agreement.
- Provides capacity at Nuffield and BMI in the East
- The expectation of the revised contract is for the NHS to use a designated proportion of capacity in every IS site. Default NHS capacity is 75% of the total staffed capacity
- New national framework contract has started development with an in service target date of November and an absolute of 1st January
- In the East, Bournemouth & Nuffield have outline agreement.
- The call with Harbour was challenging, it transpires they do not have staff to provide 100% capacity 9-5 in their two theatres – they have been supplementing with agency when available and that has not always been possible. Therefore instead of a baseline of 20 sessions per week on weekdays it is more like 18 a week maximum and 75% of that is 13 sessions. Sophie and Abigail are looking at ways of supporting them to raise the number of sessions to the minimum assumed level of 15 a week. There are a handful of other issues covering outpatients and diagnostics, all are being followed up
- NHS England and NHS Improvement may trigger a return to 'peak surge', securing access to 100% of available IS capacity, staff and facilities to facilitate an expansion of the NHS Covid-19 capacity if required.

Accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available in the 'window of opportunity' between now and winter

Some headlines to note:

- Poole Hospital and RBCH will continue to prioritise clinically urgent patients first, a now, well established process for this.
- The next priority being longest waiting patients (e.g. New Hall Hospital for Orthopaedic backlog). Work has already commenced to begin recovery and a stabilised or improved position is expected in September in some key specialities.
- The Wessex Cancer Alliance will be working collaboratively to implement the delivery plans for September 2020 – March 2021 to restore the full operation of all cancer services
- Both Trusts are participating in the National Adopt and Adapt programmes of work, these are – outpatients, theatres, endoscopy, cancer and CT/MRI
- We are working with our system partners to support the agreed system Health and Care recovery priorities, including long waits in 5 key specialities This has been extended further at UHD with 3 additional specialities
- We will be looking to recover the maximum elective activity safely possible between now and winter, with the aim of achieving:
 - In September, at least 80% of our activity from last year for both overnight electives, outpatient and day case procedures (aiming for 70% in August and rising to 90% in October)
 - Dorset system-wide reinstatement of MRI / CT and endoscopy services to 90% of last year's levels in September, with an ambition to reach 100% by October
 - From September, 100% of last year's activity for first Outpatient attendances and follow-ups (face-to-face and virtually)
 - We have fully opened our e-RS for referrals from Primary Care and will build on our close working with primary care to support appropriate clinical care and optimise our system-wide resource
 - We have implemented the new NICE guidance on isolation prior to procedure
 - We are awaiting the details of a modified national contract, to give us access to further independent capacity until March 2021. We have continued to utilise this capacity during phase 1 and 2. We have also expanded our in/outsourcing across a number of services to increase capacity.
- Further details on the actions taken to prepare for winter and learn from the first peak in a way that tackles the fundamental challenges including: support for our staff, and action on inequalities and prevention is included in appendices D and E.

Recovery Plans – Risk and Issues

Lots of positive speedy work by teams and some signs of improvement in some areas, but:

- Revised forecast is based on the latest run rates (July / August) - goes some way to reducing gap but doesn't fully close the gap
- Reduced throughput limits ability to achieve the incentive thresholds
- Latest guidance (being reviewed across both sites) support some increased productivity however, key remaining risk areas e.g. Maxfax, Oral, Ophthal; medium/high risk patients
- The forecast includes additional plans to close the gap where there is some indication of delivery/potential delivery (e.g. some Oral Surgery, ENT & Endoscopy), though remains much risk around this
- Plans continue to develop, and are also being worked up for surgery/urology/gynaecology and we are still awaiting confirmation on securing all potential plans including additional in/outsourcing, locums and other posts/workforce
- Urgent/Cancer care and UEC (incl winter) continue to be priority
- 2nd wave of COVID and any winter impact on elective activity is not included
- We are still in the process of refining the costings but in order to deliver the revised numbers there is a revenue investment required of £7m+ including funding for winter pressures
- GP referral growth – need to monitor closely and work jointly
- Continuation of Independent Sector contracted activity
- Need to carefully consider public comms

Appendix -

A. Elective Recovery Priorities: RBH and Poole



A programme of [elective activity recovery](#) has been stood up in RBH and Poole focusing on the following specialities:

A. Diagnostic recovery

- Cardiac/Echocardiology
- Imaging
- Endoscopy (also included within the 52 week wait recovery programme)

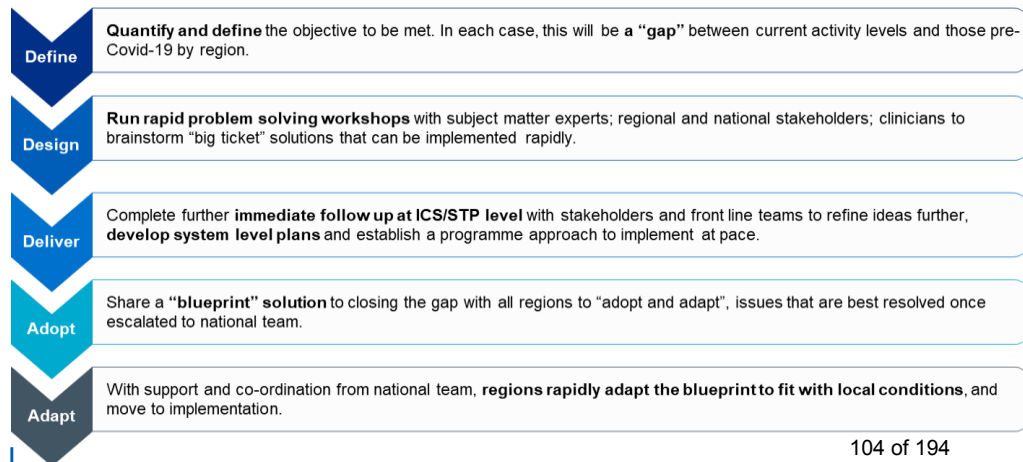
B. 52 week waits

- Orthopaedics
- Oral & Maxillofacial
- Ear, Nose and Throat
- Ophthalmology
- Surgery (Work in progress)
- Gynae (Work in Progress)

These are aligned to the [Dorset System priorities](#) for recovery on Elective and Diagnostics and actions are being taken across the Trusts and System to reduce variation and maximise and prioritise use of resources.

Alongside this the South West Region are running the '[Adopt and Adapt: Elective Recovery Programme](#)'

The "Adopt & Adapt" Programme has been established as part of the National Incident Response Board strategy to accelerate recovery. The approach is similar to that taken in Phase 1 to rapidly increase critical care capacity. Using short time frames and EPRR incident co-ordination methodology, the programme will work across five priority areas to:



The five priority Adopt & Adapt areas are:

- CT/MRI
- Endoscopy
- Theatres
- Outpatients
- Cancer

The adopt and adapt priority areas serve as enabling workstreams to the Trusts' elective activity recovery programme.

RBH and Poole Recovery Plan: The next 3 months



Key Schemes and Initiatives – illustrative examples

Cardiac/Echocardiology	Imaging	Endoscopy	
<ul style="list-style-type: none">Additional third-party provider use – ICS diagnostics via NHS shared business framework increasing additional capacity from 77 a week to 198 a weekConsistency in time slots allocated to Echo across sites creating 2 additional slots a day at RBHExtend PHT Agency Locum from 24th Aug until end of October – additional 56 cases/week.Recruitment - New starter from Oct at Poole – additional 56 cases/week	<ul style="list-style-type: none">Waiting list initiatives – creating ability to flex up to 10-15% increase in capacityExamination "swap" within modalities to reduce waits – decreasing waiting timesRecruitment campaign including International Sonographer recruitmentMove to a joint waiting list across RBCH and Poole for Ultrasound from September	<ul style="list-style-type: none">Insourcing - Providing an additional 60 lower GI procedures per week at both sites plus in week capacityMobile Unit RBCH - 2 lists per day, five days per week supporting reduction in backlog for urgent and fast track patients.Maximising day theatre utilisationRefreshed Dorset Endoscopy Network to plan to create a joint waiting list and streamline processes from referral to test at whatever site has capacity	
OMF	ENT	Ophthalmology	Orthopaedics
<ul style="list-style-type: none">Outsource system LA waiting list to local ISP's - Planned increase of circa 50 patients treated per week.Transfer waiting list for all oral patients to under Poole including communityTakeover use of Wimborne Hospital theatres for H&N - Planned increase of circa 18 patients per week.Recommence OMF service at DCHInsourcing companies to support outpatient clinical activity	<ul style="list-style-type: none">Merge system waiting lists to provide equity of waiting lists across the Dorset systemTakeover use of Wimborne hospital theatres for H&N to increase capacityResolve access to day case theatres	<ul style="list-style-type: none">Mixed economy of NHS and Insourcing to provide additional capacityGlaucoma SECS – routine monitoring managed through community OptometryIncreased flow of patients on a non-medical led pathway e.g. diagnostic imageryDelivery of system-wide paediatric and oculoplastics pathwaysAdditional laser session to reduce waits and numbers to <25Transfer of corneal pathway from DCHFT to RBCH	<ul style="list-style-type: none">Expansion of Day Case Uni-compartmental knee replacement resulting in estimated 10% reduction in length of stay.Expansion of virtual OPD - 40% of appointments to be face to faceOptimising theatres capacity utilisationAdditional Nuffield capacity until 31 October 2020Exploring potential for additional outsourcing capacity at new hall (not currently built in recovery trajectory)

26 | Presentation title

105 of 194

Detailed recovery Plans

Phase 3 Planning Document For		NHS
Oral & Maxillofacial (OMF)		

Prepared by	Date	Accountable Persons
Ben Leigh	03-Aug-2020	Sophie Jordan

Programme Information

Workstream Aim	The aim is to improve elective care standards and Cancer Waiting Times (CWT) in line with NHSI trajectories and annual operational plans over the next 12 months in relation to OMF services; providing an equitable service for patients in Dorset irrespective of their postcode.
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Rationale	Poole Hospital NHS FT is the largest provider of Oral & Maxillofacial (OMF) services to the local population of Dorset providing improved patient pathways based on optimum access and care for our patients. Poole hospital are add supply medical and dental staff to Dorset County, The Royal Bournemouth Hospital and Dorset Healthcare.
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Challenge	<p>The current capacity within Poole Hospital's OMF department is far short of the demand for the service with the work across the system, this is also directly affecting the service provision to the other trusts within the system. In October 2019 the OMF Consultant lead Mr Parkash Ramchandani raised concern to the Wessex Deanery that the DCTs were not at the same clinical level as previous cohorts and it was agreed that they would need supervision. This required immediate action and resulted in Middle grades being pulled from clinic and theatre across the Dorset DCTs in training. This was originally thought to be only relevant to the DCTs in that rotation, which would have been rotation started in December. The Deanery discussed this with the OMF medical team in December and it was agreed that DCTs would need middle grade supervision.</p> <p>After Risk Assessments were completed in May, it was agreed 3 Middle grade staff would stop completing face to face department with 4.6 WTE Middle grades to cover, Theatre Assisting, Treatments, Ward cover, Supervision and the county.</p>
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Progress made during covid	<p>From March 16th the OMF department worked flexible PA's to comply with Covid guidance and ensure safe practice. Cancer patients within the Dorset system. The Dorset County Hospital (DCH) and Royal Bournemouth Hospital (RBH) and all fast track referrals IPT (Inter-provider transferred) to Poole to manage. The referrals steadily increasing (see number now nearing 40 new Fast track referrals a week and only 54 face to face slots per week there is a high risk of breaches).</p> <p>The Consultants are managing follow ups using telephone and Virtual (attend anywhere) clinics if possible. Middle managing waiting lists and follow ups through virtual telephone clinics.</p> <p>We have set up Microsoft teams for communication through the team, with instant Teams messages regarding not become a central area of communication for the team, including for theatre schedules.</p>
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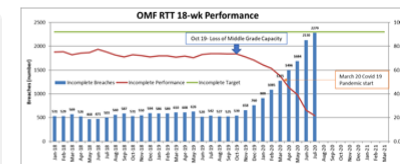
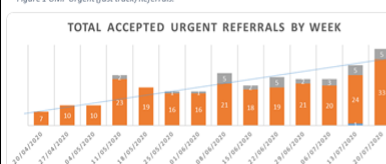
Workstreams	<p>Waiting list - No 52-week breaches by end of Quarter 3 of 2020/21 & Evidence of a reduction in the waiting list 2020/21</p> <ul style="list-style-type: none"> Cancer waiting list - Reduce CWT breaches in OMF by the end of Quarter 3 of 2020/21 Ensuring the capacity meets demand across Dorset Medical Staffing - provide a safe and efficient staffing compliment to the Dorset System
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Investment	<p>Medical Staffing: 1 x WTE Consultant and 3 x Middle Grade</p> <p>0.5 PA</p> <p>Additional administrative support linking in with system partners</p> <p>Treatment Centre RGN nursing to cover 5 day schedule</p>
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Programme Governance	OMF Recovery Group report to the Joint Recovery Programme Board
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Data and Trajectories

Figure 1 OMF Urgent (fast track) Referrals



B. Third phase Letter of the NHS response to Covid-19

All NHS organisations received a letter from Sir Simon Stevens (Chief Executive NHSE/I) and Amanda Pritchard (Chief Operating Officer NHSE/I) on 31st July detailing the **third phase of the NHS response to Covid-19**

Key Priorities for the rest of 2020/21

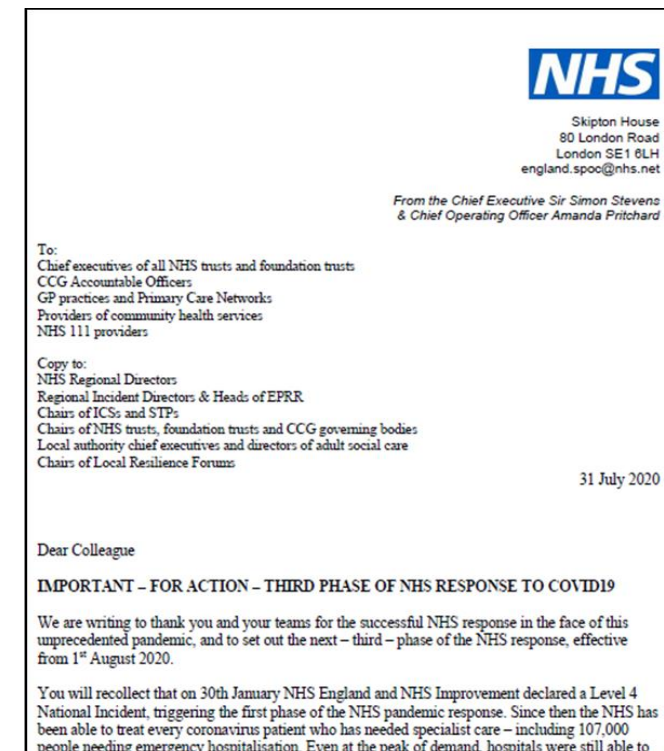
Accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available in the 'window of opportunity' between now and winter

- *A detailed paper on Phase 3 Activity Recovery Plans for Poole and RBCH has been developed to feed into the ICS response*

Preparing for winter demand pressures, alongside continuing vigilance in the light of further probable Covid-19 spikes locally and nationally

- We have undertaken bed modelling across both sites to forecast the bed requirements over the next 12 months. This study along with learning from previous winter, will underpin our winter and workforce planning across all sites.

Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention



C. Phase 3 -Elective Incentive Letter

letter received 20th August to give details as to how block payments will flex to reflect expected elective activity levels:

- Details a set out of shared goals for accelerating the return to near-normal levels of non-Covid health services,

	August	Sept	Oct	Nov +
Overnight Electives	70%	80%	90%	100%
Outpatient/ daycase proc	70%	80%	90%	
CT	70%	80%	90%	
MRI		90%	100%	
Endoscopy		90%	100%	
New	90%	100%	100%	
F/U	90%	100%	100%	

- A notional baseline of M6-M12 2019/20 activity for undertaken by NHS providers will be calculated for each system;
- Where the activity delivered is in line with the levels set out in the phase three letter, system-level funding envelopes, to be communicated in due course, will be paid in full.
- Where aggregate in-scope activity delivered in the period M6-M12 is below the expected value, 25% (for elective and outpatient procedure activity) and 20% (for outpatient attendance activity) of the shortfall will be deducted from the nationally determined funding envelopes.
- Where in-scope activity delivered exceeds the expected value, 75% (for elective and OPD procedure activity) & 70% (for OPD attendance activity) of the difference will be added to nationally determined funding envelopes.

To:
ICS and STP leads
Chief executives of all NHS trusts and foundation trusts
CCG Accountable Officers

Copy to:
NHS Regional Directors
Chairs of ICSs and STPs
Chairs of NHS trusts, foundation trusts and CCG governing bodies

20 August 2020

Dear colleague

In the letter setting out the third phase of the NHS response to COVID-19 sent on of 31 July 2020 we set out our shared goals for accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available in the 'window of opportunity' between now and winter. As set out in that letter, we are writing to give more details as to how block payments will flex to reflect expected elective activity levels:

- In September, delivering at least 80% of last year's activity for both overnight electives and for outpatient/daycase procedures, rising to 90% in October (while aiming for 70% in August).
- This means that systems need to very swiftly return to at least 90% of their last year's levels of MRI/CT and endoscopy procedures, with the goal to reach 100% by October; and
- 100% of last year's activity for first outpatient attendances and follow-ups (face to face or virtually) from September through the balance of the year (and aiming for 90% in August).

These activity levels were set based on feedback from across the service about what was

We have undertaken bed modelling across both sites to forecast the bed requirements over the next 12 months. This study along with learning from previous winter, will underpin our winter and workforce planning which includes:

- Additional planned bed capacity in place to meet seasonal variation in demand;
- Increasing our SDEC and hot clinic offer across multiple specialties including the frail elderly, to prevent avoidable admissions into acute beds;
- Continued development of our flow management following the rollout of our Health of the Ward bed management system across both Trusts;
- Reviewing and enhancing our admission pathways to optimise flow and respond flexibly to Covid incidence;
- Joint review of our blue (Covid) ITU pathways and continued work with our local critical care network to optimise care and respond to the volume and needs of Covid patients;
- Continuing to work with our community partner, Dorset Healthcare and all system partners, in further developing the discharge to assess model to ensure that patients medically fit for discharge are not delayed from being discharged home; or, to the most appropriate care setting;
- Plans in place to provide greater resilience within our Emergency Department and access to The Urgent Treatment Centre, including moving to a 111 First and Booking offer.

In addition we are:

- Developing a series of Covid-19 escalation triggers to track spikes internally at RBH/Poole site, linking into the wider Dorset Dashboard;
- Reviewing and learning from our 'tried and tested' escalation response in Covid phase 1. This is in readiness to re-escalate if required. In this scenario, our approach is likely to be phased, supported by joint working across our sites (e.g. phasing up ITU Covid capacity; targeted outpatient/elective cancellations to optimise both urgent/Covid as well as planned care);
- Developing our significantly expanded seasonal flu vaccination programme & Continuing to follow the PHE guidance on infection prevention and control;
- Continuing to follow PHE/DHSC-determined policies on which patients, staff and members of the public should be tested and at what frequency; Our procurement teams continue to ensure that all of our staff and patients have access to PPE and the guidance for how/when to wear them are clear
- Furthermore, DHSC have approved the ED capital programme for 2020/21, the funding for immediate and necessary changes to prevent nosocomial infection, and to improve flow

Appendix E : *Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention*



- The Dorset system has developed a Local People Plan . For our Trusts, the completion rate for risk assessments is circa 90% – well performing in the Dorset region.
- All NHS Trusts received a letter on 19th May from Prerana Issar (Chief People Officer for the NHS) and Dido Harding (Chair of NHS Improvement) calling for organisations to review Covid-19 command and governance structures, for levels of diversity representation in leadership and decision-making. The Chief Executive and Medical Directors for both our Trusts signed off a joint statement in June, outlining our commitment to ensure that our health service is a fairer and more compassionate place to work and to receive care.
- During a recent Shadow Interim Board Development Event, we took time out to listen to the experiences of our BAME staff and to better understand their perspective. Board members reaffirmed their strong commitment to ensuring that equality and diversity are embedded as key values within our new organisation, University Hospitals Dorset NHS Foundation Trust (UHD).
- We will be identifying a named executive and a non-executive from the UHD Board, whom will be responsible for tackling inequalities.
- We are ensuring that our services are restored inclusively – guided by new, core performance monitoring of service use and outcomes amongst those from the most deprived neighbourhoods and from the BAME communities.
- We have a well-established Freedom to Speak Up Guardian and Ambassadors, as well as spiritual and pastoral care via our multi-faith Chaplaincy teams.
- The setting up of ‘safe spaces’ for the ongoing health and wellbeing of our staff and the further development of wider wellbeing support including access to psychological services, and occupational health advice and support.

JOINT BOARD OF DIRECTORS PAPER PART 1 – COVER SHEET

Meeting Date: 30 September 2020

Agenda item: 8.1

Subject:	POOLE HOSPITAL NHS FOUNDATION TRUST CHARITABLE FUNDS EXPENDITURE OVER £25,000
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Prepared by:	Michael Weaver, Interim Assistant Company Secretary
Presented by:	Pete Papworth, Joint Interim Director of Finance

Purpose of paper	For approval.
Background	Following award decisions made by the PHFT Charitable Funds Committee (CFC), the Board of Directors are asked to support the receipt of charitable funds in each case.
Key points for Board members	The PHFT Trust Board is asked to support the investment decisions considered by the CFC on 24 September 2020.
Options and decisions required	<p>The following awards require approval by the PHFT Board of Directors ahead of receipt:</p> <ul style="list-style-type: none"> Enhanced Staff Wellbeing Support: £92,763.50 against allocation of funds already received (note that this is part of a joint bid with RBCH charitable fund). A Local Recognition Fund: £44,440 against allocation of funds already received (note that this is part of a joint bid with RBCH charitable fund). Health and Wellbeing Support for Underrepresented Groups: £50,000 against allocation of funds already received (note that this is part of a joint bid with RBCH charitable fund).
Recommendations	Members are asked to support the receipt of charitable funds in each of the three cases as listed.
Next steps	Where appropriate, benefits realisation reviews are undertaken on specific investments through the Investment Planning Group.

Links to Poole Hospital NHS Foundation Trust and the Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective	AF4 - Ensure all resources are used efficiently, effectively and economically to deliver key operational standards
BAF/ Corporate Risk Register	Not Applicable
CQC Reference	Use of Resources

Committees/Meetings at which the paper has been submitted:	Date

JOINT BOARD OF DIRECTORS PART 1 – COVER SHEET

Meeting Date: 30 September 2020

Agenda item: 8.1

Subject:	Annual Complaints Report – 2019/20 RBCH
Prepared by:	Christina Harding, Complaints and PALS Improvement Lead
Presented by:	Paula Shobbrook, Director of Nursing and Midwifery / Deputy Chief Executive
Purpose of paper:	To approve the 2019/20 RBCH Annual Complaints Report.
Background:	All NHS Trusts must produce an annual report containing information on the complaints and concerns received in the Trust including the themes and a selection of the learning from them.
Key points for Board members:	<ul style="list-style-type: none"> • Against the number of patients treated at the hospital, the percentage of complaints received is 0.08%. • There were 499 formal complaints received by the Trust for 2019/20, increase on the previous year • Following review and to align with neighbouring Trusts, the response timescale was changed from 25 to 35 working days, from 01 September 2019 • Since implementing the new Complaints and Concerns policy there is a reduction in the number of reopened complaints. • There is a slight decrease in the number referred to the PHSO and a decrease in the number upheld, demonstrating a positive process for investigating and responding to complaints. • Learning from complaints is an integral part of the process and this has been managed and supported through the governance and Directorate structures. • Further work is needed to ensure that this continues to be embedded across the Trust in particular a focus on communication.
Options and decisions required:	For approval
Recommendations:	For approval
Next steps:	Following approval, the Annual Complaints Report 2019/2020 will be published on the Trust website.

Links to Poole Hospital NHS Foundation Trust and the Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register

Strategic Objective:	
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BAF/Corporate Risk Register: (if applicable)	N/A
CQC Reference:	CQC fundamental standards. Regulation 16

Committees/Meetings at which the paper has been submitted:	Date
Joint Quality, Safety and Performance Committee	July 2020

Complaints Annual Report

Approval Committee	Author
Healthcare Assurance Committee	Christina Harding, Complaints and PALS Improvement Lead

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1.0 Introduction

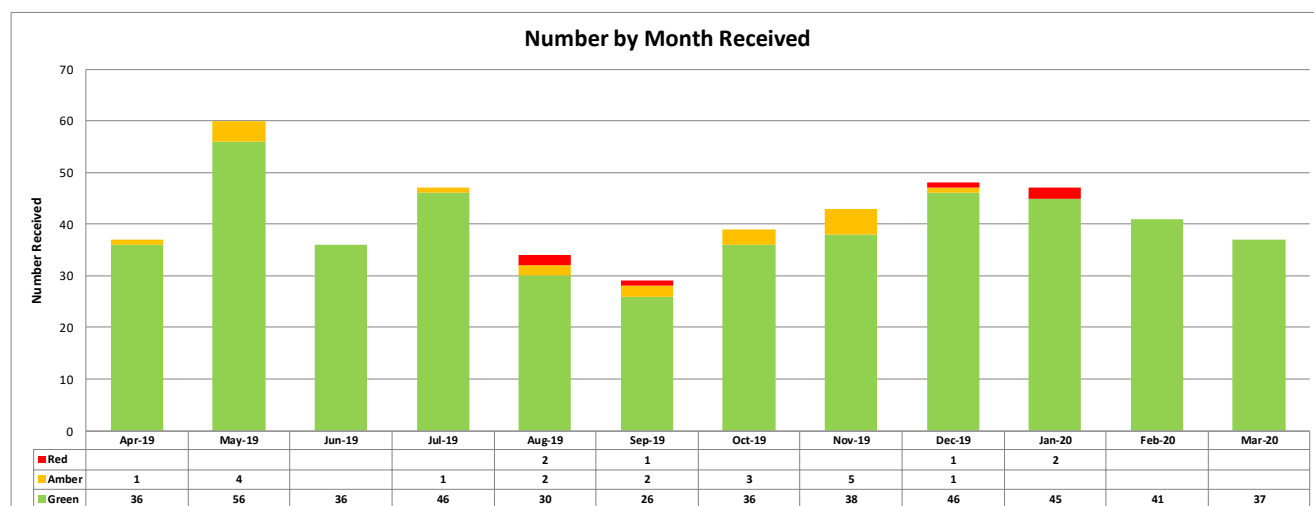
We are an organisation that is committed to learning from complaints and implementing this learning through continual improvement. Complaints made to the Trust are managed within the terms of the Trust's complaints procedure and national complaint regulations for the NHS. The overriding objective is to resolve each complaint with the complainant through explanation and discussion in a timely manner. Following an increase of patient throughput in the Trust the number of complaints has also shown an increase over 2019/2020 compared to previous years. This increase can be attributed to greater advertisement of how to make a complaint as it was found in a recent inpatient survey that only 18% of all patients knew how to raise a complaint or concern.

Taking into consideration when looking at the number of patients treated at the hospital, a total of 615807, the percentage of complaints received is 0.08%.

Under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, the trust must prepare an annual Learning from Complaints report each year. The report must specify the number of complaints received and the number of complaints which the trust decided were well-founded. It must also summarise the subject matter of complaints and any matters of general importance arising from those complaints. It must also include the way in which the complaints have been managed and any actions that have been, or are to be taken to improve services as a consequence of those complaints. The report will be publicly available on our website.

2.0 Number of Complaints Received

There were 499 formal complaints received by the Trust for 2019/20, which is an increase on the previous year (see table 2.1).



In 2019/20 there was an overall annual rolling average compliance response time of 64%. This falls below the Trust Policy of the response performance being at or above 75%. Of note the Trust achieved this for three of the past twelve months, see table below. Complaints compliance data is discussed at the Complaints Performance meeting on a monthly basis.

As there has been an increase in the number of complaints processed since 2019/20 and a decrease in the response rates the individual care groups felt that the timescales provided for the responses to be completed in time were too short. Following discussion with the

investigating managers in the Care Groups and local / national benchmarking it was decided that the Trust would extend the basic response timescale from 25 working days to 35 working days, this aligns with our neighboring Trusts. This change was brought in on 01 September 2019

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Rolling 12 months
1st Responses Due in Month	33	49	54	46	37	32	22	33	36	50	47	44	483
Number Where 1st Response Completed On	20	31	26	22	15	18	17	22	28	45	33	31	308
Percent With 1st Response On Time	61%	63%	48%	48%	41%	56%	77%	67%	78%	90%	70%	70%	64%

2.1 Table depicting volume of formal complaints and rolling average annual response time

Reporting Years	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Volume of Formal Complaints	214	314	293	310	426	499
Response time Annual Rolling Average 25 working days	Previous reporting method- not comparable	54%	76%	72%	68%	Not comparable due to change in response timescales

As previously explained the standard response timescale was extended from 25 working days to 35 working days on 01 September 2019. The rolling average response with the changes in timescales included was 68%

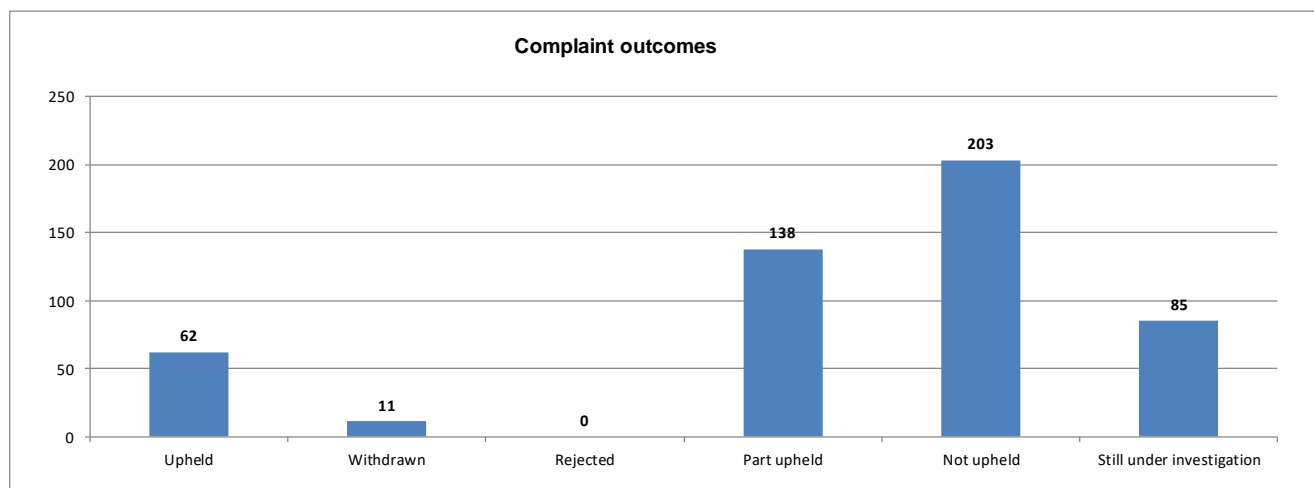
2.2 Reopened complaints

Since implementing the new Complaints and Concerns policy the trust has seen a reduction in the number of reopened complaints. This is believed to be due to the investigation timescales being adapted to reflect the complexity / severity of the complaint.

Reporting Years	2017/18	2018/19	2019/20
Volume of formal complaints reopened	77	40	48
Percentage of total complaints received	25%	9%	10%

3.0 Complaint Outcomes

There were 499 formal complaints reported into the Trust with appropriate apologies offered and the outcome of the investigation provided in the letter of response from the Chief Executive.

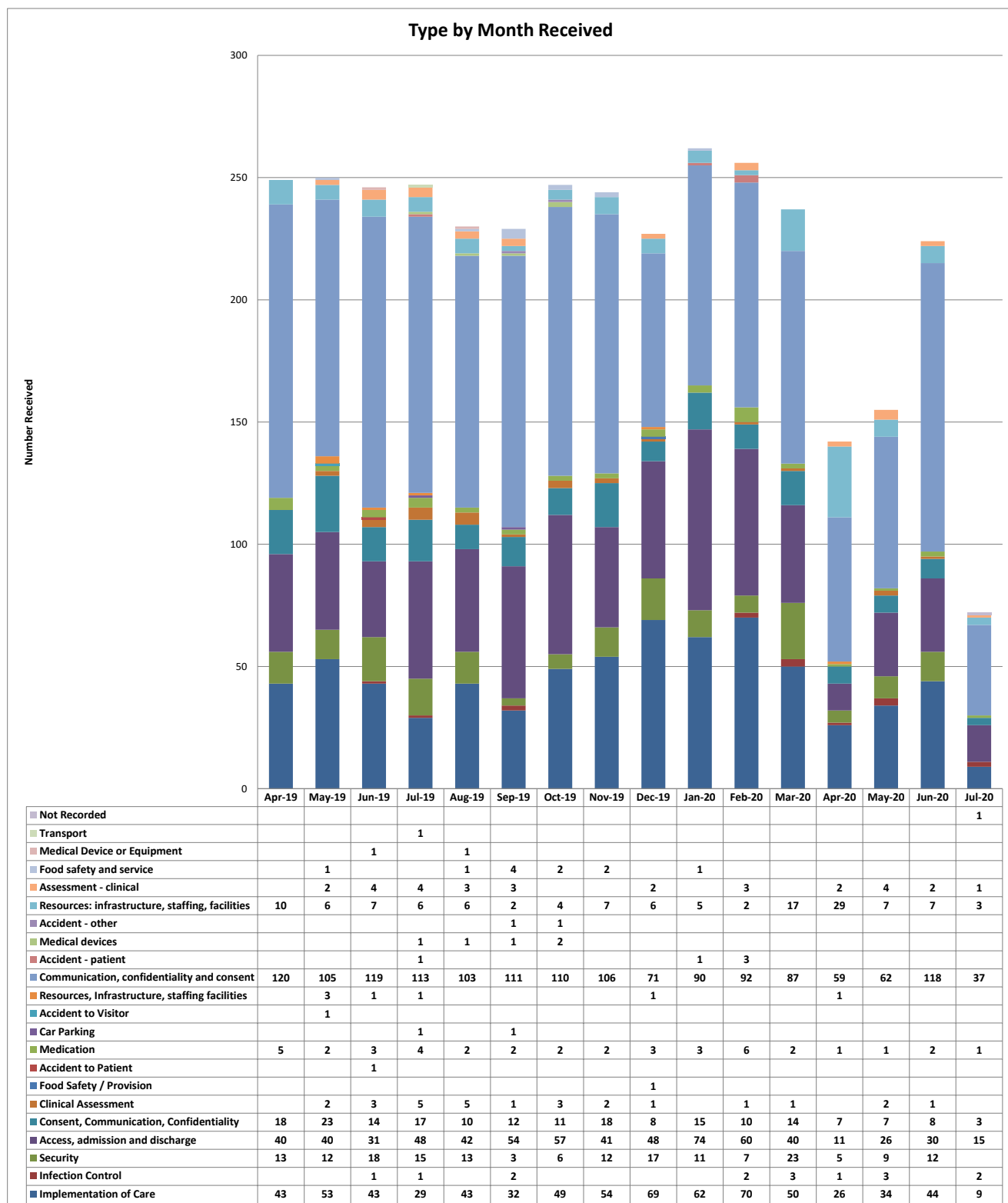


The above table shows the final outcome after the investigation has been completed and response sent. This is separated into the above categories. Upheld complaints are complaints that have been found to be true and correct. Withdrawn complaints are complaints that the complainants have decided they no longer wish to pursue. Rejected complaints are complaints that on review the Trust will not investigate, this may be due to the complaint being out of time or the complaint has previously been responded to. Part upheld complaints are on investigation found to be partially true and correct. Not upheld complaints are on investigation found to be incorrect or untrue.

4.0 Subjects of Complaints

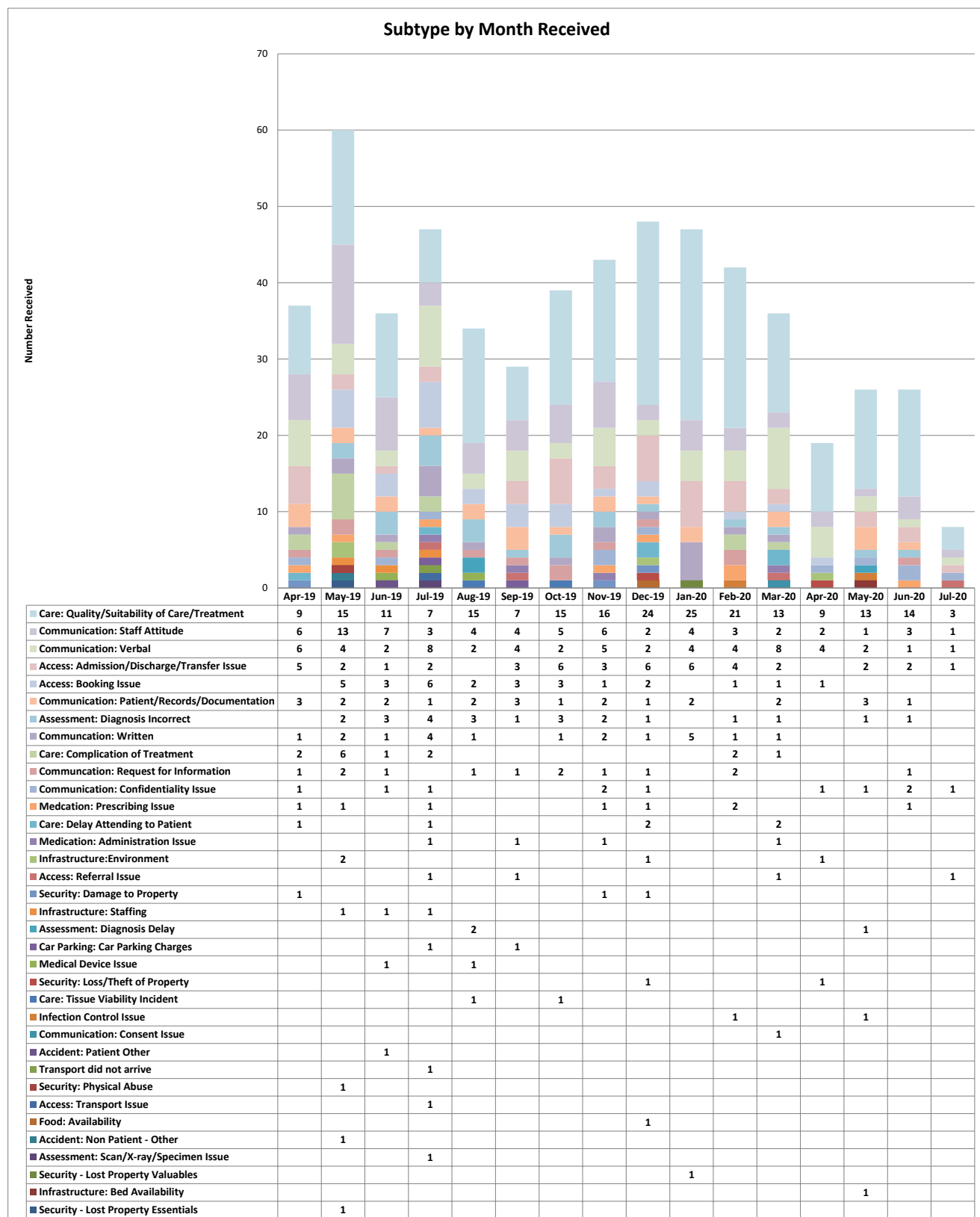
The main proportion of complaints are within the following categories or types (in order of magnitude);

- Implementation of care
- Communication and consent
- Access, admission and discharge



The above categories are broken down into various subtypes with the main proportion being;

- Implementation of care
 - Quality / Suitability of Care / Treatment
- Communication and consent
 - Staff Attitude
 - Verbal
- Access, admission and discharge
 - Admission Transfer and Discharge



This data is reflective of the top three themes from both 2018/19 and 2017/18 in similar volumes.

The Complaints performance meeting reviews the themes. The complaint prevalence and themes are also discussed in the Care Group governance meetings. The themes are also included in the assurance papers provided to the Healthcare Assurance Committee and to the Trust Board. There is a broad variability of the themes which are looked at in more detail in section 4.1

A number of complaint resolution meetings were held with complainants and key staff to assist with resolving complaints. The majority of these were effective in resolving concerns as advised by the complainants.

4.1 The main categories of complaint were as follows:

Type	2015/16	2016/17	2017/18	2018/19	2019/20
Admission, transfer and discharge	62	52	46	67	72
Communication and consent	55	61	105	131	171
Clinical Assessment	58	25	22	25	24
Environment	0	3	0	0	8
Equipment	2	2	1	0	2
Food Safety and Service	1	0	0	1	1
Implementation of care	113	135	122	173	200
Infection Control	0	2	4	2	1
Medication [inc medical gases]	9	1	7	13	11
Patient accident [other than falls]/self harm	7	5	2	5	1
Security	3	2	1	8	7
Staff incident	1	0	0	0	0
Treatment, procedure, care	1	0	0	0	0
Visitor incidents/accidents	1	1	0	0	1
Not Recorded	1	1	0	1	0
Grand Total	314	293	310	426	499

4.2 Breakdown of two top categories

Communication and Consent

The main volume of complaints in the communication theme relates to staff attitude and patient / records / documentation which shows an increase to the previous year.

	2016/17	2017/18	2018/19	2019/20
Communication: Staff Attitude	30	42	43	59
Communication: Patient/Records/Documentation	9	23	43	21
Communication: Verbal	7	11	15	51
Communication: Confidentiality Issue	5	7	7	6
Communication: Written	5	6	5	20
Communication: Request for Information	3	12	10	13
Not Recorded	0	2	3	0

Communication: Privacy / dignity	0	1	3	0
Communication: Consent Issue	2	1	2	1
Communication and consent total	61	105	131	171

Implementation of Care

Implementation of Care is mainly around quality and suitability but also complications of treatment, the data shows an increase to previous years.

	2016/17	2017/18	2018/19	2019/20
Care: Complication of Treatment	22	23	32	13
Care: Delay Attending to Patient	9	11	15	6
Care: Privacy/Dignity	1	0	0	0
Care: Quality/Suitability of Care/Treatment	101	88	124	179
Care: Tissue Viability Incident	0	0	2	2
Not Recorded	2	0	0	0
Implementation of care total	135	122	173	200

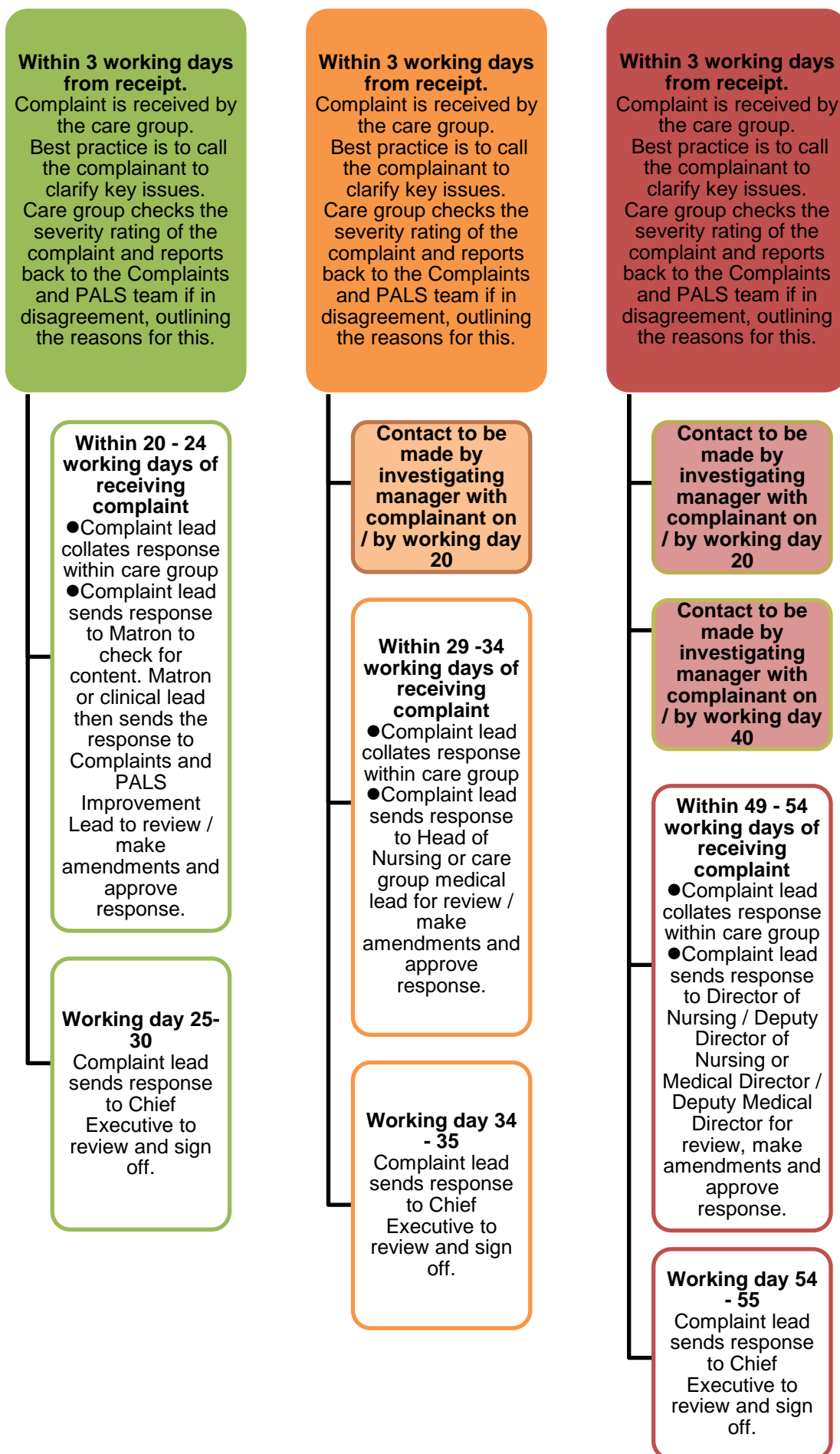
Complaints within these categories remain the focus of the improvements within the Complaints Performance Meeting. Learning from Complaints within the system will support the required improvement too.

5.0 Complaint process

On 1 September 2018 The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust implemented a new complaint and concern policy which changed the way that complaint responses were completed. All complaints and concerns received from this date were complexity / severity rated and based on the rating for each complaint; there were three complaint response timescales introduced. A green rated complaint was given a response timescale of 25 working days, an amber rated complaint was given a response timescale of 40 working days and a red rated complaint was given a response timescale of 60 working days.

Due to a decrease in response timescale rates we looked again at the green rated complaint timescale and following information from our neighbouring NHS Trusts it was decided to align our response timescales with other local Trusts. From 1 September 2019 we extended our basic response timescale from 25 working days to 35 working days.

Meetings with complainants continue to be offered and taken up by complainants and staff remain responsive in terms of resolving an arising concern.



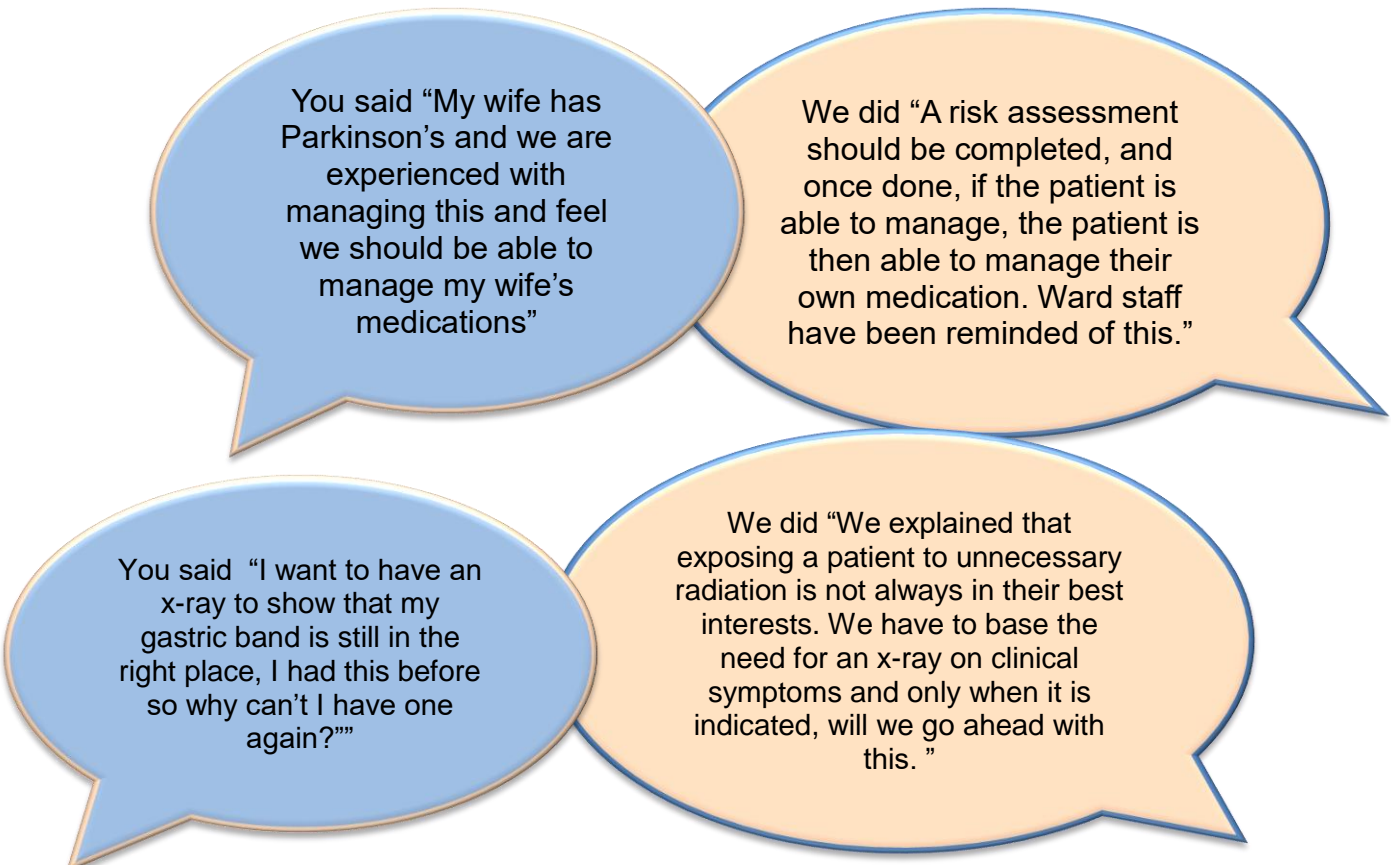
Complexity / severity rated response time scales and expected contact points

6.0 Improvements and learning resulting from Complaints

Directorates are required to follow through changes resulting from complaints within their own risk and governance meetings, recording these and reporting them into their governance meetings. Part of the complaints process is that the manager completes a Complaints Outcome Audit (COA) form which becomes part of the complaint file. The Trust Complaints Performance meeting convenes monthly to review complaints response times, key themes and shared learning from complaints. This has enabled stronger engagement with the directorate teams.

It is important that lessons are learnt and improvements made from complaints, with this in mind two regular items on the agenda for the monthly Complaints Performance meeting are key learning from complaints and Care Group sharing – reflective practice. During these sessions there is a rotation for the directorates to bring a detailed example of lessons learned from a complaint that they had investigated. For example, one directorate explained how they encountered difficulties in staff providing an apology when a complaint has been received. It was discussed how people feel that saying sorry is an admission of guilt when it is in fact an effort to show acknowledgement that the person has not had the experience that they were expecting and to manage the perception of the person raising the complaint. Another directorate explained that following a complaint investigation they visited the patient's home to meet with them and that this helped to personalise the situation and enhance their understanding of the impact the issue had on them.

One of the main purposes in investigating complaints is to identify opportunities for learning and change in practice to improve services for patients. Examples of changes brought about through complaints are as follows and have been reported on the Trust website. Whilst the Trust reorganised the Team structure and processes around complaints and their management, focus was maintained on improving performance. Performance is monitored at the monthly Complaints Performance Meeting. Here are some examples of changes made as a result of the complaint and the subsequent investigation:



You said "My wife has Parkinson's and we are experienced with managing this and feel we should be able to manage my wife's medications"

We did "A risk assessment should be completed, and once done, if the patient is able to manage, the patient is then able to manage their own medication. Ward staff have been reminded of this."

You said "I want to have an x-ray to show that my gastric band is still in the right place, I had this before so why can't I have one again?"

We did "We explained that exposing a patient to unnecessary radiation is not always in their best interests. We have to base the need for an x-ray on clinical symptoms and only when it is indicated, will we go ahead with this."

You said "Patient contracted compartment syndrome during a procedure and it was felt that his care was not escalated appropriately."

We did "We now have better handovers and clear documentation from lab staff to ward staff. We have changed the World Health Organisation (WHO) check list to reflect this."







Here is a further selection of learning from complaints over the past year.

You said	We did
I do not feel that all staff were aware of my husband's dementia during his admission	The electronic system, "health of the ward" that the Trust is rolling out across the wards allows a forget me not flower icon to be added to a patient to raise awareness for the staff. The deputy ward sister will ensure that until the electronic system arrives she will have a stock of laminated forget me not flowers available
My father had a failed discharge from hospital and he died shortly after what will you do to avoid failed discharges for other patient's	Reviewed the discharge pathways for Ward 11 and introduced a discharge coordinator role
My mother, who has dementia attended an appointment and was seen by one of the Doctors. I do not think that they had any dementia understanding	Met with the complainant and the Doctor apologised for the experience. The department is now ensuring that dementia awareness training is completed by all staff
Patient has been put onto the wait list for surgery and informed that the current wait is approximately 6 months. Patient questioned "is there anything I can do to speed up the process, I thought there was a legal right to surgery within 18 weeks	Explained the NHS 18 week guidelines and that the patient's pathway had been reviewed by a Consultant and the patient was considered "routine". Explained the steps that the Trust is taking to reduce the waiting times
My relative had difficulties accessing dialysis when they were unexpectedly admitted to this hospital whilst on holiday.	There had been internal concern raised that about the dialysis and renal service capacity on site at RBH that is operated by another Trust and about the pathways into this service, and this complaint unfortunately highlighted the problems that this could cause. The Trust is therefore going to renegotiate the arrangements and the clinical pathways reviewed & redesigned by Consultants in the Medical Directorate

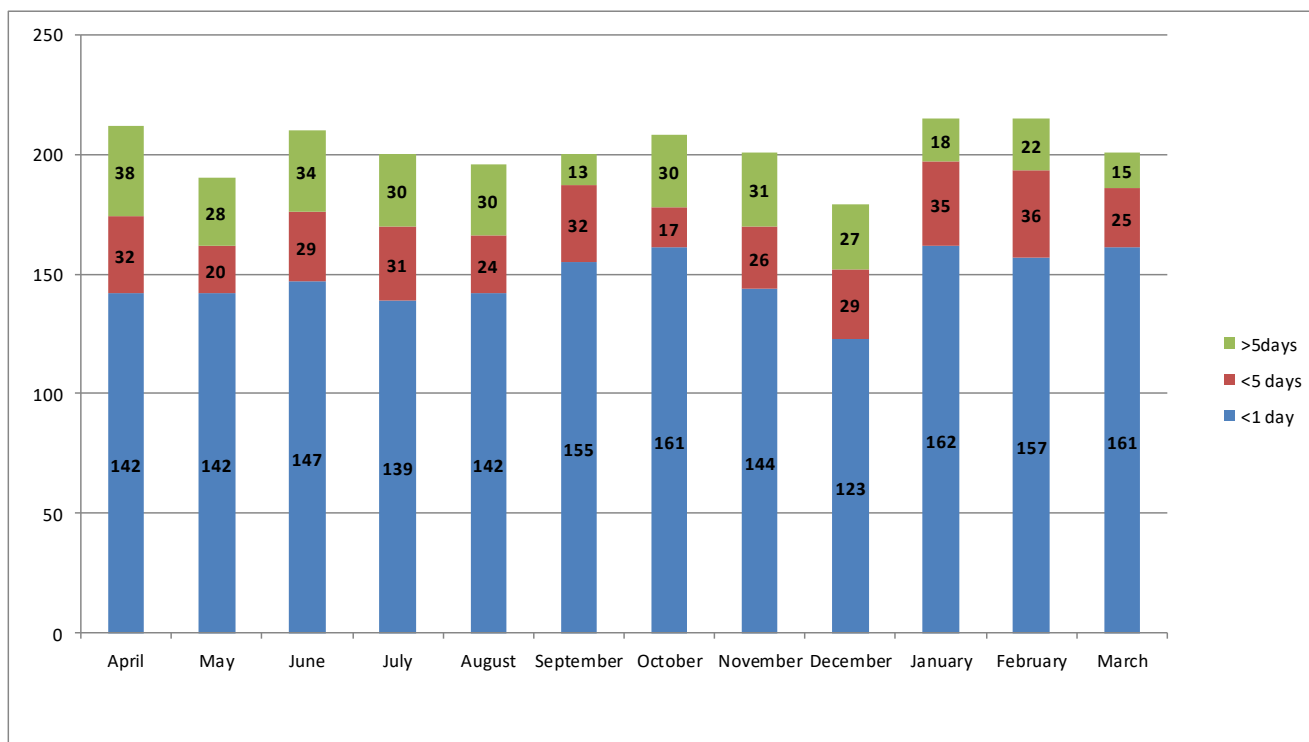
My elective operation has been cancelled and I had organised childcare and made arrangements for my recovery after surgery.	Explained sometimes owing to circumstances outside of our control and to ensure safety and wellbeing, we may have to postpone operations. Operational pressures such as availability of beds can be a factor and patients requiring emergency surgery, who take a priority over patients having elective procedures. We aim to improve communication with patients having elective surgery to align their expectations and fully inform them of this."
Post discharge my mother was bleeding and in a lot of pain, and I rang the ward as I had been told to by the doctor. A member of staff said that my mother had to go to A&E. We attended and 4 hours later we were seen, the doctor said we should have gone straight to the ward. Why were we told by the member of staff to go to A&E?	Matron has highlighted this issue to the Cardiac wards to ensure that all patients are given discharge information with the telephone numbers to call In Hours (08:00 to 17:00) and Out of Hours clearly highlighted to ensure the correct help in the correct setting is given to patients, especially after discharge

7.0 Patient Advice and Liaison Service (PALS)

The focus of the Patient Advice and Liaison Service (PALS) in resolving concerns informally with front line staff continues to be constructive and relationships within the Trust have also supported early resolution.

Care Group	Concerns															Change	Trend
	Number Due	Number on time	% 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	% on time January 2020	% on time February 2020	% on time March 2020			
CGRPA	33	28	76	87	76	89	87	92	78	85	94	87	87	84	▼		
CGRPB	75	58	75	76	74	71	77	81	81	74	75	89	85	77	▼		
CGRPC	29	26	80	87	93	90	80	88	92	91	90	86	86	90	▲		
OTHER	63	61	91	94	96	98	94	92	93	91	97	98	98	97	▼		
PRIVATE	1	1	0	0	0	100	0	0	0	0	0	0	0	100	▲		
GRAND TOTAL	201	174	80	85	84	85	84	89	86	84	86	91	89	87	▼		

With the implementation of the new Complaint and Concerns policy on 1 September 2018 the expected timescale for responding to the PALS concern was lowered from 25 working days to 5 working days. The graph below shows the response rates for PALS concerns in number of days it took to get resolved, a high proportion of these are resolved on the day of receipt.



8.0 Referrals to the Parliamentary Health Service Ombudsman (PHSO)

Complainants who remain dissatisfied with the response to their complaint at local resolution level were able to request an independent review to be undertaken by the Parliamentary Health Service Ombudsman (PHSO).

After receiving a response from the Trust, complainants are advised to contact the PHSO if they remain unhappy. In 2019/20 twelve cases were investigated by the PHSO with 1 fully or partially upheld, 1 not upheld, 6 not investigated following review and 4 cases still in progress. This shows a slight decrease in the number taken to the PHSO and a decrease in the number upheld.

Year	Investigated	Upheld (fully or partially)	Not Upheld	Not investigated
2019/20	12	1	1	6
2018/19	16	3	8	1
2017/18	19	8	7	4
2016/17	20	10	9	1

9.0 Summary

In summary, in 2019/20 the management and resolution of complaints for our patients, their relatives and carers has seen an improvement. The adjustment of our standard response timescale to align with other Trust's in the area has assisted in improving our response rate. A further improvement has been shown by the use of resolution meetings providing successful outcomes for the complainants and the drop in reopened complaints. It has also been demonstrated that more complex complaints need more time to investigate thoroughly. Through streamlined processes and staff engagement the response rate for non-complex

complaints has improved and this has been sustained.

Learning from complaints is an integral part of the process and this has been managed and supported through the governance and Directorate structures. However further work is needed to ensure that this continues to be embedded across the Trust in particular a focus on communication.

As demonstrated when under scrutiny by the Parliamentary Health Service Ombudsman (PHSO) we are investigating and responding to complaints at a high quality level.

10.0 Appendix A

The following information is a list of the complaints received over the past financial year. It shows the grading assigned to the complaint – Green, Amber or Red and has a summary of the complaint and the outcome.

JOINT BOARD OF DIRECTORS PART 1 – COVER SHEET

Meeting Date: 30 September 2020

Agenda item: 8.3

Subject:	Poole - Annual Safeguarding Report 2019/20
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Prepared by:	Safeguarding Team
Presented by:	Denise Richards

Purpose of paper:	To brief the committee on the activity undertaken in the Trust during 2019/20 in respect of its duties and responsibilities for safeguarding children and vulnerable adults.
Background:	The Trust is required to demonstrate compliance with core standards for safeguarding as part of the contract with commissioners and registration with the CQC.
Key points for members:	<ul style="list-style-type: none"> • This report evidences that the Trust meets its statutory requirements for NHS organisations to discharge their safeguarding children and adults obligations, under the requirements of Section 11 of The Children Act 2004 and The Care Act 2014. • The trust has in place appropriate lead professionals, a governance structure and links with partner agencies and commissioners which support a robust programme of safeguarding activity. • Safeguarding referrals and activity continue to grow and become more complex. Issues of self-neglect, modern day slavery and exploitation are becoming more common. • The safeguarding teams have worked hard to continue to raise the profile of safeguarding and have undertaken a variety of activities to connect with trust staff and raise confidence to deal with challenges. • Of the priorities raised from last year, all have made progress except for the lone post holder in adult safeguarding. However, a new post supporting Domestic Abuse has been funded by the Local Authority and this will have a positive impact in this area whilst further review is undertaken post-merger. • There remain challenges in meeting the requirements for level 2 safeguarding training, with reductions in compliance. However, work to implement e-learning and BEAT at Poole is expected to change this position in the next year. • The trust has a named PREVENT lead and training is well established. There have been no

	<p>referrals to the CHANNEL process but discussion and informal requests for advice demonstrate an awareness of when to trigger concerns.</p> <ul style="list-style-type: none"> The Trust has investigated a number of concerns raised in respect of its adult patient care. Only a small proportion of these meet the threshold for Section 42 enquiries. The most frequent theme of concern is that of communication in respect of the discharge process from hospital. This has prompted a further review in partnership with the discharge lead. Whilst COVID-19 impacted on discharge activity, a new care home communication letter has been implemented and case examples are used in discharge training to raise awareness.
Options and decisions required:	To note the contents of the report
Recommendations:	Nil
Next steps:	To monitor progress with the ongoing commitments to safeguarding practice and priorities set for completion during the coming year with alignment as part of the merger activities.

Links to Poole Hospital NHS Foundation Trust and Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	All objectives. AF 1- 5
BAF/Corporate Risk Register: (if applicable)	No
CQC Reference:	All Domains

Committees/Meetings at which the paper has been submitted:	Date



Poole Hospital
NHS Foundation Trust

ANNUAL SAFEGUARDING REPORT

2019 - 2020



DOCUMENT DETAILS

Author(s):	Teresa Izzo, Lynn Lourence, Kerry Medina
Date:	August 2020

Receiving Body/Committee:	Joint Quality Committee – Caroline Tapster Joint Meeting of the Board of Directors – David Moss
Chair:	As above

DOCUMENT HISTORY

Date presented to receiving body:	28 th September and 30 th September 2020
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1. EXECUTIVE SUMMARY

- 1.1. This report evidences that the Trust meets its statutory requirements for NHS organisations to discharge their safeguarding children and adults obligations, under the requirements of Section 11 of The Children Act 2004 and The Care Act 2014.
- 1.2. The trust has in place appropriate lead professionals, a governance structure and links with partner agencies and commissioners which support a robust programme of safeguarding activity.
- 1.3. Safeguarding referrals and activity continue to grow and become more complex. Issues of self-neglect, modern day slavery and exploitation are becoming more common.
- 1.4. The safeguarding teams have worked hard to continue to raise the profile of safeguarding and have undertaken a variety of activities to connect with trust staff and raise confidence to deal with challenges.
- 1.5. Of the priorities raised from last year, all have made progress except for the lone post holder in adult safeguarding. However, a new post supporting Domestic Abuse has been funded by the Local Authority and this will have a positive impact in this area whilst further review is undertaken post-merger.
- 1.6. There remain challenges in meeting the requirements for level 2 safeguarding training, with reductions in compliance ongoing. Lack of progress was a key finding in the CQC Inspection in 2019. However, work to implement e-learning and BEAT at Poole is expected to change this position in the next year.
- 1.7. The trust has a named PREVENT lead and training is well established. There have been no referrals to the CHANNEL process but discussion and informal requests for advice demonstrate an awareness of when to trigger concerns.
- 1.8. The Trust has investigated a number of concerns raised in respect of its adult patient care. Only a small proportion of these meet the threshold for Section 42 enquiries. The most frequent theme of concern is that of communication failure in respect of the discharge process from hospital. This has prompted a further review in partnership with the discharge lead. Whilst COVID-19 impacted on discharge activity, a new care home communication letter has been implemented and case examples are used in discharge training to raise awareness.

2. INTRODUCTION

- 2.1. The Safeguarding Annual Report provides a summary of the activities of the adult, children and maternity safeguarding services across the Poole Hospital NHS Foundation Trust (hereafter referred to as the Trust) to demonstrate to the Trust board, external agencies and the wider community how the Trust discharges its statutory duties in relation to current safeguarding legislation.
- 2.2. In addition, the Annual Report demonstrates how well the Trust delivers the statutory responsibilities in respect of safeguarding the unborn, children and adults. It sets out the progress made against the priorities for 2019-2020 and an outline of looking forward in 2020-2021.

- 2.3. There are significant differences in the laws and policies that shape how we safeguard children and adults. However, the overarching objective for both is to enable children and adults to live a life free from harm, neglect or abuse.

3. STATUTORY FRAMEWORK AND NATIONAL POLICY DRIVERS

- 3.1. The revised Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding and Accountability Assurance Framework (August 2019) recognises that the context of safeguarding continues to change in line with societal risks both locally and nationally, large scale inquiries and legislative reforms. The framework sets out clearly the safeguarding roles and responsibilities of all individuals working in providers of NHS organisations. The framework aims to provide guidance and minimum standards.

The framework has been structured to identify where there are core duties across the lifespan of safeguarding and to identify unique functions specific to children young people, transition into adults, children in care and adults.

- 3.2. The Children Act 1989, 2004 states that the welfare of the child up to their 18th birthday is paramount and that all practitioners are required to protect children, prevent the impairment of health and development and ensure they are protected with safe and effective care in order to fulfil their potential.
- 3.3. The Social Work Act 2017, legislation came into force on the 1st August 2019: there are significant changes to multiagency working with the abolishment of the Local Safeguarding Children Boards (LSCB), changes to how Serious Case Reviews are undertaken and new Partnership arrangements which make health an equal statutory partner. Locally these arrangements are evolving.
- 3.4. The Care Act 2014 defines an “adult at risk” as:
- An adult who has care and support needs (whether the needs are being met or not),
 - And is experiencing, or at risk of, abuse or neglect,
 - And as a result of those care and support needs, is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.
- 3.5. The Government published the Mental Capacity (Amendment) Bill, which passed into law in May 2019. It replaces the Deprivation of Liberty Safeguards (DoLS) with a scheme known as the Liberty Protection Safeguards (LPS). The full implementation of the Liberty Protection Safeguards has been delayed until April 2022.

4. GOVERNANCE ARRANGEMENTS FOR SAFEGUARDING

- 4.1. Adult Safeguarding Governance Arrangements:
- 4.2. The governance arrangements around safeguarding adults are established, robust and clear. The Director of Nursing is Executive Lead for Safeguarding in the Trust and is supported by the Deputy Director of Nursing. The Trust maintains regular attendance at Safeguarding Adults Boards and Sub-groups.
- 4.3. The Adult Safeguarding Lead provides the organisation with operational advice, support and input in line with national and local legislation and guidance. The Adult Safeguarding Lead is committed to supporting the workforce in understanding safeguarding, embedding it into ‘everyday business’ and improving outcomes.

- 4.4 The Safeguarding Adult Team holds a quarterly Trust Wide Safeguarding Adult Group chaired by the Deputy Director of Nursing. Representation at this meeting includes the Trust's Adult Safeguarding Lead, representation from senior nursing staff, senior HR business partner, the Trust's prevent lead, representation from the Local Authority, Learning Disability team and CCG Named Nurse. Maternity and children safeguarding professionals are represented.
- 4.5 A detailed quarterly report is written detailing key activities and shared with the Trust's Quality, Safety and Performance Committee and the CCG.
- 4.6 A number of policies written by the safeguarding teams have been reviewed and updated.
- 4.7 The governance arrangements for safeguarding children are well established. The Director of Nursing is the Executive Lead. We have in substantive posts a Named Doctor, Named Nurse and Named Midwife. Their job descriptions meet the national workforce requirements as set out in the Intercollegiate Document (2019). The Named Nurse and Midwife have deputies with substantive lead roles for safeguarding.
- 4.8 A Safeguarding Children Group is held 6 times a year and is chaired by the Director of Nursing. The meetings are quorate with minimum representation at the meetings of the Named professionals or their deputies, Emergency Department, Paediatric Unit, Midwifery, and NICU. Dorset CCG safeguarding also attend. The quarterly safeguarding report is presented to the group and reports on 6 Standards: Policy, Procedures, Audit and Quality Assurance; Education and supervision; Safe recruitment; Allegations management; Partnership Working; and Datix, Serious Incidents, Serious Case Reviews (SCR), Multiagency Case Audit (MACA). The work plan is monitored through this group.
- 4.9 NHS Dorset CCG has restructured their safeguarding team. A new Head of Safeguarding has been appointed. This is a joint safeguarding role to include Adults Children and Maternity. We can expect a review of health safeguarding services across Dorset with the vision to create an Integrated Care System (ICS) Dorset Safeguarding strategy.

5 KEY SAFEGUARDING TEAM ACHIEVEMENTS IN 2019/20

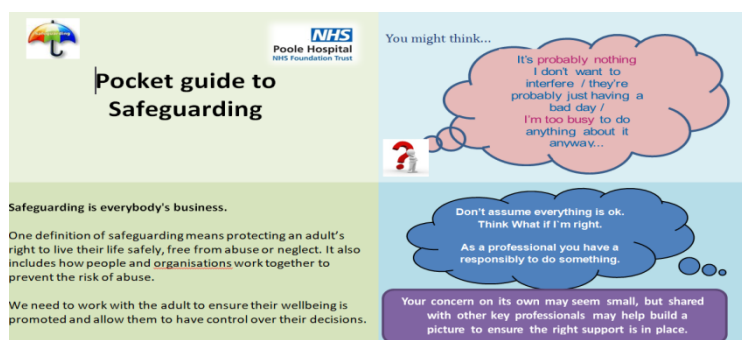
- 5.1 The safeguarding leads from Adult, Children and Maternity initiated a Safeguarding Awareness Week (23rd – 27th November 2019). During this week the team visited 28 wards and departments through a daily "trolley dash". On the Tuesday, the safeguarding team hosted an event in the Dome. Partner agencies were invited to attend and we welcomed the Police, Domestic Abuse Refuge, Early Help services, Housing agencies, The Shores Sexual Abuse Referral Centre, and Modern Slavery support workers for the day. There was also representation from the BCP Adult Safeguarding Board. The day in the dome provided an opportunity to showcase local services and emphasised the importance of safeguarding throughout the Trust to all our visitors and patients. Alongside the opportunity to ask questions or discuss specific concerns with our partner agencies, numerous freebies and information leaflets were given out and of course, the free cakes went down very well!



The team received positive feedback from the partner agencies and many have requested a repeat invitation for the next awareness event. This week highlighted the role of the safeguarding team across the Trust in increasing staff knowledge and confidence when responding to safeguarding issues or concerns. It enabled staff to meet the team outside of a training environment or safeguarding situation allowing for discussions about current concerns, processes and procedures.



- 5.2 A pocket guide to adult safeguarding and Mental Capacity Act (MCA) prompt cards were developed as a quick and efficient resource to support colleagues on the front line.



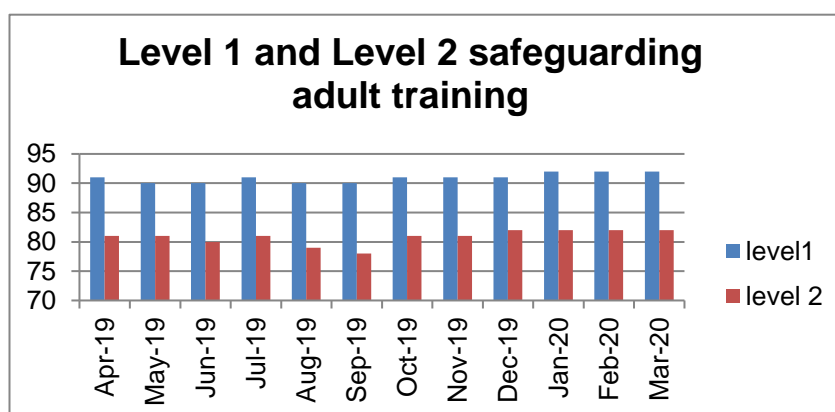
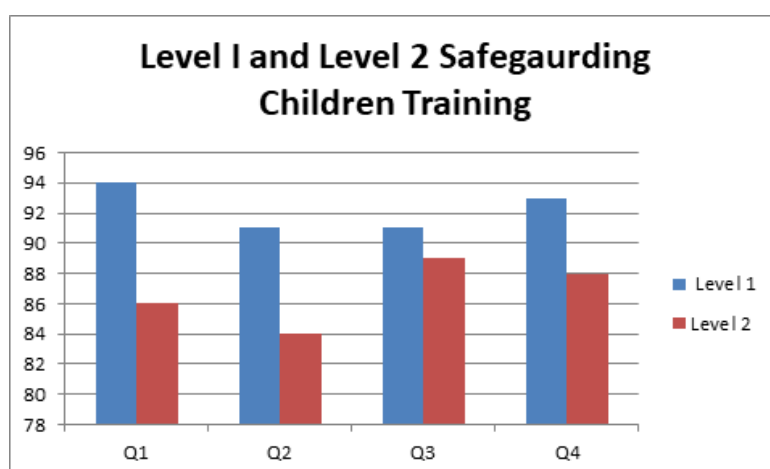
- 5.3 The 'Champion Model' is fully embedded within the Trust with staff volunteering from wards, departments and specialities across the Trust to support the Adult Safeguarding Lead in disseminating important information at ward level to improve outcomes for patients, their families and carers. During 2019-2020 the programme was extended to include Midwives to enhance their safeguarding knowledge and skills.
- 5.4 In order to support the Domestic Abuse agenda the Trust has introduced Lip Salves, where the bar code is the telephone number for the national domestic abuse helpline. These can be given to men and women if they disclose domestic abuse.
- 5.5 The introduction and embedding of the electronic safeguarding referral forms (e-Form) and portal has been a huge success. The automated rapid transfer of information/ referral is secure and easy for staff to use. The e-Form is for referrals to the Safeguarding Midwifery team, for adults of concern to statutory partners, and child referrals to statutory partners and primary care services. The successful implementation of this new electronic form has improved the internal oversight of all referrals made to partner agencies.
- 5.6 The level 1 safeguarding booklets for children and adults have been updated. These guides provide all staff and volunteers with the principles of safeguarding and their responsibilities to safeguard children and adults, as appropriate to their role in the Trust.

- 5.7 The Midwifery Safeguarding Team (Family Partnership Team, FPT) were shortlisted for Poole Hospital “living our values” award of which the team were runners up. The Named Nurse was shortlisted for the “patient care” award and was runner up.
- 5.8 The Maternity Support Worker within the FPT won the RCM Maternity Support Worker of the Year award.
- 5.9 The Trust’s Safeguarding Annual review 2018-2019 identified the following priorities for action in 2018-2019; the progress made is outlined below:

Priority Area	Progress	RAG Rating	Areas for further action
To prepare and implement the Social Work Act (2017) legislative changes into Trust normal safeguarding business due to come into force on the 1/8/19.	Partnership arrangements and Child Safeguarding Practice Reviews implemented	Green	None
Take forward the CARoLE model (Children at risk or Linked to Exploitation) model and the Trust adolescent risk strategy into Trust normal safeguarding business,	See section 8.2	Green	See section 8.2
To continue to develop the pathways for parents with a learning disability commencing in pregnancy	See section 7.7	Amber	See Section 7.7
To develop perinatal mental health services within maternity	See section 7.7	Amber	See section 7.7
Achieve Mandatory training compliance and flexible learning opportunities.	See Section 6	Amber	See Section 6
Review of the Children to Adult Transition Group	This priority is an action of the Paediatric team.	Amber	This has been reviewed and re-established. A case for a dedicated nurse specialist nurse role is being prepared to support the 100+ children transitioning each year.
To work with the Local Authority to establish a Domestic abuse worker role within the Trust	Achieved.	Green	Health Domestic Abuse Advocate started in the Trust in April 2020
To maintain regular conversations and meetings with our colleagues in RBCH as we continue to align different aspects of our role, including mandatory safeguarding training.	Partially achieved. Joint safeguarding policy written and approved.	Green	Further development of SOPs specific to each site to be written
To review training and consider different options for delivery of training.	See Section 6	Amber	Work with colleagues from safeguarding teams at RBCH and education teams at PHFT and RBCH has commenced.
To develop a business case for additional capacity for Safeguarding Adults including Learning Disability nurse role.	Not achieved	Red	On the risk register. For review following merger. New DV advocate in place.

6 SAFEGUARDING TRAINING

- 6.1 The provision of training for staff within health care organisations is an integral part of fulfilling the Trust's duty set out in legislation to safeguard and promote the wellbeing of children, young people and adults at risk (The Children Act 2004, The Care Act 2014). The provision and delivery of training remains a priority, with the requirement that all staff are provided with the appropriate level of training, according to their role and responsibilities at Level 1, 2 and 3. These are as identified in the Intercollegiate Roles and Competencies for Healthcare Staff (January 2019).
- 6.2 The Key Performance Indicator (KPI) for safeguarding training is locally agreed with the Dorset CCG and is 90%. The trust has continued to fail to meet this target and this has been a recurring theme for the last three years with reduced performance each year. The Care Groups remain responsible for release of staff to attend training which is consistently provided by the safeguarding teams. During 2019 a decision to implement e-learning to facilitate this training was agreed and will be the key action in moving this compliance forward.
- 6.3 The tables below identify that the Level 2 compliance has been difficult to achieve this year. With the merger of the Trusts there will be a change to how mandatory safeguarding training is delivered. Work has begun to align training using the Blended Education And Training framework (BEAT), which is currently used in RBCH commencing with Level 1. The Level 2 update, joint children and adult face to face sessions at PHFT will continue to be delivered, until the Level 2 (BEAT) blended session can be updated with RBCH.



The joint level 2 face to face sessions have been well received which can be evidenced by evaluation. Responses to the question “what was most useful?” include:

All very informative. Trainers very engaging, clearly with a lot of knowledge and passion for the subject.

Our obligations and who to contact, who to raise concerns too. Reporting tools. Practical reminders of use of passport and how to approach situations. Patient capacity. Reasonable adjustment.

- 6.4 Level 3 safeguarding children training has continued to be a challenge. As of March 2020 we have 492 staff trained to Level 3. We have been unable to accurately report our denominator due the reporting system not being able to record competencies against individual staff members. RBCH reporting system allows accurate denominator reporting so this will be addressed with the merger of the Trusts.
- 6.5 There does however remain some disparity across the safeguarding community nationally, on how the Intercollegiate and NHS guidelines are interpreted and the staff roles who require Level 3. We have completed a review within the Trust of the roles and updated the training strategy, and we are looking to Dorset CCG to work with us on the alignment of the staff roles for Level 3 across Dorset.
- 6.6 We have continued to train staff at Level 3 internally and have facilitated some very well evaluated Level 3 sessions. This format has also been quality assured by the CCG Deputy Designated Nurse in 2019. We also support the Level 3 training opportunities provided by our local Safeguarding Partnership. Face to face training from all providers was suspended in March, therefore we have advised the use of the eLearning for Health Level 3 modules which is endorsed by RCPC and has been updated in 2020.
- 6.7 Level 3 evaluation comments in response to the question would you recommend the course to a colleague:

Definitely! Really interesting and it has given me confidence to be more curious and know what to do in different situations”

Thank you I found this course more beneficial than previous external level 3 training

I found the day useful and informative, I enjoyed the different speakers” Interactive, interesting and a range of cases”

7 MIDWIFERY SAFEGUARDING TEAM

	Q1	Q2	Q3	Q4	Total 2019/2020
CP meetings	8	6	7	7	28
CIN meetings	1		8	4	13
Strategy meetings	Not collated	1	0	3	4
Babies placed on protection orders at birth	5	4	9	Data not collected	18

- 7.1 This year has been a busy and challenging year for the safeguarding team in maternity; there was an increase in safeguarding concerns being identified and cases being more challenging and complex.
- 7.2 Maternity have a specialist safeguarding midwifery team 'The Family Partnership Team' (FPT). The FPT team consists of five band 6 midwives a band 3 maternity support worker and is led by the band 7 Safeguarding lead. This year a full time named midwife joined the trust to enhance and embed safeguarding practice within the maternity service. The FPT manage a caseload of women and families whom have complex social needs including safeguarding, mental health, domestic abuse, learning disabilities and young parents. The safeguarding lead supports and manages the team and works closely with the Named Midwife to provide specialist advice, supervision and training to all maternity staff on a wide range of safeguarding issues, which affect the unborn baby and their families.
- 7.3 Family and friends feedback

"I have found the support both antenatally and postnatally really helpful. I have become more confident and my mental health has improved

I cannot fault the service I have received"

The team genuinely care and have been amazing

- 7.4 The named midwife and lead midwife work as part of the wider trust safeguarding team and support the named nurse and adult lead in providing supervision and training to all trust employees. As part of the trust safeguarding team the named and lead represent maternity at all trust safeguarding meetings, CCG safeguarding meetings and sub groups including MARAC, strategy meetings and rapid reviews of SUDI's.

Midwifery Referrals	Q1	Q2	Q3	Q4	Total 2019/2020
Interagency (CSC)	15	15	22	16	68
Perinatal Mental Health	13	8	16	10	47
MARAC	2	3	1	3	9
FGM	4	1		1	6
Early Help	6	5	8	5	24
Housing	0	6	2	2	10
Concealed pregnancy	1	2	2	2	7

7.5 Additional data was captured this year for babies that were subject to care orders and also meetings that were attended by the family partnership team, to highlight the work involved within safeguarding in maternity and the complex cases that are dealt with.

7.6 Developments within the Midwifery service:

- Safeguarding Supervision for all Midwives in Maternity was embedded, which was a requirement from the CQC CLAS inspection action plan (2018);
- Additional domestic abuse and MARAC training was facilitated for 25 midwives from the community and safeguarding champions;
- The Family Partnership Team Maternity Support Worker was trained to provide and deliver a smoke stop service for vulnerable women at higher risk of smoking in pregnancy and New born behavioural observations to support women with mental health develop bonding and attachment with their babies. This enhanced her role within the team;
- A sexual health and contraception pathway was implemented for young parents by joint working with the sexual health team in Dorset, enabling easier access to contraception post birth and education around contraception in pregnancy;
- FGM-IS was embedded in maternity, 2 female infants were added to the register this year;
- The named and lead midwife worked in liaison with the safeguarding lead midwives from two local trusts within Dorset, to ensure that there was a robust pathway in place for pregnant women with safeguarding concerns, whom booked in one trust but birthed in another so that information was being shared effectively and in a timely manner.

7.7 Priorities:

- A full review of the midwifery safeguarding teams will be conducted by the Named midwife and a full mapping out exercise of the current systems in place for safeguarding across both the trusts in maternity will be co-ordinated to ensure that the service is aligned;
- To continue to commit to our Safeguarding audits as they are a key to quality assure that effective safeguarding practice is embedded within maternity;
- To ratify and implement the Learning disability policy and pathway within maternity to ensure that all women and their families have access to easy read documentation and individualised care plans to meet their needs in pregnancy, birth and post birth;
- To implement a new policy and guidelines for staff to ensure that safeguarding concerns are recorded and acted upon, when a women is admitted to the maternity unit from out of area. A yearly audit is to be completed for all out of area women attending to ensure that a robust system is in place to capture any safeguarding concerns, as highlighted in the CQC action plan 2019;
- To continue to work collaboratively within the wider safeguarding team within the trust in facilitating level 2 and 3 training and safeguarding supervision;
- To ensure yearly mandatory safeguarding training for midwives and maternity support workers includes learning from serious case reviews and complex cases;
- To continue to enable maternity staff to access safeguarding supervision so that compliance for supervision is achieved. Consideration to be given to training additional supervisors;
- Continue to develop and implement safeguarding champions on all wards in maternity;

- The Named Midwife submitted a business case for a full time perinatal mental health midwife and this was put on hold due to the Covid-19 pandemic.

8 SAFEGUARDING CHILDREN

8.1 The work of the safeguarding children nurses broadly splits into three themes:

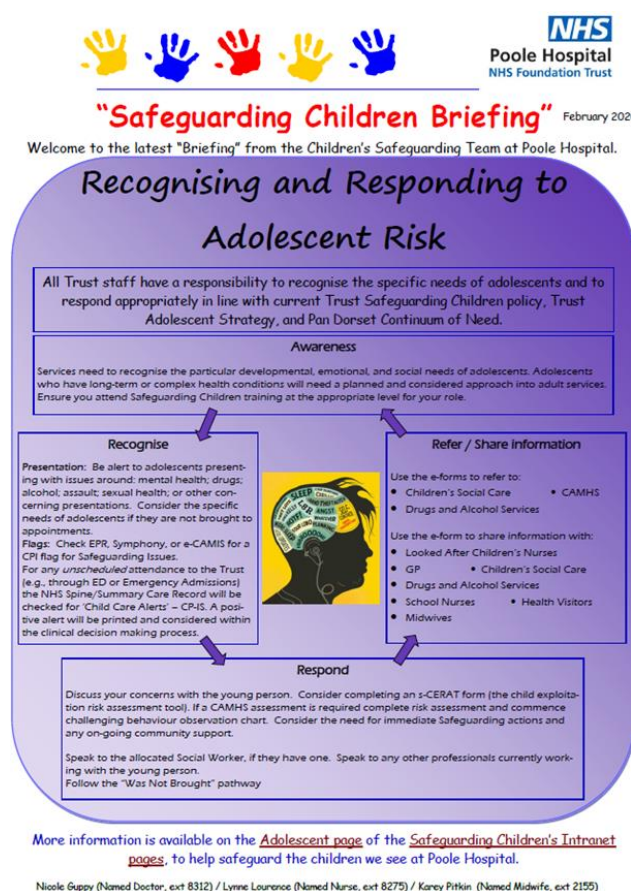
- Staff: Training, Supervision, advice, guidance and operational support
- Quality assurance, Audit and improvement and development of services;
- Partnership working;

All of these overarching themes can be identified in each of our specific work streams as detailed below.

8.2 **Adolescents:** Adolescents present with specific challenges when attending the Trust and this has been a key work stream of the safeguarding nurses. Safeguarding e-Forms are linked to ED electronic records and discharges cannot be completed without adequate safeguarding assessments and actions. A Shortened Child Exploitation Risk Assessment Tool (CERAT) is in place for clinicians to use to identify children at risk of exploitation, with clear guidance on referral pathways. Practitioners are now able to refer directly to Drug and Alcohol services (July 2019) through the Safeguarding e-Forms. Hospital staff are actively involved in strategy discussions and multi-professional meetings.

8.3 An adolescent risk intranet page has been created to increase practitioner's

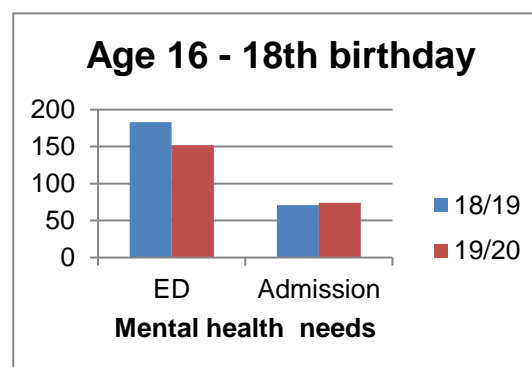
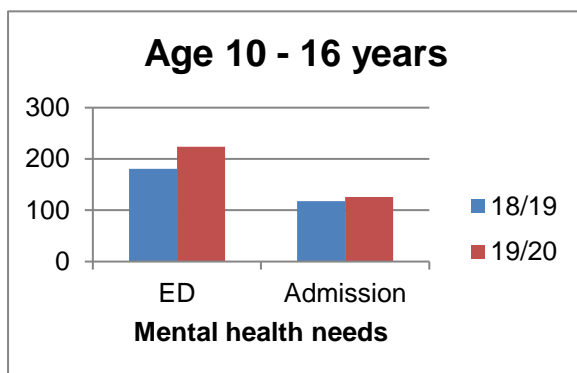
knowledge of specific issues relating to adolescents, and to signpost to relevant services a briefing paper (February 2020), identified how staff should recognise and respond to Adolescent risk.



- 8.4 The safeguarding nurses are active members of both BCP and Dorset council's exploitation groups, helping develop, shape and deliver the services for children in the community and health settings known to be or have the potential to be at risk of exploitation.
- 8.5 Children aged 16 to up to the age of 18 birthday, who use Trust services also offer specific challenges. We have undertaken extra training and daily support to our staff in the Acute Medical Unit (AMU) where children between the ages of 16 - 18 years are nursed as inpatients, the AMU also cares for adults with mental health and drug and alcohol episodes who require admission.

The focus of the learning:

- The age of a child is up to their 18 birthday (The Children Act 1989);
 - Navigating the patient records and recognising national (CP-IS) child care alerts and hospital Critical Patient (CPI) flagging systems for children and unborn babies known to be at Risk. Children who have Child Protection Plans and those children who are Looked After Children (LAC);
 - How to apply the Mental Capacity Act in assessing Capacity and Consent for 16 -18 year olds;
 - Recognising Contextual safeguarding risks and completing risk assessments and referrals;
 - Using the CAMHS pathways for 16-18 year olds;
 - Recognising and responding to Adults with parental responsibilities who present with risk taking behaviours, pregnant women with risk factors and children who attend with parents;
 - Think family safeguarding and using the e-Form portal
- 8.6 **Assessment and Management of Mental Health Needs:** the complex management of children attending the Emergency Department or who are admitted requiring assessment and treatment of their mental health needs, either with Deliberate Self Harm (DSH), suicidal ideation, eating disorders and increasingly with complex autism behaviours and placement breakdown has continued to be of concern this year.
- 8.7 The risk that the children pose to themselves and the Trust has required a risk assessment to be completed. The Assessment and Management of Children with Acute Mental Health Needs up to age of 18 is on the Trust Risk register (1300).
- 8.8 The *table below identifies children who have attended the Trust with mental health needs in 2018/19 and 2019/20. (Children under the age of 10 are exception reported). We have had two children this year under the age of 10 presenting with mental health needs. All children up to the age of 16 requiring crisis mental health assessments generally are admitted, whereas children between 16 - 18 maybe assessed and discharged from the ED. Due to the COVID-19 pandemic we saw a noticeable fall in the attendances to the ED in late march , so therefore the data cannot be accurately compared and analysed. Attendances to the Trust in 2018/2019 totalled 553 and 2019/2020 totalled 576.



- 8.9 **The National Child Protection Information Sharing Project (CP-IS):** The Trust has embedded the national CP-IS information sharing programme into Trust business. The need for the Trust to have an integrated CP-IS module that can be viewed during the clinical consultation rather than an SCRa look up method can be evidenced below with over 16,000 SCRa look ups completed by our administration staff, prior to the child being seen by the clinician . This manual extra process adds a risk that would be mitigated by the introduction of the integrated module.

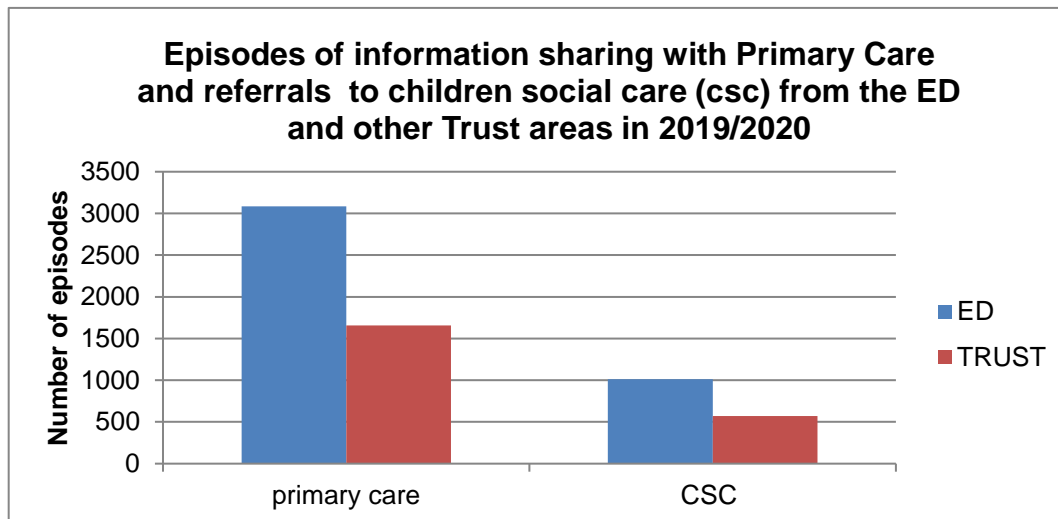
Child Protection Information Sharing (CP-IS) Emergency Department			
	Number attendances checked	Number of positive alerts found	Percentage of alerts actioned by clinical staff
Q1 (2019/2020)	4008	45	66%
Q2 (2019/2020)	3972	66	85%
Q3 (2019/2020)	4102	77	95%
Q4 (2019/2020)	3425	80	83%
Total	15,507	268	82% Average

Child Protection Information Sharing (CP-IS) Emergency Admissions			
	Number of attendances checked	Number of positive alerts found	Percentage of alerts actioned by clinical staff
Q1 (2019/2020)	1037	22	63%
Q2 (2019/2020)	1237	19	84%
Q3 (2019/2020)	1691	16	94%
Q4 (2019/2020)	1354	22	70%
Total	5319	79	78% Average

- 8.10 **Trust Critical Patient Information (CPI) flagging system:** The Trust has a system of local Critical Patient Information (CPI) flagging. This extra layer of flagging is considered to be necessary, as the national Child Protection Information Sharing (CP-IS) is only designed to be accessed for children who attend an unscheduled setting. As an Acute Trust we have children who attend for scheduled attendances i.e. outpatient clinics, planned elective admissions and community care. Having a Safeguarding CPI flag visible on the child's or pregnant woman electronic records, alerts staff to their vulnerability. This model of CPI flagging was noted as good practice during a local practice safeguarding review.

We are updating our processes to add a CPI flag to children assessed to be at significant risk of exploitation.

- 8.11 **Data Capture For Safeguarding Children Activity Across The Trust:** In January 2019 we introduced the updated e-Form (RBCH had developed this tool). This allows information sharing with Primary care and referrals or notifications to Children's Social Care. The graphs below evidence the Trust's increased safeguarding activity. A total of 4765 safeguarding notifications were completed.

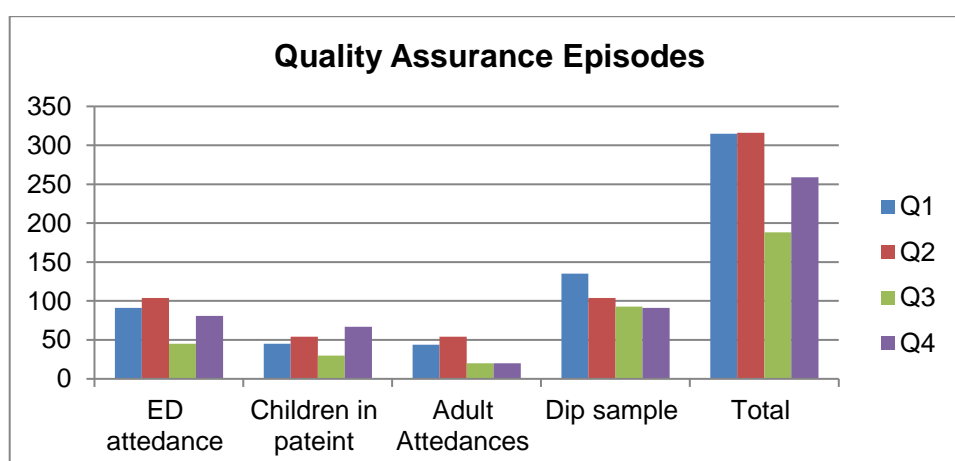


- 8.12 **Partnership Working:** In order to achieve outcomes that ensure children are safeguarded and their needs promoted effective partnership working is essential. The safeguarding nurses can evidence effective partnership working within the Trust and with our external partners by:
- Having a visible front facing role within the Trust during each working day. We attend the ED/Childrens Unit/Acute Medical Unit, Doctor's handovers on the paediatric unit and all other areas of the Trust where there are children admitted up to age of 18. We visit those areas where parents and carers are admitted and whose risks may impact on the care of their child. We have good working relationships with the Alcohol Care and Treatment Service (ACTS) and the Adult Liaison Crisis Psychiatry service. We have delivered bespoke training and have targeted areas where there are newly qualified staff;
 - We call, coordinate, and chair complex discharge planning meetings within the Trust;
 - We attend multiagency meetings either as specialist nurses, or to support our staff. These meetings are for children at the thresholds of Early Help, Child In Need, Child Protection Conferences, and Strategy meetings offering risk analysis either verbally or in written reports;
 - A pilot project was introduced where we developed a system to respond to Section 47 enquires from Poole Council, this became fully embedded into normal Trust business during March 2020 for the newly formed BCP council;
 - Challenge and escalation: we can evidence cases along with our midwifery safeguarding colleagues where there has been challenge and escalation to Children's Social Care. We also accept challenge from our multiagency partners, and recognise that a more formalised recording and reporting of escalations and challenge is required;
 - We are active members of the Partnership Forum's Strategic and Operational Training Group; Quality Assurance Group; Child Exploitation Groups, where the Trust is acknowledged to be an effective multiagency partner. We have

participated in the Pan Dorset LSCB Child Exploitation Audit; and the Pan Dorset LSCB Disabled Children Audit. We have engaged with the new learning hub model with a Paediatric Physiotherapist attending the learning event;

- The Social Work Act 2017 has introduced significant changes to multiagency working with the abolishment of the Local Safeguarding Children's Board (LSCB), and changes to how Serious Case Reviews are undertaken with a change to Rapid Reviews and Child Safeguarding Practice Reviews. The new partnership arrangements make health an equal statutory partner. Locally, the statutory arrangements are continuing to evolve and are proving challenging with our local authorities moving away from a Pan Dorset approach. This was evidenced by Dorset Council changing their referral process without consultation to a method that has an impact for frontline clinicians in the Trust

- 8.13 **Safeguarding Children Supervision:** During the first 3 quarters of this year we delivered 89% of the supervision offer. We have 9 identified teams that hold community nursing caseloads and the Alcohol Care and Treatment Team and two lead safeguarding roles that receive 1:1 supervision quarterly.
- 8.14 We have also developed the safeguarding children supervision offer and have commenced 1:1 supervision with the paediatric staff nurses based in ED, these sessions had been problematic to implement due to the business of ED, supervision sessions now commence at 07:45, which is often the quietest time in ED and staff are rostered to attend prior to commencing their shift. Drop in sessions in the Paediatric unit were initiated but as these were not rostered, were not successful.
- 8.15 **Quality Assurance and Audit:** During this year we have introduced a safeguarding Quality Assurance Framework. A dip sample (10%) of all attendances to the Trust who have had an e-Form completed and then a control sample of those that did not have e-Form are quality assured. Immediate and monthly feedback has ensured that practitioners receive 1:1 advice and guidance and the themes are used in huddles. This quality assurance framework evidences an increased quality and recognition of safeguarding activity. 1078 attendances have been quality assured.



- 8.16 We recognise that we have been unable to progress the children's OPD cancellation pathway. The Was Not Brought (WNB) pathway is well used but implementing pathways for cancelled appointments is a challenge. This will continue as a work stream on the children's safeguarding work plan.

- ## SO WHAT?

ACTIONS FROM THE REVIEW OF HEALTH SERVICES FOR CHILDREN LOOKED AFTER AND SAFEGUARDING IN BOURNEMOUTH
CQC INSPECTION 2018

Prior to the inspection...

The Trust was already developing a children's vision and the new community engagement plan (started in January 2018, and CQC+ with 'Positive Health' focus)

The Trust was in the process of developing a safeguarding children vision and the new community engagement plan

The vision for safeguarding was not at the point of initial contact with the children's services (family and care) in close collaboration with safeguarding partners in the local area (any one person in a different agency) (social (Df), Devonport and Devon from safeguarding children (Df))

The inspection made us focus on...

How we recognise vulnerable children in the ED

Don't think it was enough a person, image or a few words being in the room. This allowed us to see the importance for our children of children in the ED at any one time. This is the most important of the point of initial contact

A safeguarding training video for ED staff has been developed
<https://youtu.be/1H9d83>

Quality Assurance

The safeguarding children vision has developed a quality assurance framework which completed this. The focus is on the quality of the safeguarding in the ED at any one time

In line with Quality Standard 19 objectives

The safeguarding children vision was developed a quality assurance framework which completed this. The focus is on the quality of the safeguarding in the ED at any one time

What we need to improve...

2,164 children

Jan 18
Feb 18
Mar 18
Apr 18
May 18

4,362 CPs

4,362 CPs

4,362 CPs

4,362 CPs

4,362 CPs

4,362 CPs

4,362 CPs

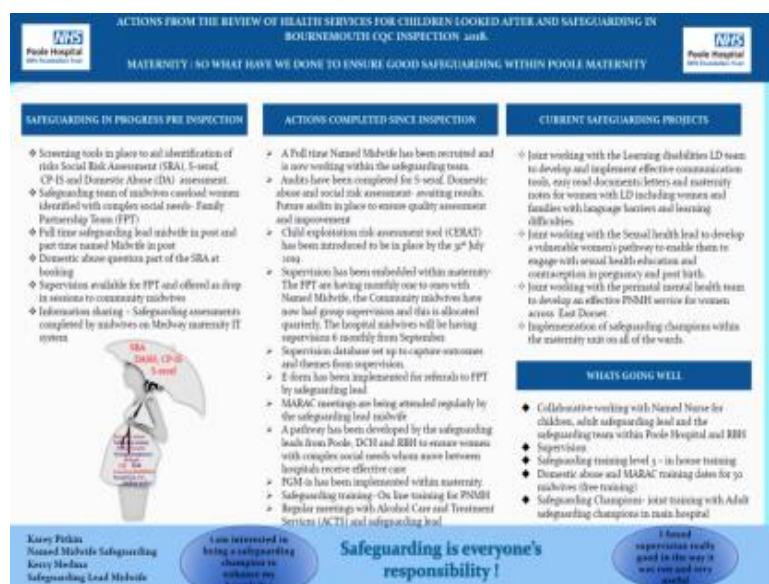
4,362 CPs

4,362 CPs

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4,362 CPs

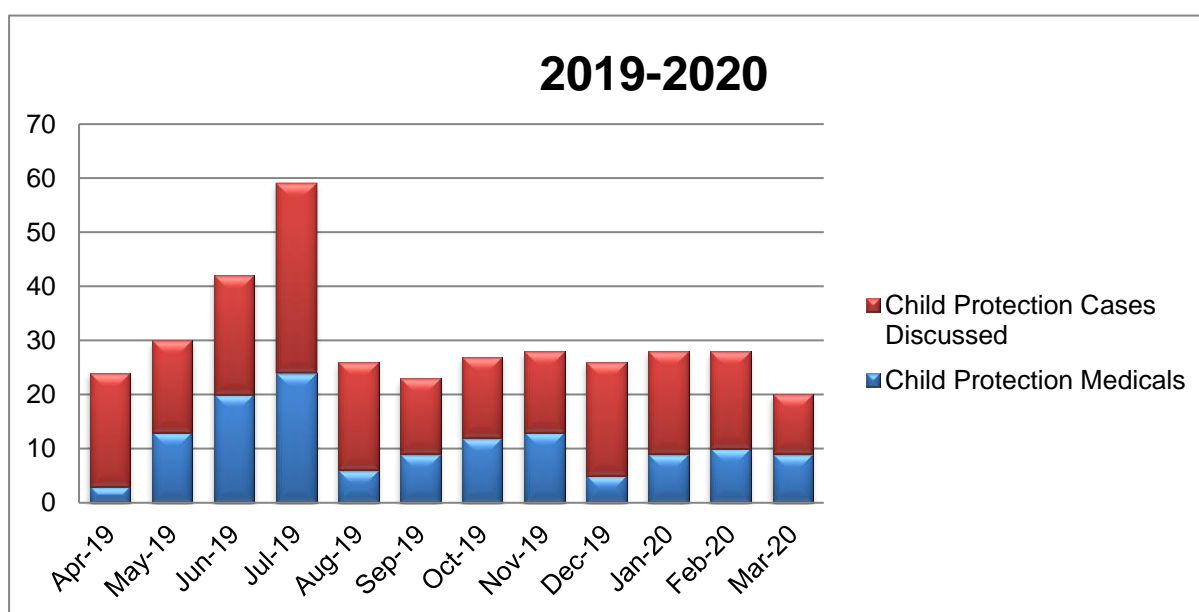
4,362 CPs



- 18

the work the team has undertaken to raise the profile of safeguarding within the Trust. There has been an increased, and needed focus on safeguarding over recent years and the Named Nurse along with colleagues appear to have risen to this challenge well. The improvements implemented following the CQC CLAS inspection in November 2019, along with the Team's safeguarding improvement plan and the oversight of the Director of Nursing continues to move safeguarding within Poole Hospital forward."

- 8.20 **Child Protection Consultant activity:** The table below summarises the work of the Child Protection Consultants. We have noted that during the next year new data collection parameters will be formulated which will allow a greater understanding of the work undertaken.



- 8.21 **Audit:** "Scans to detect occult injury in infants with suspected physical abuse". This audit was completed by the Named Doctor and signed off in November 2019. Audit identified that the Trust was achieving the expected standard of CT or MRI imaging for children under one year undergoing safeguarding medical examinations in 99% of cases from January 2013 to January 2019. The data has been considered within a region wide (Wessex Safeguarding Forum) review of the use of head CT in this group of patients and has been submitted for publication in the Archives of Diseases of Childhood.

9 SAFEGUARDING ADULTS

- 9.1 The prevention, early identification/intervention and promoting the welfare of adults accessing our services are fundamental factors in safeguarding. The Trust's ultimate goal is to ensure that all patients receive care that reflects and responds to their specific needs and wishes, which includes keeping them safe from harm at all times, particularly when they may not be able to make decisions for themselves. The Adult Safeguarding Lead supports this.
- 9.2 The Adult Safeguarding Lead's` key work streams are:
1. Reviewing and monitoring external safeguarding concerns;
 2. Making enquiries into safeguarding concerns surrounding the Trust's services including Section 42 investigations and Safeguarding Adults Reviews (SARS);

3. To provide support and advice on complex cases relating to safeguarding, the key areas include:
 - Advise colleagues on supporting patients with a learning disability;
 - The implementation of the Mental Capacity Act (MCA);
 - Eligibility for and completion of Deprivation of Liberty Safeguard application forms(DoLS);
 - Completion of Domestic Abuse Stalking and Harassment Risk Assessment (DASH) forms when supporting someone at risk of domestic abuse;
 - Advice regarding Modern Slavery;
 - Completion of Section 42 enquiries;
 - Advice on discharge where a safeguarding concern has been identified;
 - Consideration if the concern should be referred to the police.
 4. Training and education;
 5. Provide oversight and assurance to Trust Board, external Boards and Commissioners of services regarding how the Trust is meeting statutory and contractual obligations in respect of safeguarding.
- 9.3 The aim being for the Safeguarding Adult team and safeguarding process to be integrated into the work of the Trust, for the Adult Lead to be highly visible and staff feel informed and confident in accessing safeguarding advice.
- 9.4 The Adult Safeguarding Lead receives notifications of any safeguarding concerns identified on the Trust DATIX system. The information is reviewed in order to evaluate any possible safeguarding concerns. In total 135 DATIX were reviewed of which no safeguarding concerns were identified in 45 incidents. Once reviewed the incident is either closed or escalated for further investigation.
- 9.5 In the adult setting a referral or cause for concern under Section 42 of the Care Act (2014) may be made by Trust staff in respect of its own services, other providers services or family and self-neglect. Other providers or patients or their families may raise a concern against care provided by the Trust.
- 9.6 **Activity for the year External:** The total number of concerns raised by Trust staff in the year 2019-2020 was 378 (Table 1), with comparisons to previous years also shown.

	2016/17	2017/18	2018/19	2019/20
Concern raised by the Trust	260	270	345	378

Table 1: Total

Number of Concerns Since 2016

A breakdown within the type of concern covering the 2019/20 period is given in Figure 1.

- 9.7 Table 1 indicates a 45% increase in the number of safeguarding concerns raised over the past four years, demonstrating an increasing awareness of adult safeguarding and that staff are confident in identifying a potential concern and to take action where required.
- 9.8 61% of the referrals during 2019-2020 were identified by either staff in A&E or the admission wards, 10% were identified in an outpatient setting with the remainder being identified on the general wards. This demonstrates early awareness and identification of potential safeguarding concerns and staff recognise their role in

“safeguarding being everyone’s business”. The principle location of the alleged abuse has remained the patient’s own home, which is consistent with previous years’ data and the suggestion that more people are supported in their own homes in the Bournemouth Christchurch and Poole Local Authority (BCP) area.

- 9.9 During 2019-2020 neglect and acts of omission remain the highest category of abuse in safeguarding adult referrals. This is reflective of the local and national picture.

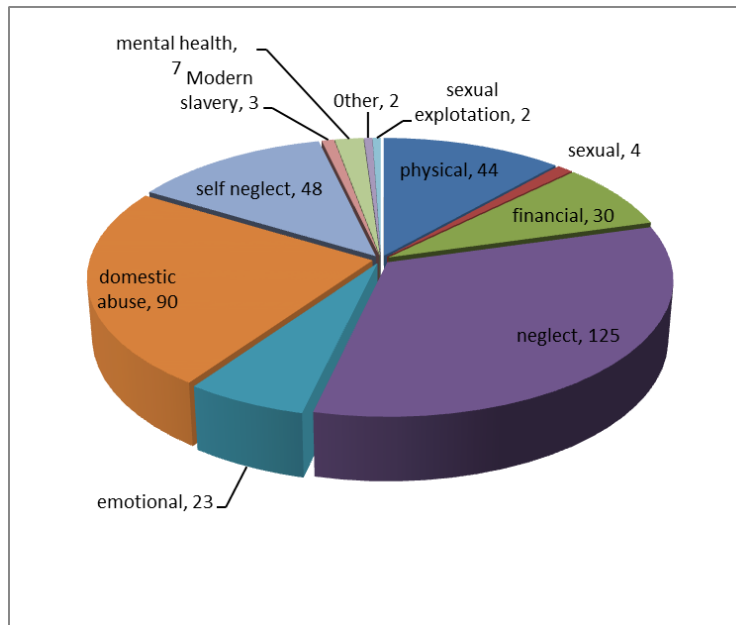


Figure 1: Breakdown in Type of Concerns (total numbers)

- 9.10 **Activity for the year Internal:** During this period **81** potential safeguarding concerns were reviewed with a representative from BCP Adult Social Care at the weekly safeguarding quality review meeting. These concerns are raised from numerous stakeholders which include the BCP (Poole) adult safeguarding team, external agencies, the patient or their family, relating to care provided by the Trust. The Adult Safeguarding Lead makes initial enquiries and this information is shared with the allocated Adult Safeguarding Practitioner from BCP Local Authority. The outcomes of this discussion will inform the decision if to proceed to a full Section 42.

- 9.11 Seventy of the concerns did not progress to a Section 42 enquiry, but for qualitative and audit reasons it is of importance to record the breakdown of these potential safeguarding concerns (Figure 2).

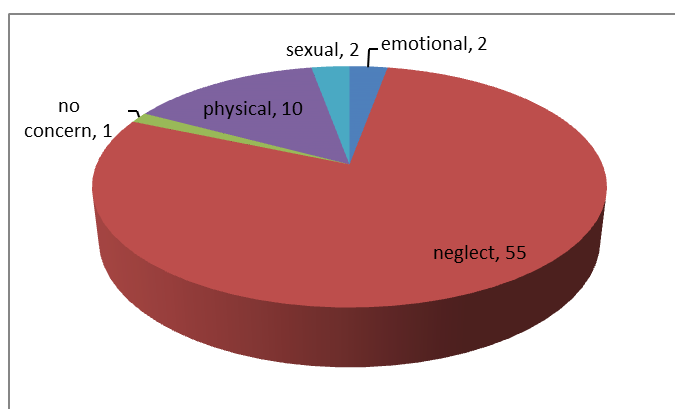


Figure 2: Concerns raised and not progressed to a Section 42

- 9.12 A review of those concerns in the neglect category (Figure 3) identified the main area of alleged abuse was around the safe discharge process. A report on incidents and concerns related to discharge was requested from the Discharge Lead and was presented to the Safeguarding Adults Group. The work to act on this report was significantly impacted by changes to discharge during COVID-19. However, examples of poor discharge communication and the learning have been utilised within safeguarding training and new a discharge communication letter has now been rolled out across the trust. Further actions will be ongoing in the context of the new national discharge pathways and will need to be carefully monitored.

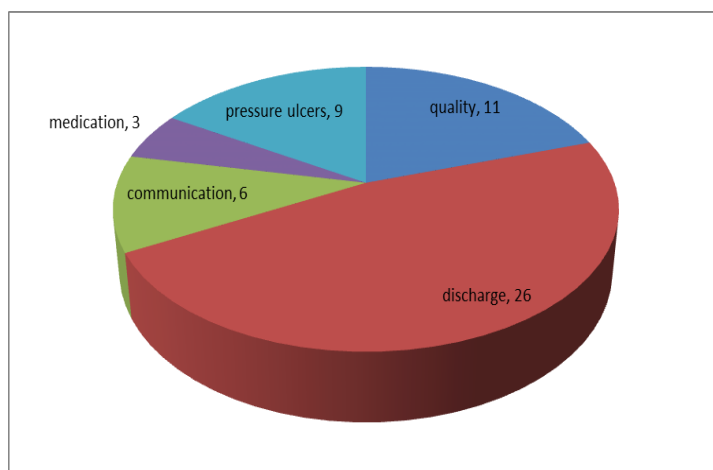


Figure 3: Breakdown of neglect from figure 2

- 9.13 Eleven concerns did proceed to a Section 42 enquiry which is a slight decrease on the previous year (Table 2)

	2017/18	2018/19	2019/20
Number of section 42 enquiries	11	13	11

Table 2: Numbers of Section 42

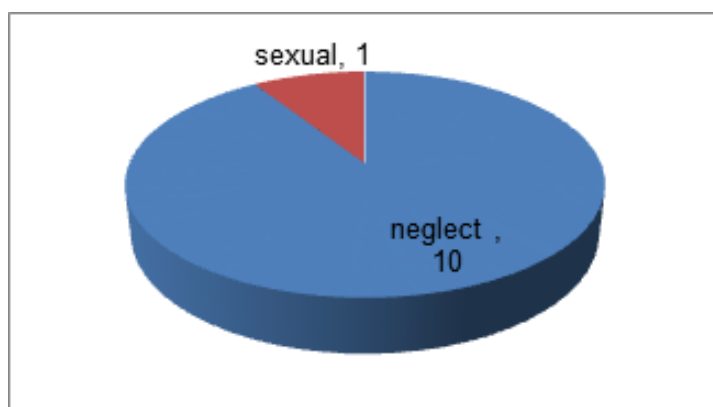



Figure 4: Concerns regarding Trust care 2019-2020

- 9.14 The main concern raised against the Trust was neglect.
- 9.15 Upon reviewing the concerns around neglect the common denominator in seven of the concerns was from poor communication, specifically relating to a safe discharge processes. Three concerns were around quality of care. The eleventh reported concern was an alleged sexual assault which was reported to the Police

and managed under appropriate Trust policies. More details about these concerns are recorded in the quarterly reports. The learning from these incidents has been shared with teams involved and through the safety and safeguarding update training which uses case examples. Information is also presented at Matrons and Sisters meetings.

- 9.16 If a patient is restrained whilst in the Trust as part of the post restraint review consideration is given to whether a safeguarding referral needs to be made to the Local Authority. No safeguarding referrals were made during the reporting period following the use of restraint.
- 9.17 In order to drive forward the quality and standards of Safeguarding, the Trust's Safeguarding Adult Lead continued to work closely with local provider services throughout Bournemouth, Christchurch and Poole (BCP) and Dorset Health and Social Care community. Some examples of work undertaken with local provider services include involvement in and contributing to multi-agency audit such as the Self-Assessment Framework; Case Reviews and Domestic Homicide Reviews; and support with individual complex cases. It also included contributing to and influencing multi-agency SG policies and procedures and attending learning disability forums.

10 LEARNING DISABILITY

- 10.1 The Trust recognises that due to their care and support needs patients with a learning disability are at risk of abuse and neglect from which they are unable to protect themselves.
- 10.2 The Trust has continued to develop its support to people with learning disabilities to ensure that a consistently high standard of care is provided in meeting individual needs. This includes the Learning Disability Strategy.
- 10.3 A daily learning disability report is produced to help identify patients who may require additional support. The ward Leads and Matrons are advised of the patients' admission and guidance given re identifying reasonable adjustments.
- 10.4 During the reporting period **384 inpatient admissions** to the Trust were recorded.
- 10.5 Further work continued to be undertaken to identify if those patients not known to the teams have a learning disability or if they have been coded incorrectly previously. An issue was identified that without patients consent access to the community electronic system RIO is not permitted. The safeguarding adults lead is working with leads from the learning disability team to identify a solution to this problem. One option being explored is the use of the summary care record.
- 10.6 Patients with a known learning disability have Critical Patient information (CPI) flags added to their electronic notes enabling staff to have information at hand as soon as their patient arrives on wards and in Depts. 
- 10.7 During the early stages of the Pandemic an additional 55 people were identified by community teams who would require additional support if they were admitted to hospital. Critical information including care passports were uploaded onto the patients electronic notes.

- 10.8 As a result of the confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPOLD, University of Bristol 2013); which identified that nearly a quarter of people with learning disabilities were younger than 50 when they die and a third of all deaths were linked to poor health care, NHS England commissioned the University of Bristol to undertake a mortality review programme (LeDeR) in 2015.
- 10.9 Deaths of patients with a Learning Disability aged 4 years and upward must now have their death reviewed. This is to ensure the individual was given comparable medical treatment as for a person without a Learning Disability.
- 10.10 The adult safeguarding contributed to 3 LeDeR reviews.
- 10.11 The outcome of one LeDeR review has been shared with the trust. The score given to the care provision was 2. This score indicates the care was good (it met expected good practice).
- 10.12 The key learning and recommendations are set out in Table 3:

Identified Issue	Learning	Recommendation to address issue
Unable to ascertain if a structured judgement review was conducted or not, and if so, unable to obtain a copy of it.	Senior staff seem unaware of the LeDeR process and the difference between this and a SJR.	That a SJR be done within 24hrs of every death of a patient with LD.
Unsure if all hospitals have the same process or title for a structured judgement review SJR.	Possible lack of communication re this process between hospitals.	LeDeR LAC to clarify the process for Structured Judgement Reviews in each of the Dorset Provider organisations.

Table 3: Key Learning and Recommendations

- 10.13 Work has commenced to align with Royal Bournemouth and Christchurch Hospital (RBCH) regarding the implementation of a mandatory structured judgement reviews of all patients with a learning disability who die in hospital.
- 10.14 The LeDeR programme adjusted its notification process to ensure that any people with learning disabilities who die from a COVID-19-related cause are recorded appropriately.
- 10.15 The Adult safeguarding lead and the patient advice and Liaison team have supported a number of planned admissions and have been involved in supporting ward and department teams with complex patient care needs. The safeguarding adult staff upload passports and care management plans.
- 10.16 Learning Disabilities training is delivered by expert patients on induction training and by the adult safeguarding lead on mandatory update training. Bespoke learning disability training is also provided.

- 10.17 As per previous reporting period there is no specialist Learning Disabilities (LD) nurse in the Trust to support people with LD, such support is provided by the generic services including Patient Advice and Liaison Service for patients who require a personalised plan for coordination of care and further facilitation of pathways, the Safeguarding Nurses and community based specialist nurses employed by other providers. A business case for a learning disability nurse was submitted however was not prioritised for funding at that time and will be reviewed after the merger.
- 10.18 The Trust has purchased five licences for photo symbols to assist us in producing our own easy read documents. Staff that has been involved in developing patient information leaflets have been contacted and asked to consider the key priorities for easy read leaflets in their areas. There has been little use of these licences during the reporting period and it will need to be reviewed if the Trust extends the licence.
- 10.19 An audit has been completed to assess progress against the national LD standards. The data from the audit that was completed to assess progress against the national LD standards has been reviewed and identifies that we are not compliant with all standards. An action plan has been produced and shared with stake holders.
- 10.20 PHFT submitted data to the NHS I E Learning Disability Benchmarking exercise 2019- 2020. The outcome of this is awaited.

11 DOMESTIC ABUSE

- 11.1 The Home Office defines domestic violence and abuse as: 'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This encompasses but is not limited to the following types of abuse: psychological, physical, sexual, financial, or emotional.'
- 11.2 Health services have a pivotal role to play in the identification, assessment and response to DVA not only because of the impact of domestic abuse on health, but also because victims may access the Trust's services. There are two current policies in relation to DVA, one to support Managers and Staff and one for Patients Users. During 2020 a new role, funded by the Local Authority, will provide a trust based Domestic Violence Advocate to work with staff and patients. This will provide a significant step forward in our care in this respect and will provide important support to the safeguarding teams.
- 11.3 The number of domestic abuse disclosures remained consistent over the year with a slight rise recorded in quarter 4 (Figure 5). The majority of the concerns regarding domestic abuse were identified during the early part of quarter 4 and the anticipated increase in referrals did not occur during the early stages of the Pandemic. This mirrored the experience from the Police, and the county's Domestic Abuse services and was a significant difference with nationally reported domestic abuse data. This may have been due to victims being in lockdown with a perpetrator and unable to contact services safely.

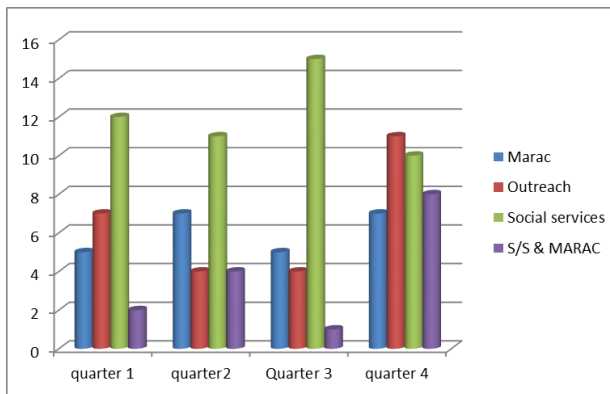


Figure 5: Numbers of Domestic Abuse Disclosures

12 SAFEGUARDING PRACTICE REVIEWS, SAFEGUARDING ADULT REVIEWS AND DOMESTIC HOMICIDES, CQC REVIEWS

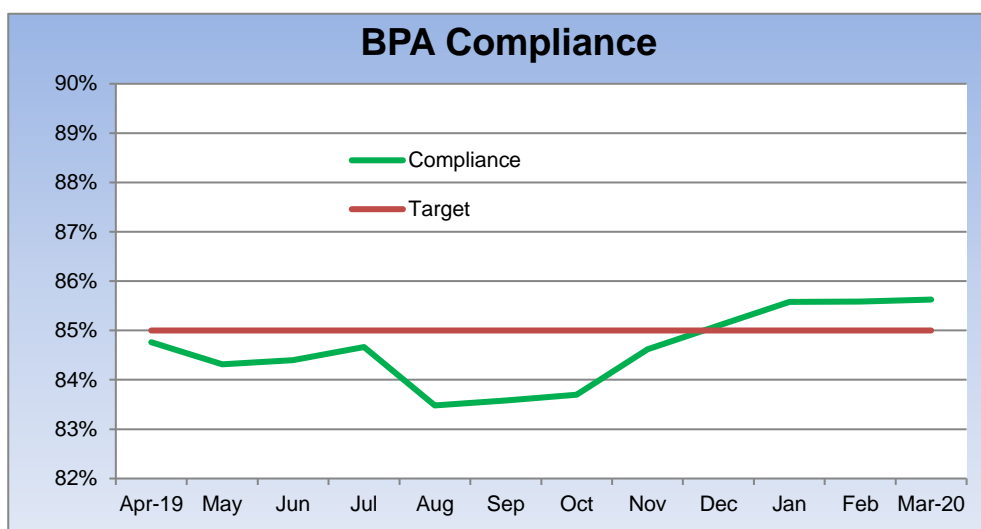
- 12.1 Child Safeguarding Practice Reviews: the Social Work Act 2017 introduced a new pathway for Serious Case Reviews and how we learn lessons. These will now be called Child Safeguarding Practice Reviews and the expectation is that they are completed within a 6 month period. The process is that the Safeguarding Partners should undertake a Rapid Review of the case within 5 working days of the incident. On completion of the review the findings are shared with a National Panel for their decision about whether a local Child Safeguarding Practice Review is appropriate or whether the panel considers that the case may raise issues which are complex or of national importance such that a National Review may be appropriate.
- 12.2 The Safeguarding Children's nurses have submitted 2 cases for Rapid Review to the Safeguarding Partners. The case submissions were as a result of knife crime, but they did not meet the criteria for submission to the National Panel. The cases involved knife crime and themes of adolescent risk. It is of note that the National Panel has completed a National Child Safeguarding Practice Review on the theme of adolescent risk in 2019.
- 12.3 Two cases related to Sudden Unexpected Death In Infancy (SUDI) and were reported by maternity. In total there had been four SUDI quarters 2 and 3 in Dorset. This reflects national concerns as the National Safeguarding Practice Review Panel is launching a national review. The National Panel have reported a significant number of serious child safeguarding cases which raise issues which are complex and of national importance in relation to SUDI in families where the children are considered at risk of harm with over 40 cases in the 16 months since they began their work.
- 12.4 Maternity hosted an event on safe sleeping by the Lullaby Trust in January 2020. This was a good opportunity for Trust wide refresher of safe sleeping messages. Staff from the Children's Unit, Paediatric therapists and Child Death Leads also attended this event. Work is on-going to ensure safe sleeping messages are embed across all Trust services and this is being led by the Trust Lead Nurse for Child Death.
- 12.5 Domestic Homicide Reviews (DHR's) were established on a statutory basis under section 9 of the Domestic Violence, Crime and Victims Act (2004). This provision came into force in April 2011. A Domestic Homicide Review is a local multi-agency review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by:

- A person to whom the perpetrator was related or with whom he/she was or has been in an intimate personal relationship, or
 - A member of the same household as the perpetrator DHRs are held with the view to identifying the multi-agency lessons to be learnt from the death. The Trust has representation on the Domestic Homicide Review Groups across the locality when one is required to be convened.
- 12.6 The Adult Lead and Named Nurse attended the DHR 7 review. Although there were no immediate findings for the Trust and the report has not yet been published the theme of Think Family is likely to be a key learning point. Domestic Abuse is a growing concern within the Health Safeguarding Partnership, and conversations recognising how we meet these challenges are on-going.
- 12.7 The Care Act 2014 places statutory responsibility on Safeguarding Adults Boards to commission Safeguarding Adult Reviews. A Safeguarding Adult Review (SAR) must be arranged when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is a concern that partner agencies could have worked more effectively to protect the adult. The purpose of a SAR is to learn lessons, review effectiveness of procedures and improve practice.
- 12.8 The Trust submitted information for one SAR scoping review during the last 12 months. The review was postponed due to COVID and a new date is awaited.
- 12.9 The adult safeguarding lead contributed to 6 Multi agency risk management meeting during the year.
- 12.10 The CQC undertook a comprehensive inspection of the trust in October and November 2019. It was noted that compliance with safeguarding training was not meeting the trust standard and that this had been reported in two consecutive years. The safeguarding and education team are responsible for providing education which is readily available. Strategies have been developed to bring e-learning on line and this has been made possible through the introduction of the BEAT system. This should facilitate easier access to training than releasing staff for face to face training and therefore improve compliance. It was further noted that the safeguarding reports did not show evidence of actions taken. More emphasis on the activity and actions has therefore been placed within this year's report.

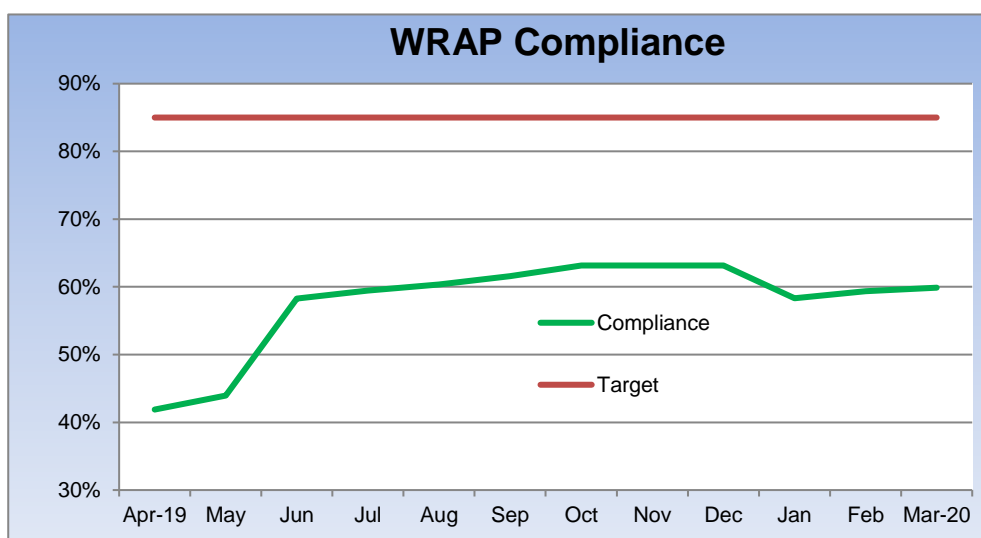
13 PREVENT

- 13.1 PREVENT forms part of the Governments counter terrorism strategy; *Contest*. PREVENT aims to work in the pre-criminal space, by identifying individuals who may be vulnerable to radicalisation and providing them with the support they require to prevent them engaging with or becoming a terrorist.
- 13.2 Prevent Training both Basic and WRAP is now fully embedded in Trust Induction and Mandatory Training.
- 13.3 As at March 2020 some 4227 staff have received BPA training.

- 13.4 The graph below indicates the increase in compliance from April 2019, the low points from August – October coincides with a particularly challenging period within the Trust and the resultant lack of staff availability to attend training due to conflicting clinical demands.



- 13.5 The decision was taken to deliver the Workshop to Raise Awareness of Prevent (WRAP) to the already identified and established cohort of staff requiring Safeguarding Level 2. The result of which is that more staff will receive WRAP training than is required by the National Standard.



- 13.6 To date there have been no referrals made by the Trust into the PREVENT and Channel panel review process.

14 MENTAL CAPACITY ACT AND DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)

- 14.1 The correct implementation of The Mental Capacity Act 2005 (MCA) is pivotal to patient centred healthcare. This important legislation protects and empowers individuals who may lack the mental capacity to make their own decisions about their care and treatment. It applies to individuals aged 16 years and over. Mental Capacity is time and decision specific which safeguards against assumptions and decisions being made about the patient.

14.2 There has been much activity across the organisation in ensuring that we are improving our MCA compliance and knowledge. Bespoke training is given to all our international nurses and the mandatory MCA training was strengthened to use case examples.

14.3 The Government published a Mental Capacity (Amendment) Bill, which passed into law in May 2019. It replaces the Deprivation of Liberty Safeguards (DoLS) with a scheme known as the Liberty Protection Safeguards. Key features of the Liberty Protection Safeguards (LPS) include:

- In line with the Law Commission's suggestion they start at 16 years old;
- Deprivations of liberty have to be authorised in advance by the 'responsible body';
- For NHS hospitals, the responsible body will be the 'hospital manager'. The new Act also broadens the scope to treat people, and deprive them of their liberty, in a medical emergency, without gaining prior authorisation. The full implementation of the Liberty Protection Safeguards (the LPS) has been delayed until April 2022

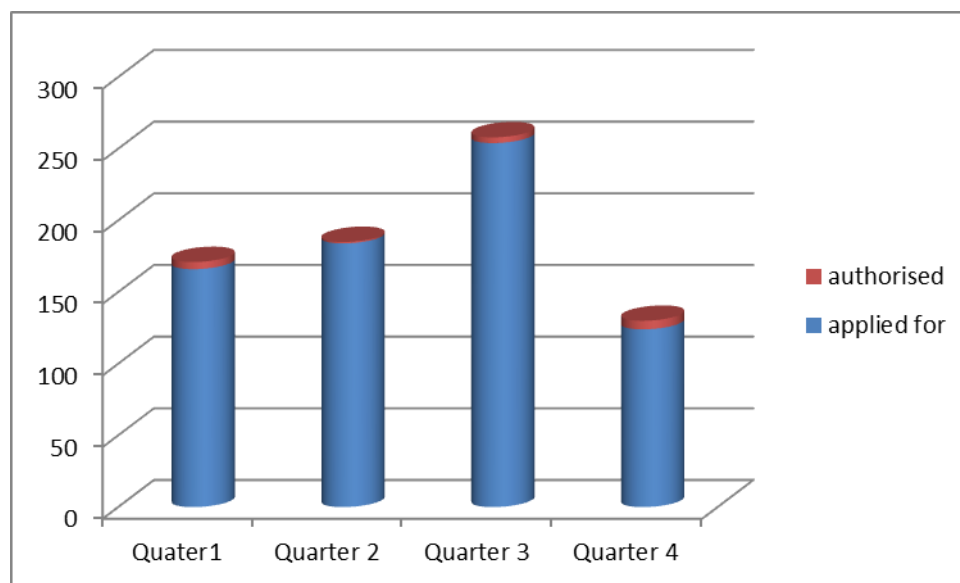


Figure 6: DoLS application and authorisation

14.4 The challenge remains re the length of time from the DoLS application being submitted to the assessment and authorisation being completed the majority of patients being discharged before the assessment has been completed by the local authority. This is a national issue and one of the driving factors in the review of the DoLS act which has resulted in the new Liberty Protection Safeguards (LPS).

14.5 The Trust is compliant with reporting outcomes of DoLS assessments to the Care Quality Commission (CQC) in line with MCA statutory guidance.

15 LOOKING FORWARD 2020 -21

- 15.1 Safeguarding will remain a key area of work and the merger of PHFT and RBCH into the University Hospitals Dorset will require significant realignment of existing policies, procedures, pathways and work streams. We will take forward the positive work and skills of the safeguarding professionals across both Trusts to develop a safeguarding service that meets the legislative reforms, changing societal needs, and recognising the complexity of decision making in the context of newly recognised forms of harm and abuse.
- 15.2 There is commitment of the current safeguarding professionals within the Trust to continue to deliver an effective safeguarding service during the transition phase. The aim is to ensure that safeguarding remains normal Trust business and that unborn, children and adults live a life free from harm, neglect or abuse.

16 CONCLUSION

- 16.1 Safeguarding means protecting the 'human's health and wellbeing and reducing risk, to protect their human rights to enable them to live free from harm, abuse and neglect'
- 16.2 This report demonstrates that the safeguarding professionals at the Trust strive to ensure that safeguarding is delivered as core business within the Trust.
- 16.3 The safeguarding professionals responded, adapted and supported each other's roles in order to continue to deliver an effective safeguarding service in response to The COVID-19 pandemic.
- 16.4 Safeguarding professionals provide leadership support, advice and guidance to staff across the organisation, ensuring that the Trust provides the highest level of care to all its patients' children and their families. There are robust mechanisms in place to safeguard the unborn, children and adults at risk and to investigate and learn from concerns raised about the Trust through safeguarding processes.
- 16.5 This report evidences that the Trust meets its statutory requirements for NHS organisations to discharge their safeguarding children and adults obligations, under the requirements of Section 11 of The Children Act 2004 and The Care Act 2014.

JOINT BOARD OF DIRECTORS PART 1 – COVER SHEET

Meeting Date: 30 September 2020

Agenda item: 8.4

Subject:	Annual Safeguarding Report – 2019/20 RBCH
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Prepared by:	Safeguarding team
Presented by:	Paula Shobbrook, Director of Nursing and Midwifery / Deputy Chief Executive

Purpose of paper:	To approve the 2019/20 RBCH Annual Safeguarding Report.
Background:	All NHS Trusts must produce an annual report to provide assurance that safeguarding processes and practices are in line with best practice. This has been developed with the lead practitioners and has been endorsed by the Trust Protection and Safeguarding Committee.
Key points for Board members:	<ul style="list-style-type: none"> • Commencement of the Children's Safeguarding Partnership in August 2019. Replacing the Children's Safeguarding Board. • Recruitment of a Domestic Abuse Advisor • Delay in the national roll-out of Liberty Protection Safeguards until April 2022. • To be assured the Trust is acting in line with legislative requirements and meeting the CQC fundamental standards
Options and decisions required:	For approval
Recommendations:	The report is recommended for approval by the Board of Directors
Next steps:	Following approval, the Annual Safeguarding Report 2019/ 2020 will be published on the Trust website.

Links to Poole Hospital NHS Foundation Trust and Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	Quality objective
BAF/Corporate Risk Register: (if applicable)	
CQC Reference:	CQC fundamental standard 7 'safeguarding'

Committees/Meetings at which the paper has been submitted:	Date
Joint Quality, Safety and Performance Committee	Sept 2020

Annual Protection and Safeguarding Report for Adults, Children and Learning Disabilities 2019/2020

Executive Trust Lead Nurse for Safeguarding	Paula Shobbrook
Designated Adult Safeguarding Manager	Fiona Hoskins
Named Doctor for Adult Safeguarding	Dr Imran Ghafoor
Named Doctor for Safeguarding Children	Dr Christina Dale
Senior Nurse for Adult Safeguarding	Jenny House
Named Nurse for Safeguarding Children (Nominated Lead for CE and Domestic Abuse)	Pippa Knight
Lead Nurse/Domestic Abuse Lead ED	Cheryl Chainey/Ann Brown
Facilitator for Adult Safeguarding and Learning Disability	Vicki West
Learning Disability Liaison Nurse	Naomi Rees
Sexual Health Lead Nurse	Shona Brooks
Named Midwife for Safeguarding Children	Carmen Cross
Lead Midwife for Safeguarding Children	Jo Hitchens

Introduction

This report details activity in respect of Safeguarding Adults, Children and people with Learning Disabilities in the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust during the year 2019/20. It is presented to provide assurance of compliance with Standards from the Care Quality Commission, Working Together, NHS England, Bournemouth, Christchurch and Poole Adults Safeguarding Board and the Dorset Safeguarding Adults Board.

‘The Trust believes every adult has the right to grow up and live free from abuse or neglect. It is committed to ensuring practitioners are enabled to act in support of all children, families and adults they work with and to work in partnership with local agencies where we cannot provide this support alone’.

Debbie Fleming, Chief Executive. Paula Shobbrook, Director of Nursing and Midwifery. September 2019.

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

Within Children's Safeguarding, the Named and Lead Professionals are supported by a dedicated group of staff across most areas of the Trust who are child safeguarding champions. Areas where children frequent as patients have at least one such champion.

The context of safeguarding continues to change in line with societal risks both locally and nationally, large scale inquiries and legislative reforms.

The safeguarding of children, young people and adults who are at risk is a fundamental obligation for everyone who works in the NHS and its partner agencies. Every NHS organisation, and every individual healthcare professional working in the NHS, must ensure that the principles and duties of safeguarding adults and children are holistically, consistently and conscientiously applied: the needs of these at risk citizens and communities must be at the heart of everything the NHS does.

Partnership working is essential, and it is vital that local practitioners continue to develop relationships and work closely with colleagues across their local safeguarding system. Safeguarding is firmly embedded within the core duties of all organisations across the health system.
(NHS England 2019)

Local Arrangements

The 1st April 2019 saw the Local Authorities of Bournemouth, Poole and Christchurch conurbation of Dorset become a single council, BCP (Bournemouth Christchurch and Poole).

The overall population across BCP has declined slightly since mid-2018, although there has been a little expansion in Poole and Christchurch areas.

BCP has a smaller proportion of 0-15-year olds (17%) compared with the rest of England and a larger proportion of residents aged 65 or over. 88% of the BCP population is defined as having 'White British' ethnicity.

While the BCP area is sometimes seen as a relatively prosperous area, the wealth is not evenly spread, and significant inequalities and pockets of deprivation exist. BCP Council's rank of average IMD (Indices of Multiple Deprivation) score sits around the mid-point of areas nationally. However, 9 out of 233 areas within BCP fall within decile 1 (the most deprived 10% areas nationally); 16 thousand people in the BCP area live in these highly deprived areas that fall within the worst 10% nationally. (source: BCP local data 2019)

From 1st August 2019, a new Pan-Dorset Safeguarding Children Partnership

replaced the Local Safeguarding Children Boards covering BCP/Dorset. The new Partnership is led by key strategic leaders from the Local Authorities (BCP and Dorset), Dorset Clinical Commissioning Group and Dorset Police with "a shared and equal duty to make arrangements to work together to safeguarding and promote the welfare of all children in a local area" (Working Together, 2018). The Trust engages with events from the Partnership when invited.

A new Head of Safeguarding, Liz Plastow, joined the CCG in December 2019. An aspiration of Liz is to introduce a Dorset Integrated Care system (ICS) for safeguarding adults at risk and children. A Dorset ICS Safeguarding Policy was written in year, co-authored by Liz Plastow and Pippa Knight. The Policy has been agreed by Bournemouth and Poole Hospitals for our new merged organisation in October 2020 and by Dorset CCG. Other Dorset health providers plan to adopt the ICS policy but due to Covid-19 pandemic, have not yet.

Section 11 of the Children Act 2004 places a duty on all partners to make arrangements to safeguard and promote the welfare of children. The Trust participates in all Section 11 and other multiagency audits when invited.

Developments

'Think Family' approach has been adopted to ensure the safety of all individuals in vulnerable households. In an effort to extend the team's role in protecting people, the ASG team has become more involved in Safeguarding children. There are many instances where generations live together often with older family members caring for children or children caring for adults in the home. These situations may be unknown, unrecognised and put the child or adults at risk from abuse and neglect. By aligning Adult and Children's safeguarding this has helped the team to achieve the goal of safeguarding by '*Working together to prevent and stop both the risks and experience of abuse and neglect, while at the same time making sure that the child's welfare and the adult's wellbeing is promoted*'.

The ASG team has remained fully operational during the Covid 19 pandemic and has continued to support staff and patients on a regular basis. However, a number of changes have been made to ensure services were maintained. Previously the team worked closely with the hospital adult safeguarding social care team and met weekly to discuss new referrals. Now and for the foreseeable future the Trust ASG referrals are managed by the community safeguarding teams. The process for reporting and investigating remains the same and agreement as to whether the concern meets the criteria for a section 42 enquiry is now confirmed by email or phone. Criteria for Section 42 enquiry:

- Aged 18-years or over
- Has or needs care and support and
- Is experiencing, or is at risk of, abuse or neglect and
- Is unable to protect themselves because of their care and support needs.

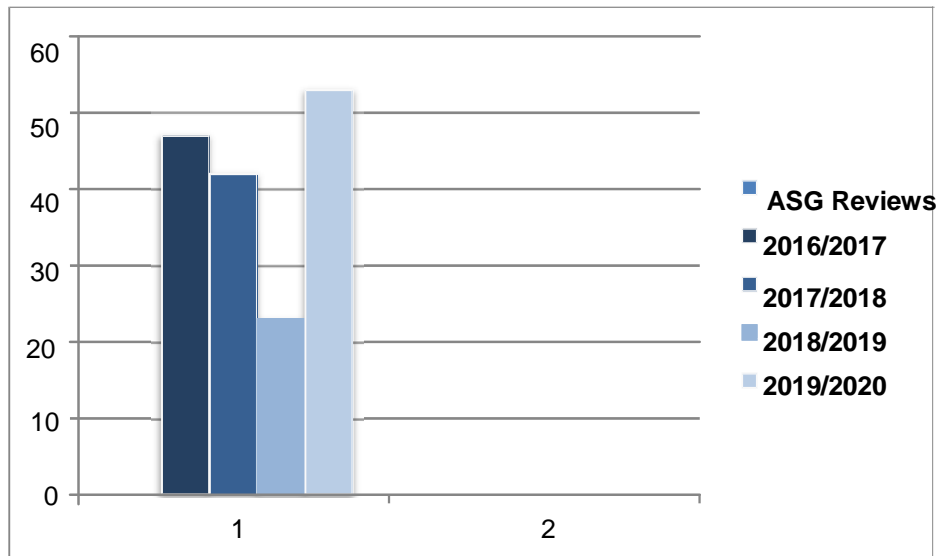
Consent for investigation needs to be gained from the individual. However should consent be refused and it is deemed the individual is at risk, the investigation can continue in the patient's best interest.

In 19/20 the Trust participated in a Dorset partnership Child Exploitation audit. The audit offered some good evidence of safeguarding needs being identified and communicated by ED staff as well as prompting a review of reporting assaults on children. Child assaults have been moved from 'Amber' to 'Red' in our Safeguarding pathway, separating them from bullying and anger management. This ensures robust communication with our Children's Social Care colleagues regarding assaults on children which may be linked with child exploitation.

Adult Safeguarding 2019/2020

Adult Safeguarding Cases

Fifty Three Adult Safeguarding concerns were reviewed in 2019/2020. This is an increase on the last financial year's figures; however, the number is comparable to previous years. Of the 53 concerns only **24** met the Section 42 criteria. **Four** cases were referred directly to the Police due to the seriousness of the allegation.



The main themes were regarding patients being discharged without medication or a discharge letter. These issues have been shared with the relevant wards.

The team continues to assist other agencies with their investigations. In the past year the team have assisted the police and social care with 15 investigations.

Serious Incident Reviews

The Trust has been involved in two serious incident reviews:

- A patient was transferred to the Trust as a place of safety whilst waiting to be accepted in new accommodation following the closure of the care home by the Care Quality Commission (CQC). The patient had specific care needs which were allegedly not being met by the care home. On discharge from the Trust the patient was re-admitted within 24hrs with aspiration pneumonia and subsequently died.
- Following a failed discharge a patient was readmitted to the Trust and subsequently died. This was investigated internally by a multi-professional team as a serious incident. It was noted the patient had multiple comorbidities and a confirmed diagnosis of a learning disability.

- It is documented in the patient's records that prior to discharge the latest chest x-ray showed what appeared to be some consolidation in the lungs. Observations of temperature, pulse, respirations and blood pressure were not recorded on the day of discharge. However it was confirmed by staff that the patient was visually observed. The patient was readmitted but died 14 days later despite the appropriate treatment. The conclusion following the investigation deemed the death was unpreventable. However there were lessons to be learnt which have been fed back to the ward.

Developments and Training

The Trust has secured the services of a Domestic Abuse Advisor from 'You First' on a 2- year standalone contract. The advisor is available to support both staff and patients.

The two new leads at the Dorset Clinical Commissioning Group (CCG), the Head of Safeguarding and the Adult Safeguarding lead, are working with providers to align safeguarding services pan Dorset.

Due to Covid 19 face to face mandatory training sessions have been transferred to online Blended Education and Training (BEAT) to ensure staff compliance is maintained.

Training is delivered as recommended in the NHS Health Education England Core Skills Training Framework.

Collaboration continues with our safeguarding colleagues at PHT Foundation Trust to further align our policies and services in readiness for the merger of the two organisations.

Learning Disabilities

Introduction

There were **668 inpatient** admissions of patients with a Learning Disability (LD) and **1083 outpatient** attendances during the last financial year.

LeDeR: The Learning Disability Mortality Review

Five patients with an LD diagnosis died during this time. These were reported to the Learning Disability Mortality Program (LeDeR). The ASG team has assisted LeDeR with 7 reviews during 2019/2020. Two of which were cases from the previous year.

Deprivation of Liberty Safeguards

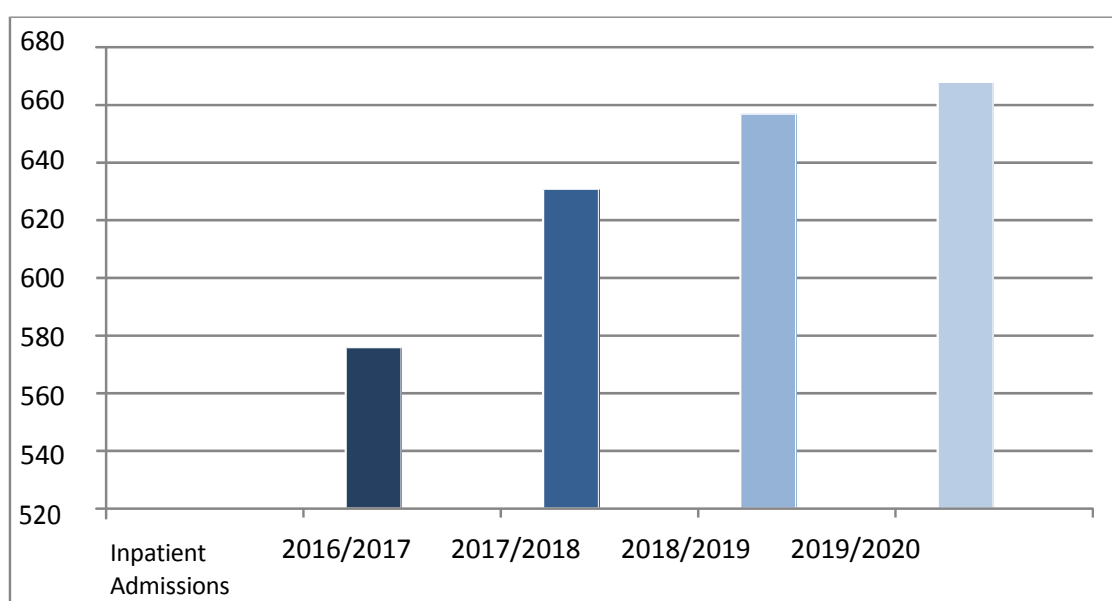
Fourteen patients with an LD also had their liberty deprived during their inpatient episode.

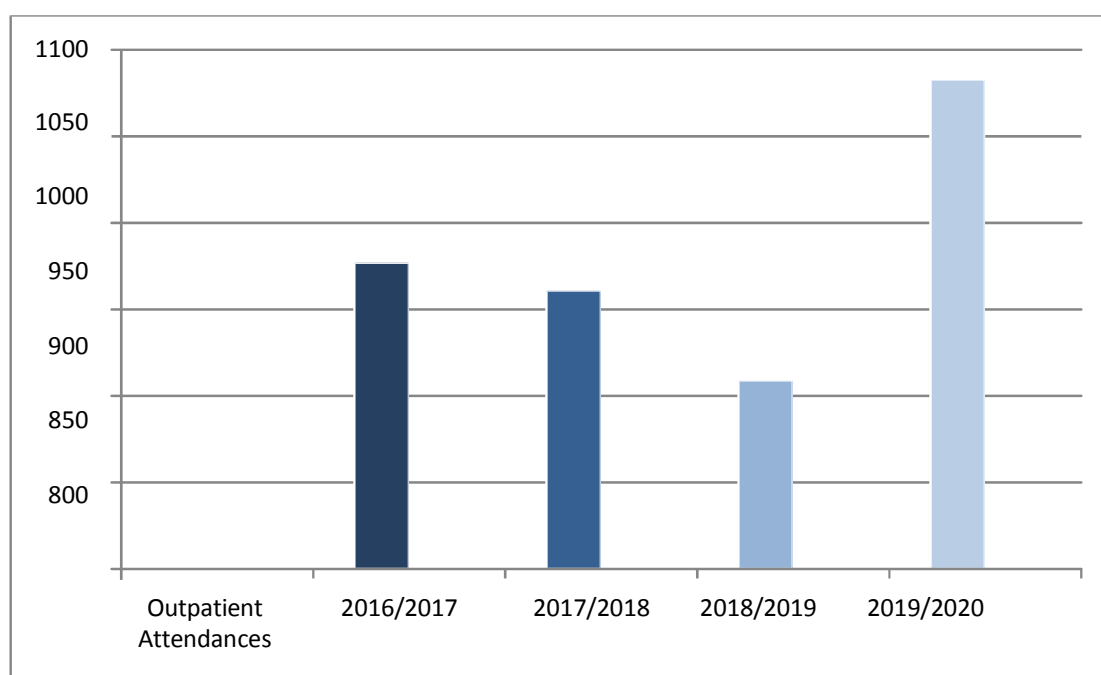
Carers in attendance

Thirty Five patients with an LD diagnosis had carers in attendance throughout their inpatient stay.

The majority of these carers were funded by the Trust. This is a continual cost implication which needed to be addressed. To this end a Paid Carers Policy has been written (which awaits ratification) to help staff make an informed decision as to whether the ward can meet the patients care needs or whether the individual requires their own carer to be present to assist the staff. The policy also advises staff of the role and responsibility of the carer whilst in the Trust.

LD inpatient and outpatient attendances.





Mental Capacity Act and Deprivation of Liberty

Introduction

The Deprivation of Liberty Safeguards is an amendment to the Mental Capacity Act (MCA 2005). This allows hospitals and care homes to secure their areas in order to maintain the safety of individuals that may be at risk to themselves. This is linked to the Human Rights Act (HRA 1988) and is one of the three legal processes that allow the deprivation of an individual's liberty. The others are the incarceration of an individual in jail and the sectioning of individuals under the Mental Health Act (MHA 1983) to receive treatment.

Liberty Protection Safeguards

The Deprivation of Liberty Safeguards was to be replaced by the Liberty Protection Safeguards in October 2020. However, due to the Covid 19 pandemic this is now planned to be introduced in April 2022. The training will be amended to incorporate the inclusion of children from 16 years of age.

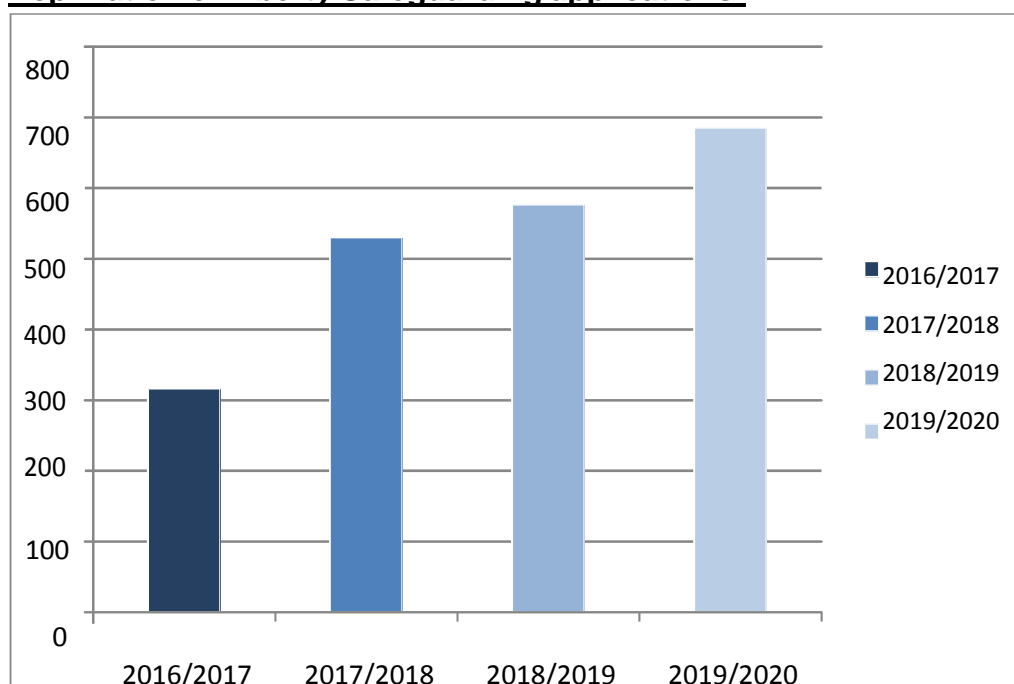
Training

Training for MCA and DoLS is at **85.8%**. In order to compensate for the reduction in face to face training during the early stages of Covid 19 this session has now been transferred to an online Blended Education and Training (BEAT) presentation.

Deprivation of Liberty Safeguard Requests

There has been a concerted effort to improve the understanding in the use of the Mental Capacity Act to ensure Trust compliance with the Act. The graph below shows the increase of DoLS applications over the past four years.

Deprivation of Liberty Safeguarding applications:



Best Interest Decision Making

Following a number of bespoke training sessions with staff, assistance from adult social care partners and the implementation of a template to record the decision making, there has been a noticeable improvement in the documented evidence regarding the outcome of these meetings. This gives assurance that the decision made is in the best interest of the individual who lacks capacity and not a decision made to benefit others.

Workshop to Raise Awareness of Prevent (WRAP)

Introduction

The introduction of WRAP in 2016 is a requirement of all NHS Trusts to support the prevention of terrorist activities and to safeguard vulnerable people

Training

Wrap training is **98.8%**. It is mandatory face to face training every three years with training videos provided by the Home office.

Trust Compliance with Legislation and Statutory Guidance

The Trust is compliant with all legislation and statutory guidance including:

- The Care Act, 2014
- CQC Fundamental Standards: Outcome 13
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Safeguarding Children and Young People: Roles and competences for Health Care Staff (Intercollegiate Document 2019)
- Safeguarding Adults, Roles and competencies for Health care staff; First edition 2018
- Mental Capacity Act 2005
- DoLS
- Safeguarding Vulnerable Groups Act (SVGA) 2006
- Domestic Violence, Crimes and Victims Act (2004) and Amendment Act 2012
- Safeguarding Looked after children: Roles and competencies for Health Care Staff, 1st edition, 2018
- Prevent: Training and competencies framework, 2017
- England and Wales: Modern Slavery Act 2015
- Counter Terrorism and Security Act 2015
- Core Skills Training Framework, Health Education England 2020

Summary and Actions 2019/2020

- The Trust has been successful in recruiting a Joint Learning Disability Liaison Nurse following the resignation of the previous post holder.
- Level 1 joint Adult and Children e-learning is completed and feedback to date has been positive. This will be launched in September 2020.
- The ASG team continue to work closely with our colleagues at PHT to align services prior to the merger of the two Trusts.
- The team continue to visit the wards and departments on a regular basis to offer advice and support.
- Training for ASG, MCA and DoLs is an integral part of Preceptorship training.
- The Trust completed the Acute Trusts NHS England and NHS Improvement Learning Disability annual audit. Currently only the Trust results have been received therefore unable to make comparison with other acute Trusts
- Compliance with the Mental Capacity Act continues to improve. The ASG team created a template to be used at Best Interest meetings which has improved documentation
- The ASG team have requested access to the community LD data base on RIO. This will allow the team to gain appropriate information and update the system as required.

Jenny House - Safeguarding Lead

Vicki West – Facilitator for LD, MCA and DoLs

Children Safeguarding 2019/2020

Safeguarding Training

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

Level 1 Safeguarding Training: all staff in the Trust complete this Level as a minimum, including volunteers (e-learning/face to face). During Q4 adults and children leads have worked with training to begin to develop a combined e-learning package.

Level 2 Safeguarding Training: is completed by all clinical and some non-clinical staff via e-learning on BEAT VLE.

Level 3 Safeguarding Training: is completed by clinical staff who have regular contact with children, as set out in the Intercollegiate Document. It is delivered via the Pan Dorset Partnership, face to face. In January 2020 the Trust launched a Level 3 passport scheme to enable staff to participate in a mixture of learning styles and subjects. The passport captures learning over a 3-year period and includes some on-line provision. The launch of the passport scheme has been well received by staff and shared with Poole Hospital.

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

Year-end compliance

Compliance % 19/20	Compliance % 18/19	Compliance % 17/18	Mitigation
96.7	97.1	98.0	Level 1
95.5	93.7	95.2	Level 2
87.7	83	75.7	Level 3 Some disruption of face to face training during March due to Covid-19. We were anticipating 90% compliance at year end.
80	100	100	Level 4 New Lead Midwife commenced. Level 4 training being sought.

(n=1 non compliant)

Safeguarding Referrals

	19/20	18/19	17/18	16/17	2015/16
ED	496	988	580	322	566
Maternity	Own report	Own report	Own report	44	40
Corporate	61**	47	46	38	50
FGM	6***	0	3	2	6
MARAC	29****	17	15	11	Not collected
LADO	2	5	9	3	1

** 19 referrals due to adult/parent admission. 49 referrals to Children's Social Care

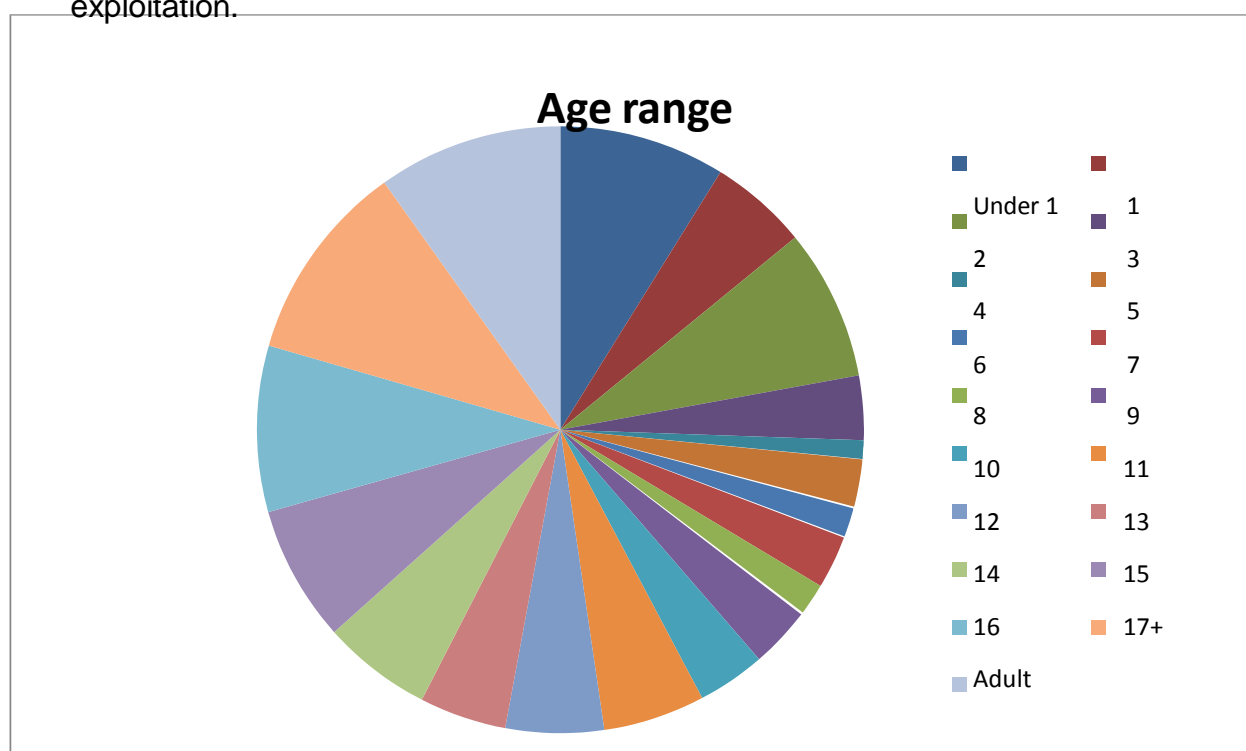
*** All women presenting with FGM, no under 18s

****39 Risk assessment yielding 29 actual MARAC referrals

ED referrals for Safeguarding by age at attendance snapshot

Our largest age cohorts for referrals generated are 17s (n = 53), adults, as parent or carer (n = 49), 16s and under 1s (both n = 44).

Nationally Under 1s remain an at-risk group of children due to parental behaviour, as do older teens due to neglect, self-harm/peer and exam pressure and exploitation.



Adolescents (16 and 17 years) within RBCH

A data set for this group of patients is monitored by the Trust Safeguarding Committee.

In year 371 16/17 year olds were admitted to RBCH as in-patients, this is very similar to numbers last year. Of these young people, 113 were admitted overnight. Most young people were admitted via ED or their GP as an emergency, a much smaller number were admitted via the elective pathway.

Assurances

1. Patient feedback – reported quarterly to the Trust Safeguarding Committee. An annual average of 96.6% saying they (child or parent of a child) would recommend our service.
2. Staff training feedback – average of 4.3-4.6/5 rating by users of training. Level 1 sometimes noted as having very similar information as adults hence the decision to combine Level 1 training. Level 2 common theme is the volume of information in the training. Some users appear to suggest they would prefer a face to face element of training for this subject. Level 2 will be reviewed as we merge organisations.
3. Trust guidance document produced/updated:
 - New SOP - Taking a Child's Temperature (following CDOP recommendation)
 - Updated and published – Domestic Abuse Policy, Safeguarding Children Supervision Policy
 - Initiated an update of the Pan-Dorset Non-mobile child ED flow chart
 - 1st draft ICS Dorset Safeguarding Policy (in preparation for merger)
4. Working closely with our partners at Poole Hospital, aligning pathways in preparation for merger.
5. CCG Annual Assurance of Compliance with Safeguarding Children Standards.
6. Participation in multiagency Child Exploitation Audit July 2019.
7. Participation in BCP Signs of safety briefing (safeguarding leads)
8. Participation in NHS England County Lines workshops (safeguarding leads).
9. Participation in Cardiff Model data collection review meetings with Public Health.
10. Participation in 2 briefing reports/meetings for children.
11. Participation in 2 DHRs (DHR D6 and DHR D7), neither have been published yet.

Key Safeguarding Children Messages

No Child Reviews published locally. Child Exploitation remain high priority focus. Staff have engaged with opportunities to attend training sessions, Named Professionals have joined LA working groups for Child Exploitation.

Key Domestic Abuse Messages

Harry - published April 2019

A combined Safeguarding Adult Review and Domestic Homicide Review was published following the death of a Poole resident, in May 2015. The two perpetrators were convicted of his murder and sentenced to life imprisonment. Following his death, a decision was made for Poole Community Safety Partnership to carry out a Domestic Homicide Review (DHR) due to the intimate relationship between the victim and one of the perpetrators. A Bournemouth and Poole Safeguarding Adult Review (SAR) was also commissioned by the Bournemouth and Poole Safeguarding Adults Board to determine whether agencies involved could have worked more effectively to protect him.

“This was a very complex case and through this independent and very detailed process, all agencies involved have identified areas for learning. Actions have been taken as a matter of priority to ensure that circumstances leading to deaths such as this are prevented from happening again in the future.”

Staff had the opportunity to attend briefing sessions and learning was cascaded through the Trust.

YOU FIRST worker will join the Trust April 2020 for a one year secondment (possible extension to 2-year) as a domestic abuse health advocate (DAA).

Although not published, **DHR D6** identified some exemplary work by a member of our physiotherapy staff in reporting a domestic abuse disclosure by a patient. The review suggested if the Trust had been more embedded within the MARAC process, a better understanding of the disclosure may have been heard. The Named Nurse/DA Lead joined MARAC meetings for Bournemouth in January 2020, routinely receiving and sharing information with our multiagency partners as a 3-6 month trial. An agreed action in the IMR (Individual Management Review) was for the Trust was to secure and deliver enhanced DA training to all ED staff, including the elements of coercion and control. This training will be part of the role of our new DAA.

Pippa Knight

Named Nurse for Safeguarding Children and Domestic Abuse

Appendix 1: Annual Assurance of Compliance with Safeguarding Children Standards

This assessment should be completed and submitted alongside your annual report.

Standard		Audit Question	Evidence/Response
1	Governance	Does your organisation have a clear statement of their commitment to safeguarding children which is accessible to the public?	Yes
		Does your organisation have a board level lead for safeguarding children?	Paula Shobbrook
		Does your organisation have the relevant named professional(s) to provide safeguarding children expertise?	Named Doctor Named Nurse Named Midwife
		Have you submitted an annual report which has been internally scrutinised by the organisation prior to submission to the CCG?	Yes
		If the LSCB have requested a section 11 audit report from your organisation, has this been submitted?	Yes
		Has your organisation been required to engage in any planning and preparation for any inspection related to safeguarding children? If yes, please give details	No
2	Policies, Procedures and Guidelines	Do you have a safeguarding children policy and associated procedures and guidelines?	Yes
		How does your organisation document and communicate the safeguarding children policy; procedures and guidelines to the whole workforce?	Training, global messages for updates to policies, cascading at meeting and through safeguarding leads.

3	Training, Skills and Competencies	Do you have a safeguarding children training strategy which includes a training matrix that identifies the safeguarding children training needs for the whole workforce, including induction and training for Board members	Trust TNA which includes safeguarding children.
		% of staff that are trained to Level 1?	97%
		% of staff that are trained to Level 2?	96%
		% of staff that are trained to Level 3 (core)?	88%
		Who provides the safeguarding children training in your organisation?	L1 – e-learning L2 – e-learning L3 – LA/approved
		What teaching skills and experience do they have?	
		How is the training evaluated for its effectiveness?	Verbal and written feedback.
		What is the impact of the training on practice and outcomes?	Increase in cases where parents are our patients from more areas.
			Yes
4	Safeguarding supervision and Reflective Practice	Do you have a safeguarding children supervision strategy which includes a matrix that identifies the safeguarding children/reflective practice needs for the whole workforce.	Yes
		How do you evidence that all staff have received or had access to safeguarding children's supervision or the opportunities for reflective practice appropriate to role?	On-going monitoring and quarterly reporting.
		Who provides safeguarding supervision in your organisation?	Named Nurse
		What skills and experience in providing supervision do they possess?	Attended CCG provided training and attend own supervision. Experienced and Knowledgeable
		Can discussion around safeguarding issues be evidence in clinical/professional supervision?	Yes
5	Multi-Agency Working	How does the organisation ensure that their staff follow statutory guidance on information sharing?	Information Governance training and learning from
		How does the organisation ensure that their staff are engaged in all stages of the safeguarding child process as appropriate?	Supervision, support with staff, feedback from partner agencies and staff.

		How does the organisation ensure that their staff are contributing to the LSCB Early Help strategy?	Working in partnership with GPs, community health teams, mental health teams, schools, children's centres and other Early Help providers. Contribute feedback for the Continuum of Need pathway.
		How does the organisation ensure that their staff include an analysis of the information and how it impacts on the child(ren)'s safety in reports regarding safeguarding children concerns?	On-going monitoring of quality of referrals. Feedback from partners.

		How does the organisation ensure that all staff who undertake assessments of children understand the importance of including the 'voice of the child'?	On-going monitoring of quality of referrals.
		How does the organisation ensure that staff who undertake assessments of adults recognise the risk those adults may pose to children.	On-going monitoring of cases, training, discussions, team meetings, dissemination of learning (SCRs, Domestic Homicide).
6	Reporting Serious Incidents (SIs)	Does the Provider have a system set out in their safeguarding children policy to ensure that any serious incident related to safeguarding children is reported to the CCG?	Within the Adverse Incident, Near Miss including SI Policy.
7	Engaging in Serious Case Reviews (SCRs)	Has your organisation been asked to complete any reports (e.g. individual management reviews - IMRs) for a serious case review? If yes, how many?	2 Briefing reports plus 2 DHR IMRs
		Have these reports been completed within the LSCB timeframes? If not, please explain why.	Yes
		Have staff from your organisation been involved in any SCR practitioner events?	No
		How does the organisation reflect the effectiveness of the involvement of staff in SCR practitioner events?	The Trust has not been involved with a SCR practitioner event in 19/20

		How can the organisation demonstrate that they have engaged with/implemented the multi-agency recommendations from the serious case reviews they have participated in.	Learning is shared through the Trust at meetings, training, global messages, and resources on the intranet.
		How can the organisation demonstrate that they have adopted the learning from serious case reviews they have participated in.	Learning is shared through the Trust at meetings, training, global messages, and resources on the intranet.
8	Safe Recruitment and Retention of Staff	Do you have a safe recruitment policy which also takes into account the work of any volunteers, charity fundraisers or celebrities?	
		Is the safe recruitment policy reviewed annually?	It is reviewed in line with our Trust Standards of every 3
		Do all job descriptions include a statement on the roles and responsibilities to safeguarding children? If not, please explain why.	Yes
		How do you gain assurance that any contracted services or individuals follow safe recruitment processes?	Bank staff – all vetted and safe recruitment procedures followed Agency staff – Assurance from the recruiting agencies sought as well as spot checks undertaken. Contract building staff do not work in unsupervised areas with patients.
9	Managing Safeguarding Children Allegations against Members of Staff	Does your organisation have a process in place for the management of allegations against staff? If no please explain why not	Yes
		Does your organisation have both a designated and deputy designated officer to whom allegations should be reported and who will support any investigation?	Yes

		When the outcome of a LADO strategy discussion is to proceed with an investigation: Does the organisation report to the CCG, via the serious incident reporting process?	All LADO considerations are included within quarterly report.
10	Engaging Children and Families	How does the organisation seek engagement from service users, both children and adults?	Patient's survey cards, thank-you, complaints, PALS, verbal feedback mystery shopper groups, patient forums, feedback from partner's agencies.
		What impact does this have on practice to improve the outcomes for children and families?	All feedback is considered, both in terms of what we are getting right and what we can learn from and improve on.
		Has the organisation engaged in any multi-agency audit and learning which identifies how service users view health's role in the safeguarding processes? What was the result of this?	Organisation has participated in multi-agency audits but this aspect was not part of the audit.
		How does the organisation ensure that the voice of children is heard at Board and clinical level?	Training, Feedback at team meetings, reports.
		How has this improved outcomes for children?	Shared feedback from some partners demonstrates how children are being safeguarded or families better supported.

JOINT BOARD OF DIRECTORS PART 1 – COVER SHEET

Meeting Date: 30 September 2020

Agenda item: 8.5

Subject:	Workforce and Organisational Development Committee Annual Report 2019/20
Prepared by:	Carrie Stone, Company Secretary
Presented by:	Nick Ziebland, Chairman of the Workforce & Organisational Development Committee
Purpose of paper:	To set out how the Workforce and Organisational Development Committee satisfied its terms of reference during 2019/20 and to seek to provide the committee and Board with evidence relevant to its responsibilities for assuring that there are adequate and appropriate workforce structures and processes in control throughout the Trust.
Background:	Monitor's (NHS Improvement) Code of Governance advises that the Board of Directors should undertake a formal and rigorous evaluation, not only of its own performance, but also that of its sub committees. This is the third annual report of the Workforce and Organisational Development Committee to be received by the Board.
Key points for members:	<ul style="list-style-type: none"> • The Workforce and Organisational Development Committee complied with its terms of reference; • All meetings for 2019/20 were quorate; • The Board Assurance Framework was received and discussed; • A number of reports covering workforce strategy and performance were scrutinised • Relevant annual reports were received and discussed including, but not limited to: the NHS Staff Survey, GMC Survey, Workforce Race Quality Standard
Options and decisions required:	None
Recommendations:	For the Board of Directors to note the Workforce and Organisational Development Committee's performance during the financial year.
Next steps:	

Links to Poole Hospital NHS Foundation Trust and the Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register

Strategic Objective:	AF2: Attracting, inspiring and developing staff
BAF/Corporate Risk Register: (if applicable)	
CQC Reference:	Well Led

Committees/Meetings at which the paper has been submitted:	Date
Workforce Committee	August 2020

POOLE HOSPITAL NHS FOUNDATION TRUST

BOARD OF DIRECTORS

WORKFORCE AND ORGANISATIONAL DEVELOPMENT COMMITTEE ANNUAL REPORT 2019/20

1 PURPOSE OF THE REPORT

- 1.1 The Workforce and Organisational Development Committee (the “Committee”) has prepared this report for the Board of Directors. It sets out how the Committee satisfied its terms of reference during 2019/20 and seeks to provide the Board with evidence relevant to its responsibilities for ensuring workforce strategies are appropriate and for gaining assurance by monitoring the management needed to deliver a workforce with the capacity and capability to provide high quality safe patient care.

2 OVERVIEW

- 2.1 The existence of the Committee is the central means by which the Board ensures there are adequate and appropriate workforce structures, processes and controls in place throughout the Trust.
- 2.2 The Committee independently scrutinises and monitors the Board Assurance Framework as it relates to the principle strategic objective of attracting, inspiring and developing staff (AF2). In particular, the Committee’s work focuses on workforce strategies to ensure they are appropriate, are being effectively implemented, reviewed and monitored, workforce and HR performance, staff engagement and the implementation of the Equality Delivery System.
- 2.3 The Committee receives a number of annual reports appropriate to its purpose. Paragraph 6.6 details the annual reports received.
- 2.4 A governance cycle detailing which papers are to be expected at each Workforce and Organisational Development Committee is reviewed annually but is updated as necessary throughout the year. The Committee’s governance cycle was reviewed in February 2020 and approved. The governance cycle is attached at **Appendix 1**.
- 2.5 During the course of the year, one of the Trust’s Governors, from the Council of Governors attended meetings as an observer.

3 MEMBERSHIP

- 3.1 The Committee membership in respect of the financial year 2019/20 comprised of:
- Mr Nick Ziebland, Non-Executive Director and Committee Chairman
 - Mr David Walden, Non-Executive Director
 - Dr Calum McArthur Non-Executive Director
 - Mrs Jacqueline Cotgrove, Director of Workforce and OD
 - Dr Angus Wood, Medical Director (until 31 December 2019)
 - Dr Matt Thomas, Acting Medical Director (from 1 January 2020)
 - Mrs Patricia Reid, Director of Nursing
 - Mr Mark Mould, Chief Operating Officer
 - Mr Pete Papworth, Interim Joint Director of Finance

4 COMPLIANCE WITH TERMS OF REFERENCE

- 4.1 The Committee is composed of three non-executive directors (one of which chairs the committee), the Medical Director, Director of Nursing, Chief Operating Officer, Director of Workforce and OD and the Director of Finance.
- 4.2 All meetings for 2019/20 were quorate.
- 4.2.1 The Terms of Reference were reviewed by the Chairman of the Committee in November 2019. A review of the committee's compliance with its own terms of reference was undertaken by scrutiny of agendas and minutes of the five Committee meetings that took place between April 2019 and March 2020.
- 4.3 This review indicates that reports were received, scrutinised and discussed in accordance with the Committee's constitution as set out in its terms of reference. By way of example, the Committee scrutinised the Board Assurance Framework on a quarterly basis with any gaps in control clearly identified. Regular reports were received on the workforce KPI's, staff experience, confidential employee relations, staff communication and engagement and key national and local workforce and organisational development projects.

5 MEETINGS

- 5.1 Five formal meetings were held during the year. The meeting for January 2020 was cancelled for operational reasons:
- Monday, 29 April 2019
 - Monday, 24 June 2019
 - Tuesday, 27 August 2018
 - Monday, 28 October 2018
 - Monday, 24 February 2020
- 5.2 Meeting attendance is detailed in Appendix 2.

6 DUTIES AND FINDINGS

- 6.1 The Committee's terms of reference require the Committee to receive detailed workforce reports so that it can ensure workforce strategies are appropriate.

Board Assurance Framework (BAF)

- 6.2 The Committee received, and discussed the 2019/20 BAF in June 2019 (quarter 4), August 2019 (quarter 1), October 2019 (quarter 2) and February 2020, (quarter 3). These reports identified any gaps in control and new risks identified.

Workforce Strategies and Performance

- 6.3 During the course of the financial year updates on the NHS People Plan were provided by the Director of Workforce and OD and update on implementation of the Trust's People Strategy was provided in April 2019.

- 6.4 During the course of the financial year, the Committee again gave particular scrutiny to cost reduction on agency spend, the vacancy trajectory and recruitment and retention, with particular focus on overseas recruitment. In June 2019 the Committee received a further report covering the Agency Reliance Reduction Programme which had commenced during the latter part of the 2018/19 year and was also scrutinised by the Finance and Investment Committee, with a programme of planned actions for the differing work streams. Recruitment and retention continued as a standard agenda item for the remainder of the financial year. The Committee also considered the ramifications following Ofsted's monitoring visit in February 2019 and the decision to cease participation on the register of providers and the impact this would have on the learners (Health Care Assistants) affected by the decision. At the October 2019 meeting the Committee considered the "Story of Now" project which involved a number of staff ambassadors spending time with staff to gauge the cultural feel for the organisation and highlight issues which may impact staff morale, recruitment and retention. The newly appointed Freedom to Speak Up Guardian attended the Committee to present the draft Freedom to Speak Up Policy.
- 6.5 During the financial year, the Committee received regular reports on strategy/workforce issues, workforce performance, including strategic KPI's and workforce planning, recruitment, retention and resourcing, pay and reward and staff experience.

Bi- Annual and Annual Reports and Declarations

- 6.6 The Committee received and discussed the following:
- Nursing and Midwifery Skill Mix Review;
 - National NHS Staff Survey;
 - Occupational Health SLA;
 - Report of Care First;
 - Workforce Race Equality Standard;
 - Annual Equality, Diversity and Inclusion Workforce Monitoring;
 - Volunteers Report;
 - GMC Annual Survey;
 - Annual Raising Concerns Report.

7 CONCLUSION

- 7.1 The Committee has complied with its terms of reference during 2019/20, during which it has:
- i) Reviewed the Board Assurance Framework as it relates to the principle strategic objective of attracting, inspiring and developing staff. (AF2);
 - ii) Reviewed and discussed a number of reports covering workforce strategy and performance as per paragraph 6.3;
 - iii) Reviewed and scrutinised issues impacting on the organisation from a workforce perspective as per paragraph 6.4;
 - iv) Reviewed and scrutinised annual reports, as outlined in paragraph 6.6

Carrie Stone, Company Secretary on behalf of:
Nick Ziebland
Chairman of Workforce and Organisational Development Committee
June 2020

POOLE HOSPITAL NHS FOUNDATION TRUST**WORKFORCE and ORGANISATIONAL DEVELOPMENT COMMITTEE****GOVERNANCE CYCLE (DECEMBER 2019)****REGULAR REPORTS**

DoW&OD Report to include strategy/workforce issues – local and national (including Cost Improvement Plan)	DoW&OD
Workforce Performance (including strategic KPI's, workforce planning and exception reports)	DoW&OD
Recruitment, Retention and Resourcing	DoW&OD
Pay and Reward	DoW&OD
Temporary Staffing Report to include agency spend, costs & key issues	DoW&OD
Staff Experience Report (including Staff Communications and Engagement Report and bi-annual Report of Care First)	DoW&OD/HoC
Confidential Employee Relations	DoW&OD
Minutes of the Workforce Group	DoW&OD
Minutes of the Dorset Workforce Action Group	DoW&OD
Freedom to Speak Up "Raising Concerns" Report (exception report)	DoW&OD
HR Policies and Procedures Report (exception report)	DoW&OD

Board Assurance Framework – Quarterly review of strategic risks relating to Workforce	February Q3; June Q4; August Q1; October Q2	DoN
Freedom to Speak Up – Quarterly report	February; April; August; December;	FTSUG
Monitoring and Implementation of the People Strategy	April/August/December	DoW&OD

BI-ANNUAL REPORTS

Nursing and Midwifery Establishment Review	February/June	DoW&OD
NHS Staff Survey Update	April/October	DoW&OD
Occupational Health SLA	February/August	DoW&OD
Report of Care First (under staff experience)	June/December	DoW&OD
Education Strategy Update	February/August	DoW&OD

ANNUAL REPORTS

Workforce and Organisational Development Committee Terms of Reference	October	Chair
Workforce and Organisational Development Committee Governance Cycle	October	Chair
Workforce and Organisational Development Committee Annual Report	June	CoSec
Annual Raising Concerns Report	April	CoSec
Workforce Race Equality Standard (WRES)	August	DoW&OD
Annual Equality and Diversity Workforce Monitoring Report	May	DoW&OD
Staff Experience – Equality and Diversity;	June	DoW&OD
National NHS Staff Survey (Family and Friends Test)	When published	DoW&OD
Volunteers' Report	June	DoN
GMC Annual Survey	When published	MD
Annual Quality review – Health Education Wessex	December	DoW&OD

CS December 19

**WORKFORCE AND ORGANISATIONAL DEVELOPMENT COMMITTEE ATTENDANCE
REGISTER 2019/20**

NAME OF COMMITTEE:	WORKFORCE AND ORGANISATIONAL DEVELOPMENT COMMITTEE				
REPORTS TO :	BOARD OF DIRECTORS				
Membership (as per Terms of Reference).	MEETING DATES				
	29 April 2019	24 June 2019	27 August 2019	28 October 2019	24 February 2020
NICK ZIEBLAND (chairman) Non-executive director	✓	✓	✓	✓	✓
JACQUELINE COTGROVE Director of workforce & organisational development	✓	✓	✓	✓	✓
CALUM MCARTHUR Non-executive director	✓	✓	✓	✓	✓
MARK MOULD Chief operating officer	✓	X	✓	X	X
PATRICIA REID Director of nursing	✓	✓	✓	✓	✓
MARK ORCHARD Director of Finance	✓	✓	✓		
MR PETE PAPWORTH Interim Joint Director of Finance				✓	X
DAVID WALDEN Non-executive director	✓	✓	✓	✓	✓
ANGUS WOOD Medical Director	x	x	✓	✓	
MATT THOMAS Acting Medical Director					✓
In attendance:					
DAVID MOSS Trust Chairman	x	x	x	x	x
DEBBIE FLEMING Chief Executive	✓	x	✓	✓	x
Was the meeting quorate? Y/N	Y	Y	Y	Y	Y

Mark Orchard left the trust in September. Pete Papworth commenced in October.

Dr Angus Wood stood down as Medical Director in December 2019. Dr Matt Thomas commenced as Acting Medical Director in January 2020.

GLOSSARY OF ABBREVIATIONS

A

A&E	<i>Accident and Emergency</i>
A&G	<i>Audit and Governance Committee</i>
ACT	<i>Alcohol Care Team</i>
ADHD	<i>Attention deficit hyperactivity disorder</i>
AF	<i>Atrial fibrillation</i>
AfC	<i>Agenda for Change</i>
AHPs	<i>Allied Health Professionals</i>
AHSN	<i>Academic Health Science Network</i>
AI	<i>Artificial intelligence</i>
AIRS	<i>Adverse Incident Reporting System</i>
ALB	<i>Arm's Length Body</i>
AMM	<i>Annual Members' Meeting</i>
API	<i>Application programming interface</i>
AQP	<i>Any Qualified Provider</i>
ASI	<i>Appointment Slot Issues</i>

B

BAF	<i>Board Assurance Framework</i>
BAME	<i>Black, Asian and Minority Ethnic</i>
BCF	<i>Better Care Fund</i>
BMA	<i>British Medical Association</i>
BMI	<i>Body mass index</i>
BoD	<i>Board of Directors</i>

C

CAS	<i>Clinical Assessment Service</i>
CAU	<i>Clinical Assessment Unit</i>
C.Diff	<i>Clostridium difficile</i>
CCG	<i>Clinical Commissioning Group</i>
CCIO	<i>Chief Clinical Information Officer</i>
CCU	<i>Coronary Care Unit</i>
CE	<i>Chief Executive</i>
CEA	<i>Clinical Excellence Awards</i>
CEPOD	<i>Confidential Enquiry into Perioperative Death</i>
CETR	<i>Care, Education and Treatment Review</i>
CGG	<i>Clinical Governance Group</i>
CHKS	<i>A national independent provider of comparative performance and healthcare data</i>
CI	<i>Confidence interval</i>
CIO	<i>Chief Information Officer</i>
CIP	<i>Cost Improvement Plan</i>
CMA	<i>Competition and Markets Authority</i>
CNST	<i>Clinical Negligence Scheme for Trusts</i>
COAST	<i>Children's Observations and Severity Tool</i>
CoG	<i>Council of Governors</i>
COO	<i>Chief Operating Officer</i>
COPD	<i>Chronic obstructive pulmonary disease</i>
CoSRR	<i>Continuity of Service Risk Rating</i>
CP	<i>Chief Pharmacist</i>
CPD	<i>Continuing professional development</i>

CPR	<i>Cardiopulmonary resuscitation</i>
CQC	<i>Care Quality Commission</i>
CQUIN	<i>Commissioning for Quality and Innovation</i>
CRES	<i>Cost Releasing Efficiency Saving</i>
CRN	<i>Clinical Research Network</i>
CRT	<i>Clinical Record Tracking</i>
CSR	<i>Clinical Services Review</i>
CSTR	<i>Community Service Treatment Requirement</i>
CT	<i>Computerised Tomography</i>
CTR	<i>Care and Treatment Review</i>
CVD	<i>Cardiovascular disease</i>

D

Datix	<i>National Software Programme for Risk Management</i>
DBS	<i>Disclosure and Barring Service</i>
DHSC	<i>Department of Health and Social Care</i>
DNA	<i>Did not attend</i>
DoF	<i>Director of Finance</i>
DoH	<i>Department of Health</i>
DoN	<i>Director of Nursing</i>
DDoN	<i>Deputy Director of Nursing</i>
DoW&OD	<i>Director of Workforce and Organisational Development</i>
DoS	<i>Director of Strategy</i>
Dr Foster	<i>Provides health information and NHS performance data to the public</i>
DToc	<i>Delayed Transfer of Care</i>

E

EBITDA	<i>Earnings Before Interest, Taxation, Depreciation and Amortisation</i>
EBME	<i>Electrical, Biomedical Equipment</i>
ECDS	<i>Emergency Care Data Set</i>
EEA	<i>European Economic Area</i>
EHCH	<i>Enhanced Health in Care Homes</i>
eNEWS	<i>National Early Warning Score</i>
ENT	<i>Ear, Nose and Throat</i>
EPR	<i>Electronic patient record</i>
EPRR	<i>Emergency Planning Resilience & Reponse</i>
EPS	<i>Electronic Prescription Service</i>
ERCP	<i>Endoscopic Retrograde Cholangiopancreatography</i>
ESBL	<i>Extended Spectrum Beta Lactamase (producer) Klebsiella</i>
ESCAPE-pain	<i>Enabling Self-management and Coping with Arthritic Pain through Exercise</i>
ESR	<i>Electronic Staff Record</i>
EWTD	<i>European Working Time Directive</i>

F

FCE	<i>Finished Consultant Episode</i>
FCP	<i>First Contact Practitioner</i>
FFCE	<i>First Finished Consultant Episode</i>
FFT	<i>Friends and Family Test</i>
FH	<i>Familial Hypercholesterolemia</i>
FIC	<i>Finance and Investment Committee</i>
FOI	<i>Freedom of Information</i>
FRP	<i>Financial Recovery Fund</i>

FT	<i>NHS Foundation Trusts</i>
FTE	<i>Full-time equivalent</i>
FPPRG	<i>Future Plans and Priorities Reference Group.</i>
FRP	<i>Financial Recovery Plan.</i>

G

GBD	<i>Global Burden of Disease</i>
GDE	<i>Global Digital Exemplar</i>
GDP	<i>Gross domestic product</i>
GIRFT	<i>Getting It Right First Time</i>
GMC	<i>General Medical Council</i>
GP	<i>General practitioner</i>
GTDRG	<i>Governor Training & Development Reference Group</i>
GVA	<i>Gross Value Added</i>

H

H@N	<i>Hospital at Night</i>
HDU	<i>High Dependency Unit</i>
HEE	<i>Health Education England</i>
HEI	<i>Higher Education Institution</i>
HFMA	<i>Healthcare Financial Management Association</i>
HFSS	<i>High in fat, salt and sugar</i>
HoC	<i>Head of Communications</i>
HPV	<i>Human papilloma virus</i>
HR	<i>Human Resources</i>
HRG	<i>Healthcare Resource Group</i>
HSE	<i>Health & Safety Executive</i>
HSMR	<i>Hospital Standardised Mortality Ratios</i>

I

I&E	<i>Income and Expenditure</i>
IAPT	<i>Improving Access to Psychological Therapies</i>
ICP	<i>Integrated Care Provider</i>
ICS	<i>Integrated Care System</i>
ICU or ITU	<i>Intensive Care Unit or Intensive Therapy Unit</i>
IG	<i>Information Governance</i>
IPG	<i>Investment Planning Group</i>
IPR	<i>Integrated Performance Report</i>
IPS	<i>Individual Placement and Support</i>
ISDN	<i>Integrated Stroke Delivery Network</i>
IT or IM&T	<i>Information Technology or Information Management & Technology</i>

K

KPI	<i>Key Performance Indicator</i>
KSF	<i>Knowledge & Skills Framework</i>

L

LCFS	<i>Local Counter Fraud Specialist</i>
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LeDeR	<i>Learning Disabilities Mortality Review Programme</i>
LGBT+	<i>Lesbian, Gay, Bisexual, Transgender</i>
LHCR	<i>Local Health and Care</i>
LHRP	<i>Local Health Resilience Partnership</i>
LiNAC	<i>Linear Accelerator</i>
LNC	<i>Local Negotiating Committee</i>
LocSSIPs	<i>Local Safety Standards for Invasive Procedures</i>
LoC	<i>Letter of Claim</i>
LoS	<i>Length of Stay</i>
LTFM	<i>Long Term Financial Model</i>
LTP	<i>Long Term Plan</i>

M

MARS	<i>Mutually Agreed Resignation Scheme</i>
MCP	<i>Multispecialty community provider</i>
MD	<i>Medical Director</i>
MDT	<i>Multi-Disciplinary Team</i>
MERG	<i>Membership Engagement and Recruitment Group</i>
Mortality rate	<i>The ratio of total deaths to total population in relation to area and time.</i>
MRI	<i>Magnetic Resonance Imaging</i>
MRSA	<i>Methicillin Resistant Staphylococcus Aureus</i>
MSC	<i>Medical Staffing Committee</i>
MSK	<i>Musculoskeletal</i>

N

NatSSIPs	<i>National Safety Standards for Invasive Procedures</i>
NCEPOD	<i>NCEPOD (National Confidential Enquiry into Perioperative Death)</i>
NED	<i>Non-Executive Director</i>
NEWS2	<i>National Early Warning Score 2</i>
NHS	<i>National Health Service</i>
NHSI	<i>NHS Improvement - The independent regulator of NHS Foundation Trusts</i>
NHSIQ	<i>NHS Improvement Quality</i>
NHSLA	<i>National Health Service Litigation Authority</i>
NICE	<i>National Institute for Health & Clinical Excellence</i>
NICU	<i>Neonatal Intensive Care Unit</i>
NIHR	<i>National Institute for Health Research</i>
NMC	<i>Nursing and Midwifery Council</i>
NMG	<i>Nursing and Midwifery Group</i>
NOF	<i>Neck of Femur</i>
NPfIT	<i>National Programme for Information Technology</i>
NPSA	<i>National Patient Safety Agency</i>
NREC	<i>Nominations, Remuneration & Evaluations Committee</i>
NRLS	<i>National Reporting and Learning System</i>
NSF	<i>National Service Framework</i>
NVQ	<i>National Vocational Qualification</i>

O

OD	<i>Organisational Development</i>
OECD	<i>Organisation for Economic Co-operation and Development</i>
OFRG	<i>Operational Finance Reference Group</i>
OFT	<i>Office of Fair Trading</i>
OMF	<i>Oral Maxillo Facial</i>

P

PA/SPA	<i>Programmed Activities and Supporting Professional Activities</i>
PACS	<i>Picture Archiving and Communications System – the digital storage of x-rays or Primary Acute Care Systems</i>
PALS	<i>Patient Advice and Liaison Service</i>
PBC	<i>Practice Based Commissioning</i>
PbR	<i>Payment by Results</i>
PEAT	<i>Patient Environment Action Team</i>
PET	<i>Position emission tomography scanning system</i>
PEWS	<i>Poole Early Warning System</i>
PFI	<i>Private Finance Initiative</i>
PHB	<i>Personal health budget</i>
PHE	<i>Public Health England</i>
PHFT	<i>Poole Hospital NHS Foundation Trust</i>
PHR	<i>Personal health record</i>
PID	<i>Project Initiation Document</i>
PLICS	<i>Patient Level information and costing systems – data collection system</i>
PMO	<i>Project Management Office</i>
PROM	<i>Patient Recorded Outcomes Measures</i>
PST	<i>Patient Safety Thermometer</i>
PTIP	<i>Post Transaction Implementation Plan</i>
PYLL	<i>Potential Years of Life Lost</i>

Q

QI	<i>Quality Improvement</i>
QIA	<i>Quality Impact Assessment</i>
QIPP	<i>The Quality, Innovation, Productivity and Prevention Programme</i>
QNI	<i>Queen's Nursing Institute</i>
QOF	<i>Quality and Outcomes Framework</i>
QPR	<i>Quarterly Performance Review</i>
QSPC	<i>Quality, Safety & Performance Committee</i>

R

R&D	<i>Research and development</i>
RACE	<i>Rapid Assessment and Consultant Evaluation for older people</i>
RBH	<i>Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust</i>
RCI	<i>Reference Cost Index</i>
RDC	<i>Rapid Diagnostic Centre</i>
RTT	<i>Referral to Treatment. The current RTT Target is 18 weeks.</i>

S

SaaS	<i>Software as a Service</i>
SALT	<i>Speech and Language Therapy</i>
SAU	<i>Surgical Assessment Unit</i>
SBLCB	<i>Saving Babies Lives Care Bundle</i>
SCCL	<i>Supply Chain Coordination Limited</i>
SDEC	<i>Same Day Emergency Care</i>
SHMI	<i>Summary Hospital Mortality Indicator</i>
SFIs	<i>Standing Financial Instructions</i>

SI	<i>Serious Incident</i>
SID	<i>Senior Independent Director</i>
SIRO	<i>Senior Information Risk Owner</i>
SLA	<i>Service Level Agreement</i>
SLM	<i>Service Line Management</i>
SLR	<i>Service Line Report</i>
SMR	<i>Standardised Mortality rate – see Mortality Rate</i>
SPF	<i>Staff partnership Forum</i>
SpR	<i>Specialist Registrar – medical staff grade below consultant</i>
SSNAP	<i>Sentinel Stroke National Audit Programme</i>
STEIS	<i>Strategic Executive Information System</i>
STAMP	<i>Supporting Treatment and Appropriate Medication in Paediatrics</i>
STOMP	<i>Stopping over medication of people with a learning disability autism or both</i>
STP	<i>Sustainability and Transformation Plan</i>
SUS	<i>Secondary Uses Service</i>

T

TAL	<i>NHS Direct provides The Appointments Line service as part of Choose & Book</i>
TIAA	<i>The trust's internal auditors</i>
TOR	<i>Terms of Reference</i>

U

UCLH	<i>University College London Hospitals</i>
UNICEF	<i>United National International Children's Emergency Fund</i>
UTC	<i>Urgent Treatment Centre</i>

V

VCSE	<i>Voluntary, Community and Social Enterprise</i>
VFC	<i>Virtual Fracture Clinic</i>
VfM	<i>Value for Money</i>
VIP Score	<i>Visual Infusion Phlebitis of intravenous cannulae – scoring system</i>
VSM	<i>Vey Senior Manager</i>
VTE	<i>Venous Thromboembolism</i>

W

WODC	<i>Workforce and Organisational Development Committee</i>
WTE	<i>Whole Time Equivalent</i>

Y

YTD	<i>Year to Date</i>
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January 2019