

providing the excellent care we  
would expect for our own families

The Royal Bournemouth and  
Christchurch Hospitals  
NHS Foundation Trust



# Annual Report and Accounts 2015/16





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# Introduction from our Chairperson, Jane Stichbury

**“A time of almost unprecedented challenge and change”**

While this phrase is true of the NHS nationally, looking back over the last year 2015/16, it is most certainly the position for our local health system, and the Royal Bournemouth and Christchurch Hospitals.

One of the most important tasks for any Board is to project ahead and build the foundations for the future. Normally this would be for three to five years, by virtue of the organisation’s Strategic Plan. However, we are now engaged in joint planning and consideration of new approaches and models of care which will, potentially, shape the future for 20 or more years. As the pace of regulation has sharpened over the last few years, increasingly the recognition is there that the key to real tangible improvement is cultural change. In other words the most important resource - our staff - are fully engaged in the challenge ahead, and are dedicated to all aspects of patient care and using scarce resource wisely, and above all to continual improvement.

Nationally the health landscape has been characterised by the challenges of complex demographic demands, staffing resource, the need to drive up clinical standards and manage risk, and financial pressure. All these, and more, are present locally. Nevertheless, I believe strongly that there is reason for optimism, in terms of the developments this Trust has been able to demonstrate, and the commitment to improvement.

## Improvements for Patients

The Vision of the Trust is to be the most improved hospital by 2017. The Mission is providing the excellent care we would expect for our families



This report will reflect on progress over the year, from individual initiatives to wide sweeping organisational change. For some, change can be unsettling, but it is an ever present and necessary feature of the health landscape. Increasingly the Trust has demonstrated its commitment to doing things differently, creating a better service and experience for patients. For example the new Bournemouth Rapid Evaluation Assessment Hub (BREATH) service in our Emergency Department which has ensured faster assessment, through changes in the physical estate, notably ward enhancements and the official opening of the new Jigsaw Unit in March 2016. This year both staff and patient surveys have revealed that these improvements in environment and style are welcomed. The Care Quality Commission’s (CQC) national survey of adult inpatients and also the Family and Friends Test data

(reported to Board and on our website) shows that 98% would recommend this Trust. The CQC Survey revealed particularly strong feedback regarding clinical advice and patients feeling their hospital specialist had the right information about their condition/illness, and other aspects which placed the Royal Bournemouth's results among the best.

Other examples of continual improvement are demonstrated by innovative clinical approaches for individuals, a diabetic patient receiving a new innovative insulin pump, one of the first in Europe, to enduring transformation within departments/units. The performance of the Stroke Unit continued to feature in Board reporting. Over the last year the service and approach has transformed to the extent that it is now receiving excellent assessments in the Sentinel Stroke National Audit Programme (SSNAP) data, a fraction away from the top level, effectively one of the best in the region. The recently configured dedicated stroke outreach team has enhanced early access to stroke specialist support for patients beyond the unit itself. This means that specialist clinicians can respond swiftly to patients admitted to hospital with a suspected stroke resulting in early assessment, investigation and intervention which dramatically improves outcomes for patients. This report reflects on multiple examples of good and improving practice, in some cases blazing a trail of innovation.

## Safety and Quality

The focus on safety and quality has heightened further over the year together with a welcome recognition of the intrinsic need for a shift in culture. The Board has continued to prioritise quality and compassionate care, reflected by the agenda and items such as the Patient Story, which bring both exceptionally positive experiences and also learning, into sharp, and public, focus. This is represented well by the first ever Safety and Quality Conference, held in September 2015 and due to be repeated in September 2016. This local initiative aligns appropriately with national profile rightly given to ensuring staff can speak out, for the NHS to demonstrate absolute candour and for learning to be extracted from adverse events in a complex environment. The well attended

conference proved both inspirational in the open and frank discussions across a range of staffing groups whereby learning was shared. On reflection this, together with other work in the Trust, has helped to act as a catalyst for change. Case studies and posters have been displayed candidly in hospital walkways where they may be considered by patients, public, staff and volunteers on a daily basis.

## Assessments from regulators

Late in 2015 the Trust had a further planned CQC inspection. The overall grade was "Requires Improvement". Albeit this is the position for 75% of acute trusts, this was disappointing given the very substantial improvement and quality care rejected in the assessment. The 51 "good" grades, 1 "outstanding" and 14 "requires improvement" seemed to indicate that "good" had been readily within reach. Christchurch Hospital was, gratifyingly, assessed as "good" in every category. Thanks must be emphasised to all staff and the many volunteers involved in supporting services of great quality across the Trust and particularly at Christchurch.

The Trust has swiftly embarked on an action plan to address any deficiencies and must be confident about achieving at least an overall grade of "good" in the near future. The Trust undoubtedly should aim for and achieve, "outstanding" status. Significant improvements have been made and all staff and volunteers need to be encouraged to support and continue this journey in a very demanding environment.

During the year, Monitor (now NHS Improvement), launched an investigation into our finances. The outcome is currently awaited. The Trust responded very positively to the challenge from our regulator, and the end of year outturn figure is some £300k better than the Monitor agreed revised plan. This situation was an unusual one for the Trust given its history of financial management and prudence. However, as experienced across the NHS, the pressures of extreme agency costs, additional emergency activity and tariff combined to aggravate a volatile financial environment. In fact the Trust has seen a substantial rise in admissions over the year

which is quite exceptional. The Trust considers it has been able to demonstrate grip and enhanced financial control in latter months of the year, and looks positively to the future. The key challenges of quality, performance and money are well appreciated to ensure future sustainability. The Trust has taken a very positive approach to the Sustainability and Transformation Fund process notwithstanding the tough targets for delivery.

## Strategies for the future

The Dorset Clinical Commissioning Group-led Clinical Services Review and more recently, Vanguard, are medium and longer term ambitious strategies to re-shape healthcare across Dorset. Ultimately proposals are clinically inspired and aim to utilise scale, collaboration and integration across the sector to enhance opportunities to raise further clinical standards, increase sustainability and enable more care to take place closer to home. Preferred options and detailed public consultation will follow in 2016.

Change, in whatever form, will take time to achieve. The short term strategy of the Trust is clear and is encapsulated within the objectives set for 2016/17 which focus on quality; a culture of transparency and openness; improvement; strategy and partnerships; staff; performance and providing value for money.

The organisational development programme currently underway will provide further impetus to ensure that progress reflected within this Annual Report continues and objectives are met. It has been extremely encouraging to receive the feedback from the latest staff survey (see pages 38 to 47) which shows significant improvements across 20 questions, with the Trust in the top 20% of trusts for staff engagement, including the response to staff ability to contribute towards improvements at work. This is critical for the future, given the need for collaborative/joint working and the development of an ethos embracing other health providers across the county.

## A health service to be proud of...

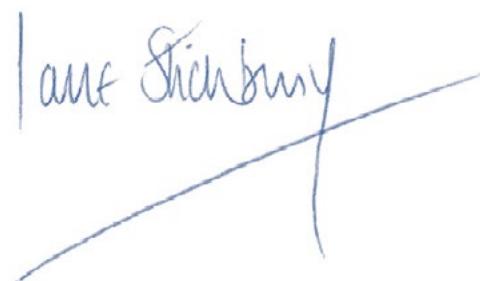
Looking ahead, reflecting on the innovation and dedication displayed within this Annual Report, there is good reason to be both

proud of what has been delivered in testing circumstances, and also to have confidence for the future.

At every level, our hospitals have staff, volunteers, supporters and patients who are incredibly supportive, appreciating the service delivered and encouraging the Trust forward. The Board is deeply appreciative of the work of each and every individual who supports our hospitals in caring for our patients. A special “thank you” must go to all volunteers, including our governors, who give many thousands of hours of time to support staff and enhance the experience for patients. It is vital to emphasise that the Board is absolutely committed to working with staff to develop the culture of the organisation, ensuring the continued emphasis on compassionate, safe care.

Our Mission is “providing the excellent care we would expect for our families”. At the end of the year it is important to recognise that great progress has been made towards making that aim a consistent reality. There remains more to do, and it is essential that all contribute to that mission. One particular event crystallised enhanced patient care this year, the opening of the superb Jigsaw Building on 21 March 2016 by HRH The Princess Royal. The facilities are exceptional and the environment offers dignity, one place for many diagnostics and treatment and the opportunity for patients to be supported in some procedures by family/friends. This was a culmination of many years of work and dedication and simply exemplifies the overwhelming support from staff patients and fundraisers. Together so much can be achieved.

Thank you for your continued support.



**Jane Stichbury**  
Chairperson  
25 May 2016

# Chief Executive's Statement

Thank you for taking time to read our Annual Report. Its content reflects the importance all of our staff place on ensuring patients have access to excellent care. At its core it describes our work to continually improve the patient experience. This is of course only possible through the outstanding contribution made by our staff in every area of the Trust. Their professionalism and unstinting contribution are central to the provision of high quality, safe care.

I would also like to thank our patients, their carers, and the residents of Dorset and West Hampshire for their on-going support, feedback, and appreciation of the care we provide.

The NHS remains at the heart of every local community. Increasingly we are seeing more patients attending our Emergency Department, we have also seen a continued increase in the number of patients requiring admission to hospital over the last year. This reflects a multiplicity of issues including a growing elderly population, many of whom are frail and live with multiple co-morbidities. The work that we are currently engaged in to establish a Frailty Unit at The Royal Bournemouth Hospital will help ensure that we respond effectively to this challenge and offer a state-of-the-art service to vulnerable, elderly patients.

Our services compare well both nationally and locally across a whole range of important indicators. We are in the top third of Trusts across England when it comes to the waiting time patient experience prior to being treated and/or admitted to hospital via our Emergency Department. This comparatively strong position, in the context of a substantial increase in demand for these services reflects the excellent work done to strengthen the Emergency Department including additional Consultant appointments and the provision of a significant range of new assessment and treatment services aimed at ensuring patients quickly receive the right care.

Waiting times for access to planned/elective care also compare well. Staff within our

Endoscopy Unit have worked tirelessly to bring down the waiting time for endoscopy investigation. We now have amongst the shortest waiting times in one of the busiest departments in England. The new surgical robot also ensures that we can offer state-of-the-art treatment for patients with prostate cancer with the service now expanding to cover the whole of Dorset as well as part of West Hampshire. This service is provided jointly by surgeons in Bournemouth combining with colleagues at Dorset County Hospital with all surgery being undertaken at The Royal Bournemouth Hospital.

Our staff survey results also show the Trust to be in the upper quartile for how staff view working in the hospital environment and the care we provide.

During the year we underwent a full CQC Inspection. Nearly 80% of our services were rated as good or outstanding. Our focus remains on ensuring that the CQC's next inspection rates all services as either good or outstanding.

The last year has brought with it significant financial challenges in common with other parts of the NHS. These challenges are caused by a range of issues including increased demand for hospital



treatment, a requirement to spend more on bank and agency staff and a reimbursement system that does not adequately cover the cost of emergency care. The financial position of the Trust still remains strong when compared with other local trusts and through the allocation of additional national funding which compensates for a number of these pressures we should in 2016/17 return to a more stable financial position.

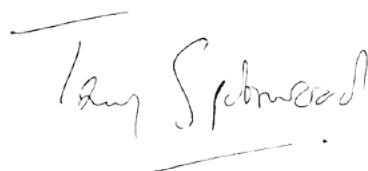
I am proud of the work our staff have done to promote the continuous improvement in our care and services. An example of this is our work to reduce mortality for those patients who are admitted requiring major abdominal emergency surgery. Nationally the mortality rate for such procedures averages 11%, locally we have reduced this to below 4% making the Royal Bournemouth Hospital one of the safest hospitals in the country for this type of surgery. More generally mortality levels for the Trust as a whole are better than expected, and the national average.

This last year has also marked the substantial redevelopment of Christchurch Hospital. Over £23m has been invested in creating a local health hub offering a broad range of hospital and other services including outpatient care, a day hospital, primary care facilities, NHS dentistry, nursing home provision, and shortly to be completed assisted living accommodation. At the Royal Bournemouth Hospital the new Jigsaw Unit opened offering an outstanding environment for those patients with blood disorders and provides a new base for our women's health services. I would again like to express my gratitude to all those involved in fundraising work to help support the opening of this new unit. Your efforts and endeavours are warmly appreciated by both our patients and by the staff providing these services.

This year a number of staff attended the International Forum on Quality and Safety in Healthcare in Gothenburg to share with other health professionals the improvement work we have done in a range of areas including the implementation of safety checklists, the transformation of our approach to caring for those patients who require an emergency laparotomy and the management of sepsis.

Diabetes patients receiving treatment at the Royal Bournemouth Hospital have become among the first in Europe to use a new state-of-the-art insulin pump system and a new cardio-pulmonary exercise bike at the hospital is also allowing clinicians to explore increased fitness levels in patients have a positive impact on the way they respond to treatment. Staff within the Stroke Unit have made remarkable progress in strengthening the Stroke service which now has some of the best outcomes in England.

In conclusion I want to say thank you to our staff and our patients who combine to ensure that local people have access to some of the best health services in England. The next few months will see the announcement of major plans for the reorganisation and reconfiguration of services with the three hospitals in Dorset working more closely to consolidate some services on to fewer sites. I want to reassure you that we will be doing our best to ensure we build upon the strong base that already exists to ensure the Royal Bournemouth and Christchurch hospitals can effectively serve our local community in the years and decades that lie ahead.



**Tony Spotswood**  
Chief Executive  
25 May 2016

# Review of the year 2015/16

There have been many examples throughout the year where our staff have performed well as part of our Trust's vision for 2015/16 of "providing the excellent care we would expect for our own families"

## New BREATH service means faster treatment for Emergency Department patients

A faster treatment service for Emergency Department (ED) patients has been trialled successfully at the Royal Bournemouth Hospital.

The Bournemouth Rapid Evaluation Assessment Treatment Hub (BREATH), sees patients who arrive by ambulance transferred straight into a 'hub' where a dedicated senior doctor directs a team of nurses in heart monitoring and taking necessary blood samples or x-rays. This allows ED staff to design a plan of action for a patient's urgent care within 20 minutes of their arrival. Patients who need resuscitation are still seen immediately by the emergency resuscitation team.

After visiting the BREATH hub, patients are streamed to the most appropriate service for them, including the majors, minors and outpatients departments or to ambulatory care.

The BREATH pilot has been successful in helping the hospital Trust manage the increase in demand for emergency services in the past months and has now been extended for further testing and refinement.

## NHS Change Day sees Trust staff flock to support 'hello my name is' campaign

NHS Change Day in March 2015 saw more than 100 staff at the Royal Bournemouth and Christchurch hospitals pledging to support the global 'Hello my name is' campaign.

Pioneered by frontline workers, NHS Change Day sees staff, carers, patients and partners of the NHS pledge to make personal or collective changes. The ethos behind the day is that it

is these people who know best what changes would be most beneficial for staff members and patients.

Staff at the Royal Bournemouth and Christchurch hospitals chose to support NHS Change Day this year by endorsing the internationally recognised 'hello my name is' campaign.

## Staff Question Time event

Our staff governors held a 'Question Time' style event for members of staff to have the opportunity to put their questions to the Board. More than 50 members of staff attended the event. Attendees were given the opportunity to ask additional questions and also give their opinions via an electronic voting system. Questions covered staffing levels, cost improvement savings and bullying within the Trust. The event was filmed and made available on the intranet for all staff to view.

## Meningitis patient embraces football fever with AFC Bournemouth themed prosthetic legs

Mike Chinchen, 46, had both of his legs amputated below the knees after contracting meningitis back in 2002. After years of rehabilitation and trialling a number of different prosthetic styles, he now boasts a set of state-of-the-art artificial legs which have been branded in the traditional team colours of championship high flyers AFC Bournemouth.

RBH Prosthetist, Caroline McNerney was responsible for designing the new legs. She said: "Nowadays we have the ability to personalise prosthetics with all sorts of designs, and both Mike and I came up with the idea to manufacture a pair themed around his beloved AFC Bournemouth."

## European first for diabetes patient at the Royal Bournemouth Hospital

A diabetes patient receiving treatment at the Royal Bournemouth Hospital (RBH) has become one of the first in Europe to use a new state-of-the-art insulin pump system.

Steve Ingham, 74, said his life has “completely changed” thanks to the Medtronic 640G insulin pump, which uses sensors to warn him of impending low blood sugar levels and can make the decision to switch off his insulin supply when it detects his blood sugar level is falling too fast, which could save his life.

The revolutionary new device features innovative technology to mimic the way a healthy pancreas delivers insulin to the body enabling the individual to achieve better control of their condition.

It not only has the power to calculate insulin doses accurately, but can be programmed to issue audio alerts and reminders to work around a person’s lifestyle.

## March for Men raises thousands

Money raised following Bournemouth Hospital Charity’s March for Men 2016 has exceeded £17,000.

Hundreds of men, women and children took to the seafront in March and either walked or ran the 1km, 5km, or 10km routes to raise money for prostate template biopsy equipment at the Royal Bournemouth Hospital (RBH).

## State-of-the-art bike trials allow hospital clinicians to test patients’ fitness for surgery

A new cardiopulmonary exercise bike at the Royal Bournemouth Hospital (RBH) is allowing clinicians to explore if increased fitness levels in patients have a positive impact on the way they respond to treatment.

The Cardiopulmonary Exercise (CPEx) bike is on long-term loan to RBH from University Hospital Southampton as part of two new clinical trials open to patients having major elective surgery for bowel cancer or palliative lung cancer patients who are having combined radiotherapy and chemotherapy treatments.

The trials will explore the relationship between increased fitness levels and improved psychological and physical health while patients are either receiving combined chemotherapy and radiotherapy treatment or awaiting surgery.

## Hospital’s heart centre celebrates 10th birthday

Staff in the Dorset Heart Centre have been celebrating 10 years since it first opened its doors with an impressive 60,000 patients treated by the dedicated team over the last decade.

## Hospital tracking system is a first for the NHS

The Royal Bournemouth and Christchurch hospitals (RBCH) have introduced a state-of-the-art system which can track equipment and show where in the hospital items are located.

The Radio Frequency Identification system uses Bluetooth technology to locate items that have been tagged, displaying where they are on digital maps. Tags can be attached to a range of equipment, including beds, pressure relieving mattresses, wheelchairs, lifting equipment, and drug cupboard keys and can also be fixed to doors to alert staff when equipment is inappropriately removed from that area.

RBCH is the first NHS trust in the UK to install the full version of the system and the Estates Department has had visits from other hospitals looking to do the same.

## Mums invited to World Breastfeeding Week picnic at the Royal Bournemouth Hospital

Mums were invited to take part in a free ‘breastfeeding awareness’ picnic being held at the Royal Bournemouth Hospital on Friday 7 August 2015.

The event was held in celebration of World Breastfeeding Week and new mums, whether breast or bottle feeding, were invited to bring a picnic lunch to enjoy with their babies, friends and families by the hospital’s lakeside from 12-2pm.

Tracey Hince, Supervising Midwife at the Royal Bournemouth Hospital, said:

**“The picnic was primarily being held to promote breastfeeding as a natural, healthy process and to cultivate a positive culture in our community where mothers are able to breastfeed their babies outside of their homes without stigma. It was also a fantastic opportunity for local families to meet, as well as for our team to provide support and information to new mums who want to breastfeed.”**



## Hospital Trust improves treatment for stroke patients with new Outreach Team

The Royal Bournemouth Hospital (RBH) now boasts a dedicated Stroke Outreach Team to improve access to stroke specialist support for patients beyond the dedicated Stroke Unit.

The new team is made up of stroke specialist nurses and therapists who provide cover seven days a week and can respond quickly to patients who have been admitted to hospital with a suspected stroke and those who may have one while already in hospital.

Having the new team means that patients get access to a stroke specialist as soon as they arrive at RBH and important initial assessments and investigations can be commenced immediately. Where necessary, treatment can be administered straight away with the patient briefed at every stage of their hospital stay.

## Trust Community Phlebotomy Service expands to reach more patients

Trust phlebotomists are now providing a blood taking service closer to even more patient's homes.

Community clinics are now available in 10 locations in the local area including Bearwood, Moordown, The Village and Strouden for patients who are already registered with the practices.

They also now provide five clinics a week at the Highcliffe Medical Practice in Christchurch.

## Trust invests in new Aseptic Pharmacy Unit

The Trust has invested in a brand new, state-of-the-art Aseptic Pharmacy Unit which will enable the Trust to continue preparing vital cancer treatment drugs for patients.

## Safety and Quality Conference held at RBH

The first Safety and Quality Conference was held at the Royal Bournemouth Hospital (RBH) in September 2015. One of the principle aims of the week-long event was to share key points of learning widely across all staff groups, so that in the future our patient care is as safe as possible. The main conference was attended by more than 350 members of staff across the Trust and it was a good opportunity to hear very frank and honest talks from a wide range of clinicians on what happened when things went wrong and what we have learnt from these events.

Event organiser and RBCH Medical Director, Basil Fozard, said:

**“We need to be an open and transparent organisation, where clinicians are able to talk freely when things go wrong. Preventable errors can and do happen. We need to be able to learn from these in a non-judgmental and blame-free culture. One of the principal aims**

# Highlights of the year

1

We are one team working together



12

SE:PS:IS

Septicemia Save Lives

Septicemia Save Lives

11



10

Contact PALS in the Atrium or telephone 01202 704886

It will give you confidence to ask questions, feel in control, trust and be involved, be respected

We use British Sign Language (BSL)

Why is BSL important at your appointment?

**Important** Helps you to communicate clearly and understand advice, information, medication

**Clear** About your health, body, life choices

**Confident** It will give you confidence to ask questions, feel in control, trust and be involved, be respected





- 1** Sepsis campaign
- 2** Cancer nurse nominated for national award
- 3** New AEC Surgery
- 4** Hospital Charity event
- 5** Young people help shape the Trust's future
- 6** Staff Question Time event
- 7** Staff Pride Awards
- 8** Official opening of Jigsaw Building
- 9** New Aseptic Pharmacy Unit
- 10** Raising awareness about British Sign Language
- 11** Five Daily Actions Week
- 12** New Anticoagulation Team for RBH
- 13** Ward 4 revamp
- 14** Birth Centre midwives praised by NHS England's Head of Maternity
- 15** Innovation award for Stroke Team nutrition project
- 16** Safety and quality Conference
- 17** New state-of-the-art IT for Critical Care Unit
- 18** Hospital Charity event
- 19** 'Never get to Never' campaign
- 20** Christchurch Hospital revamp underway

of the week is to disseminate key points of learning widely across all staff groups, so that in the future our patient care is as safe as possible.”

## **Stroke Early Supported Discharge Team helps 1000th patient at home**

The Stroke Early Supported Discharge Team (Stroke ESD) for stroke patients at the Royal Bournemouth Hospital has celebrated the supporting their 1000th patient at home since the service began in August 2011.

Patients usually spend approximately two weeks with the team, who visit patients in their own home up to twice a day. The service allows patients to concentrate on what is important to them, with therapy focussing on everyday tasks from walking the dog to making a cup of tea. ESD Clinical Leader Michelle Heath said:

**“Before the team was set up people were staying in hospital for far longer than necessary when they were fit and healthy enough to return home.”**

## **Porters at RBH go down in British film history as short documentary scoops major honours**

A short film delving into the daily working lives of portering staff at the Royal Bournemouth Hospital (RBH) has picked up a number of prestigious awards at film festivals across the UK and Europe and has now become part of the British Film Institute National Archives.

The 12 minute piece, simply entitled ‘Porters’, tells the story of those who work in one of the most unnoticed sectors of the British National Health Service, and offers a unique insight into the joint notions of life and death through the men whose job it is to deal with them on a daily basis. The piece was produced by Max Cutting, James Dougan and Daniel Ridgeon, three students who studied at the Newport Film School. The latter is the son of Bournemouth

Hospital chaplain Duncan Ridgeon. Since the film's completion, it has been nominated at a number of film festivals across the country and Europe, scooping over nine accolades. These include the award for ‘Best Factual Production’ at the Welsh Royal Television Society Awards, the ‘Audience Choice Award’ at the Plymouth Film Festival, and the ‘Best UK Short Award’ at the Open City Documentary Festival.

## **Trust works with Bournemouth University to provide ‘twiddle mitts’ to dementia patients**

Bournemouth University (BU) third year students have been making ‘twiddle mitts’ for patients living with dementia at The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCH).

The BU team, which includes adult nurses, midwives, a mental health nurse and an occupational therapist, are working on the ‘twiddle mitts’ as part of a study project challenging students to make an improvement to a local health service.

Rachael Davies, RBCH dementia nurse specialist, said:

**“We were really excited to hear from the BU student group, as it’s been shown the twiddle mitts can really reduce stress levels for patients with cognitive difficulties. It’s also a fantastic way to support learning, work inter-professionally and pool resources for the benefit of our patients.”**

# Campaigns of the year

Over the year many staff at the Trust have been involved with a wide range of campaigns including a growing number of Quality Improvement (QI) initiatives. These projects are tied to our Trust objective for 2015/16 of ensuring the quality of our care is safe, compassionate and effective

## Focus on sepsis

The Royal Bournemouth and Christchurch Hospitals are waging war on sepsis - a serious infection which can kill. Our teams in the Emergency Department, Acute Medical Unit and Surgical Admissions Unit are working hard to identify patients with severe sepsis and/or septic shock and to reduce the administration time of the sepsis six bundle to within one hour of admission to hospital. There has been a special emphasis on the delivery of intravenous antibiotics. Training packs have been developed for the clinical teams which convey the important of administering antibiotics within one hour and working closely as a team for the benefit of our patients.

## Emergency Laparotomy

The National Emergency Laparotomy Audit (NELA) in 2014 indicated that our performance was average and suggested there were other areas for improvement around policies for care of high-risk patients. A clinical led project was launched to investigate opportunities around improving early senior review, access to theatres within three to six hours of decision to operate and multidisciplinary team meeting to discuss high risk elderly patients. Staff groups were involved in reviewing the data analysis during weekly project meetings and agreeing the Acute Abdomen Pathway. Since the start of the project in late 2014 the in-hospital mortality rate which was at 11.9% has dropped to under 5% and there is also evidence of reduced Length of Stay.

## Improving patient flow

Throughout the year staff across the Trust have worked tirelessly to improve patient flow across the hospital, ensuring that the right patients are seen in the right place at the right time.

Following the launch of the five daily actions to improve patient flow we have seen increased awareness of the need to pro-actively plan for safe discharge. Successful events throughout the year have helped us to better understand where to focus our efforts.

## Our successes include:

- pharmacy initiatives have reduced waits for patients waiting for their prescription before they can be discharged by introducing more ward based dispensing
- improved use of the discharge lounge
- increased number of patients discharged before lunchtime
- improved board rounds

However we know we need to do more to improve services to patients and in the next phase of the project will focus on working directly with wards to understand how we can support them. Ward 4 has been the first ward to be involved in this way and have seen real changes

## Improving Urgent Care

We want to improve the quality of care for patients admitted to hospital for an urgent or emergency problem. Across all specialties the focus will be on reducing avoidable admissions, improved flow and reduced length of stay, ensuring patients are safely discharged in a timely way.

The Care Group are improving services in the following areas:

## Older Persons Medicine

We will develop a frailty pathway with direct admissions to a frailty unit by June 2016. This will help us to provide rapid access to specialist opinion, reduce avoidable admissions and develop the ambulatory care service for older people. In turn this will reduce outlying and multiple patient moves resulting in an improved service for patients.

## Medicine

Medicine will improve urgent care in a number of ways from rapid assessment within the Acute Medical Unit (AMU) to increased ambulatory care for all patients. The current ambulatory care service located next to the discharge lounge will be expanded with the eventual aim to co-locate this with AMU. By improving flow we will ensure that delays in patients waiting for a bed in AMU.

## Cardiology

Cardiology have a range of exciting developments so that patients will benefit from increased specialty presence at the front door of the hospital, increased ambulatory care and earlier access to investigations and treatments and reduced length of stay. The Coronary Care Unit (CCU) capacity will be increased and more patients will benefit from day-case procedures.

## Trust invests in new Aseptic Pharmacy Unit

The Trust has invested heavily in a brand new, state-of-the-art Aseptic pharmacy unit which will enable the Trust to continue manufacturing vital cancer treatment drugs for patients. The new facility produces all cancer therapy drugs, ground-breaking interventional radiology treatments and intravenous nutrition for patients who are unable to use their gut or stomach to digest food. The department houses the very best in cutting-edge technology with two new isolators, into which staff insert their hands to prepare the drugs required for patient treatments, as well as a high-tech air handling unit used to filter air to ensure there is minimal bacteria in the area which could cause contamination. The new facility replaces an old one that was closed in November 2014 which was outdated, lacking space and required updated equipment.

## Innovative nutrition project sees Stroke Team at RBCH awarded quality improvement fellowship

The Stroke Team at RBCH are now receiving professional training in quality improvement and team working in their quest to deliver a new project focused on nutrition for stroke patients. After submitting a detailed application

outlining their project and undergoing a gruelling team interview process, our Stroke Team were accepted onto a team-based Quality Improvement Fellowship run by Health Education Wessex (HEW). They have since been receiving coaching from experts at HEW on delivering their project through a combination of coaching support, face-to-face study days and online learning.

## Early brain imaging helping to diagnose stroke symptoms early at RBCH

A new protocol has been developed here at RBCH to improve access to early brain imaging for patients with suspected stroke symptoms. It has been developed in partnership with stroke services at the Trust and enables specially trained senior nurses and therapists to request CT brain scans. Early brain imaging benefits all patients with new stroke symptoms, helping to identify the location and type of stroke they have had.

## Electronic Nurse Assessment (eNA)



Nurses can now complete core risk assessments for patients electronically at the bedside thanks to a new mobile application. Electronic Nurse Assessment (eNA) enhances the use of iPods and iPads to collect patient and clinical data. Staff are now able to drill down to an individual patient episode, look at trends of risk assessment data for it and analyse further problems going back six months. Other benefits include reducing the risk of human error, improving data accuracy and immediate access to patient information 24 hours a day, seven days a week.

## Trust flu campaign

Once again, the Trust turned its attentions to stamping out the flu virus across RBCH. More than 1,900 staff made the most of the free immunisation that was provided by our dedicated flu jab team, who not only travelled the length and breadth of both the Royal Bournemouth and Christchurch hospitals, but also held various ‘pop-up clinics’ where staff could make appointments to have their vaccination. A running total of flu jabs was constantly updated and available for all to see on the front page of our intranet site. Staff were also used in the initiatives promotion campaigns.

## Quality Improvement Fellows

Health Education Wessex and the Thames Valley Wessex Leadership Academy have recruited three members of RBCH staff to participate in a 12-month Quality Improvement Fellowship programme.

The trio will be released from their current roles for two days each week to participate in the scheme.

There have also been seven successful applicants from our Trust for the Specialty and associate specialist (SAS) Doctors Programme, which is the largest cohort across Wessex.

Ed Hewertson is a Specialist Registrar in Geriatric Medicine at RBCH and is one of three accepted onto the QI Fellowship, he said:

**“I have been actively involved in Quality Improvement for the last two years. This fellowship is a fantastic opportunity for me to improve my QI skills and methodology. I hope it will allow me to make a significant contribution to RBCH during my time here. One of my aims is to disseminate my learning to staff within the organisation and throughout Wessex.”**

## Improvement Academy

The RBCH Improvement Academy has launched a new two day practical improvement skills training course which started February 2016. The course is designed to introduce the basics of quality improvement through a mixture of presentations, videos and practical exercise. It will support the improvement work in the Trust to help all staff do what is best for patients and continually improve compassionate care at every level.

Some of the concepts on the course will include:

- systems thinking
- the model for improvement
- planning improvement and generating change ideas - PDSA cycles and process mapping
- measurement for improvement - understanding variation, time series date and run charts
- the psychology of improvement

To date the Trust has trained over 60 staff in improvement methodology.

## RBCH CQC inspection results

We were proud of the results from our Care Quality Commission inspection in 2015 that rated 80 per cent of our services as “good” or better.

The Care Quality Commission (CQC), our Trust’s regulator, inspected The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust at the end of 2015. They gave nearly 80 per cent of our services individual ratings of “good” or better.

Tony Spotswood, Chief Executive Officer of RBCH, said:

**“This is a pleasing reflection of the skills and commitment that our staff show. There remain areas for improvement**

and our focus is on ensuring that all of our patients receive a consistently high standard of care. We will continue to work closely with our partners to ensure that patients can be safely discharged from hospital in a timely way and this will be crucial to ensuring we are able to admit patients to the most appropriate clinical setting.

“I am very proud of all that our staff at RBCH have achieved over the last years. When the CQC visited us in 2014 they found that significant improvements had been made at the Trust since 2013 and it is good to see from their latest report that this progression has continued.

“Two areas of the Trust were praised by the CQC as being examples of ‘outstanding practice’ and I was also very pleased to see that all services at Christchurch Hospital have been rated as good, with the CQC reporting that our staff were caring and compassionate and treated patients with dignity and respect.”

Although overall the Trust was rated “requires improvement”, this is consistent with approximately 75 per cent of other acute hospitals which have also received CQC ratings.

At Royal Bournemouth Hospital we were rated by the CQC as “good” for five services: critical care; surgery; outpatient and diagnostic services; end of life care and children’s and young people’s services. Three services were rated “requiring improvement”: urgent and emergency services; medical care and maternity and gynaecology.

The care of children and young people was rated as “outstanding”. Paula Shobbrook, Director of Nursing at RBCH, said:

“I am really pleased that the CQC has seen at first hand the outstanding care that is provided to so many of our patients and this is a testament to the high professional standards of all those that work within the Trust. The CQC noted that our staff were ‘motivated to offer care that was kind, supportive, and open’ and this is in line with the mission of our Trust to give the standards of care we would want for our own families.”

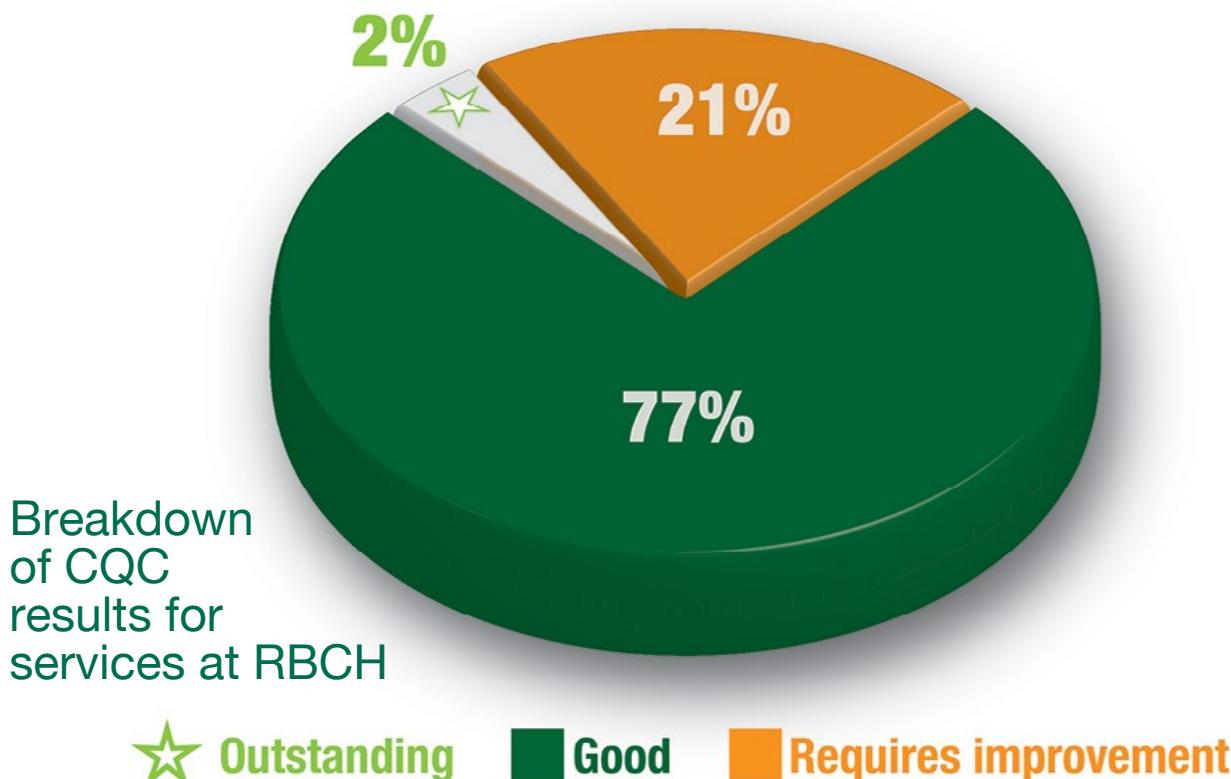
Basil Fozard, Medical Director, said:

“Our Trust’s vision is to be the most improved hospital by 2017 and this inspection gives us confidence that we are moving towards that goal. The CQC report has highlighted areas that we need to improve on and we are already addressing these to ensure that as a Trust we continue to provide high quality care for our region. We have introduced an ambitious programme of quality improvement initiatives across the Trust which are helping with the advancement recognised in this report and beyond.”

## What the CQC said

The Chief Inspector of Hospitals, Professor Sir Mike Richards, said:

“I am pleased to report that our latest inspection has found that the trust is still making headway in many areas.



“On this inspection we have found improvements, particularly in the leadership of the trust. However, there is still progress to be made. Christchurch Hospital was rated as Good, Royal Bournemouth still requires improvement.

“Change has been clinically led and is now moving at pace. However, we still have concerns and would like to see a more consistent level of service across the trust. Particular attention should be paid to patient care and flow in the emergency department at Royal Bournemouth Hospital

“While I am satisfied that the trust is heading in the right direction, I look forward to further improvements

being implemented and fully embedded by the time of our next inspection.”

Inspectors found staff were caring and worked hard to ensure patients were treated with dignity and respect. The trust had invested in staff to ensure safer staffing levels. Staff were positive about working for the trust and the quality of care they provided. They were also positive about the trust focus on improving its culture to one that was more open and transparent and focused on patients.

**The reports highlight several areas of outstanding practice including:**

The interventional radiology department had been awarded exemplar status by the British Society of Interventional Radiology for continuous audit, review and research in the unit, and improving patient experience. This award had been retained twice.

The staff team were particularly proud of this achievement, particularly as they were not linked to a teaching hospital.

The Maternity and Gynaecology team offered support to women that were assessed as being

vulnerable. They could be vulnerable due to mental illness or learning disability, but also from alcohol and substance misuse.

The team worked with the local centre that cared for women who had been trafficked to Britain. The Sunshine team worked across health and social care and had excellent relationships with the police, education and

the mental health. The service had been recognised by an all-party parliamentary group for its work with vulnerable women.

The full report can be read on the CQC website: [www.cqc.org.uk/provider/RDZ](http://www.cqc.org.uk/provider/RDZ)

For further details about the CQC report and our action plan, please see our Quality Accounts, 2015/16.

## Overview of ratings

Our ratings for Christchurch Hospitals are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
End of life care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Our ratings for The Royal Bournemouth Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Requires improvement	Good	Requires improvement	Good	Good	Requires improvement
Surgery	Requires improvement	Good	Good	Good	Good	Good
Critical care	Good	Good	Good	Requires improvement	Good	Good
Maternity and gynaecology	Good	Requires improvement	Good	Good	Requires improvement	Requires improvement
Services for children and young people	Good	Good		Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

# Support from our charities and volunteers

## Charities

We are fortunate to receive great support from a number of hospital charities to improve both the patient experience and working lives of staff, above and beyond what the NHS can afford. We would like to thank them all for their continued efforts and support for our hospitals.

- Bournemouth Hospital Charity
- Friends of the Eye Unit
- League of Friends Bournemouth
- Christchurch Hospital League of Friends
- Macmillan Caring Locally
- Royal Voluntary Service
- Appeal Shop
- Hospital Radio Bedside
- Red Cross
- Bournemouth Heart Club

## Bournemouth Hospital Charity

Bournemouth Hospital Charity is a registered charity established to enhance patient care and provide items above and beyond what can be funded by the NHS alone at the Royal Bournemouth Hospital. Its mission is to enhance the care and treatment of patients accessing NHS services at the Royal Bournemouth and Christchurch Hospitals by fundraising to provide additional facilities, state of the art equipment and supporting NHS staff development to enable the Trust to provide the excellent care we would expect for our own families.

Funds raised enable the Charity to purchase extra equipment, pay for additional staff training and make improvements to the hospital environment. The additional equipment and training the charity funds enables the Trust to provide quicker diagnosis and treatment helping people to return to their everyday way of life sooner, in more comfortable and pleasant surroundings, helping the hospitals to achieve their vision of **“providing the excellent care we would expect for our own families”**.

The charity aims to make a difference to every patient and every condition that is treated at our hospitals above and beyond that which can be provided through NHS funding.

Public support can help us to:

- Enhance patient care and comfort
- Provide state of the art and extra equipment and facilities
- Invest in our experienced staff to support improved patient health and wellbeing

Through supporting the charity you can help your local hospitals speed up patient treatment, reduce patient anxiety, aid quicker recovery, provide less intrusive treatment and improve the health and wellbeing of both patients and staff.

Fundraising events organised by the charity during the year have included:

- Twilight Walk for Women which raised over £25,000 for women's health projects
- March for Men event raised over £17,000 for men's health projects
- Pedal Power raised £7,600 for cardiac projects
- Light up the Prom joint event with Macmillan Caring Locally raised £4811.28

Many people have organised their own events and completed their own challenges to also raise funds for the Hospital charity, including Garden parties, coffee mornings, abseils, marathons, wingwalks and skydives to name but a few.

The Jigsaw building was opened for patients on schedule last September and exceeds the specifications originally intended - following consultation with patient groups we were able to incorporate Wi-Fi for patients, counselling rooms, artwork and easy access to car-parking. The entire facility has cost over £8 million of which we are immensely grateful to the communities of Dorset and Hampshire for raising over £2.8million through the Jigsaw Appeal. The building was officially opened on Monday 21 March by HRH The Princess Royal, see report on page 24.

The Charity is currently fundraising for a therapeutic garden next to the newly-completed Jigsaw Building, which houses state-of-the-art facilities for the treatment of cancer and blood disorders and the new Women's Health Unit.

The Orchard Garden Project will complement the high standard of care that patients receive in the Jigsaw Building as research has shown therapeutic gardens can help to lower blood pressure, alleviate stress, reduce depression and reduce the requests for pain relief from patients.

Dr Helen McCarthy, Consultant Haematologist, said:

**“A patient’s environment is a vital element to therapy and can have a really positive impact on their experience at what can be a frightening and difficult time of their lives. Patients value a tranquil space to retreat to between treatments and the new garden will provide this.”**

The space, located directly outside of the chemotherapy suite, is currently unused and little more than a wasteland. Once developed, the gardens will have different themed areas allowing patients to visit an outside setting that is safe and designed to capitalise on the healing power of gardens. From the courtyard a sensory pathway will be created which will lead on to the lakeside gardens. Part of the development will involve improvements to the lakeside garden adjacent to the renal unit.

All areas will be developed to ensure that patients with mobility difficulties and who need medical equipment at all times can also benefit from the gardens and give them a retreat from their treatment.

To find out how to get involved in any of our fundraising projects log on to [www.bournemouthhospitalcharity.org.uk](http://www.bournemouthhospitalcharity.org.uk).

## HRH, The Princess Royal officially opens Jigsaw Building

Her Royal Highness, The Princess Royal officially opened the Jigsaw Building at the Royal Bournemouth Hospital on Monday 21 March 2016.

The Princess met with patients and staff at the new multi-million pound centre, which houses state-of-the-art facilities for the treatment of cancer and blood disorders on the ground floor and the new Women's Health Unit on the first floor.

Jane Stichbury, Chair of RBCH, welcomed The Princess and introduced her to members of staff working in the building.

**“This building will make a huge difference in how we can care for our patients and I was very pleased that The Princess Royal was able to officially open the Jigsaw Building as this meant a lot to people who have been involved in the project. It was a great honour to welcome her to the Trust.”**

The Princess attended a reception of staff and fundraisers and unveiled a plaque commemorating her visit. She praised those who had been involved with the creation of the Jigsaw Building, also saying of RBCH:

**“It is a pleasure to see how this place has evolved and is evolving, and that is thanks to so many of you.”**

Funded by donations, money raised by two ‘Jigsaw Appeals’ and funds from Bournemouth Hospital Charity, as well as NHS investment, the Jigsaw Building provides more space for rapidly expanding outpatient and day case treatments.

Mr Tony Skene, consultant surgeon, who showed The Princess some of the new facilities, said:

**“This building is fantastic for rapid diagnosis and the**

treatment of cancer and blood disorders. We will be able to treat more patients than in our old facilities and this will reduce patient waiting times improve patient outcomes. It is also fantastic that we have a floor specifically for Women's Health as this helps us tailor our treatments of our patients here, whilst maintaining their dignity and privacy.”

Marie Miller, Cancer Care Matron, said:

“Feedback from patients who we care for in the Jigsaw Building has been very positive. The facilities here are fantastic, but what is also important is how spacious and light the building is. It really is an amazing centre to work in and I know will help enormously with the treatment and care we give our patients. “Today’s visit was very exciting and I think our patients appreciated having someone else interested in their treatment.”

Debbie Anderson, Head of Fundraising at RBCH, said:

“The Jigsaw Building wouldn’t exist without the tireless efforts of The Bournemouth Hospital Charity’s fundraisers and supporters, who have strived to bring this centre of excellence to Bournemouth, saving lives and benefiting thousands of patients. I am so pleased that The Princess officially opened this centre and thank all those who were involved with the fundraising to make this building possible.”

## Friends of the Eye Unit

The Friends enjoyed another productive year for the benefit of the Eye unit.

The Annual General Meeting in July was very successful enabling them to recruit new members including much needed committee members. Once again the Friends of the Eye Unit joined with the League of Friends Bournemouth to run a gift bag stall at the Christmas Fair on 21 November.

In December there was the usual pre-Christmas visit to patients delivering Christmas cards, diaries and greetings.

During the year the group were pleased to contribute £84,795 towards new and replacement equipment for the ongoing benefit of patients and staff at the unit.

## League of Friends Bournemouth

Over the past year the league held a number of events, including monthly coffee mornings, to raise valuable funds to benefit the hospital, staff and patients.

League volunteers run a goods counter in the main atrium of the Royal Bournemouth Hospital, which is open five days a week and goes from strength to strength. The counter was relocated to a new retail area in January as part of the atrium refurbishment project. This shop is dependent upon the wonderful donations provided by its knitters, sewers and craft makers who produce the gifts sold on the counter.

Donations to the league have provided much needed funding to a range of areas across the hospital, including:

- dressings trolleys for main outpatients
- dinamap machine for Ward 22
- aircool temporary mortuary
- duodenoscopes
- six Phillips monitors

## League of Friends Christchurch

The League of Friends at Christchurch Hospital raises money by holding fayres and running a tea bar and mobile library service.

The League continues to support a number of projects for both staff and patients at Christchurch Hospital, including over the last year:

- blood pressure monitors
- ECG recorder for the day hospital
- Bladder scanner for the day hospital
- New ultrasound machine for the XRay department

## Macmillan Caring Locally

During the year, Macmillan Caring Locally continued its support of services at the Macmillan Unit at Christchurch Hospital by funding the costs of the community specialist palliative care sisters, Royal Bournemouth Hospital palliative care service, the Macmillan Day Centre, the Macmillan rehabilitation team, the family support team and welfare benefits advice.

Macmillan Caring Locally funded a two-year pilot project at the Macmillan Unit, to recruit and train volunteers for new roles supporting patients on the ward, and in the community.

The charity also funded three community specialist palliative care sisters to expand the team at the Macmillan Unit, and have agreed to fund a community developmental post in specialist palliative care.

There are plans in place to rebuild the Macmillan Unit at Christchurch Hospital and the charity has continued its commitment to contribute at least £4.5m to this project. It is hoped the project will start in 2017.

## Our volunteers

Throughout the year we were extremely fortunate to receive the support of approximately 800 volunteers, including our partnership volunteer organisations.

Over the last 12 months, we have been reviewing and extending the number and role of our valuable volunteers. Volunteers' roles are diversifying and training and development continues to support them in their work.

Our volunteers go through a robust recruitment process to provide board assurance, attend mandatory training in line with national recommendations, and attend specialist training events to support their tasks.

Volunteers' duties are wide and varied and include:

- main receptions meet and greet
- ward support, providing patient visitors
- administration support
- driving the indoor train to help transport outpatients and visitors around the Trust
- surveying patients for real-time patient feedback
- meal companions to help those in need of minimal support at mealtimes
- patient companions for those with cognitive impairment
- mealtime assistants to help feed patients who have been carefully selected by clinical staff
- gardening

## Chaplaincy, Pastoral and Spiritual Care

The Chaplaincy Department considers it a huge privilege to be able to serve the community of this Trust. To be able to travel alongside people at the time of personal challenge is something for which we are very thankful.

During the year we have had the opportunity to support patients, families and staff. We have spent time listening to their concerns and joys, sharing the sacraments of the Church and being alongside the dying and bereaved.

All of this has been possible because we are supported in our work by the Trust at all levels. In addition, we have been encouraged to see a growing number of volunteers joining our team. Following a period of training they have been visiting patients that have been referred to us. They have been a great asset already in utilising the listening skills that they have and developing others.

During the year we have had a number of special events. In October as usual we celebrated St Luke's Day when the Lead Chaplain, David Flower was commissioned. We also held a Remembrance Service in memory of all who died in conflict. In December, we held our two main Christmas Carol services, one assisting the Rotary Club of Bournemouth and the Bournemouth Hospital Charity and the other the Trust Carol service. We changed our location this year, as the Atrium was being refurbished. Even so, numbers attending remained high.

In this Trust, the Lead Chaplain is also Mortuary Manager. Mortuary capacity had been identified as challenging at significant times of the year. The League of Friends Bournemouth was approached and they kindly supported us in purchasing a 'Flex Mort' system. A temporary mortuary that can be used at times of crisis such as increased mortuary capacity or a Major Incident. We appreciate the support given to us by the League of Friends Bournemouth in this endeavour as with other initiatives.

We also continue to hold regular services of worship in the Chapel. Holy Communion and praise and worship services are held each week, as well as the celebration of Roman Catholic Mass. Muslim Prayers are also conducted on Fridays. Memorial services are held at Christchurch Hospital every two months. We also hold an Annual Remembrance service during Baby Loss week in October.

During the year, Duncan Ridgeon, one of the chaplains received the 'Unsung Hero' Award, at the Trust's Pride Awards, in appreciation of the support given to one particular family.

In conclusion, it is a privilege to deliver Spiritual Care to this Trust. We hope to do so for many years to come.

# Patient care improvement

Our Quality Strategy details the aims, objectives, timescales, responsibilities and monitoring processes of how we will achieve high quality care for all. It is the driver for delivering healthcare that is safe, clinically effective and a positive experience for all those involved.

Key improvements in patient care have been centred both around structure and direct interventions, which positively impact on all aspects of quality. You can read more about these in the Quality Report.

Our activities over the year included:

- continued development to nursing documents
- development and implementation of patient property lockers and refined documentation
- Patient Property Management policy developed and launched in 2015
- dementia carer's passports have been initiated
- dementia training for volunteers to support patients and carers
- volunteers being trained in support management of patient property
- name above the bed initiative commenced
- iPad trial to increase FFT responses in high activity areas, for instance our Emergency Department
- recruitment of young volunteers who actively support in the Trust and externally making twiddlemuffs for patients with dementia and fund raising.
- Lesbian, gay, bisexual and transgender (LGBT) focus groups and liaisons initiated. Work continues with the Gypsy and travelling community
- pilot of patient diaries to increase carer's confidence is being trialled on Ward 4
- multi-faith dignity gowns have been implemented
- patient feedback boards for the public to view our actions for improvement and LCD screens for patient information and education. This is informed by our Patient Experience Cards - more than 43,327 cards were completed over the year and in excess of 22,932 comments left. An increase of 42%
- children's FFT cards completed = 445 (an increase of 83% on 2015)
- maintenance and improvements to the ward 'scorecard' and staffing key performance indicators, which are reviewed monthly by key stakeholders and ward clinical leaders
- large increase in the number of volunteers trained as mealtime assistants to aid patients with feeding, encouraging fluids and ensuring mealtimes are a sociable event
- monitoring of the patient experience through implementation of the Friends and Family Test has increased by 42%, Care Campaign audits for real time patient feedback increased by 14% across 21 clinical areas, Patient Experience Cards and volunteer companions
- additional volunteers role to support the patient experience include, the Major Incident Volunteers (nominated for a National Excellent in Volunteering Management Award 2015 by National Association of Voluntary Managers)
- actions to improve patient experience approved by the Patient Experience and Communications Committee (PECC) - includes Patient Experience Templates, Friends and Family Test, Patient Information and Care Campaign Audits. These all have quality indicators which are regularly reviewed
- implementation of three-tiered training packages for staff working with patients who have dementia
- monthly action plans from wards to address patient feedback
- one-to-one interviews with complainants to understand their experience and review the process and change accordingly

- focus groups to understand patient perception and influence improvements, including improved written information and staff education to ensure improved communication, all focus groups are reported with patient recommendations to the sponsoring department.
- carer and young peoples' stakeholder events resulting in carers' information sheet and staff education on the young person's perspective
- development of a disability awareness video for staff training
- Patient Opinion and NHS Choices comments are directed, where necessary investigated, and replies are within set criteria
- stakeholder events - these have included wide stakeholder and partnership agencies to inform the patient experience strategy
- Working in partnership with the CCG
- learning disabilities events - which support the quality strategy
- NHS Change Day to enable staff and volunteers to pledge their support to improving the patient experience and to gather patient experience feedback

## High standards for patient information

In February 2015, we were awarded the Information Standard by the Royal Society for Public Health for the health and care information we produce for patients. The Information Standard is a certification scheme commissioned by NHS England which assesses whether the information we produce is clear, accurate, evidence-based, and up to date, and that a robust system is in place for the approval and recording of information.

We produce a range of information for patients; from leaflets detailing what exercises they should do to patient films for our website. Achieving the accreditation means all information produced can now carry the Information Standard quality mark, a clear indication that it is accurate and reliable, which we have introduced for 2015/16.

You can find out more about the Information Standard at [www.theinformationstandard.org](http://www.theinformationstandard.org)

Our Patient Information Group approves all patient information and continued to approve a high number of leaflets to support patient care. The Patient Information Monitoring Group meets quarterly to ensure the quality of information and to monitor areas of risk and governance.

The following has also been carried out throughout the year:

- staff training has taken place on how to produce good quality patient information and the approval process
- a new patient information database has been established enabling easier access to leaflets and improved monitoring of out-of-date leaflets

## Results from Picker In Patient survey 2015

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust was one of 81 trusts who contracted the Picker Institute for the national annual in patient survey. The Trust gathers the patient sample from those over the age of 16 years who stayed overnight in the Trust during July 2015.

687 patients (increased from 461 in 2014) completed the survey giving the Trust a response rate of 57%. This represents a positive result in comparison to the Picker average of 45%.

80.3% of these patients were aged 60 years and over, 1.5% identified as gay/ lesbian or bisexual, 59% (48% 2014) were emergency admissions, 97.1% described themselves

as white British in comparison to the Picker Average of 90.6% which is a significant bias and 47% of our respondents were female.

87.1% of patients who completed the survey lived alone without family or carer support. The survey is divided into 8 sections which reflect the patient journey. Comparing the responses from the survey in 2014 with those in 2015, the results showed: In comparison with the 81 Trusts who contracted Picker Institute, RBCH scored significantly better on 18 questions.

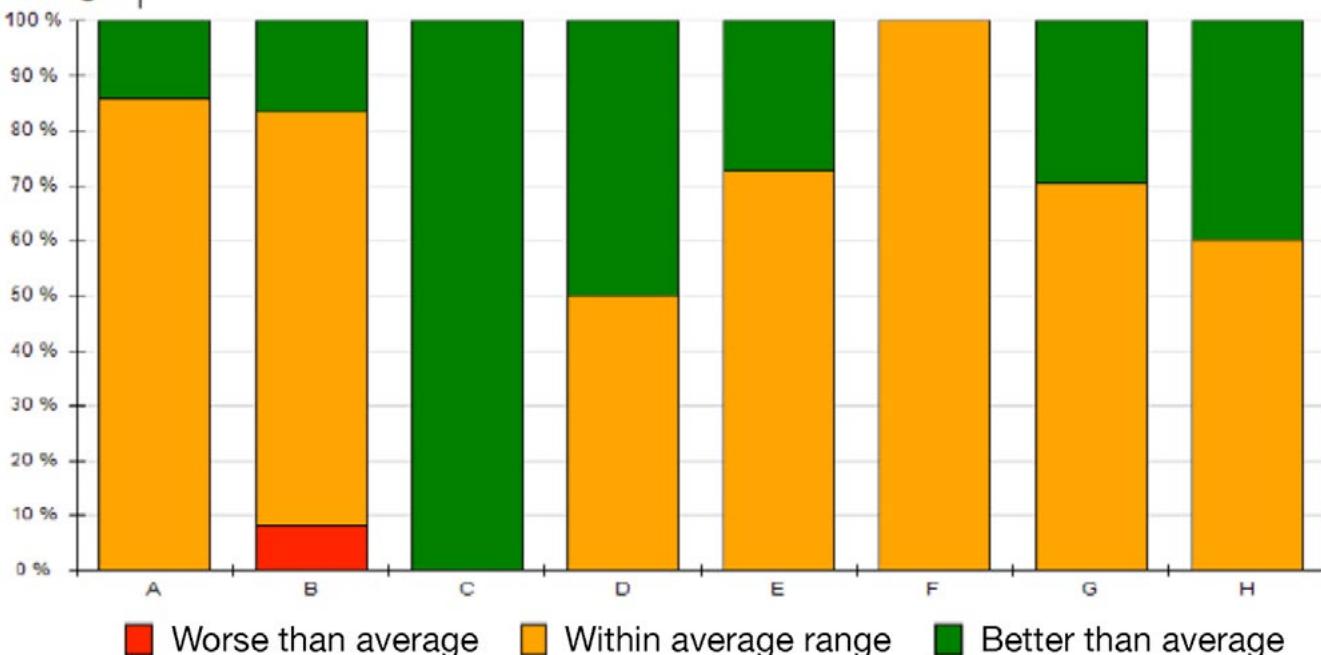
All question in the Doctors section evidence above the Picker average.

Nurses are higher than the Picker average on two out of four questions and there is significant improvement and patient satisfaction on five questions in the leaving hospital section.

Our results were significantly better than the '**Picker average**' for the following questions:

	Lower scores are better 	
	Trust	Average
<b>Admission:</b> had to wait long time to get a bed on ward	24%	32%
<b>Hospital:</b> room or ward not very or not at all clean	1%	3%
<b>Hospital:</b> toilets not very or not at all clean	4%	5%
<b>Doctors:</b> did not always get clear answers to questions	25%	30%
<b>Doctors:</b> did not always have confidence and trust	16%	19%
<b>Doctors:</b> talked in front of patients as if they were not there	20%	23%
<b>Nurses:</b> did not always have confidence and trust	18%	22%
<b>Nurses:</b> sometimes, rarely or never enough on duty	34%	38%
<b>Care:</b> staff did not always work well together	18%	21%
<b>Care:</b> not always enough privacy when discussing condition or treatment	20%	23%
<b>Care:</b> more than five minutes to answer call button	12%	17%
<b>Discharge:</b> was delayed	37%	41%
<b>Discharge:</b> not given any written/printed information about what they should or should not do after leaving hospital	22%	33%
<b>Discharge:</b> not told how to take medication clearly	19%	24%
<b>Discharge:</b> not fully told of danger signals to look for	46%	56%
<b>Discharge:</b> not told who to contact if worried	12%	20%
<b>Overall:</b> not treated with respect or dignity	14%	16%
<b>Overall:</b> did not always feel well looked after by staff	17%	20%

## Averages



A. Admission to hospital; B. The hospital and ward; C. Doctors; D. Nurses; E. Your care and treatments; F. Operations and procedures; G. Leaving hospital; H. Overall

## Complaint handling

Formal complaints are managed within the terms of our complaints procedure and national complaint regulations for the NHS. The overriding objective is to resolve each complaint with the complainant through explanation and discussion.

Every complainant is sent a letter (by post or email) on receipt of their complaint, explaining the proposals for investigation and inviting them to contact the Complaints Manager to discuss this if this has not already happened. Complainants are also advised about clinical confidentiality and the support available to them from the Independent Complaints Advocacy Service (ICAS) and the Parliamentary and Health Service Ombudsman (PHSO) Service.

Each complaint is investigated by the directorates concerned and, where appropriate, the advice of a clinician from another area is obtained. This evidence forms the basis for a response to the complainant from the Chief Executive.

Further details of the complaints we received can be found in the Quality Report.

# Staff Report

We are a major employer in the region, with over 4,000 members of staff. Staff turnover is below national average and generally staff regard the Trust as a good place to work, as demonstrated in our staff survey which this year was sent to all staff across the Trust.

## National and regional recognition

Throughout the year we have seen individuals and departments across our hospitals recognised for their commitment to patients and for the excellent services they provide both nationally and locally.

- Dr Sean Weaver, a consultant specialising in gastroenterology at the Royal Bournemouth Hospital, is one of 18 health professionals in the UK to have been selected for a national leadership programme.

'Generation Q' is being run by independent health care charity 'The Health Foundation' and aims to drive improvements across UK health care services and organisations.

The 18 month part time programme will see the selected health professionals complete a postgraduate certificate in quality improvement leadership, helping them to develop the skills required to confront the challenges faced by health care leaders today.

Dr Weaver is the Associate Medical Director of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCH) and is a leading expert in Inflammatory Bowel Disease, he said:

**"I am delighted to have been successful in being selected for this programme. It is a fabulous opportunity to develop techniques to improve patient care about which I am passionate."**

- RBCH Urology Cancer Advanced Nurse Specialist, Christine Talboys, has been nominated for a national award for improving care for cancer patients. She is one of five UK nurses shortlisted for the Royal College of Nursing Institute's (RCNi) 'Cancer Nursing Award'.

Sponsored by Macmillan Cancer Support, the RCNi Cancer Nursing Award is for nurses who have led initiatives to improve the delivery of cancer patient care.

Christine developed a new leadership initiative at RBH as part of her project for the 'Mary Seacole Healthcare Leadership Programme' run by the NHS Leadership Academy. The project standardised and streamlined follow-up processes for patients who have been newly diagnosed with non-muscle-invasive bladder cancer (NMIBC). Christine collected feedback from patients to find out how they wanted to receive their results. Patients at RBH now only wait an average of 13 days as opposed to 17 days to be informed of their histology results and it is hoped the wait will be reduced further still in future.

Christine also developed a personalised care plan detailing the grades and stages of NMIBC to complement the process, including tailored follow-up schedules.

Christine said:

**"It is a real honour to be shortlisted for this award and I'd like to thank the Urology Team at RBH for all their support and hard work in implementing the new ideas that resulted from the project."**

- The Royal College of Anaesthetists has praised the Royal Bournemouth Hospital's Pre-Assessment Department for its improvement, good practice and quality care for patients with anaemia or diabetes who require surgery.

Patients with these conditions often suffer complications during surgery, for example risk of infections, or face having their operations cancelled on the day.

To reduce the chances of this happening, hospital clinicians set up a specialist pre-assessment clinic, the first of its kind in the UK, to ensure patients are fully prepared before their surgery. The clinic has proved a great success and has halved the average length of stay for diabetes patients following surgery.

- A staff recognition website launched by The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCH) received a record number of positive comments in its first year.

The Trust's '#ThankYou!' website is linked to Twitter via a hashtag campaign and is a direct way for patients, relatives and carers to thank staff who have made a difference to their care. Hospital staff can also use the #ThankYou! webpage to recognise the good work of colleagues, supporting a positive feedback culture and encouraging best practice.

Since its creation in June 2014, the site has received more than 500 positive comments, which are passed directly to staff and their line managers before being publically celebrated online via Twitter.

- Midwives working in the Bournemouth Birth Centre at the Royal Bournemouth Hospital (RBH) have been described as 'doing a fabulous job' by NHS England's interim Head of Maternity, Professor Jacqui Dunkley-Bent.

Professor Jacqui Dunkley-Bent was appointed NHS England's interim Head of Midwifery in April this year. She is well known in maternity circles and was involved in the Royal births.

Her praise came during her attendance of the Bournemouth Birth Centre's first birthday tea party on 30 November 2015.

During her visit, Jacqui said: "The midwives working in the Bournemouth Birth Centre

are doing a fabulous job. The team are exceptionally friendly with a desire and spirit for high quality care. They truly understand what women want and try their hardest to make that happen."

- A team of staff dedicated to patient safety at the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCH) was commended at 2015's Health Business Awards.

The Health Business Awards are held annually by the magazine Health Business in London. This December, more than 80 NHS trusts, Clinical Commissioning Groups (CCGs) and ambulance services attended the awards, which are designed to recognise significant contributions made each year by organisations and individuals working for and with the NHS.

RBCH received a commendation at the awards following the implementation of a patient safety campaign called 'Never get to Never'. The initiative was launched by the Trust in September 2015 to ensure the World Health Organisation (WHO) Safety Checklist is used by staff as a final cross-check of information every time a surgical procedure is performed, no matter how small.

- Staff at The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCH) have received awards for reducing the Trust's carbon footprint in 2015 and saving £19,000 to be invested back into frontline patient care.

The Trust is one of five in the UK that takes part in 'Green Impact', a national environmental awareness scheme run by the National Union of Students (NUS).

Staff in the Catering Department's team won a gold standard Green Impact Award for its progress in sourcing sustainable products from environmentally aware suppliers and separating food waste for compost, while the Estates and Risk Management Teams won a silver award for their innovative online reporting initiative 'DatixWeb', which saved the Trust 16,000 pieces of paper last year.

The Ultrasound, X-ray, eForms IT and Patient Liaison teams all won bronze awards for their efforts to make their departments more sustainable.

## Recognising our own staff at our Pride Awards

Each year we recognise the hard work and commitment of our own staff over the previous 12 months through a staff awards evening.

Details of our Pride Award winners help illustrate the wide range of work that our staff carry out every day to help improve our Trust to the benefit of both patients and staff.

### Patient Experience Award

#### Sharon Wright

Vital to Ward 5 and with 13 years in the Trust, Sharon is an asset to elderly care. With a work ethic that reflects the trust values, she treats every patient with dignity, respect and compassion. Sharon communicates the discharge pathway with clarity and empathy.

### Learning and Development Award

#### Pat Hartigan and Anthony Young

Pat and Anthony are PCI nurse practitioners who are passionate about learning and development for cardiology patients. As part of their PCI roles, they have undertaken the advanced nurse practitioner masters course and also the non-medical prescribing course. This has enabled them to work independently, reviewing patients in ED and AMU and ensuring swift transfer into cardiology.

### Behind the Scenes Award

#### Emma Willett

Emma is a nurse who has revolutionised how research is carried out in Anaesthesia and Critical care at RBH. Emma worked tirelessly in collecting data for the National Emergency Laparotomy database (NELA). The organisation even commented that RBH has one of the most comprehensive data collection methods in the country, completely thanks to Emma.

### Award for Improving Quality The Pharmacy Team, Ward 26

Joanne, Archie and Ahmed are our Pharmacy Team on Ward 26 and have worked tirelessly to improve the quality of their service.

Traditionally Pharmacy has provided a reactive service where the pharmacists concentrate on reviewing prescriptions. The new way of working on Ward 26 sees the two pharmacists attending ward rounds and giving advice while the technician dispenses drugs ready for discharge in advance.

### Community and Charity Award The Blue Coat Volunteers

The volunteers have a direct impact on our patients' wellbeing and are a valuable asset to the Trust. They are present in many areas and whilst some have been here months, many have been here for up to 25 years, each bringing something different. During challenging times they provide a calming, mature influence and listen to patients' worries and concerns.

### Award for Improving Patient Safety Pauline Hamilton

Pauline has led the Diabetes Inpatient Team from the beginning and leads with direction, passion and a knowledge that has put Bournemouth on the national map for inpatient diabetes care. The impact of her leadership and teamwork has established Bournemouth as a national model of care that has been copied nationally.

### Inspirational Leadership Award Sue Davies

Sue is extremely supportive and is always on hand to offer help, guidance and encouragement. On a daily basis she visits all her wards to make sure they are running efficiently and proactively and that all staff are content and happy in their roles. Sue can often be found helping our nurses out practically with patients and has outstanding communication skills.

## Award for Teamwork The Interim Care Team

This team has achieved incredible results to improve flow in our hospital and have implemented a service that is heralded as best practice around the country. The team is now a large, multidisciplinary team of 23 health and support staff and a further five social services social workers. This rapidly expanding service has achieved over £4.5m in saved bed days for the Trust, not to mention the impact on patients and their families.

## Unsung Hero Award Reverend Duncan Ridgeon

Nominated by a member of the public, who wrote: "Last year our happy cosy family life was torn apart twice. Firstly in May, my brother dropped down dead, and then in September our 17 year old daughter Gracie developed an extremely rare but life threatening condition that was caught just in time. We underestimated the emotional toll that this would take on us and this is where the lovely Revd. Duncan came in. Quiet, unassuming and so kind.

"His reassuring presence was every bit as essential as the medical care. Duncan wasn't interested if we had a faith or not, he was just a calm, strong aura that seemed to envelope our little group of bewildered, battered souls. Although physical healing is the most urgent priority, we often dismiss the emotional condition that also needs treatment and his help has allowed our family to move forward. He is our hero."

## Chairman's Award The Clinical Site Team

If there is one team that embodies the Trust's values, it is the Clinical Site Team. This small team work relentlessly 24/7 across the whole hospital to support the timely and safe flow of patients in our hospital. Their pride and professionalism is evident through their consistent focus on trying to get patients to the right place at the right time. They are always open in discussing where things can be improved and they remain professional and resilient, even when under immense pressure from the sheer number of patients coming into the hospital.

# Informing and consulting with our staff

Consultation	Number of staff affected	Date
Amended shift patterns for kitchen staff within catering	41	January 15 consultation began. 01.06.15 changes implemented
Health Records staff Re: Implementation of EDM	64	Launched 06.01.15 to 31.03.15 and extended to 31.05.15 in view of complexity of project roll out.
Thoracic	5	April/May 2015
Eye unit	2	April/May 2015

As well as formal consultation, we also make a range of information about the organisation available to staff, such as our performance, good news, events and developments.

This is carried out through:

- regular meetings with staff side representatives

- quarterly staff newsletter - 'Buzzword'
- monthly Core Brief
- a well-used intranet site
- an induction for new staff - held monthly
- briefings at directorate and ward level
- a summary from each Board of Directors' meeting shared with all staff

- internal briefing system via leaders in the organisation
- a weekly bulletin for staff circulated via global email
- monthly face-to-face leaders and senior staff briefing with the Chief Executive
- monthly Focus on Quality bulletin sent with Core Brief to all staff

We also have awareness stands outside the staff restaurant, poster campaigns, directorate and departmental meetings. You can read more about how we engage with staff in subsequent pages.

## Health and wellbeing

The Valuing Staff and Wellbeing group has continued to meet on a quarterly basis throughout 2015/16 to consider ways of improving the wellbeing of Trust staff. This year the group has focused on providing:

- Health and wellbeing information for staff via a weekly communications item
- Quarterly health and wellbeing awareness sessions
- Providing fitness sessions both on-site and via the Zest (Employee Assistant Programme) internet site
- Continued links with local providers of fitness and leisure facilities
- On-site opportunities for weight management

The group also receives quarterly reports of sickness absence relating to mental health and musculoskeletal reasons, to enable review of the impact of current interventions including the Employee Assistance Programme, Staff Physiotherapy service and Sickness Absence management.

The Health and Wellbeing information being provided to staff via weekly communications has covered many topics, where possible, connected to national awareness days. These include subjects such as New Year, New You; Healthy Eating; Fitness awareness; Stop bullying; Time to talk (mental health awareness); Healthy hearts; Flu vaccination promotion; Stop smoking and alcohol awareness/reduction.

On-site fitness sessions continue to be very popular and well attended, with weekly sessions of 'fit-to-work', circuits, zumba, the staff running club and pilates. For those who prefer to exercise in the privacy of their own home, staff have free access to the Employee Assistance Programme's 'Zest portal', which now has 715 staff registered as users.

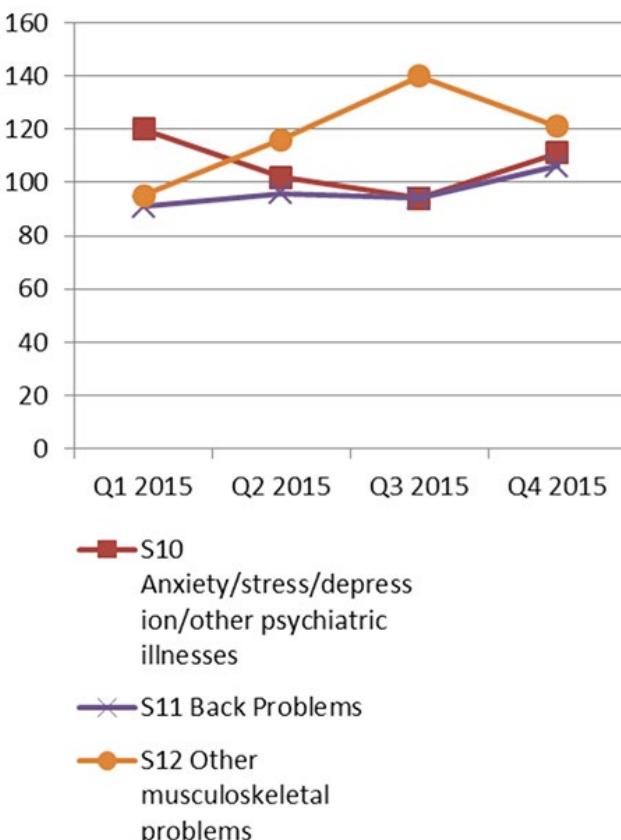
Corporate membership of local fitness and leisure centres is available to all staff, with over 400 staff taking advantage of the four BHLive clubs.

This year Weight Watchers has also commenced an on-site facility for staff wishing to follow a weight loss programme. Links made with LiveWell Dorset have meant that qualifying staff can obtain 12 weeks free membership to Weight Watchers to help support their weight loss programme.

## Sickness reporting

Sickness absence is currently around 4% overall for the Trust. The Valuing Staff and Wellbeing group looks specifically at episodes of Mental Health and Musculoskeletal, as follows:

### Number of sickness episodes per reason, by quarter



The Employee Assistance Programme (EAP) provides support for staff with mental health problems, such as anxiety, stress and depression, with a telephone and face-to-face counselling service available free of charge. The EAP continues to see an increasing number of staff contacts requesting advice and counselling support, with health and work related issues being the main concerns.

The EAP also provides advice on family and personal issues, including debt management and legal advice. In response to staff enquiries the EAP has developed a budget calculator and wellness assessment, which have now been added to the service previously provided.

Staff with musculoskeletal problems are recommended to contact the self-referral physiotherapy service which has continued to see an increased contacts, year-on-year reaching an average of 54 cases per month. Most referrals will be seen within the target of 14 days or less. A survey of staff physiotherapy service users has shown a 100% satisfaction rate and many staff saying access to the service has meant they were able to continue working, rather than taking time off sick with their condition.

A comparison of all musculoskeletal sickness data (back and other) are presented in the chart below by percentage and in comparison with previous years:

Quarter	Musculoskeletal sickness data			
	Year			
	2012	2013	2014	2015
Jan-Mar		23.42%	18%	19.1%
Apr-Jun		14.86%	24%	23.2%
July-Sept	25%	19.77%	24.3%	23.9%
Oct-Dec	24.17%	20.93%	19.2%	

Other items on the Valuing Staff and Wellbeing agenda in the forthcoming year include staff discounts with local businesses, an on-site fruit and vegetable stall and wellbeing packs for new starters.

## Staff Survey

The Staff Survey was undertaken on behalf of the Trust by the Picker Institute, with survey letters being sent directly to all staff via email or internal mail. All staff employed at the Trust on 1 September 2015 were sent a survey questionnaire, this was the first time that all staff were sent a questionnaire, in the past it was always a selection of staff. This year the Picker Institute were commissioned by a total of 64 Acute Trusts

Staff completing the survey questionnaire returned it to the Picker Institute. Non-responders were sent a reminder after three and six weeks. Information regarding the survey was distributed in the weekly communications email, on posters around the Trust and at a Health and Wellbeing event.

This year 37.2% of staff returned their survey questionnaire, a total of 1,598 staff. In 2014 the response rate was higher at 48.7%, although as only a sample of 850 staff were surveyed, the number of responses was much lower at 409. The higher number of responses this year has meant a greater amount of data and analysis, in some areas at department level rather than directorate or Care Group, as in previous years.

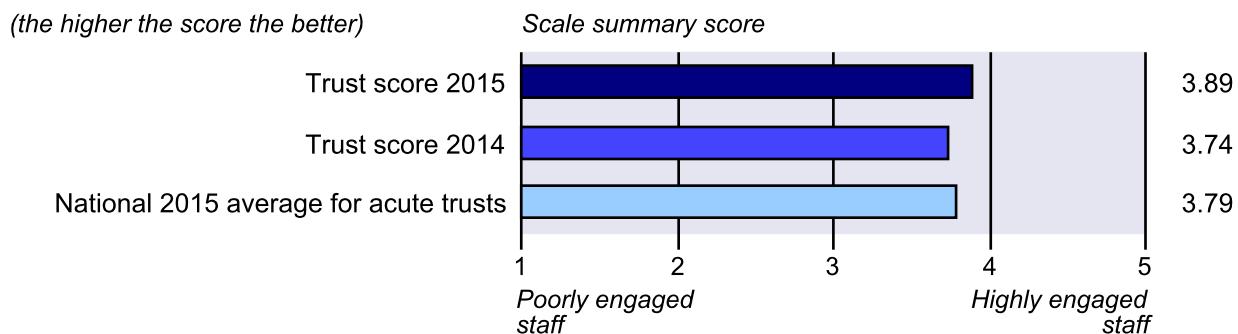
The staff survey questionnaire content is agreed nationally. The Trust used the core questions for Acute Trusts. The questionnaire included questions grouped in the following topics:

- Personal Development
- Job
- Management
- The Organisation
- Health, Wellbeing and Safety at work
- Background information

Previous years have shown that the Staff Survey is a consistent indication of staff opinion and action plans undertaken following the surveys have often resulted in statistically significant improvements.

## Staff engagement

NHS Employers “Staff Engagement Toolkit” has shown a strong link between staff engagement and Trust performance, including quality of services, financial management and patient satisfaction.



The Trust’s score of 3.89 was in the **highest (best) 20%** when compared to acute Trusts of a similar size. The chart below shows how the Trust compares with other acute Trusts on each of the sub-dimensions of staff engagement.

	Change since 2014 survey	Ranking, compared with all acute trusts
<b>OVERALL STAFF ENGAGEMENT</b>	✓ Increase (better than 14)	✓ Highest (best) 20%
<b>KF1. Staff recommendation of the trust as a place to work or receive treatment</b> <i>(the extent to which staff think care of patients/service users is the trust's top priority, would recommend their trust to others as a place to work, and would be happy with the standard of care provided by the trust if a friend or relative needed treatment.)</i>	✓ Increase (better than 14)	✓ Highest (best) 20%
<b>KF4. Staff motivation at work</b> <i>(the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs.)</i>	✓ Increase (better than 14)	✓ Above (better than) average
<b>KF7. Staff ability to contribute towards improvements at work</b> <i>(the extent to which staff are able to make suggestions to improve the work of their team, have frequent opportunities to show initiative in their role, and are able to make improvements at work.)</i>	✓ Increase (better than 14)	✓ Highest (best) 20%

## Significantly improved since 2014

The following chart shows the areas where the Trust has shown significant improvement since 2014 and shows a broad spectrum of topics, including satisfaction with job, recognition, communication, health, bullying and harassment:

The Trust has improved significantly on the following questions:		
	Lower scores are better 	
	2014	2015
2a Never/rarely look forward to going to work	15%	9%
2b Never/rarely enthusiastic about my job	8%	4%
3c Not able to do my job to a standard am pleased with	11%	7%
4a Opportunities to show initiative infrequent in my role	12%	8%
5a Dissatisfied with recognition for good work	26%	20%
5c Dissatisfied with support from colleagues	7%	4%
5f Dissatisfied with extent organisation values my work	29%	23%
6a Dissatisfied with quality of care I give	8%	4%
6b Do not feel my role makes a difference to patients/service users	3%	1%
6c Unable to provide the care I aspire to	14%	9%
8a Do not know who senior managers are	17%	9%
8b Communication between senior management and staff is not effective	36%	28%
9d In last 3 months, have come to work despite not feeling well enough to perform duties	64%	56%
9f Felt pressure from colleagues to come to work despite not feeling well enough	30%	20%
9g Put myself under pressure to come to work despite not feeling well enough	94 %	89%
11a In last month, saw errors/near misses/incidents that could hurt staff	21%	16%
13b Would not feel secure raising concerns about unsafe clinical practice	12%	8%
15a Harassment, bullying or abuse from patients/service users, their relatives or members of the public	31%	25%
17a Discrimination from patients / service users, their relatives or other members of the public	8%	5%
22b Do not receive regular updates on patient/service user feedback in my directorate/department	20%	13%

## Significantly worsened since 2014

The Trust has significantly worsened in only one area, which although disappointing should be considered with the overall reduced amount of harassment, bullying and abuse:

The Trust has worsened significantly on the following questions:		
	Lower scores are better 	
	2014	2015
15d+ Last experience of harassment/bullying/abuse not reported	49%	61%

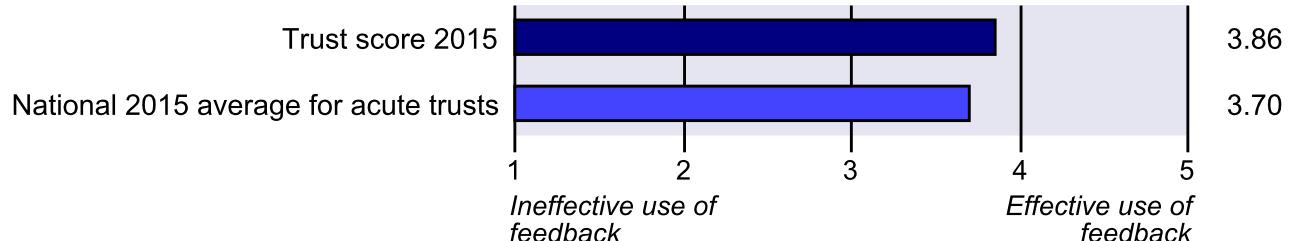
## Top five ranking scores

The following highlight the key areas where the Trust compares more favourably against other Acute Trusts in England.

### ✓ KF32. Effective use of patient / service user feedback

*(the higher the score the better)*

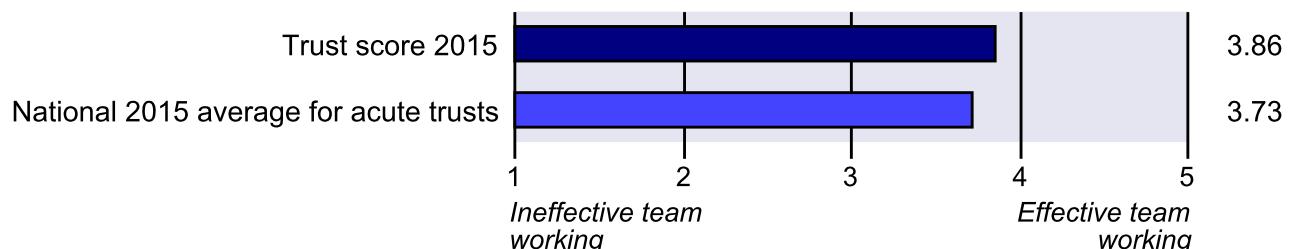
Scale summary score



### ✓ KF9. Effective team working

*(the higher the score the better)*

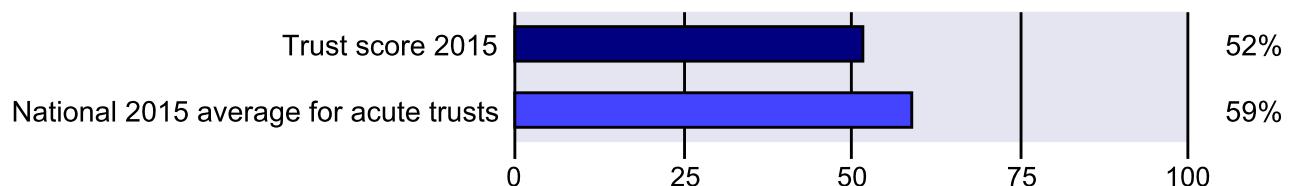
Scale summary score



### ✓ KF18. Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell

*(the lower the score the better)*

Percentage score



### ✓ KF8. Staff satisfaction with level of responsibility and involvement

*(the higher the score the better)*

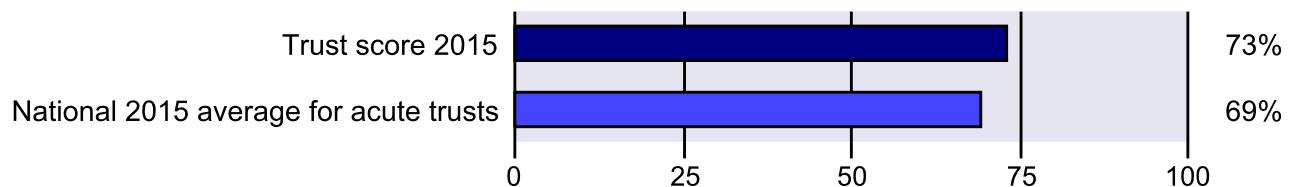
Scale summary score



### ✓ KF7. Percentage of staff able to contribute towards improvements at work

*(the higher the score the better)*

Percentage score



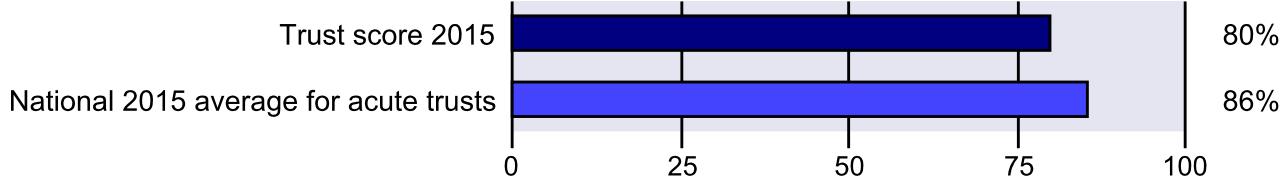
## Bottom five ranking scores

The following highlight the key areas where the Trust compares less favourably against other Acute Trusts in England.

### **! KF11. Percentage of staff appraised in last 12 months**

(the higher the score the better)

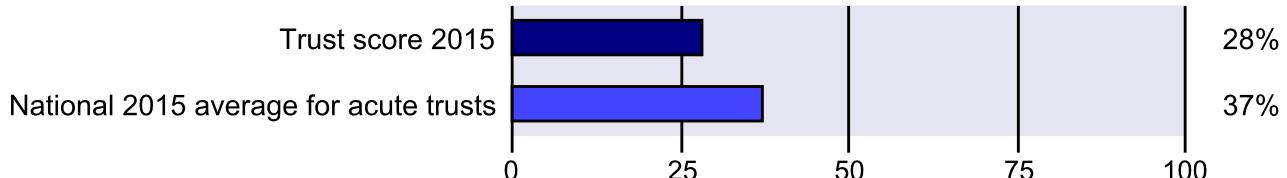
Percentage score



### **! KF27. Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse**

(the higher the score the better)

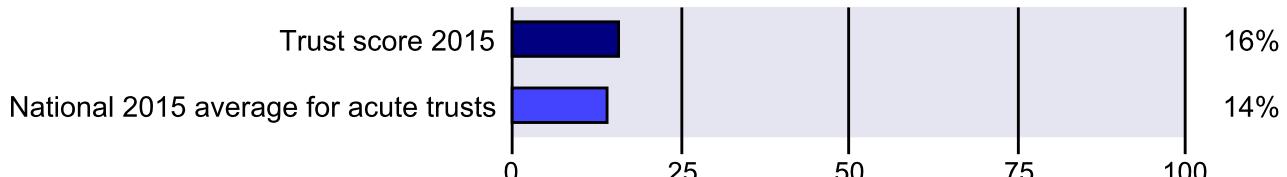
Percentage score



### **! KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months**

(the lower the score the better)

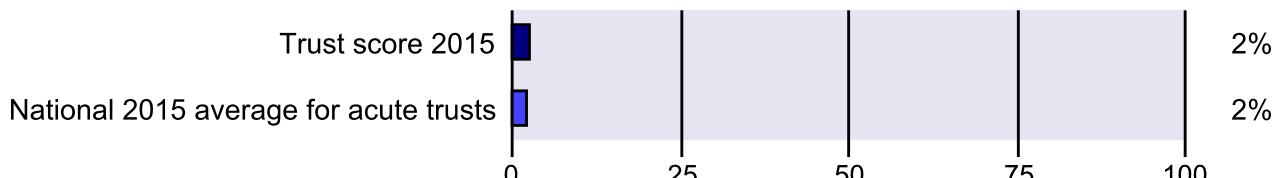
Percentage score



### **! KF23. Percentage of staff experiencing physical violence from staff in last 12 months**

(the lower the score the better)

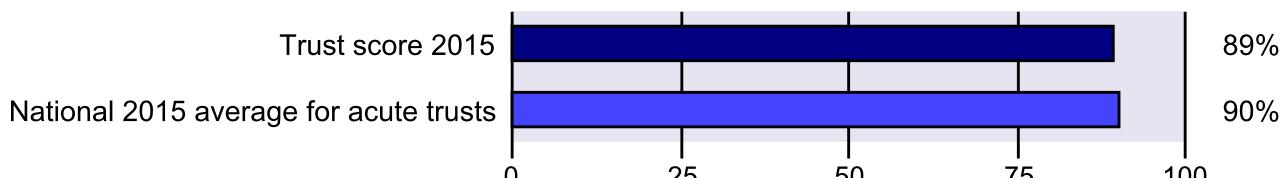
Percentage score



### **! KF29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month**

(the higher the score the better)

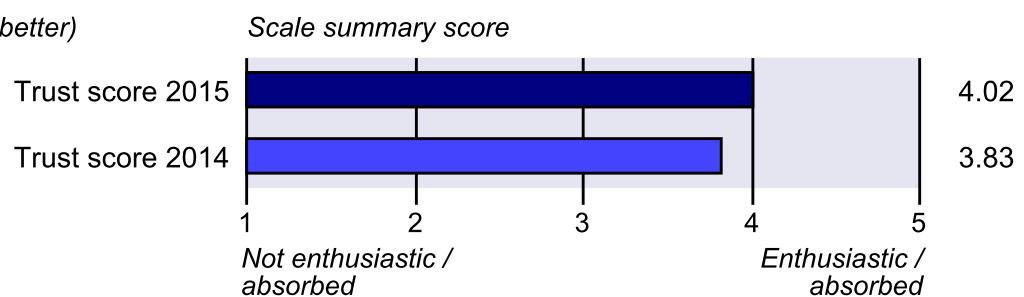
Percentage score



## Where staff experience has improved

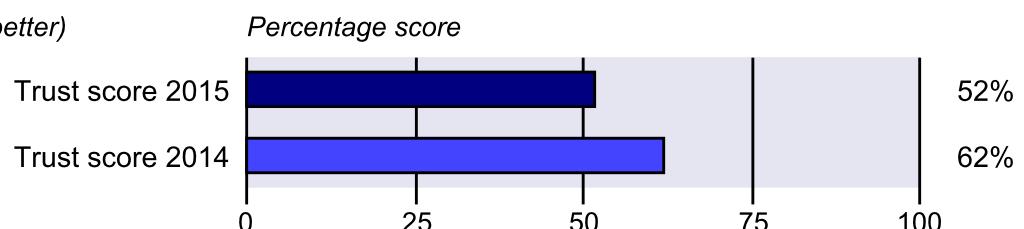
### ✓ KF4. Staff motivation at work

(the higher the score the better)



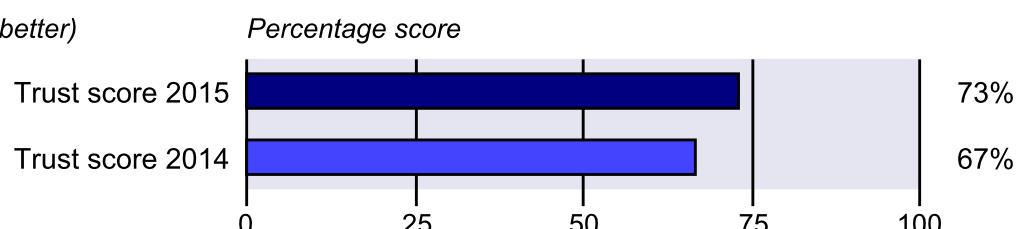
### ✓ KF18. Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell

(the lower the score the better)



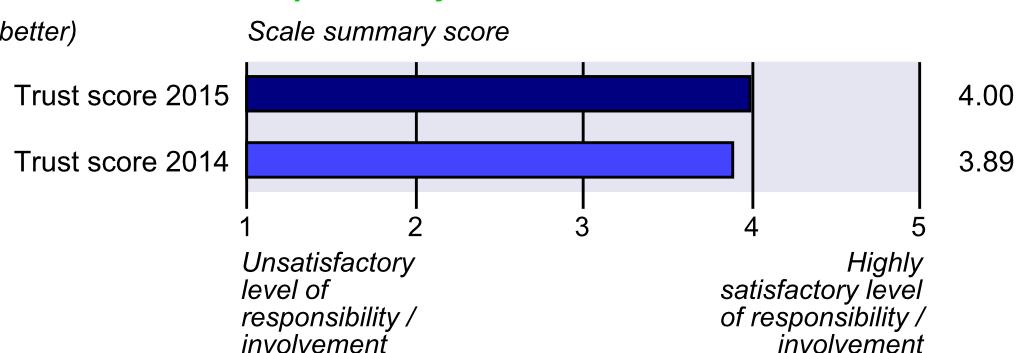
### ✓ KF7. Percentage of staff able to contribute towards improvements at work

(the higher the score the better)



### ✓ KF8. Staff satisfaction with level of responsibility and involvement

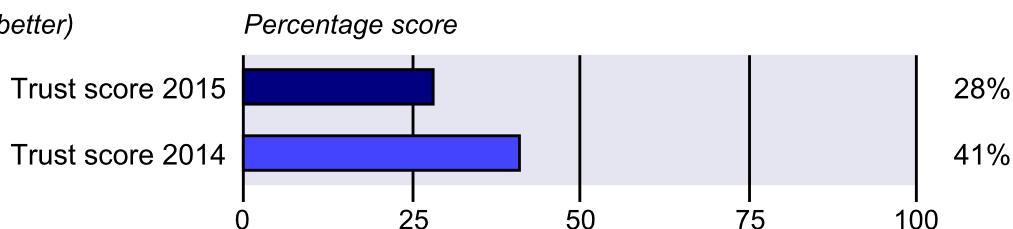
(the higher the score the better)



## Where staff experience has deteriorated

### ! KF27. Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse

(the higher the score the better)



## Staff Pledges

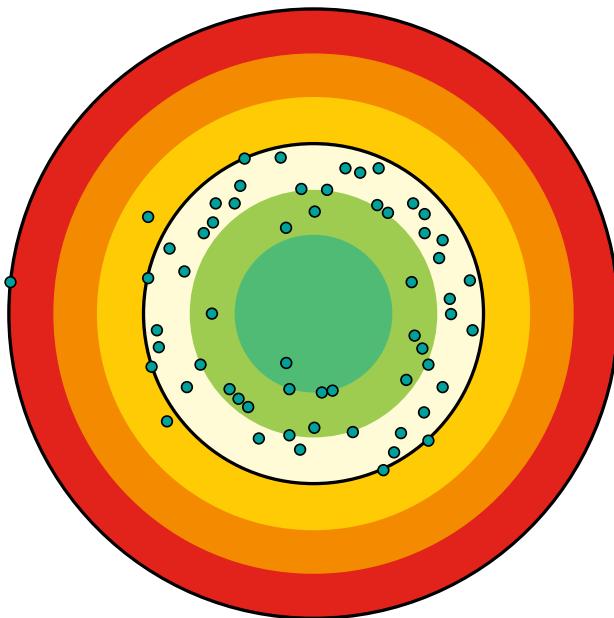
The staff pledges are taken from the NHS constitution which were first published in 2009. The Trust scores improved in most areas, with the overall performance of the Trust mainly **Green, e.g. in the best 20%** when compared to all Acute Trusts in 2015.

### KEY

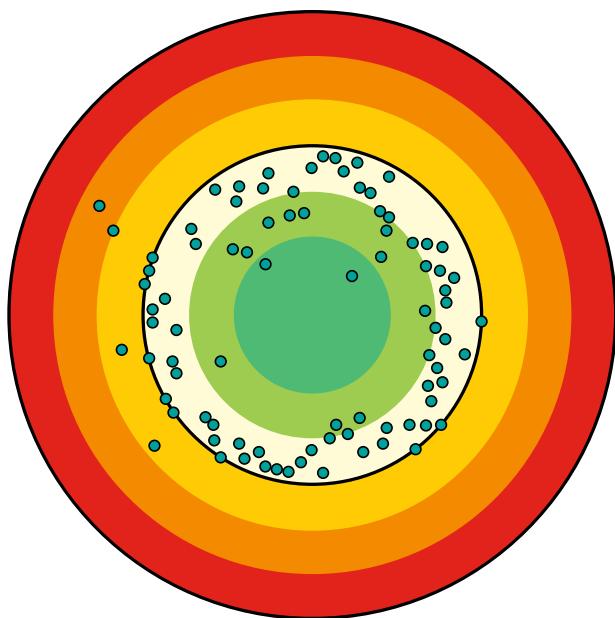
- ✓ Green = Positive finding, e.g. in the best 20% of acute trusts, better than average, better than 2014.
- ! Red = Negative finding, e.g. in the worst 20% of acute trusts, worse than average, worse than 2014.
- 'Change since 2014 survey' indicates whether there has been a statistically significant change in the Key Finding since the 2014 survey.
- Because of changes to the format of the survey questions this year, comparisons with the 2014 score are not possible.
- \* For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

	Change since 2014 survey	Ranking, compared with all acute trusts in 2015
<b>STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.</b>		
KF1. Staff recommendation of the organisation as a place to work or receive treatment	✓ Increase (better than 14)	✓ Above (better than) average
KF2. Staff satisfaction with the quality of work and patient care they are able to deliver	--	✓ Highest (best) 20%
KF3. % agreeing that their role makes a difference to patients / service users	--	✓ Above (better than) average
KF4. Staff motivation at work	✓ Increase (better than 14)	✓ Highest (best) 20%
KF5. Recognition and value of staff by managers and the organisation	--	✓ Highest (best) 20%
KF8. Staff satisfaction with level of responsibility and involvement	✓ Increase (better than 14)	✓ Highest (best) 20%
KF9. Effective team working	--	✓ Highest (best) 20%
KF14. Staff satisfaction with resourcing and support	--	✓ Highest (best) 20%
<b>STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.</b>		
KF10. Support from immediate managers	✓ Increase (better than 14)	✓ Highest (best) 20%
KF11. % appraised in last 12 mths	• No change	! Lowest (worst) 20%
KF12. Quality of appraisals	--	✓ Highest (best) 20%
KF13. Quality of non-mandatory training, learning or development	--	✓ Highest (best) 20%

## Results at a glance



**Historical changes for all questions**



**Differences from the average of all 'Picker' Acute Trusts 0 all questions**

**Each dot indicates a score on a question**

**The thick black line shows the base line, 0% change/difference**

**In the first half of the report, Historical Changes, this is where there has been no change since the previous year on a question**

**In the 2nd half of the report, this shows where the trust performance is the same as the 'Picker average for that question'**

	Worsened by more than 8% since last year / More than 8% worse than the 'Picker average'
	Worsened by 4%-8% since last year / Between 4-8% worse than the 'Picker average'
	Worsened by 0%-4% since last year / Between 0-4% worse than the 'Picker average'
	Improved by 0%-4% since last year / Between 0-4% better than the 'Picker average'
	Improved by up to 4%-8% since last year / Between 4-8% better than the 'Picker average'
	Improved by more than 8% since last year / More than 8% better than the 'Picker average'

**STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.**
**Health and well-being**

KF15. % of staff satisfied with the opportunities for flexible working patterns	--	✓ Highest (best) 20%
* KF16. % working extra hours	• No change	✓ Below (better than) average
* KF17. % suffering work related stress in last 12 mths	• No change	✓ Below (better than) average
* KF18. % feeling pressure in last 3 mths to attend work when feeling unwell	✓ Decrease (better than 14)	✓ Lowest (best) 20%
KF19. Org and mgmt interest in and action on health / wellbeing	--	✓ Above (better than) average

**Violence and harassment**

* KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths	• No change	! Above (worse than) average
* KF23. % experiencing physical violence from staff in last 12 mths	• No change	! Above (worse than) average
KF24. % reporting most recent experience of violence	• No change	• Average
* KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths	• No change	✓ Below (better than) average
* KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths	• No change	• Average
KF27. % reporting most recent experience of harassment, bullying or abuse	! Decrease (worse than 14)	! Lowest (worst) 20%

**STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.**

KF6. % reporting good communication between senior management and staff	✓ Increase (better than 14)	• Average
KF7. % able to contribute towards improvements at work	✓ Increase (better than 14)	✓ Highest (best) 20%

**ADDITIONAL THEME: Equality and diversity**

* KF20. % experiencing discrimination at work in last 12 mths	• No change	• Average
KF21. % believing the organisation provides equal opportunities for career progression / promotion	• No change	✓ Above (better than) average

**ADDITIONAL THEME: Errors and incidents**

* KF28. % witnessing potentially harmful errors, near misses or incidents in last mth	• No change	✓ Below (better than) average
KF29. % reporting errors, near misses or incidents witnessed in the last mth	• No change	• Average
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	--	✓ Above (better than) average
KF31. Staff confidence and security in reporting unsafe clinical practice	• No change	✓ Highest (best) 20%

**ADDITIONAL THEME: Patient experience measures**

KF32. Effective use of patient / service user feedback	✓ Increase (better than 14)	✓ Highest (best) 20%
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## Friends and Family questions

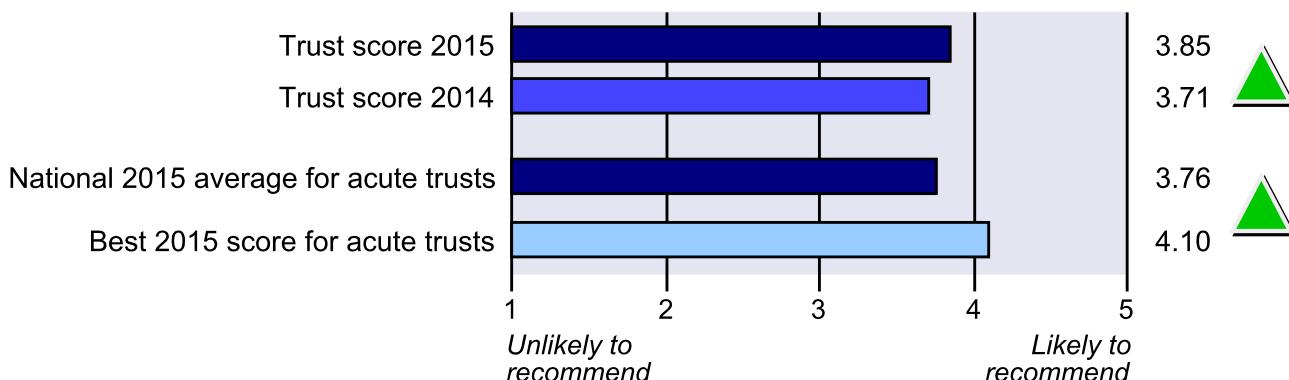
The scores below are the unweighted responses which feed into the key finding below for staff recommending the trust as a place to work or receive treatment:

		Your Trust in 2015	Average (median) for acute trusts	Your Trust in 2014
Q21a	"Care of patients / service users is my organisation's top priority"	76%	75%	68%
Q21b	"My organisation acts on concerns raised by patients / service users"	74%	73%	73%
Q21c	"I would recommend my organisation as a place to work"	66%	61%	64%
Q21d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	75%	70%	71%
KF1.	Staff recommendation of the organisation as a place to work or receive treatment (Q21a, 21c-d)	3.85	3.76	3.71

### KEY FINDING 1. Staff recommendation of the organisation as a place to work or receive treatment

(the higher the score the better)

Scale summary score



## Recommendations

- A Trust action plan is drafted and agreed by Trust Board
- Care Group/Directorate action plans are developed and reported at half-yearly reviews and to the Workforce Committee.
- The full report and a summary of results were made available to all staff on the intranet, via weekly communications and at presentations.
- Results and comments fed into the organisation development cultural audit research.
- Results will be used to support Trust objectives and measures for 2016/17.

## Outcomes from 2014 Corporate Action Plan

Action	Outcome
The full report is available to Directors of Operations, Directorate Managers, Heads of Department and Matrons to enable them to develop an action plan specific to concerns within their own areas. These will be discussed at the next Directorate Review Meetings and performance on previous years reviewed.	Full report and outline of corporate action plan sent to Managers.  Care group reports sent to managers and summary placed on intranet, distributed at Health and Wellbeing sessions and place in weekly communications.
The Workforce Strategy and Development Committee and the Valuing Staff and Wellbeing group will discuss staff survey actions plans and review on a quarterly basis.	Completed.
Managers to ensure that all staff attend Bullying and Harassment awareness training.	Session no longer part of Mandatory training. Diversity Training and Conflict resolution are on-going and also relevant to this topic.
Taking action when staff are bullied, harassed or abused by patients or visitors.	Staff made aware of EAP and other support available at the Trust, e.g. OH, HR, TUs, Chaplains. Poster produced regarding reporting of concerns by staff - who to report to, where to find policy.
Health and Safety training sessions to be monitored and poor attendance to be reported for follow-up.	Mandatory training being reported and non-attendance followed up.
Launch of new appraisal system in 2015, with robust follow-up for managers who fail to complete appraisals for staff.	Training sessions held for managers who appraise staff. Numbers gradually increasing, but further work needed to achieve full compliance
Recruitment is instigated by managers in a timely way and progressed as quickly as possible to ensure adequate staff are available at all times.	Extensive recruitment campaign has been actioned in order to fill nursing, medical and other vacancies. Some overseas recruitment has taken place; also alternative recruitment promotions, such as RCN conference, shopping centres and social media.
Health and wellbeing initiatives for staff to include fitness to work and mental health awareness.	Vitality portal promoted at Health and Wellbeing, 715 staff signed up so far. In-house fitness sessions take place weekly, including 'fit-to-work', zumba and pilates. Corporate membership of leisure and fitness centres promoted regularly.

## Developing our organisation

This year we have been joined by Nicola Hartley as our Director of Organisational Development and Leadership. She brings with her a wealth of experience from the King's Fund and from various roles in the NHS. She also brings enthusiasm and challenge.

We have been focusing on rolling out our new values-based appraisal process to ensure there is a real emphasis on giving feedback on performance and behaviour, and on setting SMART objectives that are aligned to our Trust vision and strategy. SMART objectives are specific, measurable, achievable, realistic and time scaled. We have trained over 900 appraisers and early reports about the quality of the conversations are positive.

We have 15 new Change Champions who are working with the organisation development (OD) team to conduct a cultural audit to capture how it feels to work at RBCH. These champions were selected based on their enthusiasm, skills and experience. They are representatives from across our directorates and staff groups. They are undertaking Board interviews and staff focus groups and will use the results from our national 2015 Staff Survey and our quarterly Staff Impressions surveys as well as lots of other data sources to identify key themes. They will present their findings and recommendations to the Board in June 2016 when the next steps will be agreed.

We have continued to be delighted by the #ThankYou! nominations. Since it launched we have seen more than 1,200 individuals receive a thank you from patients, carers and colleagues. We have also been lucky enough to receive charitable donations to allow us to refurbish a beach hut. A week's use of the beach hut is offered as an award to teams and individuals in celebration and recognition of their efforts in demonstrating the Trust's values.

Our focus now moves to developing the quality of our values based appraisals, and on the bespoke leadership and management development interventions identified through the cultural audit. These will be developed during phase two of our OD programme, the Design phase.

# Equality and diversity

Equality, diversity and inclusion are at the heart of the NHS strategy, and at the Royal Bournemouth and Christchurch Hospital we are aware of the benefits of investing in a diverse workforce. Not only will it enable us to deliver a more inclusive service, it will also allow us to continuously improve patient care through questioning what we do and implementing new ideas driven by the expertise this diversity brings. We also recognise that commitment to and achievement of equality requires the removal of the discriminatory barriers that limit what people can do. This means treating everyone with equal dignity and respect and allowing them the opportunity to fulfil their potential whatever their personal aspirations, needs or situations may be.

The Dignity at Work Policy is easily accessible to staff to support a working environment and culture that is free from any form of bullying and harassment. To enable this to happen we are reviewing the channels for staff to communicate and report any issues. We have updated our Equality and Diversity training for staff and volunteers to ensure it aligns to our Dignity at Work Policy and have also developed an Equality and Diversity awareness session for our Governors to enhance their understanding of how this applies to their roles.

The Equality Act 2010 brings together several pieces of anti-discrimination legislation and requires equal treatment for all in access to: employment, private and public services regardless of the nine characteristics the Act

protects. We are committed to ensuring that people do not experience inequality through discrimination or disadvantage imposed by other individuals, groups, institutions or systems in terms of:

- outcomes - related to both health care and/or employment
- access - related to clinical services and/or employment and promotion opportunities
- the degree of independence they have to make decisions affecting their lives
- treatment - related to both clinical care and employment

Having due regard to these areas means that we can provide an efficient and effective service while enhancing the patient experience. We now offer multi-faith dignity gowns that patients can request to use. There are also some specific duties that we are required to adhere to.

- We must be transparent about how we are responding to the Equality Duty; publishing relevant, proportionate information showing compliance with the Equality Duty on an annual basis.
- We must also set and monitor equality objectives. This information must be available to staff, service users and the general public

Our website - [www.rbch.nhs.uk](http://www.rbch.nhs.uk) - publishes information on how we believe the organisation meets these duties and this information is updated regularly. This includes information on recruitment and retention. The table below sets out the gender breakdown of the Trust's employees as at 31 March 2016

Paygrade	Male			Female			Unknown		
	White	BME	Unknown	White	BME	Unknown	White	BME	Unknown
AfC Band 1-7	587 79%	133 18%	24 3%	2664 88%	319 11%	40 1%			<10 100%
Afc Band 8-9	43 *	<10 *	<10 *	93 *	<10 *	<10 *			
Medical	186 66%	66 23%	29 10%	131 70%	39 21%	18 10%			
VSM				<10 70%					
Director	10 100%			4 100%					
<b>Total</b>	<b>826 76%</b>	<b>199 19%</b>	<b>53 5%</b>	<b>2892 87%</b>	<b>358 11%</b>	<b>58 2%</b>			<b>&lt;10 100%</b>

\* Suppressed due to low numbers (these have also been excluded from totals)

Note: unknown incorporates those who decline to provide the information and those that are unknown

# Recruitment overview

This report provides information regarding the recruitment programme for clinical staff in the Trust. It demonstrates the range of activities that we have taken part in during the past year.

## Events - key successes:

- Two local university careers events were attended (Southampton and Bournemouth) these were excellent opportunities to raise our profile and invite students to our specific recruitment events throughout the year. These have been followed up with newly qualified open days in May and October 2015, from which we recruited 50 nurses.
- Three national RCN events have been attended, including the RCN congress which was held in Bournemouth in 2015 an event that attracted 4,000 people. The other two events were recruitment fairs attended by a wide range of employers and potential employees. As a result we have a database of 326 contacts and from these we have recruited 7 band 5 nurses to date. We have ensured that these contacts have been communicated with regarding all recruitment events.
- To support the recruitment events promotional material was developed including an exhibition stand, three recruitment videos with supporting promotional 'goodies' and with the help of enthusiastic clinical and support staff have developed a stronger brand that is raising our profile and selling the benefits of working for the Trust and living in the area.
- The HCA open days which started in 2014 have seen HCA vacancies reduce considerably and over the last six open days, we have recruited 129 HCAs. The retention rate is currently being reviewed. More robust testing of candidates during interview has resulted in a minimum standard of literacy and numeracy for recruitment into these posts.
- The final event in January 2016 was attendance at the Castlepoint Shopping Centre in their advertising 'POD'. This resulted in 36 good leads, 12 admin and clerical, 14 HCAs and 5 nurses. The influence of social media in the advertising of this event was a huge part of its success, 17,000 people were reached with this targeted Facebook campaign resulting in 320 new visitors to the website, 67 shares, 75 likes and 49 comments.
- The Trust website was revamped to ensure that the Recruitment Page was easily accessible, since its launch, we have seen 17,010 visitors with 11,849 directly to the vacancy page. This has resulted in the link to the jobs email being used for enquiries and we have had over 300 enquiries.
- Recruitment Open Day held on Saturday 12 March 2016. This was supported by staff from the majority of departments including clinical and support areas. Advertising for the event was via local radio and social media targeted campaigns.
- 2% OPM incentive payment: awaiting an evaluation from the Care Group
- Relocation Expenses: our package of up to £13,000 is well above what neighbouring Trusts are offering
- Refer a Friend: we have 10 applications currently

## Key future plans

- Continue our connection to local university careers fairs and also expand our presence to Portsmouth, Bath and Exeter to attract students undertaking Nursing, Radiography, Biomedical Sciences and Therapy courses. Every careers event will be followed up with an invitation to a Trust recruitment event.
- RCN Congress to be held in Glasgow in 2016 and attendance at this event is being considered.
- Six further HCA days are booked for permanent staff and the our staff Bank will hold a monthly recruitment day.
- Attendance at Castlepoint and other local shopping centres is being considered after the success of our stands there and West Quay, Southampton at the start of 2015.

## Advertising campaigns

We have utilised a variety of media to support recruitment including:

- Bus adverts which resulted in the recruitment of one nurse and one HCA.
- Football stadium advertising during a major premiership team match.
- Recruitment banners - outside both Bournemouth and Christchurch Hospitals in January 2016.
- Twitter - a designated recruitment Twitter account, the recruitment team 'tweet' each day with events, jobs etc.
- Car stickers have been distributed widely across the Trust.
- A recruitment radio campaign highlighting the Trust open day on 12 March 2016.

## Social Media

Social media is playing an increasingly significant part in advertising events and jobs and is a cost effective method which we can evaluate quickly.

We now have a job of the week being advertised on Facebook and are also targeting specific demographics - for example those studying for or qualified as a radiographer with our vacancies.

## Overseas nurses

### Position to date

#### EU Nurses

Since April 2015 the recruitment of overseas nurses has been on-going resulting in:

Started:	45
Retained:	36
Leavers:	9
Due to start before end of April 2016:	27

The retention rate of overseas nurses is better than average across UK trusts.

## Filipino Nurses

The recruitment of these nurses commenced in March 2015 resulting in 16 initially offered for posts in Theatres. This figure has reduced to eight, two are due to start before the end of March 2016 and six are completing all necessary tests and start dates to be confirmed. This has been particularly slow due to the restrictions placed on overseas recruitment by the Home Office and the NMC.

A further 24 nurses were offered for a variety of areas in December 2015.

The success of the recruitment of overseas nurses is mainly due to having dedicated overseas support to ensure that contact is maintained with 'meet and greets' and welcome events are organised.

### Future Plans:

Overseas recruitment will continue, with numbers determined by Care group trajectories. However, there is likely to be a reduction in EU nurses due to the introduction of the English Language test (IELTS) by the NMC. A working group has been set up to discuss how nurses can be supported with the completion of this test.

There are plans to recruit additional Filipino nurses; however, this will be dependent upon the ability to get them through the extensive testing expected by the NMC together with the decision made by the Migration Committee to keep nurses on the shortage occupation list.

## Student recruitment

- Careers in the NHS Day held in November 2015 attracted 80 students from local 6th form schools and colleges who are pursuing a career in health
- Attendance at seven careers fairs, including one at Parkstone Grammar School, Poole on 9 March 2016
- 70 student contacts have been collected. Four people either have done or are doing one day a week placements. Another one is starting next month
- There has been collaborative working with local hospitals.

## **Future Plans:**

A Physiotherapy Experience Day was held on 31 March 2016 for eight students. Further days may be arranged for Occupational Therapy and Speech and Learning Therapy later in the year.

A ‘pathway’ document has been prepared for persons interested in nursing.

There will also be involvement with the Young Peoples Campaign. The importance of long term planning is vital in the recruitment so young people can be encouraged and attracted to careers in health.

There is continued work in an extensive work experience programme, careers events at schools as well as Trust events.

# Sustainability Report

Sustainability has become increasingly important as the impact of peoples' lifestyles and business choices are changing the world in which we live. We acknowledge this responsibility to our patients, local communities and the environment by working hard to minimise our footprint.

As a part of the NHS, public health and the social care system, it is our duty to contribute towards the level of ambition set in 2014 of reducing the carbon footprint of the NHS, public health and social care system by 34% (from a 1990 baseline) equivalent to a 28% reduction from a 2013 baseline by 2020. These represent ambitious goals to reduce carbon emissions in the healthcare sector, and in doing so protect the health and wellbeing of the UK population. It is our aim to meet these targets.

The Trust is committed to continually improve on minimising the impact of its activities on the environment, and in doing so reinforcing its commitments to both the Good Corporate Citizenship Assessment Model and cost improvement.

In order to meet these targets we are working in a number of areas to invest in low-carbon technologies and practices outlined within the following below.

The key areas for action are:

- energy, water and carbon management
- sustainable procurement and food
- low carbon travel, transport and access
- waste reduction and recycling
- green spaces
- staff engagement and communication
- buildings and site design
- organisational and workforce development
- partnership and planning
- governance, IT and finance

The Trust regularly reviews and reports on progress against the Good Corporate

Citizenship (GCC) Assessment Model and key actions within an accompanying Sustainability Management Action Plan.

Monitoring, reviewing and reporting of energy and carbon management are carried out quarterly via the Carbon Management Group.

We have been progressing with energy and carbon management in a number of areas over the last couple of years.

## Celebrating our successes in 2015/16

### Energy, water and carbon management

The Trust has been investing in energy efficient lighting across the hospital sites. LED lights have been installed in several ward environments, main corridors, a number of office areas, accommodation refurbishments, and in all car parks at Royal Bournemouth Hospital.

In April 2015 the Trust formed a partnership with ADSM, a utility management specialist, through AquaFund. AquaFund is ADSM's multi-million pound grant fund which enables UK organisations to make financial and water savings through the installation of water saving equipment. Each year a percentage of AquaFund revenue goes directly to WaterAid, contributing to the charity's important work in the world's poorest countries, transforming lives by improving access to clean, safe water.

The Trust has also recently begun participation in a demand side response project. This project involves reducing the hospitals load from the national grid at peak times by running off backup generators and exporting excess energy back into the grid.

## Low carbon travel, transport and access

We can improve local air quality and improve the health of our community by promoting active travel to our staff, our service users and our visitors. Every action counts and we are a lean organisation trying to realise efficiencies across the board for cost and carbon (CO<sub>2</sub>e) reductions. We support a culture for active travel to improve staff wellbeing and reduce sickness.

The Trust has worked hard on introducing measures to ease traffic congestion around the hospital through a combination of promoting sustainable travel options and pursuing improvements to the local transport infrastructure.

The Trust provides incentives for the use of public transport such as discounted bus pass prices, access to a loan bike scheme, hospital dedicated liftshare scheme, locker and shower facilities, an organisational cycle to work scheme and access to Trust pool vehicles. There are also regular events held to provide staff with information on all sustainable modes of travel to work and the development of a Sustainability Map to help staff locate the nearest cycle facilities and changing/shower facilities to their place of work.

The Trust has also invested in a number of electric vehicles and charging stations, including available to the general public within the Royal Bournemouth Hospital public car park.

## Waste reduction and recycling

During 2012/13 we became 'zero waste to landfill', which represents a significant milestone to waste reduction and a strong commitment to protecting the environment by disposing of waste responsibly. Recycling facilities continued to be rolled out across the Trust in clinical and office areas of the hospital. The Trust has also continued sending all food waste from the Catering Department to a local Anaerobic Digestion (AD) plant where it is used to produce energy for the national grid, and by-product liquid fertiliser to local farmers. Battery recycling facilities are also continuing to be rolled out across the Trust.

## Buildings and site design

In developing its services and facilities, the Trust will aim to meet the BREEAM, (a sustainability assessment method for masterplanning projects, infrastructure and buildings), performance benchmarks in respect of the specification, design, construction and use of our buildings. The BREEAM measures include aspects related to energy and water use, the internal environment (health and well-being), pollution, transport, materials, waste, ecology and management processes.

The Royal Bournemouth Hospital has recently seen the addition of the new Jigsaw Building. Many aspects of the building were designed to be as energy efficient as possible, with the build aiming to meet the BREEAM Very Good standard. A large majority of the lighting comes from LEDs and the heating of the building taps into the Trust's existing low pressure hot water (LPHW) heating system from waste heat from the incinerator.

## Green spaces

The Trust recognises the importance of regular access to natural environments for its patients, staff and visitors. The Trust wants to raise the awareness of biodiversity and sustainable practices to help promote the link between green spaces and their positive benefits for mental health and wellbeing.

The Estates Department has adopted sympathetic and sustainable approaches to their management of the hospital grounds, including log piles to encourage biodiversity and wildlife, introduction of wildflower meadows, installation of bird boxes and duck houses, limited use of pesticides, green pest control in the form of a Harris Hawk and recycling of waste plant material.

In 2015 a Biodiversity Management Plan was developed in order to give a guide to the day to day operational management of the RBH estates. This plan will also help to ensure that the Trust continues to provide a quality greenspace that provides staff and patients a sanctuary for rest and recuperation.

The estates team regularly engage with staff and patients in support of national events, such as taking part in the National Bird Box week,

which saw a collaborative event with the stroke team. As part of the rehabilitation workshops held in the Stroke Unit, stroke patients built bird boxes which were then to be put up across the Royal Bournemouth and Christchurch Hospital green spaces. The gardening team also took part in the Great Butterfly Count, a nationwide survey aimed at helping assess the health of our environment.

## **Staff engagement and communications**

The Trust is committed to ensuring staff, patients, visitors and suppliers/contractors are able to effectively engage with, and support, the carbon reduction plan.

The Trust was the second NHS organisation to take part in the Green Impact Scheme, an environmental accreditation and awareness scheme run by the National Union of Students. The Trust has now been running this scheme for over three years. During 2015, eight teams from across the organisation took part in the scheme, and it is estimated to have reached out to over 504 staff contacts, with nearly 500 'greening' actions completed. In addition to this the staff behaviour change scheme saved over £19,000 in 2015 through sustainable actions implemented. Alongside this the Trust has also seen the launch of the SustainRBCH Campaign, an energy awareness and switch off campaign.

Regular articles about sustainability and energy awareness are included within the staff magazines, as well as regular awareness raising events, such as the National Climate Week campaign and annual NHS Sustainability Day.

## **Organisational and workforce development**

A range of initiatives associated with health improvement and promoting the health of staff, patients and the public are led and overseen by the Valuing Staff and Wellbeing Group.

## **Partnership and planning**

The Trust continues to work in partnership with key stakeholders under local strategic partnerships to ensure the collaboration aids the integration of the sustainability agenda.

## **Governance**

Performance against targets is reported quarterly to the Carbon Group. A Sustainable Development Policy has also been signed off on behalf of the Trust by the Carbon Group. The Trust also routinely reports on energy consumption through the Department of Health 'Estates Returns Information Collection mechanism' (ERIC).

## **IT and finance**

The Trust has introduced sustainability criteria for completion as part of all business cases. The Information Technology (IT) department has also developed a green Information and Communications Technology (ICT) plan and recently rolled out personal computer power management software, aimed at reducing energy consumption through computers being left on unnecessarily.

## **Future priorities and targets for 2016/17**

- Update and redraft of the RBCH Sustainable Management plan, to include realistic CO<sub>2</sub> targets to 2020 and inclusion of climate change adaptation aspects.
- Waste management strategy and plan to be developed
- Conduct annual staff and patient travel survey
- Expansion of Green Impact scheme
- Development of an energy and utilities plan

## Performance data

Greenhouse gas emissions and energy use:		2007 - 08	2011 - 12	2012 - 13	2013 - 14	2014 - 15	2015 - 16
Non-financial indicators (tonnes CO2e)	Total gross emissions:	13,938	11,939	14,363	13,506	14,261	12,897
	Gross emissions scope 1 (Gas/oil/fleet vehicles/refrigerant losses)	5,727	5,448	6,294	5,893	5,812	5,020
	Gross emissions scope 2 (Electricity)	7,511	6,180	7,819	7,374	8,198	7,618
	Gross emissions scope 3 (Waste/water)	700	311	250	239	252	259
Related energy consumption (MWh)	Electricity: non-renewable	9,823	11,027	9,986	13,170	13,237	13,250
	Electricity: renewable	4,072	3,745	3,713	114	113	109
	Gas	28,457	19,048	20,250	18,271	16,739	14,884
	Oil	0	227	278	118	798	819
	LPHW	1,535	4,644	6,820	6,827	6,925	6,422
Financial indicators (£1,000's)	Expenditure on energy	1,545	2,155	2,325	2,268	2,312	2,494
	CRC gross expenditure	-	143	149	147	331	194
	Expenditure on official business travel	-	324	389	394	428	436
Energy consumption (MWh) per GIA floor area:		0.50	0.36	0.38	0.36	0.38	0.33
Carbon emissions (Kg CO2e) per patient:		22.3	16.1	18.7	17.9	18.3	16.5

### Performance commentary:

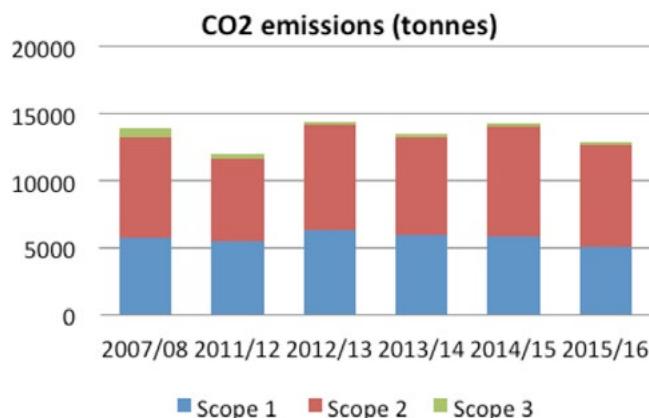
Energy costs increased in 2015/16, this is due in main to an increase in costs per unit of utilities.

The consumption of Low Pressure Hot Water (LPHW) and gas at Royal Bournemouth Hospital decreased slightly (reduction of 7.3% and 6.9% respectively) in 2015/16 compared to consumption the previous year. A reduction of 0.4% in electricity was also seen at RBH in 2015/16 compared to the previous year.

Electricity use increased at Christchurch Hospital by 6% and oil consumption increased by 281%, whilst gas use decreased by 49% in 2015/16 when compared to the previous year (2014/15). The increase in oil consumption is due to the redevelopments at the XCH site and many of the buildings being heated via oil rather than gas during this period.

The gross carbon emissions for RBCH have reduced by 9.6% in 2015/16 compared to carbon emissions the previous year, and have reduced by 7.5% from the baseline year (2007/08).

Relative energy consumption can also be seen to have reduced by 34% since the baseline



year for energy consumption per square meter of gross internal floor area, and reduced by 26% since the baseline year for carbon emissions per patient.

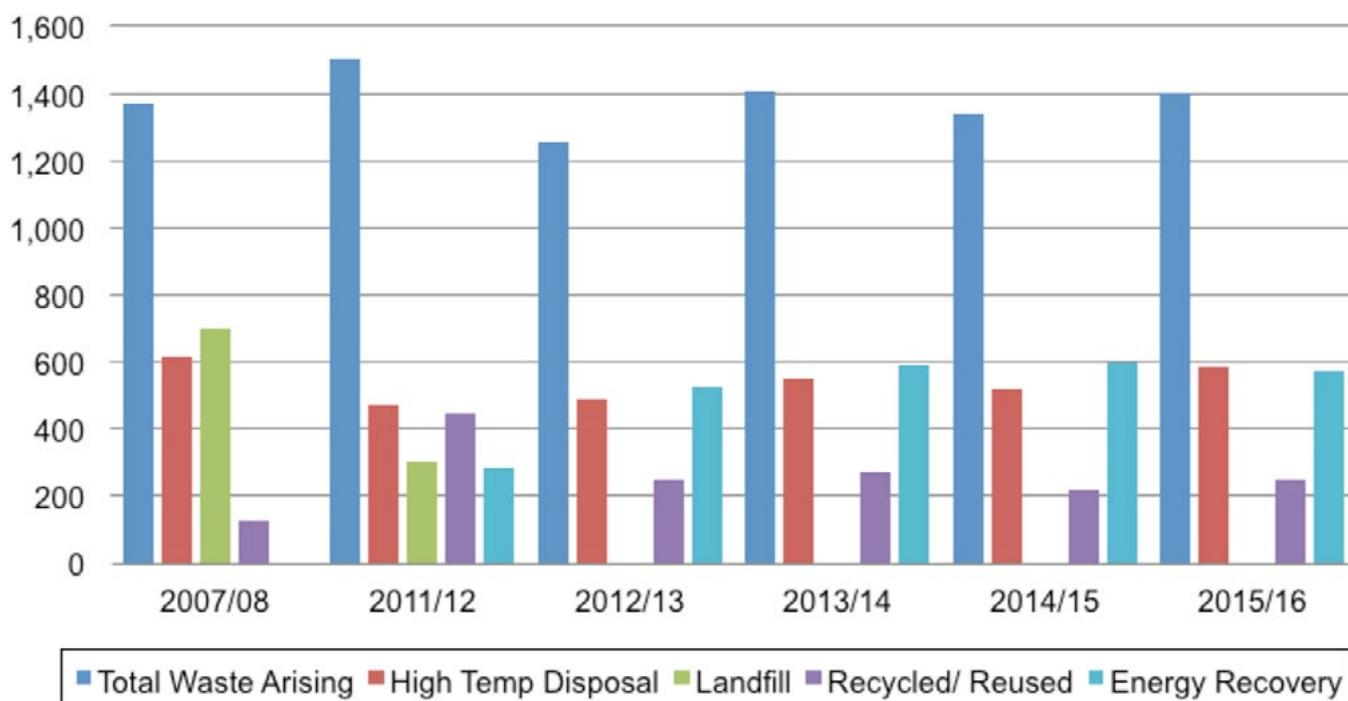
In addition, RBCH generates roughly 15% of our energy onsite, through 3 solar PV installations and low pressure hot water which is produced as a by-product of onsite incineration and used to subsidise the Royal Bournemouth Hospital's heating system.

<b>Waste:</b>		<b>2007 - 08</b>	<b>2011 - 12</b>	<b>2012 - 13</b>	<b>2013 - 14</b>	<b>2014 - 15</b>	<b>2015 - 16</b>
Non-financial indicators (tonnes)	Total waste	1,369	1,503	1,258	1,407	1,338	1,401
	High temp disposal waste	615	469	486	549	521	586
	Landfill	701	299	0	0	0	0
	Recycled/ reused	123	444	247	269	218	245
	Energy recovery	0	284	526	589	599	570
Financial indicators (£1,000's)	Total waste cost	318	336	320	287	293	321
	High temp disposal waste	256	221	237	200	194	232
	Landfill	62	44	0	0	0	0
	Recycled/ reused	26	31	13	16	21	16
	Energy recovery	0	31	65	71	78	72

### Performance commentary:

In 2015/16 our preferred waste contractor collected a total of 765 tonnes of non-hazardous waste. Of this, zero tonnes went to landfill, 570 tonnes went to an energy recovery facility and 232 tonnes recycled, which included mixed recycling (51 tonnes); bales of cardboard (60 tonnes); and separate food waste collections (92 tonnes). The Trust has chosen to send all waste to energy recovery as opposed to landfill as of financial year 2012/13.

**Tonnes Waste Produced**



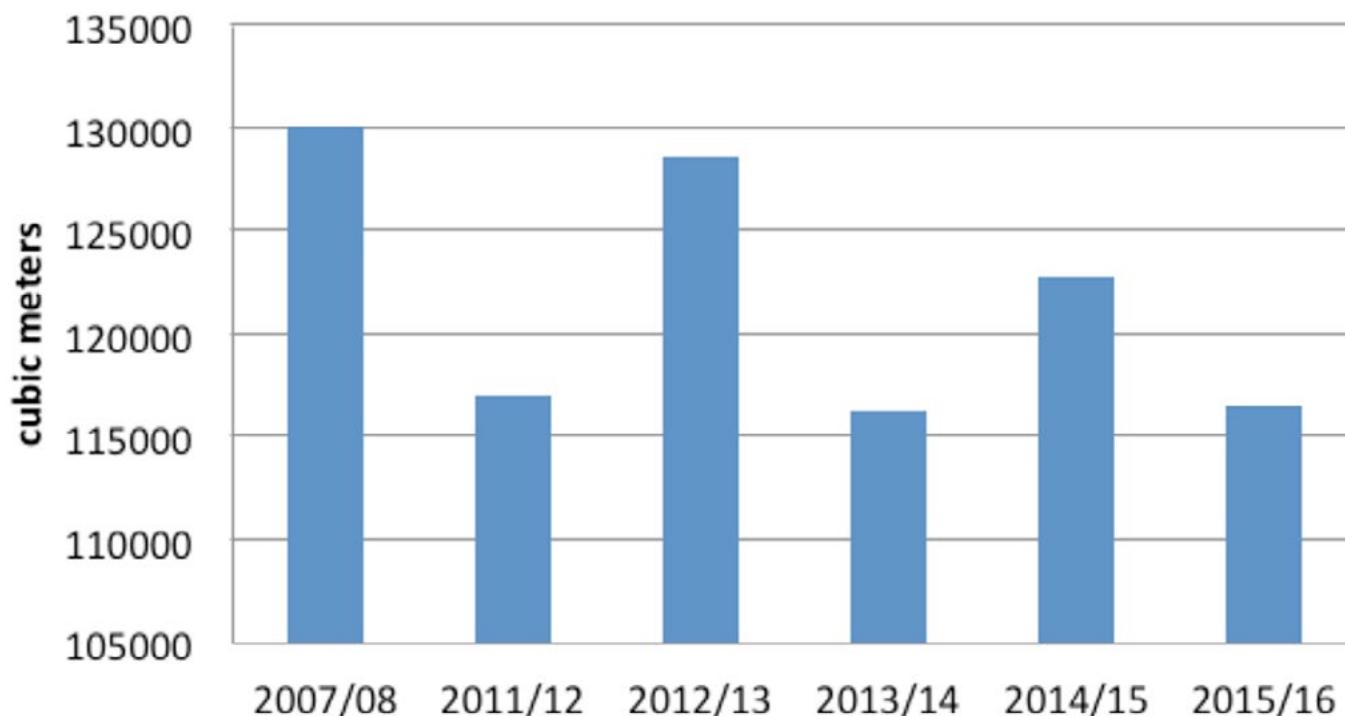
<b>Water:</b>		<b>2007 - 08</b>	<b>2011 - 12</b>	<b>2012 - 13</b>	<b>2013 - 14</b>	<b>2014 - 15</b>	<b>2015 - 16</b>
Non-financial indicators (000's m <sup>3</sup> )	Water consumption	130	117	129	116	123	116
	Sewerage	112	115	116	100	109	104
Financial indicators (£1,000's)	Water supply costs	115	113	139	149	140	114
	Sewerage costs	144	159	170	171	159	146
Water usage per GIA (floor area)		1.47	1.08	1.19	1.09	1.23	1.08
<b>Performance commentary:</b>							

RBCH water consumption has decreased by 5.1% (6,269 cubic meters) in 2015/16 compared to the previous year, and reduced by 10% in 2014/15 compared to the baseline year (2007/08).

The Trust's reduction in water consumption is largely due to redevelopments at the Christchurch Hospital, with a number of buildings being demolished and reduced services temporarily taking place at the site.

Water consumption per square meter of gross internal floor area has also shown an overall reduction in water usage within the hospitals, with a reduction of 26.5% in 2015/16 from the baseline year (2007/08).

## water consumption



# Strategic Report

Located about three miles apart on the south coast, the Royal Bournemouth and Christchurch hospitals are close to the New Forest in the east and the Jurassic coastline in the west. Also part of our organisation is a Sterile Supply Department based at Alderney Hospital in Poole.

The hospitals became an NHS foundation trust on 1 April 2005. NHS foundation trusts are not-for-profit, public benefit corporations that were created to devolve decision-making from central government to local organisations and communities. We are still part of the NHS and strive to live up to its values, as set out in the Constitution. The Trust was issued with a provider licence by Monitor on 1 April 2013, which replaced the Trust's terms of authorisation.

We provide a wide range of hospital and community-based care to a population of 550,000 based in the Dorset, New Forest and south Wiltshire areas. This number rises over the summer months due to the influx of tourists which sees over 1 million visitors to our region annually. For some of our specialist services, we also serve the wider population across the whole of Dorset of 979,000. Our business model is based on the national Payment by Results methodology for managing expenditure within the context of agreed contracts with commissioners. We must manage our reference costs within the national tariff system to allow us to invest appropriately in the staff and wider infrastructure to provide safe and effective patient care.

We monitor our performance against a range of performance objectives and targets, some of which are set by us but others reflect national targets and those set by commissioners. Details of the performance on key performance, safety and quality objectives is set out in the Operational Review, starting on page 61.

We provide a wide range of hospital and community-based care and at the end of 2015/16 we employed 4,402 members of staff who cared for and treated:

- 242,216 outpatients (follow up) appointments
- 139,013 new outpatients
- 112,789 inpatients
- 88,150 attendances in the Emergency Department

## The Royal Bournemouth Hospital

The Royal Bournemouth Hospital (RBH) is an acute hospital, which opened in 1992.

It is recognised locally by its blue roof and is located on a large green field site close to the main roads that link with the New Forest, Southampton, Salisbury, Winchester, Christchurch and Poole.

The hospital has a 24-hour Emergency Department and a large Day of Surgery Admissions Unit (the Sandbourne Suite).

A purpose built Ophthalmic Unit is located on site as well as a state-of-the-art Cardiology Unit (the Dorset Heart Centre) and award winning orthopaedic service providing hip and knee replacements (the Derwent Unit). RBH also provides district-wide services for cardiac interventions, vascular surgery and urology. Outpatient clinics are provided for oral surgery, paediatrics, plastic surgery, ENT (ear, nose and throat), cardiothoracic and neurology.

In 2015 our new Jigsaw Building opened. Further details of this centre can be found in our report from Bournemouth Hospital Charity on page 23.

## Christchurch Hospital

Christchurch Hospital provides a pleasant environment for rehabilitation and a range of outpatient services. An all-age rehabilitation

service has been developed, particularly in the award-winning Day Hospital. Most patients are elderly, reflecting the local population. There is an excellent infrastructure to support rehabilitation with superb physiotherapy and occupational therapy facilities.

Outpatient clinics have expanded over recent years and include gastroenterology, breast, oncology, plastic surgery, ophthalmology, podiatry and medicine for the elderly. Dermatology and rheumatology outpatient services are also provided at Christchurch Hospital together with phlebotomy (blood taking) services, diagnostic services and palliative care (the Macmillan Unit).

The hospital is currently undergoing a multi-million pound investment which will secure NHS services on site and ensure the hospital remains a key part of the community for years to come. Many patient services are being improved, a new entrance and X-ray Department has been built and a new GP surgery, a pharmacy and community clinics will be brought on site. A quality nursing home and senior living accommodation are also being built as part of the project.

## How we are run

As a foundation trust, we are accountable to NHS Improvement (previously called Monitor), the regulator for health services in England that ensures the governance and performance of the organisation is sufficient and in line with the conditions of its provider licence. We are also accountable to local people through our Council of Governors and members. In addition, there is a large range of inspection and regulatory bodies, including the Care Quality Commission (CQC). The CQC inspected RBCH in 2015 and further details on this report are on page 19.

The Council of Governors, which represents around 15,000 members, is made up of members of the public, staff and appointed governors. They ensure members' views are heard and are fed back to our Board of Directors, and members and the public are kept up to date with developments within the hospitals. You can read more about the work of governors and details of our membership from page 159.

Our Board of Directors is made up of full-time executives, who are responsible for the day-to-day running of the organisation and part-time non-executive directors. Much of this work is done by the executive directors who work closely with the clinical leaders and managers throughout the hospitals. The Board also works closely with the Council of Governors.

We also work closely with a range of key health partners to develop and deliver our services, such as clinical commissioning groups and social services.

You can read more about the Board of Directors in the Directors' Report from page 142.

## Trust objectives

Our Trust objectives were developed during 2015/16. These objectives provide a central framework and are the basis for individual objective setting across the whole organisation, with every member of staff agreeing objectives in their annual appraisal (new version introduced in 2015), which reflect the following themes:

- **The Quality of Care** ensuring it is safe compassionate and effective.
- Creating a **culture of transparency and learning**; demonstrating the Trust vision, mission and values in everything we do
- **Improvement**. All staff will have an improvement objective, it will either focus on one of the five priority areas for the Trust or be localised to their area if it does not directly contribute to one of the priorities identified without corporate objectives. All staff should, however, focus on how their services can be improved.
- A focus on **personal and professional development and team work**.
- **Performance**. Staff to have personal contribution towards ensuring that the Trust meets the standards and targets which govern the delivery of our services.
- **Value for Money**. The responsibility all members of staff have to ensure the Trust operates within an agreed budget using resources wisely and cutting waste to allow as much resource as possible to go to front line patient care.

# Operational Review

## Performance Overview

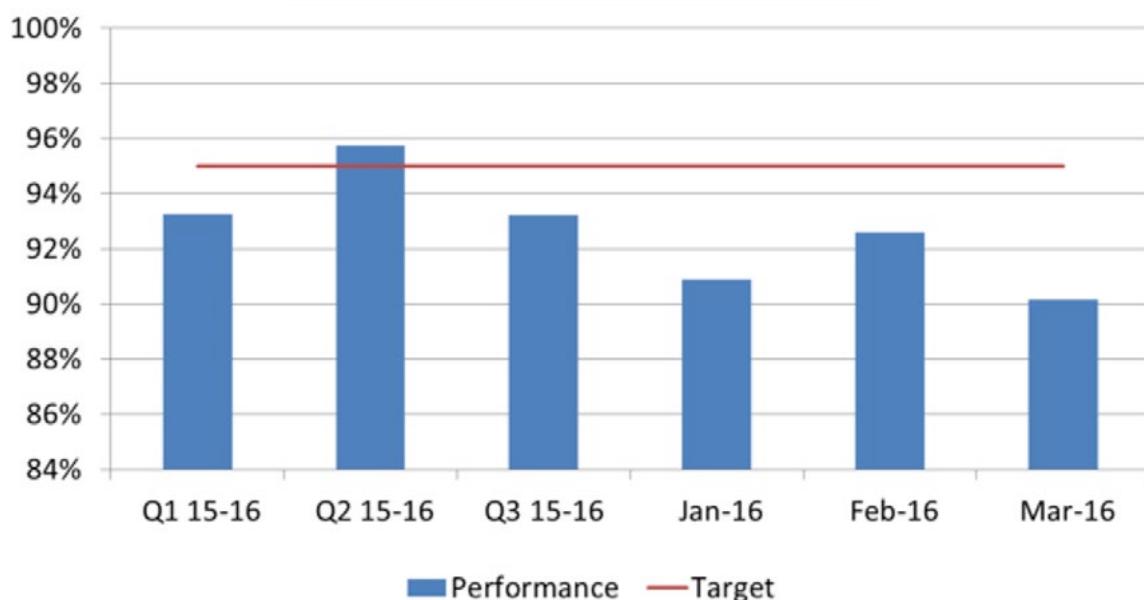
Trusts across the country and in Dorset, have continued to experience significant pressure from the demand on their urgent care services. Royal Bournemouth has been no exception, seeing an annual increase of 5.2% on emergency admissions compared to the previous year, with January to March 2016 seeing 13.2% more emergency admissions

than Q4 14-15. This, in conjunction with a significant increase in both routine outpatient referrals and fast-track cancer referrals, has had a direct impact on the Trust's ability to maintain performance against a number of the national targets. The Board also set key targets as part of the Trust's objective to ensure that the Trust is able to meet the standards and targets necessary to provide timely access to high quality, responsive elective diagnostic and emergency services. These targets are all covered in the following pages.

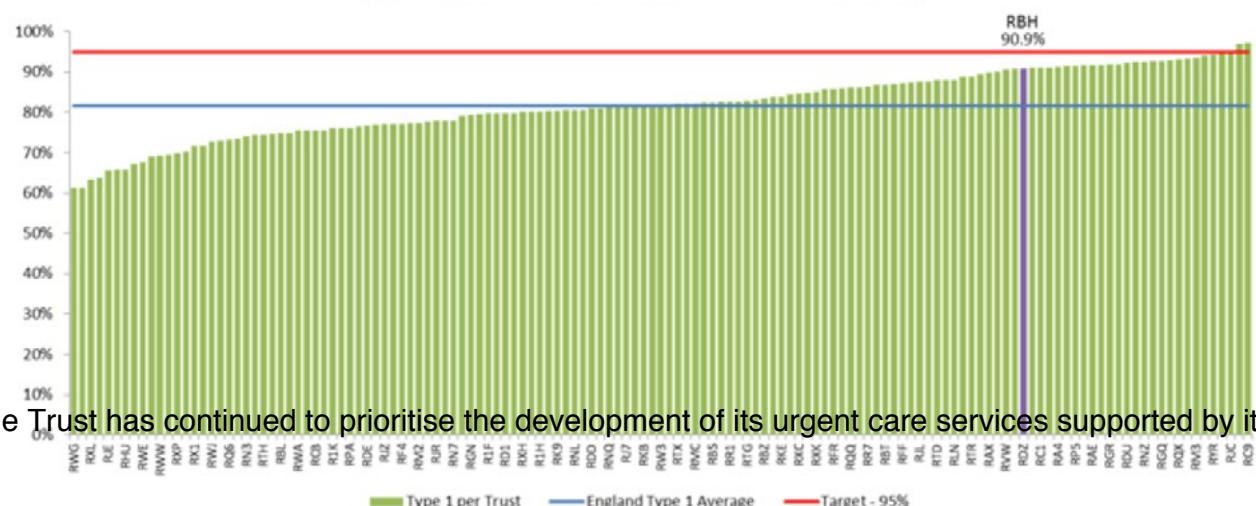
## Patient experience

As the year has progressed, the Trust has found the emergency department four hour target from arrival to discharge increasingly challenging. In particular the increased complexity of patients arriving at the hospital along with the significant increases in demand has led to reduced performance over the winter period. Surrounding services, such as social care, have also been under significant pressure with more delays in discharging patients from the hospital who need a package of on-going care. Despite this, the Trust's performance has remained above average across hospitals nationally.

% of A&E patients seen within 4 hours



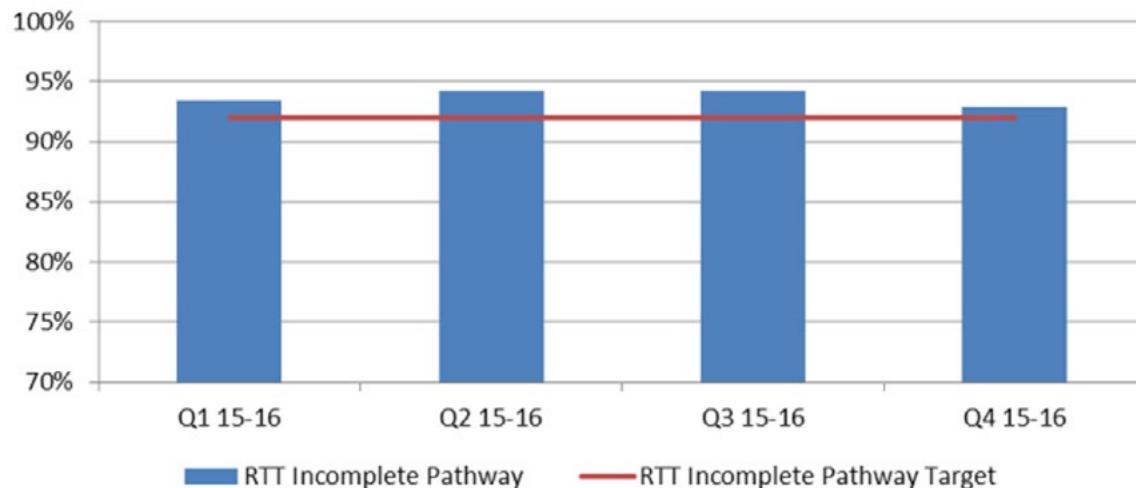
Type 1 A&E 4 hour performance - February 2016



Unscheduled Care Improvement Programme; focussing on senior medical input, rapid assessment in our Emergency Department and expansion of our ambulatory care services. During 2015/16 the Trust has continued to work jointly with our local Clinical Commissioning Group and other health and social care organisations to further improve patient flow through and out of the hospital.

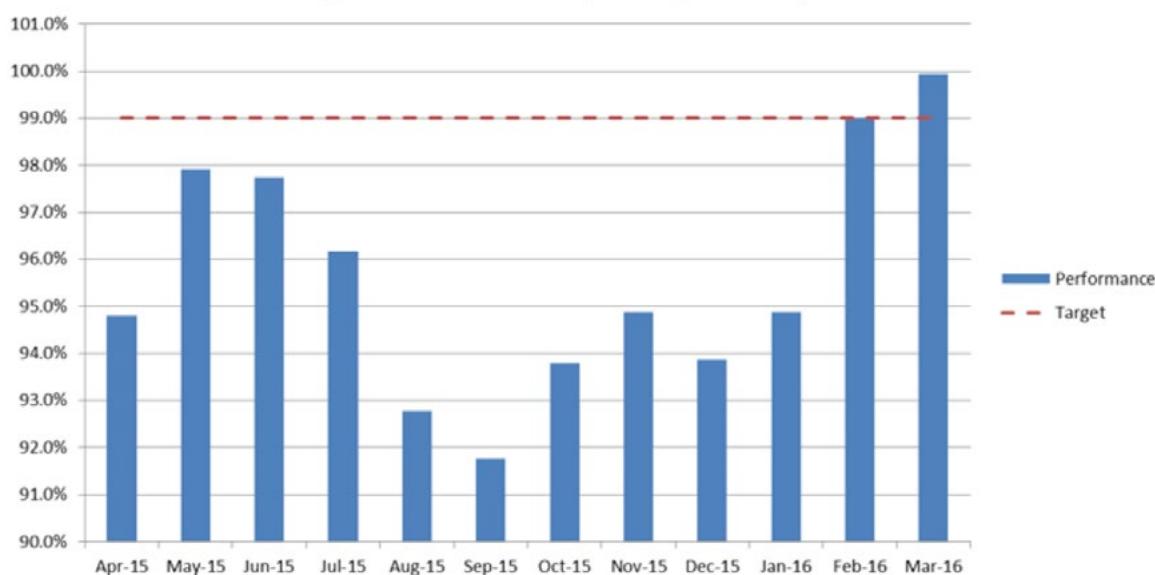
The Trust performed well throughout 2015/16 achieving the Incomplete Pathways Referral to Treatment (RTT) target for each quarter. During the year we have seen increasing referral demand overall and particularly in specialities like Ophthalmology, Orthopaedics and Cardiology.

### Referral to Treatment - Incomplete Pathway



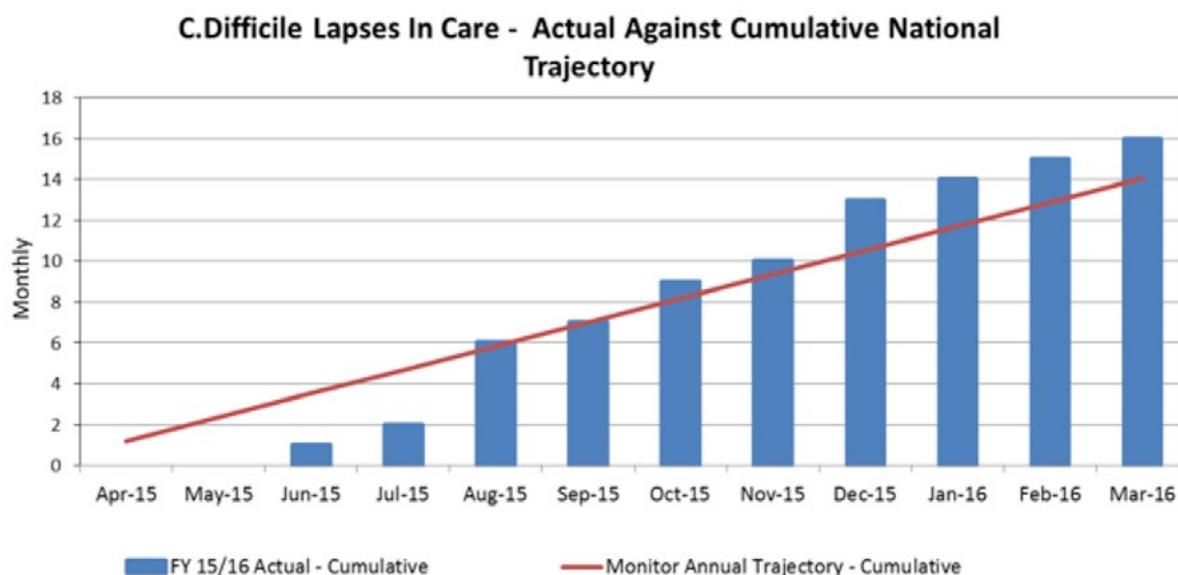
The Trust has worked hard during 2015/16 to recover performance against the diagnostic six week target. Compliance dropped after April to June 2015 due to the increasing demands on the service and a temporary loss of capacity. Following a focussed improvement programme in-conjunction with increased capacity during the second half of the year, the Trust recovered its position to be compliant from February 2016 onwards.

### **Diagnostic 6 week Trajectory to Compliance**



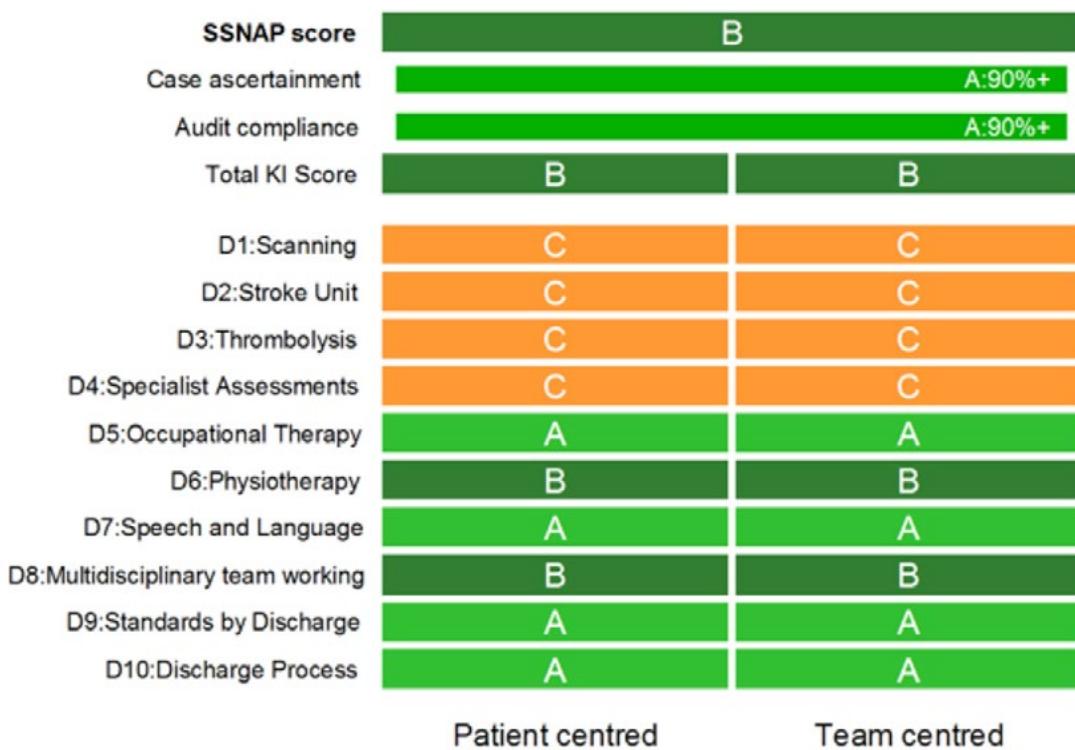
## Safety

Despite the pressures on the Trust, we continued to perform well against the national infection control standards, achieving the national MRSA objective and being well below the Monitor 'deminimis' target of six. The Trusts' Clostridium Difficile target for this year was reduced to 14, to provide "stretch" for improvement, with a focus on Clostridium Difficile being monitored for Trust 'lapses in care'. Compliance for this indicator for this financial year was just missed, with 17 cases being reported. This, however, is an improvement on the 21 reported in financial year 2014/15.



## Quality

The Trust has continued to make improvements in its performance against the Stroke Service indicators in 2015/16. Overall Sentinel Stroke National Audit Programme (SSNAP) performance has improved from a Level C/D in 2014/15 to a strong Level B for 2015/16 in Q2 & Q3 (Q4 results not yet available). The Trust's ambition is to achieve an overall score of Level A for Q4.

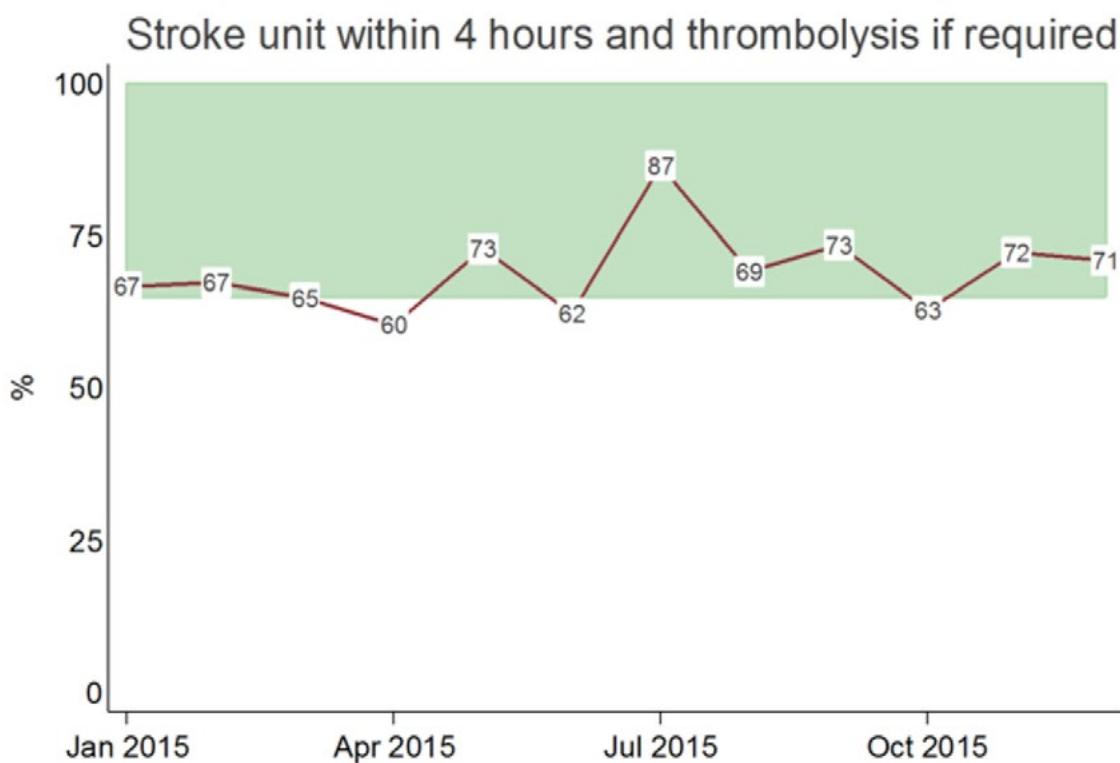
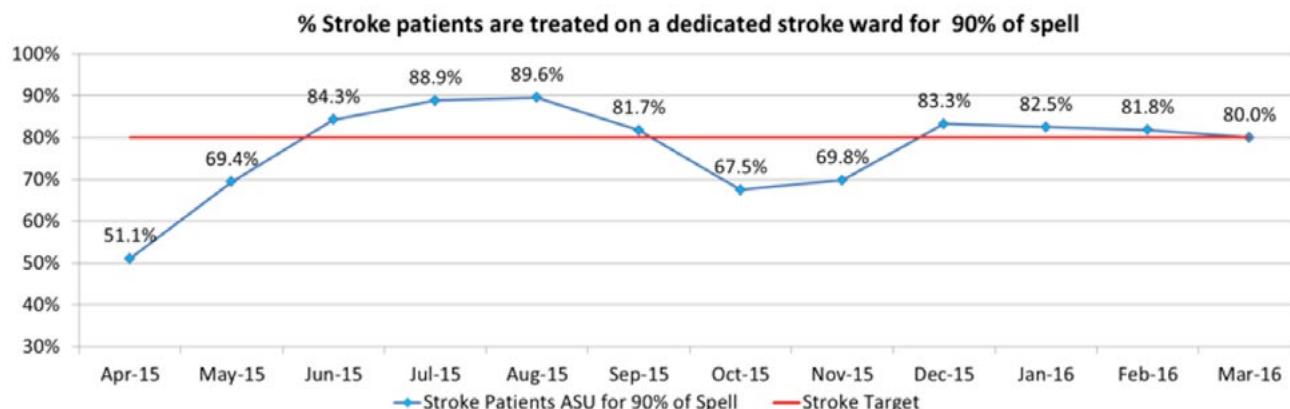


Source: SSNAP Oct-Dec 2015  
Team level results

Team 119

The Trust improved its performance during 2015/16 for the percentage of stroke patients being treated on a dedicated stroke ward for 90% of their stay, achieving the target for the majority of the reporting months, despite the emergency care pressures.

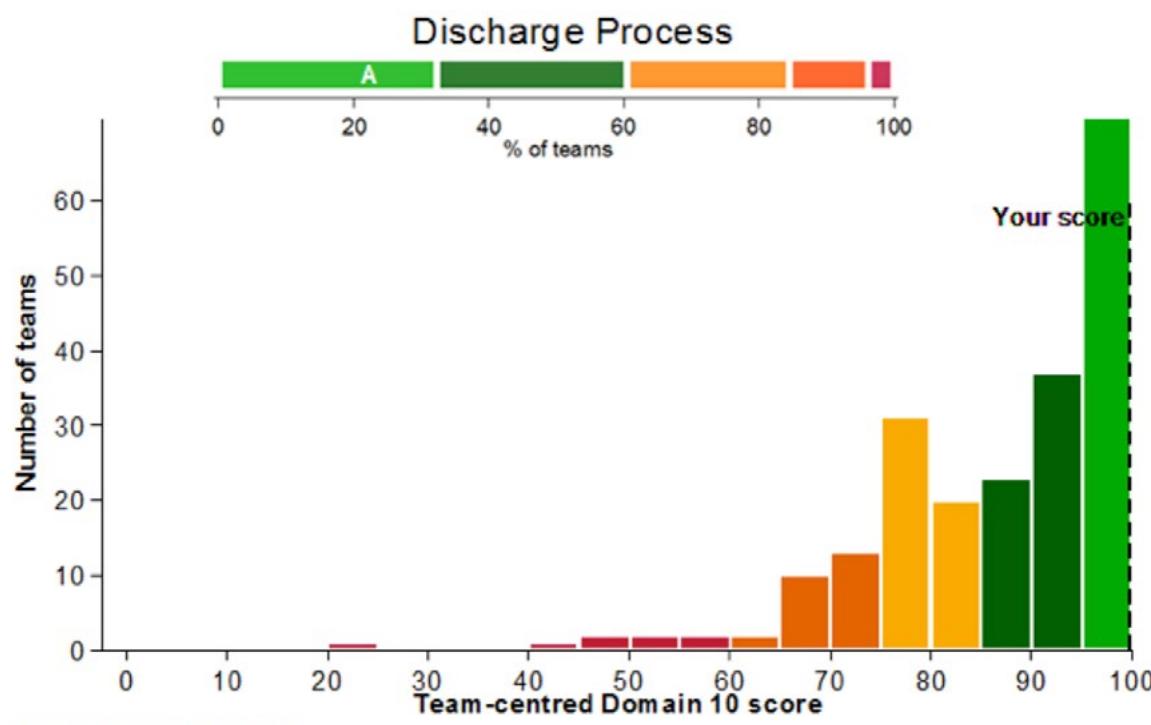
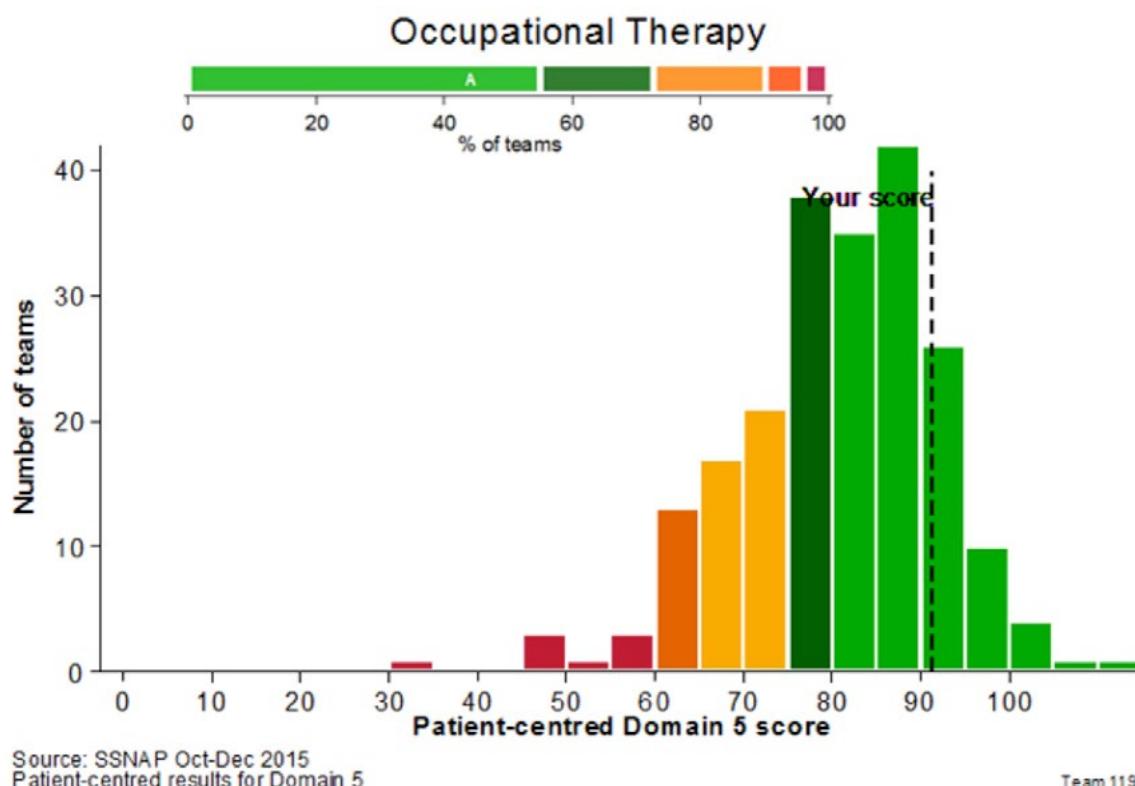
A Quality Improvement project began in Q3, and improvements in Stroke reporting measures continue to be seen as the project moves into its' 3rd quarter, specifically in Speech and Language Therapy, Discharge Standards and overall SSNAP score. This work continues in order to establish a sustainable position going forward.



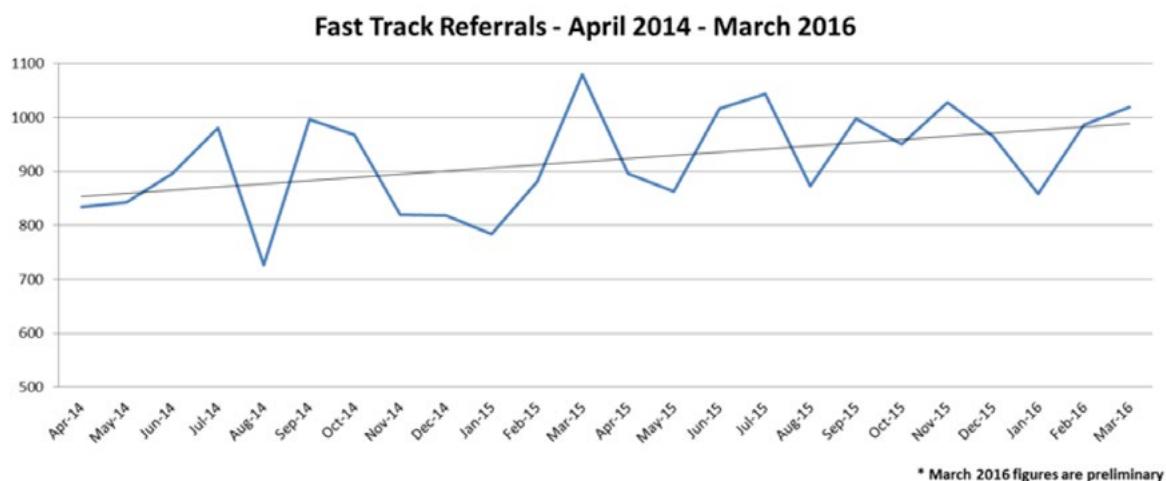
Source: SSNAP Oct-Dec 2015  
Team-centred results at team level for Key Indicator 3.4B

Team 119

Thrombolysed patients admitted to the Stroke Unit within 4 hours, Occupational Therapy and Discharge Process key indicators have continued to achieve high SSNAP grades. The Occupational Therapy domain has remained a solid SSNAP Level A since Q3 14/15 and Discharge Processes receiving a SSNAP Level A since Q4 14/15.



During 2015/16 we have continued to experience year on year growth in fast track referrals to our cancer services, partly due to a series of national campaigns. This has presented a challenge to achieving the Cancer Standards during 2015/16.



The Trust has performed well against the two week wait standards achieving all three quarters despite the significant increase in fast-track referrals in 2015/16. The Trust achieved the 62 day standards in Q1 and Q3 but increased demand through the year and some loss of capacity unfortunately meant that a small number of patients waited longer for their treatments in Q2. The Trust achieved the 31 day from decision to treatment standards in Q1 and Q2, however some pressures on surgical capacity impacted on the delivery of the 31 day target in Q3. (Final Q4 data is awaited).

	Qtr 1	Qtr 2	Qtr 3
<b>2 week wait from referral to to date first seen - all urgent referrals</b>			
<b>2 week wait from referral to date first seen - for symptomatic breast patients</b>			
<b>31 day wait from diagnosis to first treatment</b>			
<b>31 day wait for second or subsequent treatment - Surgery</b>			
<b>31 day wait for second or subsequent treatment - anti cancer drug treatments</b>			
<b>62 day wait for first treatment from urgent GP referral for suspected cancer</b>			
<b>62 day wait for first treatment from NHS cancer screening service referral</b>			

## Going concern

After making enquiries, the directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for at least the next 12 months. For this reason, they continue to adopt the going concern basis in preparing the accounts.

## Principal risks and uncertainties for the future

As with all organisations, we work in an environment where there are certain risks and uncertainties. These include:

- future service reconfiguration in the county
- General Election - potential changes in policy
- £6-8m recurrent savings every year, for at least the next five years
- commissioners (internationally) perceive hospital systems as tending towards being reactive, centralised and high cost, and the default, or barrier, rather than the solution to the future population health needs. The strategic context is that NHS hospital funding is declining, along with the wider public sector. Even if wider NHS funding picks up, there will be a drive to spend it elsewhere, and an assumption of a smaller acute sector, fitting the hot/warm model

### Trends and factors affecting the future

- an aging population, unhealthy lifestyles, new technology and rising quality expectations all require more for less
- key commissioning trends are away from hospitals: moving from reactive to proactive healthcare, in community settings and in particular avoiding emergency hospital admissions
- workforce trends - nursing shortage, specialist consultants and reducing junior doctor numbers
- involvement of the Competition and Markets Authority in all service reconfiguration

- increasing quality standards against a backdrop of reduced funding for hospitals

## End of year financial position

Monitor, now part of NHS Improvement, assigns each NHS foundation trust a risk rating for governance and for finance.

The financial risk rating is known as the 'financial sustainability risk rating', and is calculated on the basis of a liquidity measure, a capital servicing capacity measure, an income and expenditure margin measure, and a variance to plan measure. These are all indicators of financial robustness. The financial sustainability risk rating is the rounded average of the four indicators and is measured on a scale of one to four, with four being the highest.

The governance risk rating comprises three levels:

- a green rating if no governance concern is evident
- where Monitor identifies potential material causes for concern with the trust's governance in one or more of the categories (requiring further information or formal investigation), it will replace a trust's green rating with a description of the issue and the steps (formal or informal) it is taking to address it
- a red rating if Monitor decides to take regulatory action

The Trust's financial risk rating is currently a two and its information governance risk rating is under review.

## Business continuity and resilience planning

Within our responsibilities under the Civil Contingencies Act 2004, the following plans are in place to ensure our organisation remains resilient to any emergency situation:

- Major Incident Plan
- Business Continuity Plan

- Chemical, Biological, Radiological, Nuclear and explosive (CBRNe) Plan
- Pandemic Influenza Plan (including for ebola virus disease, Middle East Respiratory Syndrome (MERs) )
- Mass Prophylaxis Plan

We continue to identify national and local community risks as detailed in the national and local community registers and plan appropriately to address any of these risks that may have an impact to the wider community, such as a major incident scenario or an infection outbreak.

The Care Quality Commission report commented that the Trust Major Incident Plan was up to date, detailed and provided guidance and support to staff. They also noted that staff across the Trust were conversant with their roles and had adapted plans to their local needs.

Another exceptionally important aspect of our planning is business continuity. If we experience issues providing our usual services in the usual way, for example as a result of loss of infrastructure due to fire or a flood on site, we have plans in place that enable us to relocate services in a timely professional manner to ensure we can still provide services for the local community, providing reassurance to them. Particular emphasis this year has been business continuity within IT and its many facets.

We continue working with our multi-agency partners across Dorset, Hampshire and the Isle of Wight in planning for any major emergency within these areas. These other agencies include all blue light services, local authorities and utility companies. This work is essential in ensuring a safer Dorset.

## Clinical strategy

The Trust strategy was refreshed in the summer of 2015 and in particular took account of national policy relating to new care models and, locally, the further development of the Dorset Clinical Services Review (CSR). The CSR has moved to agreement of the need for one major emergency hospital for Dorset,

with either Poole or Royal Bournemouth being selected for this role. A decision on the preferred option was expected in summer 2015, but this was delayed pending a more rigorous examination of the options for the development of care models for primary care.

As a result of this there have been "Vanguard" projects developed in primary care and GPs across Dorset have all become part of one of five groups piloting new ways of providing community services, incorporating community hospitals, community, mental health and social care organisations. Alongside this, the Trust is participating in an Acute Care Collaboration Vanguard "One NHS in Dorset" and the specialities of maternity, paediatrics, stroke, cardiology, imaging, ophthalmology, non-surgical cover and diabetes are as a result moving toward a more integrated, collaborative approach with the other trusts in Dorset. This may ultimately result in a joint venture functioning as the operational vehicle for these services. Early examples of the development of these models include the Dorset and Wiltshire Vascular Network and the Dorset Urology Network where in each case Royal Bournemouth is the surgical hub. The Acute Care Collaboration Vanguard is effectively the pre-cursor to CSR and the decision on CSR options is now expected in 2016, with public consultation taking place subsequently.

The above developments have taken place in a context of policy development away from individual organisations, toward health systems. The Clinical Commissioning Group and its providers are now expected to produce a Sustainability and Transformation Plan (STP) at health system (in this case Dorset County) level. Many of these policy developments are catching up with developments that have already been made locally such as the CSR, but since the national policies have funding attached this will give us the opportunity to make more significant progress.

Although the financial problems facing the NHS have been and will continue to be significant, these are less important, particularly in terms of their likely timeframe, than the difficulties in ensuring adequate manpower is available to deliver 21st century to national or international standards. This

issue will drive our Trust and others toward more innovative ways of maintaining or managing the health of our local population. This will require a number of significant cultural shifts, including a much wider use of technology including electronic patient records, patient held technology and mobile phone applications. In parallel with this there is a developing recognition that the public have responsibilities for their own health and that in seeking solutions to their healthcare issues, they are key partners. Supporting this there is a developing recognition and use of psychological based techniques to support behavioural change. We have a number of projects developing in both these fields - the Canshare website for post treatment cancer patients and the My Health My Way project to support patients with long term conditions.

## Investing in services

The last year has seen a continuing development of our patient facilities, with a great deal of planning for the various possible Dorset Clinical Commissioning Group's Clinical Services Review outcomes. Highlights have included:

- 1** The Jigsaw Building completed.
- 2** Works to improve the Atrium and to open a new retail dispensing chemists on site, Boots, have been completed. The Royal Voluntary Services café is also open for business. This project has allowed the relocation of the Medical Physics department into X-ray, relocation of the volunteers' office, the General office and the creation of two charity shops.
- 3** The Care Home and Senior Living project at Christchurch is progressing well with completion for both developments at the end of 2016.
- 4** The new GP Surgery at Christchurch will be completed in May 2016 with the GP moving in at the end of the month. The new X-ray department will be opened in the summer as a part of this new development.
- 5** The Outpatient department at Christchurch has been extensively

redesigned and refurbished. The next phase, to move the Day Hospital to a converted and upgraded Forest Dene is planned for 2016.

- 6** G Block is due to be demolished in June 2016 at Christchurch Hospital along with the Day Hospital. The Christchurch staff and project teams have worked very hard to ensure that services have been maintained.
- 7** There has been refurbishment and upgrades in the residences at Royal Bournemouth Hospital undertaken throughout the year.
- 8** The proposed new road junction to RBH has moved a step closer, with the council developing a simple on/off design on the south bound A338, that is more affordable and would alleviate a lot of the congestion on Castle Lane East.
- 9** Finally work on the A338 Spur Road had significant impact during the early stages on traffic flows in and out of RBH, but things seem to have settled down and the alterations to the roundabout on Deansleigh Road have also made a big difference for staff leaving the hospital site. The works are on target to be completed in May 2016.

# Quality Accounts 2015-16

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If you require any further information about the **2015/16 Quality Accounts** please contact:  
**Joanne Sims** (Associate Director Quality and Risk) at **Joanne.Sims@rbch.nhs.uk**

# Part 1

## Statement on quality from the Chief Executive

This Quality Report is published by the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust to accompany our Annual Report

Our quality strategy this year has been supported by wide-ranging quality improvement and patient safety initiatives which cover a large range of specialties and topics. In this report we have outlined some of these activities.

This year we have been able to report a positive improvement in providing harm free care, preventing hospital acquired pressure ulcers and reducing serious patient safety incidents. We have developed a more open and honest culture, encouraging staff to speak out and take part in internal peer reviews and share learning from errors and mistakes. A particular success was our first Patient Safety and Quality Conference held in September 2015 where over 500 staff shared patient safety and quality improvement stories, case studies, ideas and innovations.

There were a number of inspections during the year, the most important of which was a formal inspection by the Care Quality Commission (CQC). It was therefore positive to receive confirmation from the CQC that we had made significant improvement following their previous inspection in 2013. We could not have made this improvement without the dedication and skill of our staff and the support from patients, carers, governors and other public stakeholders. We also recognised that we are on a continuous journey and have further improvements to make, embed and sustain.

This year the overarching objectives agreed by the Board aim to provide a central framework and the basis for individual objectives setting across the whole organisation. It is expected that every member of staff will agree objectives

which reflect the key themes of quality, improvement, personal and professional development, team work and performance.

There is an important balance to be struck when considering the objectives we set for the Trust between the need for these to be clear and measurable against the importance of not over-specifying to the point that they fail to be relevant to staff or lack ownership and connectivity due to their relevance to small defined areas of the Trust. We have sought to establish the balance necessary between the two positions. In summary our work and focus for 2016/2017 will be on:

- quality - providing safe, effective and compassionate care
- improvement - using a standard methodology to support achievement of the Trust's quality priorities
- strategy and partnerships - to have a clear strategy for maintaining viable high quality services
- staff - focusing on positive development and learning culture, strong leadership and team work
- performance - delivering the performance required to maintain access to elective diagnostic and emergency services
- value for money - staying within budget using resources wisely and cutting waste to allow the maximum funding to go to front line patient care

The views of our various stakeholders including patients, governors, staff and the wider public have been very important to the development of our specific quality objectives and priorities for 2016/17.

We have engaged with staff through workshops, management briefing sessions, executive team walkabouts and informal drop in sessions.

We have talked to patients and carers through our extensive programme of patient surveys and have held specific focus groups, feedback sessions and open days. We have also invited patients and relatives to attend serious incident panel meetings to ensure we focus on everyone's questions and issues. Improving patient safety and patient experience is a

prominent agenda item for the Board of Directors and we value the opportunity to work with patients, carers, Foundation Trust members and the public on a wide range of patient experience and patient safety initiatives.

## Care Quality Commission (CQC) Inspection Report - February 2016

The CQC inspected the Royal Bournemouth Hospital and Christchurch Hospital on the 20-22 and 26 October 2015 and 4 and 9 November 2015.

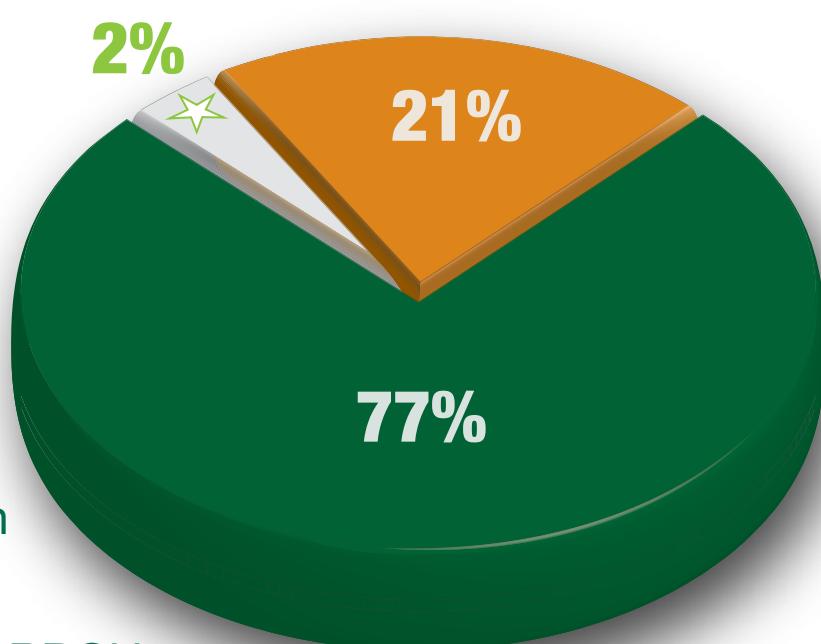
Following the Care Quality Commission's inspection of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust, nearly 80 per cent of our services received individual ratings of "good" or better.

Two areas of the Trust were praised by the CQC as being examples of 'outstanding practice' and all services at Christchurch Hospital were rated as good, with the CQC reporting that our staff were caring and compassionate and treated patients with dignity and respect. The CQC also noted that our staff were 'motivated to offer care that was kind, supportive, and open' and this is in line with the mission of our Trust to give the standards of care we would want for our own families."

At the Royal Bournemouth Hospital, we were rated by the CQC as "good" for five services: critical care; surgery; outpatient and diagnostic services; end of life care and children's and young people's services. Three services were rated "requiring improvement": urgent and emergency services; medical care and maternity and gynaecology. The care of children and young people was rated as "outstanding".

The CQC report has highlighted areas that we need to improve on and our actions to address them are summarised in the quality report. The action plan sits alongside an ambitious programme of quality improvement initiatives across the Trust which combined with the hard work and dedication of our staff are both helping with the advancement recognised in this report and beyond.

It has not been possible to include all of the quality and patient safety initiatives that we have been or will be engaged in within this report. We have considered the comments made by our external stakeholders during the consultation process and amended the final version of the report to provide additional information where appropriate. We hope that the report demonstrates our clear commitment to quality improvement and patient safety.



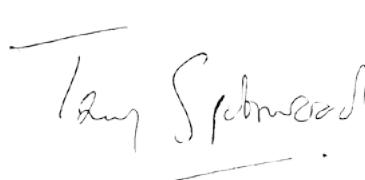
**Breakdown of CQC results for services at RBCH**

**Outstanding**   **Good**   **Requires improvement**

There are a number of inherent limitations in the preparation of Quality Accounts which may impact the reliability or accuracy of the data reported:

- data is derived from a large number of different systems and processes. Only some of these are subject to external assurance, or included in our internal audit's programme of work each year
- data is collected by a large number of teams across the trust alongside their main responsibilities, which may lead to differences in how policies are applied or interpreted. In many cases, data reported reflects clinical judgement about individual cases, where another clinician might have reasonably classified a case differently
- national data definitions do not necessarily cover all circumstances, and local interpretations may differ
- data collection practices and data definitions are evolving, which may lead to differences over time, both within and between years. The volume of data means that, where changes are made, it is usually not practical to reanalyse historic data

The Trust and its Board of Directors have sought to take all reasonable steps and exercise appropriate due diligence to ensure the accuracy of the data reported, but recognise that it is nonetheless subject to the inherent limitations noted above. Following these steps, to my knowledge, the information in the document is accurate.

  
**Tony Spotswood**  
 Chief Executive  
 25 May 2016

## Part 2

### Progress against quality priorities set out in last year's quality account for 2015/16

In the 2014/15 Quality Account the Trust identified the following key areas for improvement in 2015/16:

- achieving consistency in quality of care by a year on year improvement in providing harm free care, measured by a reduction in serious incidents
- ensuring patients are cared for in the correct care setting on wards by improving the flow of patients admitted non-electively and reducing the average number of non-clinical patient moves by at least 10%
- reducing the number of avoidable category three and four pressure ulcers acquired in our hospital in 2015/16 by 25%, measured through Serious Incident Reports
- ensuring that there are no Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia cases and that the Trust achieves its target of no more than 14 Clostridium Difficile cases
- improving the management of sepsis, ensuring we implement the six key interventions (high-flow oxygen, fluid bolus, blood cultures, IV antibiotics, monitoring urine output, and measuring lactate) within one hour of patients being identified as having sepsis or being in septic shock.
- ensuring uniform use of surgical checklists across the whole organisation with the intention that there are no Never Events associated with failure to use checklist

Monitoring of progress against each of these priorities has been undertaken via the Board of Directors and specific sub groups, including the Healthcare Assurance Committee, Quality and Risk Committee and Infection Prevention and

Control Committee. Where relevant, quality metrics have been incorporated into ‘ward to board’ quality dashboards and quality reporting processes.

The following pages provide details of our achievement against the priorities we set ourselves.

## Harm free care

The 2014/15 Quality Report published in May 2015 identified “harm free care” as one of the quality improvement metrics to continue to be monitored in 2015/2016.

Harm free care is a national (NHS England) quality indicator and is measured monthly via a standard NHS Safety Thermometer data collection tool. The methodology requires all ward areas to record “harms” for all inpatients on the ward on the monthly data collection day. The data is recorded on a standard audit sheet and the results are validated prior to entry on to the national electronic data collection database.

A patient is identified as having harm free care if they have not had a hospital acquired pressure ulcer, a fall with harm during admission, a catheter related urinary tract infection (UTi), or a hospital acquired venous thromboembolism (VTE).

A quality objective for the year 2015/2016 was to complete the NHS Safety Thermometer across all wards with the simple aim of being better than the national average for harm free care.

In 2015/2016, based on a survey of 5812 in-patients, we achieved an average of 97.5% new harm free care (97.2% in 2014/15 and 96.7% in 2013/14). Our score for 2015/16 compared to a national average of 97.8%.

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	15/16 Average
National New Harm Free Care %	97.70%	97.78%	97.79%	97.80%	97.74%	97.92%	97.90%	97.87%	97.90%	97.95%	97.89%	97.83%	97.84%
RBCH New Harm Free Care %	96.78%	97.86%	98.95%	97.64%	97.89%	96.58%	97.77%	98.08%	97.10%	96.62%	98.35%	96.77%	97.53%
National New Pressure Ulcers %	0.99%	0.99%	0.93%	0.98%	0.93%	0.87%	0.88%	0.91%	0.91%	0.93%	0.91%	0.95%	0.93%
RBCH New Pressure Ulcers %	2.41%	1.28%	0.63%	1.72%	1.69%	2.99%	1.21%	1.28%	1.93%	2.58%	1.03%	2.63%	1.78%
National Falls with Harm %	0.63%	0.61%	0.67%	0.59%	0.65%	0.58%	0.58%	0.59%	0.56%	0.52%	0.57%	0.58%	0.59%
RBCH Falls with Harm %	0.40%	0.43%	0.21%	0.43%	0.42%	0.00%	0.61%	0.64%	0.58%	0.80%	0.41%	0.20%	0.43%
National New Catheters and New UTi %	0.31%	0.31%	0.30%	0.30%	0.33%	0.31%	0.30%	0.32%	0.30%	0.28%	0.30%	0.28%	0.30%
RBCH New Catheters and UTi %	0.40%	0.43%	0.21%	0.21%	0.00%	0.21%	0.20%	0.00%	0.39%	0.00%	0.00%	0.40%	0.20%
National New VTE %	0.41%	0.38%	0.36%	0.37%	0.39%	0.36%	0.37%	0.35%	0.37%	0.35%	0.37%	0.39%	0.37%
RBCH New VTE %	0.00%	0.00%	0.00%	0.00%	0.00%	0.21%	0.20%	0.00%	0.00%	0.00%	0.21%	0.00%	0.05%

Data Source: Safety Thermometer, NHS Information Centre.

# Reducing non-clinical patient moves

A quality objective for 2015/2016 was to reduce the number of times patients were moved multiple times during their admission for non-clinical reasons.

The table below show the results for 2014/2015 and 2015/2016 for patients, by number of moves during 2014/2015 and 2015/2016 episode, based on admission date.

Number of moves	Apr-June 2014	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	TOTAL 2014/15
<b>6 or more</b>	0	1	1	1	3
<b>5</b>	1	0	2	0	3
<b>4</b>	5	7	13	5	30
<b>Total</b>	<b>6</b>	<b>8</b>	<b>16</b>	<b>6</b>	<b>36</b>

Number of moves	Apr-June 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	TOTAL 2015/16
<b>6 or more</b>	0	2	2	0	4
<b>5</b>	1	3	1	1	6
<b>4</b>	5	4	6	10	25
<b>Total</b>	<b>6</b>	<b>9</b>	<b>9</b>	<b>11</b>	<b>35</b>

The above information shows the number of recorded patient moves for each patient admission on the hospital electronic system. A case note review is currently in progress to review the clinical appropriateness of each recorded move for 2015/16.

The un-validated results for 2015/2016 show slight improvement in year despite a background of higher number of admissions and activity at front door during the year. It is likely that the 2015/16 validated results will highlight further improvement.

## Quality improvements implemented in 2015/16

The following actions were undertaken in 2015/16 to reduce the number of inappropriate patient moves and improve the reliability of our data on patient moves:

- Standard operating procedure agreed with Clinical Site team, Ward Sisters and Matrons, Risk Management and Infection control team with agreement on the clinical criteria for ward transfers.
- Amendment of inpatient 7 day care plan documentation to enable date, time and rationale for a ward move to be clearly documented in the patient's notes.
- Improvement in accuracy of data input at ward level.

- Record of all patients who are placed on a ward outside of their specialty recorded and maintained by Clinical Site team and the rationale for the move recorded

## Improvement priorities for 2016/17

- Maintain focus on the importance of accurate clear documentation and discussion, including communication with patients and families, about moves.
- Reconfiguration of beds and in particular the development of the acute frailty unit will ensure that the bed capacity within a specialty matches more closely the demand for those specialty beds.
- Implementation of the electronic new bed management system to aid improved patient flow and identification of bed availability

## Reducing Hospital Acquired Pressure Ulcers

On average less than 1.78% of the hospital inpatients surveyed in 2015/16 using the National NHS Safety Thermometer tool had a reported hospital acquired pressure ulcer. This compared to 2.00% in 2014/15 and 2.20% in 2013/14.

The result is slightly higher than the national average of 0.93%.

Our patient profile is such that we have a high proportion of very elderly frail inpatient population with often complex and long term health issues. Our patients are often admitted with existing pressure damage (community acquired cases are much higher than the national average) or at a high risk of early skin deterioration. We have therefore focussed on embedding a proactive prevention strategy at our front door whereby all patients are placed immediately on pressure relieving mattresses. Nursing staff in our Emergency Department and Acute Medical Unit staff also ensure that patients have a full skin assessment on admission. We are working closely with NHS England and our Clinical Commissioning Group

colleagues across Dorset and Hampshire to improve pressure ulcer prevention, care and management in the community.

All incidents of pressure damage (internally or externally acquired) are reported as adverse incidents. Each incident is formally investigated and in cases of significant pressure damage (a category three or four pressure ulcer) a formal case review meeting is held. The aim of the panel meeting is to identify any gaps in care and/or opportunities for learning. In 2013/14 we reported 30 serious incidents of avoidable category three and four hospital acquired pressure ulcers. In 2014/15 this figure reduced by 33% to only 20 cases. In 2015/16 this reduced by 70% to only 6 cases being reported as Serious Incidents.

## Quality improvements implemented in 2015/16

- Developed and implemented an electronic risk assessment application including pressure ulcer risk assessment tool
- 50 additional specialist hybrid mattresses purchased during the year which takes us to just over 50% bed base coverage.
- 20 additional hybrid cushions purchased for high risk areas.
- Provision of training courses has been increased. Basic wound care workshops are now delivered twice monthly instead of once every other month and opened to outside providers.
- Poster presentation at the European Pressure Ulcer Advisory Panel conference in Belgium in September 2015. Following this we have shared our learning and information with other Trusts around the country.
- Additional full time Tissue Viability Staff Nurse post appointed (to commence April 2016).

## Improvement priorities for 2016/17

- Implement a tailored competency framework for qualified staff focussing on pressure ulcer prevention and management
- Continue to work towards 100% bed base coverage of hybrid mattresses (inpatient areas)
- Continue working with our NHS England and commissioning colleagues to establish a core training standard across the area for all care providers

## Infection control

### **Clostridium Difficile.**

There were 26 cases of clostridium.difficile reported from the Trust in 2015-16. 17 of these cases were attributed to 'lapses in care' processes, against an NHS England target of 14. This is comparable to previous years in terms of the percentage of total cases reported.

Lessons learnt from the cases where there were lapses in care processes included; ensuring that specimens are sent as soon as possible which will support the timeliness of isolation and to continue the focus on accurate documentation and hand hygiene. When compared nationally, the Trust has low rates of clostridium difficile and we will continue to strive for further improvements.

The Trust works closely with healthcare providers and commissioners in Dorset and Hampshire to continuously improve patient safety in this area.

### **Methicillin-Resistant Staphylococcus Aureus (MRSA)**

No hospital acquired MRSA bacteraemia's were recorded at the Trust during 2015/2016.

### **Methicillin-Sensitive Staphylococcus Aureus (MSSA)**

The trust has a line working group which works closely with members of the Trust and community to ensure that policy and protocol are followed across the health care sector in Dorset. An electronic assessment tool for patients with vascular access devices is in development at the Trust.

### **Norovirus**

Outbreaks of Norovirus were confirmed within the Trust during January and February 2016. Whilst every effort is made to prevent the spread of this virus it is difficult to prevent it from coming into the Trust. Media messages and communications are currently our best defence against this.

### **Catheter related urinary tract infections (CA UTIs)**

The average Harm Free care score relating to new CA UTIs (from NHS Safety Thermometer data) for the Trust in 2015/16 was 0.20% compared to 0.39% in 2014/15 and 0.47% in 2013/14.

This is slightly better than the national average score of 0.3% and a significant improvement on the previous two years results.

## Improvement priorities for 2015/16

- Participation in World Hand Hygiene day in May 2016
- Hold an annual infection control study day for staff
- Continue infection control audit programme, including routine hand hygiene audits
- Review of new and novel methods to improve infection control within the Trust

# Sepsis Management

The aim of the Trust Sepsis Quality Improvement project for 2015/2016 was to deliver the Sepsis 6 bundle to all patients admitted with severe sepsis and/or septic shock within 1 hour.

A project group was formed comprising quality improvement specialists, data analysts, clinicians (consultant and registrars) from emergency medical, acute medical and surgical specialities, senior nursing staff, and a member of the Communications team. The team worked collaboratively across the Emergency Department (ED), Acute Medical Unit (AMU) and Surgical Admission Unit (SAU), mirroring practises across all three units.

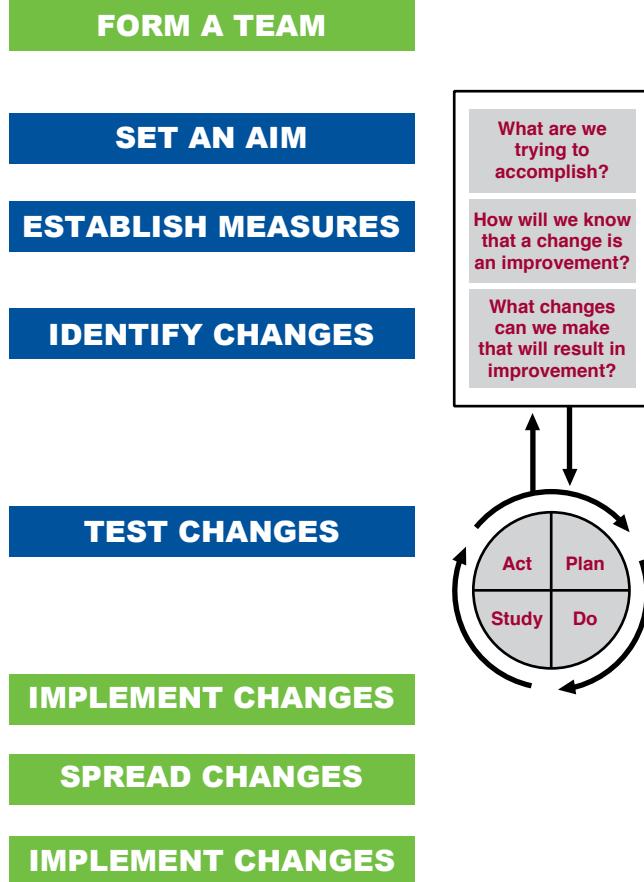
As part of our patient engagement, the team asked a patient and his wife to tell us about their experiences which were then integrated into the education package for all staff. The patient story has also formed an integral part of a video that the Trust is producing to highlight the importance of timely sepsis treatment.

Using the Trust quality improvement model (see diagram), allowed the team to focus on setting an aim, establish measures and identify possible changes.

The Trust Model for Improvement uses Plan-Do-Study-Act (PDSA) cycles to test changes in real work settings. Teams use quantitative measures to determine whether they lead to an improvement and the PDSA cycle guides the testing of a change to determine whether or not it results in an improvement. Each change idea is tested using one or more PDSA cycles.

The team completed two PDSA cycles that have measured the introduction of sepsis stickers, lanyards and cards to see if they helped decrease the time between arrival and administration of antibiotics. The team also completed a PDSA cycle which looked at the availability and types of intravenous antibiotics that were being prescribed in the organisation's emergency admitting areas to see if all antibiotics were available when prescribed. The results of this PDSA showed that all antibiotics prescribed during the cycle were available at ward level.

## RBCH Quality Improvement Model



The team are currently preparing their fourth PDSA, looking at availability and appropriate usage of IV antibiotics.

## Quality Improvements implemented in 2015/16

- During the year the Sepsis team have improved the one hour delivery of antibiotics to sepsis patients from 26% to 67%.
- Introduced a new policy in line with UK Sepsis Trust to address delivery of care to patient with suspected sepsis
- Developed a 'Sepsis Sticker' checklist to support policy implementation
- Undertaken a Trust wide poster campaign allied to lanyards and sepsis prompt cards, to aid early sepsis screening, identification and management.
- Develop branding of the Trust Sepsis Campaign to increase awareness within the Trust. The branding has been identified as an area of excellent practice by the Wessex Patient Safety Collaborative.



- Provided feedback to staff on current performance and areas for improvement.
- Engaged with Wessex Patient Safety Collaborative to develop a region-wide strategy for Sepsis
- Introduced an education package to be used to increase the sepsis awareness of our staff

## Improvement priorities for 2016/2017

The Sepsis team have identified some future aims as they work to spread their success including:

- Adapting a protocol with consideration given to pre-mixing of antibiotics
- Improving communication with pre hospital and primary care teams to improve reception of septic patients
- Adapt to the national re-definition of sepsis and treatment pathways (expected April/ May 2016) and re-educate the Trust
- Develop an electronic clinical decision aid/audit tool to monitor care for inpatient sepsis and at admission
- Continue to review and improve time between prescribing and administration of intravenous (IV) antibiotics
- Continue with regional engagement around sepsis management within Wessex
- Produce a patient story video for staff education

## Safety Checklists

During 2015/2016 the Trust has implemented a specific quality improvement project focusing on implementation of the World Health Organisation (WHO) Surgical Safety Checklist for all surgical and interventional procedures across the Trust. The project is led by the Medical Director and the project group includes representatives from across the Trust, senior nursing staff, clinical governance and risk management, information, informatics and communication departments.

The project team have met at least monthly to discuss progress, improvement cycles, actions and plans.

## Quality Improvements implemented in 2015/16

- Implementation of new Standard Operating Procedures and Checklists for Theatres, Ophthalmology, Interventional Radiology, Radiology, Dermatology, Cardiology, Oncology, Out-patients and Endoscopy
- Checklist champions implemented in all areas
- Compliance and observations audits
- Communications strategy branded and implemented “NEVER get to NEVER” campaign.

**never** get to **never**  
 use your **safety** checklist

- Amendments to theatre data collection made to enable compliance reports by Theatre and by individual lead surgeon. Compliance is recorded for all 5 stages of the WHO checklist (pre start brief, sign in, time out, sign out, post debrief). All stages must be completed to achieve a compliance score. Compliance is recorded for all Theatre procedures and the results are displayed outside each theatre & all theatres aware of their compliance.

- Safety Checklist film launched and commended in Patient Safety category at the National Health Business Awards 2015. The film features real patient stories and is available to watch on the Trust website, facebook page and on YouTube [www.youtube.com/watch?v=vhIDmlxu0P4](https://www.youtube.com/watch?v=vhIDmlxu0P4)

Basil Fozard, Trust Medical Director and executive sponsor of the ‘Never get to Never’ campaign, said: “*We are absolutely delighted to have been commended for the ‘Never get to Never’ patient safety campaign at the Health Business Awards this year. Patient safety is our Trust’s utmost priority, so we have to recognise human errors are a possibility so that we can discuss them, improve our practice, support our staff to work at their best, and ensure our patients are the safest they can possibly be. Research shows the WHO Safety Checklist dramatically reduces the margin for human error during a procedure, which is why we have made our hospitals ‘Safety Checklist zones’.*

## Improvement priorities for 2016/17

- Implementation of an electronic solution to capture checklist compliance across the Trust. This will be undertaken in a phased way, beginning with Theatres, Endoscopy, Cardiology and Interventional Radiology. Currently the project group is working up the system specification through specialty group discussions
- Implementation of Local Safety Standards for all areas undertaking invasive procedures to meet new National Safety Standards for Invasive Procedures (NatSSIP). The national deadline for completion is September 2016 and the project group is confident of meeting this timescale.
- Develop a patient leaflet covering how and why safety checklists are used for invasive procedures and the steps taken within clinical teams to ensure patient safety.

- Continue awareness and education on the Trust “Never get to Never” campaign and celebrate successful “safety catches” i.e. where use of the safety checklist has ensured patient safety.
- Implementation of a Trust wide faculty to deliver and support human factors training across the organisation, establishing a train the trainers programme for all checklist areas. A programme is already in place for Theatres, the plan is to build on this success and expand Trust wide.

## Our quality priorities for 2016/17

In order to identify priorities for quality improvement in 2016/17, we have used a wide range of information sources to help determine our approach. These include:

- gathering the views of patients, public and carers using real-time feedback, surveys, focus groups and one to one meetings
- collating information from claims, concerns, risks, complaints and adverse incidents
- using the results of clinical audits, inspections and patient surveys to tell us how we are doing in relation to patient care, experience and safety
- considering the views of our commissioners as part of our shared quality and performance meetings and their feedback following formal announced and unannounced inspections
- listening to what staff have told us during executive director patient safety walkrounds, briefing sessions and internal peer reviews
- canvassing the views of staff through our vision and values workshops

We have taken into account the comments made by the Care Quality Commission (CQC) inspection team in their inspection report and wider stakeholder views at the Quality Summit in March 2016. We have triangulated our principal quality priorities and improvement objectives for 2016/17 with our CQC action plan.

We have also considered the results of the national staff survey to help us decide where we need to focus our quality improvement efforts and actions. We have also taken on board the national picture for patient safety and collaborated with Clinical Commissioning Groups (CCG) as part of wider strategy work and clinical service reviews. We have included the 2015-2018 priorities of the Wessex Academic Health Science Network and our on continued participation in the Wessex Patient Safety Collaborative work streams for Sepsis, Transfers of Care and Dementia.

The Trust has formally consulted with key stakeholders (general public, staff, patients, governors and commissioners) to help identify quality improvement priorities for 2016/17. Priorities have been considered with clinical staff as part of service delivery and clinical governance meetings.

We have considered any current actions plans in place, for example those forming our sign up to safety plan and our responses to other national reports issued on patient safety and quality.

Our overall aim is to continue to improve the quality of care we provide to our patients ensuring that it is safe, compassionate and effective, whilst ensuring that it is informed by, and adheres to best practice and national guidelines. We will drive continued improvements in patient experience, outcome and care across the whole Trust using a standard quality improvement (QI) methodology. We will continue to support and develop our staff so they are able to realise their potential and further develop a Trust culture that encourages engagement, welcomes feedback, and is open and transparent in its communication with staff, patients and the public.

Following consultation, the Board of Directors has agreed that the overall quality objective for 2016/17 should be to continue to improve the quality of care we provide to our patients ensuring that it is safe, compassionate and effective, driving down variations in care whilst ensuring that it is informed by, and adheres to, best practice and national guidelines.

Our specific quality priorities are:

- Creating a fair and just culture; being transparent when things go wrong and embedding learning, measured by a reduction in Serious Incidents and avoidance of Never Events
- Promoting the recognition of avoidable mortality and potential links to deficiencies in care by improved and comprehensive mortality reviews and ensuring any learning points are disseminated.
- Ensuring patients are cared for in the most appropriate place for their needs by:
  - Improving the flow of patients and reducing the average number of non-clinical patient moves by at least 10%.
  - Supporting more patients who want to die at home to achieve this.
- To deliver consistent standards in quality care for our patients demonstrated by further improvements in reducing the number of avoidable pressure ulcers and falls which happen in our hospital in 2016/17 by a further 10%, measured through Serious Incident Reports
- To ensure that there are no MRSA cases and that the Trust achieves its target of no more than 14 Clostridium Difficile cases due to lapses in care
- To be within the top quartile of hospital reported patient satisfaction via the Family and Friends Test
- To address all issues highlighted within the CQC Report during 2016/17

To coordinate implementation of these aims and objectives, the Trust has developed a comprehensive quality strategy and monitoring plan. Progress against the plan will be monitored by the Board of Directors, Healthcare Assurance Committee, Workforce Committee and the Quality and Risk Committee.

# Statements of Assurance from the Board

This section contains eight statutory statements concerning the quality of services provided by The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust. These are common to all trust quality accounts and therefore provide a basis for comparison between organisations.

Where appropriate, we have provided additional information that provides a local context to the information provided in the statutory statements.

## 1. Review of services

During 2015/16 The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust provided and/or subcontracted eight relevant health services (in accordance with its registration with the Care Quality Commission):

- management of supply of blood and blood derived products
- assessment or medical treatment for persons detained under the Mental Health Act 1983
- diagnostic and screening procedures
- maternity and midwifery services
- family planning
- surgical procedures
- termination of pregnancies
- treatment of disease, disorder or injury

The Trust has reviewed all the data available to them on the quality of care in eight of these relevant health services. This has included data available from the Care Quality Commission, external reviews, participation in National Clinical Audits and National Confidential Enquiries and internal peer reviews.

The income generated by the relevant health services reviewed in 2015/16 represents 100% of all the total income generated from the provision of relevant health services by the Trust for 2015/16.

The data reviewed for the Quality Account covers the three dimensions of quality - patient safety, clinical effectiveness and patient experience. Information reviewed included directorate clinical governance reports, risk register reports, clinical audit reports, patient survey feedback, real time monitoring comments, complaints, compliments, adverse incident reports, quality dashboards and quality and risk data.

This information is discussed routinely at Trust and Directorate quality, risk and clinical governance meetings. There is a clear quality reporting structure where scheduled reports are presented from directorates and specialist risk or quality sub groups to the Quality and Risk Committee, Healthcare Assurance Committee, Trust Management Board and, Board of Directors each month. Many of the reports are also reported monthly and/or quarterly to our commissioners as part of our requirement to provide assurance on contract and quality performance compliance.

## 2. Participation in clinical audit

During 2015/16, 32 national clinical audits and four national confidential enquiries covered relevant health services that the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust provides.

During 2015/16, The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust participated in 94% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquires that The Royal Bournemouth and Christchurch Hospitals NHS Foundation was eligible to and did participate in, and for which data collection was completed during 2015/16, are listed below alongside the

number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

■ yes ■ no ■ not applicable

National Clinical Audits for Inclusion in Quality Report 2015/16	Eligible to Participate	Participated in 2015/16	Data Collection completed in 2015/16	Rate of case ascertainment (%)
Case Mix Programme (ICNARC)	■	■	■	Awaiting end of year results
National Cardiac Arrest Audit (NCAA)	■	■	■	Awaiting end of year results
National Emergency Laparotomy Audit (Year 2)	■	■	■	97.62% as at Feb 2016
Acute Coronary Syndrome or Acute MI (MINAP)	■	■	■	98.9% (last published report)
Cardiac Rhythm Management	■	■	■	99% (last published report)
Coronary Angioplasty/National Audit of Percutaneous Coronary Intervention (PCI)	■	■	■	99.85%
National Heart Failure Audit	■	■	■	No data available - awaiting report
Sentinel Stroke National Audit Programme (SSNAP)	■	■	■	No data available - awaiting report
UK Parkinsons Audit	■	■	■	No data available - awaiting report
Adult Asthma	■	■	■	National Audit did not run in year
Diabetes Footcare Audit	■	■	■	56 cases submitted (second quartile)
Pregnancy in Diabetes Audit	■	■	■	19 cases submitted
National Diabetes Inpatient Audit	■	■	■	No data available - awaiting report
National Diabetes Audit (Adults)	■	■	■	No data available - awaiting report
Emergency Use of Oxygen	■	■	■	427 cases
Inflammatory Bowel Disease (IBD) 3rd Round Biologics Audit	■	■	■	No data available - awaiting report
Lung Cancer (Lucada)	■	■	■	No case ascertainment data available
National Chronic Obstructive Pulmonary Disease (COPD) Audit	■	■	■	76 cases
Pulmonary Rehabilitation	■	■	■	95% (38/40)

Non Invasive Ventilation	■	■	■	National audit did not run in year
Procedural Sedation in Adults	■	■	■	Unable to achieve minimum required sample size
Vital Signs in Children	■	■	■	Awaiting national report
Venous Thromboembolism (VTE) Risk in Lower Limb Immobilisation	■	■	■	48 cases
National Ophthalmology Audit	■	■	■	Data collection started March 2016
Falls and Fragility Fracture Audit programme (FFFAP) Hip Fracture Database	■	■	■	Not applicable to Trust
National Joint Registry	■	■	■	2014-15 971 hip cases (primary and revisions)
National Comparative Audit of Blood Transfusion (NCABT) - Blood Management in Scheduled Surgery	■	■	■	891 knee cases (primary and revisions)
NCABT - Audit of Use of Blood In Lower GI Bleeding	■	■	■	Deadline missed for participation
NCABT - Audit of Use of Blood in Haematology	■	■	■	Awaiting report
End of Life Care Audit	■	■	■	80 cases (100%)
Rheumatoid and Early Inflammatory Arthritis	■	■	■	No Trust level figure available
Bowel Cancer (NBOCAP)	■	■	■	100%
Elective Surgery (PROMS)	■	■	■	No data available
Mothers and Babies: Reducing risk through audits and confidential enquiries across the UK (MBBRACE UK)	■	■	■	100% required
National Complicated Diverticulitis Audit	■	■	■	Unable to participate due to other clinical demands

National Confidential Enquiries for Inclusion in Quality Report 2015/16	Eligible to Participate	Participated in 2015/16	Data Collection completed in 2015/16	Rate of case ascertainment (%)
NCEPOD Acute Pancreatitis Study	■	■	■	100%
NCEPOD Mental Health in General Hospitals Study	■	■	■	Data collection not yet completed
NCEPOD Non Invasive Ventilation Study	■	■	■	Data collection not yet completed
NCEPOD Chronic Neurodisability Study	■	■	■	Not applicable to Trust
NCEPOD Young Peoples Mental Health Study	■	■	■	Data collection not yet completed

Centre for Maternal and Child Death Enquires for Inclusion in Quality Report 2015/16	Eligible to Participate	Participated in 2015/16	Data Collection completed in 2015/16	Rate of case ascertainment (%)
Saving Lives 2015	■	■	■	No data available
Perinatal Mortality - Antepartum Stillbirths 2015	■	■	■	No data available

The reports of 25 national clinical audits were reviewed by the Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust in 2015/16 and the Trust intends to take the following actions to improve the quality of healthcare provided:

- Measurement of blood glucose on admission has been improved for patients admitted with Acute Coronary Syndrome or Acute Myocardial Infarction (MI) as a result of the Myocardial Ischaemia National Audit Project (MINAP).
- A clinical pathway for emergency laparotomy has been developed, following the first round of the National Laparotomy Audit. The Trust has joined a collaborative of 20 hospitals in the south of England and set up a quality improvement project looking at the 'acute abdomen' patient.
- National Heart Failure Audit - appointment of consultant with interest in heart failure as part of Heart Failure Team also additional Heart Failure Nurse Specialist and creation of Heart Failure Unit
- NCEPOD Sepsis report - adopt UK Sepsis Trust standard patient leaflet on sepsis. Review services for patients discharged from intensive care and introduce surgical

site bundle. Formalise approach to consultation with microbiology consultants regarding sepsis cases and review the standardised sepsis proforma across the Wessex Collaborative

- National Diabetes Audit - Invite all patients with Type 1 Diabetes to a 3 yearly structured education session.
- National Audit of Inpatient Falls -production of new patient information leaflets on falls. Amendment of nursing risk assessment tool (eNA) to include lying and standing blood pressure.

The Trust did not participate in 2 national audits this year:

- National Complicated Diverticulitis Audit
- NCABT - 2015 Audit of Use of Blood In Lower GI Bleeding

Results of local clinical audits are reviewed within the directorates and at directorate clinical governance committees. A summary of actions noted from clinical audits is reviewed quarterly by the Trust's Quality and Risk Committee and by the Healthcare Assurance Committee. The Clinical Audit and Effectiveness Group now reviews all submitted audit reports on a monthly basis.

The Trust has developed a detailed clinical audit plan for 2016/17 to include national, corporate and local clinical audit priorities. Progress is monitored via directorate clinical governance committees and the Trust Clinical Effectiveness and Audit Group. Progress is also reported quarterly to the Healthcare Assurance Committee, Audit Committee and Board of Directors.

The reports of 279 local clinical audits (including patient surveys) were reviewed by the Trust in 2015/16 and the Trust intends to take the following actions to improve the quality of healthcare provided:

The following improvements to practice were made as a result of audit activity this year:

- Following the College of Emergency Medicine Audit of Paracetamol Overdose education of nursing staff has taken place to reduce unnecessary early blood tests and a poster giving guidance has been put up in Emergency Department.
- A new Emergency Department (ED) psychiatry proforma is being developed in conjunction with the Liaison Psychiatry Team following an Audit of Mental Health Care in ED.
- A proforma has been introduced by Maternity to highlight issues discussed with women prescribed anti-depressants/mood stabilisers in the antenatal period following an audit of Maternal Mental Health.

- The results of an audit of Peripheral Arterial Disease Assessment in Amputees were discussed across Wessex Amputee Services in the context of varying practices to develop an inclusive pathway whilst demonstrating compliance with guidance.
- A recent audit of the Management of Pulmonary Embolism (PE) found that Wells Scores were being underutilised. As a result of this audit a presentation on the Wells Score is to be undertaken at Grand Round. Posters have been placed in the Admissions Unit showing the algorithm for PE diagnoses and a link placed on the intranet to aid the calculation of Wells Scores.
- Following an Audit of Obesity in Pregnancy and Birth, a Bariatric Clinic has been set up for pregnant women with raised Body Mass Index (BMI).
- As a result of auditing platelet requests for haematology patients over a one month period, a new patient request form is to be made available on the intranet with guidance for its use.
- Following an Audit of Trust Awareness of the Major Incident Plan, an e-learning package is being developed for Major Incidents as part of mandatory training.
- Following an Audit of Criteria for Referral to the Dietician for a Low Fodmap Diet gastroenterologists and GPs must confirm a normal colonoscopy or faecal calprotectin and exclude a diagnosis of coeliac disease.
- Appropriate forms are now included in midwifery admission packs following an Audit of Venous Thromboembolism (VTE) Assessment in Pregnancy.
- A new pathway is to be created with gastroenterology so that patients are referred straight to the dietitian preventing the need for a gastroenterology appointment following a Re-audit of Patients with Newly Diagnosed Coeliac Disease.
- An audit of Use of Exercise Tests in the Rapid Access Chest Pain Clinic has led to a new pathway and referral form being introduced in to the clinic with improved access to functional imaging.

- Following a Survey of Patients in the Department of Sexual Health staff are developing a new information leaflet showing common drug side effects.
- An End Stage Parkinson's Disease Clinic is to be established following an audit of deaths in Patients with Parkinson's Disease.
- National Comparative Audit of Blood Management in Scheduled Surgery - Hospital Transfusion Committee to work with Commissioners to formalise integrated pathways for referral of patients found to be anaemic during surgical workup.
- Improving Understanding of Discharge Waits on the Stroke Unit - The data has been used to inform meetings with West Hampshire CCG and Lymington Hospital regarding use of their inpatient beds and numbers of patients who have been referred.
- Stable Patient Quality Indicator Monitoring and New Treatment Quality Indicator Monitoring Audit (HIV Patients) - to update paperwork and clarify pathways for secondary care services and introduce reminder system for partner notification
- RBH Inpatients Ward Assessment of Fluid Chart Completion - development of a specimen chart highlighting necessary parts of fluid chart that must be completed on commencement of chart and display on staff notice boards.
- Podiatry Patient Group Directive (PGD) Audit 2015 - Podiatrists now keep details of occasions where doctors have prescribed an alternative antibiotic to enable expanding of the number of future antibiotics available to issue via a PGD.

## 2. Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by the Trust that were recruited during that period to participate in research approved by a research ethics

committee and NIHR portfolio adopted was 1305 (April 2015 - March 2016). This compares to the 2013/14 value of 1182 and 1658 in 2014/15.

Bournemouth is the second highest recruiting site to commercial trials in the Clinical Research Network: Wessex region, closely behind Southampton Hospital.

### Research success stories in 2015/16

- Bournemouth was the first UK site to recruit patients to three cancer studies:
  - The Xilonix trial; preliminary evidence suggests that Xilonix treatment can improve the quality of life of patients with colorectal cancer, to the point that some patients have managed a return to a working life;
  - The AB12005 trial evaluating Mastinib, a type of drug which can block the malfunctioning of particular enzymes and can therefore help in treating certain diseases such as pancreatic cancer;
  - The Colet trial comparing the effects of cobimetinib, a drug that may prevent cancer cells from becoming resistant to a type of chemotherapy drug commonly given to patients with breast cancer.
- High recruitment to the Bournemouth-sponsored Lym1 study, collecting samples to investigate the mechanisms of disease progression in B-cell chronic lymphoproliferative disorders. This led to Wessex coming third out of the 15 Clinical Research Networks in England in recruitment to cancer trials.
- Top UK recruiter to the Master SL total hip replacement study.
- The first edition of the Clinical Research informing patients, public and staff about research at the hospitals

## 4. Use of Commissioning for Quality and Innovation (CQUIN) payment framework

The Trust's income in 2015/16 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) payment framework because of the agreement reached with the Clinical Commissioning Group (CCG) to use the CQUIN payment to source a fund available non recurrently to protect the quality of care and safety of the service with a particular focus on areas that are giving rise to the CQUIN areas. The Trust agreed use of this fund directly with the CCG.

## 5. Statements from the Care Quality Commission (CQC)

The Trust is required to register with the Care Quality Commission (CQC) and its current registration status is unconditional. This means that the Trust does not have any current restrictions on its practice or services. The Care Quality Commission has not taken enforcement action against the Trust during 2015/16.

The Trust has participated in special reviews or investigation by the CQC relating to the following areas during 2015/16:

The CQC inspected the Royal Bournemouth Hospital and Christchurch Hospital on the 20-22 and 26 October 2015 and 4 and 9 November 2015.

Following the Care Quality Commission's inspection of the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust, nearly 80 per cent of our services received individual ratings of "good" or better.

## Overview of ratings

Our ratings for Christchurch Hospitals are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
End of life care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

## Our ratings for The Royal Bournemouth Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
<b>Urgent and emergency services</b>	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
<b>Medical care</b>	Requires improvement	Good	Requires improvement	Good	Good	Requires improvement
<b>Surgery</b>	Requires improvement	Good	Good	Good	Good	Good
<b>Critical care</b>	Good	Good	Good	Requires improvement	Good	Good
<b>Maternity and gynaecology</b>	Good	Requires improvement	Good	Good	Requires improvement	Requires improvement
<b>Services for children and young people</b>	Good	Good	 Outstanding	Good	Good	Good
<b>End of life care</b>	Good	Good	Good	Good	Good	Good
<b>Outpatients and diagnostic imaging</b>	Good	Not rated	Good	Good	Good	Good
<b>Overall</b>	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

The CQC inspection report (published on the 26/02/2016) highlighted five specific breaches in relation to fundamental standards:

Regulated Activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred Care. Regulation 9 (1) (3)(a)(b)</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none"> <li>Patients in the emergency department did not always receive timely assessment, care and treatment to meet their needs.</li> </ul>
Treatment of disease, disorder or injury	<p>Regulation 10 HSCA (RA) Regulations 2014 Dignity and Respect. Regulation 10 (1) (2)(a)</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none"> <li>Patients did not consistently receive care in a way that respected their privacy and dignity.</li> </ul>

Regulated Activity	Regulation
Regulated activity Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and Treatment. Regulation 12 (1) (2)(a),(b),(c),(d),(e),(g)  How the regulation was not being met: <ul style="list-style-type: none"> <li>● Patients in the emergency department were not assessed and treated according to nationally agreed standards, particularly for sepsis and fractured neck of femur.</li> <li>● There was no up-to-date protocol on managing the removal of a collapsed woman from a birthing pool. All staff had not had training in the use of the equipment provided.</li> <li>● There was not a safe route for patients between main ward areas and the Derwent suite.</li> <li>● Medicines were not stored at safe temperatures and staff did not follow trust policy when disposing of controlled drugs. Staff did not collect medicine reconciliation data to demonstrate that patients received the correct medicines when admitted. Medicines were not always administered correctly.</li> <li>● Not all theatre areas were clean. Contaminated equipment was not always disposed of safely. Staff did not always adhere to best practice in infection prevention and control.</li> <li>● Transfer equipment in emergency department was not checked and ready for use. Internal audits showed that emergency trolleys were not consistently checked daily, equipment on some trolleys was missing and some equipment was not charged and ready to use.</li> </ul>
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good Governance. Regulation 17 (1), (2), (a), (b), (f)  How the regulation was not being met: <ul style="list-style-type: none"> <li>● There were not effective processes to identify, assess, monitor and improve the quality and safety of the maternity and gynaecology services.</li> <li>● Hospital escalation procedures were not always effectively implemented to minimise delays to ambulance patients</li> <li>● Departmental risk registers did not always reflect all the risks identified by staff.</li> </ul>
Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18(1)  How the regulation was not being met: <ul style="list-style-type: none"> <li>● Staffing numbers were not consistently maintained at a safe level to meet the identified needs of patients.</li> </ul>

The Trust has taken the following action to address the conclusions or requirements reported by the CQC. The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has made the following progress by the 31st March 2016 in taking such action.

## Trust Actions

The Emergency Department (ED) is evaluating the feasibility of a revision to patient flow that will see a consistent patient flow 24 hours a day into the Rapid Assessment and Treatment area (RAT) that currently operates 10:00 - 22:00. This will facilitate consistent senior nursing and medical assessment, triage, prioritisation and pathway signposting on arrival, including commencing medical management where indicated, i.e. Sepsis. All staff are aware that they must conduct and record an initial assessment of all patients on arrival.

The Trust now has a policy in place for patients with fractured neck of femur. The Trust is working closely with our partners from South Western Ambulance, Poole Hospital NHS Foundation Trust and Dorset Clinical Commissioning Group (CCG) to establish a clear clinical pathway for patients with suspected or confirmed fractured neck of femur.

The Emergency Department has added Early Warning Score observations (NEWS) and Pain Score to the electronic whiteboard (Symphony) and is investigating the feasibility of electronic observation recording in the department.

A detailed review of the environment within Emergency Department and Older Persons Medicine is being undertaken to identify any factors which can be improved or adapted to support privacy and dignity for patients. The Trust is reviewing and refining the Dignity Policy and this will then be summarised and re launched into a new Dignity Pledge. Core Induction and Local Induction procedures will also be reviewed following update of Dignity Policy and Pledge. As part of their daily walk around Matrons reinforce the key messages around Privacy and Dignity and challenge poor practice. We now have a multi-faith dignity gown available to female patients of different faiths and cultures. Staff continue to use blue butterfly signs in clinical areas to indicate sensitive and confidential conversations are taking place.

Electronic Nurse Assessment (eNA) has been successfully rolled out to all inpatient areas and embedding of the new system is well underway. Patients core nursing risk assessments are now monitored and reported on routinely via the Clinical Compass. eNA enables Ward Sisters/Charge Nurses and Matrons to monitor the timely assessment of patients and ensure appropriate escalation takes place.

Datix web has been successfully rolled out trust wide and this has already led to an increase in reported near miss and no harm incidents. Datix web ensures that once an incident has been closed, the person who reported it will get an email giving feedback. The Trust has also produced a staff briefing sheet highlighting the methods of feedback available to them. Staff survey results will also be used to highlight specific areas that may require additional support or encouragement to report incidents. A Safety Conference is being arranged for Sept 2016 (on the back of a successful event in 2015) and will be used to showcase the learning from incident reporting and the Board support for an open culture.

The existing Birthing Pool policy was updated and ratified immediately post CQC inspection. The Trust had at the time of the visit an on line training video to support the evacuation of the pool and training records have been updated to ensure that all staff have watched the video. The policy and video is now part of the local induction to maternity to ensure all new starters are aware of the evacuation procedures. Additional resources have been secured from DOH funding for simulation and training equipment in maternity and a training lead (practice development midwife) commenced to support training in the department in January 2016.

Plans are in place to improve the corridor between the Derwent suite and the Main hospital building by adding electric doors with exterior sensors on both sides of the entrance to the corridor. These will have exterior sensors to reduce draughts within the route. The central area will be carpeted and the general décor will be improved. The number of deliveries using this route will be reduced by placing bollards outside the doors on the Jigsaw side of the entrance, and improving paving lakeside therefore encouraging deliveries to be made via the lakeside entrance. The site has been reviewed and there are no immediate risks to patients or staff whilst the décor is upgraded.

A detailed review of practice around medicine storage and medicines administration in the ward areas is being undertaken by Ward Sisters / Charge Nurses. Current practice is being appraised alongside Trust policies and procedures. The Medication Incident Review Group (MIRG) will review these outcomes and a report provided to the Medicines Governance Committee (MGC) to give assurance. Medicines management will be monitored through the Peer review programme, medication safety audits, MIRG and Medicine Governance Committee.

A global email has been sent to all clinical areas highlighting the basic standards for medicines storage. Also a monthly medication safety newsletter is produced and published by MIRG and posters have been created to support medicines safety message.

Currently, Monday to Friday, Pharmacists aim to review new admissions for Medicines Reconciliation as part of their ward duties. In the Acute Medical unit, a Pharmacist attends both post-take ward rounds during the week and will attend one per day at weekends. Medicine Reconciliation will be incorporated into the Medicines Optimisation strategy and will be discussed further at the Medicines Governance Committee in April 2016. A plan will be developed to ensure that all prescribers understand their responsibilities and have the skills and resources to take an accurate drug history and use it to treat the patient appropriately.

There are plans in the Emergency Department for all patients to be asked for consent for Summary Care Record (SCR) so that their record and drug history can be printed and added to their notes for prescribers to use. In the Emergency Department drugs previously stored on the transfer equipment have been relocated to the resuscitation room drug storage facilities.

Infection Prevention and Control is covered in Induction and Essential Core skills training for Trust staff. Monitoring occurs via monthly Infection Control Audit and the Peer review programme. Any non-compliance is reported as an adverse incident. The dust and cobweb found by the CQC was rectified immediately. Daily cleaning lists and spot checks are in place.

Equipment checklists are already in place and are included in ward daily safety briefings. This is monitored through the Peer review Programme. There is already a crash trolley audit taking place monthly across the Trust undertaken by the Clinical Audit department. A Transfer Equipment check will be included within this. In the Emergency Department the transfer equipment has been relocated into the resuscitation room and will be encompassed with current checking processes in place to ensure daily checking, which is audited monthly for assurance. Monitoring is reported at directorate governance and Healthcare Assurance Committee.

At the time of inspection Maternity had recognised there were improvements required for risk and governance and had completed a review of the systems in place. Since the inspection a full time Interim Risk/Audit lead midwife has been appointed and there is dedicated time for an obstetric lead consultant. Monthly risk meetings have been scheduled and all staff have the opportunity to attend. The meetings will review incidents, themes, quality reports, audit action plans and the Risk Register. There are 6 joint Obstetric/Maternity Governance meetings scheduled for the calendar year. There is a new appointment of Governance lead for Gynaecology and with the new structure in place the team are establishing regular Governance meetings specifically for Gynaecology.

An action plan is in place to improve the hospital escalation procedures in order to minimise delay to ambulance patients. There are also plans to develop an escalation plan that fully incorporates the Emergency Department and to institute the 4hour commander role.

The Trust Recruitment Meeting will continue to oversee the recruitment process for the Trust which includes all disciplines and is chaired by the Director of Human Resources. Matrons and Heads of Nursing and Quality will continue to examine the current processes of monitoring operationally each shift to ensure staffing levels and skill mix are appropriate and safe under this process and ensure escalation is reported in a timely manner. The Nursing Workforce Transformation Steering Group, chaired by the Director of Nursing is reviewing the skill mix, developing the future workforce plan and examining how best to use the financial envelope.

A full copy of the February 2016 inspection report is available on the Trust website and also on the CQC website: [www.cqc.org.uk/sites/default/files/new\\_reports/AAAA1845.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAA1845.pdf)

## 6. Data Quality

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust submitted records during 2015/16 to the Secondary Uses Service (SUS) for inclusion in the hospital episode statistics which are included in the latest published data.

The percentage of records in the published data which included the patients' valid NHS number was 99.2% for admitted patient care; 99.9% for outpatient care; and 97.8% for accident and emergency care. The percentage of records in the published data which included the valid General Medical Practice code was 100.0% for admitted patient care; 100.0% for outpatient care; and 99.9% for accident and emergency care.

Collecting the correct NHS number and supplying correct information to the secondary user service is important because it:

- is the only national unique patient identifier
- supports safer patient identification practices
- helps create a complete record, linking every episode of care across organisations

This standard covers the specific issue of capture of NHS numbers. The wider data quality measures and assurance on information governance are covered next.

## 7. Information Governance toolkit attainment levels

All NHS trusts are required to complete an annual information governance assessment via the information governance toolkit. The self-assessment must be submitted to the Health and Social Care Information Centre, with all evidence uploaded by 31 March 2016.

The Trust's Information Governance Assessment Report overall score for 2015/16 was 67% (2014/2015 was recorded as 37%) and was graded as "Satisfactory With Improvement Plan".

The Information Governance (IG) Toolkit is a self-assessment audit completed by every NHS Trust and submitted to the Health and Social Care Information Centre (HSCIC) on 31st March each year. The purpose of the IG Toolkit is to provide assurance of an organisation's information governance practices through the provision of evidence around 45 individual requirements.

The Trust's Information Governance Assessment Report overall score for 2015/16 was 67% (2014/15 was recorded as 37%) and was graded by the HSCIC as "Satisfactory With Improvement Plan".

During 2015/16, the Trust has continued with its comprehensive and holistic approach to the completion of its IG Toolkit submission, undertaking closer scrutiny of all of the requirements in order to give a higher quality of assurance. The significantly increased percentage score for 2015/16 is indicative of an extensive amount of work that has been undertaken within the year to document and provide assurance in relation to the Trust's Information Governance compliance, in the manner required by the IG Toolkit.

As at 31st March 2016, the Trust remains non-compliant to 7 of the 45 requirements. However action plans with completion dates are in place for all of these requirements and these have been approved by the HSCIC as adequate leading to their aforementioned grading.

In 2016/17, work will continue to establish and firmly embed the principles of information risk management and IG throughout the organisation; it is widely recognised that good information governance can be built around the tenets of the IG Toolkit. The Trust will work to maintain the traction that it has gathered on this IG Toolkit during the year in order to firmly imbed the concepts as "business as usual", and enable the submission of a compliant IG Toolkit for 2016/17.

There has been a sharp increase in reported breaches of Information Governance during 2015/16. During 2014/15, 54 breaches and no Serious Incidents Requiring Investigation (SIRIs) were reported, whereas 2015/16 has seen 81 breaches and no SIRIs reported. Whilst seemingly a negative point, this is not necessarily indicative of an increase in incidents within the Trust as expected to be as a result of increased levels of incident reporting following the in-year introduction of DatixWeb electronic incident reporting and greater awareness of IG issues due to the significant increase in training uptake (from 57% at April 2015 to 91% at March 2016). Work will continue during 2016/17 to ensure improvement and learning from any incidents raised.

## 8. Coding Error Rate

The Trust was subject to the Payment by Results (PbR) clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period of diagnosis and treatment coding (clinical coding) were Primary Diagnosis 88.5%, Secondary Diagnosis 87.3%, Primary Procedure 93.7% and Secondary Procedure 85.7%. (\*These figures relate to the period April 2015-February 2016)

The results should not be extrapolated further than the actual sample audited; the services that were reviewed within the sample were as follows: A&E, General Medicine, General Surgery, Ophthalmology and Urology

Clinical coding is the process by which medical terminology written by clinicians to describe a patient's diagnosis, treatment and management is translated into standard, recognised codes in a computer system. It is important to note that the clinical coding error rate refers to the accuracy of this process of translation, and does not mean that the patient's diagnosis or treatment was incorrect in the medical record. Furthermore, in the definition to determine the clinical coding error rate, 'incorrect' most commonly means that a condition or treatment was not coded as specifically as it could have been, rather than there was an error.

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust will be taking the following action to improve data quality in 2016/17:

- Deliver internal training on the coding of scans reiterating sequencing of therapeutic and diagnostic
- Identify a list of documents that must always be reviewed as a minimum standard
- Carry out regular urology audits
- Review the use of Z95.8 to Z95.5 codes for coronary stents
- Review all partial coding once full clinical record is scanned and available

## Reporting against core indicators

Since 2012/13 NHS foundation trusts have been required to report against a set of core set of indicators using data made available to the Trust by the Health and Social Care Information Centre (HSCIC).

For each indicator the number, percentage, value, score or rate (as applicable) for the last two reporting periods (where available) are presented in the table below. In addition, where the required data has been made available by the HSCIC, a comparison with the national average and the highest and lowest national values for the same indicator has been included. The Trust considers that the data presented is as described for the reason of provenance as the data has been extracted from available Department of Health information sources.

Quality Indicator	Data Source	Trust rate for noted reporting period	National average value	Highest value	Lowest value
Summary hospital level mortality indicator (SHMI)	Health and Social Care Information Centre (HSCIC)	October 2014 - September 2015 1.020  October 13-September 14 1.009	1.00	1.177	0.652
<p>The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust considers that this data is as described for the following reasons. The source data for this indicator is routinely validated and audited prior to submission to HSCIS. The data has been extracted from available Department of Health information sources. The SHMI data is taken from <a href="https://indicators.ic.nhs.uk/nestar/docs/plot.HTML">https://indicators.ic.nhs.uk/nestar/docs/plot.HTML</a>.</p>					
<p>The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has taken the following actions to continue to improve this rate, and so the quality of its services, by routinely monitoring mortality rates. This includes looking at mortality rates by speciality diagnosis and procedure. A systematic approach is adopted whenever an early warning of a potential problem is detected - this includes external review where appropriate. The Trust Mortality Group, chaired by the Medical Director routinely reviews mortality data and initiates quality improvement actions where appropriate.</p>					

Quality Indicator	Data Source	Trust rate for noted reporting period	National average value	Highest value	Lowest value
The percentage of patient deaths with palliative care coded at either diagnosis or speciality level for the Trust	HSCIC	October 2014 - September 2015 49.0%  October 13-September 14 44.0%	26.6%	53.5%	0.2%
<p>The Trust considers that this data is as described for the following reason. The data has been extracted from available Department of Health information sources. Publication of data is found here <a href="https://indicators.ic.nhs.uk/webview/">https://indicators.ic.nhs.uk/webview/</a>. Figures reported are 'diagnosis rate' figures and the published value for England (ENG) is used for the national value.</p>					
<p>The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by the routine review of mortality reports. .</p>					

Quality Indicator	Data Source	Trust rate for noted reporting period	National average value	Highest value	Lowest value
Patient Reported Outcome measures (PROMS) - Case mix adjusted average health gains i) groin hernia ii) varicose vein iii) hip replacement iv) knee replacement	April14-Mar15 (provisional, published Feb 2016)  April14-Sep14 (published Feb 2015)	(i) 0.084 (ii) NA (iii) 0.447 (iv) 0.319  (i) Not yet available (ii) NA (iii) 0.413 (iv) 0.286	(i) 0.084 (ii) 0.095 (iii) 0.437 (iv) 0.315  (i) 0.125 (ii) 1.000 (iii) 0.442 (iv) 0.328	(i) 0.154 (ii) 0.154 (iii) 0.524 (iv) 0.418  (i) 0.139 (ii) 0.142 (iii) 0.501 (iv) 0.394	(i) 0.000 (ii) -0.002 (iii) 0.331 (iv) 0.204  (i) 0.009 (ii) 0.054 (iii) 0.350 (iv) 0.249
The Trust considers that this data is as described for the following reason. The number of patients eligible to participate in PROMs survey is monitored each month and the number of procedures undertaken by the Trust is cross tabulated with the number of patient questionnaires used.					
The Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by reviewing relevant patient pathways and undertaking a detailed quality improvement programme.					

Quality Indicator	Data Source	Trust rate for noted reporting period	National average value	Highest value	Lowest value
% of patients readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period (i) aged 0 to 15 (ii) aged 16 or over	HSCIC	2015/16 (i) = 0 (ii) = 3973 (10.9%)  2014/15 (i) = 0 (ii) = 3670 (10.4%)	Not available	Not available	Not available
The Trust considers that this data is as described for the following reasons. The source data for this indicator is routinely audited prior to submission.					
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by routine monitoring of performance data and root cause analysis investigations where appropriate.					

Quality Indicator	Data Source	Trust rate for noted reporting period	National average value	Highest value	Lowest value
Responsiveness to the personal needs of patients	National Inpatient Survey	2015 - not yet available 2014 - 54% 2013 - 77%	not yet available 47% 76.9%	not yet available N/A 87%	not yet available 0% 67.1%
The Trust considers that this data is as described for the following reason. The data source is produced by the Care Quality Commission.					
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust intends to take the following actions to improve this rate, and so the quality of its services. An action plan that addresses the issues raised in the report has been developed and will be overseen by Healthcare Assurance Committee, which is a subcommittee of the Board of Directors.					

Quality Indicator	Data Source	Trust rate for noted reporting period	National average value	Highest value	Lowest value
Staff who would recommend the Trust to family or friends	National Staff Survey	2015 - 75.49% 2014 - 70.79% 2013 - 71.37%	69.17% 67.45% 67.11%	88.98% 89.27% 93.92%	45.73% 38.17% 39.57%
The Trust considers that this data is as described for the following reason. The exercise is undertaken by an external organisation with adherence to strict national criteria and protocols. Data from question level data here <a href="http://www.nhsstaffsurveys.com/Caches/Files/NHS%20Staff%20Survey%202015%20organisation_sheet8_mean-1.xls">www.nhsstaffsurveys.com/Caches/Files/NHS%20Staff%20Survey%202015%20organisation_sheet8_mean-1.xls</a> .					
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust intends to take the following action to improve this percentage, and so the quality of its services, by implementation of a detailed action plan. The results of the survey have been presented to the Workforce Committee (a subcommittee of the Board of Directors) and key actions agreed.					

Quality Indicator	Data Source	Trust rate for noted reporting period	National average value	Highest value	Lowest value
Friends and Family Test - (i) for inpatients and (ii) for patients discharged from Accident and Emergency (types 1 and 2)	(i) Feb 2016 Jan 2016 Dec 2015  (ii) Feb 2016 Jan 2016 Dec 2015	98% 98% 99%  93% 94% 91%	95% 95% 95%  85% 86% 87%	100% 100% 100%  100% 100% 100%	74% 73% 73%  46% 52% 58%
The Trust considers that this data is as described for the following reason. Data is derived from validated monthly reports collated in accordance with <a href="http://www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data/">www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data/</a>					

Quality Indicator	Data Source	Trust rate for noted reporting period	National average value	Highest value	Lowest value
% of patients admitted to hospital who were risk assessed for venous thromboembolism (VTE)	HSCIC	2015/16 = 96.13% 2014/15 = 95.2% 2013/14 = 93.9%	Not available	Not available	Not available
The Trust considers that this data is as described for the following reason. The VTE Score is based on the Department of Health definition and agreed by the local commissioners for CQUIN purposes. The source data for this indicator is routinely audited prior to submission.					
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by the implementation of an IT application to support easier data collection and compliance.					

Quality Indicator	Data Source	Trust rate for noted reporting period	National average value	Highest value	Lowest value
The rate per 100,000 bed days of cases of C difficile infection reported within the trust during the reporting period.	HSCIC	2015/16 12.89/100,000 bed days (26 confirmed cases)  2014/15 10.44/100,000 bed days (21 confirmed)  2013/14 6.92/100,000 bed days (14 confirmed)	Not available	Not available	Not available
The Trust considers that this data is as described for the following reasons. The source data for this indicator is routinely validated and audited prior to submission. All cases of Clostridium difficile infection at the Trust are reported and investigated by the Infection Control Team and reported monthly to the Board of Directors. Reporting is in line with the requirements of the Health Protection Agency (HPA) and Monitor.					
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by ensuring high standards of infection prevention and control are implemented, monitored and maintained.					

Quality Indicator	Data Source	Trust rate for noted reporting period	National average value	Highest value	Lowest value
Number of patient safety incidents reported during the reporting period	NRLS	3832 (April 15-Sept15)  3573 (1 Oct 14-March 15)	Not available	12080	1559
Rate of patient safety incidents reported during the reporting period	NRLS	38.89 per 1000 bed days (April 15-Sept 15)  34.82 per 1000 bed days (Oct 14-Mar 15)	38.25 per 1000 bed days  35.34 per 1000 bed days	74.67	18.07
Number of patient safety incidents reported during the reporting period that resulted in severe harm or death	NRLS	16 (April15 - Sept 15)  v16 (Oct 14 - Mar 16)	Not available	89	1
% of total number of patient safety incidents reported during the reporting period that resulted in severe harm or death	NRLS	0.4% (April15 - Sept 15)  0.4% (Oct14-Mar 16)	0.4%  0.5%	2.9%	0.1%
<p>The Trust considers that this data is as described for the following reasons. All data is validated prior to submission to the National Reporting and Learning System. The NRLS enables all patient safety incident reports, including near miss and no harm events, to be submitted to a national database on a voluntary basis designed to promote learning. It is mandatory for NHS trusts in England to report all serious patient safety incidents to the Care Quality Commission as part of the Care Quality Commission registration process. To avoid duplication of reporting, all incidents resulting in death or severe harm should be reported to the NRLS who then report them to the Care Quality Commission. The data presented is from the most recent NRLS report issues 19/04/2016.</p>					
<p>The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has taken the following actions to improve this indicator, and so the quality of its services, supporting an open culture for incident reporting and investigation and has embedded a new web based incident reporting system in 2015/16 to increase opportunities for reporting and further improve feedback and learning pathways. Nationally under 1% of NRLS patient safety incidents were reported as severe harm or death. The Trust percentage was 0.4%..</p>					

# Part 3

## Review of quality performance in 2015/16

The Trust has a Quality Strategy split into three distinct sections- Patient Safety, Clinical Effectiveness and Patient Experience. This is reviewed and refreshed annually.

The Quality Strategy sets out the strategic quality goals of the Trust in relation to clinical priorities set against the previous year's risk profiles, patient outcomes and new clinically based evidence or published guidance. Each of the three sections has distinct quality patient focussed goals to achieve to deliver the strategic aim, and sets out how this will be monitored and the governance framework within which it will be monitored against. This is developed with key internal and external stakeholders and is approved and monitored by the Healthcare Assurance Committee (HAC) as subcommittee of the Board of Directors. The HAC scrutinises the plans and approves them, monitoring monthly the quality performance, together with the risk profiles and the Trust Assurance Framework. Quality profiles included in this are Pressure Damage, Falls, medications management, Friends and Family Test (FFT), developing patient and public engagement and complaints management, sustaining duty of candour, clinical audit plan compliance and further development of the risk assurance and Trust Assurance process

The following section provides an overview of the performance in 2015/16 against some of the quality indicators selected by the Board of Directors for the year. The indicators have been selected to demonstrate our commitment to patient safety, clinical effectiveness and enhancing the patient experience. The indicators provide continuity to data presented in the 2014/15 Quality Report and have also been selected on the basis of data collection, accuracy and clarity.

## Safety

### Reducing adverse events

We support an open culture for reporting and learning from adverse events and near miss patient safety incidents. We promote an open reporting culture through the Adverse Incident Policy and standard Adverse Incident Report (AIR) Form.

The Trust fully supports the Secretary of State's "Freedom to Speak Up" review (published February 2015) which emphasises the importance of listening to staff. When staff raise concerns, it's because they usually know where things are not working well and when care is not as safe as it could be.

Staff are encouraged to make suggestions or give feedback in a various of ways including:

- speaking to their line manager, matron, staff governor or change champion
- talking to a Human Resources representative
- requesting a 'Tony on Tour' or Executive Patient safety walkround for their department
- using the Core Brief feedback form
- raising concerns to a staff side representative
- attending an open event, workshop or breakfast briefing
- seeking support from Occupational Health and/or the confidential employee assistance service
- via the value based appraisal process
- using the #Thank You section of the intranet
- filling out the staff impressions surveys and the Employee Friends and Family test
- using the improvement ideas suggestion scheme

During 2015/16, we have refreshed the Trust Whistleblowing policy, made this available on our internal intranet site and published a newsletter and poster highlighting the ways in which staff can raise a concern. We have also implemented a detailed freedom to speak up action plan.



# I have a concern at work... ...how do I report it?

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

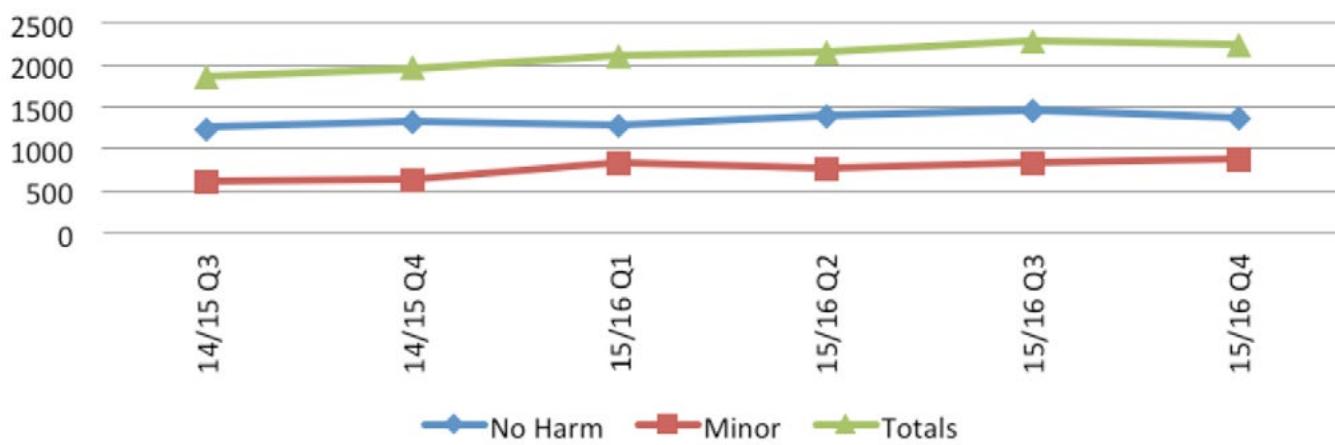
Impact to me				Impact to the Trust			
<b>Do you feel you are being treated unfairly at work?</b>	<b>Do you feel you are being bullied at work?</b>	<b>Do you feel you are suffering harassment at work?</b>	<b>Have you had an accident at work?</b>	<b>Is it about an incident that involved a patient who came to harm or is at serious risk of coming to harm?</b>	<b>It is about something you have seen in the Trust that you think is criminal or is it a health and safety risk?</b>	<b>Is it about a patient, child or member of staff you think might be being neglected, abused or bullied?</b>	<b>Have you seen something that you think might be a case of fraud against the organisation?</b>
Grievance policy	Dignity at Work policy - bullying	Dignity at Work policy - harassment	AIRS form - Employee	AIRS form - Patient	Speak Out Safely	Speak up - public disclosure	Counter fraud
Terms and conditions	Intimidating or insulting behaviour	Unwanted or unreasonable behaviour done to protected characteristics:	Adverse incidents	Patient incidents	Health and safety in danger	You believe a patient or member of staff is being abused	Fraud
Working practices	Threatening behaviour	Gender	Contact with uncontaminated sharp object	Falls	Damage to environment	You believe a child is at risk of harm	Falsifying claim forms
Health and safety	Unreasonable requests	Gender reassignment	Contact with used/contaminated object	Collision or contact with object	Criminal offence	You suspect neglect	Working while sick
Relationships at work	Exclusion	Sexual orientation	Contact with hazard	Inappropriate handling	Organisation is breaking the law		Theft
		Race	Security incidents	Exposure to heat or cold	Covering up of wrong doing		Falsifying qualifications
		Religion	Violence and Aggression incidents	Sharps or needlestick			Accepting bribes
		Disability		Contact with hazard			Non-declaration of interests or conflict of interests
		Age		Patient on floor			
		Pregnancy or maternity		Self harm			
		Marriage/civil partnership		Poor patient care or treatment			
<a href="#">More information</a>				<a href="#">More information</a>			

If in any doubt, report it to your line manager, your trade union representative, occupational health, Risk Management, the chaplaincy or HR. If in any doubt, talk to your line manager, your HR Manager, Trade Union representative, Occupational Health or the Chaplaincy. Access our Employee Assistance Programme with Care First on 0800 174319

These lists are examples and not exhaustive

The Trust also supports the "Speak out Safely" campaign and as part of our Sign up to Safety plan we have implemented a new online reporting system (Datix web) to make it easier for staff to report adverse events and near misses. Implementation of the new system has led to a 12.5% increase in near miss/no harm reporting between April 2015 and April 2016.

**Total Number of No Harm and Minor Adverse Incidents reported by Quarter**



Staff have also been encouraged to engage in feedback from incident reporting for example via daily safety briefings, investigation panels, team meetings, appraisal, peer reviews and directorate and department governance meetings.

All reported incidents are graded in terms of the actual severity of the incident. Standard gradings set down by the National Patient Safety Agency (NPSA) are applied. All incidents are fully investigated, including near miss and no harm events, and are used as an opportunity for reflective practice, shared learning and quality improvement.

## How can I get feedback from Adverse Incident Reports (AIRs)?



### Patient safety incidents reported via the national reporting and learning system (NRLS) - April 2015 to March 2016

	Total number reported 2014-2015	% of incidents reported 2014-2015	Total number reported 2015-2016	% of incidents reported 2015-2016
No Harm	4982	69.08%	4931	62.53%
Minor	2063	28.61%	2798	35.48%
Moderate	141	1.96%	120	1.52%
Major	26	0.36%	37	0.47%
<b>Total</b>	<b>7212</b>		<b>7886</b>	

Nationally 70% of incidents reported to the National Reporting and Learning System are recorded as no harm. Nationally just under 1% are reported as severe harm or death. The Trust's percentages for 2013/14, 2014/15 and 2015/16 are much lower at 0.60%, 0.36% and 0.47% respectively.

### Learning from serious incidents

In 2013/14 the Trust reported 66 serious incidents (as defined by NHS England Serious Incident Reporting Framework). In 2014/15 the number of serious incidents reported was 46 - a 30% reduction on the previous year. In 2015/16 the number of serious incidents reported was 32 - a further reduction of 30%.

Category of Serious Incident Reported	2013/14	2014/15	2015/16
Patient fall	14	15	15
Hospital Acquired pressure ulcer	30	20	6
Clinical Incident	14	11	11
Other	8	0	0
<b>Total</b>	<b>66</b>	<b>46</b>	<b>32</b>

## Never Events

The Department of Health has defined a list of specific events that are considered unacceptable and eminently preventable. These are called “Never Events”.

In 2014/15 the Trust reported Three Never Events.

Two of these incidents related to surgical procedures and a third involved administration of the wrong dose of insulin due to the use of an incorrect syringe.

In all cases detailed investigations were undertaken and a full action plan implemented to address learning points identified.

To further improve incident reporting and support an open culture for sharing learning, the Trust held its first Safety and Quality Conference in September 2015. One of the principal aims of this week-long event was to share key points of learning widely across all staff groups, so that in the future our patient care is as safe as possible.

The main conference was attended by over 350 members of staff from across the Trust and was a great opportunity to hear very frank and honest talks from a range of clinicians on what happened when things went wrong and what we have learnt from these events.

During the week, over 100 staff attended an additional “Open Space” area which was an opportunity for them to say what more we could all be doing to help improve quality and safety at RBCH, with a range of interactive displays.



Medical Director Basil Fozard said: “We set ourselves a target to be the most improved hospital by 2017 and that links into safety and quality. Anything we can do to reduce avoidable harm, to reduce mortality, increase safety and to better patient outcomes is vital and I would want that to be the legacy of this conference. We will need to keep up our efforts, and we will need to repeat this conference next year.”

## Duty of Candour

The Duty of Candour requires healthcare providers to disclose safety incidents that result in moderate or severe harm or death.

Any reportable or suspected patient safety incident falling within these categories must be investigated and reported to the patient, and any other ‘relevant person’, within 10 days. Organisations have a duty to provide patients and their families with information and support when a reportable incident has, or may have occurred.

# Duty of Candour

**Being open and honest with patients when things go wrong...**

## Do you understand your responsibilities?

‘Duty of Candour’ is a moral, ethical, professional and legal requirement



**Duty of Candour legislation applies in all incidents where actual harm has occurred**

## Your responsibilities:

- inform the patient (or their family or carer) of the incident
- be open and honest
- offer an apology and support
- explain what enquiries / investigations will be undertaken
- record discussions with patient / carer in the case record
- at the end of the investigation provide details of the actions taken



For further details please refer to the Trust's ‘Being Open/Duty of Candour’ policy and NMC and GMC Guidance on the intranet.

As part of our overarching Sign up the Safety plan, the Trust has also implemented revised procedures for the investigation of adverse events to ensure that liaison with patients, families and carers is an integral part of our being open policy.

A patient information leaflet has been produced and new guidance provided for managers and clinicians on how to meet the new statutory duty of candour.



We were pleased that the recent CQC inspection report noted evidence of implementation across the Trust:

*"Senior clinical staff were aware of the Duty of Candour regulation and the importance of being open and transparent with patients and families"*

*"All staff that we spoke with understood the principles of openness and transparency that are encompassed by the Duty of Candour. Senior staff demonstrated detailed knowledge of the practical application of this new responsibility"*

*"Staff on wards and in theatres understood the principles of Duty of Candour. Incident monitoring reports showed staff were prompted to consider whether incidents required the application of Duty of Candour. Both junior and senior nursing staff provided examples of when the Duty of Candour had been applied".*

## Staff Survey

The National Staff Survey was undertaken on behalf of the Trust by the Picker Institute, with survey letters being sent directly to all staff via a mixed mode, i.e. staff with an active email address received the survey by email, others by the internal postal system. All staff employed at the Trust on 1st September 2015 were sent a survey questionnaire. This year the Picker Institute were commissioned by a total of 64 Acute Trusts.

Staff completing the survey questionnaire returned it to the Picker Institute. Non-responders were sent a reminder after three and six weeks. Information regarding the survey was distributed in the weekly communications email, on posters around the Trust and at a Health and Wellbeing event.

This year 37.2% of staff returned their survey questionnaire, a total of 1598 staff. In 2014 the response rate was higher at 48.1%, although as only a sample of 850 staff were surveyed, the number of responses was much lower at 409.

The staff survey questionnaire content is agreed nationally. The Trust used the core questions for Acute Trusts. The questionnaire included questions grouped in the following topics:

- Personal Development
- Job
- Management
- The Organisation
- Health, Wellbeing and Safety at work
- Background information

Full details of the staff survey results are included in the Trust Annual Report 2015/2016. The specific results for some of the principle health and wellbeing questions were as follows:

**Standard: To provide support and opportunities for staff to maintain their health, well being and safety**

Health and well-being	Comparison to 2014 survey results	Comparison to national average - 2015 results
% suffering work related stress in last 12 months	N/A	Below (better than national average)
18 % feeling pressure in last 3 months to attend work when feeling unwell	Better than 2014 results	Lowest (best) 20% of Trusts
Organisation and management interest in and action on health/well being	N/A	Above (better than national average)
% reporting most experience of violence	No change from 2014 results	Average
% experiencing harassment, bullying or abuse from patients, relatives of the public in last 12 months	N/A	Below (better than national average)
% experiencing harassment, bullying or abuse from staff in last 12 months	No change from 2014 results	Average
% reporting most recent experience of harassment bullying or abuse	Decrease (worse) than 2014 results	Lowest (worst 20% of Trusts)

Although the overall incidents of staff reporting bullying and harassment have reduced from 2014, however less staff are reporting their concerns. Work is underway to support staff feel confident in reporting any concerns or incidents and communicate the different ways more widely in the organisation.

Overall, the Trust has shown significant improvement since 2014 on 20 questions across a broad spectrum of topics, including satisfaction with job, recognition, communication, and health and well-being. The Trust compares favourably against other Acute Trusts in England in 5 key areas:

- effective use of patient/service user feedback
- effective team working

- % of staff feeling under pressure in the last 3 months to attend work when feeling unwell
- Staff satisfaction with level of responsibility and involvement
- % of staff being able to contribute to improvement at work

A Trust action plan will be drafted and agreed by Trust Board in May 2016. Care Group/Directorate action plans will be developed and reported at half-yearly reviews and to the Workforce Committee. The full report and a summary of results has been made available to all staff on the intranet, via weekly communications and via department briefings and open presentations. The results will also be used to support Trust objectives and measures for 2016/17.

# Effectiveness

## Reducing Mortality

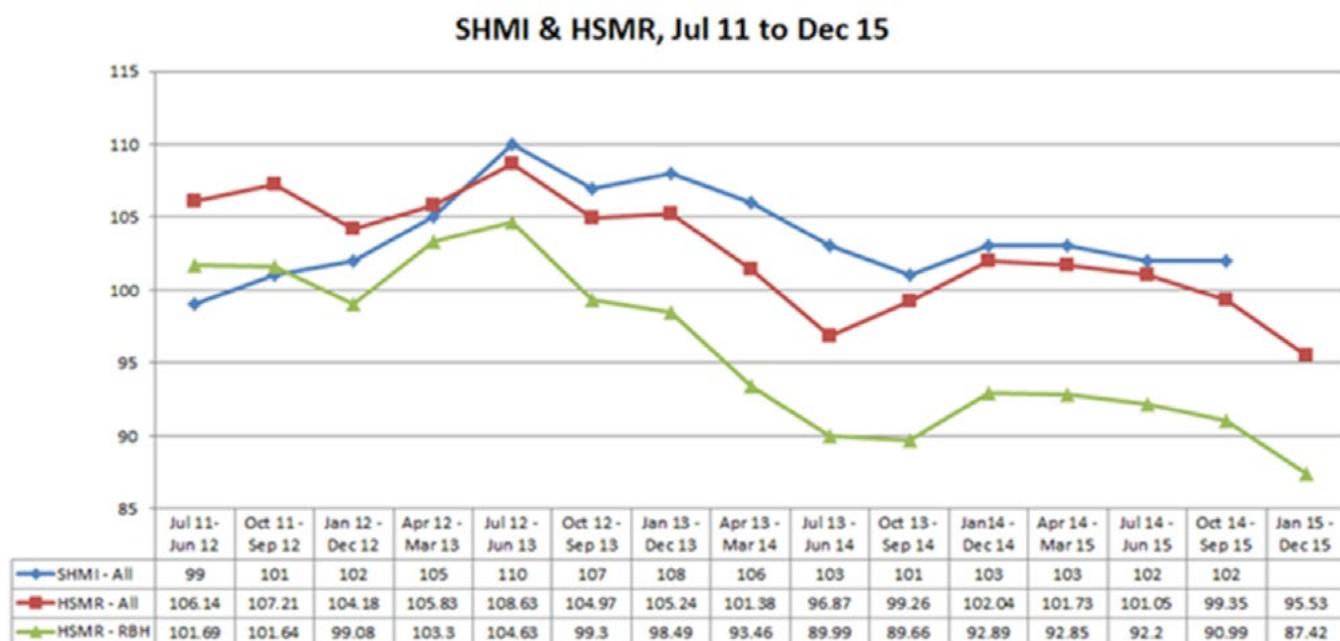
**The Trust's mortality rate, as expressed in both HSMR and SHMI, continues to lie within the "as expected" category.**

The Dr Foster mortality metric, known as Hospital Standardised Mortality Ratio (HSMR) has become a recognised way of assessing hospital mortality. An HSMR value of 100 represents an average “expected” value and therefore a score below 100 demonstrates a better than average position. The NHS, via the Health and Social Care Information Centre has also developed a slightly different metric Summary Hospital Mortality Indicator (SHMI) which additionally includes patients that have died within 30 days of being discharged from hospital. SHMI is also calculated slightly differently.

The graph below shows the latest SHMI and HSMR figures, the latter both for the whole Trust and for the RBH site alone (which therefore excludes palliative care). The figures lie within the “as expected” categories.

Mortality outlier alerts may be triggered by Dr Foster analysis and/or through Imperial College, or from the Care Quality Commission data analysis.

The Trust has a multi-disciplinary Mortality Group, chaired by the Medical Director, to review the Trust's HSMR (Hospital Standardised Mortality Ratio) and Dr Foster Intelligence Unit mortality risk reports on a monthly basis. The group also reviews death certification and electronic Immediate Discharge Forms (e-IDF) to ensure accuracy of coding. The group discusses areas of potential concerns regarding clinical care or coding issues and identifies further work, including detailed case note review and presentations from relevant specialties. All deaths receive a consultant review against a specific questionnaire. Reviews are discussed at specialty Mortality and Morbidity meetings and the chairs of these meetings attend the Trust Mortality Group. This ensures that the review of all deaths within the hospital is monitored centrally and ensures the progress of actions, where we have established the potential for improvements.



We have recently reviewed the new guidance from the Department of Health / NHS England (issued February 2016) regarding the process for review of patients' deaths. We have compared the guidance with our existing arrangements and highlighted where there are processes that we amend. Actions for 2016/17 include:

- Providing a monthly report to the public part of the Board of Directors meeting on the outcomes of consultant led mortality reviews and any identified avoidable deaths.
- Ensuring that Junior medical staff discuss death certification of individual patients with the relevant consultant(s)
- Amending the Terms of Reference and membership of the current Mortality Committee to create a new Mortality Surveillance Group (MSG). Invitations will be extended to include Clinical Commissioning Group (CCG) and Governor representatives.
- Making amendments to the current eMortality Form to ensure that the case note reviews consider additional mandatory requirements such as venous thromboembolism and nutrition issues; whether the death was expected at the time of admission and the adoption of the new national mortality classification bandings for unavoidable and avoidable death.
- Undertake an annual notes review of high risk patient groups including pneumonia, congestive heart failure, sepsis, stroke and acute kidney injury. This will entail a detailed notes review and a walk-through of the patients pathways.

## Improving care for Stroke patients

The Royal Bournemouth and Christchurch Hospitals stroke service has a combined acute and rehabilitation stroke unit with an established reputation of interdisciplinary working striving to provide excellent care and to achieve the best outcomes for our patients. Our purpose-built 36 bedded stroke unit includes hyper-acute, acute and rehabilitation beds, neurogym, patients dining and activity room and a therapeutic garden. We have very close working with our colleagues in both the emergency and radiology departments who support the provision of our 24/7 thrombolysis (clot-busting treatment) service and initiatives such as our direct door to CT pathway.

In April 2015, we were delighted to implement our new Stroke Outreach service enabling patients with suspected stroke to be seen by Stroke Specialist Practitioners in the Emergency Department immediately on their arrival to hospital. This has enabled us to very effectively streamline the stroke patient pathway to our stroke unit and ensure our patients consistently receive early stroke specialist assessments, CT scans and early access to the stroke unit. This new team receives a pre-alert from the ambulance crew for all suspected stroke patients eligible for thrombolysis (pre-alert soon to be extended to all suspected stroke patients) enabling them to meet the patient in the Emergency Department, or directly at the CT scanner for appropriate patients, undertake all initial assessments, commence early treatment, such as thrombolysis, and facilitate early transfer to the stroke unit. This new service is available 7-days a week from 7am to midnight and the staff work collaboratively with colleagues in the Emergency Department, Radiography Department, Clinical Site Team and the Stroke Unit multi-disciplinary team. We have also successfully introduced a new innovative protocol enabling all our Stroke Outreach Practitioners and the senior nurses on the Stroke Unit to request CT brain scans for Acute Stroke.

The Trust admits approximately 750 new stroke patients per annum, making it one of the busiest stroke services in the Wessex region. As well as our in-patient hyper-acute, acute and rehabilitation provision, we have a stroke early supported discharge (ESD) team which supports stroke patients with their discharge from hospital. They provide stroke specialist multi-disciplinary rehabilitation in the patient's home setting enabling earlier discharges from hospital. We also provide a seven day rapid access Transient ischemic attack (TIA) service seeing approximately 1000 patients per annum. The TIA Service is another example of excellent collaborative working as the weekend provision is jointly provided with Poole Hospital and Salisbury Hospital. We provide consultant-led multi-disciplinary stroke follow-up clinics and have a busy and proactive stroke research team undertaking a wide range of stroke research studies.

The quality of stroke services is monitored nationally via the Sentinel Stroke National Audit Programme (SSNAP). SSNAP is a mandatory national stroke audit which collects and analyses near real-time data and measures the quality of care stroke patients receive throughout the whole stroke care pathway. Each stroke service is provided with a quarterly report which includes performance scores for 10 domains of stroke care; case ascertainment; and audit compliance; and a subsequent overall SSNAP Level rating. SSNAP Level A being the highest rating and SSNAP Level E the lowest.

Over the past year we have seen our performance improve from a SSNAP Level D for Q3 of 14/15 to a sustained SSNAP Level B throughout 15/16. The table below provides a summary of our most recent reported SSNAP performance.

Quarter	Jan-March 2015	Apr-June 2015	July-Sept 2015	Oct-Dec 2015	National Average
1. Scanning	C	C	B	C	B
2. Stroke unit	C	C	C	C	C
3. Thrombolysis	C	C	C	C	C
4. Specialist Assessments	D	D	C	C	C
5. Occupational therapy	A	A	A	A	B
6. Physiotherapy	A	B	B	B	B
7. Speech and Language therapy	A	B	B	A	D
8. MDT working	B	B	B	B	C
9. Standards by discharge	B	B	B	A	B
10. Discharge processes	A	A	A	A	B

To put our results in context, for the last SSNAP report we achieved a score of 80 which is a SSNAP Level B, a score of 80.1 or more achieves a SSNAP Level A. Nationally for Q3, only 12% of Trusts achieved a SSNAP Level A which is 26 Trusts and only 29 achieved a score of 80 or more, placing us in the top 13.5% nationally. We are very focused and confident that we will achieve a SSNAP Level A in 16/17.

Claire Stalley, Stroke Services Manager, said: “*This is absolutely fantastic news and reflects the masses of hard work that everyone has put in to improving the service for our patients and their families. This has been a joint effort which has involved several departments, including colleagues in Emergency Department, radiology and Clinical Site Team.*”

In 2015/16 we have seen a steady and sustained improvement with the proportion of patients having a CT Brain scan within 12 hours of arrival at hospital. These improvements are a result of our new Stroke Outreach team and new Acute CT request for stroke protocol.

Proportion of patients scanned within 12 hours	Q1	Q2	Q3	Q4
<b>2014/2015</b>	<b>76.6%</b> (N.A.87.1%)	<b>81.3%</b> (N.A.87.7%)	<b>82.8%</b> (N.A. 88.7%)	<b>83.6%</b> (N.A.89.9%)
<b>2015/2016</b>	<b>88.2%</b> (N.A. 90.1%)	<b>91.9%</b> (N.A. 91%)	<b>87.8%</b> (N.A. 91.8%)	<b>89.7%*</b> (N.A. - not yet available)

N.A. is national average and \* for Q4 is incomplete data-set

All people with suspected stroke should be admitted directly to a specialist acute stroke unit. Throughout 2015/16 we have again maintained our performance and continue to perform above national average for the proportion of patients directly admitted to a stroke unit within 4 hours of arrival at hospital (or of stroke if patient has stroke whilst an in-patient). We have a number of quality improvement initiatives that the team are working on to further improve our ability to directly admit patients and ensure they remain on the stroke unit until discharge. These initiatives include implementing ambulatory care for stroke, review of multi-disciplinary working together on the stroke unit and implementing a complex nutrition pathway for stroke.

Proportion of patients directly admitted to a Stroke Unit within 4 hours	Q1	Q2	Q3	Q4
<b>2014/2015</b>	<b>64.5%</b> (N.A.58%)	<b>68.3%</b> (N.A.59.8%)	<b>60%</b> (N.A.56.9%)	<b>68.2%</b> (N.A.53.6%)
<b>2015/2016</b>	<b>65.7%</b> (N.A. 58.7%)	<b>75.9%</b> (N.A. 61.8%)	<b>68.6%</b> (N.A. 59.8%)	<b>71.4%*</b> (N.A. - not yet available)

N.A. is national average and \* for Q4 is incomplete data-set

#### Patient feedback:

*“I was taken from the ambulance to the Stroke Unit. On arrival I was immediately taken to a scanner. The attention I received was excellent as were the Doctors and Nurses and could not be faulted. I would like to say thank you to all concerned”*

*“The admission was expedient and I was kept informed and offered choices over my treatment.”*

Stroke services should provide early supported discharge to stroke patients who are able to transfer independently or with assistance of one person. Early supported discharge should be considered a specialist stroke service and consist of the same intensity and skill mix as available in hospital, without delay in delivery. Our highly performing stroke ESD service supported 180 patients (data complete as of end of Feb discharges) in 2015/16; this is significantly higher than national average.

Proportion of patients supported by Stroke ESD on their discharge from hospital	Q1	Q2	Q3	Q4
2014/2015	46.7% (N.A.25.7%)	48.6% (N.A.26.9%)	45.8% (N.A.29.3%)	48.1% (N.A. 31%)
2015/2016	49.6% (N.A. 31.7%)	41.1% (N.A. 31.8%)	46.5% (N.A. 33.7%)	33.8%* (N.A. - not yet available)

## Ensuring compliance with National Institute for Health and Care Excellence (NICE) guidance

The Trust Clinical Audit and Effectiveness Group reviews compliance with all new National Institute for Health and Care Excellence (NICE) Guidance issued each month. For the period from April 2015 to March 2016 the CAEG reviewed a total of 175 newly issued guidance documents. Compliance rates are shown in the following table:

Type of Guidance	Published	Applicable	Compliant	Partially Compliant	Non Compliant	Under Review
Clinical Guidelines	5	3	0	1	0	2
National Guidelines	39	30	5	5	0	20
Technology Appraisals	49	35	18	3	0	14
Interventional Procedures	34	7	1	0	0	6
Public Health Guidance	1	1	0	0	0	1
Medical Technology Guidance	4	2	1	0	0	1
Safe Staffing Guidance	0	0	0	0	0	0
Quality Standards	36	31	11	3	0	17
Diagnostics Guidance	6	5	4	0	0	1
Highly Specialised Technology Guidance	1	0	0	0	0	0
<b>Total</b>	<b>175</b>	<b>114</b>	<b>40</b>	<b>12</b>	<b>0</b>	<b>62*</b>

\*The majority of guidelines noted in the above table as “under review” relate to those issued during February and March 2016.

Where non or partial compliance has been identified this is reported to the Trust Clinical Audit and Effectiveness Group and an appropriate action plan agreed.\*

## Other Clinical Effectiveness news:

- A diabetes patient receiving treatment at RBH has become one of the first in Europe to use a new state-of-the-art insulin pump system. Steve Ingham, 74, said his life has “completely changed” thanks to the Medtronic 640G insulin pump. The device uses sensors to warn him of impending low blood sugar levels and can make the decision to switch off his insulin supply when it detects his blood sugar level is falling too fast, which could save his life.

Emma Jenkins, Diabetes Specialist Dietician and insulin pump trainer at RBH, says: *“It is great that we can offer patients this technology, which not only reduces their risk of ill health but the burden and fear of their condition. Our team has been nationally recognised for the development and innovation of insulin pump therapy for more than 15 years. We aspire to continue to develop our services and work to a high quality standard.”*

- Our Immunology Department has become one of the first in the country to introduce an automated test that can indicate an inflammatory bowel disease such as Crohn's, ulcerative colitis and irritable bowel syndrome (IBS). Faecal calprotectin is a protein that is released into the intestines where there is inflammation. This indicates the movement of neutrophils (white blood cells) highlighting any issues accurately. The test means patients with conditions like IBS will be diagnosed without the need for an endoscopy, and will only have to provide a stool sample. Alexandra Griney, Cellular Pathology and Immunology Laboratory Manager, says: *"This test has so many benefits. It has a high sensitivity which means we can diagnose patient early and accurately, we can reduce their anxiety because they aren't on a waiting list for invasive investigation."*

## Patient experience

Measuring patient experience for improvement is essential for the provision of a high quality service. It is important to ensure that patients and the public are given an opportunity to comment on the quality of the services they receive.

Patient experience work at the Trust over the last year has included:

- National annual inpatient surveys, National cancer patient surveys, National Friends and Family test monitoring
- Internal feedback via the use of: patient experience cards, real time patient feedback, the Care Campaign Audit, and Governor audits in Outpatients
- Monitoring for any emerging issues via: patient comment cards, formal and informal complaints, issues raised by letters and compliments from patients, carers, relatives and the public

## Friends and Family Test (FFT)

The national Friends and Family Test (FFT) aims to provide a simple headline metric which, when combined with other patient experience feedback, provides a tool to ensure transparency, celebrate success and stimulate improvement. Since April 2013, the FFT question has been asked in all NHS Inpatient and emergency departments across England and, from October 2013, the Trust has included maternity services. .

***"How likely are you to recommend our [ward/A&E department/maternity service] to friends and family if they needed similar care or treatment?" with answers on a scale of extremely likely to extremely unlikely.***

(National FFT Question)

The national directive to implement the Friends and Family Test question has been cascaded throughout the Trust via the use of the patient experience card (PEC).

The results are reviewed through the Healthcare Assurance Committee (HAC) and action taken where required. This data is collated and submitted to NHS England in accordance with strict guidelines. The data is also made publicly available throughout the Trust for patients and the public in accordance with NHS England guidelines.

In line with the NHS England directive the FFT was extended in 2014/15 to include 40 Out Patient and Day Case areas in addition to inpatient areas.

When compared with the previous year there has been a decrease in the % responses recording unlikely or extremely unlikely to recommend.

FFT April 13 - March 14 (all areas)		FFT April 14 - March 15 (all areas)		FFT April 15 - March 16 (all areas)	
Extremely likely responses	16626	Extremely likely responses	25711	<b>Extremely likely responses</b>	<b>34089</b>
Likely	3466	Likely	5013	<b>Likely</b>	<b>6289</b>
Neither likely/nor unlikely	437	Neither likely/nor unlikely	569	<b>Neither likely/nor unlikely</b>	<b>569</b>
Unlikely	208	Unlikely	246	<b>Unlikely</b>	<b>232</b>
Extremely unlikely	287	Extremely unlikely	380	<b>Extremely unlikely</b>	<b>391</b>
<b>Total</b>	<b>21024</b>	<b>Total</b>	<b>31919</b>	<b>Total</b>	<b>41570</b>

FFT April 13 - March 14 (all areas)		FFT April 14 - March 15 (all areas)		FFT April 15 - March 16 (all areas)	
Extremely likely responses	79.1%	Extremely likely responses	80.6%	<b>Extremely likely responses</b>	<b>82.0%</b>
Likely	16.5%	Likely	15.7%	<b>Likely</b>	<b>15.1%</b>
Neither likely/nor unlikely	2.0%	Neither likely/nor unlikely	1.8%	<b>Neither likely/nor unlikely</b>	<b>1.4%</b>
Unlikely	1.0%	Unlikely	0.8%	<b>Unlikely</b>	<b>0.6%</b>
Extremely unlikely	1.4%	Extremely unlikely	1.1%	<b>Extremely unlikely</b>	<b>0.9%</b>

Year to date a total of 43,327 Patient Experience cards were completed with over 41,000 responses, this is a significant (42%) increase in year. The increase is likely to be due to the implementation of FFT in Outpatients and Day cases based on last year's responses.

Not all respondents to the cards complete all the FFT options. For 2015/16 a total of 22,932 comments were left on the cards by respondents with 96.7% recommending the hospital.

A separate FFT card has been developed to capture the views of younger patients. In 2015/16 the FFT was completed by 445 patients (an increase of 83% on 2014/15) with a 97.3% satisfaction rate.

## Real Time Patient Feedback (RTPF)

Real Time Patient Feedback (RTPF) is facilitated through the Trust by trained volunteers. Patients are asked a series of standard questions through face-to-face interviews. The survey data collection and analysis process is managed by the Head of Patient Engagement with support from the Clinical Audit Department.

Results are shared with clinical teams to highlight best practice and indicate areas for improvement.

One of the main patient feedback audits this year has been the Care Campaign Audit. In partnership with the Patient Association, the Care Campaign Audit has been designed to ensure robust feedback on a daily basis from participating older peoples medicine and medical wards. The audits are facilitated by trained volunteers and review 5 key objectives:

- Communicating with care and compassion
- Assistance - ensuring dignity
- Relieving pain effectively

- Ensuring adequate nutrition
- Managing expectations

The completed audits forms are returned to the Patient Experience Team and reviewed individually on a daily basis. If issues are identified the ward is contacted immediately and informed of the area of concern and an action plan put in place for improvement. The audits have led to improvement in privacy and dignity, communication, pain control and nutrition.

In year a more concise audit has been developed for wider implementation across the Trust. This has meant that outcome results requiring specific focus and action can be highlighted and the more in depth results used to support improvement. The audit questions have been reviewed and refined to respond to common themes across the Trust that have been identified from other patient experience mechanisms.

The table below indicates some of the Care Campaign Audit questions and scores for annual comparison.

Care Campaign Question	March 2015 Score	March 2016 Score
Section 1 Communicate with care and compassion (total of all questions) e.g.	90%	91% 
Did staff ask you what name you preferred to be known by/called	92%	93% 
Do staff use your preferred name when they speak to you	95%	98% 
Section 2 Assistance and ensuring dignity (total of all questions)	94%	95% 
Section 3 Relieve pain effectively (total of all questions) e.g.	84%	87% 
Do staff use other methods to relieve your pain?	83%	79% 
Section 4 Ensuring adequate nutrition (total of all questions)	94%	93% 
Are the meals provided enough for you?	87%	95% 
If you are unable to eat a full meal were you offered regular snacks and drinks?	89%	90% 
Are you supported to eat your meals without interruption?	93%	94% 
Section 5 - Managing expectations (total of all questions)	91%	94% 

## Focus Groups and Events

Patient focus groups are run throughout the year.

This year nine events have taken place, including in Physiotherapy, Rheumatology, Occupational Therapy, Endoscopy, Volunteers and Day Hospital.

The focus groups are an excellent way of using the views and recommendations of patients in the development of new or existing services. All focus group results are reported to the sponsoring department with recommendations for improvement.

In addition to focus groups, other patient engagement events have included an annual stakeholder meeting, carers' events, Learning disability forum meetings and a young persons' forum. Other meetings have included:

- Partnership working with the Muslim Sisters' Focus group has resulted in new interfaith gowns being procured and made available to all patients on request. These have been well received by patients and the media.

- Initial contact has been made with a group who represent Gypsy and Travellers with discussion on joint development of an educational package for staff on any specific needs they may have when in healthcare.
- Lesbian Gay Bisexual and Transgender community focus meetings have taken place resulting in the trust supporting an awareness day. In addition, a vox pop is currently in progress for staff education.
- A Young persons' stakeholder event was held in March 2016 and was co-designed, chaired and facilitated by students from local schools and colleges. The event attracted in excess of 35 attendees and included attendees discussing their feedback on the experience for young patients and how to enhance young persons' volunteering opportunities. The event was in line with the National Association of Voluntary Services Managers (NAVSM) work with Youth Matters - a programme funded by HNS England to explore opportunities for young people to support with volunteering. The Trust was asked to present our successful work at a recent national event.
- A Learning Disability Stakeholder event was held on the 26 February 2016. Representation included Bournemouth People First, Community Support staff, patient representatives and Clinical Commissioning Group leads.

## Other Patient Experience news:

- Linking with Bournemouth University (BU) third year students to make 'twiddle mitts' for patients living with dementia at The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCH).**

'Twiddle mitts' are knitted mittens or hand warmers with beads, buttons and objects sewn on to them. The mitts are becoming popular gifts for those living with dementia, as having something to 'twiddle' helps to calm agitation and restlessness which are common symptoms of the condition. The BU team, which includes adult nurses, midwives, a mental health nurse and

an occupational therapist, are working on the 'twiddle mitts' as part of a study project challenging students to make an improvement to a local health service.

Rachael Davies, RBCH dementia nurse specialist, said: *"At our Trust we see many patients a year who are already living with dementia, but will come in for acute physical health problems. We aim to make their stay as comfortable as possible, especially as an unfamiliar hospital environment can worsen symptoms of anxiety."*

*"We were really excited to hear from BU student group, as it's been shown the twiddle mitts can really reduce stress levels for patients with cognitive difficulties. It's also a fantastic way to support learning, work inter-professionally and pool resources for the benefit of our patients."*

To avoid any risk of infection, each patient receives their own twiddle mitt and can take it home with them after they leave hospital. This means the twiddle mitts are in constant demand, so both BU and RBCH are encouraging natty knitters to pick up their needles to support the cause.

Although the single use policy is partly owing to infection control policies, it also means our patients get to take twiddle mitts home and receive the benefits from them long after leaving our care. We urge people to get knitting and help us to make this project a sustainable success.



To get a pattern, please email [communications@rbch.nhs.uk](mailto:communications@rbch.nhs.uk) or visit the RBCH Facebook page at: [www.facebook.com/The-Royal-Bournemouth-and-Christchurch-Hospitals-223693914444115/?ref=hl](https://www.facebook.com/The-Royal-Bournemouth-and-Christchurch-Hospitals-223693914444115/?ref=hl).

- Raising awareness about British Sign Language (BSL) interpreter service.**

While the Trust has offered the free service for several years, research by staff working in the Trust's Patient Advice and Liaison Service (PALS) identified that it wasn't being used to its full potential. The team subsequently campaigned to raise awareness about how important it is for staff to offer, and for patients to take advantage of, the Trust's BSL Interpreter Service. A set of new resources for staff education were developed, as well as a poster encouraging staff and patients to use the service for all appointments with deaf patients.

Carolyn Polden, PALS manager, said: *"At our Trust, patient safety is our highest priority, so minimising any potential problems in communication between staff and patients is crucial. Our patients' comfort and equal access to services is also paramount, so we have been working closely with our team of British Sign Language interpreters to produce comprehensive resources for staff about communicating effectively with deaf patients, as well as producing a new poster to encourage patients to make use of the free service."*



The Trust only works with fully qualified and registered interpreters who carry a yellow identification badge with their unique registration number and recommends patients to book an interpreter through PALS for any appointments, even if they have access to support from an unqualified interpreter by way of a family member or friend. This ensures all medical terminology is fully explained and accessible.

To find out more about booking a BSL interpreter for your appointment at RBCH, please call PALS on **01202 704886**, email [pals@rbch.nhs.uk](mailto:pals@rbch.nhs.uk) or visit [www.rbch.nhs.uk/our\\_services/support\\_services/pals](http://www.rbch.nhs.uk/our_services/support_services/pals).

For further information about working with fully qualified BSL interpreters on the National Register, please visit [www.nrcpd.org.uk](http://www.nrcpd.org.uk).

## Working with our volunteers to support patient experience

The Trust is extremely fortunate to receive the support of over 800 volunteers including members of partnership volunteer organisations. Over the last 12 months the Trust has been reviewing and extending the number and roles of our valuable volunteers. Partnership agencies that support the Trust and in addition to the Trust Bluecoat volunteers include:

- Royal Voluntary Services
- Chaplains
- League of Friends Christchurch
- League of Friends Bournemouth
- Friends of the Bournemouth Eye Unit
- Hospital Radio Bedside
- British Red Cross
- Headstrong
- Macmillan
- Healthwatch
- Patients Association

Bluecoat volunteer's duties are extensive, including:

- main receptions meet and greet
- ward support offering tea and coffees
- patient companions, who have dementia awareness training
- administration support throughout the Trust
- driving the indoor train to help patients and visitors around the hospital
- surveying patients for real time patient feedback
- meal time companions and meal time assistants

- gardening
- medical photography escort

In year, the Lampard report recommendations following the Savile Investigation has been reviewed to provide Board and stakeholder assurance of compliance.

We continue to recruit volunteers who are happy to provide support during the day, evenings or weekends. The Board of Directors is very grateful for all the excellent work the volunteers provide and would like to publically thank them all for their continued support to our patients and the organisation.

Our patient experience plans for 2016/17 includes:

- Contribute to service and strategy development for a framework of discharge support provided by the local Voluntary sector.
- Redesign and re-launch the Dignity pledge
- Perform independent observational dignity audits every 6 months.
- Design and drive a campaign for Protected mealtimes and protected night time
- Design a visible framework for actioning feedback from Diverse groups
- Work with Communications to develop a plan for expanding the patient and public engagement role
- Further develop the Voluntary body in terms of age diversity and roles to perform

## **Learning from complaints and concerns - Complaints Annual Report 2015-16**

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

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.

There were 313 formal complaints received by the Trust for 2015/16, which is a reduction on the previous year by 57 (n=370) complaints and back to similar figures of the 13/14 (n=303).

The focus of the Patient Advice and Liaison Service in resolving concerns informally with front line staff has been constructive but has also been an opportunity for some people to formalise their concerns as complaints. Underlying these changes has been a greater focus within the Trust on addressing complaints of all types and trying to identify how learning or changes in practice can best be integrated as widely as possible. More meetings have been offered to resolve the position and a sustained focus on closing complaints, and ensuring outcome actions and learning has taken place.

The annual focus group with former complainants was held on the 30th March 2015 to obtain feedback on the process and outcome from the experience of complaining to the Trust.

## **Complaint outcomes**

There were 313 formal complaints reported into the Trust with appropriate apologies offered in the letter of response from the Chief Executive. Directorates are required to follow through changes resulting from upheld complaints within their own risk and governance meetings, recording these and reporting them into their governance meetings. A Complaints Performance meeting has also been convened in year to review complaints response times. This has enabled stronger engagement with the directorates. A focus on ensuring outcomes are systematically recorded and learning is disseminated is the focus for the 16/17 year plan.

## Subjects of complaints

The main categories of complaint were as follows:

Subject	Formal Complaints 2015/16		Formal Complaints 2014/15	
	Number	Proportion	Number	Proportion
Implementation of care	112	36%	95	32%
Admission, transfer and discharge	61	20%	57	19%
Diagnostic tests (not pathology)	58	19%	55	18%
Communication and consent	55	18%	62	21%
Medication	9	3%	4	1%
Security	3	1%	0	0%
Equipment	2	1%	0	0%
Food Safety and Service	1	0%	1	0%
Visitor incidents/accidents	1	0%	0	0%
Treatment, procedure, care	1	0%	20	7%
Staff incident	1	0%	0	0%
Patient incidents (including falls, other accidents and self-harm)	7	2%	6	2%

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

## Feedback from complainant focus groups

A focus group facilitated by the Head of Patient Experience was held on the 30th March 2015. The output of this was reported in the previous year's annual complaints report. In summary the purpose of the focus groups was to define the patients' perspective of those who made official complaints to the Trust. There were a wide range of positive and negative learning points arising from the focus groups that will be integrated into complaints handling practice with directorate complaint leads.

In January 2016, in partnership with Healthwatch, a complaints survey was sent to a list of previous complainants. The results of the survey are pending and will inform our improvement plans for the year.

## Changes resulting from Complaints

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 in year.

Problem	We did
Patient lost her clothing and dentures during the admission	A new Property Management Policy was launched in 2015. We encourage patients not to bring items of value into hospital and we have measures to safeguard essential items such as dentures, glasses, hearing aids. In this case ward staff were reminded of patient property processes. Patient property loss is an agenda item on the Complaints Performance Group and lost items will be closely monitored with the aim to track improvements.
Patient suffered a fall whilst on the ward	Training has been carried out in the assessment of patients who may be at risk of falls. Each ward has identified a falls champions and additional training has been provided.
Patient medical history information was incorrect	Staff made aware of the importance of taking an accurate medical history and checking this against forms to ensure they seek the correct information from each patient.
Patient wasn't offered food or drink or welcomed when she was admitted	Staff reminded of the importance of welcoming patients to the ward and orienting the patient fully when they arrive on the ward; including a check of when they last had something to eat and drink.
Why did it take so long to answer my call bell?	Staff were extremely sorry for the delay in responding to the call bell which was due to an emergency situation. Staff awareness has been raised and call bell audits are being conducted regularly to review answering times.
My discharge summary contained incorrect information?	Discharge summary was reviewed by a doctor and amended accordingly.
I attended my outpatient appointment on time, but I had to wait a long time to be seen	Complex patients ahead of this particular patient caused the clinic to overrun. Staff have been reminded to update patients regularly when clinics overrun so that they understand the reason for the delay and receive an apology for this.
My GP didn't know I had been discharged and what my ongoing care needs were	The patient had been discharged without the discharge summary being completed. Checks have been put in place to ensure patients are not discharged without a summary and that it has been faxed to the GP.
I received inappropriate food and wasn't helped with feeding over the weekend	A weekend ward hostess has been appointed to ensure patients receive appropriate meals and assistance.
The instructions I received were confusing and my appointment was affected	Review of instructions and appointment booking system was undertaken.

Problem	We did
I missed my outpatient appointment when I was transferred to another hospital because transport hadn't been booked	Improved procedure for patients who are transferred to another hospital but need to return for an outpatient appointment. Ward staff ensure transport is booked appropriately as well as informing the receiving hospital of the appointment.
The patient was losing weight during admission, but staff didn't notice	MUST champions have been appointed and trained in recording weights of patients. Monthly nutrition meetings are held to identify issues of concern.
My throat was very sore after my operation. No one looked at it and I had to go to A&E after I was discharged because it was so sore	Procedure was changed so that should a patient suffer this rare, but recognised complication of a procedure staff will examine the patient before discharge.
Patient was given incorrect test results	We apologised to the patient. The department has liaised with the Information Technology (IT) Department to design a safeguard so that incorrect test results cannot be given out due to human error.
Patient suffered wound complications after surgery and had to attend the Emergency Department	Emergency Department staff have been told to contact the on-call specialist surgical team for an opinion if a patient attends the Emergency Department with complications of surgery following discharge.
Concerns about inadequate feeding and documenting of food and fluid charts	Nursing staff will ensure relatives are fully informed of particular feeding regimes that are being introduced and possible difficulties that can be encountered in establishing the regime. Guidelines for feeding have been reviewed. Staff advised of the need to maintain accurate, complete charts.
Conflicting information between consultant and information leaflet given to patient	Raised awareness with shoulder surgeons regarding patient information and ensured surgeons give the patients the leaflet personally at the time of adding them to the waiting list.
Patient didn't receive his appointment letters in a timely matter causing problems when he required a blood test prior to his scan	Meeting held with clerical staff to reinforce procedure and avoid this situation again. Reinforcement of procedure through monthly staff bulletin.

## Referrals to the Health Service Ombudsman

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 Health Service Ombudsman. After receiving a response from the Trust, 12 people chose to refer their concerns to the Parliamentary and Health Service Ombudsman (PHSO) during 15/16 compared to 6 in 2014/15.

The Ombudsman referred one complaint back to the Trust for further local resolution and were satisfied as a Trust we had learnt from the complaint. Two complaints were partly upheld. One complaint is pending a final decision. The remaining 8 are still under investigation by the PHSO.

## Performance against national priorities 2015/16

National Priority	2012/13	2013/14	2014/15	2015/16 Target	2015/16 Actual
18 week referral to treatment waiting times - patients on an incomplete pathway	97.1%	96.2%	94.3%	92.0%	<b>93.7%</b>
Maximum waiting time of four hours in the Emergency Department from arrival to admission, transfer or discharge	97.2%	95.5%	93.3%	95.0%	<b>93.37%</b>
Maximum waiting time of 62 days from urgent referral to treatment for all cancers	88.6%	80.3%	84.5%	85%	<b>85.9%</b>
Maximum waiting time of 62 days following referral from an NHS Cancer Screening Service	98.6%	93.4%	93.1%	90%	<b>90.5%</b>
Maximum cancer waiting time of 31 days from decision to treat to start of treatment	96.4%	95.7%	95.8%	96%	<b>95.7%</b>
Maximum cancer waiting time of 31 days from decision to treat to start of subsequent treatment: Surgery	98.8%	95.1%	92.5%	94%	<b>94.1%</b>
Maximum waiting time of 31 days from decision to treat to start of subsequent treatment: Anti cancer drug treatment	100%	100%	100%	98%	<b>100%</b>
Maximum waiting time of two weeks from urgent GP referral to first outpatient appointment for all urgent suspect cancer referrals	93.6%	93.8%	87.1%	93%	<b>96.1%</b>
Two Week Wait for Breast Symptoms (where cancer was not initially suspected)	97.0%	98.0%	91.1%	93%	<b>99.4%</b>
Clostridium difficile year on year reduction	31	14	21	14	<b>17</b>
Certification against compliance with requirements regarding access to healthcare for people with a learning disability	Compliance certified				

# Annex A

## Statements from commissioners, local Healthwatch organisations and Scrutiny Committees

The following groups have had sight of the Quality Report and have been offered the opportunity to comment:

- NHS Dorset Clinical Commissioning Group
- NHS Hampshire Clinical Commissioning Group
- Health and Social Care Overview and Scrutiny Committee, Borough of Poole
- Bournemouth Borough Council's Health Overview and Scrutiny Committee
- Healthwatch Dorset
- The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust Council of Governors

Comments received were as follows:

### **Statement from NHS Dorset Clinical Commissioning Group (CCG)**

NHS Dorset CCG is pleased to comment on the Quality Accounts for Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust. From reviewing the Quality Accounts and monitoring the quality and performance of the Trust throughout the year, the CCG accepts that this is an accurate representation of the performance of the organisation during 2015/16.

Significant improvements continue to be made, a view which was echoed during a Care Quality Commission (CQC) inspection which took place during the year. Whilst it is pleasing to note the progress made in reducing hospital acquired pressure ulcers and Information Governance compliance, the Trust recognises that there are clearly further improvements required.

The CCG were invited to comment on the quality priorities for 2016/17 and is supportive of the areas identified particularly in relation to the continuing focus on safety checklists. The CCG looks forward to working with Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust over the coming year.

**Mrs Sally Shead**  
Director of Quality

### **Statement from NHS West Hampshire Clinical Commissioning Group (CCG) Re: The Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust Quality Account 2015/16**

West Hampshire Clinical Commissioning Group (CCG) would like to thank The Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust (RBCHFT) for the opportunity to review and provide a statement response to their 2015/16 Quality Account.

It is clear from the report that the Trust places a high value on providing quality care throughout all areas and this is evident from the wide range and large number of patient safety initiatives which have taken place over the last 12 months. It is particularly encouraging to note that the CQC inspection report, following their visit in October/November, showed continued improvement from previous visits, and identified a high number of areas that were providing "good" care, and some "outstanding". It is good to see that the actions from your CQC action plan have been integrated into your overall quality improvement plan for the coming year.

The Trust should be congratulated on the efforts made on improving outcomes for patients with the reduction in the number of inpatient falls, and the overall focus on the provision of "Harm Free Care".

It is clear that the Trust has also worked hard to reduce hospital acquired infections, and the CCG, following a visit to the Trust, can be assured that the appropriate measures are being undertaken to continue with the reduction in cases. However the CCG notes that the Trust breached the NHS England set target of 14 cases of Clostridium Difficile infection (CDI), and have also confirmed with the Trust that there is a requirement to report on Trust apportioned cases for the year (26) and not just "lapse in care" cases (17).

The Trust has also identified that although it has made significant progress with a reduction in avoidable Grade 3 and Grade 4 pressure ulcers the overall number of pressure ulcers is still slightly higher than the national average. The CCG is aware of the number of quality improvement initiatives that the Trust has been involved in that is focusing on this area of patient care and look forward to receiving further progress updates on this ongoing work. The CCG has previously had a number of concerns around the failure to achieve targets related to the management of patients being admitted with a stroke, and which the CQC had also previously identified as an area of concern. The CCG were previously assured that significant improvement would be made during 2015/2016, and the Trust does need to be congratulated on its progress in provision of Stroke services over the last 12 months. Of particular note is the introduction of the Stroke outreach team in April 2015, and a clear improvement seen in the Sentinel Stroke National Audit Programme (SSNAP) rating, from a level of D in 14/15, to a sustained SSNAP level B throughout 2015/16.

Reviewing the quality account the CCG confirms that as far as it can be ascertained the quality account complies with the national requirements for such a report and the following are of specific note:

- The report provides information across the three domains of quality - patient safety, clinical effectiveness and patient experience.
- The mandated elements are incorporated into the report.
- There is evidence within the report that the Trust has used both internal and external assurance mechanisms.
- Commissioners are satisfied, as far as we can be, with the accuracy of the quality account, based on the information available to us.

Overall West Hampshire Clinical Commissioning Group's view is that the plans outlined in the Trust's quality account will maintain and further improve the quality of services delivered to patients and the CCG looks forward to working closely with the Trust over the coming year to further improve the quality of local health services.

**Heather Hauschild (Mrs)**  
Chief Officer

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## Healthwatch Dorset comment for Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust Quality Account 2015/16

It has been difficult to comment on some of the patient experience engagement work (e.g. pages 64/65) as the Quality Account provided for our review does not show all the necessary figures and statistics. However, we do note that the Trust will be developing a plan to expand the patient and public engagement role over the coming year and will also be looking to perform independent observational dignity audits every 6 months. We look forward to hearing more about these initiatives.

We do receive comments from patients and relatives concerned about basic care (especially for vulnerable patients who may have communication difficulties) such as access to fluids and long waits for support with toileting. We hope that the dignity audits will help to address some of these issues.

We would like to acknowledge the work being undertaken by the Trust to encourage patient feedback through a variety of methods and would like to see more information in the Quality Account about what has actually changed as a result of patient and public involvement and feedback.

We also acknowledge the work the Trust is doing around complaints and hope that our own survey of people who made a complaint in 2015 (due for publication in May 2016) will help the Trust make improvements to the complaints process.

We look forward to continuing to work with the Trust to ensure that people's feedback on the Trust's services, both good and bad, is welcomed, listened to, learned from and drives forward improvements.



## **Input to RBCH Quality Report in Annual Report and Accounts 2015/16**

### **The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust Council of Governors**

Governors have been involved in a range of activities in helping to deliver the Trust's Quality Objectives. This involvement provides governors with an insight into how the Trust's quality processes are working, hear from staff how they are able to be effective and get an appreciation of what improvements are in hand or needed. The activities include the following:

- involvement in public, patient and carer experience and listening events and work streams covering a range of safety, dignity and quality of care areas;
- receiving and questioning reports from the Director of Nursing and Midwifery on the quality performance and risk management of the Trust at its quarterly Council of Governors meetings (which are held in public);
- supporting executives, clinicians and other staff on ward based audits and walk rounds;
- governor representation at key Trust committees including Healthcare Assurance Committee and Infection Prevention and Control Committee; and
- governor representation on the Trust Workforce Strategy and Development Committee which gives attention to staffing issues. This Committee underpins the quality agenda to ensure that the Trust is supported by skilled and experienced staff now and in the future and that they are supported to help achieve the Trust's focus on safety and quality.

The Trust held its first ever Safety and Quality Conference in September 2015 to which governors were invited. Governors have applauded such moves to underpin the statutory Duty of Candour (being honest with patients when things go wrong) to improve transparency and supports staff who speak out (as does the Board). It is encouraging that this conference is to become an annual event.

In 2015/16, governors selected stroke data (as a key area for the Trust's improvement programme) as its quality indicator for review by the external auditors. We are delighted to have helped support the significant improvements in performance of the Stroke Unit over the course of the year. Furthermore, reducing the levels of pressure ulcers has been a concern for governors. It is encouraging that the levels of hospital acquired pressure ulcers have been reduced in the face of increased incidence in the wider community in 2015/16, although this remains a continuing area of concern and attention. Governors support the continuing efforts of the Trust to work with care homes and others to ensure patients are safeguarded as far as possible. There have also been improvements in the level of Harm Free Care in 2015/16 and this will continue to be a focus of attention for governors in the coming year. For 2016/17, one of the Trust's priorities to control and reduce the number of patient moves is to be supported by the selection of this quality indicator for external audit examination.

The Care Quality Commission carried out an inspection of the Royal Bournemouth and Christchurch Hospitals in Autumn 2015. This recognised significant improvement over the past two years. It graded Christchurch Hospital as "good" and the Royal Bournemouth Hospital as "requires improvement" identifying a number of areas for action. The action plan arising from the inspection will help governors to support and challenge the Trust to improve the consistency in the high quality of care it provides in this extremely challenging financial and workforce environment.

From January 2016, a new governor-led Strategy Committee has been established. This is to provide:

- an even clearer and stronger governor involvement in the preparation of the annual quality accounts;
- the communication of such reports to the public and Foundation Trust members;
- the selection of the quality indicator for audit; and
- consideration of the Trust's quality objectives and priorities going forward.

This will help ensure that the views from the public, patients, public and staff are reflected in the development of the Trust's specific objectives and priorities for 2016/17.

## **Bournemouth Health and Adult Social Care Panel - Quality Account Statement**

### Bournemouth Health and Adult Social Care Panel - Quality Account Statement

It is encouraging in the Quality Account to see so many areas of improvement. For example the improvement in the Sepsis 1 hour target, improving from 26% to 67%. Some excellent performance. Other areas remain challenging (for example Pressure Ulcers) but the success in other monitored areas such as Serious falls and Catheter acquired UTIs shows that, with actions plans put in place, improvements can be made. We hope the Tissue Viability Staff Nurse can make improvements for the Pressure Ulcer targets.

The overall Care Quality Commission rating is obviously disappointing, though the details reveal many areas of very good performance, including two rated outstanding. Reading the details it shows the very high standards that are expected and it is reassuring the Trust sees these as an opportunity for improvements. The comment from the Medical Director correctly recognises that people make mistakes and it is the systems that have to be improved to better support. This is, and needs to be, a people focused business in both those needing to access the service, and those providing the service.

This Quality Account shows a realistic assessment of where the Trust is and provides assurance of plans to improve future performance.

## **People (Health and Social Care) Overview and Scrutiny Committee P(HSC)OSC response to Royal Bournemouth and Christchurch Hospital NHS Foundation Trust's Quality Account 2015/16**

Members of Borough of Poole's P(HSC)OSC would like to thank the Trust for enabling us to meet with yourselves to discuss quality issues over the last year and also to comment on the Quality Account for 2015/16.

The presentation about the account delivered on 15th April gave a clear outline of how the Trust is endeavouring to deliver high quality care and the activities undertaken during the financial year to improve services. With regard to the priority areas for improvement for 2015/16 we commend the Trust in achieving the majority of what it had planned in relation to:

Improvement in providing harm free care by reducing serious incidents - it is encouraging to note that there has been incremental improvement in this area over the last two years and that improvement has led to a score above the England average.

Reducing the numbers category three and four pressure ulcers- again it is encouraging to note the year on year improvement in this area. Even more is being done in an attempt to reduce incidents further by introducing an electronic risk assessment tool and recruiting more staff into the tissue viability team. We welcome an update on progress in this area during our next mid year visit.

**Infection control -** We note that the Trust had no MRSA bacteraemia cases but did not achieve its target of no more than 14 Clostridium Difficile cases as set by NHS England. It would be useful to understand what the national average is and how the Trust is performing in comparison to this.

**Patient Moves-** the committee understand that ensuring patients are cared for in the correct care setting on wards is an issue for acute trusts and are encouraged that the Trust has reduced the number of patient moves that were unjustified within the year. We note that this theme will continue to be a priority moving forward to 16/17 and look forward to receiving updates on this.

**Improving management of Sepsis -** the committee are very impressed with the level of commitment in regards to improving sepsis awareness and improving response times to delivering antibiotics to patients with sepsis. The Committee would like to continue to be appraised of how this will be improved further over the coming year.

Ensuring uniform use of surgical checklists across the organisation- it is heartening to note that surgical checklists are endorsed as a vital tool across the Trust and that making it real to staff, (the implications of not using a checklist) has reinforced the importance of the checklist tool.

The Committee also notes the draft Quality Priority areas moving into the year ahead and are encouraged that a number are carried forward from 15/16. The committee appreciates that some improvements can take longer than a year to embed and realise the improvements made. The Committee were interested to hear about the findings from the Care Quality Commission Inspection and that the action plan will form one of the quality priority areas for 16/17. It is also clear that since the inspection the Trust has already implemented a number of the key improvement actions.

We were interested to hear how positive the Trust is about seeking improvements in specialist care as a result of the acute hospital Vanguard programme of work. The Committee look forward to future updates on progress made in this exciting venture for the 3 acute Trusts.

Thank you for the opportunity to comment on an interesting Quality Review and Account. We look forward to reading the published version but please take this letter as Borough of Poole's response to the presentation of the Quality Account on 15th April 2016.

# Annex B

## Statement of directors' responsibilities in respect of the Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the Quality Report.

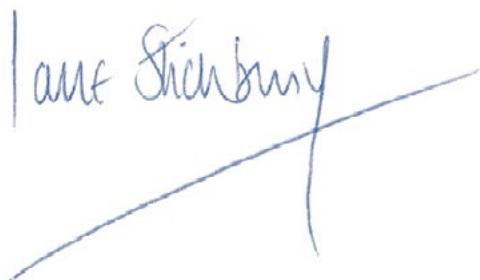
In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2015/16 and supporting guidance
- the content of the quality report is not inconsistent with internal and external sources of information including -
  - board minutes and papers for the period April 2015 to May 2016
  - papers relating to quality reported to the Board over the period April 2015 to May 2016
  - feedback from commissioners dated 10 May and 12 May 2016
  - feedback from governors dated 5 May 2016
  - feedback from Local Healthwatch organisations dated 11 May 2016
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2015

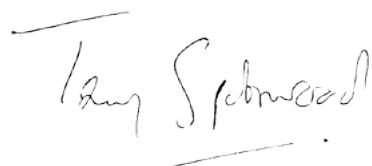
- the latest national in patient survey (awaiting publication)
- the latest national staff survey dated February 2015
- the Head of Internal Audit annual opinion over the Trusts control environment dated May 2016
- Care Quality Commission Inspection Report dated February 2016
- the Quality Report presents a balanced picture of the NHS foundation Trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- the quality report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Account regulations) (published at [www.monitor.gov.uk/annualreportingmanual](http://www.monitor.gov.uk/annualreportingmanual)) as well as the standards to support data quality for the preparation of the quality report (available at [www.monitor.gov.uk/annualreportingmanual](http://www.monitor.gov.uk/annualreportingmanual))

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the Board

A handwritten signature in blue ink that reads "Jane Stichbury". A blue diagonal line is drawn across the signature.

**Jane Stichbury**  
Chairperson  
25 May 2016

A handwritten signature in blue ink that reads "Tony Spotswood". A blue horizontal line is drawn under the signature.

**Tony Spotswood**  
Chief Executive  
25 May 2016

# Annex C

## Independent Auditors' Report to the Council of Governors of the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of The Royal Bournemouth and Christchurch NHS Foundation Trust to perform an independent assurance engagement in respect of The Royal Bournemouth and Christchurch NHS Foundation Trust's Quality Report for the year ended 31 March 2016 (the 'Quality Report') and certain performance indicators contained therein.

### Scope and subject matter

The indicators for the year ended 31 March 2016 subject to limited assurance consist of the following two national priority indicators (the indicators):

- percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period; and
- A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge.

### Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual issued by Monitor.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual;

- the Quality Report is not consistent in all material respects with the sources specified in the Detailed Guidance for External Assurance on Quality Reports 2015/16 ('the Guidance'); and
- the indicator in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- board minutes and papers for the period April 2015 to May 2016;
- papers relating to quality reported to the board over the period April 2015 to May 2016;
- feedback from commissioners;
- feedback from governors;
- feedback from local Healthwatch organisations;
- feedback from Overview and Scrutiny Committee;
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;

- the latest national patient survey;
- the latest national staff survey;
- the 2015/16 Head of Internal Audit's annual opinion over the trust's control environment; and
- the latest CQC Intelligent Monitoring Report.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of The Royal Bournemouth and Christchurch NHS Foundation Trust as a body, to assist the Council of Governors in reporting the NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2016, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicator. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and The Royal Bournemouth and Christchurch NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

## **Assurance work performed**

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information', issued by the International Auditing and Assurance Standards Board

('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicator;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual and supporting guidance to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance.

The scope of our assurance work has not included governance over quality or the non-mandated indicator, which was determined locally by The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust.

## Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2016:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the Guidance; and
- the indicator in the Quality Report subject to limited assurance has not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

A handwritten signature in blue ink that reads "KPMG LLP". The "K" and "L" are larger than the other letters.

**KPMG LLP**  
Chartered Accountants  
Bristol  
26 May 2016

# Glossary of Terms

## **CA UTI**

Catheter Associated Urinary Tract Infections.

## **eNA**

Electronic nurse assessments.

## **EPIC3 Guidelines**

National Evidence Based Guidelines for preventing healthcare associated infections in NHS Hospitals in England. These Department of Health guidelines provide comprehensive recommendations for preventing healthcare infections in hospital and other acute care settings based on best available evidence.

## **ESD**

Early supported Discharge.

## **Harm Free Care**

Developed for the NHS by the NHS as a point of care survey instrument, the NHS Safety Thermometer provides a ‘temperature check’ on harm that can be used alongside other measures of harm to measure local and system improvement. The NHS Safety Thermometer allows teams to measure harm and the proportion of patients that are ‘harm free’ on the day of data collection. Further details are available at <http://harmfreecare.org/measurement/nhs-safety-thermometer/>

## **Healthcare Resource Group (HRG)**

A HRG is a coding grouping consisting of patient events that have been judged to consume a similar level of NHS resource. For example, there are different knee related procedures that all require a similar level of resource; they are therefore assigned to one HRG. HRG codes are set out by the National Case Mix Office which is part of the NHS Health and Social Care Information Centre.

## **Healthcare Quality Improvement Partnership (HQIP)**

was established in April 2008 to promote quality in UK health services, by increasing the impact that clinical audit has on healthcare quality in England and Wales.

## **Finished Consultant Episode**

An NHS Term used for a consultant episode (period of care) that has ended e.g. patient has been discharged or transferred from the consultants care.

## **Dr Foster Intelligence**

Dr Foster is an organisation founded as a joint venture with the Department of Health to collect and publish healthcare information to support patient care. The Dr Foster Unit at Imperial College London collates and produces reports on hospital mortality rates. Dr Foster is a leading provider of comparative information on health and social care services. Its online tools and consumer guides are used by both health and social care organisations to inform the operation of their services.

## **MRSA**

meticillin-resistant staphylococcus aureus. MRSA is a type of bacterial infection that is resistant to a number of widely used antibiotics. This means it can be more difficult to treat than other bacterial infections.

## **MUST**

Malnutritional Universal Screening Tool.

## **National Institute for Health and Care Excellence (NICE)**

NICE is sponsored by the Department of Health to provide national guidance and advice to improve health and social care. NICE produce evidence based guidance and advice and develop quality standards and performance metrics for organisations providing and commissioning health, public health and social care services.

## **Never Event**

Never Events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers. Each Never Event type has the potential to cause serious patient harm or death. However, serious harm or death is not required to have happened as a result of a specific incident occurrence for that incident to be categorised as a Never Event. Never Events include incidents such as

wrong site surgery, retained instrument post operation and wrong route administration of chemotherapy. The full list of Never Events is available on the NHS England website.

## **NCEPOD**

National Confidential Enquiry into Patient Outcome and Death.

## **NICE**

National Institute for Health and Care Excellence.

## **Patient Reported Outcome Measure Scores**

Patient reported outcome measures (PROMS) are recorded for groin hernia, varicose vein, hip replacement and knee replacement surgery.

National data (HSCIS) compares the post-operative (Q2) values, data collected from the patients at 6 months post-operatively by an external company. The data is not case mix adjusted and includes all NHS Trusts, Foundation Trusts, PCT and NHS Treatment Centre data. Private hospital data is omitted.

EQ-VAS is a 0-100 scale measuring patients' pain, with scores closest to 0 representing least pain experienced by the patient.

EQ-5D is a scale of 0-1 measuring a patient's general health level and takes into account anxiety/depression, pain/discomfort, mobility, self-care and usual activities. The closer the score is to 1.0 the healthier the patient believes themselves to be.

The Oxford Hip and Oxford Knee Score measures of a patient's experience of their functional ability specific to patients who experience osteoarthritis. The measure is a scale of 0-48 and records the patient ability to perform tasks such as kneeling, limping, shopping and stair climbing. The closer the score is to 48 the more functionally able the patient perceives themselves to be.

## **Point Prevalence**

A point prevalence survey or audit gives a figure for a factor at a single point in time only.

## **SALT**

Speech and Language Therapy.

## **SAS**

Staff Grade and Associate Specialist.

## **Serious Incident**

In broad terms, serious incidents are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response. In general terms, a serious incident must be declared for where acts and/or omissions occurring as part of NHS-funded healthcare (including in the community) result in:

- Unexpected or avoidable death of one or more people.
- Unexpected or avoidable injury to one or more people that has resulted in serious harm;
- A Never Event

Full details of the NHS England Serious Incident Reporting Framework can be found on the NHS England website.

## **Sign up to Safety campaign**

The NHS England Sign up to Safety campaign was launched in June 2014. It is designed to help realise the aim of making the NHS the safest healthcare system in the world by creating a system devoted to continuous improvement. The NHS England campaign has a 3 year objective to reduce avoidable harm by 50% and save 6000 lives. Healthcare organisations have been encouraged to sign up to 5 pledges and create a 3-5 year plan for safety. To find out more about the Trust's pledge go to: [www.rbch.nhs.uk](http://www.rbch.nhs.uk)

## **Venous Thromboembolism (VTE)**

VTE is the collective name for:

- deep vein thrombosis (DVT) - a blood clot in one of the deep veins in the body, usually in one of the legs
- pulmonary embolism - a blood clot in the blood vessel that carries blood from the heart to the lungs

## **Waterlow Score**

The Waterlow pressure ulcer risk assessment/prevention policy tool is the most frequently used system in the UK for estimating the risk for the development of a pressure sore in a given patient. The tool was developed in 1985 by Judy Waterlow.

# Directors' Report

## Annual Governance Statement

### Scope of Responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

### The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust for the year ended 31 March 2016 and up to the date of approval of the annual report and accounts.

### Capacity to handle risk

As Accounting Officer I have ultimate responsibility for ensuring that there is an effective risk management system in place within the Foundation Trust and for meeting all statutory responsibilities and adhering to guidance issued by the independent regulator in respect of governance. The executive with specific responsibility for risk is the Director of Nursing and Midwifery. However, the requirement to manage risk more effectively is a responsibility affecting all staff in every part of the Foundation Trust; from the control of finance, through all the disciplines supporting and delivering the environment of care, to the direct delivery of clinical care itself, risk management is everyone's responsibility. The Foundation Trust's Risk Management Strategy clearly defines these responsibilities and provides guidance for the fulfilment of these roles.

Risk management and health and safety training is included on induction and mandatory training programmes for all staff. Additional Risk Assessment and Root Cause Analysis training sessions are also provided for managers, heads of department and ward leaders. Formal training is then supported by a variety of other resources that seek to promote and facilitate individual, departmental, directorate and organisational discussion and learning. The Quality and Risk Committee routinely receive and review quarterly directorate and specialist clinical sub committee reports which highlights patient safety, patient experience and patient outcome risks, trends or improvements for the period. The reports include the results of complaints, adverse incident investigations, clinical audits and/or external reports or peer reviews and highlight examples of and recommendations for, quality improvement and safe practice. Recommendations and learning from complaints, audits and adverse incidents are also discussed locally at directorate clinical governance groups, senior nurses

and ward sister meetings, Medical Grand Round meetings and department/ward team briefings. Actions and learning points are also shared with other stakeholders through Clinical Commissioning Group meetings and clinical network groups.

## The risk and control framework

In compliance with statutory controls, the foundation trust has developed a standard matrix for measuring risk and determining the level of risk that can be accepted at the key management levels within the organisation. Detailed guidance and advice on assessing, quantifying and managing risk is contained within the foundation trust's Risk Management Strategy (and associated Risk Assessment Policy and Procedures). As part of the Strategy, Directorate Managers, Clinical Directors and Matrons are responsible for maintaining Directorate Risk Registers and for bringing significant risks to the attention of the Quality and Risk Committee, the Healthcare Assurance Committee or another committee of the Foundation Trust's Board of Directors. In turn the sub-committees will bring important matters to the attention of the Board of Directors. The Foundation Trust continuously monitors risk control systems in place and utilises the assurance framework process to monitor, develop, implement, demonstrate and promote continuous improvement and learning. The effectiveness of the assurance framework and its application has been reviewed by the Healthcare Assurance Committee and verified by the internal auditors and the Audit Committee.

There is a strategic co-ordinated approach to the Trust's clinical audit activities to ensure that the clinical audit cycle is complete and therefore leads to improvement in patient care. There is a Consultant lead for Clinical Audit, a Clinical Effectiveness Manager who is part of the Clinical Governance Team, and consultant leads for Clinical Audit in each directorate. An annual audit plan is developed within each directorate with audits prioritised in relation to national requirements, Trust objectives, contractual and statutory duties and local requirements. To provide focus on the audit priorities and completion of the

plan the directorates have identified a clinical audit lead consultant, which has a role profile. This approach has been approved by the Trust Management Board. The committee for coordinating the Trust strategy for clinical effectiveness and clinical audit is the Clinical Audit and Effectiveness Group (CAEG). The CAEG is a formal sub group of the Quality and Risk Committee and is chaired by the Consultant lead for clinical audit and membership includes the directorate clinical audit leads. The group meets monthly and collectively reviews the results of National and Trust clinical audits and considers any actions required for quality improvement. The group also monitors implementation of the action plans and re-audit as required to ensure required improvements have been achieved consistently across all relevant areas. The Quality and Risk Committee formally reports to the Healthcare Assurance Committee and recommends approval of the Clinical Audit Programme prior to submission to the Trust Management Board and the Board of Directors. Directorates review their progress against the audit plan on a quarterly basis and provide a report for the Quality and Risk Committee. Progress against the annual audit plan is reviewed quarterly and a clinical audit report presented to the Healthcare Assurance Committee, and Trust Board as part of the Quality and Risk quarterly report. A quarterly report is also provided to the Audit Committee.

In line with statutory requirements, the Board of Directors has reviewed the Foundation Trust's principal corporate and strategic objectives and identified mitigating strategies for any risks to the delivery of those objectives using the Assurance Framework process. The development of the Assurance Framework has involved consideration of all objectives (strategic, quality, financial, corporate, business, clinical, human resources etc.) and all risks. In addition, a comprehensive review has taken place of the Trust's committee structure and its ability to provide the necessary assurance to the Board in support of the Assurance Framework. The framework is specifically linked to the trust's strategic objectives and to the regulatory requirements of the independent regulator and the Care

Quality Commission. Within the Assurance Framework, principal risks are identified and key risk controls in place to provide necessary assurances on identified gaps in control systems and action plans to further reduce risk are mapped out against identified objectives. The Assurance Framework is populated from the Foundation Trust Risk Register with risk reduction being achieved through a continuous cycle of the identification, assessment, control, and review of risk.

Risks may be entered onto the Foundation Trust Risk Register as a result of risk issues being raised or identified by: employees, directorates, external or internal reviews, internal or external audits, incident investigations, complaints reviews and comments from public stakeholders and/or service developments. Risks may also be raised by the Board's sub-committees and/or by specialist sub-committees of these. These include the Healthcare Assurance Committee, Finance Committee, Infection Prevention and Control Committee, Medicines Governance Committee, Information Governance Committee, Quality and Risk Committee and Health & Safety Committee. All risks entered onto the risk register are categorised according to the Trust risk management strategy using a standard risk matrix. The risk rating value is a combination of likelihood and consequence. All risks are assigned a current risk score and a target risk score following implementation of action plans and mitigation. All action plans have a responsible lead and timeframe noted. All significant and corporate level risks are also assigned an executive director lead.

Significant risks on the Foundation Trust Risk Register which feeds the Assurance Framework are reviewed by the Healthcare Assurance Committee monthly. Membership of the Healthcare Assurance Committee includes representation from the Board of Directors and the Council of Governors. The Quality and Risk Committee also reviews all new clinical risks monthly providing feedback to directorates as appropriate. The Assurance Framework dashboard "Heat Map" is reviewed monthly by the Healthcare Assurance Committee and Board of Directors. The full Assurance Framework is reviewed at least annually. An annual review is also incorporated within the

Internal Audit programme and approved by the Audit Committee. The current significant risks are reported to the Board of Directors each month, identifying changes to those risks.

The organisation's major risks are categorised below in terms of current and future risks:

#### Current risks:

- Risk and potential for care to be compromised due to delays in the emergency care pathway. The trust has agreed specific actions internally and with local partners to increase capacity and improve flow. New pathways have been introduced to strengthen ambulatory care, seven day working and improve responsiveness.
- Risk of non compliance with 18 week incomplete pathways target and delays to treatment times. Action plans to bring the trust back into line through detailed recovery plans including demand management and capacity modelling..
- Risk of not maintaining above threshold performance of the 31 and 62 day from referral to treatment targets. The trust continues to undertake a full review of the patient pathways including theatre and outpatient capacity and pathology service turnaround times.

#### Future risks:

- Risk of the Dorset Clinical Commissioning Group led Clinical Services Review not delivering proposed configuration of clinical services following public consultation, Competition and Market Authority review approval and/or recalibration of proposed models. The CCG are leading the work across Dorset and the trust is actively contributing to the clinical working groups.
- The financial stability of the trust is reliant on delivering its control total to secure the Sustainability and Transformation Fund. In addition the performance of the trust will also have an impact on the delivery of the fund.
- The trust has experienced difficulty in recruiting and retaining trained staff to fulfil templates and agreed levels of staffing posing a risk to patient care. The trust has developed initiatives and plans that will help

to attract new staff and supporting actions to help retain staff and encourage talent management. A significant outstanding risk relates to the ongoing Junior Doctors strike and the introduction of the new contract from August. The current forecast indicates significant gaps in rotas from August.

The principal risks to compliance with the Condition 4 of the NHS foundation trust condition set out in the Trust's provider licence are:

- Compliance with the 31 and 62-day wait for treatment from urgent GP referral for suspected cancer access target, due to on-going risks.
- The maximum waiting time of four hours for admission to Accident and Emergency due to the continued high level of ambulance conveyances, attendances and admissions, though noting a strong performance in March above 95%.
- 18 weeks referral to treatment times (RTT) performance and risk of breaching 90% contracted required per speciality. Current risk areas also include non admitted patients. Action plans to bring the trust back into line with the target include implementation of increased theatre capacity, combined with other additional capacity.

These risks have been notified to the Board and also to Monitor as part of the annual planning and regular reporting processes. The statements made to Monitor are reviewed by the Board in advance of submission and have been highlighted to the Board in advance of this through the regular performance reporting to the Board at its monthly meetings. The Trust has submitted its action plan to return to compliance.

More generally the Board conducts its own reviews of its governance structures including reviews of performance by its sub-committees to ensure that information provided to the Board identifies the key performance risks and the risk to compliance with the Trust's provider licence, other local and national performance targets, including its own performance objectives. These include indicators and measures relating to quality, safety,

performance, clinical outcomes, productivity, workforce, activity and finance. Appraisals of both Non-Executive Directors and Executive Directors take place annually with objectives and development plans identified. This is supported by the work of the internal auditors.

The Care Quality Commission carried out a full inspection at the Royal Bournemouth Hospital and Christchurch Hospital on the 20-22 and 26th October 2015 and 4th and 9th November 2015. Following the Care Quality Commission's inspection of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust, nearly 80 per cent of our services received individual ratings of "good" or better. The CQC inspection report (published on the 26/02/2016) rated the Trust overall as "requires improvement" with Christchurch Hospital rated as Good.

The CQC report highlighted five specific breaches in relation to fundamental standards and a detailed action plan for improvement has been submitted to the CQC, following agreement by stakeholders who attended the quality summit. Progress will be monitored via the Healthcare Assurance Committee as a sub committee of the Board of Directors. An external review of implementation processes has been incorporated within the Internal Audit programme for 2016/17 and approved by the Audit Committee. The Trust also has an established a programme of internal quality inspections to monitor and ensure compliance.

The trust is in dialogue to actively manage risks with public stakeholders. Examples of this dialogue include the Chief Operating Officer attending the local health economy urgent care board to ensure stakeholders are involved in managing the risks of rising emergency activity at the trust. The Director of Nursing and Midwifery also presents to the Council of Governors the quarterly significant risks and discusses mitigating actions. The Trust also undertakes monthly contract monitoring meetings with the Clinical Commissioning Groups where quality, activity, performance, finance and risk management reports are presented and discussed.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments in to the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Foundation Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

## **Review of economy, efficiency and effectiveness of the use of resources**

The Foundation Trust employs a number of internal mechanisms and external agencies to ensure the best use of resources.

Executive and senior managers in the organisation have responsibility for the effective management and deployment of their staff and other resources to maximise the efficiency of their directorates or departments.

The Board of Directors considers the Trust to be fully compliant with the principles of The NHS Foundation Trust Code of Governance as well as with the provisions of the Code in all respects, save as to paragraphs A.4.2, B.1.2, B.7.1 and E.1.3 where there are other arrangements in place and A.1.1 and C.3.2, which were provisions of the Code of Governance introduced during the year under report, which have not been applied retrospectively.

The Foundation Trust monitoring mechanism for finance using the Continuity of Services risk (with a range from 1 (high risk) to 4 (low risk)) recorded a rating of 3 demonstrating a lower level of financial risk. The trust however, recorded a deficit for the first time in its history and will need to manage the cash balance to ensure the rating is maintained over the next two years. In terms of longer-term financial planning, the trust is working in partnership with other trusts in Dorset with the Clinical Commissioning Group as part of the Clinical Services Review.

## **Information Governance**

In line with Monitor's guidance, risks to data security are being managed and controlled through the Information Governance infrastructure established by the Foundation Trust's Information Governance Strategy. The Information Governance (IG) Toolkit is used to assess how well the Foundation Trust complies with the relevant legal and regulatory requirements and guidance. For 2015/16, the Trust achieved Level 2 on 38 of the 45 IG Toolkit standards which resulted in an overall Information Governance Assessment Report score of 67%. The Trust was graded by the Health and Social Care Information Service as "Satisfactory With Improvement Plan" recognising the significant recovery of our score from last year (37%) and that there is a viable action plan to achieve full compliance this year:

## **Annual Quality Report**

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

The production of the Quality Report is overseen by the Director of Nursing and Midwifery and co-ordinated by the Associate Director of Clinical Governance. This team leads on all regulatory quality assessments for the Trust and is experienced in this type of

work. To ensure a balanced approach, input to the report is obtained from a wide range of sources within the organisation through the governance infrastructure and staff engagement forums. External opinion has been sought from the Trust's lead commissioners, local health scrutiny panels, Healthwatch and the Foundation Trust's Council of Governors. The production processes have mirrored those used for all quality assessments and aspects of these have been regularly audited. External Audit only perform limited assurance and only publicly on 2 indicators. The Internal Audit programme has provided assurance to the Board that the controls and procedures upon which the organisation relies to manage these areas are effective. Data to support the Quality Report is largely handled by the Trust's Information Department, Risk Management Department and the Clinical Effectiveness Department, all of which are subject to internal and external quality checking and control.

## **Review of effectiveness**

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this Annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee and the healthcare assurance committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

A non-executive director chairs the Audit Committee. It met five times during the year. Representatives of external audit and internal audit attended. The committee reviewed and accepted the audit plans of both internal and external audit. The plans specifically include economy, efficiency and effectiveness reviews.

The committee received regular updates on counter fraud matters from representatives from the Local Counter Fraud Service. The Audit Committee also met separately with representatives of external audit and internal audit without any executive management present.

A non-executive director chairs the Healthcare Assurance Committee. The Committee met twelve times during the year and received reports related to internal control, risk management and assurance and ensured that action plans, where remedial action was required, were implemented including the action plan relating to the compliance actions identified by the Care Quality Commission.

A non-executive director chairs the Finance Committee. The Committee met fourteen times during the year and reviewed the Trust's business plans, budgets, cash flow, treasury management, reporting arrangements and efficiency savings programme.

The Board of Directors received performance and financial reports during the year at its meetings and received the minutes of the following sub committees to which it has delegated powers and responsibilities:

- Audit Committee
- Trust Management Board
- Healthcare Assurance Committee
- Infection Prevention and Control Committee
- Finance Committee
- Patient Experience and Communications Committee
- Workforce Strategy and Development Committee

The effectiveness of the system of the internal control has been reviewed by the Audit Committee and further work to refine and develop our assurance processes is in progress and will be reviewed and evaluated on an on-going basis.

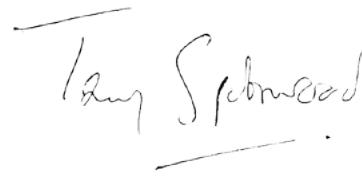
The role of internal audit is to provide an opinion to the Board, through the Audit Committee, on the adequacy and effectiveness of the internal control system to ensure the achievement of the organisation's objectives

in the areas reviewed. The annual report from internal audit provides an overall opinion on the adequacy and effectiveness of the organisation's risk management, control and governance processes, within the scope of work undertaken. Overall, the Head of Internal Audit's opinion provides moderate assurance, that there is a sound system of internal control, designed to meet the Trust's objectives and that controls are being applied consistently. This opinion is formed taking into account the significant financial and operational pressures in the year, the trust's record in implementing audit recommendations and that the majority of audits provided moderate assurance or better. In total there were seven high risk findings within a total of forty three findings overall. Three of the high rated risks related to inventory management in Cardiology and since the audit the department has installed a full inventory system. A further high rated risk was identified in Information Governance and as highlighted earlier in the report, the trust is aiming for best practice evidence rather than sufficient evidence of compliance. A further high risk was identified in the contracts management audit and a recommendation has been accepted to adopt a stronger central control by the Commercial Services Directorate. The final high risk rating relates to the sickness audit and the requirement to tighten the interventionist approach.

As part of their role, the external auditor reviews the work of the internal auditor in order to determine what reliance can be placed on the internal audits carried out during the year. The external auditor will conclude their overall work through their annual report and present this to the Audit Committee for recommendation to the Board of Directors.

## Conclusion

The Head of Internal Audit provided the trust with moderate assurance in his opinion, in that there is a sound system of internal control, designed to meet the trust's objectives and that controls are being applied consistently. The basis of opinion is from the ten audits conducted and 43 individual findings. The seven risks rated as high are described above under the review of effectiveness and actions have been implemented to reduce or avoid the risk in 2016/17. Although the Trust's financial and sustainability risk rating remains at two, the annual plan submission indicates the rating returning to three later in the year.

  
**Tony Spotswood**  
 Chief Executive  
 25 May 2016

# Board of Directors

The Board of Directors is made up of seven Executive Directors (voting) and seven Non-Executive Directors, including the Chairperson. In addition, the Executive Director of Organisational Development attends the Board of Directors in a non-voting capacity. The general duty of the Board of Directors and of each Director individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the Members of the Trust as a whole and for the public. The Board of Directors is responsible for the day-to-day running of the Trust and the delivery of the Trust's objectives and wider strategy. Its role is to determine the overall corporate goals for the Trust and it is responsible for ensuring they are delivered. Much of this work is done by the Executive Directors who work closely with the clinical directors, senior nurses, ward sisters/charge nurses and managers throughout the organisation.

The Board of Directors clearly sets out its financial, quality and operating objectives for the Trust. It also publishes sufficient information of its operations to allow the public, members and governors to evaluate its performance.

The Board of Directors and its committees receive sufficient information to gain understanding of the issue and take decisions on an informed basis. Where required the Board of Directors and individual members can access independent advice as necessary to discharge their responsibilities as directors. The Board of Directors also works closely with the Council of Governors to ensure that the public interests of patients and the local community are represented. Both the Council of Governors and the Board of Directors have duties defined within the Trust's constitution.

During 2015/16, the Trust's Board of Directors was made up of the following members:

## Non-Executive Directors

### Jane Stichbury, Chairperson



Jane has a long career in public service with 32 years spent in policing. She held a number of high profile positions including Deputy Assistant Commissioner of the Metropolitan Police and Chief Constable of Dorset. Jane

spent five years as Her Majesty's Inspector of Constabulary for the south of England before her appointment as Chairperson at the Foundation Trust from 1 April, 2010. Jane is also a Board Member of the England and Wales Cricket Board and a school governor.

### Alexandra Pike, Non-Executive Director (until June 2015)



Alex is Executive Chairman of Neom Organics, London and a Non-Executive Director of Simply Health. She was formally Global Vice President of Unilever and former Marketing Director of Fitness

First. Alex joined the Trust as a Non-Executive Director in June 2006 with a wide range of experience in marketing and communication. She was appointed Senior Independent Director in 2009 and chaired the Patient Experience and Communications Committee.

### David Bennett, Non-Executive Director



Dave has extensive experience in strategy and operational consulting and has held senior commercial roles in the logistics, telecoms and technology sectors. Dave joined the Board of Directors in October 2009 and chairs the Healthcare Assurance Committee.

## **Derek Dundas, Non-Executive Director**



Derek was a Consultant Radiologist in a London teaching hospital for 25 years. Alongside his clinical responsibilities he was Consultant in Charge of Radiology, Clinical Director for Diagnostic Services and then a Medical Director. He was a Governor for 5 years at The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust and has now taken on the role of clinical Non-Executive Director. Derek is the Chairperson of the Workforce Strategy and Development Committee.

Derek became the Senior Independent Director in June 2015.

## **Christine Hallett, Non-Executive Director (from June 2015)**



Christine worked at the Department of Health on issues such as the reconfiguration of London postgraduate teaching hospitals and doctors pay. She later moved into academia, working in the field of social policy including the healthcare systems in other countries.

From 2003-2010 Christine was the Principal and Vice Chancellor of the University of Stirling.

## **Ian Metcalfe, Non-Executive Director**



Ian joined the Trust as Non-Executive Director on an interim basis on 2 May 2013 to fill a vacancy on the Board. He was substantively appointed as a Non-Executive Director following an open recruitment process with effect from 1 April 2014.

Ian has a financial and regulatory background, working mainly in the social housing, financial services and not-for-profit sectors, and as an interim senior finance professional. Ian was a

Non-Executive Director of the Trust previously from 2006 until 2010 when he left to work in London at the Financial Services Authority. Ian holds the Chartered Institute of Management Accountants qualification and chairs the Finance Committee and is the Chairman of the Christchurch Fairmile Village LLP (from February 2016).

## **Steven Peacock, Non-Executive Director**



Steve was appointed as a Non-Executive Director in October 2009. He is a Chartered Accountant and has worked in retail and fast moving consumer goods for the last 17 years, most recently as Financial Services Group Director and Strategic Programme Director for The Estee Lauder Companies. Steve has a wide range of financial and commercial experience. Steve is Chairperson of the Audit Committee.

Steve became the Vice-Chairperson in June 2015.

## **Bill Yardley, Non-Executive Director**



Bill was appointed a Non-Executive Director of the Trust in April 2014. He started his career as a Chartered Surveyor in the property and construction industry and has led major business change, operational delivery business and high profile programmes and projects. More recently he has held a number of high profile positions in Whitehall, including membership of the Government's Construction Board and as a Crown Representative.

He has Non-Executive experience in the education and housing sectors and is currently a Non-Executive Director of Platinum Skies Living Limited and Houses of Parliament, and Vice chair of Orbit Living Limited. Bill is Chairperson of the Charitable Funds Committee and was the Chairman of the Christchurch Fairmile Village LLP until 7 February 2016.

Bill declared his directorship of Platinum Skies Living Limited at a Board meeting held in public on 26 February 2016; the declaration was recorded in the minutes and subsequently in the Register of Directors' Interests. At the date of this report, 31 March 2016, discussions are ongoing to determine whether a conflict of interests exists.

*Postscript: Bill resigned from the Board of Directors, effective from 14 June 2016.*

## Executive Directors

### Tony Spotswood, Chief Executive



Tony has been Chief Executive of the Trust since 2000. He was previously Chief Executive of Leicester General Hospital between 1998 and 2000 and a director for over 20 years. Tony has extensive experience of leading organisations through strategic change including service reconfiguration and merger.

Tony is a trustee of NHS Providers, and Chairman of Wessex National Institute for Health Research.

### Richard Renaud, Chief Operating Officer



Richard has been COO since September 2014. He is responsible for the three clinical care groups who provide the clinical services across the Trust. He is also executive lead for Estates, Facilities, emergency and business planning.

From 2006-2014 Richard was on the Board as Executive Director of Service Development, covering strategy, communications, estates, contracting and information. He joined the NHS through the NHS management training scheme and has worked in both primary care and tertiary hospital settings. Prior to his joining the Board Richard was General Manager of the Orthopaedic Directorate.

### Karen Allman, Director of Human Resources



Karen was appointed Director of Human Resources in 2007. She joined the NHS in 2003 from the Audit Commission where she was HR Director for District Audit. Her early career was spent in the private sector in retail with Marks & Spencer plc and Fenwick Limited before working in the city at the London Stock Exchange plc. Karen is also responsible for communications.

### Stuart Hunter, Director of Finance



Appointed in February 2007, Stuart has over 30 years of NHS experience, combined with being a qualified member of the Chartered Institute of Management Accountants. Stuart brings a commercial outlook to the Trust while understanding the fundamental complexities of the health service. Stuart is responsible for Commercial Services and Business Intelligence.

## Basil Fozard, Medical Director



Basil Fozard was appointed as Medical Director in September 2013. Basil was a Consultant Colorectal Surgeon and has worked for the Trust since 1992.

Basil has been a member of a number of local and regional networks relating to cancer services and was appointed Medical Director for the Dorset Cancer Network in January 2012 and held that position until 2013. He also was Chair of the Clinical Services Committee and member of the Executive and Council of the Association of Coloproctology of Great Britain and Ireland between 2007 and 2010.

## Paula Shobbrook, Director of Nursing and Midwifery



Paula joined the Trust as Director of Nursing and Midwifery in September 2011. Previously Director of Nursing at Winchester Hospital where she worked for ten years, Paula's NHS career includes working as a ward sister in acute medicine, cardiac and respiratory specialties. She also spent some time working in primary care before moving back in to a hospital setting.

## Peter Gill, Interim Director of Informatics



Peter has been Director of Informatics since 2012 and is responsible for the shared informatics service which also serves Poole Hospital NHS Foundation Trust. He has held two previous Informatics Directors roles for a total of eight years in London and Head of Informatics at Salisbury Foundation Trust for two years. He has been working in the NHS continuously from 1991 where he joined as a general management trainee. Peter is responsible for delivering the Informatics Strategy which aims to improve patient safety by implementing paperless healthcare.

## Structure of the Board

Paragraph B.1.2 of the Code of Governance provides that at least half the Board of Directors, excluding the Chairperson, should comprise Non-Executive Directors determined by the board to be independent. The Trust is non-compliant with this paragraph and its constitution provides for equal numbers between the executive and Non-Executive Directors. The quorum for meetings of the Board of Directors requires that six directors are present including not less than two executive directors and two Non-Executive Directors, one of whom must be the Chairperson or the Vice-Chairperson of the Board. In addition, the Chairperson has a second or casting vote in the case of an equality of votes and no resolution of the Board of Directors may be passed if it is opposed by all of the Non-Executive Directors present at the meeting.

The Chairperson was determined to be independent upon appointment and all of the other Non-Executive Directors are considered to be independent.

All of the directors of the Trust meet the "fit and proper" persons test described in the Trust's provider licence issued by Monitor, the terms of which are reflected in the eligibility requirements for directors in the Trust's constitution. In addition, all directors meet the requirements of the Care Quality Commission's Fit and Proper Person Requirement which came into force in November 2014.

## Board's Responsibility for Annual Report and Accounts

The directors are required by the National Health Service Act 2006 (as amended):

- to prepare, in respect of each financial year, annual accounts in such form as Monitor, now part of NHS Improvement, may, with the approval of the Secretary of State, direct; and
- to comply with any directions given by Monitor with the approval of the Secretary of State as to the methods and principles according to which the accounts are prepared and the content and form to be given in the accounts

The accounts must provide a true and fair view and comply with International Financial Reporting Standards and the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2015/16. In preparing the annual report and accounts, the Directors are required to:

- select suitable accounting policies and apply them consistently;
- make judgements and estimates that are reasonable and prudent; and
- prepare the annual report and accounts on the going concern basis, unless it is inappropriate to do so

The Board have reviewed the Annual Report and Accounts, having taken into account all the matters considered by the Board and brought to the attention of the Board during the financial year. The Board consider that taken as a whole the Annual Report and Accounts, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy.

In the case of persons who are directors as at the date when this report is approved:

- so far as each of the Directors is aware, there is no relevant audit information of which the Trust's auditors are unaware
- Each of the Directors has taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the Trust's auditors are aware of that information

This confirmation is given and should be interpreted in accordance with section 418 of the Companies Act 2006.

## Board meetings

The Board of Directors meets on the last Friday of every month, except August and at other times as necessary. The first part of the meeting is open to the public. Against each name in the table is shown the number of meetings at which the Director was present and in brackets the number of meetings that the director was eligible to attend. The number of meetings includes both scheduled and special/extraordinary meetings. The discussions and decisions relating to all items on the agenda of the Board of Directors meetings are recorded in the minutes of the meeting.

## Attendance at Meetings of the Board of Directors

Name	Title	Attendance
Karen Allman	Director of Human Resources	10 (12)
David Bennett	Non-Executive Director	8 (12)
Derek Dundas	Non-Executive Director (Senior Independent Director from June 2015)	10 (12)
Basil Fozard	Medical Director	11 (12)
Peter Gill	Interim Director of Informatics	8 (12)
Christine Hallett (from June 2015)	Non-Executive Director	6 (8)
Stuart Hunter	Director of Finance	10 (12)
Ian Metcalfe	Non-Executive Director	12 (12)
Steven Peacock	Non-Executive Director (Vice Chairperson from June 2015)	10 (12)
Alexandra Pike (until June 2015)	Non-Executive Director (Deputy Chairperson and Senior Independent Director)	1 (3)
Richard Renaut	Chief Operating Officer (from September 2014)	10 (12)
Paula Shobbrook	Director of Nursing and Midwifery	12 (12)
Tony Spotswood	Chief Executive	10 (12)
Jane Stichbury	Chairperson	12 (12)
Bill Yardley	Non-Executive Director	8 (12)

Where appropriate, and as required, the Chairperson and the Non-Executive Directors meet without the executive directors present.

Paragraph B.7.1 of the Foundation Trust Code of Governance specifies that any term of appointment beyond six years (eg two three-year terms) for a Non-Executive Director should be subject to particularly rigorous review, and should take into account the need for progressive refreshing of the Board of Directors. It also sets out that Non-Executive Directors may serve longer than six years (e.g. two three-year terms following authorisation of the NHS foundation trust) but subject to annual re-appointment. Serving more than six years could be relevant to the determination of a non-executive director's independence.

Non-Executive Directors are appointed by the Council of Governors following a selection process through its Non-Executive Director Nomination and Remuneration Committee for specified terms. Historically within the Trust, the initial term of appointment has been four

years and the original letter of appointment for some serving Non-Executive Directors created an expectation that any re-appointment following the initial term would be for a term of three years. With the approval of the Council of Governors, and following particularly rigorous review, these commitments have been honoured with the result that some Non-Executive Directors will serve two terms totalling seven years. David Bennett, Steven Peacock and Jane Stichbury will all serve over six years.

In determining their independence, the Board of Directors considered whether their previous tenure as Non-Executive Directors of the Trust might affect their independence. The Board concluded based on a number of factors, including their experience and knowledge from other senior executive and non-executive roles and the fact that they have always exercised a strongly independent judgment during the preceding period of tenure as Non-Executive Directors, that the independence of their character and judgement was not compromised.

All new appointments of Non-Executive Directors provide for an initial term of three years and any subsequent re-appointment, subject to approval by the Council of Governors, for a maximum term of three years.

The terms of office and the period of appointment of the Non-Executive Directors is set out in the table [below]. These appointments and reappointments were approved by the Council of Governors. Should any non-executive appointment need to be terminated this will be subject to scrutiny and approval by the Council of Governors.

appraisal policy agreed by the Council of Governors, the Chairperson's appraisal incorporated the views of the Non-Executive Directors and the governors. No meeting was held as part of this process as specified in paragraph A.4.2 of the Code of Governance. A meeting of Non-Executive Directors without the Chairperson present will be incorporated into this process as part of the current year's appraisal of the Chairperson.

Governors agreed the evaluation processes for appraising the Chairperson and Non-Executive Directors and the outcome of both processes was shared with the Council of Governors.

<b>Non-Executive Director</b>	<b>When appointed</b>	<b>Term of office</b>
David Bennett	1 October 2009 (reappointed on 1 October 2013)	3 years
Derek Dundas	1 April 2014. Appointed as Senior Independent Director on 22 June 2015	3 years 1 year 9 months as Senior Independent Director
Christine Hallett	29 June 2015	3 years
Ian Metcalfe	2 May 2013 (reappointed on 1 November 2013 and 1 April 2014) Appointed as Vice Chairperson on 22 June 2015	3 years 1 year 3 months as Vice Chairperson
Steven Peacock	1 October 2009 (reappointed on 1 October 2013)	3 years
Alexandra Pike	22 June 2006 (reappointed as a Non-Executive Director on 21 June 2014 and as Senior Independent Director on 10 October 2014)	1 year as non-executive director 8 months as senior independent director
Jane Stichbury	1 April 2010 (reappointed on 1 April 2014)	3 years
Bill Yardley	1 April 2014	3 years

The Board of Directors has given careful consideration to the range of skills, expertise and experience required for the running of a foundation trust and it confirms that the Board has the necessary balance and the required range of skills, expertise and experience has been in place during the year under report.

The performance of the Non-Executive Directors and the Chairperson was evaluated during the year. The Chairperson led the process of evaluation of the Non-Executive Directors and the Senior Independent Director undertook the evaluation of the performance of the Chairperson. In line with the Trust's

The chief executive undertook performance appraisals of the executive directors and the chief executive's performance was appraised by the Chairperson.

The performance evaluations were used as a basis to determine individual and collective professional development programmes for board members, which will enable them to discharge their duties more effectively.

The Board of Directors, and each of its committees, evaluate its own performance annually and undertake a more formal evaluation every three years. The process includes a review against the committee's

terms of reference. An evaluation of the Board of Directors was undertaken in 2015/16 and an external evaluation under the Monitor Well-led Governance Review is planned in 2016/17.

The Board's business cycle ensures adequate systems and processes are in place to measure and monitor the Trust's effectiveness, efficiency, economy and quality of healthcare delivery. Relevant metrics have been developed to assess progress and delivery of performance.

Each director has declared their interests at public meetings. The register of interests is held by the Trust Secretary and is available for inspection by arrangement by contacting the Trust Secretary on 01202 704777. This includes the other significant commitments of the Chairperson.

The Board of Directors has worked with Monitor, its regulator and now part of NHS Improvement, and the Council of Governors to draw attention to the specific challenges around finance and performance faced by the Trust during the year under report.

The Chairperson acts as the link between the Board of Directors and the Council of Governors and ensures that the views of the governors and members are communicated to the Board of Directors as a whole.

## Governance requirements

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012. The Board of Directors considers the Trust to be fully compliant with the principles of the NHS Foundation Trust Code of Governance as well as with the provisions of the Code in all respects, save as to paragraphs B.1.2 and B.7.1, where there are other arrangements in place. Details of compliance or an explanation are provided in this report.

The Scheme of Delegation and Reservation of Powers was reviewed in the year under report and will be reviewed at the commencement of each financial year.

## Audit Committee

The Trust's Audit Committee meets at least quarterly and representatives of external audit, internal audit and the counter fraud service attend these meetings. The Director of Finance, Director of Nursing and Midwifery, Chief Operating Officer and representatives from the risk management and clinical audit teams also regularly attend meetings at the request of the Chairperson. The Audit Committee met five times during the year. The Committee members are all independent Non-Executive Directors and during 2015/16 were:

Meetings of the Audit Committee	
Name	Meetings attended
Steven Peacock (Chairperson)	4 (5)
David Bennett	2 (5)
Christine Hallett	1 (1)
Ian Metcalfe	3 (5)

The Audit Committee's duties cover the following areas:

## **Internal control, risk management and corporate governance**

The Committee reviews the establishment and maintenance of an effective system of internal control, risk management and corporate governance, with particular reference to the Trust's Assurance Framework.

In particular, the Committee reviews the adequacy of:

- all risks and control related disclosure statements, together with any accompanying Head of Internal Audit statement, prior to endorsement by the Board.
- the structure, processes and responsibilities for identifying and managing key risks facing the organisation.
- the operational effectiveness of relevant policies and procedures including those related to fraud and corruption and economy, efficiency and effectiveness in the use of resources.
- the scope, maintenance and use of the Assurance Framework.
- the Trust's clinical audit programme

## **Internal audit**

The committee:

- appoints the internal auditors, sets the audit fee and resolves any questions of resignation and dismissal.
- ensures that the internal audit function is adequately resourced and has appropriate standing within the organisation.
- reviews the internal audit programme, considers major findings of internal audit investigations (and management's response), and ensures co-ordination between the internal and external auditors.
- reports non-compliance with, or inadequate responses to, internal audit reports to the Board of Directors.
- utilises internal audit reports to provide assurance to the Board of Directors on the governance of the Trust's Healthcare Assurance Committee. The Healthcare

Assurance Committee provides assurance to the Board of Directors on the quality and safety of services which the Trust provides

The Trust does not have an internal audit function but these services are provided by a third party provider of internal audit services which reports to the Audit Committee. The internal auditors, working with staff at the Trust and the Audit Committee, develop an audit plan each year based on the level of inherent risk and the strength of the control environment across the Trust. Depending on changes in the risk profile of certain areas, all areas of the Trust should be covered during the internal audit cycle of three years. The Audit Committee approves the final plan ensuring that the budget is available to meet the costs of delivering the plan. Internal audit is performed in accordance with NHS Internal Audit Standards which must be followed for the NHS.

## **External audit**

The committee:

- considers the appointment of the external auditors, the audit fee and any questions of resignation and dismissal before making a recommendation to the Council of Governors.
- discusses with the external auditors, before the audit commences, the nature and scope of the audit, and ensures co-ordination, as appropriate, with internal audit and the representative from the counter fraud service.
- reviews external audit reports, together with the management response.
- reports non-compliance with, or inadequate responses to, external audit reports to the Board of Directors.
- determines the policy on which the external auditors may provide non-audit services to the Trust

The Audit Committee formally reviews the work of the external auditor each year and communicates this to the Council of Governors to ensure that it is aware of the Trust's satisfaction with its auditors. In addition, the Audit Committee reviews the auditors' work plan for each year in advance. Deloitte LLP was the appointed auditors until September 2015. The Committee approved

their remuneration and terms of engagement and considered in detail the results of the audit for 2014/15, Deloitte LLP's performance and independence and the effectiveness of the overall audit process. Deloitte LLP was appointed by the Council of Governors for a term of three years in 2012 with the option to offer up to two extensions each of twelve months' duration. This was the first time Deloitte LLP was appointed as external auditor to the Trust and the appointment was made following a joint tender process with Poole Hospital NHS Foundation Trust, involving the Chairperson of the Audit Committee and Governors of the Trust, and a recommendation from the Audit Committee to the Council of Governors. The Council of Governors determined not to extend Deloitte LLP's appointment and initiated a tender for external audit services in January 2015.

The new auditor KPMG LLP was appointed by the Council of Governors for a term of three years from October 2015 with the option to offer up to two extensions each of twelve months' duration. This was the first time KPMG LLP was appointed as external auditor to the Trust and the appointment was made following a tender process involving the Chairperson of the Audit Committee and Governors of the Trust, and a recommendation from the Audit Committee to the Council of Governors.

## **Counter fraud service**

The committee:

- appoints the counter fraud service, sets the fee and resolves any questions of resignation and dismissal.
- ensures that the counter fraud function has appropriate standing within the organisation.
- reviews the counter fraud programme, considers major findings of investigations (and management's response) and ensures co-ordination between the internal auditors and counter fraud.
- reports non-compliance with, or inadequate responses to, counter fraud reports to the Board of Directors

## **Financial reporting**

The Committee reviews the annual financial statements before recommendation to the Board of Directors, focusing particularly on:

- changes in, and compliance with, accounting policies and practices.
- major judgemental areas.
- significant adjustments resulting from the audit.
- the impact of the Trust's cost improvement programme on clinical risk

## **Whistleblowing**

The Committee reviews arrangements by which staff of the Trust may raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters to ensure that arrangements are in place for the proportionate and independent investigation of such matters and for appropriate follow-up action.

In carrying out its duties the Committee is authorised by the Board to:

- recommend actions to the Board;
- oversee the investigation of any activities within its terms of reference;
- seek any information it requires from any employee of the Trust which may include requiring attendance at its Committee meetings and all employees have been directed to cooperate with any requests; and
- obtain outside legal or other professional advice on any matter within its terms of reference

## **Significant Issues**

During the year under report the significant issues that the Committee considered were:

- progress of the clinical audit plan to ensure that the Trust was provided with a comprehensive plan across the organisation focused on national and local priorities, compliance with relevant guidance from The National Institute for Health and Care Excellence (NICE) and areas of potential risk or importance based on complaints, incidents or other measures. There are some issues which remain to be

resolved to ensure full clinical engagement and the balancing of clinical activity and clinical audit activity;

- the delivery of the Trust's transformation savings programme and the management and control of these plans by individual directorates and care groups which is being monitored by the Finance Committee of the Board of Directors, with management teams from individual directorates and care groups attending meetings of the Finance Committee to update on progress where any slippage is identified;
- the stock control process, particularly within cardiology, to ensure that consumables are used in rotation to avoid wastage from out of date stock;
- compliance of the processes in relation to workforce was subject to scrutiny following monitoring of compliance by staff with appraisals and essential core skills training by the Workforce Committee. In addition, a review of sickness absence management was undertaken by the Committee

The Audit Committee reviews the Annual Report and Accounts prior to their approval by the Board. It reviewed and challenged relevant accounting policies and significant financial judgements including the recoverability of receivables, the valuation of land and buildings and provisioning for redundancies. In order to address these issues the Committee sought and received detailed briefings and explanations from the Director of Finance and the Director of Nursing and Midwifery. The chairmen of the Healthcare Assurance Committee and the Finance Committee are members of the Audit Committee and are able to provide details of scrutiny undertaken in these committees where it is appropriate. In carrying out its review of the Annual Report and Accounts, the Audit Committee provides assurance to the Board of Directors which supports the statement made by the Board that, taken as a whole the annual report and accounts, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS Foundation Trust's performance, business model and strategy.

## Non-audit services

The Audit Committee has approved a policy which governs the provision of non-audit services by the external auditors. The policy sets out limits on the services which may be provided by the external auditors so as not to impair their objectivity or independence when reviewing the Trust's financial statements but does not restrict the Trust from purchasing other services from the external auditors where this is in the best interest of the Trust. Any non-audit services provided by the external auditors are reported to the Audit Committee which is responsible for reviewing the objectivity and independence of the external auditors.

## Nomination and Remuneration Committees

### Non-Executive Director Nomination and Remuneration Committee

The Non-Executive Director Nomination and Remuneration Committee was constituted in 2015/16 following the dissolution of the two separate committees considering nominations and remuneration. It is a committee of the Council of Governors with responsibility for:

- reviewing the number of and skills required for the Non-Executive Directors in the context of the overall Board composition and making recommendations to the Council of Governors on any changes;
- developing succession plans for Non-Executive Directors, taking into account the challenges and opportunities facing the Trust;
- selecting candidates to fill vacancies among the Non-Executive Directors and recommending them to the Council of Governors for appointment;
- making recommendations to the Council of Governors concerning the re-appointment of any non-executive director at the conclusion of their specified term of appointment; and

- reviewing non-executive director terms and conditions and pay

The committee comprises two governors who have been elected by the Council of Governors and the Lead Governor under the chairmanship of the Trust Chairperson. Advice is received from the Director of Human Resources.

The Non-Executive Director Nomination and Remuneration Committee met in 2015/16 to consider the appointment of one non-executive director and also to consider the appointment and re-appointment of six Non-Executive Directors whose terms of appointment expire in 2016/17. The appointment and re-appointment process followed the policy agreed with the Council of Governors. This considered the Board of Directors' view of the skills, qualifications and experience of its members and any gaps required to be filled. Candidates were identified in a number of ways including advertisements in national and local press and using an external search agency. The shortlisted candidates met with stakeholder groups, undertook psychometric testing and attended a formal interview panel, which included an independent adviser, before the appointments were made.

The Non-Executive Director Nomination and Remuneration Committee monitors the performance of the Non-Executive Directors, including the Chairperson, and makes recommendations to the Council of Governors on the total level of remuneration to be paid to Non-Executive Directors. The Committee is advised by the Director of Human Resources on market rates and relativities (based on research commissioned by the Trust and carried out and reported upon by NHS partners).

After other means of engagement have been exhausted, in exceptional circumstances of poor performance, or other areas of concern relating to Non-Executive Directors or the Chairperson, the Non-Executive Director Nomination and Remuneration Committee will recommend to the Council of Governors that the Non-Executive Director or Chairperson be removed.

Details of the membership, number of meetings and attendance at meetings of the Non-Executive Director Nomination and Remuneration Committee are shown in the table on page 154.

## **Executive Director Nomination and Remuneration Committee**

The Executive Director Nomination and Remuneration Committee was constituted in 2015/16. Previously the Board of Directors had taken on the role of a Nomination and Remuneration Committee as the need arose. The Committee enables a more impartial review of the structure, size and composition of the Board of Directors to be considered.

The Chairperson is the chairman of this committee and its members are the remaining Non-Executive Directors. The Committee is advised by the Chief Executive on performance aspects, by the Director of Finance on the financial implications of remuneration or other proposals and by the Director of Human Resources on personnel and remuneration policy.

The interim appointment to the temporary role of Executive Director of Informatics has continued through the year and a substantive post holder is currently being sought through an open competition process.

The remuneration of executive directors is considered by a committee to determine the final salaries of the executive directors and make recommendations to the Board of Directors on annual pay awards and remuneration policies for other staff who are not on Agenda for Change contracts. Details of the membership, number of meetings and attendance at meetings of the Nomination and Remuneration Committee are shown in the table on page 154.

The remuneration of Executive and Non-Executive Directors is not included within Agenda for Change. When reviewing the remuneration of Executive and Non-Executive Directors, the Executive Director Nomination and Remuneration Committee review pay awards and increases made to staff within the Trust and nationally alongside information on

remuneration for directors at other trusts of a similar size and nature, taking account of overall and individual performance, with the aim of ensuring that directors' remuneration is fair and appropriate. Once every three years external consultants undertake a benchmarking exercise and, in the intervening years, less formal reviews are conducted using data collated by NHS Providers. The Committee determined that no change was to be made to director pay during the year.

No independent consultants, who materially assisted the committees in their consideration of any matter, were engaged to provide advice or services to the Nomination and Remuneration Committee or the Non-Executive Director Nomination and Remuneration Committee during the year under report. The Trust Secretary attends meetings of both committees to record the proceedings.

## **Directors' and Governors' expenses**

The expenses of Directors and staff governors are reimbursed in accordance with the Trust's policy on expenses applicable to all staff. Travel and other costs and expenses for all other governors are reimbursed in accordance with a separate policy approved by the Executive Director Nomination and Remuneration Committee, which is comprised of Non-Executive Directors. Governors are volunteers and do not receive any remuneration for their role.

## **Attendance at meetings**

Against each name is shown the number of meetings of the Committees at which the Non-Executive Director or Governor was present and in brackets the number of meetings that the Non-Executive Director or Governor was eligible to attend as a member of the committee during 2015/16.

<b>Meetings of the Executive Director Nomination and Remuneration Committee</b>	
<b>Name</b>	<b>Meetings attended</b>
Jane Stichbury (Chair)	6 (6)
David Bennett	4 (6)
Derek Dundas	6 (6)
Christine Hallett (from June 2015)	3 (4)
Ian Metcalfe	5 (6)
Steven Peacock	5 (6)
Alexandra Pike (until June 2015)	0 (1)
Bill Yardley	5 (6)

## **Meetings of the Non-Executive Director Nomination and Remuneration Committee**

<b>Name</b>	<b>Meetings attended</b>
Jane Stichbury (Chair)	7 (7)
Bob Gee (Lead Governor from 28 April 2015 and Chair when considering the Trust Chairperson's position)	7 (7)
Eric Fisher (Lead Governor until 28 April 2015)	1 (1)
Graham Swetman	8 (8)
David Triplow	7 (8)

# Summary and explanation of policy on duration of contracts, notice periods and termination payments

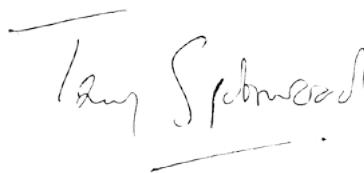
## Executive directors

All Executive Directors are required to give/receive six months' notice of termination. In appropriate cases this can be varied by mutual agreement. All contracts are permanent (i.e. not fixed term). All senior managers who are appointed on permanent contracts are required to give/receive three months' notice of termination.

There are no provisions in place for termination payments, other than through legal compromise agreements.

## Non-Executive Directors

Arrangements for the termination of the appointment of a non-executive director are set out in the Trust's constitution and a period of one month's notice is required.



Tony Spotswood  
Chief Executive  
25 May 2016

## Senior manager remuneration

Senior manager remuneration											
Name	Title	2015/16					2014/15				
		Salary and Fees (bands of £5000) £'000	Other Remuneration (bands of £5000) £'000	Total Salary and Fees (bands of £5000) £'000	Pension Related Benefits (bands of £2,500) £'000	Total (bands of £5,000) £'000	Salary and Fees (bands of £5000) £'000	Other Remuneration (bands of £5000) £'000	Total (bands of £5,000) £'000	Pension Related Benefits (bands of £2,500) £'000	Total (bands of £5,000) £'000
		(bands of £5,000) £'000	(bands of £5000) £'000	(bands of £5000) £'000	(bands of £2,500) £'000	(bands of £5,000) £'000	(bands of £5000) £'000	(bands of £5000) £'000	(bands of £5000) £'000	(bands of £2,500) £'000	(bands of £5,000) £'000
<b>Executive Members</b>											
Mr A Spotswood	Chief Executive	190-195	0	190-195	5-7.5	200-205	190-195	0	190-195	0	190-195
Mr B Fozard	Medical Director (see note 1)	135 - 140	10-15	150-155	0	150-155	130-135	85-90	220-225	107.5-110	330-335
Mrs H Lingham	Chief Operating Officer (see note 2)	0	0	0	0	0	60-65	0	60-65	Not applicable	60-65
Mr R Renaut	Chief Operating Officer (see note 3)	120-125	0	125-130	0	125-130	120-125	0-5	125-130	42.5-45	170-175
Mr S Hunter	Director of Finance	130-135	0	130-135	2.5-5	135-140	130-135	0	130-135	0	130-135
Mrs P Shobbrook	Director of Nursing and Midwifery (see note 4)	115-120	0-5	115-120	50-52.5	170-175	110-115	0	110-115	0	110-115
Mrs K Allman	Director of Human Resources	110-115	0	110-115	10-12.5	125-130	110-115	0	110-115	5-7.5	120-125
Mr P Gill	Director of Informatics (see note 5)	55-60	0	55-60	17.5-20	75-80	5-10	0	5-10	Not applicable	5-10
<b>Board Member</b>											
Mr P Gill	Director of Informatics (see note 5)	0	0	0	0	0	45-50	0	45-50	Not applicable	40-45
Ms N Hartley	Director of Organisational Development (see note 6)	70-71	0	70-71	Not applicable	70-71	0	0	0	0	0
<b>Non-Executive Members</b>											
Mrs J Stichbury	Chairman	50-55	0	50-55	Not applicable	50-55	50-55	0	50-55	Not applicable	50-55
Mrs A Pike	Non-Executive Director (see note 7)	0-5	0	0-5	Not applicable	0-5	15-20	0	15-20	Not applicable	15-20
Mr D Bennett	Non-Executive Director	15-20	0	15-20	Not applicable	15-20	15-20	0	15-20	Not applicable	15-20
Mr S Peacock	Non-Executive Director	10-15	0	10-15	Not applicable	10-15	10-15	0	10-15	Not applicable	10-15
Mr I Metcalfe	Non Executive Director (see note 6)	15-20	0	15-20	Not applicable	15-20	15-20	0	15-20	Not applicable	15-20
Mr W Yardley	Non Executive Director (see note 7)	10-15	0	10-15	Not applicable	10-15	10-15	0	10-15	Not applicable	10-15
Mr D Dundas	Non Executive Director	10-15	0	10-15	Not applicable	10-15	10-15	0	10-15	Not applicable	10-15
Mrs C Hallett	Non Executive Director (see note 8)	10-15	0	10-15	Not applicable	10-15	0	0	0	0	0
Band of highest paid director		220-225					210-215				
Median Total Remuneration		24,702					25,157				
Ratio		8.9					8.5				

### Notes:

- The salary shown against Mr B Fozard represents his Medical Director post for the Trust; the 'Other Remuneration' represents his post as a medical consultant. He retired on 31 May 2015 and drew his pension, and rejoined the Trust as Medical Director on 1 July 2015.
- Mrs H Lingham resigned from her post as Chief Operating Officer with effect from 30 September 2014.
- Mr R Renaut commenced his role as Chief Operating Officer on 15 September 2014. Previously he was Director of Service development.
- Mrs Shobbrook 'Other renumeration' represents pay in lieu of annual leave not taken.
- Mr P Gill holds a joint Director of Informatics post with Poole Hospital NHS Foundation Trust and is recharged on a half-time basis (excluding his interim executive pay). He became an interim Executive Director 1 February 2015.
- Ms N Hartley joined as a board member on 5 May 2015.
- Mrs A Pike left the trust on 21 June 2015.

8. Mrs C Hallett joined the trust on 29 June 2015.
9. Senior manager remuneration does not include any 'annual performance-related bonuses' or 'long-term performance-related bonuses' and no increase to remuneration was made in the year.
10. No individual named above received any benefit in kind during either financial year.
11. No other categories in the proforma single figure table disclosure are relevant to the Trust.
12. Of the 15 Executive / Non Executive Directors employed during 2015/16, 10 received expenses during the year amounting to a total of £9,230.
13. Directors are paid in line with benchmarked data from peer group trusts. The pay and conditions of employees is taken into consideration when determining the remuneration of senior managers and directors. For two directors this means that they are paid more than £142,500 which is the equivalent to the Prime Minister's salary, the benchmark set to measure top public sector pay in 2015.
14. There are 20 governors (excluding staff governors), of which eight received expenses during the year amounting to a total of £4,226.

#### **Summary of policy in relation to the duration of contracts; notice periods; and termination payments:**

- All Executive Directors are required to provide six months' written notice, however in appropriate circumstances this could be varied by mutual agreement.
- All senior manager contracts are permanent.
- All senior managers appointed on a permanent contract are required to provide three months' written notice.

#### **Median Total Remuneration:**

The HM Treasury FReM requires disclosure of the median remuneration of the reporting entity's staff and the ratio between this and the mid-point of the banded remuneration of the highest paid director. The calculation is based on full-time equivalent staff of the reporting entity at the reporting period end date on an annualised basis.

The median total remuneration was calculated by annualising the march basic salary payments, and adjusting this for outliers that would adversely distort the results. Agency costs have been excluded from this calculation.

#### **Senior manager pension entitlements**

<b>Senior manager pension entitlements (subject to audit)</b>							
Name	Title (as at 31 March 2016)	Real Increase in Pension and Related Lump Sum at retirement age	Total accrued Pension and Related Lump Sum at retirement age at 31 March 2016	Cash Equivalent Transfer Value at 31 March 2016	Cash Equivalent Transfer Value at 31 March 2015 (Inflated)	Real Increase in Cash Equivalent Transfer Value	Employer- Funded contribution to growth in CETV for the year
		(Bands of £2,500)	(Bands of £5,000)	£'000	£'000	£'000	£'000
Mr A Spotswood	Chief Executive	5-7.5	321-325	1,597	1,555	42	22
Mrs P Shobbrook	Director of Nursing and Midwifery	10-12.5	156-160	617	567	50	26
Mr S Hunter	Director of Finance	2.5-5	221-225	1,097	1,069	28	14
Mr R Renaut	Chief Operating Officer	2.5-5	111-115	406	375	30	15
Mrs K Allman	Director of Human Resources	2.5-5	71-75	352	324	28	14
Mr P Gill	Director of Informatics	2.5-5	106-110	457	425	32	16

#### **Notes:**

Non Executive Directors do not receive pensionable remuneration, and as such, there are no entries in respect of pensions for Non Executive Directors.

## Cash Equivalent Transfer Values

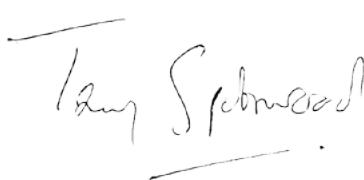
A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004/05 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated as prescribed by the Institute and Faculty of Actuaries.

### Real Increase in CETV

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

On 16 March 2016, the Chancellor of the Exchequer announced a change in the Superannuation Contributions Adjusted for Past Experience (SCAPE) discount rate from 3.0% to 2.8%. This rate affects the calculation of CETV figures in this report.

Due to the lead time required to perform calculations and prepare annual reports, the CETV figures quoted in this report for members of the NHS Pension scheme are based on the previous discount rate and have not been recalculated.



**Tony Spotswood**,  
Chief Executive,  
25 May 2016

# Council of Governors

There are 29 members of the Council of Governors. The Council of Governors' principal duties are:

- to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors, and
- to represent the interests of the members of the Trust as a whole and the interests of the public

The role and responsibilities of the Council of Governors are set out in the NHS Act 2006 and were extended under the Health and Social Care Act 2012. These have been incorporated into the Trust's constitution and standards of conduct.

During 2015-16 the Trust worked with the Council of Governors to consult with the Trust's membership and the public specifically on its forward plans. The forward plan reflected the Governors' views on the forward plan and included the Trust's financial, quality and operating objectives and a review of outcomes to evaluate its performance.

In 2015-16, the Council of Governors was made up as follows:

## Public governors - Bournemouth and Poole constituency (elected)

David Bellamy

Carole Deas

Guy Rouquette (from 28 April 2015)

Paul Higgs

Keith Mitchell

Roger Parsons

Colin Pipe (resigned August 2015)

Alan Radley (from 26 January 2016)

Maureen Todd (from 26 January 2016)

David Triplow

Monika Whitmarsh  
(removed from office 28 April 2015)

## Public governors - Christchurch and Dorset County constituency (elected)

Chris Archibald

Derek Chaffey

Eric Fisher (Deputy Chairperson of the Council of Governors and Lead Governor until 28 April 2015)

Doreen Holford

Brian Young

Paul McMillan

## Public governors - New Forest, Hampshire and Salisbury constituency (elected)

Mike Allen (resigned 27 October 2015)

David Brown (from 7 March 2016)

Bob Gee (Lead Governor until 13 April 2016)

Graham Swetman

## Staff governors (elected)

Sarah Berridge (from 1 April 2016)

Dean Feegrade (until 23 September 2015)

Ian Knox

Richard Owen

Petrina Taylor (from 1 April 2016)

Kim Waterman (from 23 September 2015)

<b>Appointed governors</b>
John Adams (Bournemouth Borough Council) (until June 2015)
John Challinor (Borough of Poole) (from July 2015)
Philip Copson (Hospital Volunteers)
Philip Goodall (Borough of Poole) (until May 2015)
Colin Jamieson (Dorset County Council)
Tom Knight (Clinical Commissioning Group)
Stephen Tee (Bournemouth University) (from September 2015)
Gail Thomas (Bournemouth University) (until August 2015)
Rae Stollard (Bournemouth Borough Council) (from December 2015)

All of the governors meet the “fit and proper” persons test described in the Trust’s provider licence issued by Monitor, the terms of which are reflected in the eligibility requirements for governors in the Trust’s Constitution.

Each governor has declared their interests at public meetings. The register of interests is held by the Trust Secretary and is available for inspection by arrangement by contacting the Trust Secretary on 01202 704777.

There are no vacancies on the Council of Governors at the end of the year.

Public and staff governors are elected by secret ballot of the relevant public constituency or staff class using the first past the post system. Each governor is elected for a term of three years.

The nominated Lead Governor for the Trust is Bob Gee.

Executive and Non-Executive Directors attend the public meetings of the Council of Governors both to report on matters and take questions from the governors and in order to develop a deeper understanding of the views of governors and members. Governors also attend the public meetings of the Board of Directors and have the opportunity to ask questions of the Board of Directors at the end of these meetings. A further way for the Council of Governors and Board of Directors to ensure appropriate and effective relationship is to also have joint seminars to consider and discuss issues of concern to the directors and governors.

In order to discharge its duties, the Council of Governors met five times in 2015/16. It received and considered all appropriate information required to discharge its duties. The Council of Governors periodically assesses its performance and details how it has discharged its responsibilities to members and the public. In addition, individual and collective development needs are considered and included in a training programme.

Attendance at Council of Governor meetings is set out in the table overleaf. Against each name is shown the number of meetings of the Council of Governors at which the governor or director was present and in brackets the number of meetings that the Governor or Director was eligible to attend during 2015/16. The number of meetings includes both scheduled and special/extraordinary meetings.

## Attendance at meetings of the Council of Governors

Name	Title	Constituency/class/appointing organisation	Attendance
Jane Stichbury	Chairperson		6 (6)
John Adams	Appointed Governor	Bournemouth Borough Council	0 (3)
Mike Allen (until October 2015)	Public Governor	New Forest, Hampshire and Salisbury	3 (4)
Chris Archibold	Public Governor	Christchurch and Dorset County	3 (6)
David Bellamy	Public Governor	Bournemouth and Poole	5 (6)
Sarah Berridge	Staff Governor	Medical and Dentistry	1 (6)
David Brown (from March 2016)	Public Governor	New Forest, Hampshire and Salisbury	0 (0)
Derek Chaffey	Public Governor	Christchurch and Dorset County	6 (6)
John Challinor (from July 2015)	Appointed Governor	Borough of Poole Council	2 (4)
Philip Copson	Appointed Governor	Hospital Volunteers	5 (6)
Carole Deas	Public Governor	Bournemouth and Poole	3 (6)
Dean Feegrade (until September 2015)	Staff Governor	Administrative, Clerical and Management	3 (4)
Eric Fisher	Public Governor	Christchurch and Dorset County	6 (6)
Bob Gee	Public Governor	New Forest, Hampshire and Salisbury	6 (6)
Phil Goodall (until May 2015)	Appointed Governor	Borough of Poole Council	1 (1)
Paul Higgs	Public Governor	Bournemouth and Poole	6 (6)
Doreen Holford	Public Governor	Christchurch and Dorset County	5 (6)
Colin Jamieson	Appointed Governor	Dorset County Council	3 (6)
Tom Knight	Appointed Governor	Dorset Clinical Commissioning Group	0 (6)
Ian Knox	Staff Governor	Allied Health Professionals, Scientific and Technical	5 (6)
Paul McMillan	Public Governor	Christchurch and Dorset County	6 (6)
Keith Mitchell	Public Governor	Bournemouth and Poole	4 (6)
Richard Owen	Staff Governor	Estates and Ancillary Services	3 (6)
Roger Parsons	Public Governor	Bournemouth and Poole	5 (6)
Colin Pipe (until August 2015)	Public Governor	Bournemouth and Poole	3 (3)
Alan Radley (from January 2016)	Public Governor	Bournemouth and Poole	1 (1)
Guy Rouquette	Public Governor	Bournemouth and Poole	5 (6)

Rae Stollard	Appointed Governor	Bournemouth Borough Council	1 (1)
Graham Swetman	Public Governor	New Forest, Hampshire and Salisbury	4 (6)
Petrina Taylor	Staff Governor	Nursing, Midwifery and Healthcare Assistants	6 (6)
Stephen Tee (from September 2015)	Appointed Governor	Bournemouth University	1 (2)
Gail Thomas (until August 2015)	Appointed Governor	Bournemouth University	2 (3)
Maureen Todd (from January 2016)	Public Governor	Bournemouth and Poole	1 (1)
David Triplow	Public Governor	Bournemouth and Poole	6 (6)
Monika Whitmarsh	Public Governor	Bournemouth and Poole	0 (1)
Kim Waterman (from September 2015)	Staff Governor	Administrative, Clerical and Management	1 (2)
Brian Young	Public Governor	Christchurch and Dorset County	4 (6)
<b>Directors:</b>			
Karen Allman	Director of Human Resources		3 (4)
David Bennett	Non-Executive Directors		1 (5)
Derek Dundas	Non-Executive Director / Senior Independent Director (from June 2015)		5 (5)
Basil Fozard	Medical Director		2 (4)
Peter Gill	Interim Director of Informatics		0 (4)
Christine Hallett (from June 2016)	Non-Executive Director		1 (3)
Stuart Hunter	Director of Finance		4 (4)
Ian Metcalfe	Non-Executive Director		1 (5)
Steven Peacock	Non-Executive Director / Vice Chairperson (from June 2015)		2 (5)

Alexandra Pike	Non-Executive Director/ Deputy Chairperson/ Senior Independent Director (until June 2015)		0 (1)
Richard Renaut	Chief Operating Officer		3 (4)
Paula Shobbrook	Director of Nursing and Midwifery		4 (4)
Tony Spotswood	Chief Executive		3 (5)
Bill Yardley	Non-Executive Director		2 (5)

The Council of Governors has a policy for addressing any consistent and unjustifiable failures to attend its meetings. This policy covers the actions required to address any actual or potential conflict of interest which may prevent a governor exercising their duties properly.

The Council of Governors engages with the Board of Directors through the Chairperson and Senior Independent Director. Any concerns would be raised with them.

Paragraph E.1.3 of the Code of Governance specifies that the Senior Independent Director should attend sufficient meetings with governors to listen to their views in order to help develop a balanced understanding of the issues and concerns of governors.

The Senior Independent Director has attended five meetings of the Council of Governors during 2015/16. The Senior Independent Director also attends a number of committees

where he can be approached by governors and governors also attend meetings of the Board of Directors with an opportunity to comment and ask questions of the Directors at the end of the meeting. There are also joint seminars of the directors and governors and less formal meetings between the Non-Executive Directors and governors which provide opportunities for governors to express their views and highlight any issues or concerns.

## Elections

Elections were held in three public constituencies and one staff classes during the year. Efforts to maximise nominations included contacting members and articles in staff publications and on the Trust's intranet and meetings prior to nomination. Two of the public constituency elections were contested. All staff class elections were uncontested. The elections to the Council of Governors were held in accordance with the Constitution.

Date of election	Constituency / Staff Class	Number of members in constituency	Number of seats contested	Number of contestants	Election turnout (%)
June 2015	Administration, Clerical and Management	997	1	1	Elected unopposed
November 2015	Bournemouth and Poole	8,392	2	5	23.7%
November 2015	New Forest, Hampshire and Salisbury	768	1	0	No election held
January 2016	New Forest, Hampshire and Salisbury	764	1	4	27.6%

# Membership

During 2015/16 the Governors have continued to develop on its existing membership strategy using health talks, constituency events, emails and the quarterly membership newsletter to engage with existing members and recruit new members. The strategy has also been developed to focus on recruitment of members from groups which have historically been under-represented in the Trust membership: younger people and minority ethnic groups. Through presentations and attendance at careers events at local schools the Trust recruits younger members and is seeking to engage with local authorities in its public constituencies and local Healthwatch to reach minority ethnic groups. The Membership Strategy set a recruitment target of 350 new public members for 2015/16 and the performance against that target is shown in the table below.

Over the next 12 months the governors will:

- continue local constituency meetings whether these are educational or for consultation;
- continue to hold 'Listening Events' on the hospital site and out in the community;
- continue the work with local schools including attending 'Careers in the NHS' events for students in Year 12 at local schools;
- provide more information in the FT Focus and in regular emails to members who have provided their email address about governors' activities;
- develop the governor and member pages on the Trust's website to provide more information to members and the public;
- try to increase the awareness and understanding of members and the local community of the NHS and foundation trusts and the benefits of foundation trust membership

As at 31 March 2016 there were 14,851 members in the following constituencies:

<b>Public constituency</b>	<b>Last year (2015/16)</b>	<b>Next year (2016/17) (estimated)</b>
At year start (1 April)	11,284	11,093
New members	381	350
Members leaving	569	500
At year end (31 March)	11,093	10,943

<b>Staff constituency</b>	<b>Last year (2015/16)</b>	<b>Next year (2016/17) (estimated)</b>
At year start (1 April)	3,680	3,758
New members	78	500
Members leaving	Not available	500
At year end (31 March)	3,758	3,758

## Analysis of membership in constituencies (as at 31 March 2016)

Public		Staff	
Bournemouth and Poole	8,299	Medical and Dentistry	335
Christchurch and Dorset County	2,025	Allied Healthcare Professionals, Scientific and Technicians	643
New Forest, Hampshire and Salisbury	769	Nursing and Midwifery (including Healthcare Assistants)	1,585
		Administrative, Clerical and Management	847
		Hotel Services and Estates	348

### Notes

Members of staff on fixed term or temporary contracts who have been continuously employed by the Trust for at least twelve months are eligible to become members of the staff constituency.

## Analysis of current public membership (as at 31 March 2016)

As at 31 March 2016, there were 11,093 public members in the following demographic groups:

Public constituency	Number of members	Eligible membership
<b>Age (years):</b>		
0-16	106	255,830
17-21	802	88,987
22+	8,775	1,072,685
<b>Ethnicity:</b>		
White	10,462	1,304,608
Mixed	72	19,674
Asian or Asian British	134	41,943
Black or Black British	28	9,842
Other	20	3,916
<b>Socio-economic groupings*:</b>		
AB	3,570	95,655
C1	3,286	131,260
C2	2,122	92,209
DE	2,081	92,037
<b>Gender</b>		
Male	4,501	699,483
Female	6,585	718,017

## Notes

- The analysis above excludes 1,410 public members with no stated date of birth, 377 members with no stated ethnicity and 7 members with no stated gender.
- Socio-economic data should be completed using profiling techniques (e.g. postcode) or other recognised methods. To the extent socio-economic data is not already collected from members, it is not anticipated that NHS foundation trusts will make a direct approach to members to collect this information.
- The population data used to calculate "Eligible membership" in the table above may differ as a result of using the most reliable source for this data. This may lead to variations in the total of eligible members provided under each section of the table, primarily due to the currency of the data.

## **Members who wish to communicate with their Governors should contact:**

Governor Co-ordinator (B28)

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

Castle Lane East

Bournemouth

BH7 7DW

or email: **ftmembers@rbch.nhs.uk**

# Consolidated Financial Statements

For the year ended  
31 March 2016

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# The Foundation Trust

**NHS Foundation Trust Code:**

**RDZ**

**Registered Office:**

**The Royal Bournemouth Hospital**  
Castle Lane East  
Bournemouth  
BH7 7DW

**Executive Directors:**

<b>Mr A Spotswood</b>	Chief Executive
<b>Mrs P Shobbrook</b>	Director of Nursing and Midwifery
<b>Mr S Hunter</b>	Director of Finance
<b>Mr R Renaut</b>	Chief Operating Officer
<b>Mrs K Allman</b>	Director of Human Resources
<b>Mr B Fozard</b>	Medical Director
<b>Mr P Gill</b>	Director of Informatics (Interim Executive)

**Non-Executive Directors:**

<b>Mrs J Stichbury</b>	Chairman
<b>Mr S Peacock</b>	Non Executive Director
<b>Mr I Metcalfe</b>	Non Executive Director
<b>Mr C Hallett</b>	Non Executive Director
<b>Mr D Dundas</b>	Non Executive Director
<b>Mr B Yardley</b>	Non Executive Director
<b>Mr D Bennett</b>	Non Executive Director

**Trust Secretary:**

**Mrs S Anderson**

**Bankers:**

**Barclays PLC**  
London

**Solicitors:**

**DAC Beachcroft LLP**  
Winchester

**Internal Auditors:**

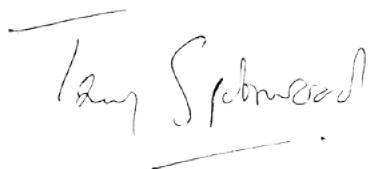
**BDO**  
Southampton

**External Auditors:**

**KPMG**  
Bristol

# Foreword to the accounts

These accounts for the year ended 31 March 2016 for The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (the “Foundation Trust”) have been prepared in accordance with paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006, and are presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006.

A handwritten signature in black ink, appearing to read "Tony Spotswood".

**Tony Spotswood**  
Chief Executive  
25 May 2016

# Accounting Officer's statement

## **Statement of the chief executive's responsibilities as the accounting officer of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust.**

The National Health Service Act 2006 states that the Chief Executive is the Accounting Officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by Monitor.

Under the National Health Service Act 2006, Monitor has directed The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

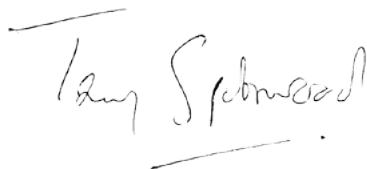
In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgments and estimates on a reasonable basis;

- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and disclose and explain any material departures in the financial statements;
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance; and
- prepare the financial statements on a going concern basis.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him to ensure that the accounts comply with the requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's NHS Foundation Trust Accounting Officer Memorandum.



**Tony Spotswood**  
Chief Executive  
25 May 2016

# Auditors' Report

## **Independent Auditors' Report to the Council of Governors and Board of Directors of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust only.**

Opinions and conclusions arising from our audit

### **1. Our opinion on the financial statements is unmodified**

We have audited the financial statements of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust for the year ended 31 March 2016 set out on pages 1 to 48 of the Accounts. In our opinion:

- the financial statements give a true and fair view of the state of the Group's and the Trust's affairs as at 31 March 2016 and of the Group's and the Trust's income and expenditure for the year then ended; and
- the financial statements have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2015/16.

### **2. Our assessment of risks of material misstatement**

In arriving at our audit opinion above on the financial statements the risks of material misstatement that had the greatest effect on our audit were as follows:

Valuation of land and buildings (excluding dwellings) - Land £23.7 million (2014/15: £29.7 million) and Buildings (excluding dwellings) £128.7 million (2014/15: £116.5 million)

Refer to page 9 (Audit Committee Report), page 19 to 21 (accounting policy) and page 47 (financial disclosures).

**The risk:** Land and buildings are initially recognised at cost, but subsequently are recognised at current value in existing use (EUV) for non-specialised property assets in operational use, and, for specialised assets where no market value is readily ascertainable, at the depreciated replacement cost (DRC) of a modern equivalent asset that has the same service potential as the existing property. A review is carried out each year to test assets for potential impairment, with an interim desktop valuation carried out every three years and a full valuation every five years.

There is significant judgment involved in determining the appropriate basis (EUV or DRC) for each asset according to its degree of specialisation, as well as over the assumptions made in arriving at the valuation and useful life of the asset. In particular the DRC basis of valuation requires an assumption as to whether the replacement asset would be situated on the existing site or, if more appropriate, on an alternative site. These assumptions can have potentially significant effects on the valuation.

In 2015/16 Cushman & Wakefield undertook a full valuation of the Group's land and buildings. The 2015/16 financial statements include £5.6 million relating to revaluation gains (2014/15 £4.0m), and £10.8 million relating to impairments or revaluation losses (2014/15 £8.8m).

**Our response:** In this area our audit procedures included:

- We assessed the competency, capability, objectivity and independence of the Group's external valuer and considered the terms of engagement of, and the instructions issued to, the valuer for consistency with the Group's accounting policies for the valuation of property, plant and equipment;
- We confirmed that the information provided to the valuer was complete, relevant and accurate;
- We undertook work to understand the basis upon which any revaluations to land and buildings have been recognised in the financial statements and determined whether they complied with the requirements of the FT ARM; and
- We agreed the appropriateness of any amendments made by management to the information received from the valuer before incorporation into the financial statements.

We also considered the adequacy of the Group's disclosures in respect of land and buildings.

#### **Recognition of NHS and non-NHS income - Patient care income NHS £247.2 million (2014/15: £240.3 million)**

Refer to page 9 (Audit Committee Report), page 17 (accounting policy) and page 47 (financial disclosures).

**The risk:** The main source of income for the Group is the provision of healthcare services to the public under contracts with NHS commissioners, which make up 83% of income. The Group participates in the Agreement of Balances (AoB) exercise which is mandated by the Department of Health (the Department), covering the English NHS only, for the purpose of ensuring that intra-NHS balances are eliminated when the consolidation exercise takes place to report the Department's Consolidated Resource Account. The AoB exercise identifies mismatches between income, expenditure, receivable and payable balances recognised by the Group and its counter-parties at 31 March 2016.

Mis-matches can occur for a number of reasons, but the most significant arise where the Trust and commissioners have not concluded the reconciliations of healthcare spells completed within the last quarter of the financial year, which have not yet been invoiced, or there is no final agreement over proposed contract penalties as activity data for the period has not been validated.

We do not consider NHS income to be at high risk of significant misstatement, or to be subject to a significant level of judgement. However, due to its materiality in the context of the financial statements as a whole NHS income is considered to be one of the areas which had the greatest effect on our overall audit strategy and allocation of resources in planning and completing our audit.

**Our response:** In this area our audit procedures included:

- We agreed commissioner income to signed contracts. In addition we reviewed contract variations and sought explanations from management to ensure these had been agreed;
- We reviewed third party confirmations from the Trust's commissioners as part of the AoB exercise and compared the values disclosed within their financial statements to the income recognised in the Trust's financial statements. We sought explanations for any variances over £250k, and all balances in dispute;
- We reviewed the judgement made in accounting for incomplete spells to determine whether income had been recognised in the appropriate period; and

We also considered the adequacy of the Group's disclosures in respect of income, particularly in relation to any key judgments made and estimates used in recognising income.

### **3. Our application of materiality and an overview of the scope of our audit**

The materiality for the Group financial statements was set at £5.3 million, determined with reference to a benchmark of income from operations (of which it represents 2%). We consider income from operations to be more stable than a surplus related benchmark.

We report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £250,000 in addition to other identified misstatements that warrant reporting on qualitative grounds.

The Group has four reporting components and all of them were subject to audits for group reporting purposes performed by the Group audit team at one location in Bournemouth. These audits covered 100% of group income, surplus for the year and total assets. The audits performed for group reporting purposes were all performed to materiality levels set individually for each component and ranged from £250k to £5.3m.

### **4. Our opinion on other matters prescribed by the Code of Audit Practice is unmodified**

In our opinion:

- the parts of the Remuneration and Staff Reports to be audited have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2015/16; and
- the information given in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

### **5. We have nothing to report in respect of the matters on which we are required to report by exception**

Under ISAs (UK and Ireland) we are required to report to you if, based on the knowledge we acquired during our audit, we have identified other information in the Annual Report that contains a material inconsistency with either that knowledge or the financial statements, a material misstatement of fact, or that is otherwise misleading.

In particular, we are required to report to you if:

- we have identified material inconsistencies between the knowledge we acquired during our audit and the directors' statement that they consider that the Annual Report and Accounts taken as a whole is fair, balanced and understandable and provides the information necessary for patients, regulators and other stakeholders to assess the Group's performance, business model and strategy; or
- the Audit Committee Report (within the Annual Report) does not appropriately address matters communicated by us to the audit committee.

Under the Code of Audit Practice we are required to report to you if in our opinion:

- the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2015/16, is misleading or is not consistent with our knowledge of the Group and other information of which we are aware from our audit of the financial statements.
- the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in its use of resources.

In addition we are required to report to you if:

- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006.
- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit.

We have nothing to report in respect of the above responsibilities.

## **Certificate of audit completion**

We certify that we have completed the audit of the accounts of Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office.

## **Respective responsibilities of the accounting officer and auditor**

As described more fully in the Statement of Accounting Officer's Responsibilities on page 5 the accounting officer is responsible for the preparation of financial statements which give a true and fair view. Our responsibility is to audit, and express an opinion on, the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the UK Ethical Standards for Auditors.

## **Scope of an audit of financial statements performed in accordance with ISAs (UK and Ireland)**

A description of the scope of an audit of financial statements is provided on our website at [www.kpmg.com/uk/auditscopeother2014](http://www.kpmg.com/uk/auditscopeother2014). This report is made subject to important explanations regarding our responsibilities, as published on that website, which are incorporated into this report as if set out in full and should be read to provide an understanding of the purpose of this report, the work we have undertaken and the basis of our opinions.

## **Respective responsibilities of the Trust and auditor in respect of arrangements for securing economy, efficiency and effectiveness in the use of resources**

The Trust is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

Under Section 62(1) and Schedule 10 paragraph 1(d), of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

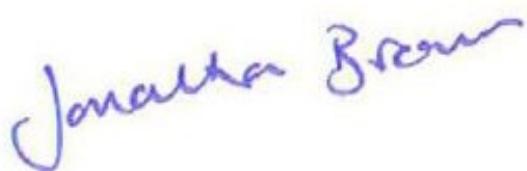
## **Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources**

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General (C&AG), as to whether the Trust has proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The C&AG determined this criterion as necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2016.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

## **The purpose of our audit work and to whom we owe our responsibilities**

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report or for the opinions we have formed.



**Jonathan Brown**  
for and on behalf of KPMG LLP,  
Statutory Auditor  
Chartered Accountants  
100 Temple Street  
Bristol  
Avon  
BS1 6AG  
26 May 2016

# Statement of Comprehensive Income

	Notes	Group		Trust	
		2015/16	2014/15	2015/16	2014/15
		£'000	£'000	£'000	£'000
Operating income from continuing operations	4	273,390	266,539	272,822	266,232
Operating expenses of continuing operations	7	(280,725)	(267,555)	(279,851)	(266,870)
<b>OPERATING DEFICIT</b>		(7,335)	(1,016)	(7,029)	(638)
<b>FINANCE COSTS</b>					
Finance income: interest receivable	12	176	154	167	149
Finance expense: Finance lease interest	13	(588)	(247)	(588)	(247)
Finance expense: Unwinding of discount on provisions	23	(12)	(12)	(12)	(12)
Public Dividend Capital: Dividends payable		(4,043)	(4,485)	(4,043)	(4,485)
Movement in fair value of investment property and other investments		(110)	286	0	0
Deficit from joint venture		(61)	0	(61)	0
<b>DEFICIT FOR THE YEAR</b>		(11,973)	(5,320)	(11,566)	(5,233)
<b>Other comprehensive income</b>					
Impairment (chargeable to revaluation reserve)		(8,694)	(3,197)	(8,694)	(3,197)
Revaluation (credited to revaluation reserve)		7,641	7,219	7,641	7,219
<b>TOTAL COMPREHENSIVE INCOME FOR THE YEAR</b>		(13,026)	(1,298)	(12,619)	(1,211)

The notes on pages 15 to 48 form part of these accounts.

# Statement of Financial Position

	Notes	Group		Trust	
		31 March 2016	31 March 2015	31 March 2016	31 March 2015
		£'000	£'000	£'000	£'000
<b>Non-current assets</b>					
Intangible assets	14	3,395	2,007	3,395	2,007
Property, plant and equipment	14	176,509	171,018	175,846	171,018
Investments in LLP Joint Venture		3,000	0	3,000	0
Other investments	12.1	3,343	3,453	0	0
<b>Total non-current assets</b>		<b>186,247</b>	<b>176,478</b>	<b>182,241</b>	<b>173,025</b>
<b>Current assets</b>					
Inventories	17	6,394	6,615	6,394	6,615
Trade and other receivables	18	10,493	10,182	10,276	10,279
Other financial assets		62	73	0	0
Cash and cash equivalents	19	43,091	50,774	39,256	48,316
<b>Total current assets</b>		<b>60,040</b>	<b>67,644</b>	<b>55,926</b>	<b>65,210</b>
<b>Current liabilities</b>					
Trade and other payables	20	(33,912)	(27,233)	(33,186)	(26,853)
Borrowings	21	(1,409)	(746)	(1,409)	(746)
Provisions	23	(154)	(229)	(154)	(229)
<b>Total current liabilities</b>		<b>(35,475)</b>	<b>(28,208)</b>	<b>(34,749)</b>	<b>(27,828)</b>
<b>Total assets less current liabilities</b>		<b>210,812</b>	<b>215,914</b>	<b>203,418</b>	<b>210,407</b>
<b>Non-current liabilities</b>					
Trade and other payables	20	(1,015)	(1,048)	(1,015)	(1,048)
Borrowings	21	(19,461)	(13,883)	(19,461)	(13,883)
Provisions	23	(588)	(519)	(588)	(519)
<b>Total non-current liabilities</b>		<b>(21,064)</b>	<b>(15,450)</b>	<b>(21,064)</b>	<b>(15,450)</b>
<b>Total Assets Employed:</b>		<b>189,748</b>	<b>200,464</b>	<b>182,354</b>	<b>194,957</b>
<b>Taxpayers' Equity</b>					
Public Dividend Capital		79,681	79,665	79,681	79,665
Revaluation reserve		72,573	74,612	72,573	74,612
BHT Charitable Fund Reserve		2,520	0	0	0
Income and expenditure reserve		30,100	40,680	30,100	40,680
NHS Charitable Fund Reserve	33	4,874	5,507	0	0
<b>Total Taxpayers' Equity:</b>		<b>189,748</b>	<b>200,464</b>	<b>182,354</b>	<b>194,957</b>

The notes on pages 15 to 48 form part of these accounts.

The financial statements comprising the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers' Equity, and Statement of Cash Flows were approved by the Foundation Trust Board on 25 May 2016 and signed on its behalf by:

**Tony Spotswood**, Chief Executive 25 May 2016

# Statement of Changes in Taxpayers' Equity

	Trust				BHT	RBH	Group
	Public Dividend Capital	Revaluation Reserve	Income and Expenditure Reserve	TRUST Reserves	Charitable Fund Reserve	Charitable Fund Reserve	TOTAL Reserves
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>Current Year</b>							
<b>Taxpayers' Equity at 1 April 2015</b>	<b>79,665</b>	<b>74,612</b>	<b>40,680</b>	<b>194,957</b>	<b>0</b>	<b>5,507</b>	<b>200,464</b>
Surplus/(deficit) for the year	0	0	(11,566)	(11,566)	226	(633)	(11,973)
Transfer of the excess of current cost depreciation over historical cost depreciation to the Income and Expenditure Reserve	0	(986)	986	0	0	0	0
BHT charity	0	0	0	0	2,294	0	2,294
Impairment losses on property, plant and equipment	0	(8,694)	0	(8,694)	0	0	(8,694)
Revaluations on property, plant and equipment	0	7,641	0	7,641	0	0	7,641
Public Dividend Capital received	16	0	0	16	0	0	16
<b>Taxpayers' Equity at 31 March 2016</b>	<b>79,681</b>	<b>72,573</b>	<b>30,100</b>	<b>182,354</b>	<b>2,520</b>	<b>4,874</b>	<b>189,748</b>
<b>Prior Year</b>							
<b>Taxpayers' Equity at 1 April 2014</b>	<b>78,674</b>	<b>73,002</b>	<b>43,501</b>	<b>195,177</b>	<b>0</b>	<b>5,594</b>	<b>200,771</b>
Deficit for the year	0	0	(5,233)	(5,233)	0	(87)	(5,320)
Transfer of the excess of current cost depreciation over historical cost depreciation to the Income and Expenditure Reserve	0	(2,412)	2,412	0	0	0	0
Impairment losses on property, plant and equipment	0	(3,197)	0	(3,197)	0	0	(3,197)
Revaluations on property, plant and equipment	0	7,219	0	7,219	0	0	7,219
Public Dividend Capital received	602	0	0	602	0	0	602
Other Public Dividend Capital received	389	0	0	389	0	0	389
<b>Taxpayers' Equity at 31 March 2015</b>	<b>79,665</b>	<b>74,612</b>	<b>40,680</b>	<b>194,957</b>	<b>0</b>	<b>5,507</b>	<b>200,464</b>

The notes on pages 15 to 48 form part of these accounts.

# Statement of Cash Flows

Notes		Group			Trust		
		2015/16		2014/15		2015/16	
		£'000	£'000	£'000	£'000	£'000	£'000
<b>Cash flows from operating activities</b>							
Operating deficit		(7,335)		(1,016)		(7,090)	(638)
<b>Non-cash income and expense</b>							
Depreciation and amortisation	14	5,918		8,067		5,889	8,067
Impairments/Reversal of Impairments	14	1,863		121		2,081	121
(Increase)/Decrease in Trade and Other Receivables		(231)		1,849		(52)	1,849
(Increase)/Decrease in Inventories		221		(1,495)		221	(1,495)
Increase/ (Decrease) in Trade and Other Payables		3,271		(2,994)		3,252	(2,994)
Increase in BHT charity		2,520		0		0	0
Decrease in provisions		(18)		(1,131)		(18)	(1,131)
NHS Charitable funds - net adjustments for working capital movements and non-cash transactions		248		30		0	0
Other movements in operating cash flows - PDC Adjustment		0		389		0	389
		13,792		4,836		11,373	4,806
<b>Net cash generated from operations</b>		6,457		3,820		4,283	4,168
<b>Cash flow from investing activities</b>							
Interest received		167		148		167	148
Purchase of intangible assets	14	(1,820)		(1,189)		(1,820)	(1,189)
Purchase of Property, Plant and Equipment		(12,248)		(15,601)		(11,313)	(15,601)
Sales of Property, Plant and Equipment		770		0		770	0
Investment in LLP Joint Venture		(2,550)		0		(2,550)	0
NHS Charitable funds - net cash flow from investing activities		9		5		0	0
<b>Net cash flow from investing activities</b>		(15,672)		(16,636)		(14,746)	(16,641)
<b>Cash flow from financing activities</b>							
Public dividend capital received		16		602		16	602
Loans received		7,180		13,221		7,180	13,221
Loans repaid		(551)		0		(551)	0
Capital element of finance lease rental payments		(385)		(391)		(385)	(391)
Loans repaid		(543)		(181)		(543)	(181)
Interest element of finance lease	13	(39)		(51)		(39)	(51)
PDC Dividend paid		(4,098)		(4,561)		(4,098)	(4,561)
Cash flows from (used in) other financing activities		(48)		52		(177)	52
<b>Net cash flow used in financing activities</b>		1,532		8,691		1,403	8,691
<b>Net increase in cash and cash equivalents</b>		(7,683)		(4,125)		(9,060)	(3,782)
Cash and cash equivalents at beginning of year		50,774		54,899		43,316	52,098
<b>Cash and cash equivalents at end of year</b>	19	43,091		50,774		39,256	48,316

The notes on pages 15 to 48 form part of these accounts.

# Notes to the accounts

## 1 Accounting policies

### 1.1 Accounting policies and other information

Monitor is responsible for issuing an accounts direction to NHS foundation trusts under the NHS Act 2006. Monitor has directed that the financial statements of the NHS Foundation Trust shall meet the accounting requirements of the NHS Foundation Trust Annual Reporting Manual which shall be agreed with the Secretary of State. Consequently, the following financial statements have been prepared in accordance with the 2015/16 NHS Foundation Trust Annual Reporting Manual issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual to the extent that they are meaningful and appropriate to the Foundation Trust. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

### Accounting convention

These financial statements have been prepared under historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, and certain financial assets and financial liabilities.

### Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken from outside the public sector. Activities are considered 'discontinued' if they transfer from one public body to another. The Foundation Trust has no acquisitions or discontinued operations to report within these accounts.

### Critical accounting judgements and key sources of estimation uncertainty

In the application of the Foundation Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually revised if the revision affects only one period, or in the period of the revision and future periods, if the revision affects both current and future periods.

Details of key accounting judgements and estimations are contained within Note 31 to these accounts.

### Operating segments

Operating segments are reported in a manner consistent with the internal reporting provided to the chief operating decision maker. The chief operating decision maker, who is responsible for allocating resources and assessing performance of the operating segments, has been identified as the Finance Committee that makes strategic decisions.

### Recently issued IFRS Accounting Standards

The following standards, amendments and interpretations have been issued by the International Accounting Standards Board (IASB) and International Financial Reporting Interpretations Committee (IFRIC) but have not yet been adopted in the Annual Reporting Manual. Monitor does not permit the early adoption of accounting standards, amendments and interpretations that are in issue at the reporting date but effective at a subsequent reporting period.

- IIFRS 11 Joint Arrangements (amendment; acquisition of an interest in a joint operation)
- IAS 16 Property, Plant and Equipment (amendments; depreciation and amortisation)
- IAS 38 Intangible Assets (amendment; depreciation and amortisation)
- IAS 16 Property, Plant and Equipment (amendment; bearer plants)
- IAS 41 Agriculture (amendment; bearer plants)
- IAS 27 Separate Financial Statements (amendment; equity method in separate financial statements)
- IFRS 10 Consolidated Financial Statements (amendment; sale or contribution of assets)
- IAS 28 Investments in Associates and Joint Ventures (amendment; sale or contribution of assets)
- IFRS 10 Consolidated Financial Statements (amendment; investment entities applying the consolidation exception)
- IAS 28 Investments in Associates and Joint Ventures (amendment; investment entities applying the consolidation exception)
- IAS 1 Presentation of Financial Statements (amendment; disclosure initiative)
- IFRS 15 Revenue from contracts with customers
- Annual improvements to IFRS: 2012-15 cycle
- IFRS 9 Financial Instruments

The directors do not expect that the adoption of these standards and interpretations will have a material impact on the financial statements in future periods. All other revised and new standards have not been listed here as they are not considered to have an impact on the Foundation Trust.

### Prior year restatements

Each year, the reporting requirements of Foundation Trusts are refreshed, and as a result, some income and expenditure classifications may be updated to improve transparency. In these instances, both the current year and the prior year disclosures

are updated. In addition, if in preparing the accounts, corrections are identified to prior year classifications, these will be updated and clearly marked as "restated".

### Consolidation

#### The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust Charitable Fund

The NHS Foundation Trust is the corporate trustee to The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust Charitable Fund (Charity Registration number 1057366). The Foundation Trust has assessed its relationship to the charitable fund and determined it to be a subsidy because the foundation trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The charitable fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice, which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions to:

- recognise and measure them in accordance with the Foundation Trust's accounting policies; and
- eliminate intra-group transactions, balances, gains and losses.

#### The Bournemouth Healthcare Trust

Private Patient services within the NHS Foundation Trust are delivered through The Bournemouth Private Clinic Limited (BPC), which is a trading subsidiary of the registered charity, The Bournemouth Healthcare Trust (BHT) (Charity Registration number 1122497). With effect from 1 February 2016, a number of the NHS Foundation Trust directors were appointed as directors in the BPC Board and as Trustees of BHT. This secured a more integrated and robust approach to private patient provision and governance.

As a result of this, the NHS Foundation Trust has reassessed its relationship to BHT (including its trading subsidiary BPC), and determined it to be a subsidy because the foundation trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charity and has the ability to affect those returns and other benefits through its power over the charity.

The charity's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice, which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions to:

- recognise and measure them in accordance with the Foundation Trust's accounting policies; and
- eliminate intra-group transactions, balances, gains and losses.

This resulted in a net income and expenditure surplus of £226,000 being consolidated into the Trusts accounts together with a number of Statement of Financial Position balances, most notably the introduction of the BHT Charitable Fund Reserve, with a closing balance of £2.520 million.

### **Christchurch Fairmile Village Limited Liability Partnership**

The Foundation Trust is a voting member of the joint venture, Christchurch Fairmile Village Limited Liability Partnership, which was incorporated on 19 September 2014. The joint venture has been treated as equity accounting within these accounts.

## **1.2 Income**

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Foundation Trust is contracts with commissioners in respect of healthcare services.

Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

### **Charitable funds**

Income is received from donations, legacies, fund raising events and from other charitable bodies.

### **Patient related revenue**

Revenue is recognised when the service has been delivered, that is, in the period when the services were provided. At the end of the financial year, a revenue estimate is recognised for patients who are in hospital and have not completed their period of treatment (an incomplete patient spell). This revenue estimate is based on the level of treatment provided to date.

### **Education and training**

Revenue is recognised when the conditions of education and training contracts have been met.

### **Non patient care services**

This is the income in relation to the education and training of specific staff groups. Income is recognised when the Foundation Trust has achieved its objectives as set out in the annual contract.

### **Interest**

Interest revenue is accrued on a time basis, by reference to the principal outstanding and interest rate applicable.

### **Catering services**

The Foundation Trust operates canteen services for employees and patients. Revenue is recognised when the Foundation Trust sells to the employees and the public. Canteen sales are usually by cash or by debit card.

### **Rental income**

The Foundation Trust owns some residential properties which are let out to members of staff and related parties. Rental income is recognised on a straight-line basis over the term of the lease. Car park fees are recognised when the public have used the Foundation Trust's facilities and are usually received in cash.

### **Income from the sale of non-current assets**

Income from the sale of non-current assets is recognised only when all material conditions of

sale have been met, and is measured as the sums due under the sale contract.

## 1.3 Expenditure on employee benefits

### Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

### Pension costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions).

The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

### Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current

reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2016, is based on the valuation data as 31 March 2015, updated to 31 March 2016 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts, published annually. These accounts can be viewed on the NHS Pensions website. Copies can also be obtained from The Stationery Office.

### Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account its recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012.

The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

### National Employment Savings Trust (NEST)

The National Employment Savings Trust (NEST) is a defined contribution scheme that was created as part of the government's workplace pensions reforms under the Pensions Act 2008. With effect from 1 May 2013, the Foundation Trust auto-enrols employees into this scheme in line with the national eligibility criteria.

## 1.4 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

## 1.5 Property, plant and equipment

### Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the Foundation Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably;
- the item individually has a cost of at least £5,000; or
- collectively, a group of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they have broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates, and are under single managerial control; or
- form part of the initial equipping and setting-up cost of a new building, refurbishment of a ward or unit irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

### Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring

or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. They are measured subsequently at valuation.

Non-current assets are stated at the lower of replacement cost and recoverable amount. The carrying values of property, plant and equipment are reviewed for impairment in periods if events or changes in circumstances indicate the carrying value may not be recoverable. The costs arising from the financing of the construction of fixed assets are not capitalised but are charged to the Statement of Comprehensive Income in the year to which they relate.

All land and buildings are revalued using professional valuations in accordance with International Accounting Standard 16 every five years. A three yearly interim valuation is also carried out. Additional valuations are carried out as appropriate.

Professional valuations are carried out by the Foundation Trusts appointed external Valuer. The valuations are carried out in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual. A full asset valuation (excluding Assets Under Construction/ Work In Progress) was undertaken as at 1 April 2015; and this value, together with indexation applied to buildings in line with the Valuers advice has been included in the closing Statement of Financial Position.

The valuations are carried out primarily on the basis of Modern Equivalent for specialised operational property and Existing Use Value for non-specialised operational property. The value of land for existing use purposes is assessed at Existing Use Value. For non-operational properties including surplus land, the valuations are carried out at Open Market Value.

Assets in the course of construction are valued at current cost. Larger schemes are valued by the district valuer on completion or when brought into use, and all schemes are valued as part of the three/ five yearly revaluation.

Operational equipment is valued at net current replacement cost.

### **Subsequent expenditure**

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably.

Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is derecognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

### **Depreciation**

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated. The estimated useful lives of assets are summarised below:

	Minimum Life (years)	Maximum Life (years)
Buildings and dwellings	8	100
Furniture / fittings	5	20
Set-up costs	5	15
Medical and other equipment	5	15
Vehicles	7	15
Radiology equipment	5	10
IT equipment	3	7

Property, plant and equipment which has been reclassified as 'Held for Sale' ceases to be depreciated upon this reclassification. Assets in the course of construction are not depreciated until the asset is brought into use

As at 31 March 2016, there were no assets classified as 'Held for Sale'.

### **Revaluation gains and losses**

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

## Impairments

In accordance with the Foundation Trust Annual Reporting Manual, impairments that arise from a clear consumption of economic benefits or service potential in the assets are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

## De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable, for example:
  - management are committed to a plan to sell the asset;
  - an active programme has begun to find a buyer and complete the sale;
  - the asset is being actively marketed at a reasonable price;

- the sale is expected to be completed within twelve months of the date of the classification as 'held for sale'; and
- the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

## Donated, government grant and other grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/ grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/ grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

## 1.6 Intangible assets

### Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Foundation Trusts' business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Foundation Trust and where the cost of the asset can be measured reliably.

## **Internally generated intangible assets**

Internally generated goodwill, brands, mastheads, publishing titles and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the product is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the Foundation Trust intends to complete the asset and sell or use it;
- the Foundation Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits;
- adequate financial, technical and other resources are available to the Foundation Trust to complete the development and sell or use the asset; and
- the Foundation Trust can measure reliably the expenses attributable to the asset during development.

### **Software**

Software which is integral to the operation of hardware (for example, an operating system) is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware (for example, application software) is capitalised as an intangible asset.

### **Measurement**

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently, intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains

and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 or IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or ‘fair value less costs to sell’.

### **Amortisation**

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. The estimated useful live of assets are summarised below:

	Minimum Life (years)	Maximum Life (years)
Software	3	7

## **1.7 Revenue government and other grants**

Government grants are grants from Government bodies other than income from primary care trusts or NHS trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

## **1.8 Inventories**

Inventories are valued at the lower of cost and net realisable value. Due to the high turnover of stocks within the Foundation Trust, current cost is used as a fair estimate of current value.

## **1.9 Financial instruments and financial liabilities**

### **Recognition**

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Foundation Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

Financial assets and financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

All other financial assets and financial liabilities are recognised when the Foundation Trust becomes a party to the contractual provisions of the instrument.

### **De-recognition**

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Foundation Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

### **Classification and Measurement**

Financial assets are categorised as 'Loans and receivables'. Financial liabilities are classified as 'other financial liabilities'.

### **Loans and receivables**

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The Foundation Trust's loans and receivables comprise current investments, cash and cash equivalents, NHS receivables, accrued income and other receivables.

Loans and receivables are recognised initially at fair value, net of transaction costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income. Loans from the Department of Health are not held for trading and are measured at historic cost with any unpaid interest accrued separately.

### **Other financial liabilities**

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and are measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as non-current liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to the Statement of Comprehensive Income. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

### **Impairment of financial assets**

At the Statement of Financial Position date, the Foundation Trust assesses whether any financial assets, other than those held at 'fair value through income and expenditure' are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cashflows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cashflows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced directly.

## 1.10 Leases

### Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Foundation Trust, the asset is recorded as Property, Plant and Equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property, plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability is de-recognised when the liability is discharged, cancelled or expires.

### Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

### Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately. Leased land is treated as an operating lease.

## 1.11 Provisions

The Foundation Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the

resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

## Clinical negligence costs

The NHS Litigation Authority (NHS LA) operates a risk pooling scheme under which the Foundation Trust pays an annual contribution to the NHS LA, which, in return, settles all clinical negligence claims. Although the NHS LA is administratively responsible for all clinical negligence cases, the legal liability remains with the Foundation Trust. The total value of clinical negligence provisions carried by the NHS LA on behalf of the Foundation Trust is disclosed at Note 23 but is not recognised in the Foundation Trust's accounts.

## Non-clinical risk pooling

The Foundation Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Foundation Trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

## 1.12 Contingencies

Contingent assets (that is assets, arising from past events whose existence will only be confirmed by one or more future events not wholly within the Foundation Trust's control) are not recognised as assets, but are disclosed by note where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed by note unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the Foundation Trust's control; or

- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

## **1.13 Public Dividend Capital (PDC) and PDC Dividend**

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS Trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of International Accounting Standard 32.

A charge, reflecting the cost of capital utilised by the Foundation Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Foundation Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loan Fund (NFL) deposits, excluding cash balances held in GBS accounts that relate to short-term working capital facility, and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

## **1.14 Value added tax**

Most of the activities of the Foundation Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

## **1.15 Corporation tax**

Under current legislation, Foundation Trusts are not liable for corporation tax.

## **1.16 Foreign Exchange**

The functional and presentation currency of the Foundation Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

## **1.17 Third party assets**

Assets belonging to third parties, (such as money held on behalf of patients) are not recognised in the accounts since the Foundation Trust has no beneficial interest in them. However, they are disclosed within Note 19 to the accounts in accordance with the requirements of HM Treasury's FReM.

## **1.18 Losses and special payments**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature, they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Foundation Trust not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

However, the losses and special payments note is compiled directly from the losses and compensations register which reports on an accruals basis with the exception of provisions for future losses.

## 1.19 Going concern

In the preparation of the year end accounts the Board is required to undertake an assessment confirming the Trust will continue as a going concern (i.e., that it will continue in the business of healthcare provision for the foreseeable future).

The current economic environment for all NHS foundation trusts is challenging with increasing demand and staffing shortages creating financial pressure. These factors have played a significant part of the Trust's reported deficit for 2015/16. As a result of 2015/16 financial performance Monitor is conducting a review to understand the short term pressures and diagnose the key drivers of the deficit.

The Trust has prepared its financial plans and cash flow forecasts on the assumption that funding will be received from the Department of Health (DoH). Discussions to date indicate this funding will be forthcoming. These funds are expected to be sufficient to enable the Trust to meet its obligations as they fall due. These funds will be accessed through the nationally agreed process published by Monitor and the DoH.

The Monitor NHS foundation trust annual reporting manual 2015/16 states that financial statements should be prepared on a going concern basis unless management either intends to apply to the Secretary of State for the dissolution of the NHS foundation trust without the transfer of the services to another entity, or has no realistic alternative but to do so.

There has been no application to the Secretary of State for the dissolution of the Trust and financial plans have been developed and published for future years. However, the Trust plans to operate with a financial deficit in 2016/17 and therefore the Board has considered the principle of going concern.

The Directors have therefore concluded that there is a reasonable expectation that the Trust will have access to adequate resources to continue in operational existence for the foreseeable future.

## 1.20 Investments

The Foundation Trust does not have any investments and the cash is held primarily in the Government Banking Service.

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust Charitable Fund does hold investments, both Fixed Asset Investments and Short Term Investments:

### **Charitable Fund Fixed Asset Investments**

Investment Fixed Assets are shown at Market Value, as detailed in the Statement of Financial Position.

The Trustee policy is to invest charitable funds with investments that maximise capital and are the most suitable investment type. The long-term objective is to invest capital that will give the maximum growth on income with minimal risk. The investment held as at the Statement of Financial Position date are units within a Restricted Investment Portfolio and are included in the Statement of Financial Position at the closing price at 31 March 2015. Investments comprise equities, gilts, other fixed interest investments and pooled funds, the majority of which are quoted investments.

All gains and losses are taken to the Statement of Comprehensive Income as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (or date of purchase if later).

### **Charitable Fund Short Term Investments**

Short Term Investments include Stocks and Equities that have been received as part of Legacy distributions given to the Charitable Funds. These are revalued at the year-end and any gain or loss on revaluation of the investment asset is shown in the Statement of Comprehensive Income.

## 2 Operating segments

The Foundation Trust has determined the operating segments based on the reports reviewed by the Finance Committee that are used to make strategic decisions. The Finance Committee considers the Foundation Trust's business from a services perspective as "Healthcare" and only one segment is therefore reported.

The segment information provided to the Finance Committee for the reportable segments for the year ended 31 March 2016 is as follows:

	Group		Trust	
	Healthcare 2015/16	Healthcare 2014/15	Healthcare 2015/16	Healthcare 2014/15
	£'000	£'000	£'000	£'000
Segment revenue	<b>273,390</b>	266,539	<b>272,822</b>	266,232
Patient and other income	<b>273,390</b>	266,539	<b>272,822</b>	266,232

It is appropriate to aggregate the Trust's activities as, in accordance with IFRS 8: Operating Segments, they are similar in each of the following respects:

- the nature of the products and services;
- the nature of the production processes;
- the type or class of customer for their products and services;
- the methods used to distribute their products or provide their services; and
- the nature of the regulatory environment.

## 3 Income generation activities

The Foundation Trust does not undertake any other income generation activities with an aim of achieving profit.

# 4 Operating income

## 4.1 Income from patient related activities

	Group		Trust	
	Continuing Operations 2015/16	Continuing Operations 2014/15	Continuing Operations 2015/16	Continuing Operations 2014/15
	£'000	£'000	£'000	£'000
Foundation Trusts	<b>4,036</b>	3,056	<b>4,036</b>	3,056
CCGs and NHS England	<b>240,154</b>	234,725	<b>240,154</b>	234,725
Local authorities	<b>2,997</b>	2,558	<b>2,997</b>	2,558
Non NHS:				
- private patients	<b>2,990</b>	3,591	<b>2,950</b>	3,591
- overseas patients (non-reciprocal)	<b>140</b>	78	<b>124</b>	78
- NHS Injury Scheme income	<b>428</b>	487	<b>428</b>	487
- other	<b>9</b>	242	<b>9</b>	242
	<b>250,754</b>	244,737	<b>250,698</b>	244,737

The NHS Injury Scheme Income above is reported net of a 21.99% doubtful debt provision (2014/15 18.9%).

## 4.2 Other operating income

	Group		Trust	
	Continuing Operations 2015/16	Continuing Operations 2014/15	Continuing Operations 2015/16	Continuing Operations 2014/15
	£'000	£'000	£'000	£'000
Research and development	<b>2,051</b>	1,861	<b>2,051</b>	1,861
Education and training	<b>5,740</b>	5,675	<b>5,740</b>	5,675
NHS Charities - capital acquisitions (donated assets)	<b>0</b>	0	<b>466</b>	580
NHS Charities - contributions to expenditure	<b>0</b>	0	<b>289</b>	99
Received from other bodies: Other charitable and other contributions to expenditure	<b>1,182</b>	1,572	<b>1,182</b>	1,572
Non-patient care services to other bodies	<b>7,420</b>	7,130	<b>7,420</b>	7,130
NHS Charitable Funds: incoming resources excluding investment income	<b>1,507</b>	1,232	<b>0</b>	0
Other:				
- NHS drug sales	<b>180</b>	214	<b>180</b>	214
- car parking	<b>1,304</b>	1,305	<b>1,304</b>	1,305
- catering services	<b>1,089</b>	1,055	<b>1,089</b>	1,055
- miscellaneous other	<b>1,034</b>	802	<b>1,274</b>	1,048
Income from operating leases	<b>1,129</b>	956	<b>1,129</b>	956
	<b>22,636</b>	21,802	<b>22,124</b>	21,495
<b>Total</b>	<b>273,390</b>	266,539	<b>272,822</b>	266,232

## 5 Private patient monitoring

The Foundation trust has met the requirement in section 43(2A) of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) which requires that the income from the provision of goods and services for the purpose of the health service in England must be greater than its income from the provision of goods and services for any other purposes.

## 6 Mandatory and non-mandatory income from activities

	Group		Trust	
	2015/16	2014/15	2015/16	2014/15
	£'000	£'000	£'000	£'000
Commissioner requested services	<b>256,494</b>	250,412	<b>256,494</b>	250,412
Non Commissioner requested services	<b>16,896</b>	16,127	<b>16,328</b>	15,820
	<b>273,390</b>	266,539	<b>272,822</b>	266,232

## 7 Operating expenses

	Group		Trust	
	Continuing Operations		Continuing Operations	
	2015/16	2014/15	2015/16	2014/15
	£'000	£'000	£'000	£'000
Services from NHS Foundation Trusts	<b>2,911</b>	2,922	<b>2,911</b>	2,922
Services from other NHS Bodies	<b>1,110</b>	1,337	<b>1,110</b>	1,337
Purchase of healthcare from non NHS bodies	<b>1,017</b>	2,555	<b>1,017</b>	2,555
Employee Expenses - Executive directors	<b>1,121</b>	1,114	<b>1,121</b>	1,114
Employee Expenses - Non-executive directors	<b>157</b>	157	<b>157</b>	157
Employee Expenses - Staff	<b>166,533</b>	162,406	<b>166,533</b>	162,406
Employee Expenses - Redundancy	<b>110</b>	646	<b>110</b>	646
Employee Expenses - Research and development	<b>1,789</b>	1,611	<b>1,789</b>	1,611
Supplies and services - clinical (excluding drug costs)	<b>33,232</b>	32,535	<b>33,232</b>	32,381
Supplies and services - general	<b>4,252</b>	3,708	<b>4,252</b>	3,708
Establishment	<b>2,422</b>	2,008	<b>2,422</b>	2,008
Research and development (excluding Employee Expense)	<b>306</b>	222	<b>306</b>	222
Transport (staff travel)	<b>489</b>	494	<b>489</b>	494
Transport (patient transport services)	<b>131</b>	166	<b>131</b>	166
Premises - Rates	<b>1,665</b>	1,626	<b>1,665</b>	1,626
Premises	<b>11,713</b>	9,306	<b>11,713</b>	9,306
Increase/ (Decrease) in bad debt provision	<b>157</b>	472	<b>157</b>	472
Increases in other provisions	<b>163</b>	18	<b>163</b>	18
Inventories written down	<b>170</b>	64	<b>170</b>	64
Drugs Inventories consumed	<b>33,351</b>	29,061	<b>33,351</b>	29,061
Operating lease payments	<b>81</b>	132	<b>81</b>	132
Depreciation on property, plant and equipment	<b>5,499</b>	7,735	<b>5,499</b>	7,735
Amortisation on intangible assets	<b>419</b>	332	<b>419</b>	332
Impairments of property, plant and equipment	<b>1,863</b>	121	<b>2,081</b>	121

Operating expenses continued				
Audit fees:				
External audit services - financial statement audit	62	63	62	63
External audit services - other non-audit services	17	21	17	21
Internal Audit and Counter Fraud	179	189	179	189
Clinical negligence premium	3,598	2,321	3,598	2,321
Legal fees	350	115	350	115
Consultancy costs	718	336	718	336
Training, courses and conferences	603	743	603	672
Insurance	236	215	236	215
Other services, e.g. external payroll	540	532	540	532
Losses, ex gratia and special payments	27	26	27	26
NHS Charitable funds: Other resources expended (balance not analysed above)	1,043	460	0	0
Other	2,691	1,786	2,642	1,786
<b>Total</b>	<b>280,725</b>	<b>267,555</b>	<b>279,851</b>	<b>266,870</b>

The Trust has made no donation/contribution to any political party.

## 8 Operating leases

### 8.1 Operating leases as lessee

The Foundation Trust leases some medical equipment and vehicles under non cancellable operating leases. The leases are between 3-5 years. None of the leases include contingent rents or onerous restrictions on the Foundation Trust's use of the assets concerned. The expenditure charged to the Statement of Comprehensive Income during the year is disclosed below:

	Group / Trust	
	2015/16	2014/15
	£'000	£'000
Total operating leases	81	132
The future aggregate minimum lease payments under non-cancellable operating leases are as follows:		
No later than one year	81	132
Between 1 and 5 years	0	0
Over 5 years	0	0
<b>Total</b>	<b>81</b>	<b>132</b>

## 8.2 Operating leases as lessor

The Foundation Trust owns some properties from which rental income is derived. These are properties are leased out to members of staff and the contracts are normally one year. The Foundation Trust also leases some office spaces to some contractors and service providers at the hospital sites. None of the leases include contingent rents and there are no onerous restrictions. The income recognised through the Statement of Comprehensive Income during the year is disclosed as:

	Group / Trust	
	2015/16	2014/15
	£'000	£'000
Accommodation operating leases	1,129	956
The future aggregate minimum lease payments under non-cancellable operating leases are as follow:		
No later than one year	1,084	965
Between one and five years	468	282
Over five years	0	15
<b>Total</b>	<b>1,552</b>	<b>1,262</b>

## 9 Staff costs and numbers

### 9.1 Staff costs

	Group / Trust	
	2015/16	2014/15
	£'000	£'000
Salaries and wages	135,391	128,080
Social security costs	9,741	9,538
Employer's contributions to NHS Pensions	15,720	14,761
Termination benefits	110	646
Agency/contract staff	8,591	12,752
<b>Total</b>	<b>169,553</b>	<b>165,777</b>

This note excludes Non-Executive Directors, in line with national guidance.

## 9.2 Average number of persons employed

	Group / Trust	
	2015/16	2014/15
	Number	Number
Medical and dental	428	423
Administration and estates	1,191	1,204
Healthcare assistants and other support staff	881	806
Nursing, midwifery and health visiting staff	1,061	1,042
Scientific, therapeutic and technical staff	415	393
Agency/contract staff	77	153
<b>Total</b>	<b>4,053</b>	<b>4,021</b>

This note excludes Non-Executive Directors, in line with national guidance.

## 9.3 Staff exit packages

	Group / Trust		Group / Trust	
	2015/16	2015/16	2014/15	2014/15
	Number	£' 000	Number	£' 000
Less than £10,000	4	15	2	14
£10,001 - £25,000	2	44	0	0
£25,001 - £50,000	0	0	1	41
£50,001 - £100,000	1	51	0	0
£100,001 - £150,000	0	0	1	104
£150,001 - £200,000	0	0	0	0
Over £ 200,000	0	0	2	487
<b>Total</b>	<b>7</b>	<b>110</b>	<b>6</b>	<b>646</b>

Each of the above exit packages were in relation to compulsory redundancy.

## 10 Retirements due to ill-health

There was one early retirement from the Foundation Trust agreed on the grounds of ill-health (2014/15: three). The estimated additional pension liabilities of this ill-health retirement will be £60,067 (2014/15: £715,000). The cost of this ill-health retirement will be borne by the NHS Pensions Agency.

## 11 The Late Payment of Commercial Debts (Interest) Act 1998

There were minimal payments of interest for commercial debts.

## 12 Investment revenue

	Group		Trust	
	2015/16	2014/15	2015/16	2014/15
	£'000	£'000	£'000	£'000
Interest on bank accounts	167	148	167	148
Interest on loans and receivables	0	1	0	1
NHS charitable funds: investment income	9	5	0	0
<b>Total</b>	<b>176</b>	<b>154</b>	<b>167</b>	<b>149</b>

### 12.1 Investments

	Group		Trust	
	31 March 2016	31 March 2015	31 March 2016	31 March 2015
	£'000	£'000	£'000	£'000
Opening balance	3,453	3,167	0	0
Movement in fair value	(110)	286	0	0
<b>Closing balance</b>	<b>3,343</b>	<b>3,453</b>	<b>0</b>	<b>0</b>

### 12.2 Other financial assets

	Group		Trust	
	31 March 2016	31 March 2015	31 March 2016	31 March 2015
	£'000	£'000	£'000	£'000
Stocks and equities	62	73	0	0
<b>Total</b>	<b>62</b>	<b>73</b>	<b>0</b>	<b>0</b>

## 13 Finance costs

	Group / Trust	
	2015/16	2014/15
	£'000	£'000
Loans from the Independent Trust Financing Facility	549	196
Finance leases	39	51
<b>Total</b>	<b>588</b>	<b>247</b>

# 14 Intangible assets, property, plant and equipment

	Group									Trust	
	Intangible	Land	Buildings excluding dwellings	Dwellings (Freehold)	Assets Under Construction / Work In Progress	Plant and Machinery	Transport Equipment	Information Technology	Furniture and fittings	TOTAL Current Assets	Less Non-Trust Assets
Software Licences (incl Work in progress)	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Gross cost at 1 April 2015 as previously stated	6,589	29,720	116,491	5,189	8,212	36,214	308	5,537	856	209,116	0
Additions	1,820	0	6,253	115	4,035	2,654	16	1,501	89	16,483	(474)
Impairments - Operating expenses	0	0	(2,081)	0	0	218	0	0	0	(1,863)	(218)
Impairments - Revaluation reserve	0	(5,665)	(3,029)	0	0	0	0	0	0	(8,694)	0
Reclassifications	0	0	8,001	(8,060)	0	0	59	0	0	0	0
Revaluations	0	0	5,577	2,024	0	154	0	0	7,755	0	7,755
Disposals	0	(770)	0	0	(517)	0	0	0	(1,287)	0	(1,287)
<b>Cost or valuation at 31 March 2016</b>	<b>8,409</b>	<b>23,285</b>	<b>131,212</b>	<b>7,328</b>	<b>4,187</b>	<b>38,723</b>	<b>324</b>	<b>7,097</b>	<b>945</b>	<b>221,510</b>	<b>(692)</b>
Accumulated depreciation at 1 April 2015 as previously stated	4,582	0	19	0	0	28,050	90	2,891	459	36,091	0
Provided during the year	432	0	2,396	110	0	2,313	29	585	53	5,918	(29)
Impairments - Operating expenses	0	0	0	0	0	0	0	0	0	0	0
Reversal of impairments credited to operating income	0	0	0	0	0	0	0	0	0	0	0
Revaluations	0	0	109	5	0	0	0	0	0	114	114
Disposals	0	0	0	0	(517)	0	0	0	(517)	0	(517)
<b>Accumulated depreciation at 31 March 2016</b>	<b>5,014</b>	<b>0</b>	<b>2,524</b>	<b>115</b>	<b>0</b>	<b>29,846</b>	<b>119</b>	<b>3,476</b>	<b>512</b>	<b>41,606</b>	<b>(29)</b>
<b>Net book value</b>											<b>41,577</b>
Owned	2,007	29,720	111,646	5,189	8,212	4,875	205	2,516	393	164,763	164,763
Finance lease	0	0	0	0	1,428	0	0	0	1,428	0	1,428
Donated	0	0	4,826	0	0	1,861	13	130	4	6,834	6,834
<b>NBV total at 31 March 2015</b>	<b>2,007</b>	<b>29,720</b>	<b>116,472</b>	<b>5,189</b>	<b>8,212</b>	<b>8,164</b>	<b>218</b>	<b>2,646</b>	<b>397</b>	<b>173,025</b>	<b>0</b>
Owned	3,395	23,285	124,023	7,213	4,187	6,327	194	3,521	430	172,575	(663)
Finance lease	0	0	0	0	0	1,135	0	0	0	1,135	1,135
Donated	0	0	4,665	0	0	1,415	11	100	3	6,194	6,194
<b>NBV total at 31 March 2016</b>	<b>3,395</b>	<b>23,285</b>	<b>128,688</b>	<b>7,213</b>	<b>4,187</b>	<b>8,877</b>	<b>205</b>	<b>3,621</b>	<b>433</b>	<b>179,904</b>	<b>(663)</b>
The asset classifications are as follows:											
- protected	0	19,946	122,989	0	0	0	0	0	0	142,935	142,935
- unprotected	3,395	3,339	5,699	7,213	4,187	8,877	205	3,621	433	36,969	(663)
<b>Cost</b>	<b>3,395</b>	<b>23,285</b>	<b>128,688</b>	<b>7,213</b>	<b>4,187</b>	<b>8,877</b>	<b>205</b>	<b>3,621</b>	<b>433</b>	<b>179,904</b>	<b>(663)</b>
Accumulated depreciation	2,807	3,942	2,514								
Net book value	1,135	1,428									

The Foundation Trust leases various medical equipment/ IT under non cancellable finance lease agreements. The lease terms are between five and seven years.

The above includes £710,861 of restricted use assets, in relation to the Heart Club, which is leased to the Bournemouth Heart Club until the year 2046.

Plant and equipment include the following amounts where the Foundation Trust is lessee under finance leases.

	2015/16	2014/15
Cost	£'000	£'000
Accumulated depreciation	3,942	3,942
Net book value	2,807	2,514

114 Intangible assets, property, plant and equipment - Prior Year

The asset classifications are as follows:

- The asset classifications are as follows:

The above includes £925,000 of restricted use assets, in relation to the Heart Club, which is leased to the Bournemouth Heart Club until the year 2046.

	2014/15	2013/14
Cost	£'000	£'000
Accumulated depreciation	3,942	3,942
	2,514	2,114
	1,428	1,828

The Foundation Trust leases various medical equipment/ IT under non cancellable finance lease agreements. The lease terms are between five and seven years.

## 15 Impairment of property, plant and equipment

	Group		Trust	
	31 March 2016	31 March 2015	31 March 2016	31 March 2015
	£'000	£'000	£'000	£'000
Changes in market price	1,863	121	2,081	121
<b>Total</b>	<b>1,863</b>	<b>121</b>	<b>2,081</b>	<b>121</b>

## 16 Capital commitments

	Group / Trust	
	31 March 2016	31 March 2015
	£'000	£'000
Property, plant and equipment	754	8,890
Intangible assets	588	258
<b>Total</b>	<b>1,342</b>	<b>9,148</b>

## 17 Inventories

	Group / Trust	
	31 March 2016	31 March 2015
	£'000	£'000
Drugs	2,078	1,364
Consumables	4,316	5,251
<b>Total</b>	<b>6,394</b>	<b>6,615</b>

### 17.1 Inventories recognised in expenses

	Group / Trust	
	31 March 2016	31 March 2015
	£'000	£'000
Inventories recognised as an expense in the period	43,208	37,398
Write-down of inventories (including losses)	170	64
<b>Total</b>	<b>43,378</b>	<b>37,462</b>

# 18 Trade and other receivables

## 18.1 Amounts falling due within one year:

	Group		Trust	
	31 March 2016	31 March 2015	31 March 2016	31 March 2015
	£'000	£'000	£'000	£'000
NHS receivables - revenue	<b>6,251</b>	5,060	<b>6,251</b>	5,060
Provision for impaired receivables	(723)	(942)	(717)	(942)
Prepayments	<b>1,436</b>	1,561	<b>1,450</b>	1,561
Accrued income	<b>1,302</b>	1,524	<b>1,302</b>	1,524
PDC dividend receivable	<b>257</b>	202	<b>257</b>	202
VAT receivable	<b>110</b>	314	<b>110</b>	314
Other receivables - revenue	<b>1,821</b>	2,449	<b>1,623</b>	2,560
NHS charitable funds: Trade and other receivables	<b>39</b>	14	<b>0</b>	0
<b>Total</b>	<b>10,493</b>	10,182	<b>10,276</b>	10,279

## 18.2 Age analysis of trade and other receivables

	Group		Trust	
	31 March 2016	31 March 2015	31 March 2016	31 March 2015
	£'000	£'000	£'000	£'000
<b>Age of impaired receivables:</b>				
0 - 30 days	<b>110</b>	102	<b>104</b>	102
31 - 60 days	<b>71</b>	282	<b>71</b>	282
61 - 90 days	<b>49</b>	6	<b>49</b>	6
91 - 180 days	<b>20</b>	103	<b>20</b>	103
over 180 days	<b>473</b>	449	<b>473</b>	449
<b>Sub total</b>	<b>723</b>	942	<b>717</b>	942
<b>Age of non-impaired receivables:</b>				
0 - 30 days	<b>7,579</b>	7,175	<b>7,354</b>	7,272
31 - 60 days	<b>818</b>	643	<b>818</b>	643
61 - 90 days	<b>684</b>	713	<b>684</b>	713
91 - 180 days	<b>537</b>	473	<b>537</b>	473
over 180 days	<b>166</b>	236	<b>166</b>	236
<b>Sub total</b>	<b>9,784</b>	9,240	<b>9,559</b>	9,337
<b>Total</b>	<b>10,507</b>	10,182	<b>10,276</b>	10,279

## 18.3 Provision for impairment of receivables

	Group		Trust	
	31 March 2016	31 March 2015	31 March 2016	31 March 2015
	£'000	£'000	£'000	£'000
At 1 April	942	701	942	701
Increase in provision	157	472	151	472
Amounts utilised	(376)	(231)	(376)	(231)
<b>At 31 March</b>	<b>723</b>	<b>942</b>	<b>717</b>	<b>942</b>

## 19 Cash and cash equivalents

	Group		Trust	
	31 March 2016	31 March 2015	31 March 2016	31 March 2015
	£'000	£'000	£'000	£'000
Balance 1 April	50,774	54,899	48,316	52,098
Net movement in year	(7,683)	(4,125)	(9,060)	(3,782)
<b>Balance at 31 March</b>	<b>43,091</b>	<b>50,774</b>	<b>39,256</b>	<b>48,316</b>
Made up of:				
Cash at commercial banks and in hand	4,203	2,302	368	(156)
Cash with the Government Banking Service	38,888	48,472	38,888	48,472
<b>Cash and cash equivalents</b>	<b>43,091</b>	<b>50,774</b>	<b>39,256</b>	<b>48,316</b>

The patient monies amount held on trust was £3,092 (2014/15 £1,339) which is not included in the above figures.

## 20 Trade and other payables

	Group		Trust	
	31 March 2016	31 March 2015	31 March 2016	31 March 2015
	£'000	£'000	£'000	£'000
<b>Amounts falling due within one year:</b>				
NHS payables - revenue	3,042	2,738	3,042	2,738
Other trade payables - capital	4,057	1,642	4,057	1,642
Other trade payables - revenue	11,132	10,849	11,141	10,849
Accruals	14,972	11,624	14,946	11,624
NHS charitable funds: Trade and other payables	709	380	0	0
<b>Total</b>	<b>33,912</b>	<b>27,233</b>	<b>33,186</b>	<b>26,853</b>
<b>Amounts falling due over one year:</b>				
Amounts due to other related parties	1,015	1,048	1,015	1,048
<b>Total</b>	<b>34,927</b>	<b>28,281</b>	<b>34,201</b>	<b>27,901</b>

This includes outstanding pensions contributions at 31 March 2016 of £2,180,728 (2014/15 £2,080,760).

## 21 Borrowings

	Group / Trust	
	31 March 2016	31 March 2015
	£'000	£'000
Finance lease liabilities		
- Current	307	389
- Non current	713	1,019
<b>Total</b>	<b>1,020</b>	<b>1,408</b>
Independent Trust Financing Facility (ITFF) Loan		
- Current	1,102	357
- Non current	18,748	12,864
<b>Total</b>	<b>19,850</b>	<b>13,221</b>

## 22 Finance lease obligations

The Foundation Trust operates as lessee on a number of medical equipment leases. These leases generally run for between 5 - 7 years with options to extend the terms at the expiry of the initial period. None of the leases include contingent rents or onerous restrictions on the Foundation Trust's use of assets concerned.

	Group	
	Gross lease payments	
	31 March 2016	31 March 2015
	£'000	£'000
<b>Amounts payable under finance leases</b>		
Within one year	335	428
Between one and five years	750	983
After five years	0	102
Less future finance charges	(65)	(105)
<b>Total</b>	<b>1,020</b>	<b>1,408</b>

## 23 Provisions for liabilities and charges

	Group / Trust				
	£'000	£'000	£'000	£'000	£'000
	Early Retirement	Legal claims	Re-structuring	Other	Total
At 1 April 2015	150	463	0	135	748
Arising during the year	10	83	0	70	163
Utilised during the year - accruals	(5)	(5)	0	0	(10)
Utilised during the year - cash	(14)	(37)	0	(120)	(171)
Reversed unused	0	0	0	0	0
Unwinding of discount	3	9	0	0	12
<b>At 31 March 2016</b>	<b>144</b>	<b>513</b>	<b>0</b>	<b>85</b>	<b>742</b>
<b>Expected timing of cashflows:</b>					
Within one year	14	55	0	85	154
Between one and five years	56	71	0	0	127
After five years	74	387	0	0	461
	<b>144</b>	<b>513</b>	<b>0</b>	<b>85</b>	<b>742</b>

### Legal Claims

#### Liability to Third Party and Property Expense Schemes:

The Foundation Trust has liability for the excess of each claim.

The calculation is based on estimated claim values and probability of settlement.

### Injury Benefit

The provision for permanent injury benefit has been created as at 31/03/04 and is calculated using the award value and life tables discounted over the period.

£27,279k is included in the provisions of the NHS Litigation Authority at 31 March 2016 in respect of clinical negligence liabilities of the Foundation Trust (£17,651k at 31 March 2015).

## 24 Related party transactions

The Foundation Trust is a body corporate established by order of the Secretary of State for Health.

During the year none of the Board Members or parties related to them has undertaken any material transactions with the Foundation Trust.

During the year the Foundation Trust has had a number of material transactions with public organisations together with other government bodies that fall within the whole of the government accounts boundary. Entities are listed below where the transaction total (excluding recharges) exceeds £500,000:

	Group / Trust			
	£'000	£'000	£'000	£'000
	Income	Expenditure	Receivables	Payables
NHS Dorset CCG	<b>168,116</b>	<b>346</b>	<b>671</b>	<b>1,008</b>
NHS West Hampshire CCG	<b>24,578</b>	<b>0</b>	<b>183</b>	<b>0</b>
NHS Wiltshire CCG	<b>827</b>	<b>0</b>	<b>31</b>	<b>0</b>
Health Education England	<b>5,813</b>	<b>0</b>	<b>35</b>	<b>0</b>
NHS Litigation Authority	<b>0</b>	<b>3,834</b>	<b>90</b>	<b>0</b>
NHS England - Wessex (Local)	<b>1,918</b>	<b>16</b>	<b>0</b>	<b>38</b>
NHS England - Wessex (Commissioning)	<b>46,333</b>	<b>0</b>	<b>2,179</b>	<b>0</b>
Dorset County Council	<b>2,468</b>	<b>0</b>	<b>252</b>	<b>0</b>
Dorset Healthcare University NHS FT	<b>930</b>	<b>630</b>	<b>405</b>	<b>260</b>
Poole Hospital NHS FT	<b>4,730</b>	<b>5,549</b>	<b>1,474</b>	<b>1,106</b>
University Hospitals Southampton NHS FT	<b>1,166</b>	<b>165</b>	<b>317</b>	<b>46</b>
NHS Blood and Transplant Agency	<b>18</b>	<b>1,110</b>	<b>0</b>	<b>0</b>
National Insurance Fund	<b>0</b>	<b>9,741</b>	<b>0</b>	<b>836</b>
NHS Pension Scheme	<b>0</b>	<b>15,720</b>	<b>0</b>	<b>1,318</b>
Other transactions less than £500,000	<b>4,290</b>	<b>2,316</b>	<b>1,324</b>	<b>584</b>
	<b>261,187</b>	<b>39,427</b>	<b>6,961</b>	<b>5,196</b>

The Foundation Trust is an agent on behalf of employees and below are material transactions exceeding £500,000:

	£'000	£'000	£'000	£'000
	Income	Expenditure	Receivables	Payables
NHS Pensions Agency	<b>0</b>	<b>10,350</b>	<b>0</b>	<b>863</b>
HM Revenue and Customs	<b>0</b>	<b>18,964</b>	<b>0</b>	<b>1,534</b>
National Insurance Fund	<b>0</b>	<b>8,426</b>	<b>0</b>	<b>710</b>
	<b>0</b>	<b>37,740</b>	<b>0</b>	<b>3,107</b>

Mr B Yardley is a Non Executive director of the NHS Foundation Trust and has accepted a director post with Platinum Skies Living Limited, a trading company within the Quantum Group. The Trust has formed a Limited Liability Partnership with the Quantum Group to manage the Christchurch Fairmile Village Limited Liability Partnership Joint Venture. This joint venture has been treated as equity accounting within these accounts, and further information in relation to this related party is included within the Annual Report.

## 25 Post statement of financial position events

There are no post Statement of Financial Position events to report within these accounts.

## 26 Financial risk management

Financial instruments are held for the sole purpose of managing the cash flow of the Foundation Trust on a day to day basis or arise from the operating activities of the Foundation Trust. The management of risks around these financial instruments therefore relates primarily to the Foundation Trust's overall arrangements for managing risks in relation to its financial position.

### Market risk

#### Interest rate risk

The Foundation Trust has a fixed rate loan from the Independent Trust Financing Facility; plus capitalised finance lease obligations which each have fixed interest rates. As a result of these fixed rates; any interest rate fluctuations will only affect our ability to earn additional interest on our short-term investments.

The Foundation Trust earned interest of £167,000 during 2015/16, therefore a change in the interest rate would have minimal affect the amount earned.

#### Currency risk

The Foundation Trust has minimal risk of currency fluctuations. Most transactions are in sterling, although there are some purchases of goods from Ireland where prices are based on the Euro, all payments are made in sterling.

#### Other risk

The inflation rate on NHS service level agreements is based on the NHS funded inflation and therefore there is a small risk of budgetary financial pressure.

The majority of pay award inflation is based on the nationally agreed Agenda for Change pay scale, and although funding through the Payment by Results (PbR) tariff does not cover the entire cost (there is an assumed efficiency requirement within the tariff), this represents a small risk.

### Credit risk

#### Debtor control

The Foundation Trust has a treasury function which includes a credit controller. The Foundation Trust actively pursues debts and use an external company to support specific aged debts.

The majority of the Foundation Trusts payables are short term and the Foundation Trust participates in the national NHS payables reconciliations at 31 December and 31 March each year. This helps to identify any significant NHS receivable queries.

#### Provision for doubtful debts

The Foundation Trust reviews non NHS receivables that are in excess of six months old as at 31 March and as a result of this review, has provided £118,210 in relation to doubtful debts. A further £117,852 has been provided for in relation to the Injury Scheme, in accordance with scheme guidance.

The Foundation Trust has also reviewed any significant NHS receivables and has provided for doubtful debts amounting to a total of £481,266. This represents either the maximum or probable risk in specific areas and reflects the uncertainty of the financial climate within the healthcare market.

## Liquidity risk

### Loans

The Foundation Trust has a fixed rate loan from the Independent Trust Financing Facility. Repayments commence in March 2016 after the full loan has been received.

### Creditors

Whilst the Foundation Trust has reported a deficit in the current financial year; it continues to have a surplus on the retained earnings reserve. In addition, the Foundation Trust has a cash and investment balance of £39.3m. As such, the Trust is a minimal risk to its creditors.

## 27 Financial instruments

### 27.1 Financial assets

	Group				Trust	
	31 March 2016		31 March 2015		31 March 2016	31 March 2015
	£'000	£'000	£'000	£'000	£'000	£'000
	Loans and receivables	Assets at fair value through Income & Expenditure	Loans and receivables	Assets at fair value through Income and Expenditure	Loans and receivables	Loans and receivables
<b>Assets as per the Statement of Financial Position</b>						
Trade and other receivables excluding non financial assets	10,197	0	9,969	0	10,019	9,969
Cash and cash equivalents at bank and in hand	40,908	0	48,316	0	39,256	48,316
NHS charitable funds: financial assets as at 31 March	2,222	3,413	2,469	3,526	0	0
<b>Total</b>	<b>53,327</b>	<b>3,413</b>	<b>60,754</b>	<b>3,526</b>	<b>49,275</b>	<b>58,285</b>
<b>Assets held in £ sterling</b>		<b>56,740</b>		<b>64,280</b>	<b>49,275</b>	<b>58,285</b>

The above amount excludes PDC receivables of £257,000 (2014/15 £202,000).

## 27.2 Financial liabilities

	Group		Trust	
	31 March 2016	31 March 2015	31 March 2016	31 March 2015
	£'000	£'000	£'000	£'000
	Other financial liabilities	Other financial liabilities	Other financial liabilities	Other financial liabilities
<b>Liabilities as per the Statement of Financial Position</b>				
Borrowings excluding finance lease and PFI liabilities	19,850	13,221	19,850	13,221
Obligations under finance leases	1,020	1,408	1,020	1,408
Trade and other payables excluding non financial assets	28,957	22,831	28,913	22,831
Provisions under contract	742	748	742	748
NHS charitable funds: financial liabilities as at 31 March	709	380	0	0
<b>Total</b>	<b>51,278</b>	38,588	<b>50,525</b>	38,208
<b>Liabilities held in £ sterling</b>	<b>51,278</b>	38,588	<b>50,525</b>	38,208

The above figures excludes statutory/ non contracted payables of £5,261,000 (2014/15 £5,070,000).

## 27.3 Financial assets / liabilities - fair values

	Group		Trust	
	31 March 2016		31 March 2016	
	£'000	£'000	£'000	£'000
	Book Value	Fair Value	Book Value	Fair Value
<b>Financial assets</b>				
Receivables over one year				
NHS charitable funds: non-current financial assets	3,343	3,343	0	0
<b>Total</b>	<b>3,343</b>	<b>3,343</b>	<b>0</b>	<b>0</b>
<b>Financial liabilities</b>				
Non-current trade and other payables excluding non financial liabilities	1,015	1,015	1,015	1,015
Provisions under contract	742	742	742	742
<b>Total</b>	<b>1,757</b>	<b>1,757</b>	<b>1,757</b>	<b>1,757</b>

## 28 Intra-Government and NHS balances

	Group / Trust	
	Receivables: amounts falling due within one year	Payables: amounts falling due within one year
	31 March 2016	£'000
Foundation Trusts	2,265	1,840
NHS and Department of Health	4,243	1,202
Local Government	343	0
Central Government	110	2,154
<b>Total</b>	<b>6,961</b>	<b>5,196</b>
	31 March 2015	
Foundation Trusts	1,552	1,707
NHS and Department of Health	3,710	1,031
Local Government	374	0
Central Government	314	23
<b>Total</b>	<b>5,950</b>	<b>2,761</b>

## 29 Losses and special payments

	Group / Trust			
	31 March 2016	31 March 2016	31 March 2015	31 March 2015
	Number	£'000	Number	£'000
<b>Losses</b>				
Losses of cash due to:				
Theft / Fraud	1	0	0	0
Overpayment of salaries	23	1	45	9
Other causes	5	(1)	0	0
bad debts and claims abandoned	54	167	43	242
damage to buildings, property and equipment	3	0	6	(1)
<b>Total losses</b>	<b>85</b>	<b>167</b>	<b>94</b>	<b>250</b>
<b>Special Payments</b>				
Extra contractual to contractors	1	12	0	0
Ex gratia payments in respect of:				
loss of personal effects	56	13	63	19
other negligence and injury	2	1	0	0
miscellaneous other	6	2	15	8
<b>Total special payments</b>	<b>64</b>	<b>28</b>	<b>78</b>	<b>27</b>
<b>Total</b>	<b>149</b>	<b>195</b>	<b>172</b>	<b>277</b>

There were no cases where the net payment exceeded £10,000.

**Note:** The total costs in this note are compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

# 30 Judgement and estimations

## Key sources of estimation uncertainty and judgements

In the application of the Foundation Trust's accounting policies, the Trust has made estimates and assumptions in a number of areas, as the actual value is not known with certainty at the Statement of Financial Position date. By definition, these estimations are subject to some degree of uncertainty; however in each case the Foundation Trust has taken all reasonable steps to assure itself that these items do not create a significant risk of material uncertainty. Key areas of estimation include:

- Expenditure 'accruals' are included within the total expenditure reported with these financial statements. These accruals represent estimated costs for specific items of committed expenditure for which actual invoices have yet to be received, together with the estimated value of capital works completed, but not formally valued as at 31 March 2016. Estimates are based on the Foundation Trust's current understanding of the actual committed expenditure.
- An estimate of £1.3 million is made in relation to the income due from incomplete patient spells as at 31 March 2016 as the true income in relation to these episodes of care will not be known with certainty until the patient is discharged. This estimate is based on historic trend analysis, together with other relevant factors.
- An estimate is made for depreciation and amortisation of £5.9 million. Each capital or donated asset is added to the asset register and given a unique identifier. The value and an estimated life is assigned (depending on the type of asset) and value divided by the asset life (on a straight line basis) is used to calculate an annual depreciation charge.
- A negative revaluation of land and buildings of £6.9 million has been charged to the revaluation reserve, with a further £2.1 million included within operating expenses. Indexation of 4.9% has been applied on the balance of building/ dwelling assets held at 31 March 2015, which increased the value by £5.7 million and was charged to the revaluation reserve. This was advised by the Trusts external valuer.

## 31 Senior manager remuneration

Directors' remuneration totalled £1,278,000 in 2015/16 (2014/15: £1,271,000). Full details are provided within the Remuneration Report on page 156.

## 32 Senior manager pension entitlements

There were benefits accruing to seven of the Foundation Trust's Executive Directors under the NHS Pension Scheme in 2015/16. Full details are provided within the Remuneration Report.

## 33 Charitable Fund Reserve

The Charitable Fund Reserve comprises:

	31 March 2016	31 March 2015
	£'000	£'000
Restricted funds	<b>2,146</b>	2,282
Unrestricted funds	<b>2,728</b>	3,225
<b>Total</b>	<b>4,874</b>	5,507



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

**The Royal Bournemouth Hospital**  
Castle Lane East  
Bournemouth  
BH7 7DW

**Christchurch Hospital**  
Fairmile Road  
Christchurch  
BH23 2JX

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