

health

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matters



The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

NHS

State of the Heart

A state-of-the-art Cardiac Unit has recently opened at the Royal Bournemouth Hospital meaning local patients no longer have to travel to Southampton, or further, for treatment.



You can read more about how the new unit and other services are benefiting local people in the centre pages.



Cardiologist, Dr Adrian Rozkovec, said: "This new purpose built, modern development means we are able to offer the best possible care to heart patients in east Dorset."

"In the past, we have had to send patients, often on long journeys, to different hospitals to receive the care they need."

Foundations start with you

Local people having a greater say in how patient care is provided and services that meet their needs - this is the aim of the Royal Bournemouth and Christchurch hospitals after becoming the first hospital trust in Dorset and Somerset to be awarded new foundation status from April this year.



The new status means that the Trust has greater freedom and flexibility in how it spends its £170 million budget to best meet the needs of patients and the local community.

Power is devolved from the Department of Health and the strategic health authority and the Trust answers to local people - who can become members. An elected Council of Governors represents members as well as other local organisations such as local authorities, other health care services and its own staff. (See page 12 for more information about becoming a member and your local governor).

Chief Executive, Tony Spotswood, said: "Only the top performing Trusts who have had three

star ratings for three consecutive years can be considered for foundation status so we are very proud that this Trust has been recognised for the high quality service it provides for patients and its consistent performance."

Chair of the Trust, Sheila Collins, added: "As well as benefiting the local population, foundation status is a great opportunity for staff to become involved in decision making."

The Trust still upholds the values and principles of the NHS and is subject to national inspection. It now reports to an organisation called Monitor, which is responsible for authorising, monitoring and regulating all NHS Foundation Trusts.

# Welcome...

This is the first edition of our newly launched newspaper **Health Matters**. Our aim is to provide you with information that you find interesting, useful and relevant.

Each copy of **Health Matters** costs less than 8p which we think is extremely good value for keeping you up to date with your local health service.

We always value your feedback so if you would like to give us your views on **Health Matters** - what you like the most or what other topics you would like us to cover - you can contact the Editor,

Tracey Hall, Head of Communications, on **01202 726157** or email [tracey.hall@rbch.nhs.uk](mailto:tracey.hall@rbch.nhs.uk).

Copies of this publication are also available on audio and in larger print on request.



## Our goals

As a Foundation Trust a lot has changed but our vision and our aims remain the same - to continue to be the hospital of choice for local patients and GPs, to exceed all performance and quality standards and to deliver the lowest possible waiting times (see centre pages for more details).

- Provide patient centred services
- Improve health and well being
- Provide fast and convenient access
- Deliver high standards for better health
- Further develop partnership working
- Strong, patient-focussed governance and risk management



### Volunteers from The Royal Bournemouth and Christchurch hospitals have received a top award for their services to the community.

The 800 strong group of volunteers, who work at Bournemouth and Christchurch hospitals, were awarded the Mayor of Bournemouth's Volunteer Group of the Year Award earlier this year for their services to the community.

Jackie Gandoff, Voluntary Services Manager, said: "We are delighted to receive this award in recognition of all the hard work, time and loyalty the volunteers give to the hospitals. Their work is invaluable and I would like to say a huge thank you to them all."

There are a number of different voluntary groups working across the

## Hospital volunteers receive top award for services to the community

hospitals, including The Red Cross, League of Friends, WRVS (Women Royal Voluntary Services) and Friends of the Eye Unit. But, there are also many individuals such as the blue coats who provide invaluable support both on wards and in other areas.

The Trust is deeply indebted to everyone who gives up their time to help others.

If you would like to become a volunteer, contact Jackie Gandoff at Bournemouth Hospital on 01202 704161 or Joan Pounds at Christchurch Hospital on 01202 705283.

Photo shows left to right: Chedly Haddadi, from the Red Cross, Win Harding, from the League of Friends, Jennifer Rodgers, a Blue coat, Rose Winfield, from the League of Friends and Primrose Chase, from the WRVS.

## The Trust and the people it serves

The Trust provides health care for the residents of Bournemouth, Christchurch, east Dorset and part of the New Forest with a total population of over 550,000, which rises during the summer months.

The Trust has a total of 842 acute beds, a 24-hour Accident and Emergency Department, eight operating theatres and a large day theatre unit. Specialities include cardiology, endocrinology, acute stroke medicine, haematology and gastroenterology. The Royal Bournemouth Hospital also provides district-wide services for orthopaedic surgery, vascular surgery and urology. Outpatient clinics are provided for oral surgery, paediatrics, plastic surgery, cardiothoracic and ophthalmology.

Christchurch Hospital has 217 beds which includes continuing care, ortho-geriatric and a 28 bed Stroke Rehabilitation Unit.

There is a day hospital for the young chronic sick, rheumatology, dermatology and the Macmillan Unit for specialist palliative care.

The Royal Bournemouth and Christchurch Hospitals NHS Trust was formed on 1 April, 1992 and became a foundation trust in April 2005

### Members of the Trust Board

Sheila Collins	Chair	Belinda Atkinson	Director of Nursing
Lindsey Dedden	Non-Executive	Bryan Carpenter	Director of Human Resources
John Millward	Non-Executive	Simon Parvin	Medical Director
Brian Ford	Non-Executive	Keith Walker	Director of Service Development
Ken Tullet	Non-Executive	John Morton	Director of Service Delivery
Tony Spotswood	Chief Executive	Jim Masters	Head of Facilities
Simon Dursley	Trust Secretary		
Colin Perry	Director of Finance and IT		



This report is our 13th Annual Report. It is now the sixth occasion on which we've published a Review of the Year.

# Message from Chairman and Chief Executive

The past year has been a momentous one for the Trust as, from 1st April, we became one of 31 new Foundation Trusts operating in England. This brings far greater opportunity to help improve services for local patients as we seek to exploit the advantages and opportunities that being a Foundation Trust presents. In particular we are keen to extend the volume and range of services we provide to local people and to ensure that the Royal Bournemouth and Christchurch hospitals are the natural choice for patients needing hospital care in our area.



A number of significant improvements have been made in many areas over the last year and the Trust continues to be recognised nationally for the high standards of clinical care it provides. We have successfully maintained our three star status for the third consecutive year, which is the highest ranking afforded to any Trust. This is a clear reflection of the unstinting commitment and hard work of so many staff within the Trust.

We are again pleased to cite a number of important changes in the development in services. We also want to use this opportunity to offer local people reassurance with regard to how successful we have been in combating the spread of hospital acquired infections such as MRSA. While there is much media coverage of MRSA, in truth acquiring MRSA in hospital is a mercifully rare event. Indeed, the Trust has consistently featured as having one of the lowest MRSA rates in the country and we are actively working to reduce rates still further.

Excellent progress has been made on the continued expansion of our diagnostic and scanning capabilities. This continues to be aided by the Jigsaw Appeal and we would like to thank Geoff Warde, Diana Newbury and the Appeals Committee for their continued hard work and effort in raising funds for the Trust. To date, the Appeal has raised £1.3 million to aid

further improvements in our diagnostic and investigatory capacity.

New government policy has seen the introduction of greater choice for patients in determining where they receive hospital treatment. One of the factors influencing where patients receive their treatment is how long they have to wait. The Trust continues to have among the shortest waiting times for routine surgery in England. We are committed to working closely with Primary Care Trusts to reduce waiting times even further to ensure that patients wait no more than four weeks for an outpatient consultation and an absolute maximum of three months for inpatient and day case treatment.

As a Foundation Trust we are keen to hear what local people want by way of improved hospital services. We are also conscious of the need to continue to improve our facilities for patients. We expect, with the support of our hospital governors and the local community, to be able to expand substantially the amount of car parking available to patients at the Royal Bournemouth Hospital.

The establishment of a Council of Governors - 20 public elected governors as well as nominated governors representing local stakeholders and staff within the hospital, provides an ideal basis for patients and members of our Foundation Trust to tell us their views and ideas about changes and improvements to our services. It is vitally important that we listen carefully and can demonstrate that services are changing and developing as a consequence of their comments received.

We'd also like to take this opportunity to thank the very substantial number of members of the public who continue to write on a daily basis expressing their gratitude and thanks for the care and

services they have received. These letters are a source of pride to our staff.

During the year, a number of changes have occurred to the Board of Directors. Two new Non-Executives have been appointed - Peter Rawlins and Andrew Marchington. They offer a wealth of experience and skills that will help guide the Board of Directors in developing and improving services for patients locally.

In addition, we have appointed a new Medical Director, Simon Parvin, who is a vascular surgeon and replaces David Dickson. Belinda Atkinson has been appointed Director of Nursing following the retirement of Margaret Wheatcroft and Jim Masters has joined the Trust as Head of Facilities.

In welcoming all new members of the team we also thank John Millward, retiring Non-Executive Director, David Dickson and

Margaret Wheatcroft for their contribution to the Trust over many years. While challenges to improve and develop health services for local patients lie ahead, the advent of Foundation Trust status provides an excellent basis for achieving real and sustained improvements in the quality of patient care. We are optimistic that the Trust is well placed to be the natural hospital of choice for patients both now and into the long-term future.

**Tony Spotswood**  
Chief Executive

**Sheila Collins**  
Chairman

6th July 2005

## Developments in service provision include:-

- The past year has continued to see a significant rise in the number of emergency patients at the Royal Bournemouth hospital. Further work has been done to ensure fast assessment and treatment from experienced consultant medical staff. We also work closely with colleagues in primary care and social services to ensure appropriate arrangements are in place for the discharge of patients.
- The hospital's dermatology service has also been strengthened with an increase in the number of consultants to ensure that we are able to respond to the needs of the local population.
- At Christchurch Hospital a wider range of alternatives have been developed to avoid the unnecessary admission of patients to hospital and to aid their continued independence within the community. This includes an extension to the Day Hospital facilities and the establishment of a Falls Clinic service, particularly aiding frail, elderly patients.

## Third year running for three star rating

The Trust has retained its top three-star performance rating for the third consecutive year.

The Healthcare Commission awarded the Trust the highest performance rating in its recent annual publication of star ratings for all Trusts in England.

The Trust's Director of Service Development, Keith Walker, said: "We are absolutely delighted that in our first year of becoming a Foundation Trust we have retained our three-star rating for the third consecutive year.

"The rating really does reflect the level of service that is provided to our patients but also the expertise and commitment shown by all staff."

The Trust achieved eight out of the nine key targets set by the Healthcare Commission, including two week waits for all cancers, hospital cleanliness, and less than four hours for the total time spent in A&E.

The Trust also received a maximum score for clinical focus areas - such as stroke care and child protection - and patient focus, including better hospital food and one month diagnosis to treatment for breast cancer patients.

# Jigsaw appeal



The Jigsaw Appeal has enjoyed a very successful year and to date has raised £1.3 million. This has enabled the Trust to install a new CT Scanner, a replacement DEXA Scanner and two new Ultrasound Scanners - which are used in the detection of conditions such as Down's Syndrome in pregnant women and prostate cancer.

Patients are benefiting from a significant reduction in waiting times for routine scans and doctors now have a range of state-of-the-art machines to assist them in the treatment and investigation of a wide range of diseases and injuries.

The Appeal has received regular backing from many local companies in addition to the wonderful response from the local community which has been vital to the success of this important project to date. The involvement of celebrities has also boosted the Appeal's profile. Robin Smith, Paul Durkin, Harry Redknapp, Fred Dinenage and Graham Norton all pledged their support by recording radio adverts encouraging supporters to donate by text or credit card.

A comprehensive calendar of events has resulted in a steady income and incorporated events for all tastes and abilities. A group of hardy souls followed the Inca Trail to Machu Picchu in October and raised in excess of £30,000 and recently over 100 ladies enjoyed the Spirit of Ascot Ladies Day at Somerley House.

A new initiative - Season of Sport - will be launched in October. This will involve encouraging local businesses to take part in a series of sporting tournaments and will also provide the community with the opportunity to adopt a healthier lifestyle by becoming more active.

The success of the appeal to date would not be possible without supporters and our sincere thanks are extended to everyone who has helped the project. We are working hard to raise the balance of £1.2 million and feel confident that with the goodwill of the local community we will succeed in making the Royal Bournemouth Hospital's Radiology Department a centre of excellence.

## Smoke free

The public health White Paper: Choosing Health, makes a clear commitment to a smoke free NHS by the end of 2006. The Trust also has a duty under health and safety to provide a safe working environment to staff without risks to health. But we also have a duty to provide a health and safe environment to you when you visit our hospitals - either as a patient or a visitor.

As from December, 2006 staff, patients and visitors will not be allowed to smoke on Trust premises - that includes not only inside, where smoking is already prohibited, but outside our buildings such as the gardens, by the lake and outside the main entrance.

We are doing this for a number of reasons

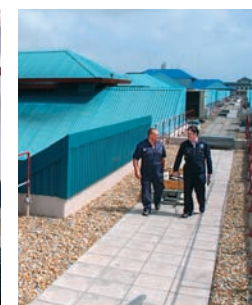
- To protect the health of our staff
- To protect the health of patients, visitors and contractors
- To protect smokers and non-smokers from the dangers of passive smoking
- To set an example as a health organisation to other workforces

Belinda Atkinson, Director of Nursing, said: "We are not telling you not to smoke but we are saying you cannot smoke on hospital premises as from 1st December, 2006.

"We hope that visitors to the hospital will be able to go without smoking for the short time they are on hospital premises. We will be providing support through Occupational Health for staff and patients who want to give up through their own choice or need help with not smoking while they are at hospital."

If you would like more information on how you can give up smoking you can log on to [www.givingupsmoking.co.uk](http://www.givingupsmoking.co.uk) or make an appointment to visit your GP.

# Supporting the front line



Behind the scenes of our nurses, consultants, physiotherapists, radiographers and other front line workers, are a number of important people who work in the background to ensure that clinical staff can not only do their job effectively but that they have the right equipment at the right time in the right place. They also ensure that our buildings are in good working order.

Staff in the linen room deal with over 6,000 pieces of linen a day to make sure all 30 wards get their clean sheets, pillow cases, towels, gowns - to name a few! - on time for their patients, both at Christchurch and Bournemouth hospitals. All linen is booked out electronically to individual wards so staff can keep track of the huge amounts of linen that travel throughout both hospitals each day.

On the roof of the Royal Bournemouth Hospital are 29 plant rooms which house all the mechanical and electrical equipment and service all the wards and departments on the two floors below. The plant varies from basic ventilation to full air conditioning with steam humidification and chilled water-cooling. There are also water tanks, water softeners, heating boilers, refrigeration chillers, hot water calorifiers and pasteurisers at this level.

A team of 35 trades staff maintain these hospital plants together with the equipment, all buildings, grounds and gardens across both sites at Bournemouth and Christchurch. Any faults or problems are picked up quickly through a number of management systems and maintenance staff are available 24 hours a day, seven days a week to ensure the hospital continues to run smoothly.

Each year the Sterile Services Department (SSD) deals with thousands of instruments such as scissors, needle holders, retractors and dilators. Based at Alderney Hospital their role is vital, here they ensure all dirty instruments used on wards, clinics, in theatre and in A&E are cleaned, packed correctly, sterilised and dispatched to the right place. This year alone they received a total of 55,142 trays - 45,858 were from the Royal Bournemouth Hospital and the remaining from other hospitals in the area.

There are about 40 members of staff in the department working 24 hours a day, seven days a week to very strict quality standards to ensure the instruments clinical staff use are safe for them and their patients.

The Department was the first SSD in Dorset to achieve accreditation, (ISO 9001:2000, EN 46002, and Medical Device Directive 93/42/EEC) allowing them to provide a service to third party customers. They are subject to half yearly audits to ensure our procedures and policies are adhered to.

The Race Relations Amendment Act 2000 came into effect in April, 2001 giving all public authorities a duty to promote race equality and eliminate unlawful discrimination. Under this Act, the Trust also has a duty to publish a Race Equality Scheme describing how it will meet this duty through a comprehensive action plan and clear targets.

In line with legislation, the Trust reviewed the progress of the Scheme in the beginning of June 2005. A further report will be made to the Board of Directors in September. As a consequence of the review, the scheme is being refreshed and an action plan agreed to ensure 100% compliance.

Details of the Race Equality Scheme can be found on the Trust's website at

[www.rbch.nhs.uk](http://www.rbch.nhs.uk)



# Staff suggestions lead to stroke accreditation award

A project involving staff in the Stroke Rehabilitation Unit at Christchurch Hospital has led to the Unit being accredited by Bournemouth University for its quality of care to patients.

Practice Development Unit (PDU) accreditation was awarded after a number of changes were made to the quality of care received by patients following suggestions made by staff.

The Stroke Unit was only the second in the country to receive PDU accreditation when it received its award in March this year.

Clinical Leader, Gail Volney, said: "The PDU accreditation for the Stroke Rehabilitation Unit really does reflect the improvements we have made to stroke care that has benefited out patients.

"The improvements have not only been to the care they receive with us, but has also helped improve the transition from hospital to home.

"The project has been a whole team effort and this award is testament to the hard work and dedication of the team and has really made a difference to the service we provide for patients."

A total of 14 ideas suggested by staff were taken forward including: protected meal times for patients so they were not disturbed by phone calls, housekeeping or appointments and a ward based activity scheme to eliminate boredom.

In 2000, the Trust was awarded Beacon Status for its stroke service and is nationally renown as one of the best performing trusts in the UK for its work with stroke patients.

Last year, the Trust was selected by The Stroke Association to run a new £500,000 national Stroke Rehabilitation Research Centre, working in partnership with an internationally renowned team of researchers at the University of Southampton.



# The Trust has recently published its first annual report on hospital-acquired infection

For the first time, the report brings together all aspects of infection, cleanliness and the use of antibiotics across the Trust and shows the progress made in controlling infection.

Dr Bill Gransden said: "Everyone in the Trust accepts that controlling infection is their responsibility - and our infection control team is there to advise and help.

"In the fight against hospital infection there is strong and effective support from the very top of the organisation extending right across the Trust to include clinical, domestic, catering and other staff.

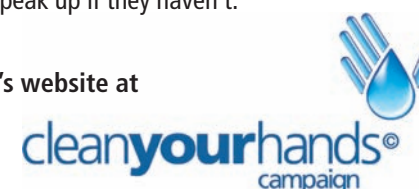
"The co-ordination of information on infection, cleanliness and antibiotic use means that we have a much clearer understanding of the nature of infection within our hospitals and this helps us tackle it more effectively.

"And while the truth is, as with any major hospital, yes we do have occasional sporadic outbreaks of infection, these are managed rigorously and efficiently. The vast majority of patients have a safe and trouble-free admission."

Also across the Trust, the **cleanyourhands** campaign continues which not only ensures staff wash their hands but encourages patients to speak up if they haven't.

Copies of the report can be found on the Trust's website at

[www.rbch.nhs.uk](http://www.rbch.nhs.uk)



# The end of x-rays as we know it

After over a hundred years of using plastic films, the new digital age is improving patient care when it comes to producing x-rays and scans.

The Trust is leading the way in radiological imaging by becoming the first in the south to produce and distribute all its x-rays and scans electronically. Not only does this mean no more images to process, but also the quality of care for patients will improve.

The new system, known as PACS - Picture Archive Communication Solution - is a computer system that takes a digital image of an x-ray or scan and then stores it for future use.

Once the image is stored it can be sent to any PC in the Trust or any other hospital that is able to receive digital images when it is needed.

Paul Shelton, Senior Clinical Leader in Radiology, said: "The PACS technology will improve patient care by ensuring that the images needed will always be available at the right place and at the right time, and with no more physical films being produced, patients' images will never again be misplaced.

"Staff who use the system will also be able to obtain more information through manipulating the digital image, for example, by either making it lighter or darker, magnifying the image, or by looking at the image in 3D. This just isn't possible with a static image on conventional film."

The Department of Health is rolling out the use of PACS to all hospitals as part of the National Programme for Information Technology, but the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust made the decision to purchase the equipment independently.

"We aim to put the patient at the centre of everything we do and provide excellent levels of care. Producing images on film costs the Trust over £300,000 a year so the PACS system will pay for itself in a few years and the level of care that our patients receive will greatly improve," added Paul Shelton.





# You choose

## By December 2005, the way you receive your hospital appointments will have changed dramatically.

You will be able to choose which hospital you go to for treatment and make your own appointment, one that is convenient for you and which fits in with your busy life - and not the other way round. This will give you a greater opportunity to influence the way you are treated.

We hope that the new Choose and Book system will also bring benefits to the NHS, such as reduction in the number of cancelled appointments. During April and May, 2005, a total of 57 operations were cancelled in the Trust. In April alone, these cancellations cost the Trust over £70,000. If we take April as an average, that's a total of over £800,000 a year.

The Trust is working hard to reduce the number of operations that we have to cancel but you can help us to by letting us know in advance if you cannot keep an appointment so that we can give it to another patient.

**Your local GP will be able to offer advice and support when making your choice but you can also find useful information about the Trust on our website at**

**[www.rbch.nhs.uk](http://www.rbch.nhs.uk).**

## Bournemouth is all heart

Dr Terry Levy is one of six cardiologists who now offer a complete cardiac service locally as a result of the new unit recently opened at the Royal Bournemouth Hospital. Elective waiting times have been reduced to three months - whereas previously, because patients would have to travel to Southampton, Brighton or London for treatment, waiting times could be up to a year or more.

Dr Levy explains: "It is really down to a team effort that the unit is running as efficiently as it is. We have an extra three cardiologists and nearly 50 additional support staff, including radiographers, technicians and nurses."

Bournemouth has always had a cardiology unit offering inpatients, clinics, coronary angiography and pacing but the services on offer to patients locally has increased. Dr Mark Soper now offers an electrophysiology service which involves implanting defibrillators (shocks) in patients that have abnormal heart rhythms. The waiting time for this procedure has reduced to three months.



The new unit now also carries out what is known as PCI procedures (Percutaneous Intervention), which involves the squeezing open of narrowed blood vessels. The number of PCI procedures nationally is increasing as it only involves a day or overnight visit to hospital - compared to bypass surgery which is longer and more high risk.

"Over 60% of PCIs carried out at Bournemouth are emergencies and the fact that this procedure is now carried out at this hospital has no doubt improved mortality rates. Instead of angiography taking place at Bournemouth and then patients having to wait to go further afield for PCIs, the complete treatment is carried out here which significantly reduces risk," explains Dr Levy.

"There is no other new cardiac unit in the country that is performing as many procedures as we are here at Bournemouth."

"Since the new unit opened, we have performed 211 PCIs. Other new units will hope to do this in a year. We hope to carry out between 800-900 cardiac procedures in our first year so the number of people benefiting from receiving treatment here is enormous," he added.



## Good team work helps Urology patients

One of the reasons that patients receive a good service at Bournemouth is down to how the team works together, explains Mr Wedderburn:

"There is good cross-referral for patients between consultants, nurses and other staff."

"Within the team we have an associate specialist, staff grade, two specialist registrars, four house-officers, a uro-oncology nurse specialist and six nurse practitioners."

"The nurse practitioners do an enormous amount of work on the ward to keep everything going. Many have worked in urology for many years which ensures continuity of care for patients."

A lot of work within urology is oncology, or cancer, based. Over the last two years Mr Wedderburn and Mr Carter,

one of the other consultants, have developed laparoscopy, or minimally invasive surgery, for the removal of kidneys affected by cancer and some other diseases.

Due to a large elderly population, there is a high level of prostate cancer. Patients are offered a wide range of treatments depending upon their needs. This is all backed up by Alix Cummings, the uro-oncology nurse specialist. Later this year an additional nurse specialist will be added to the team.

The Trust also has a very good kidney stone service. A machine called a Lithotripter, which breaks up stones and is minimally invasive, visits the hospital once a month.

Recently the MacMillan Trust purchased a laser that can be used for certain types of kidney tumours. This can also be used for kidney stones so has a dual purpose and has

Mr Andrew Wedderburn is one of four Consultant Urological Surgeons based at the Royal Bournemouth Hospital. All four carry out general urology as well as sub-specialising to cover most of the urology services required locally.

been put to good use in the months since it was installed. There are currently 28 urology beds in the Trust and this number will increase to about 45 in October. A lot of urology surgery is performed in the day surgery setting. This means patients are in and out of hospital in the same day or occasionally they might have a single overnight stay. This ensures our resources are used very efficiently.

New video-endoscopy equipment funded both by charitable funds and the Trust were installed in the hospital over a year ago. Patients are now examined using the most up-to-date equipment and can watch their examinations as they proceed, or look away!

A new prostate ultrasound room is also now up and running and benefiting patients thanks to a donation received from the Freemasons.

## Patient-focussed eye unit



Surgeons in the Eye Unit perform around 3,500 cataract operations every year - 75% of the surgical workload. Almost 34,000 patients were seen in eye clinics over the past year, and a further 10,500 are seen as urgent or emergency appointments.

All cataract patients receive a fast and friendly service – with government targets of three months for operations and 13 weeks from referral to appointment at the clinic met. The current wait for outpatients in the cataract clinic is six to eight weeks.

As well as a high turnover of cataract surgery, a comprehensive sub-specialty service includes glaucoma, cornea, eyelid and orbital disease, retinal surgery, medical retina (including muscular degeneration), squint, and paediatrics.

Trainee ophthalmologists, clinical assistants and specialist nurse practitioners support the consultants. The nurses, who see over 9,000 patients in nurse-led clinics each year, perform nearly all the cataract pre-assessment and follow-up.

The Eye Unit was purpose built in 2000 with 16 inpatient beds, including a three-bed paediatric ward, two dedicated theatres and a day ward.

The paediatric service is strongly supported by a team of Orthoptists who assess and diagnose childhood visual problems and squints.

The service remains patient focused, explains Ophthalmic Consultant, Mr Andy Morris: "Most patients having routine

cataract surgery are in and out of hospital on the same day, however patients who do not have anyone at home to support them after their operation, particularly the elderly, are able to stay over night.

"An appointment system is in place for all acute or urgent eye problems. This avoids long waiting times for patients as well as allowing better deployment of our staff."

Before visiting the unit with emergencies and other eye problems, patients should ring the hospital on **01202 704181**. A nurse is on hand from 8am to 9pm to give immediate first aid advice and assess the extent of the eye problem before allocating an appointment.

Patients with emergency eye conditions after 9pm should go to the main A&E department at The Royal Bournemouth Hospital where they will be assessed. On-call Ophthalmic support is available 24 hrs a day.

The Eye Unit receives great support not only from its dedicated staff but also from the Friends of the Eye Unit. In the past 12 years they have raised over £350,000, which has allowed the unit to buy state of the art diagnostic and therapeutic equipment including microscopes, lasers and cameras.

## At the forefront of surgery

The term 'general surgeon' is largely historical and refers to consultant surgeons who operate on patients with a wide range of underlying problems. More recently general surgeons have tended to sub-specialise and here at the Royal Bournemouth Hospital we have teams of upper gastro-intestinal surgeons, lower gastro-intestinal surgeons, vascular surgeons and breast/endocrine surgeons.

Although specialist in specific areas, each of the surgeons retain a generalist interest in order to maintain 24 hour surgical emergency care seven days a week, 52 weeks a year.

During any given month around 300 elective and 75 emergency operations are performed within the Surgical Directorate. In outpatients, the average waiting time to see a general surgeon is 7 weeks - with over 90% of patients being seen within three months.

In addition, the surgical teams operate a fast track referral system that enables all patients with a potential diagnosis of cancer to be seen within two weeks.

All sub-specialist teams are at the forefront of their own specialities. For example, the lower gastro-intestinal team is developing keyhole surgery for colorectal problems and specialists in breast/endocrine surgery are developing a technique known as sentinel lymph node biopsy - which may result in breast surgery being less radical in the future.

The vascular team is pioneering endovascular stents for elective and emergency aneurysm surgery and the upper gastro-intestinal team is hosting the Regional Oesophago-Gastric Cancer Unit and developing keyhole techniques for different types of hernia surgery.

The surgical teams are also very active in education and training with trainees being attached to each of the sub-specialist units. The Surgical Directorate also host medical students in their 3rd and 5th years from the Southampton School of Medicine so they can gain experience of surgery outside of teaching hospital frameworks.

The general surgeons at the Royal Bournemouth Hospital remain committed to providing a dedicated, first-class service and the developments already mentioned ensure that the service provided continues to remain at the cutting edge

## Orthopaedics - leading the way globally

One of Bournemouth's orthopaedic surgeons is leading the way globally in a new technique involving the latest technology in hip replacements.

Rob Middleton is one of 13 Consultant Orthopaedic Surgeons based at the Royal Bournemouth Hospital and has developed a new procedure called re-surfacing. Instead of having surgery for a hip replacement, which is often painful and means patients are in hospital for up to 10 days, re-surfacing

is computer-aided making the procedure minimally invasive.

Mr Middleton explains: "Re-surfacing means that instead of replacing the hip joint we actually re-line the joint with a metal plate. The results are fantastic. Patients only have to stay in hospital for 2-4 days and they are completely mobile following the procedure.

"These are definitely hips with life, I have operated on builders and tennis players who have all been able to make a full recovery and carry on with their lives in every aspect. There are no limitations to what you can do.

"Computer-aided surgery is like satellite navigation in your car. It is an aid for the

surgeon and helps to place the components in a better and more accurate place to aid the recovery of the patient."

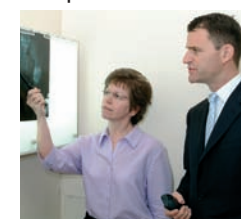
Mrs Morris from the New Forest recently had a partial knee replacement and instead of spending over a week in hospital she was discharged two days after the procedure:

"The whole experience was excellent and I was out of hospital after two days. The staff were so professional and the level of cleanliness was absolutely superb. I was very impressed.

"Following the operation I received a follow up call from the hospital and then another one concerning my physio treatment which

has got me up and about in no time," she said.

Bournemouth is one of the largest joint replacement centres and is recognised worldwide for providing the latest technology and benefits for patients. Mr Middleton works with hospitals around the world for better hip placements and has trained surgeons globally - often with a live link to students during an operation.





# Clinical governance - ensuring quality of care



Leon Hardwick



Clinical Governance is the system adopted by the NHS to ensure that patients receive the highest possible quality of care.

The Clinical Governance Annual Report 2004/2005 outlines the main activities undertaken to develop and promote clinical governance for that year. Full copies of the report can be found at [www.rbch.nhs.uk](http://www.rbch.nhs.uk) or contact the Clinical Governance and Risk Management Department, Royal Bournemouth Hospital, Castle Lane East, BH7 7DW.

## Listening to your experience

We try to address any concerns that patients or their representatives have on the spot, often working very closely with PALS. Sometimes this is not always possible and a more detailed investigation is needed.

The number of formal complaints received by the Trust was 268, a slight reduction on the previous year. The type of complaints included staff attitude, lack of information about treatments or inadequate communication. All complaints received were acknowledged and investigated in accordance with National Complaints Handling Standards. In 68% of cases a formal letter of response was provided within the 20 working day target.

The Trust works closely with staff and managers to see how we can improve the service we provide following a complaint. Some examples where complaints have led to improvements include:

- Alterations to pre-admission clinic procedure if a patient needs an appointment with a consultant.
- Review of arrangements for admitting orthopaedic patients for the second stage of a procedure.
- Enhanced use of the Day Hospital Multidisciplinary Team Meeting (MDT) with regard to reducing the risk of falls.

## Providing a safe environment

Risk management is the ability of the Trust to provide a safe environment. It involves being proactive and reactive in addressing the risks of both treatment and the environment of care, and systematically taking steps to ensure that actual and potential risks are minimised. We have:

- Developed a more structured approach to assessing risks to minimise the chance of an adverse event occurring.
- Implemented a new Risk Management Strategy and Risk Assessment Policy.
- Published a bi-monthly adverse incident newsletter to highlight learning points and good practice to staff.
- Implemented a nationally accredited risk management training course for managers.
- Signed up to the national Patient Safety Agency's (NPSA) national reporting and learning system - a system to review trends from patient safety incidents and standardise safe practice across the NHS.

## Recognised as a high class research centre

The Trust continues to build on its research and development reputation and approved 42 new research projects in 2004/5. The Department of Health has recognised the value of our non-commercial research portfolio and has awarded the Trust further support funding for the current financial year.

The expertise of our researchers is also recognised professionally with 51 of their papers published in peer reviewed journals.

## Our staff are our greatest asset

Education and training our staff to ensure we provide the best possible quality of care to patients is a key priority for the Trust. A number of initiatives are in place to get the best out of staff and help them progress but also thinking about our future workforce. For example:

- The Trust has been developing an outreach programme to schools to enable children in the 11-14 age range to be given some insight into an NHS career.
- 389 registered nurse places were purchased for the current academic year from Bournemouth University across 19 clinically based courses which form part of a degree pathway. In addition 8 course places were purchased from Southampton University for specialist courses that are not run locally.
- Senior healthcare assistants (HCAs) have been seconded to the Training Department on a six-month rotation to coordinate the Support Worker Induction and support other HCAs through NVQs in Health & Social Care.

The Training Department also employ modern apprentices working towards a National Vocational Qualification Level 2 (NVQ 2) in Administration and Key Skills. Training is also provided for modern apprentices (under 25s) to gain NVQ awards in customer service/administration and other key skills.

Leon Hardwick is a porter working on the Endoscopy Ward and has just completed an NVQ 2 in Customer Services and Key Skills. He also completed the modern apprenticeship when he first joined the Trust in 2003. Leon explains how the NVQ has helped him in a job where he can meet up to a hundred different people a week:

"Working in Endoscopy I meet patients from the ward and outpatients as well as relatives and visitors – basically anyone that walks through our doors. An NVQ in Customer Services really helps you stop and think how you should approach people and how you deal with them as a customer.

"In my role I am really at the front line and meeting people is what I love most as well as being able to share views and relating to staff.

"Customer service is all about treating people properly and making sure their experience with us is a good one. I think my role is essential in doing this and I am always being reminded that I am more than just a porter."

## Building our resource

The Trust fulfilled in full its capital programme. The centrepiece of this was the new £6.5m cardiac intervention unit, including three state-of-the-art catheter laboratories, completed on time and in budget and to a very high standard. As well as centralising decontamination on the Alderney site, there was considerable investment in new capital equipment (washer/disinfectors) and additional/replacement instrumentation. Two of the X-Ray suites were completely refurbished, and the medical equipment committee spent in excess of £350k on medical equipment. In total the Trust spent £9.5m on capital.

## In case of emergency

The Trust recently tested its major incident procedures by taking part in an emergency exercise using Coventry University's 'Emergo Applications Event'. During the exercise, the Trust exceeded expectations by accepting 59 simulated casualties generated from a building collapse scenario.

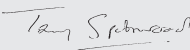

The Trust continues to comply with the Civil Contingencies Act by contributing to Local Resilience Forums, assessing risk to the community, maintaining response plans, training and exercising and cooperating with other bodies involved in major incident preparedness.



DECLARATION OF TRUST BOARD MEMBERS' INTERESTS AND REGISTER OF INTERESTS 2004/05			
MEMBER	INTERESTS	MEMBER	INTERESTS
MRS S COLLINS Chairman	Director of Coderange Limited (wholly owned by Bournemouth and District Law Society)  Solicitor, working part-time at Truman Moore, Ringwood (entirely Probate work)  Married to a Partner in Harold G Walker & Co, who is also a District Judge  Director of the Dorset Trust	DR J MILLWARD Non-Executive Director	Member: Bournemouth Borough Council Partner in Southbourne Natural Health Centre Distributor of Natural Health Products Member: Liberal Democrats
MRS L DEDDEN Non-Executive Director	Verwood Town Councillor  Member: Liberal Democrats	MR K TULLETT Non-Executive Director	No relevant and material interests
MR B FORD Non-Executive Director	Treasurer: Macmillan Cancer Trust  Director of eight companies operating in non health related fields with no relationships with the Trust  Financial and business consultant advising clients on non health related business	DR D DICKSON Medical Director	Private work undertaken in addition to NHS work
		MR C B PERRY Director of Finance and IT	No relevant and material interests
		MR J MASTERS Head of Facilities	Chairman, Education, Training & Skills Ltd, Exeter
		MR A SPOTSWOOD Chief Executive	No relevant and material interests
		MS B ATKINSON Director of Nursing	No relevant and material interest
		MR B CARPENTER Director of Human Resources	No relevant and material interests

## FINANCIAL PERFORMANCE

Income and Expenditure Account for the Year Ended 31st March 2005		
	2003/04	
	£000	£000
Income from activities	136,192	121,359
Other operating income	15,342	11,091
Operating expenses	(148,152)	(129,097)
OPERATING SURPLUS	3,382	3,353
Loss on disposal of fixed assets	(36)	(21)
SURPLUS BEFORE INTEREST	3,346	3,332
Interest receivable	249	123
Other finance costs - unwinding of discount	(11)	(9)
SURPLUS FOR THE FINANCIAL YEAR	3,584	3,446
Public Dividend Capital dividends payable	(3,834)	(3,408)
RETAINED SURPLUS (DEFICIT) FOR THE YEAR*	(250)	38
* There was no financial support from the NHS bank or internally generated in the current year retained deficit		

Statement of Directors' Responsibilities in Respect of the Accounts
<p>The Directors are required under the National Health Services Act 1977 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure of the trust for that period. In preparing those accounts, the directors are required to:</p> <ul style="list-style-type: none"> <li>• apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury</li> <li>• make judgements and estimates which are reasonable and prudent</li> <li>• state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.</li> </ul> <p>The Directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirement outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.</p> <p>The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.</p> <p><b>By order of the Board</b></p> <div> <div> Date 8/7/05  Chief Executive </div> <div> Date 8/7/05  Finance Director </div> </div>

Charitable Funds (Unaudited)	
Purchases / Commitments	536,000 during year to 31/03/05
Balances Increased by £664,000 from £1,558,000 to £2,222,000 as at 31/03/05	
The Trust continues to receive generous public donations. The Trust greatly appreciates the support provided by the Friends of the Eye Unit, the Bournemouth and Christchurch Leagues of Friends, WRVS, Macmillan Trust and other charities.	

Total Capital Program		£ 9.4 m
Major Areas	Development of new Clinical Investigate Unit	£ 6.3 m
	Medical equipment and information technology	£ 797 k
	Radiology equipment	£ 861 k
	Decontamination instruments	£ 838 k
	Post Graduate Centre extension	£ 282 k
Donated	Theatre / equipment in Clinical Investigation Unit	£ 761 k
	Medical equipment	£ 218 k

Management Costs		
	2003/04	
	£000	£000
Management Costs	5,915	5,441
Income	151,534	132,450
Management costs are defined as those on the management costs website at <a href="http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/NHSMangementCosts/fs/en..">www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/NHSMangementCosts/fs/en..</a>		

Statement of Total Recognised Gains and Losses for the Year Ended 31st March 2005		
	2003/04	
	£000	£000
Surplus for the financial year before dividend payments	3,584	3,446
Unrealised surplus on fixed asset revaluations/indexation	16,060	8,539
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	1,102	1,217
Reductions in the donated asset reserve due to the depreciation, impairment and disposal of donated assets	(641)	(669)
Total recognised gains and losses for the financial year	20,105	12,533

FINANCIAL PERFORMANCE

Balance Sheet as at 31st March 2005		
	31 March 2004	
	£000	£000
FIXED ASSETS		
Intangible assets	485	460
Tangible assets	135,568	114,428
	136,053	114,888
CURRENT ASSETS		
Stocks and work in progress	1,533	1,287
Debtors	7,475	5,545
Cash at bank and in hand	1,423	1,922
	10,431	8,754
CREDITORS: Amounts falling due within one year		
	(13,407)	(10,899)
NET CURRENT LIABILITIES		
	(2,976)	(2,145)
TOTAL ASSETS LESS CURRENT LIABILITIES		
	133,077	112,743
CREDITORS: Amounts falling due after more than one year		
	0	0
PROVISIONS FOR LIABILITIES AND CHARGES		
	(616)	(453)
TOTAL ASSETS EMPLOYED		
	132,461	112,290
FINANCED BY:		
TAXPAYERS' EQUITY		
Public dividend capital	77,574	73,674
Revaluation reserve	56,349	40,154
Donated asset reserve	5,972	5,931
Income and expenditure reserve	(7,434)	(7,469)
TOTAL TAXPAYERS EQUITY		
	132,461	112,290

National and Local Targets		
2004/2005 Indicator	Target	Out-turn
Total number of inpatients & daycases on the waiting list	2993	2967
Number of patients waiting more than 12 weeks for an outpatient appointment	0	0
Patients treated/admitted, discharged from A&E within 4 hours	98%	98%
Patients admitted via A&E services within 4 hours	100%	100%
Minimum of 75% of patients should receive thrombolysis within 30 minutes	75%	84%
Percentage of inpatient booking	66%	97%
Percentage of daycase booking	100%	98%
Number of patients waiting over 6 months	0	0

Cash Flow Statement for the Year Ended 31st March 2005			
	2003/04		
	£000	£000	£000
OPERATING ACTIVITIES			
Net cash inflow from operating activities		8,685	4,873
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:			
Interest received	249		129
Unwinding of discount on provisions	(11)		(9)
Net cash inflow from returns on investments and servicing of finance			
		238	120
CAPITAL EXPENDITURE			
Payments to acquire tangible fixed assets	(8,880)		(7,340)
Receipts from sale of tangible fixed assets	0		2
Payments to acquire intangible assets	(115)		(241)
Net cash outflow from capital expenditure			
		(8,995)	(7,579)
DIVIDENDS PAID			
		(3,834)	(3,408)
Net cash outflow before financing			
		(3,906)	(5,994)
FINANCING			
Public dividend capital received			
	3,900		6,000
Net cash inflow from financing			
		3,900	6,000
Increase/(decrease) in cash			
		(6)	6

Independent Auditors' Report to the Directors of the Board of the Royal Bournemouth and Christchurch Hospitals NHS Trust on the Summary Financial Statements

We have examined the summary financial statements set out on pages 8 to 11.

This report is made solely to the Board of the Royal the Bournemouth and Christchurch Hospitals NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 54 of the Statement of Responsibilities of Auditors and of Audited Bodies, prepared by the Audit Commission.

Respective responsibilities of directors and auditors

The Directors are responsible for preparing the Annual Report. Our responsibility is to report to you our opinion on the consistency of the summary financial statements with the statutory financial statements. We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statements.

Basis of opinion

We conducted our work in accordance with Bulletin 1999/6 'The auditor's statement on the summary financial statements' issued by the Auditing Practices Board for use in the United Kingdom.

Opinion

In our opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2005 on which we have issued an unqualified opinion.

Date 8/7/05 

Simon Garlick, District Auditor, Audit Commission, North Wing, Southern House, Sparrowgrove, Otterbourne, Winchester, Hants SO21 2RU



FINANCIAL PERFORMANCE

Salary And Pension Entitlements - Senior Managers - For the year ended 31st March 2005

Name and Title	Salary	Other Remuneration	Benefits in Kind	Real increase in pension and related lump sum at age 60	Total accrued pension and related lump sum at age 60 at 31 March 2005
	(bands of £5000) £000	(bands of £5000) £000	Rounded to the nearest £100	(bands of £2500) £000	(bands of £5000) £000
Mr A Spotswood	115 - 120	0	0	5 - 7.5	120 - 125
Mr C Perry	90 - 95	0	0		Consent Withheld
Mr B Carpenter	90 - 95	0	0		Not In NHS Pension Scheme
Mrs B Atkinson (Note 1)	55 - 60	0	0	30 - 32.5	85 - 90
Mrs M Wheatcroft (Note 1)	15 - 20	0	0		
Dr D Dickson	15 - 20	126 - 130	1,200	17.5 - 20	115 - 120
Mr K Walker	76 - 80	0	0	2.5 - 5	145 - 150
Mr J Morton	76 - 80	0	0	2.5 - 5	90 - 95
Mr J Masters (Note 2)	25 - 30	0	0	15 - 17.5	70 - 75
Mrs S Collins	20 - 25	0	0		
Mrs L Dedden	5 - 10	0	0	Note 1 = Mrs M Wheatcroft left on 18/06/04 and was replaced by Mrs B Atkinson who joined on 05/07/04 Note 2 = Mr J Masters joined on 08/11/04 as Director of Facilities Note 3 = Mrs V Baron left on 31/05/04	
Mrs V Baron (Note 3)	0 - 5	0	0		
Dr J Millward	5 - 10	0	0		
Mr K Tullett	5 - 10	0	0	As non-executive members do not receive pensionable remuneration, there are no entries in respect of pensions.	
Mr B Ford	5 - 10	0	0		

Average Number of People Employed	
In-post by Category Of Staff	As at: 31/03/05
Staff Category	Heads
Ancillary	387
Maintenance	38
Administrative & Clerical	687
Senior Managers	120
Non-Exec Directors	5
Medical & Dental	420
Level 1 Nurses (Rgn)	1079
Level 2 Nurses (E/n)	78
Midwives	48
Health Care Assistants	561
Professions Allied To Medicine	281
Scientific & Professional	44
Technicians (Including Biomed.scient.)	301
	4049


Better Payment Practice Code		
	Number	£000
Total bills paid in the year	59,194	52,253
Total bills paid within target	57,820	50,823
Percentage of bills paid within target	98%	97%
The Better Payment Practice Code requires the Trust to aim to pay all valid non-NHS invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.		

Statement of the Chief Executive’s Responsibilities as the Accountable Officer of the Trust

The Secretary of State has directed that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officers’ Memorandum issued by the Department of Health.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an accountable officer.

Date 8/7/05



Chief Executive

Internal Control

A statement of internal control is part of the full audited accounts and a copy can be obtained by writing to the Director of Finance and IT, the Royal Bournemouth Hospital, Castle Lane East, Bournemouth, BH7 7DW.

Strong performance

Specific achievements in 2004/5 include:-

- Being licensed as a Foundation Trust
- Retaining three stars in the Annual Performance Assessment process
- Progress to implement Agenda for Change
- Establishing a representative Council of Governors
- Exceeding the 98% target for the number of patients treated and/or admitted within 4 hours of presenting at the Accident & Emergency Department

- Ensuring no patient waited longer than 6 months for inpatient or day case treatment by 31st March 2005
- Ensuring no patient waited longer than 13 weeks for an outpatient consultation by 31st March 2005
- Maintaining a low incidence of MRSA

# PALS

PALS is the Patient Advice and Liaison Service and is here to help you - whether you need advice, have concerns or don't know where to turn.

Linda Wittchell is the PALS co-ordinator for Bournemouth and Christchurch Hospitals and part of her role is to listen and respond to concerns, suggestions or queries. She acts impartially and works with the Trust to help you and improve services to patients and visitors as a result of your comments and suggestions.

PALS made a difference when a relative wanted his mother discharged to a hospital nearer his home. After involving clinicians on the ward, managers and the discharge team, so that the relative's needs were understood, the patient was transferred to the most appropriate hospital to meet her needs.

All queries and concerns are recorded (in line with data protection) so that the Trust can learn from your experiences.

The PALS service is not able to process a complaint or deal with a concern that is already being investigated under the NHS Complaints Procedure, although Linda will be able to offer advice on how to complain and who to.

You can also tell the PALS service if we have done something well. It is good to know that the services we provide meet the needs of our patients.

If you would like to speak to the PALS Co-ordinator for the Royal Bournemouth and Christchurch hospitals you can contact Linda Wittchell on **01202 704886** from 9am-4pm Monday to Friday.



The Council of Governors is responsible for representing the interests of the Foundation Trust public members.



There are also staff governors who represent all staff members and appointed governors who represent local organisations, such as voluntary groups, local authorities and other health organisations.

Governors are consulted on local health issues and provide feedback about the Trust to the constituency he or she represents. They also have powers to appoint the Chair and Non-Executive Directors of the Trust and attend Council of Governors meetings throughout the year. The public constituencies for the areas covered by the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust are:

- Bournemouth
- East Dorset, Christchurch and Purbeck
- New Forest
- Poole

## There are 36 governors within this Trust:

### Bournemouth

Ernest Everett	Colin Feltham
Lee Foord	Leon Kaufman
David Lyons	Christopher Weyell
Sharon Carr-Brown	David Barron
Keith Mitchell	

### East Dorset, Christchurch and Purbeck

Sue Bungey	Michael Desforjes
Alf Hall	Patricia Hedges
Don Riggs	James Watts-Phillips OBE

### New Forest

Celia Fern	John Hempstead
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### Poole

Helen Holland	Ben Hurley
Mervyn Richardson	

### Staff

Dily Ruffer	Pauline Kimpton
Jean Davis	Jonathan Turner
Alan McCoy	

(pictured above)

### Appointed

Cllr Bill Mason	Bournemouth Borough Council
Joy Reynolds	Bournemouth Teaching Primary Care Trust (PCT)
Cllr Ann Warman	Dorset County Council
Cllr Patricia Banks	Hampshire County Council
Dennis Hasted	Hospital Volunteers
Cllr Guy Montrose	Borough of Poole
Michael Preston	South & East Dorset PCT
Heather Craven	Poole PCT

Governors will also be appointed from the Voluntary Sector, New Forest PCT and the Dorset and Somerset Strategic Health Authority

You can write to your local governor c/o the Trust Secretary, Royal Bournemouth Hospital, Castle Lane East, Bournemouth, BH7 7DW.

## Do you want a say?

You can join over 13,000 members who already have a say in your local health service. You will have a very important role in electing governors and being consulted on future plans. It's up to you how involved you want to become. You don't have to come to meetings, you may be happy to receive regular information from the Trust or take part in consultation exercises.

For more information you can write to the Trust Secretary at the Royal Bournemouth Hospital.

# The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust



## How to contact us

### The Royal Bournemouth Hospital

Castle Lane East  
Bournemouth  
BH7 7DW  
01202 303626

Patient Advice and Liaison Service (PALS) 704886  
A & E 704167  
X-Ray 704109  
Pathology 704781  
Cardiac Outpatients 704129  
Orthopaedics 704129

### Christchurch Hospital

Fairmile Road  
Christchurch  
BH23 2JX  
01202 486361

Day Hospital 705200  
Dermatology Resource Unit 705471  
Forest Dene 705291  
MacMillan Unit 705291  
Stroke Rehabilitation Unit 705480

All numbers are prefixed by **01202**.  
[www.rbch.nhs.uk](http://www.rbch.nhs.uk)

## How to get here

### Yellow Buses

**No.7 & 8** from Boscombe Bus Station to RBH via Iford  
**No.39** from Canford Heath to RBH, via Alderney, Bearwood and Kinson  
**No.31** from Bournemouth Triangle to RBH  
**No.32** from Bournemouth Triangle to RBH and Christchurch Hospital  
**No.33 & 34** from Westbourne to RBH via Bournemouth Square  
**No.36** from Ferndown, via Castlepoint, to RBH and Christchurch Hospital

### Wiltshire and Dorset Buses

**X36** service from Poole Bus Station to RBH via Ferndown, Verwood and Ringwood  
**X33** service from Ringwood to RBH  
**165** service from Wallisdown to RBH via Moordown  
**121** service from Lymington to RBH, via New Milton, Somerford and Mudeford

All services are correct at the time of publication. For more details and timetables please contact the relevant bus company.