

Putting patients first

The Royal Bournemouth and
Christchurch Hospitals
NHS Foundation Trust



Annual Report and Financial Accounts 2010/11



The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

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The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust.
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1. Foreword from the Chairman

In this Annual Report, and my first full year as Chairman, I reflect on a very successful year in continuing to deliver excellent services for patients. This is despite the significant challenges that we face and a reflection of the excellent leadership within the organisation.



The last year has been marked by continued improvements in the care we provide to patients. Following closely on the heels of our award as Acute Organisation of the Year, we received a Safe Hospital of the Year Award in 2010. Other achievements include:

- Our last case of hospital acquired MRSA was in October 2009 - that's over a year and a half with no cases.
- Meeting all national targets, including 18 weeks and cancer waiting times.

We have taken the importance of listening, and responding, to our patients a step further. Real time surveys are now being used to ask patients about their experience while they are in hospital. This feedback is invaluable and ensures that we are not complacent and that we are proactively making improvements to the patient experience as soon as possible. In response to feedback we have, for example, put measures in place to reduce noise and disruption on our wards at night time. You can read more about how we are doing this on page 35.

The commitment from our staff continues to impress me at a time when much is asked of them. As an organisation we recognise that there is no substitute for

first class clinical care, but this must also be accompanied by reassurance from friendly staff. There are countless examples of this being delivered in reality and you can read some of our patient comments throughout this report.

Over the past year we have focused on our strategy for the next few years. This includes a clearer direction for Christchurch Hospital, which has been part of a public consultation and widely publicised by the Trust. We have made significant efforts, through a planned approach, to protect staff and the quality of services while achieving significant efficiencies. The focus on the way services are to be provided is changing nationally and there is greater emphasis on services in the community. This will be a challenge for all acute providers.

We are fortunate to continue to enjoy support from many volunteers at the Royal Bournemouth and Christchurch Hospitals. The commitment, enthusiasm and dedication they show on a daily basis is truly inspiring and very much appreciated. Their fundraising efforts and voluntary work helps to ensure that we meet, and hopefully exceed, expectations.

Foreword from the Chairman

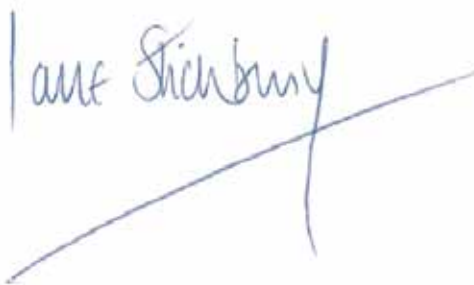
The Trust continues to work with the Council of Governors. The Council not only plays an important role in representing our local community, but also challenges and holds the Board to account. The responsibilities of our Governors continue to develop and I look forward to working with them as their role progresses over the next year.

On behalf of the Board of Directors I would like to thank everyone who gives up their time to support our hospitals.

As the NHS moves forward with the government's strategy, Equity and

Excellence: Liberating the NHS, we are absolutely committed to working with partners; GPs, local authorities and everyone who represents our patients. I believe that this is essential to ensure the best deal for patients and the best care for local people.

The next 12 months will continue to be very challenging for the NHS as a whole and ourselves as an acute provider. We will continue to strive for excellence, and develop new approaches and models of care to ensure we improve patient outcomes within the resources we have available to us.



Jane Stichbury
Chairman

2. Foreword from the Chief Executive



The last 12 months have seen a tremendous change to the National Health Service which impacts both how we run our hospitals and how we make the best use of the resources we have.

Despite this our clinical and financial performance has been excellent.

We end the year with a £3.9m surplus (1.7% of our £230m turnover). This is a result of the excellent achievements of staff in over-delivering on our efficiency savings plan - £11,108k against a target of £8,882k.

Our surplus means that we can continue to invest in patient services and progress with a £10m capital programme. This includes opening a brand new acute and rehabilitation Stroke Unit at the Royal Bournemouth Hospital.

The quality of our services, patient safety and our clinical performance during the year continues to be excellent. We have:

- Extremely low rates across all infection. No hospital acquired MRSA.
- Continuously met the 18 week target in all specialties.
- Continuous upper quartile performance for VTE - an important quality indicator on the number of adults admitted to hospital who are risk assessed for Venous Thromboembolism (VTE) to allow appropriate prophylaxis.

Planning for the future is key to ensuring that the Trust remains stable and is in the best position to adapt, and respond to, the challenges ahead. The Board of Directors and our staff have made significant progress in setting and delivering the Trust's strategy for quality and efficiency to date. Over the last two years the Trust's efficiency programme (Protecting our Future: Better care, better value) has reduced operating costs by £16m; by focusing on quality improvements. This has only been possible because of the forward planning and hard work of everyone who works at the Royal Bournemouth and Christchurch Hospitals.

Going forward, this puts the organisation in a stronger position to deal with the plans set out by the coalition government. GP consortia, who will take on the PCTs' role for commissioning care from hospitals, are starting to take shape. It is recognised nationally to be a time of significant risk to the health service and together with these changes we are being asked to change how we provide care and in the process save unprecedented sums of money. A further £30m of savings is needed within the Foundation Trust over the next three years, while

Foreword from the Chief Executive

continuing to improve patient outcomes.

Considerable efforts have been made during the year to work with local health organisations to identify areas where working together can provide a better service for our patients but also reduce waste and duplication. This work will continue during 2011/12.

A review in to our corporate services has begun to look at how we can identify £4m quality-led efficiencies to reinvest back in to front line patient services. We know we have excellent support from our corporate services and we will be looking at opportunities to simplify, standardise and share. Sharing services with other NHS providers is critical to identifying the efficiency savings. There will also be a focus on purpose, service standards, key performance indicators and measurable outcomes.

We received an excellent response from the public during consultation on our Draft Annual Plan 2011/12. The plan set out a range of measures focusing on improving patient outcomes:

- Avoidable mortality and better end of life care.
- Long term conditions - self management, reducing admission and quality care.
- Acute hospital care.
- The patient experience.
- Patient safety.

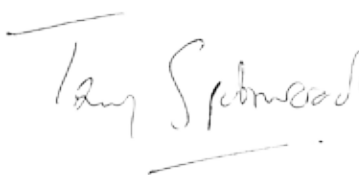
The draft plan also included a range of issues, such as:

- Developing models of care, especially for emergency patients.

- Whether some smaller specialist services can be improved by working more closely with neighbouring hospitals.

Over the next 12 months we will review how our inpatient services are provided. Our plans, working in conjunction with other health providers in Dorset, are likely to see greater concentration of specialist inpatient services on fewer sites. Among the services under consideration for centralisation are inpatient haematology services, specialist cardiology, hyperacute stroke and aspects of pathology.

I would personally like to say thank you to everyone within the organisation who has worked so hard over the past year. Despite the challenges we ask of them and the difficult decisions we have to make, the commitment and dedication of staff to our patients is remarkable.



Tony Spotswood
Chief Executive

3. Directors' Report

3.1 About the Trust

The Hospital Trust gained Foundation status on 1st April 2005, following three consecutive years of being rated as a three star performing trust. The Foundation Trust includes the Royal Bournemouth and Christchurch Hospitals (RBCH), which are located about three miles apart on the south coast, and a Sterile Supply Department in Poole.

The hospitals are close to the New Forest in the east and the Jurassic Coast in the west with most of the catchment population covered by three primary care trusts (PCTs):

- NHS Dorset
- NHS Bournemouth and Poole
- NHS Hampshire

The RBCH provide a wide range of hospital and community based care in the Dorset, New Forest and South Wiltshire areas. A total population of around 550,000 which rises during the summer months.

On the key measures by which healthcare providers are judged, the Trust has traditionally performed very strongly. These include being externally rated as having:

- Excellent waiting times.
- Excellent infection control.
- Excellent management of resources.

This excellence performance was recognised when, in 2009, the Trust was named as HSJ Acute Organisation of the Year and, in 2010, CHKS Safest Hospital in the UK.

The Royal Bournemouth Hospital

The Royal Bournemouth Hospital (RBH) is an acute hospital site 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.



Directors' Report

The hospital has a 24-hour Emergency Department, which sees around 60,000 patients a year, 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 the 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 (ears, nose and throat), cardiothoracic and neurology.

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 however 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), diagnostic and palliative care (the Macmillan Unit) services.

Vision and goals

The Trust's vision is "putting patients first while striving to deliver the best quality healthcare."

To achieve this vision the Trust has focused on making progress against seven strategic goals, identified as critical to making the vision real. These were developed as part of a five year strategy, following extensive consultation with staff, the public and health partners. They are:



Directors' Report

- To offer patient centred services by providing high quality, responsive, accessible, safe, effective and timely care.
- To promote and improve the quality of life of our patients.
- To strive towards excellence in the services and care we provide.
- To be the provider of choice for local patients and GPs.
- To listen to, support, motivate and develop our staff.
- To work with partner organisations to improve the health of local people.
- To maintain financial stability enabling the Trust to invest in and develop services for patients.

Examples of how the Trust is working to achieve these goals can be found throughout the Report.

3.2 How the Trust is run

The Trust's Board of Directors is made up of full time Executive Directors and part time Non-Executive Directors. The Board formally meets once a month, except in August. Its role is to determine the overall corporate goals for the Trust and be responsible for ensuring they are delivered.

The Foundation Trust is accountable to Monitor, the regulator who ensures the governance and performance of the organisation is sufficient and in line with its terms of authorisation. The Trust is also accountable to local people through Governors and members. In addition there are a large range of inspection and regulatory bodies, including the Care Quality Commission (CQC) to whom the Trust is accountable.

The Board of Directors works closely with the Council of Governors which represents around 12,000 members. Governors ensure members' views are heard and that they are kept up to date with developments within the hospitals. You can read more about the work of Governors and details of the Trust's membership from page 100.

There are a number of key health partners that work closely with the Trust in developing and delivering services, such as local primary care trusts and social services.

Board of Directors

The Board of Directors has given careful consideration to the range of skills and experience required for the running of the Foundation Trust. It confirms that the necessary balance and completeness has been in place during the year under report.

The Board considers the Trust to be fully compliant with the principles of the NHS Foundation Trust Code of Governance as well as with the provision of the Code in all but the following areas where we have alternative arrangements in place:

- Meetings between the Chairman and Non-Executive Directors.
- Terms of appointment for the Board of Directors, Chief Executive and Non Executive Directors.

Full details can be found in the compliance statement which is available on the Trust's website at **www.rbch.nhs.uk**.

Directors' Report



Jane Stichbury, Chairman

Jane has a long career in public service with 27 years spent in the police force. She held a number of high profile positions including Deputy Assistant Commissioner of the Metropolitan Police and Chief Constable of Dorset. Jane then spent five years as Her Majesty's Inspector of Constabulary for the South of England before her appointment of Chairman at the Foundation Trust from 1st April, 2010.



Ian Metcalfe, Non-Executive Director (until 12th November, 2010)

Ian was appointed as Non-Executive Director in 2006. He is a qualified Management Accountant and has worked as a Finance Director in the not for profit sector since 1998. Ian Chaired the Audit Committee, Remuneration Committee and the Healthcare Assurance Committee.



Alex Pike, Non-Executive Director

Alex is international Group Marketing Director of Simple Healthcare and former Marketing Director of Fitness First. Alex joined the Trust in 2006 and has a wide range of experience in marketing and communication. She was appointed Senior Independent Director in 2009 and Chairs the Marketing Committee.



Brian Ford, Non-Executive Director

Brian was appointed as a Non-Executive Director in December 2001. He practiced as a Chartered Accountant from 1973 to 1992 and since has worked as a Non-Executive Director, consultant and expert witness. Brian is Chair of the Finance Committee and the Workforce Development Committee.



Ken Tullett, Non-Executive Director

Ken has 12 years experience as Non-Executive Director of the Trust. He was previously a senior officer in the Royal Navy and senior executive of UK and international defence projects with experience of Whitehall, the Procurement Executive, and the Defence Evaluation and Research Agency. He has experience at a senior level within industry in the UK and overseas and is familiar with commercial practices and marketing.



David Bennett, Non-Executive Director

David has extensive experience in strategy and operational consulting and has held senior commercial roles in the logistics, telecoms and technology sectors. David joined the Trust's Board of Directors in October 2009 and sits on the Marketing Committee.

Directors' Report



Steven Peacock, Non-Executive Director

Steven 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 16 years - most recently as Trading Director for Homebase. Steven has a wide range of financial and commercial experience.



Pankaj Davé, Non-Executive Director

Pankaj was appointed Non-Executive Director in February, 2011. Pankaj is a qualified accountant and has worked in the oil and gas industry for 30 years, both in the UK and abroad. He has held senior leadership roles within finance, commercial, strategy, IT and systems, operations and projects while working with BP Plc.



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 Trust Director for 20 years. Tony has extensive experience of leading organisations through strategic change including service reconfiguration and merger.



Helen Lingham, Chief Operating Officer

Helen joined the Trust in April 2008 as Director of Operations. Prior to that, she was Director of Operations at NHS Lothian. Helen is responsible for strategic leadership, delivery of performance related targets and the development of clinical services across the acute hospital. Her background is in Radiography prior to moving into NHS management in 2003. Helen was appointed Deputy Chief Executive in 2010.



Belinda Atkinson, Director of Nursing

Belinda joined the Trust in July 2004 from Southampton University Hospitals where she was Deputy Director of Nursing. Belinda has 43 years NHS experience in a variety of posts in clinical nursing as well as a senior general management role in the large complex clinical directorate. She was appointed Deputy Chief Executive at RBCH in 2007 for three years.



Richard Renaut, Director of Service Development

Richard joined the NHS 14 years ago through the NHS management training scheme. He has worked in both primary care and tertiary hospital settings. Prior to his appointment as Director of Service Development in April 2006, Richard was General Manager of the Orthopaedic Directorate.

Directors' Report



Karen Allman, Director of Human Resources

Karen was appointed Director of HR 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 and Fenwick before working in the city at the London Stock Exchange.



Stuart Hunter, Director of Finance and IT

Appointed in February 2007, Stuart has over 20 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.



Dr Mary Armitage

Mary was appointed Medical Director in November 2009. She is a Consultant Physician and Endocrinologist and was previously Clinical Director for Medicine. Mary served as Clinical Vice President of the Royal College of Physicians between 2004 and 2007 and currently works one day a week on secondment to the Department of Health as Deputy Director of Medical Education.

So far as the directors are aware, there is no relevant audit information of which the NHS Foundation Trust's auditor is unaware. Directors have taken all the steps they ought to have taken as directors in order to make themselves aware of any relevant audit information and to establish that the NHS Foundation Trust's auditor is aware of that information.

3.3 Looking back on the year - better care, better value

Safest hospital award

In 2010 the Trust was named the safest hospital when it was awarded the CHKS Patient Safety Award. This meant that the Trust simultaneously held accolades for patient safety and the Acute Organisation of the Year.

Tony Spotswood, Chief Executive, said: "The award is further independent confirmation of the Trust's strong patient safety record. Patient safety is the number one priority for all staff and I am delighted that our commitment to ensuring the safety of our patients has been recognised."

The award is part of the CHKS Top



Hospitals Programme 2010. It is based on the evaluation of a number of criteria and, unlike other awards, is not judged by a convened panel. Publicly available data is used and every NHS acute trust is included in the analysis. The criteria included data such as mortality rates, readmission rates, complications of anaesthesia and post op pulmonary or DVT.

Directors' Report

New assessment unit improves experience

In July 2010 patients scheduled for an operation at the Royal Bournemouth Hospital began to benefit from a brand new Pre-admission Assessment Unit.

The purpose built unit is designed so that any necessary tests and screening before surgery can be done at the same time and the same place. Patients can also discuss their treatment and care with specially-trained staff.

Private assessment rooms allow private and confidential discussions between staff and patients about treatment and care.

The new unit also allows patients to plan their admission date with staff in a timely and appropriate manner, giving them more ownership of their health care and providing an all round better patient experience.

100% for international UNICEF accreditation

The Maternity Team at the Royal Bournemouth Hospital received top marks and international recognition after achieving Stage 3 of the UNICEF Baby Friendly Accreditation.

Even more outstanding is that the team achieved 100% in the assessment; evidence that services are meeting all



Staff in the Pre-admission Assessment Unit

Directors' Report



current standards for breastfeeding and staff are committed to developing the service even further.

Having previously achieved Stages 1 and 2 (which focused on policies and procedures and staff education programmes), Stage 3 of the accreditation assessed the care provided to pregnant women and new mothers.

The results demonstrated that staff are providing an excellent experience for new parents. For example, they are able to confidently inform women of the health benefits of breastfeeding to both themselves and their babies, so new mothers are able to make a fully informed choice.

Philippa Knight, Head of Maternity at the Royal Bournemouth Hospital, said: "The team within the Maternity Unit has

worked so hard and we are very proud of our achievement. The awards show that the Unit has adopted the internationally recognised standards of best practice when caring for mothers and babies."

Improving patient safety in the operating theatre

A range of health professionals, ranging from surgeons, anaesthetists and nurses to theatre, admissions and IT staff, have worked together to create a new system for driving patient safety and the efficient use of resources in the operating theatre

The electronic traffic light system identifies high-risk patients with chronic or complex care needs. This allows staff to anticipate, investigate and respond to clinical issues which the patient may encounter on their journey.

Another advantage is the electronic recording of pre-assessment information, such as blood pressure levels, which can be shared with the relevant departments. For the patient this means they do not have to repeatedly go through the same tests and checks. The findings of all health professionals involved in the patient journey are then considered before the patient is booked on a surgeon's operating list.



Theatre staff

Directors' Report

New HALO technique treats Barrett's Oesophagus

The Royal Bournemouth Hospital became one of only a small number of hospitals throughout the UK to offer a new technique to treat patients with Barrett's Oesophagus.

This is a condition affecting the lining of the oesophagus - the swallowing tube which carries foods and liquids from the mouth to the stomach. People with the condition have an increased risk of developing oesophageal cancer.

Patients with suspected Barrett's Oesophagus are advised to have an Upper Endoscopy to identify whether or not Barrett's tissue is present. This is when a tube-shaped device with a fiber optic light and camera attached on the end is inserted through the mouth in to the oesophagus and stomach.

Previously, if pre-cancerous tissue was discovered, the patient would have an operation to remove their oesophagus. Tissues can now be removed using HALO Ablation, avoiding surgery.

The HALO Ablation is carried out during the endoscopy. The physician uses the endoscope to insert a catheter in to the oesophagus, which then generates a short burst of high energy to burn away the tissue in question. The procedure can completely remove diseased tissue without damaging the healthy underlying tissues. New healthy tissue will then grow back to replace the removed tissue, normally within two months.

The procedure is carried out as a day case. Previously, patients would need major surgery and a two-week stay in

Patient comment:

"I would be so grateful if you would personally pass on my sincere thanks to all the staff and to compliment them on the level of patient care which they provided."

hospital. This is a huge development and great news for patients.

Productive Ward initiative nearly doubles time spent with patients

Patients at the Royal Bournemouth and Christchurch Hospitals are receiving nearly twice as much care time as a result of the Productive Ward (PW) initiative.

Direct care time rose from 39% to 72% while interruptions fell from 117 to 49 (average).

Senior Nurse of Specialist Services, Fiona Stephenson, said: "We have seen some excellent results from the Productive Ward initiative. Staff have really wanted to take part in something which allows them to spend more time with patients, which is what they were trained to do.

"Increasing the direct time that qualified staff spend with patients ensures better quality, while less interruptions reduces the risk of error. The result is a better outcome for patients and an overall better patient experience."

PW is a national initiative which focuses on improving ward processes

Directors' Report



and environments to help nurses and therapists spend more time on patient care, thereby improving safety and efficiency. All wards and clinical areas at the Royal Bournemouth and Christchurch Hospitals took part, including Outpatients, Acute Admissions Unit, the Derwent (orthopaedics), Endoscopy and GU Medicine.

Examples of where improvements have been made include:

- The introduction of protected mealtimes.
- The removal of patient lockers by beds to give more room around the bedside.
- Reducing clutter, for example reducing stock held on wards.
- Remodelling of treatment rooms.
- Protected drug rounds implemented which increases time spent with patients.
- An extra computer desk away from the nurses station to allow easy access for all staff and saving time looking for patients results (Derwent).

National audit places Stroke Services in top 25%

During 2010/12, stroke services at the Royal Bournemouth and Christchurch Hospitals were named among the best in the country in a national stroke audit. The audit ranked the Foundation Trust within the top 25% of all Trusts and among the best in the south west and the country.

Eight aspects of stroke care were measured across the whole of the patient journey, including the presence of neurovascular/TIA (mini stroke) clinics, communication with patients and carers and the availability of a strategic group for stroke.

Stroke consultant Dr Damian Jenkinson, who is also the National Clinical Lead for the NHS Stroke Programme, said: "We are really focused on aiming to deliver excellent care for our stroke patients."

"While we have remained in the top quartile this is even more pleasing as the standards have been set higher, yet our performance has still improved."

"We know that while this performance is excellent we don't get it right every time and we continue to work to ensure joined up care. We want to make the stroke pathway as seamless as possible across our hospitals."

Latest recruit for pharmacy

The Pharmacy Department recruited three new high tech members of staff. Robots were installed within the department as part of an eight month project to improve pharmacy services for patients.

Directors' Report



A robot hard at work.

The robots have already proved a hardworking addition to the team, with the ability to rapidly store and retrieve medicine 24 hours a day.

When a delivery is received, the robots load the medicines in to the system using a database of barcodes. They can store over 13,000 packs each and, on average, are able to put away 100 products an hour. When a prescription or ward stock order is needed, staff simply enter what is required in to the pharmacy IT system. The robotic arm then selects the medicines and places them on a



The required medicines are delivered to the Pharmacist to check.

conveyor belt which delivers them for distribution or labelling and checking.

Andrew Duncan, Chief Pharmacist, commented: "The Pharmacy robots have completely transformed the way the department works, bringing about many notable advantages. The new process reduces human error by using bar code technology to retrieve the medicines to be labeled and checked by staff, making the whole process safer and quicker for patients.

21 Achievements over 21 years

2010 was the 21st anniversary of the Royal Bournemouth Hospital's relocation from the Royal Victoria Hospital in Boscombe. Many changes, both to services and to the hospital site, have taken place since then, here are a few:

1. The site was successfully opened on 2nd December 1989, despite a national ambulance strike.
2. The Bournemouth Heart Club opened on site in 1991.
3. In 1992 HRH The Princess Anne opened phase two of the hospital; which brought additional departments onsite including Maternity, Outpatients and Orthopaedics.
4. The Royal Bournemouth and Christchurch Hospitals NHS Trust was formed on 1st April, 1992.
5. The Bournemouth Maternity Unit was one of the first hospitals in the country to achieve Baby Friendly accreditation in 1998.
6. In 1999, Outpatients was awarded the Charter Mark for the commitment of staff to top quality care to making patients better.

Directors' Report

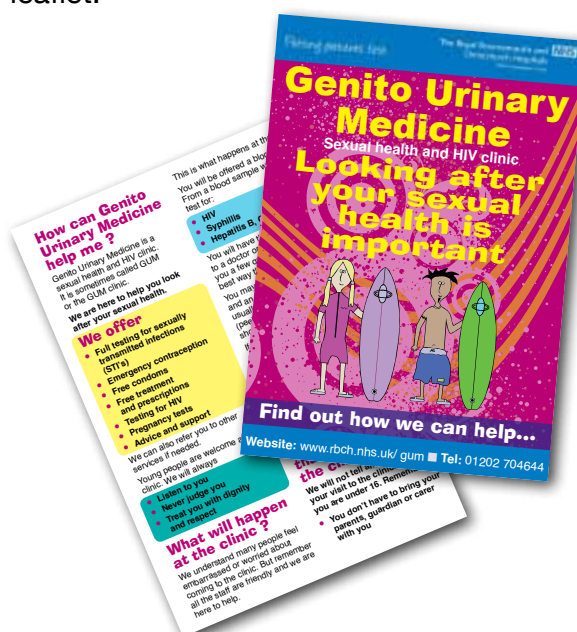
7. The Eye Unit moved to a new purpose built unit on site from Westbourne in April 2000.
8. The Jigsaw Appeal was established in 2003, to raise money for improvements throughout the Trust.
9. Foundation Trust status was achieved in April 2005.
10. A state-of-the-art Cardiac Intervention Unit opened in April 2005.
11. In 2005 the Trust became the first in the south to produce and distribute all x-rays and scans electronically.
12. The Trust purchased the Derwent Hospital in 2007.
13. The first Acute Lung Unit in Dorset opened at the Royal Bournemouth Hospital in April 2008.
14. The Trust was awarded HFMA Healthcare Provider of the Year 2008.
15. Staff rated the organisation among the top 20% of acute trusts in a number of areas in the 2009 Staff Survey.
16. In 2009 RBCH was awarded the accolade of Large Employer of the Year at the South West Skills Awards.
17. A series of patient information films were launched in 2009 to improve the patient experience.
18. The Trust was named Acute Organisation of the Year 2009 by the Health Service Journal.
19. The Care Quality Commission rated the Foundation Trust as double excellent in 2009.
20. The Sandbourne Suite was opened in January 2010.
21. Three robots were installed within the Pharmacy Department in 2010 to improve the service for patients.

You're welcome at the GUM Department

Staff at the Genito-urinary Medicine (GUM) Department (Sexual Health Services) received the 'You're Welcome' accreditation, awarded to services which are young people friendly.

To achieve this status, the department had to meet a set of criteria, which involved reviewing aspects of the service, while keeping young people in mind. The criteria included accessibility, environment, training of staff and publicity.

Through this process, staff are now much more aware of the needs of young people and, as a result, many improvements have been made to the service. For example, to promote the department to young people and make them aware of the services they provide, a leaflet aimed solely at young people was designed. A young person's panel was used to help decide what information should be on the leaflet and to help design the look of the leaflet.



Directors' Report

The environment of the department has been made more welcoming to younger people. For example, a notice board provides young people with key information about the service at the department.

At the forefront of preventing blood clots in hospital

The Royal Bournemouth and Christchurch Hospitals are one of only 24 Trusts to have assessed over 90% of all patients admitted for Venous Thromboembolism (VTE)..

Figures released by the Department of Health show that over 90% of admissions to the Foundation Trust in August 2010 were deemed to have been assessed for VTE.

Only 24, out of the 164 Trusts who report these figures, achieved 90% or above. The Foundation Trust scored 5th in the country when compared to other Trusts with similar admission levels.

Each year 25,000 people in the UK die from hospital acquired thrombosis, a condition in which a blood clot forms in a deep vein, limiting blood flow. However, it is estimated that up to 70% of VTE deaths are preventable with appropriate risk assessment and preventative measures.

At the Royal Bournemouth and Christchurch Hospitals, in pre-assessment or on admission, a doctor or nurse assesses a patient's risk of developing blood clots and decides whether any treatment is needed to help prevent blood clots forming.

Dr Mary Armitage, Medical Director, commented: "The Trust has been

Patient comment:

"Everything and everybody were perfect. I will be back, as Vera Lynn says, don't know where or when. It was just like being in a hotel. Thank you all."

leading the way in screening patients on admission to hospital for VTE and it is pleasing that our work has been recognised nationally.

"We are committed to ensure that all patients are assessed for the risk of blood clots while in hospital."

3.4 Support from local charities

The Foundation Trust is extremely fortunate in that it continues to receive support from a range of volunteers who give their time to support the Royal Bournemouth and Christchurch Hospitals. This includes the Red Cross which has supported patients since the Royal Bournemouth Hospital first opened in 1989. Over 20 years later and volunteers are still providing a 'meet and greet' service.

Bluecoat volunteers support patients and staff in a range of ways. This includes service refreshments, assisting patients at meal times, carrying out errands and driving the indoor hospital bus.

Other volunteer groups include the chapel volunteers who assist Sunday service and visit patients, the WRVS tea rooms, Hospital Radio Bedside and the Appeal Shop.

Directors' Report

The Trust is also fortunate to receive support from the following charities:

Friends of the Eye Unit

The main event during 2010/11 for the Friends of the Eye Unit was the Annual General Meeting. Some 81 people attended with the Trust's Chairman as principal guest. The second event was the Autumn Fair which took place in October 2010 and was a pleasant social occasion, giving members the opportunity to meet and chat with each other.

Since 1st April, 2010 the League has spent £22,000 on equipment for the Eye Unit. Items include:

- an indirect ophthalmoscope.
- two tonometers.
- digital radios for the theatre.
- a YAG lens for the laser room.
- software for information screens.
- two replacement patient chairs for the examination room.

The next exciting project is liaising with the Unit on plans to revise the day room which, as a result of an increase in day surgery, is inadequate for patients. £80,000 has been pledged so far to support phase 1 of this project.

League of Friends, Bournemouth

During 2010/11, the League of Friends Bournemouth donated a total of £146,224 to the Royal Bournemouth Hospital. This included:

- A bladder scanner (£10,410).
- The new indoor bus (£21,157).
- An ultrasound machine (£27,000).

- Improvements to the mortuary (£17,000).
- Refurbishment in the minors area of the Emergency Department (£17,000).
- 13 Dicom monitors for Radiology (£14,500).
- Two digital cameras - orthodontics (£3,000).

Staff are very grateful for the League's continued support.

Christchurch Hospital League of Friends

The League of Friends at Christchurch continued to support both financial amenities and services to the Hospital.

A Balance Master machine and digital viewer for the Day Hospital's Falls Team will considerably help patients with Parkinson's Disease, Strokes, MS and joint problems. New colour coded badges for staff will also helped patients with impaired or poor eyesight to recognise the clinical status of the staff. A total of £33,000 plus funding for small requests!

The League commits a significant contribution via the tea bar shoplet, the library service and shop trolley. They also man the reception enquiry desk with newspapers and magazines, all run entirely by dedicated volunteers. £2,000 was also raised from the Christmas stall. During the 2010 Trust Staff Excellence Awards the volunteers were highly commended for their voluntary services.

At the forefront of the League's Constitution is to continue to fulfil the needs of patients and staff care at Christchurch, as they have been doing for the past 60 years.

Directors' Report

Macmillan Caring Locally

The Macmillan Unit is situated at Christchurch Hospital and is part of the Foundation Trust. It is an NHS Unit, supported by Macmillan Caring Locally. The Unit offers specialist palliative care to patients with cancer with difficult symptoms related to their cancer.

Macmillan Caring Locally operates from the Macmillan Unit and provides funding to enhance care and to provide an attractive, homely environment for patients and their families and visitors. They also provide funds for nursing and medical equipment to improve patient treatment and comfort.

During 2010/2011 Macmillan Caring Locally invested £435,000.00 in cancer related posts at the Macmillan Unit and at the Royal Bournemouth Hospital. This included replacing furniture and refurbishing the visitors' lounge at the Macmillan Unit.

The televisions on the Macmillan Unit Ward and in the side rooms have all been replaced with new, wide screen models. These sets have been fitted with USB ports so that patients can watch slideshows of their favourite photographs.

You can find out more about Macmillan Caring Locally at www.macmillanlocal.org/.

Patient comment:

“Excellent service and the entire staff made me feel as ease. I have no qualms about staying in hospital with the level of care I received.”

Chapel - a place for all

The Chapel of St Luke at the Royal Bournemouth Hospital is a place for prayer and contemplation by any who follow a religion. In an effort to help those of the Islamic faith, charitable funds have been given to provide a Wudu; a washing facility used before prayer.

This was achieved by using a redundant space adjacent to the chapel quiet area. The facility is used each day and has been very well received. It is a way of showing respect to others and brings a unity, tolerance and understanding to many of our staff and patients.

The Trust is very grateful for all their help and support over the last year. The continued contribution they make is enormously valued by our patients, staff and visitors to the Trust.



Directors' Report

Jigsaw Appeal - completing the picture for an even better patient experience

The Jigsaw Appeal is the Trust's own charity. The current Appeal for Women is a £1.5m challenge to transform treatment for all women by building a brand new Women's Health Unit.

Patients in the Women's Health Unit at the Royal Bournemouth Hospital say that the level of care they receive is first class. They also say their experience could have been better if treatment was provided all in one place, in less cramped conditions and with greater privacy and dignity. For example, couples coming for IVF treatment have to wait with those who are going through the trauma of a miscarriage.

Staff in the Women's Health Unit provide excellent care for our patients. But they want to provide this care in a first class Women's Health Unit.



Five Jigsaw supporters as the sun rises over Mt. Sinai

The current Women's Health Unit is no longer able to treat the 17,000 women who visit the Unit each year to the world class standard we want. The Appeal for Women aims to build a brand new unit which will see all services provided within one place, a brighter atmosphere and more privacy and dignity for our patients.

2010/11 fundraising

The new appeal focused on a number of activities to create awareness, including a short film featuring appeal patron Fiona Castle and some of the WHU patients. The film can be seen in various areas across the hospitals and online at www.jigsawappeal.org.uk.

Five intrepid trekkers, including WHU Consultant Gynaecologist Mr Alexander Taylor, Director of Human Resources Karen Allman, Jolanta Markowicz, Saran Wylie and appeal supporter Vincent Rochard, scaled the rocky heights in Egypt to Mount Sinai.

On a sunny day in September 2010, 57 cyclists took part in a fundraising bike ride in the picturesque New Forest, now becoming an annual event. The Jigsaw prize car, a joint promotion with the Westover motor group, was won by a Bournemouth family.

The Appeal continued to receive support from a number of local companies and their employees. This included Bournemouth stockbroker Farley & Thompson, which invited 150 clients to a classical concert, and the Captains Club which promoted a fashion show and two grand balls - each raising thousands of pounds for the Jigsaw Appeal. Thomson

Patient comment:

"Thank you everyone. Could not have had better attention or consideration from all the staff."

Airways crews collected for Jigsaw on in-bound flights to Bournemouth Airport landing record-breaking donations of any airport where the airline operates.

This is the third successful Jigsaw Appeal; with previous appeals raising £1.7m for new life saving scanners and £2m for cancer and blood disorders. The current appeal was launched in March 2010 and runs until 2012/13.

Supporting Jigsaw

Supporting Jigsaw is easy, either by taking part in one of the Appeal's special events, or raising funds in the many other ways people do, such as purchasing a light for the Rotary Tree of Light at Christmas time. Among Jigsaw's own events for 2011 are a Tandem Skydive in May, a women's Twilight Walk in June and two overseas treks to Mt Kilimanjaro in October and the Moroccan Sahara in November. There is also the New Forest Bike Ride in September and the Great South Run in October.

Whether you have climbed great heights for Jigsaw or organised a coffee morning - thank you to everyone - lets keep it going. If you would like to support the Jigsaw Appeal for Women please call the fundraising office on **01202 704060**.

4. Business Review

4.1 Performance Overview

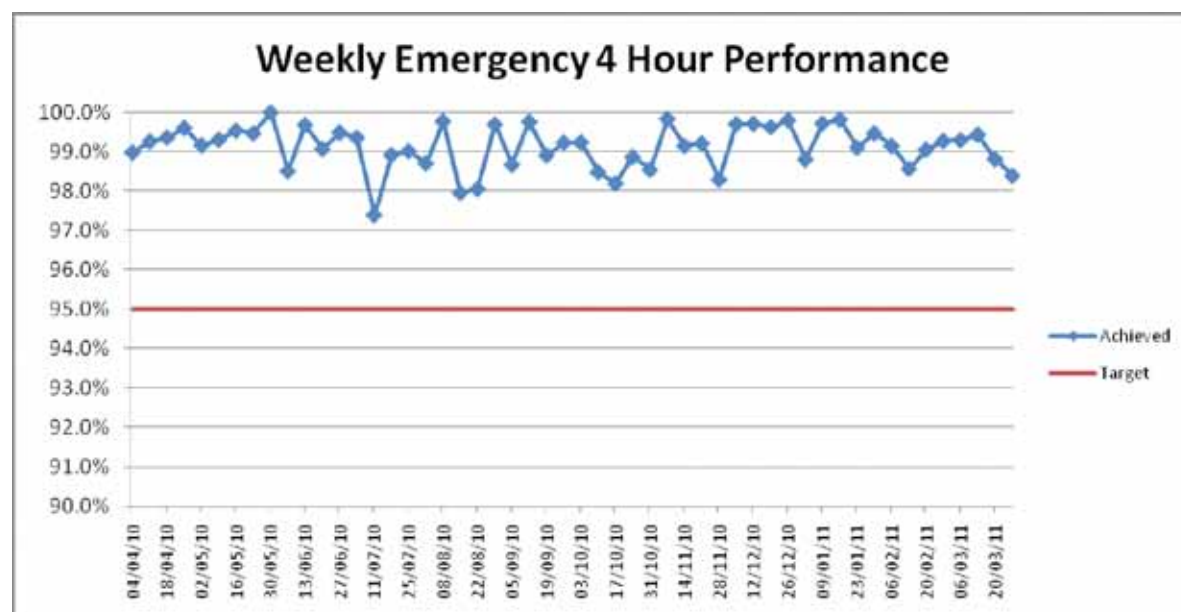
The Trust achieved and in many cases exceeded, all of its core governance indicators during the year. In addition, there have been many cases where services have been improved or transformed to provide better care and better value. Many examples have been publicly shared and are included within this report. Overall the effect has been to see:

- Improved mortality (safer than expected).
- Improved infection control (zero MRSA hospital acquired).
- Patient experience of timely access to services has been maintained.
- Delivery of financial efficiencies through improved quality and safety.

Performance

Quality

- Patients received timely access to cancer services in line with the national cancer standards including:
 - Maximum 14 day wait from an urgent GP referral for suspected cancer.
 - Maximum 14 day wait for patients with breast disease symptoms.
 - Maximum 31 day wait from diagnosis to treatment for all cancers.
 - Maximum 31 day for further treatments following the initial treatment.
 - Maximum 62 days from urgent referral to treatment for all cancers.
 - Maximum 62 days to treatment for patients where cancer is found on screening.
- More than 95% of patients waited 4 hours or less in the Emergency Department from arrival to admission, discharge or transfer.



Business Review

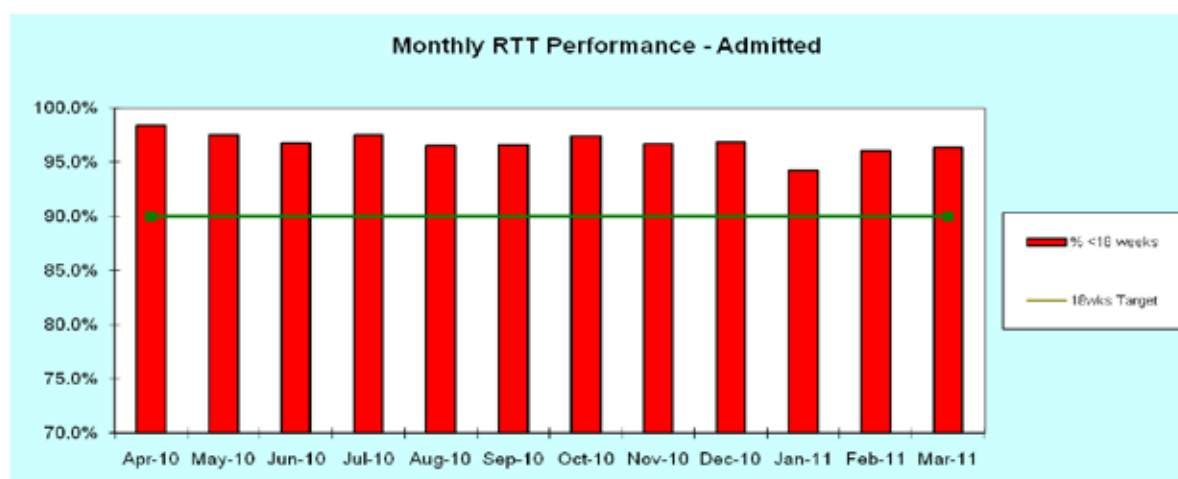
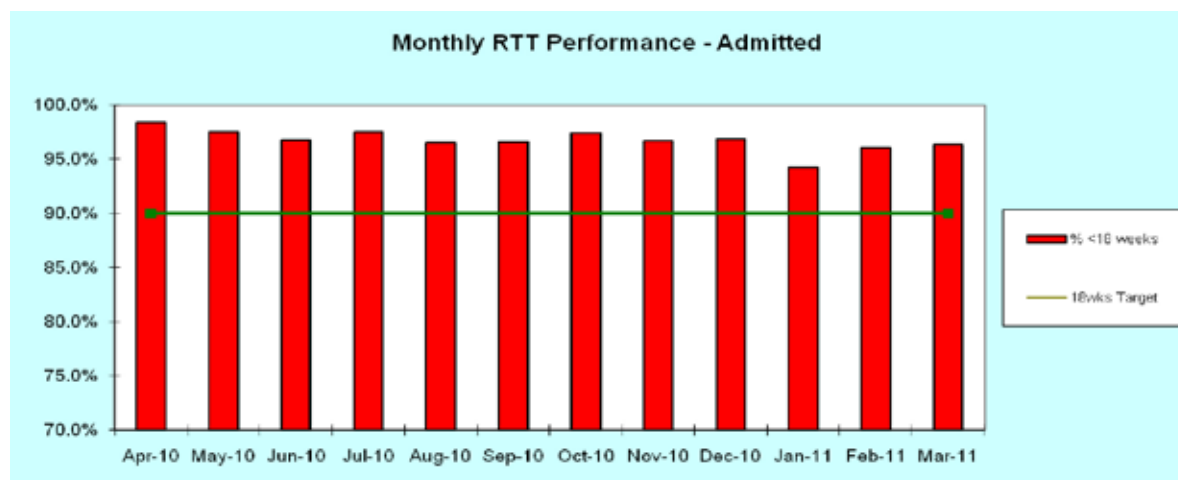
- 91% of our patients were treated on a dedicated stroke ward for 90% of their time in hospital, as at March 2011. We also investigated and treated 64% of high risk TIA patients within 24 hours, against a target of 60%, as at March 2011.

Patient Experience

- More than 90% of patients were admitted for treatment within 18 weeks and more than 95% of patients received outpatient based treatment within 18 weeks across the Trust and in each speciality.

Patient comment:

“A lovely hospital the doctors and their bedside manner absolutely lovely. The nurses so busy yet always there nothing was too much. They must have all been hand picked they were all wonderful.”



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Venous Thromboembolism (VTE)												
Score	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
VTE Assessments				90.6%	90.2%	91.5%	94.3%	91.8%	92.8%	92.8%	94.7%	94.8%

Safety

- The Trust achieved the national MRSA and Clostridium difficile objectives and there were no incidents of MRSA being acquired by patients during their stay in hospital.
- The Trust continued to rollout screening for MRSA with all appropriate patients admitted to the hospital now being screened.
- The Trust achieved the new national target for Venous Thromboembolism (VTE) with more than 90% of patients being risk assessed on admission.

efficiency savings as part of the 2010/11 transformational plans, tight control and rigour being applied to expenditure budgets and managing activity in line with the contracts agreed with the Primary Care Trusts.

The surplus will be retained and used to support the 2011/12 investment programme approved by the Board of Directors. This £10m programme, includes the opening of a brand new combined acute and rehabilitation Stroke Unit and other facilities to provide high quality healthcare.

Financial Performance

The Trust continued to maintain strong financial control during the year, culminating in a surplus of income over expenditure of £3.9m (1.7% of its £230m turnover). The surplus exceeded the financial target set and agreed with Monitor, the Trust's regulator. This was due to a combination of delivering significantly above the level of

The Trust recognises the increasing requirement to deliver greater efficiencies as part of the changing dynamic of the available resources to fund public services. The delivery of the first two years of the three year transformational programme that commenced at the beginning of 2009 has been key to the continued excellent financial performance described above. The programme has since been extended to include two

2010/2011	Actual	Rating
Underlying performance - earnings before interest, tax, depreciation and amortisation margin	7.2%	5.7%
Achievement of plan - earnings before interest, tax, depreciation and amortisation achieved	127.6%	101.0%
Financial efficiency - return on assets	5.1%	3.3%
Financial efficiency - income and expenditure surplus margin	1.7%	0.3%
Liquidity - liquid ratio days	42.5	31.9
Overall Financial Risk Rating	3.7	3.3

Business Review

further years and plans are developing well in this respect including the transformation of corporate services. Delivery of these plans is monitored through the Programme Management Office with regular reports to the various Boards.

Regulatory Risk Ratings

Monitor assigns each NHS Foundation Trust a risk rating for governance and finance as defined in their terms of authorisation. The ratings shown on page 30 indicate the relative performance for the Trust against each element of the financial risk rating. The financial risk ratings are allocated using a scorecard which compares key financial metrics consistently across all Foundation Trusts. The ratings reflect the likelihood of a financial breach of an NHS Foundation Trust's terms of authorisation. A rating of five reflects the lowest level of financial risk and a rating of one the highest.

As explained, the overall ratings take into account finance and governance. The actual results for 2009/10 together with the latest figures are set out below.

The Trust has achieved or exceeded the risk ratings agreed as part of the plans submitted to Monitor since quarter 2 2009/10. The rating of 3 recorded in quarter 1 2009/10, was marginally below the plan driven by higher than planned waiting list initiative costs and rephasing of the cost improvement plans.

Principal risks and uncertainties

These are relevant for 2010/11 and onwards, and represent high level, significant risks:

- Financial constraints, requiring an £8m cost improvement programme (actual achievement of £11m).
- Delivery of all key targets, including wait times, cancer, A&E, infection control (fully achieved, green monitor risk rating).
- Compliance with regulators i.e. CQC (registered without restriction, and overall low risk rating).
- Strong working relationship with partners, including our commissioners, local GPs and neighbouring Trust and Councils.

Annual Plan 2009/10	Qtr 1 2009/10	Qtr 2 2009/10	Qtr 3 2009/10	Qtr 4 2009/10
Financial Risk Rating	3	4	4	4
Governance Risk Rating	Green	Green	Green	Green
Mandatory Services	Green	Green	Green	Green
Annual Plan 2010/11	Qtr 1 2010/11	Qtr 2 2010/11	Qtr 3 2010/11	Qtr 4 2010/11
Financial Risk Rating	3	4	4	4
Governance Risk Rating	Green	Green	Green	Green

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The risk for each of these areas is failure to deliver which would affect the delivery of service to patients.

A more comprehensive list of risks is monitored through the Trust's Assurance Framework, which is reported to the Healthcare Assurance Committee (HAC) and Audit Committee, both of which report directly to the Board of Directors.

During 2010 the change to the coalition government and subsequent change in health policy was a further cause of uncertainty. New policies on readmissions, competition, mixed sex accommodation and Emergency Department indicators have all featured as specific areas of focus in the second half of 2010/11, and for which plans are well developed. The wider change to embrace GP Commissioning is again welcomed and one the Foundation Trust is proactively engaging with through numerous meetings and improving GP dialogue (i.e. greater use of electronic communication between GPs and consultants).

4.2 Trends and factors affecting the future

Good and early planning has been key to the Trust's excellent performance and this remains crucial going forward. The main factors affecting our future performance include:

- Much slower growth in NHS funding, potential absolute reductions in hospital funding, and the impact of reduced social services funding.
- Increasing quality requirements and patient expectations.

- New technologies, including drugs, changing how and where care is delivered. New treatments at RBCH and others moving into community settings are both reducing the need for inpatient beds.
- A variety of factors affecting the workforce including a pay freeze, reduced national training funds and posts, balanced by the wider economic picture and tougher jobs market. This means local training, development and motivation of staff are even more important.

These trends have affected the Foundation Trust in the past year, and are expected to continue for at least the next 12 to 24 months.

Given that all these trends were anticipated in previous Annual Plans, the successful delivery of the actions within those plans has been crucial in both starting and ending 2010/11 in a strong position, especially in terms of governance, (performance against key measures) and financial rating. These began, and ended the year as Green, for governance, and Excellent (4 out of 5) for financial risk rating (FRR). This exceeded our plan of 3 out of 5, largely due to over performance on internal transformation plans to deliver savings and quality improvements.

Further details of the 2010/11 Transformation Plan for better care and better value, are listed throughout the document, but include:

- Better inpatient care, reducing the length of time needed to stay in hospital.

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- Better use of staff time, through e-rostering, medical workforce job planning and admin and clerical review.
- Better procurement of goods, with strong clinical leadership, especially in Orthopaedics.
- Better value prescribing, often generating significant savings for local GPs.
- Better design of processes, such as pre-operative preparation to improve safety and efficiency before coming into theatre.
- A large number of directorates' own schemes.

The momentum built up around improving efficiency and effectiveness, in ways that maintain quality or improve it, is extremely important. The Trust started the year with nearly 12 months of success, but a second year with even greater savings achieved, provides a very strong and credible evidence base going forwards.

The Board of Directors receives a quarterly Strategy Tracker, which sets out progress against the seven strategic goals that were agreed as part of our long term strategy in 2007. These, along with other performance reports (such as finance, performance, clinical governance) and the work of the Board of Directors sub committees, have allowed closer scrutiny of the work of the Foundation Trust. This is then supplemented by the work of the Council of Governors.

The vast bulk of the measures moving us towards the Trust's vision, via the seven strategic goals, have been achieved.

Patient comment:

"I sincerely thank all the Doctors and the staff for looking after me so well. Best wishes."

Areas requiring further work include training and appraisals, and work with partners on best configuring services. In recent months the % completion and recording of appraisals has hugely improved, and should feed through into the 2011 staff survey results. Work on Pan Dorset QIPP and Acute Service Review (ASR) has been slow but consensus is emerging as to the areas for attention, and this work will continue into 2011/12.

Looking forward to 2011/12 these trends and our Transformation Programme, remain key factors that we need to continue working on. However, in line with the NHS white paper "Equity and Excellence" there are new themes and priorities emerging. These are:

- A focus on patient outcomes.
- Avoidable premature deaths.
- Long term conditions management.
- Acute episodes of care.
- Patient experience.
- Safety.
- The central role of GPs as commissioners of services, with the need to engage and inform them regarding hospital services.
- Other factors such as increased competition, greater transparency of information, the role of local Health and Wellbeing Boards, Healthwatch,

Business Review

new roles for Monitor and the National Commissioning Boards, will become increasingly clear and important over the next year.

The Annual Plan 2011/12 provides further information as to how RBCH is responding to these issues. In addition there are specific sections setting out the direction of travel on:

- Improving patient outcomes.
- Extending the successful transformation programme.
- Organising services for excellence, by working with other hospitals.
- Better use of our buildings.
- New models of care, especially for emergency care and closer GP-Consultant working.

The 2011/12 Annual Plan has undergone a very thorough consultation with partners and the public to test and refine the recommendations, and as such provides a strong basis to approach the coming year and beyond. You can read more about this on page 37.

4.3 Business Continuity and Major Incident Planning

During the past year the Trust has continued to invest resources to ensure its resilience in the event of either an internal or external major incident. A considerable amount of work has been done to develop the Business Continuity Plan launched last year.

Each directorate and department now has a specific plan for their area. These plans complement the Trust's Plan by adding further clarity to the processes that need adopting at the time of an incident. They also help to ensure patient

safety is maintained and that the Trust responds in a timely and organised manner so that normal business can be maintained. A recent inspection by the Strategic Health Authority on our emergency preparedness commended the depth and robustness of the Trust's Business Continuity Plan.

Training and exercising has taken place to test these plans and ensure that they offer maximum resilience in the event of an incident. These exercises have also ensured that staff are familiar with the processes involved in business continuity.

The Trust has worked very closely with organisations both within health and outside to develop plans in the event of a major incident. This has been specifically prompted by the preparations for the forthcoming Olympics. In particular, the three acute Trusts across the county have worked together to review their collective response in the event of an incident involving mass casualties; as Weymouth is one Olympic site.

The Trust has also set up a Chemical, Biological, Radiological, Nuclear and Explosive (CBRNe) group. A CBRNe Policy has been developed collaboratively between the Trust and Poole Hospital. In addition, resources have been invested into the provision of equipment and protective clothing for both patients and staff in the event of a CBRNe incident.

The Trust has also taken part in a number of cross-county exercises to test emergency plans and how they link with that of other agencies such as the police, local authority and ambulance services.

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4.4 Putting Patients First

The Trust's vision is putting patients first and the organisation aims is to listen to patients and to continually improve the patient experience based on their feedback.

The Trust is an active member of the Dorset wide PPI (patient and public involvement) networks and attends regular meetings to share good practice and methods of engagement. The Trust also continues to meet regularly with its Patients' Panel members both listening to their views and keeping them up to date with developments.

Patient feedback from the bedside

Volunteers have been visiting patients at their bedside equipped with small digital devices asking for feedback on their hospital stay. During a six month period 1,400 real time surveys were carried out by volunteers who take patients through a series of questions and enter their feedback on the spot.

Sharon Carr Brown, one of the Governors carrying out the surveys, said: "People come in expecting to get better. We know the standard of treatment is good, but it's also the quality of care that makes people feel that they have had a good stay."

One area of feedback identified through the surveys, and through the Care Quality Commission's national Inpatient Survey, was sleep disturbance. The issue was shared with the Trust's Patients' Panel members who recommended that some patients may benefit from eye masks and ear plugs. These are currently being piloted, thanks to a local donation, and early results are showing improvement.

Responses to noise at night include:

- Ear plugs available on request
- Eye masks available on request
- Audit of soft close bins in

Since the start of the real time surveys, the patient experience has improved in the following areas:

- 99% of patients rate the ward/room 'very' or 'fairly' clean (84% rated it 'very' clean)
- 94% of patients agreed to feeling 'very safe'
- 88% of patients agreed they were given enough privacy
- 91% rated care as 'excellent' or 'very good'
- 93% of patients said that high levels of respect and dignity 'always' happened

You said... we did...

As a result of patient feedback the Trust has introduced the following:



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- Increased information stands providing patient and carer information. This is being monitored to identify other information that may be needed by our local population.
- Made bookmarks available for patients with details of how to contact wards or clinical areas once they have left hospital.
- Patients told us that they did not know how they can give feedback - a dedicated telephone number has been introduced for phone messages or texts and an online patient survey has been introduced at www.rbch.nhs.uk.

Improving communications for patients with learning disabilities

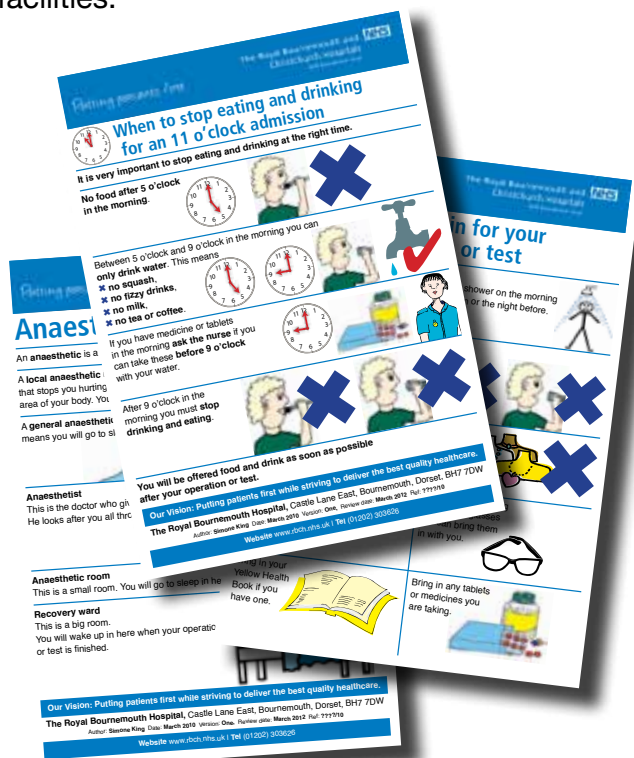
A staff nurse from the Pre-admission Assessment Unit at the Royal Bournemouth Hospital was featured in the Nursing Times for improving communications and making information clearer for patients with learning disabilities.

Staff Nurse Simone King found that the information provided to patients was not available in a suitable format for those who had a learning disability. This encouraged her to develop easy read information.

Easy read information is written in a way that makes it easy to understand. This could include simple words supported by pictures as an effective way to convey information to people with learning disabilities. This information could also be useful for patients with poor eyesight or poor reading skills, those who speak little English or who may be confused.

Staff Nurse, Simone King explained: "It was important for this information to be produced to enable patients with learning disabilities to maintain their independence and responsibility for their own pre operative care. Prior to this information being available they had to rely on relatives or carers to do this for them."

Further steps have been taken to increase accessibility for people with leaning disabilities. The Trust's new website features easy read information as well as meeting the Web Content Accessibility Guidelines (WCAG) standard for accessibility at AA level. The Trust also has a Disability Forum that includes patients with both mental and physical disabilities and their carers who provide feedback on hospital initiatives. This group has helped drive improvements from patient information to hospital facilities.



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Complaint Handling

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.

Every complainant is sent a letter (by post or email) on receipt of their complaint, explaining the proposals for investigation, 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).

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 received to the Trust can be found in Chapter 5 Quality Report (page 57).

How to make a complaint

If you have a complaint about the experience received at the Royal Bournemouth or Christchurch Hospitals please contact the Complaints Manager on **01202 704452** or email **simon.dursley@rbch.nhs.uk**

Patient comment:

“We were all so well looked after. All the volunteers so kind they do a lovely job. The Physiotherapy so kind so gentle all lovely, lovely people all so very professional.”

4.5 Public consultation

In 2010/11 the Trust saw the close of its public consultation on the 2010/11 Annual Plan in April 2010 and the start of consultation on the 2011/12 Plan in February 2011.

Annual Plan 2010/11

The theme for the 2010/11 Annual Plan was “Protecting our Future, through better care, better value”. This philosophy is the Trust's response to the significant clinical changes and financial constraints that the NHS faces. 12 weeks formal public consultation took place from 1st February (to 23rd April, 2010).



The future of Christchurch Hospital was a key theme within the draft Annual Plan. In light of the tightened funding, a Dorset review of acute services and the trends for shorter lengths of stay in hospital, a review of potential new uses for the site was necessary. The Plan highlighted

Business Review

significant opportunities for partner organisations to provide services from the hospital site, including the provision of health, social care and voluntary services. The Trust would explore this potential throughout 2010.

Also included within the consultation was the proposed move of the Stroke Rehabilitation Unit from Christchurch Hospital to form a new purpose-built integrated stroke unit.

Consultation process

The consultation process followed the Trust's Consultation Policy and was communicated and publicised in the following ways:

- Foundation Trust members' newsletter (12,200 circulation)
- Medical Director's newspaper column (February, 2010)
- Coverage in the Bournemouth Echo
- Trust's website **www.rbch.nhs.uk**
- Presentations were given to local Health Scrutiny Committees and PCTs
- 310 copies of the Annual Plan consultation document were distributed over 150 individuals and local organisations.
- Three public meetings were held; two in Christchurch and one in Bournemouth
- Staff briefings and Q&A sessions with additional information communicated by email, posters and features in the staff magazine and intranet.

Feedback

A total of 36 responses to the consultation were received. 31 individuals responded to the consultation, including a governor, councillor, member of the Friends of the Eye Unit, Patients' Panel and local parliamentary candidate:

- Letter - 6
- Completed feedback questionnaire - 3
- Internet feedback form - 10
- Email - 12

The following organisations/groups formally responded to the consultation:

- Highcliffe Community Association
- West Christchurch Residents Association
- Hurn Parish Council
- NHS Bournemouth and Poole
- Christchurch Dermatology Patient Support Group

The main concern for both staff and the public was the future of Christchurch Hospital. The Trust has continued to invest in Christchurch over the past year with additional clinics and expanding the Day Hospital, for example. Ensuring the site is used appropriately for the current and anticipated future needs of patients within available resources is key. The Trust informed staff and the public that it was looking for partners who would be interested in using part of the Christchurch site for alternative services and that it would write formerly to health partners.

While many individuals saw the clinical benefits of moving the Rehabilitation Stroke Unit to the Royal Bournemouth Hospital there were concerns about what

Business Review

would be left at Christchurch Hospital and the issues that moving additional services to RBH will cause.

The Trust continued to assure both the public and staff that its intentions are not to close the hospital.

Following the consultation the Trust continued to work on developing the plan for the year and identify potential partners who could use the Christchurch Hospital site.

Annual Plan 2011/12

A 12 week formal public consultation on the Trust's 2011/12 Plan began on 2nd February 2011 (until 29th April). It set out how the Trust will improve patient outcomes while achieving efficiency savings of £30m over the next three years. This includes looking at patient pathways and estate options. A range of potential measures focus on improving:

- Avoidable mortality and better end of life care
- Long term conditions - self management, reducing admission and quality care
- Acute hospital care
- The patient experience
- Patient safety

The draft plan asked for comments on:

- Developing models of care, especially for emergency patients



- Whether some smaller specialist services can be improved by working more closely with neighbouring hospitals.
- How we can transform our services to reduce waste, delay and duplication; so that they are better for patients and staff alike.

Following public consultation the previous year and the invite to health partners to use part of Christchurch Hospital, no interested partners were found. The Trust therefore proposed two options for Christchurch Hospital in its public consultation.

1st Option: Secure Christchurch Hospital

- All the current RBCH services continue to work from Christchurch Hospital (see list on right). The main change is that Orthopaedic rehabilitation services will be delivered in your home.
- Spare land for "health village" with potentially a GP, pharmacy, NHS dentist, nursing home and assisted living accommodation.
- Rebuild Macmillan Unit, using charity funds, subject to a separate consultation.

2nd Option: the comparator

- All services would move to RBH, except blood testing and potentially palliative care (options for palliative care are still under development and subject to further discussion and eventually a separate public consultation).
- The remaining site becomes a larger health village, including assisted living homes, and possibly some key worker or other housing.

Business Review

A wide range of communications methods were used to raise awareness of the consultation, communicate key messages from the plan and encourage feedback.

The full draft consultation document was distributed to 1,530 individuals and organisations, including those on the Trust's stakeholder contact list. This includes all local authorities, scrutiny committees, LINKs, community and patient groups and health partners. The document contained a questionnaire asking for feedback on specific issues as well as an opportunity for free text or comment.

Large notice boards setting out the options for Christchurch Hospital were displayed widely across Christchurch Hospital, Bournemouth Hospital, Christchurch Council Offices, Christchurch Information Centre, Library and the British Legion. The notice boards also contained information about the range of services currently provided at Christchurch Hospital, as it was identified many members of the public weren't certain what was currently provided.

The Trust widely circulated voting slips on the two options for Christchurch Hospital. These were made available at locations across the area, including those which displayed the notice boards, and via the internet. Volunteers also helped the Trust to distribute these in the Christchurch area.

Notice of the consultation and the Trust's three public meetings were also publicised using the following:

- Posters and leaflets

- Echo column
- LCD screens
- Via Governors

The Trust received a fantastic response to the public consultation, particularly from members of the public. In total 2,174 people used the voting slips, distributed widely, to give their view on the preferred option for Christchurch Hospital. 2,142 voted for option 1 (98.5%) while 32 voted for Option 2.

The feedback received from the public and our partners can be summarised as:

- The future of Christchurch Hospital as Option 1, ensuring most existing services remain on the site, but in a smaller number of buildings that fit the need.
- Sufficient support for patients once they have left hospital (especially social care and for strokes).
- PCT Board support for the majority of plans.

The Trust will now develop a business case based on Option 1.

4.6 Our strength is our staff

One of the Trust's strengths, and the reason for consistently performing well, is its staff. Without their extraordinary commitment and dedication the Trust would not have been able to achieve the successes mentioned within this Report.

The Foundation Trust is a significant employer in the area with around 4,100 employees (full time equivalent of 3,700) as of 31st March, 2010. Staff turnover is below the national average and generally staff regard the Trust as a good place to work - as demonstrated in staff surveys

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carried out during the year (further details can be found over the next few pages).

Sickness absence for the Trust during 2009/10 was 4.59%. The national average for England was 4.6%. The Trust's target is 4%.

Informing and consulting our staff

During 2010/11 the Trust consulted its staff and staff side representatives on a number of issues, including:

- Admin and clerical staff (medical secretaries).
- Changes to portering and catering staff.
- On-call consultation.
- Eye Unit Medical Secretaries.

Consultation with staff happens directly with staff through face to face briefing opportunities, written briefings for line managers across the organisation and details in Trust publications (see below for further details).

As well as formal consultation, the Trust makes available information on, for example, the Trust's performance, good news, events and developments, as well as ensuring good internal communications. This is carried out through:

- Regular meetings with staff side representatives.
- Monthly 'Ask the Exec' sessions where staff can hear from the Trust's Executive Directors and ask questions.
- Bi-monthly staff newsletter - Buzzword.
- Monthly Core Brief.

Patient comment:

"I couldn't fault all ward staff I came into contact with! They were pleasant and very kind."

- Global emails.
- A well used intranet site.
- An induction for new staff - held monthly.
- Monthly 'Medicine for Managers' sessions.
- Open day for staff and members of the public.
- Briefings at directorate and ward level.
- A summary from each Board of Director's meeting.
- Internal briefing system via leaders within the organisation.



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Engagement with staff also continues with the Board taking an active role in visiting both clinical and non-clinical areas. These are welcomed by staff on the wards and departments visited.

Awarding those that go the extra mile

For the third year running staff were recognised and rewarded for their commitment to putting patients first and going the extra mile at the Staff Excellence Awards. In 2010 the following members of staff were recognised:

Award for Putting Patients First - Christchurch Day Hospital

The Christchurch Day Hospital team showed continued drive and effort to improve the patient experience. They implemented a combined assessment clinic which now ensures therapy and nursing assessments are carried out alongside the outpatient clinic. Patients now start treatment within days rather than weeks and the waiting time is only two weeks.

The team also acted on patient feedback and, for example, extended the exercise and balance classes from a six week to a 12 week programme.

Award for Patient Safety - Richard Ford, Medical Equipment Library Manager

Richard was solely responsible for highlighting that patient equipment was being used and returned by wards without correct decontamination. Richard was proactive in implementing an audit to measure compliance within the Trust.

He then worked tirelessly to educate staff about the importance of decontaminating

equipment and putting initiatives in place to make this process easier for staff. The change in practice in all wards has been overwhelming with audit returns now at 100% compliance.

Customer Care Award - John Evans, Chaplain

John consistently gives his time and energy to support members of staff, giving valuable pastoral support in a variety of circumstances, from hospital corridors to more formal settings.

John shows kindness to both staff and patients, and is so helpful both on a daily basis and during crises.

Award for Leadership - Lynn Clayton, Clinical Leader, Derwent

Lynn has shown exceptional leadership skills to her team at the Derwent and she has been the driving force for achieving the ward's Practice Development Unit Accreditation over the past year.

Lynn values her staff and shows this by allowing them to suggest improvements to the wards and take ownership of them. Lynn also continually encourages her staff to progress and develop their skills, supporting them every step of the way.

Award for Transformation or Innovation - Louise Clark, Senior Occupational Therapist

Louise was instrumental in the efficient organisation of discharge planning, increasing efficiency of the process involved. With a colleague, Louise worked on a project to improve the assessment process for mood disorders for stroke patients. Through hard work, research and staff training sessions ran by Louise, an improved process is now

Business Review

in place to ensure staff administer the assessments effectively, resulting in improved patient care.

Award for Voluntary Service - Jon Gill, Stroke Rehabilitation Unit

At age 45, Jon was admitted to the Royal Bournemouth Hospital with a stroke. Jon now gives up his own time to attend the Stroke Unit as a volunteer. Jon is a true example of someone who inspires others with his determination and enthusiasm. He also provides an important voice for the younger stroke survivors, working with the Trust for better standards and improved understanding.

Team of the Year Award - Angie Revell and the Pre-assessment Team (cardiology)

Rather than just working within their roles as pre-assessment nurses, Angie and her team have taken on additional duties throughout the Cardiology Department. The team did this because of their dedication to the department with the goal of improving the standard of services for patients by ensuring they are seen in a timely manner and receive an improved standard of service.

Ward/Department of the Year Award - Ward 26

In 2009, Ward 26 moved from Christchurch to the Royal Bournemouth Hospital and changed specialty from rehabilitation to acute medicine for the elderly. The team demonstrated an excellent level of commitment and enthusiasm for making the move a complete success.

Staff had to quickly adapt to a new ward, in a new hospital as well as a

new client group. Throughout all of these changes, the team met every challenge thrown at them and continued to deliver an excellent level of care to patients. They worked hard to adapt to the new ways of working and have managed to reduce the average length of stay for patients on the ward, while providing the highest level of care to patients.

Daily Echo Unsung Hero - Janice Beaton, Domestic, J Ward

Janice was awarded for her commitment to patients on J Ward at Christchurch Hospital and for being an irreplaceable member of the team, constantly going above and beyond what is expected of her. For example, at meal times she helps nursing staff with the meals, ensuring the plates are in the oven to heat, she will lay the trolleys and help serve food to patients.

Janice is also committed to helping the patients, quite often going to the shops in her own time on behalf of patients who may not have any visitors to buy them what they need.

Chairman's Award: Ward 26 was judged by the Board of Directors as the overall achiever from all the winners of the evening. They were presented with the Chairman's Award by Jane Stichbury.



Business Review

Staff Survey 2010

The National Staff Survey was introduced in its present form in 2003 by the Commission for Health Improvement. The purpose of the survey is to establish the effectiveness of agreed national Human Resources policies and staff management practices. The survey enables comparison of data over a time and allows benchmarking with the wider NHS.

In 2010 the Staff Survey was undertaken on behalf of the Trust by the Picker Institute and carried out between October 2010 and December 2010.

In accordance with the nationally agreed protocol, a random selection of 850 employees, from those employed on 1st September 2009, were asked to complete and return the questionnaire. 27 staff were deemed ineligible to complete the survey due to maternity leave, long term sick or having recently left the Trust.

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:

- Work-life balance.
- Training, learning and development.
- Your job and organisation.
- Errors, near misses and incidents.
- Violence, bullying and harassment.
- Occupational health and safety.
- Infection control and hygiene.
- Health and well-being.
- Background details.

Response rate

The response rate for the 2010 Staff Survey was 53%, which was the same as last year and higher than the Picker national average of 50% for acute Trusts.

Where we did well

Top five ranking results compared to other Acute Trusts (in brackets):-

- 88% of staff reported their last experience of physical violence (73%).
- 83% of staff received Equality and Diversity training (74%).
- 84% of staff received the training identified in their PDP (77%).
- 15% of staff will probably look for another job in next 12 months (21%).
- 71% of staff had training in how to handle violence to staff/patients/service users (65%).

Where we need to improve

Bottom five ranking results compared to other Acute Trusts (in brackets):-

- 38% of staff did not receive an appraisal in the last 12 months (21%).
- 51% of staff did not receive e-learning or on-line training in past 12 months (41%).
- 20% did not have a PDP (11%).
- 32% of staff did not receive any feedback about changes made in response to reported errors.
- 69% of staff did not have a mentor or shadow other staff in last 12 months (61%).

Business Review

4.7 Ensuring Equality and Diversity

The Board of Directors is fully committed to the elimination of unlawful discrimination and the promotion of equality of opportunity between people who share a protected characteristic and those who do not. These include the eight recognised protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. This will be achieved by ensuring this philosophy runs through all aspects of service provision and employment.

Patient comment:
“This hospital is the NHS at it’s very best.”

Equality is a legal and moral imperative and the Trust is committed to developing, supporting and sustaining a diverse workforce that is representative of the community it serves. Equally, the Trust is committed to providing a health service that respects and responds to the diversity of the local population and to ensure that equality is delivered in service provision and policy making.

Top performing areas Response rate: 53%	2010	2009	National average
Staff reporting their last experience of violence.	88%	57%	56.5%
Staff receiving equality and diversity training.	83%	75%	60.5%
Staff receiving the training identified in their Personal Development Plan.	84%	50%	50%
Staff who will probably look for another job over the next 12 months.	15%	15%	21%
Staff who had training in how to handle violence to staff/patients/service users.	71%	67%	52%

Bottom performing areas Response rate: 53%	2010	2009	National average
Staff who did not receive an appraisal in the last 12 months.	38%	41%	27%
Staff who did not receive e-learning or on-line training in past 12 months.	51%	54.5%	58%
Staff who did not have a Personal Development Plan.	20%	11%	11%
Staff who did not receive any feedback about changes made in response to reported errors.	32%	28%	25.5%
Staff who did not have a mentor or shadow other staff in last 12 months.	69%	75.5%	74%

Business Review

The Trust has rewritten its Single Equality Scheme in line with the new requirements for Public Sector Services as outlined in the Equality Act 2010.

The Single Equality Scheme sets out new equality objectives which will be regularly reviewed and addressed through the Trust's Diversity Committee.

The Board of Directors continues to be committed to ensuring equal treatment is at the heart of all its policies, procedures and guidelines. Ensuring that the needs of all patients are addressed is an integral part of this approach and it requires us to gain a better understanding about the needs of our patients, which often stem from the patient's personal circumstances and their cultural background.

The Trust will engage with, encourage and empower patients, the public and staff to improve the patient experience, sharing good practice with the local community and other health care providers.

The Trust continues to be committed to the Mindful Employer Charter, supporting employees to deal with mental health issues. The Trust holds the Disability Two Ticks symbol, indicating that job applications from disabled people are welcome and supported. Applicants are given the opportunity to indicate they have a disability and are offered a guaranteed interview if they meet the essential criteria for the job.

How is employee performance monitored?

Performance is monitored on an annual basis. All formal disciplinary, grievances, harassment and capability

cases are recorded by the Trust. In addition, formal sickness absence is also recorded. Monitoring is analysed in terms of ethnicity, age and gender of staff. Any trends or adverse impacts on particular groups are identified and appropriate action taken. Results are published annually on the Trust's website at www.rbch.nhs.uk. The Bullying and Harassment Policy has also been reviewed in 2010 and complies with the NHSLA (NHS Litigation Authority) Standards.

There is a statutory requirement for the Trust to provide training to all staff on race equality, and case law has established that public bodies need to ensure their staff members are aware of all their obligations under the Equality Duty. This is also a best practice approach. Equality and diversity issues are promoted within the Trust's diversity training programme. This includes a one-hour mandatory session called 'An Introduction to Diversity,' giving all staff a basic understanding of diversity issues. Compliance rates across the Trust are currently at 54%. This course is delivered to all new starters as part of the Core Induction Programme and is included on the Non-Clinical Mandatory Training day.

The programme also includes three additional half-day modules, which have been designed for people that require more detailed knowledge and specific skills in relation to diversity at work. These modules are: Diversity for Managers and Leaders, Diversity for the Frontline and Conducting Equality Impact Assessments (EIA). These courses are designed to try to address issues that may be encountered by individuals in specific roles. All modules are delivered

Business Review

by trained Trust employees. Attendance at these modules continues to be an issue, but feedback from delegates is good. To date, the attendance rates are as follows:

Course	Total Attendees
Diversity for managers and leaders	74
Diversity for the frontline	117
Conducting Equality Impact Assessments	16

Board members are also asked to attend one of the 'Introduction to Diversity' sessions.

The Recruitment and Selection Policy and Equality and Diversity Policy were applied during the year to give full and fair consideration to applications for employment made by disabled persons, having regard to their particular aptitudes and abilities. The Capability Policy was applied for continuing the employment of, and for arranging appropriate training for employees who have become disabled persons during the period. If a staff member becomes disabled during employment and needs particular equipment to support their role, training is provided to use it in line with the Disability Discrimination Act.

Under the Trust's Equality and Diversity Policy, disabled employees have equal access to all training. Training areas on site are accessible and at the beginning of training sessions staff are asked if they have any particular needs.

Patient comment:
"Absolutely lovely staff and doctors. Treated everyone with such genuine care and kindness. They are a credit to their profession."

Statement of compliance with publication duties

The Trust is legally obliged to have in place Equality Schemes for race, disability and gender and to adhere to all discrimination legislation, including the Equality Act 2010. The Trust is also legally required to conduct equality impact assessments on all new and existing policies, functions and services, and to publish the results of these. The Trust must also publish monitoring statistics for staff, specifically by ethnic origin, and best practice dictates that the protected characteristics are also reported on, where data exists.

The Care Quality Commission and South West Strategic Health Authority routinely review whether Trusts are compliant with the equality duty. Compliance across the Trust for Equality Impact Assessments (EIA) is overseen by the EIA Action Group which is reviewing the process and supporting and encouraging directorates to complete assessments. Changes are being made to templates and guidance notes to simplify the process to encourage completion, and the process of publication is being modified in order to track compliance better.

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The Trust now has over 50 trained EIA assessors in place with future sessions planned. Directorates are aware of their duty to comply with this part of the equalities legislation and are making a concerted effort to embed it into the organisation. Progress has been slow but is improving.

The Trust's website was recently audited by the South West Strategic Health Authority, in line with the Care Quality Commission guidelines. The Trust passed this audit because in 2010 it published two full Equality Impact Assessments, one on the Derwent Suite and one on the Sandbourne Suite. However, there is a legal requirement for the Trust to conduct full assessments on other high profile documents and services, and more will be completed during 2011.

The Trust has an existing Single Equality Scheme that is currently being updated and reviewed.

Employee equality profile

As a requirement of the equality duty, the Trust is required to publish a profile of its staff. This helps the organisation to understand who it employs and highlights any actions that need to be taken to provide a more representative environment for employees.

The report is currently being updated. When complete, it will contain information for the 2010 calendar year on:

- Applicants for Employment.
- Employees.
- Leavers.
- Disciplinary, Grievance, Harassment cases.

This information is accessible on the Equality and Diversity pages of the Trust's website at **www.rbch.nhs.uk**.

Age	2009/10	%	2010/11	%
16-20	96	2.07	69	1.48
21-25	496	10.70	417	8.96
26-30	552	11.91	542	11.64
31-35	584	12.60	576	12.37
36-40	358	7.72	605	12.99
41-45	629	13.57	595	12.78
46-50	664	14.32	595	12.78
51-55	572	12.34	589	12.65
56-60	452	9.75	425	9.13
61-65	231	4.98	243	5.22

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Ethnicity	Staff 2009/10	%	Staff 2010/11	%
White British	4096	82.10	3807	80.87
White Irish	34	0.68	47	1.00
White - any other white background	244	4.89	239	5.07
Black or Black British - Caribbean	7	0.14	5	0.11
Black or Black British - African	37	0.74	35	0.74
Black or Black British - Any other black background	4	0.08	5	0.11
Mixed - White & Black Caribbean	4	0.08	4	0.08
Mixed - White & Black African	6	0.12	4	0.08
Mixed - White & Asian	11	0.22	13	0.28
Mixed - Any other mixed background	19	0.38	23	0.49
Asian or Asian British - Indian	113	2.26	107	2.27
Asian or Asian British - Pakistani	7	0.14	16	0.34
Asian or Asian British - Bangladeshi	10	0.20	4	0.08
Asian or Asian British - any other Asian background	67	1.34	64	1.36
Other	226	4.53	164	3.48
Not stated	104	2.08	132	2.80

Gender	Staff 2009/10	%	Staff 2010/11	%
Male	1066	21	1,071	22.7
Female	3922	79	3,642	77.3

Recorded Disability	Staff 2009/10	%	Staff 2010/11	%
Yes	30	0.60	43	0.19
No	409	8.22	760	16.13
Undefined	4534	91.17	3910	82.96

As best practice the Trust also reports on:

- Total applicants, shortlisted applicants and successful applicant by gender, sexual orientation, age and religion.
- Leavers by gender; age and ethnicity.
- Age by band; gender by band and ethnicity by band.

Furthermore the number of disciplinary, grievance, harassment and capability cases are recorded and monitored in regard to ethnicity, gender and age.

Business Review

Action plans and time frames

The Equality and Diversity Committee meets on a quarterly basis. It reports directly to the Workforce Committee and focuses on ensuring the Trust is compliant with Diversity legislation and improving the experience of the Trust for diverse groups, whether as patients or employees.

There are two action groups established which report to the Diversity Committee on a regular basis. These groups focus on Equality Impact Assessments (as discussed above) and understanding patient diversity. The purpose of this group is to look at ways to improve the patient experience for people from diverse groups and to better understand the needs of our local community.

During 2011 the Trust will publish the new Single Equality Scheme, which is developed by engaging with employees, patients and the local community. It includes a new action plan which focuses the Trust on specific aims to significantly improve all aspects of equality and diversity.

The Trust aims to embed into the organisation an underpinning knowledge of diverse issues. The objective is for employees to appreciate those that it serves by recognising, understanding, respecting and considering individual needs.

4.8 Cutting our carbon footprint Responsible sustainability and carbon reduction

The NHS has a carbon footprint of 18 million tonnes CO₂ per year. This is made up of energy (22%), travel (18%) and

procurement (60%). There are carbon reduction targets for NHS Trusts and other public bodies to reduce their 2007 footprints by 10% by 2015, 20% by 2020, and a massive 80% by 2050.

The Trust's emissions baseline (from 2010) is 32,854 TCO₂. A 10% target over the next years equates to a target reduction of 3,288 TCO₂ (658 TCO₂ each year).

This means that the current level of growth of emissions not only has to be curbed, but the trend reversed and absolute emissions reduced. The Trust is guided by NHS targets.

In recent years, the overall carbon footprint for the Trust has risen slightly. This is the result of a 28% rise in patient activity levels, from 2006/7 to 2009/10, on patient and visitor travel and procurement spend. There has, however, been significant progress in reducing emissions and costs associated with energy usage. The overall footprint, relative to patient activity levels, has fallen significantly.

Diagrams 1 and 2 on page 51 show the Trust's predicted emissions if the Trust continued to operate as it does based on the increase in patient activity, compared with our target emissions:

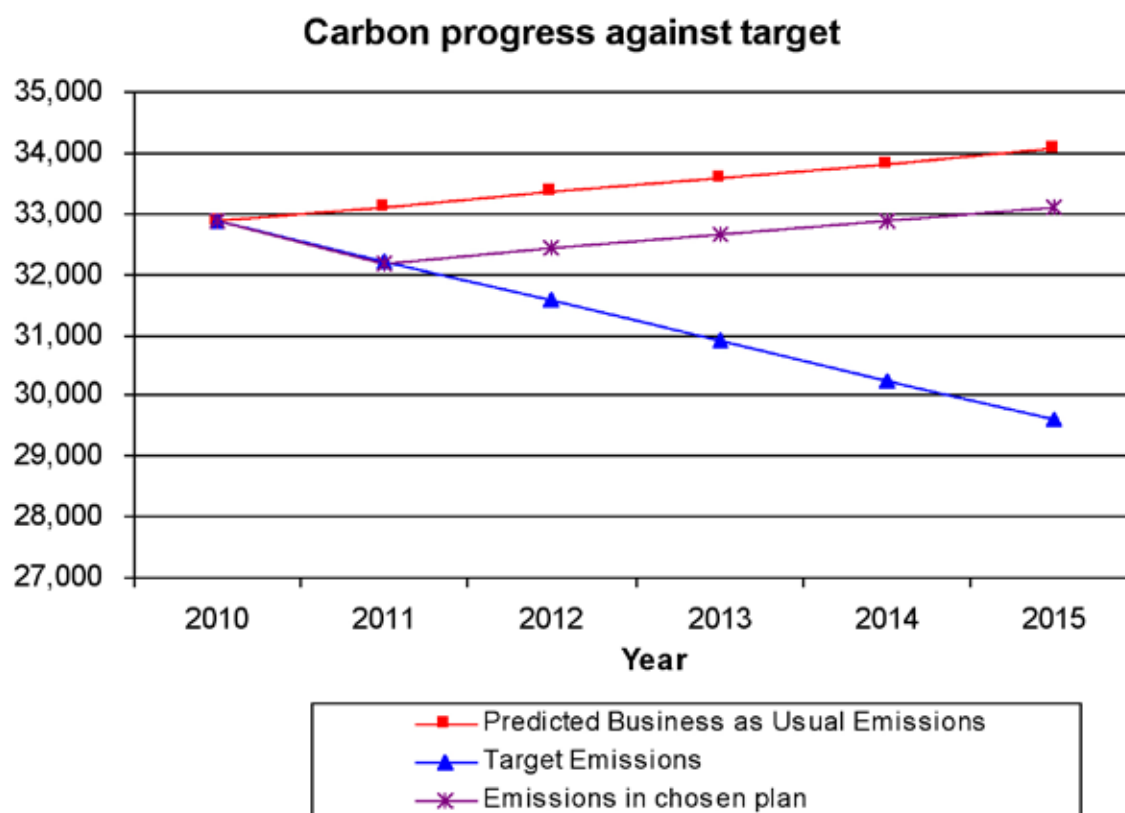
The Trust has adopted a series of carbon reduction targets in support of the NHS target to reduce emissions by 10% by 2015/16. A Sustainable Management Plan is in place to deliver carbon reduction, in response to the NHS Carbon Reduction Strategy for England, including through direct energy consumption, procurement, transport, waste and water.

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Diagram 1

Actual	Predicted Business as Usual Emissions (tCO ₂)	Target Emissions (tCO ₂)
2010	32,884	32,884
2011	33,114	32,226
2012	33,346	31,569
2013	33,579	30,911
2014	33,814	30,253
2015	34,051	29,596

Diagram 2



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A Carbon Group has been set up, which draws representatives from across the Trust, to take this work forward. Specific measures include:

- Developing a comprehensive Sustainability and Carbon Reduction Communications and Engagement Strategy to fully engage and encourage support for carbon reduction from staff, patients, visitors, suppliers and the wider community.
- Improving collection and analysis of data relating to all sources of the Trust's emissions to enable prioritisation of actions, monitoring and reporting of costs, carbon impacts and progress.
- Plans to deliver long term sustainability in procurement processes by focusing on key contracts and suppliers.
- A range of practical energy, transport, waste and water reduction measures.

The Trust has devoted considerable effort in reducing its energy consumption and introducing a range of transport and waste measures aimed at reducing environmental impacts and associated costs. These, and future measures, are incorporated in this over-arching management plan, the delivery of which will at all times reflect the Trust objective to provide high quality care through its professional, efficient and patient-focused approach.

Waste and recycling

The Trust has a Waste Management Group. Its objective is to promote awareness of the cost, both in financial and environmental terms, of not treating energy and waste management seriously.

Since the Waste Management Group was established in October 2008 it has been working hard to identify ways to implement plans to minimise the Trust's impact on the environment. The group also looks at ways to reduce the current costs for waste disposal.

Our aim is to reduce household waste by expanding our recycling, including glass, plastics and metal that would otherwise go to landfill sites. This will reduce costs, as landfill taxes continue to rise, as well as reducing our carbon footprint. Last year for example the Trust recycled:

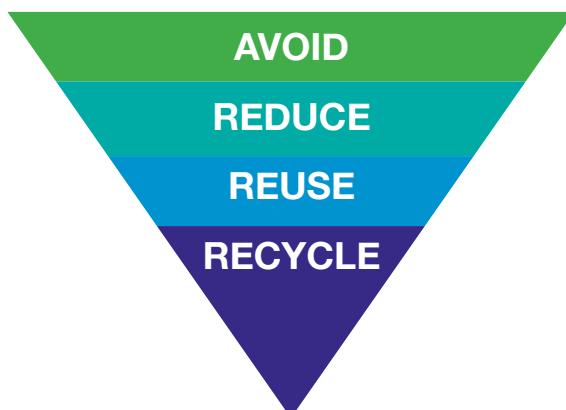
Cardboard/Paper	49.32 Tonne
Lamps/Tubes	1736kg
Electrical (under WEEE regulations)	14 Tonne
Plastics	900kg

An increase in recycling of at least 5% is expected for 2009/2010.

Over the past few months and over the next year there will be a number of changes taking place throughout the hospital with regards to waste management. For example, alternative containers have been provided for batteries, aerosols and broken glass to allow them to be disposed of correctly.

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Disposing of waste appropriately is key to achieving waste targets.



The Trust has increased the volume of waste that is sent to landfill by decreasing the more expensive volume of clinical waste. WEE (lamps, batteries, wood and metal) is also segregated at source and sent for recycling.

To reduce the amount going to landfill the Trust is introducing mixed recycling schemes to include plastic bottles, aluminium cans and glass. 10% of our waste volume is recycled which equates to 14.5% of our total waste costs. A concern of the Waste Management Group was the level of recycling throughout the hospital and how to improve this. Provisions to increase recycling have been placed throughout all wards and departments.

The Trust's Catering Department is fast becoming a lead in recycling within the Trust having instigated various changes in the provision of their catering services and the use of environmental products. These changes have reduced their landfill refuse bins from four to two a day.

Patient comment:

“Excellent treatment and care. The ward and facilities were always being cleaned and tidied, an absolute credit.”

Pedal power to reduce our carbon footprint

Part of the Trust's Green Transport Plan is to encourage staff, and patients, to cycle to our hospitals.

Thanks to investment from the Trust and a grant from Cycling England provision for cyclists has improved, including additional secure bicycle shelters and the complete refurbishment of changing facilities for staff.

National Bike Week was held during March and the Trust's Bicycle Users' Group (BUG) arranged a number of activities to encourage those who were new to cycling to give it a go.



Activities included:

- A free breakfast during Bike Week for those who cycled to work.
- An introduction to some different bikes include Dutch bikes, family transportation and electric bikes.

Business Review

- A 12 hour Bikeathon to raise money for the Trust's Jigsaw Appeal for Women.
- An introduction to a range of different bikes from electric bikes to family transportation.
- A Bike Doctor session where staff could drop off their bikes for a mini service and collect later in the day.
- Bike clothing sales.
- A number of talks ranging from bike maintenance to Fitness and Nutrition.
- Cycle rides ranging from three mile family fun rides and a pedal along the Prom ride to work in the morning to a 25 mile road ride for the more experienced rider.
- Two part cycling coaching sessions run by Bournemouth Jubilee Wheelers using trained British Cycling Coaches. The sessions included a whole range of useful bike handling skills and techniques. An understanding of basic equipment and bike checks will also be included.



Going greener in our restaurants

Each day the 68 members of staff in Catering Services serve around 2,000 meals for patients as well as catering for staff both at lunch time and as part of day to day business.

No one is more conscious of their carbon footprint than Catering Services Manager, Terry Reeves. For the last two years Terry has been doing his bit to help reduce the carbon foot print of the NHS. "We have made a big difference to the way we provide catering services, both in terms of how we provide food to the way we reduce waste. We can still do more and we are working towards reducing waste even further and providing more recycling facilities."

What we did

The Trust invested in a number of projects and initiatives, including:

- Increased the amount of recycling facilities in kitchens across the Trust.
- Introduced recycling points within the restaurants.
- Compost food waste.
- Use eco-friendly disposables. The products used, including cups and lids, dessert pots, napkins, cutlery, takeaway boxes and sandwich bags, are disposed of, with the food waste, and recycled or turned into compost within six weeks.
- Water for meetings is provided in a jug, not in bottles.

Business Review

Carbon/financial saving

Between April and September 2010, Catering services have:

- saved 1,576 kg carbon
- saved 1,908 kg virgin materials
- diverted 3,855 kg from landfill. We have reduced our daily landfill waste from four bins a day to two

What our staff say

"I think it's great that there is more opportunity to be able to recycle, and not just in the restaurants. There are now more facilities across the hospital and we all want to do our bit."

Hannah Chislett,
Medical Staff Co-ordinator

"We have definitely noticed the difference in the amount of waste we are able to recycle and avoid sending to the landfill. Our ultimate aim is for 0% landfill!"

Paul Mitchell, Catering Supervisor



Patient comment:
"I think the NHS is brilliant."

Moving away from paper

Each year the Trust produces and handles large amounts of paper, from notes and leaflets to papers for meetings. The number of printers, copiers, faxes and scanners has grown to meet demand.

A group of staff from across the Trust formed the MAP (Moving Away from Paper) Group to look at how the Trust can reduce paper and print costs. Progress to date includes:

- Directorates giving up printers no longer needed.
- Electronic meetings. The Board of Directors led the way with their first paperless meeting in October 2010.
- Documents received are scanned so that they can be shared electronically.
- Electronic forms have been introduced.
- Authorisation of invoices is now electronic.

The Trust's Programme Management Office (PMO) is supporting departments with a lean office approach. This involves reviewing current paper storage, distribution, etc. and then amending processes to reduce the number of paper-based systems. The orthopaedic and medical management offices agreed to take part in the lean process and as a result have:

- Reduced paper storage - four filing cabinets are no longer needed.

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- Improved document sharing and retrieval - information is now held electronically and can be securely accessed by authorised staff.
- Reduced admin time associated with meeting/events.
- Released two printers and a fax machine.
- Potential ongoing savings on printing/copying costs of around 25%.

Geraldine Sweeney, from the Programme Management Office leading on the MAP work, said: "We have made a great start and there are further opportunities to improve. We do understand there are some who prefer paper based communication. We want to ensure that information remains accessible to both staff and patients, while also identifying suitable alternatives."

Quality Report 2010/11

1. Statement by the Chief Executive

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

The Trust has had a busy and successful year with a strong emphasis on improving the quality and accessibility of the services we provide and maintaining our commitment to our “Putting Patients First” initiative.

In this report we have outlined some of the quality activities which have taken place in the Trust over 2010/11. There are particular success stories to tell in respect of some improvements in patient and staff safety and quality improvement. We have also continued to perform exceptionally well in respect of Healthcare Acquired Infections. Local patients can be reassured that we continue to have some of the lowest rates for MRSA and Clostridium difficile infections in the country.

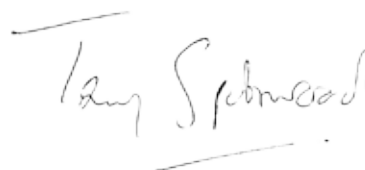
Our quality programme has also been enhanced by wide ranging patient safety initiatives which covers a large range of specialties and topics. We continue to participate in the NHS South West Patient Safety & Quality Improvement Programme which enables us to share our experiences, ideas and learning on patient safety initiatives with colleagues across the region.

The report outlines our priorities for 2011/12 and within these, patient safety and continuing to improve the patient experience will feature prominently. We welcome the opportunity to work with patients, carers, Foundation Trust

members and the public on a number of patient experiences and equality and diversity projects this year.

Finally, it has not been possible to include all of the quality initiatives that we have been or will be engaged in, within this report, which can at best, be a snapshot of what is taking place. However, we hope that it will fulfill the purpose it sets out to - provide an accurate account of quality activity in the Trust and to demonstrate the clear commitment of the Board to “Putting Patients First”.

To the best of my knowledge the information contained within this report is accurate.



Tony Spotswood
Chief Executive

Quality Report 2010/11

2. Priorities for Improvement and Statements of Assurance on the Quality of Services Provided

2010/11 Quality Objectives

In line with the Trust's vision: "Putting patients first while striving to deliver the best quality healthcare", the Trust Board agreed a comprehensive set of strategic goals and objectives for 2010/11. The key goals for quality were:

- To offer patient centered services through the provision of high quality, responsive, accessible, safe, effective and timely care.
- To promote and improve the quality of life of our patients.

- To strive towards excellence in the services and care we provide.
- To work collaboratively with partner organisations to improve the health of local people.

Progress against Quality Improvement Plans for 2010/11

During 2009/10 the Trust made considerable progress with the development of a number of quality initiatives. These plans were identified in the Trust's Quality Report for 2009/10 and carried forward into 2010/11 as part of an overall quality improvement programme which had the full commitment of the Board.

Progress made against the quality objectives set for 2010/11 are set out below:

Performance against national priorities 2009/10

	Action Plan for 2010/11 as set out in 09/10 Quality Report	Progress against objective in 10/11
Patient Experience	Implement programme of real time monitoring focusing on the 5 priority questions from the National Survey methodology and internal Trust consultation exercise.	Quality reporting of real time patient monitoring to the Trust Marketing Committee and Board of Directors. Patient surveys included in annual quality objectives and contract quality indicators. Internal patient survey card results - patients participated in 10/11. 62% of respondents saying that they rated the hospital as "excellent" (graded 10/10).
Patient Safety	Continue to participate in South West SHA Patient Safety Programme and present monthly data to Board of Directors. Programme aims are to reduce hospital mortality by 15% by 2015 and adverse events by 30% by 2015.	Participation ongoing. Use of Global Trigger Tool to identify actual and potential adverse events undertaken monthly and learning points reported to the Clinical Governance & Risk Committee.
	To formalise walkabouts to include NPSA methodology and ensure structured discussion and action for patient safety.	Executive team walkabouts include patient safety although not formally recorded. Executive Team walkabouts at night initiated in year.
	Further revision to Modified Early Warning System (MEWS) policy and procedures to ensure effective and timely response to trigger events.	MEWS policy updated, routine audit and reporting in place.

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	Ongoing reporting and investigation of adverse events. Implementation of the updated Never Events framework	Ongoing
	Ensuring learning from the Francis Report on Mid-Staffordshire NHS Foundation Trust.	Report on progress to Board of Directors in July 2010. Action plan was expanded to include the recommendations of the Airedale Report. All ward staffing templates reviewed in February 2010. Patient dependency audit undertaken in October 2010. Board walkabouts undertaken to several clinical areas including at night.
	Ensuring high standards for pressure ulcer prevention and management	Pressure ulcer prevention included within mandatory training programme. Audit tool implemented. Links with Adult Safeguarding Team established.
	Medicines Management - compliance with National Patient Safety Agency alerts.	Work of Medication Governance Committee continues. Robust action plans in place for NPSA alert compliance.
	Reducing hospital mortality rates.	Mortality Group well established and meets monthly. Improvements to coding made. Regular case reviews undertaken.
	Sustain achievement in reduction of Hospital Acquired Infections	Sustained
Clinical Effectiveness	Review clinical data following publication by Patient Reported Outcome Measures (PROMS) team.	No clinical data available from National PROMS Team at this stage.
	Implementation of Venous Thromboembolism (VTE) risk assessment and VTE prophylaxis policy and procedures. Implementation of IT solution to ensure routine data capture of completion to ensure verification of compliance with Department of Health and CQUIN targets	VTE risk assessment tool designed, implemented and monitored in compliance with Department of Health guidelines. Education and training provided to support implementation. IT solution designed to enable routine data capture of compliance. June 2010 - March 2011 results presented monthly to Trust Board of Directors. Compliance for March 2011 was 94.87%
	Improve use of Malnutrition Screening Tool (MUST). Fully implement Protected Mealtimes (PMT) initiative. Appoint nutrition nurse specialist for education and audit.	Nutritional nurse specialist in post. MUST audit completed 2010. 71% of eligible patients had a form completed although accuracy of recording was lower. Ward based training provided. PMT audit completed 2010. 18% of patients surveyed experienced one or more interruption (non urgent) during their meal (figure was 50% prior to the introduction of PMT). Use of PMT also shown to improve patients' energy (kcal) intake per meal. Reports presented to Clinical Governance Committee.

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	Audit the availability of local smoking cessation services to identify any resource requirement.	Completed and appropriate action taken to review services.
Overall Governance	Action plan in place to achieve NHS Litigation Authority (NHS LA) Risk Management Standards Level 3.	Level 3 Assessment held February 2011. Trust failed to achieve Level 3 but sustained Level 2 accreditation.
	Development of an electronic format for Ward to Board reporting to enhance real time quality data collection, analysis and reporting across all levels of the Trust.	Quarterly report to Board of Directors amended to reflect new safety and quality indicators. Monthly quality dashboard currently under development.

Priorities for Quality Improvement 2011/12 - Clinical Outcomes Framework

The government's plans for reform across the NHS, public health and adult social care are designed to enable services to deliver improved outcomes across 5 key areas (domains). The Clinical Outcomes Framework establishes five domains, each to be defined by a series of National Institute of Health and Clinical Effectiveness (NICE) quality standards and quality indicators. The framework will be embedded into existing mechanisms to drive improvement (i.e. tariffs, contract decisions, CQUIN standards and GP Quality Outcome Framework (QOF)).

The final version of the framework and details of the quality indicator definitions and data sources will be clarified by the Department of Health over the next two years and the Trust will ensure that it has sound governance arrangements in place to implement effectively.

With reference to the NHS Outcomes Framework, the Board of Directors has identified a number of quality objectives for 2011/12. The rationale for selection of these objectives takes into account:

- The Trust's Strategy for 2008 - 2012 "A Healthy Future".
- Feedback from patient engagement and surveys, local stakeholder groups, Trust Open Days and Trust governors, constituency events, governor scrutiny and feedback.
- Feedback from public consultations including Local Authority Health Scrutiny Panels.
- The extensive quality improvement programme agreed with our commissioners
- National and local quality initiatives such as the South West SHA Patient Safety Improvement Programme.
- The requirements of regulators and assessors i.e. Monitor, the Care Quality Commission, the NHS Litigation Authority.

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	Indicator	Quality Improvement Objective 2011/12	Monitoring arrangements for 2011/12
Effectiveness	Preventing people from dying prematurely	<ul style="list-style-type: none"> Reducing the mortality rate from cardiovascular disease; respiratory disease and liver disease 	Monthly monitoring via Mortality Group chaired by Medical Director
	Helping people to recover from episodes of ill health or following injury	<ul style="list-style-type: none"> Maintain high standards of care for stroke patients Reduce emergency readmissions within 28 days of discharge from hospital 	Stroke and emergency readmissions monitored monthly by Board of Directors
Experience	Ensuring that people have a positive experience of care	<ul style="list-style-type: none"> Improve patients experience of outpatient care (National and local survey results) Improve patients experience of emergency care (National and local survey results) Implement End of Life Care Strategy and action plan Implement action plan following National Dementia Care Audit 	Implementation of real time monitoring of patient experience, quarterly reporting to Board of Directors and Council of Governors (CoG). Survey reports to Board of Directors and CoG. End of Life care and Dementia care action plan reports to Healthcare Assurance Committee and NHS South West
Safety	Treating and caring for people in a safe environment and protecting them from avoidable harm	<ul style="list-style-type: none"> Continue to reduce inpatient falls Reduce incidence of hospital related VTE Continue to reduce levels of hospital acquired infections (MRSA, MSSA and C difficile) Measure, monitor and reduce incidence of hospital acquired category 3 and 4 pressure ulcers Comply with NPSA Alerts for Medicines management and prevent medication errors causing severe harm. Prevent all Never Events Reduce the number of adverse events resulting in severe harm 	<p>Quarterly reporting to Healthcare Assurance Committee and Board of Directors</p> <p>Infection control reports monthly to Health Protection Unit and Board of Directors</p>

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Review of Our Services

During 2010/11 the Trust provided 8 NHS Services in accordance with its license 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 it on the quality of care in services provided. This has included data available from the Care Quality Commission, external reviews, participation in National Audits and National Confidential Enquiries and internal clinical audits.

The income generated by the NHS Services reviewed in 2010/11 represents 100% of the total income generated from the provision of NHS services by the Trust for 2010/11.

Participation in National Clinical Audits

During 2010/11, 54 National clinical audits covered NHS Services (www.dh.gov.uk/qualityaccounts). During that period the Trust participated in 79% of national audits which it was eligible to participate in.

The National clinical audits that the Trust was eligible to participate in during 2010/11 are shown in the table below. The national audits that the Trust participated in, and for which data collection was completed during 2010/11 are listed alongside the number of cases submitted to each audit as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Audit Title	Participation	% Cases Submitted
Children Audits		
Paediatric pneumonia (British Thoracic Society) (BTS)	Not applicable to Trust	
Paediatric asthma (BTS)	Not applicable to Trust	
Childhood epilepsy	Not applicable to Trust	
Paediatric Intensive Care	Not applicable to Trust	
Paediatric Cardiac Surgery	Not applicable to Trust	
Paediatric Diabetes	Not applicable to Trust	
Paediatric Fever - College of Emergency Medicine	Yes.	100% of appropriate data submitted.
Peri-Neonatal Audits		
Neonatal Intensive and Special Care (NNAP)	Not applicable to Trust	
Perinatal Mortality (CEMACH)	Yes	100% of applicable cases submitted.

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Audit Title	Participation	% Cases Submitted
Acute Care Audits		
Emergency Use of Oxygen (BTS)	Did not participate	More specific local audits undertaken by Thoracic Team
Adult Community Acquired Pneumonia (BTS)	Did not participate	
Non Invasive Ventilation (BTS)	Did not participate	
Pleural Procedures (BTS)	Did not participate	
National Cardiac Arrest Audit	Yes	100% of applicable cases submitted
Vital Signs in Majors - College of Emergency Medicine	Yes	96% of cases submitted
Adult Critical Care (Case Mix Programme)	Yes	100% of applicable cases submitted through ICNARC
Potential Donor Audit (NHS Blood and Transplant)	Yes	100% of applicable cases submitted
Long Term Conditions Audits		
National Diabetes Audit	Yes	100% of applicable cases submitted
Heavy Menstrual Bleeding Audit - (RCOG)	Yes	Data collection in progress
Chronic Pain Audit (National Pain Audit)	Yes	Data collection - (PROMS format) currently in progress
Ulcerative colitis and Crohn's Disease (National IBD Audit)	Yes	Data collection in progress
Parkinson's Disease Audit	Did not participate	The Trust missed the deadline date for the 2010 national audit but are registered to participate in 2011
European COPD audit (BTS)	Yes	Data collection in progress
Adult Asthma (BTS)	Did not participate	More specific local audits undertaken by Thoracic Team
Bronchiectasis (BTS)	Did not participate	
Elective Procedure Audits		
National Joint Registry (hip, knee and ankle replacements)	Yes	Routine data collection and reporting - 100% of applicable data submitted
Elective Surgery - National PROMS programme	Yes	Routine data collection and reporting - 100% of applicable data submitted
Cardiothoracic transplantation (NHSBT UK Transplant Registry)	Not applicable to Trust	
Liver Transplantation (NHSBT UK Transplant Registry)	Not applicable to Trust	
Coronary Angioplasty (NICOR adult cardiac interventions audit)	Yes	100% of applicable data collected and will be transferred to NICOR database in 2011

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Audit Title	Participation	% Cases Submitted
Peripheral valvular surgery (VSGBI Vascular Surgery Database)	Yes	100% of applicable data submitted
Carotid Interventions Audit	Yes	100% of applicable data submitted
CABG and Valvular Surgery (Adult Cardiac Surgery Audit)	Not applicable to Trust	
Cardiovascular Disease Audits		
Familial Hypercholesterolemia	Yes	100% of applicable data submitted
Acute Myocardial Infarction & other ACS (MINAP)	Yes	Routine data collection and reporting - 100% of applicable data submitted
Heart Failure Audit	Not applicable to Trust	
Pulmonary Hypertension Audit	Not applicable to Trust	
Acute Stroke (SINAP)	Yes	100% of applicable data collected. Trust to submit to SINAP when local database compatible
Stroke Care (Sentinel Stroke Audit)	Yes	100% of applicable data submitted
Renal Disease Audits		
Renal replacement therapy	Not applicable to Trust	
Renal transplantation	Not applicable to Trust	
Patient Transport	Not applicable to Trust	
Renal Colic	Not applicable to Trust	
Cancer Audits		
Lung Cancer	Yes	100% of applicable data submitted
Bowel Cancer	Yes	100% of applicable data submitted
Head & Neck Cancer	Not applicable to Trust	
Trauma Audits		
Hip Fracture (National Hip Fracture Database)	Yes	100% of applicable data submitted
Severe Trauma	Not applicable to Trust	
Falls and Non-Hip Fractures (National Falls and Bone Health Audit)	Yes	97% of cases submitted
Psychological Conditions Audits		
Depression and Anxiety	Not applicable to Trust	
Prescribing in Mental Health Services	Not applicable to Trust	
National Audit of Schizophrenia	Not applicable to Trust	

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Audit Title	Participation	% Cases Submitted
National Dementia Audit	Yes	97% of clinical cases submitted, 50% of staff questionnaires submitted
Blood Transfusion Audits		
O Neg Blood Use (National Comparative Audit of Blood Transfusion)	Yes	100%
Platelet Use (National Comparative Audit of Blood Transfusion)	Yes	100%

The reports of 4 National Audits were published in 2010/11 and reviewed by the Trust. The Trust intends to take the following actions to improve the quality of healthcare provided in these areas as follows:

- **Dementia** - A lead consultant and a Dementia strategy group have been set up to implement the report action plan. The group are due to present to the Clinical Governance and Risk Committee in May 2011. The audit of standards of dementia care in line with the National Dementia Strategy was completed in full at the end of March 2011, and the required action plan will be developed within the required timescale of June 2011.
- **Continence** - A lead consultant has been appointed and an action plan has been presented to Clinical Governance & Risk Committee. The action plan includes review of current policies and procedures. The Trust

participated in the national review of continence care in 2010.

- **Familial Hypercholesterolemia**
An action plan from the report recommendations is currently being produced and will be reported to and monitored by the Clinical Governance & Risk Committee.
- **Stroke Care (Sentinel Stroke Audit)**
An action plan from the report recommendations is currently being produced and will be reported to and monitored by the Clinical Governance & Risk Committee.

Meeting local Clinical Audit Standards

The reports of 74 local clinical audits were reviewed by the Trust in 2010/11. Examples of audits that have led to the Trust making a change to current practice and ensuring continuous improvement in the quality of healthcare and services provided include:

Audit	Change to Practice
Patients with early inflammatory arthritis	Rheumatologists to make more referrals to Multi Disciplinary Team (MDT) and aim for combination treatments in all sero-positive patients without contra-indications
Eye Unit Patient Satisfaction Survey	Eye Unit to implement staggered admission times for patients attending for surgery as patients felt waiting times were too long

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Audit	Change to Practice
NICE Guidance on Management of Self Harm	Psychiatric Liaison Team to deliver training to Emergency Department staff and improve the current psychiatric proforma to aid staff to undertake comprehensive assessments
Audit of Post Operative Temperature	Theatres to ensure Intra-operative monitoring and heating systems are used more widely
Non-administration of medicines audit	A new "Don't miss doses" flow chart has been put on all drug trolleys to encourage further action after a missed dose code has been used. A new inpatient drug chart has also been introduced with missed dose pages to highlight reasons for non-administration
Audit of catheter use and documentation	Implemented use of a catheter insertion sticker in the medical notes
Audit of problem with patients self removing NG tubes on Stroke Unit	The Unit are developing a daily checklist for safe and appropriate use of mittens
Vaccine Cold Storage Audit	Cool boxes and packs to be supplied to areas for use when transporting cold storage items and defrosting fridges. Stand alone max/min thermometers provided for each area that stores cold chain pharmaceuticals
Audit of Surviving Sepsis Campaign	Sepsis proforma has been put on the Emergency Department record system to aid use, implementation and audit.
Audit of lumbar puncture	Implementation of a new Trust wide proforma to follow when performing lumbar puncture. Accompanying guidance also implemented.
Outstanding warfarin doses by ward	Change of timing of warfarin dosing introduced across the Trust

Participation and Implementation of National Confidential Enquiry (NCEPOD) reports

During 2010/11, 4 applicable National Confidential Enquiry (NCEPOD) reviews covered NHS Services. During that period the Trust participated in 100% national confidential enquiries which it was eligible to participate in.

The National Confidential Enquiries that the Trust was eligible to participate in during 2010/11 are listed below. The reviews that the Trust participated in, and

for which data collection was completed during 2010/11 are listed alongside the number of cases submitted to each review as a percentage of the number of registered cases required by the terms of that enquiry.

Between April 2010 and March 2011 the Trust submitted data to the following National Confidential Enquiries:

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Title	Participation	% Cases Submitted
NCEPOD		
Parenteral Nutrition Study	Yes	62% of case questionnaires returned (13 cases selected for study)
Cosmetic Surgery Study	Not applicable to the Trust	
Elective & Emergency Surgery in the Elderly Study	Yes	100% of required surgical questionnaires and 78% of anaesthetic questionnaires returned. (9 cases in study period)
Peri-operative Care Study	Yes	100% of required data submitted (189 cases in study period)
Surgery in Children Study	Yes	100% compliance with study request
Cardiac Arrest Study	Yes	100% of required data submitted (6 cases in study period)
CMACE		
Perinatal Mortality Study	Yes	100% compliance, ongoing data submission

Between April 2010 and March 2011 the Trust also received the following reports:

NCEPOD	Action Taken
Acute Kidney Injury - "Adding Insult to Injury"	Lead Consultant appointed. Action plan in place and further audits completed in medicine and surgery to review progress.
Parenteral Nutrition - "A Mixed Bag"	Lead Consultant appointed. Gastroenterology Working Group established to take forward recommendations.
Deaths in Acute Hospitals - "Caring to the End?"	Lead Consultant appointed. Working Group established which led to review of acute services particularly handover procedures. Admission documentation has been revised and extended to surgical patients. End of Life Strategy Group established to take forward a number of specific report recommendations.
Emergency and Elective Surgery in the Elderly - "An Age Old Problem"	Lead Consultant appointed. Working Group established and currently considering how to improve Medicine for the Elderly (MFE) input into care of elderly surgical patients
Cosmetic Surgery - "On the Face of It"	This report was reviewed by the Clinical Governance & Risk Committee. There were no relevant recommendations for the Trust.
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness	This report was reviewed by the Clinical Governance and Risk Committee and Consultant Lead for Liaison Psychiatry Team. There were no recommendations applicable to the Trust.
CMACE	
Perinatal Mortality 2008 (published July 2010)	The report has been reviewed by the Maternity Unit and an action plan is in place. In accordance with the national report recommendations, a guideline is to be formulated for babies delivered at less than 22 weeks gestation.
Review of Maternal Deaths in the United Kingdom related to A/H1N1 2009 Influenza	This report has been considered by the Maternity Unit and appropriate protocols and procedures are in place

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NCEPOD	Action Taken
Maternal Obesity in the UK	The report was reviewed by the Maternity Unit and guidelines were already in place for antenatal care and the management of diabetes in pregnancy. These have subsequently been updated and new Obesity Guidelines implemented in accordance with the report recommendations.
CMACE Emergent Theme Briefing 1 - Genital Tract Sepsis	The report was reviewed by the Maternity Unit and existing Postnatal care guidelines were found to be compliant with the majority of the report recommendations. The guidelines have been subsequently updated to include an updated list of symptoms of serious infection. In addition, an action plan is in place to update antenatal and postnatal care patient information and stress the importance of good personal and perineal hygiene.

Research Governance

The Trust continues to take a leading role in local and regional research initiatives and is the largest recruiter to clinical trials in the South West region outside the teaching hospitals.

In 2010/11 the Trust had 161 open projects, of these 69 were new projects for 2010/11. All 69 new projects received approval from the relevant Ethics Committee. 56% of both open and new projects are cancer trials.

We recruited 1010 new patients to National Institute for Health Research (NIHR) adopted studies which is a 10% increase on last year.

National policy now dictates that we concentrate solely on NIHR studies. However we are able to continue to support our rich tradition of own account research because our healthy industry liaison generates the income to do so.

In previous years, our portfolio of NIHR adopted studies was almost exclusively cancer trials coordinated through the Dorset Cancer Research Network. While this remains strong, investment in research infrastructure within the Trust is now showing increased recruitment

to cardiology, stroke, vascular and rheumatology trials. We intend to continue this strategy with an aim of broadening the range of our portfolio in order to comply with the DH 5 year target of doubling our recruitment by 2015. By 2011/12 we should have enough data to show trends in graphical form.

The trend to local collaboration with Bournemouth University and the other Acute Trusts has become less of a priority due to the financial pressures. As a lead Trust with a healthy portfolio, we need to ensure our collaborations do not prove a drain on our management and financial resources.

The Trust was inspected by the Medicines & Healthcare Regulatory Authority (MHRA) in October 2010 to ensure our Research Governance systems conformed to statutory directives. The report encouraged us to continue sponsoring clinical trials of medicinal products and suggested modifications to our pharmacovigilance and quality management systems which have been implemented. The report also highlighted a need for increased investment in monitoring especially of the clinical involvement of local investigators. This will be addressed in 2011.

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Commissioning for Quality and Innovation (CQUIN) objectives and Achievements for 2010/11

Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust income for 2010/11 was not conditional on achieving quality improvements and innovation goals through the Commissioning for Quality and Innovation Framework. As an alternative the provider and the lead commissioner agreed an extensive set of quality and performance indicators, including the national CQUIN indicators and these were formally monitored throughout the year on a monthly basis.

Care Quality Commission Registration

The Trust is required to register with the Care Quality Commission and its current registration status is unconditional.

The CQC has not taken any enforcement action against the Trust during 2010/11.

The Trust has not participated in any special reviews or investigations by the CQC relating to its license in 2010/11.

The Trust receives monthly reports on quality and patient safety from the Care Quality Commission (QRP reports). The report is reviewed in detail by the lead director and any significant changes reported to the Healthcare Assurance Committee for action. The report is also used to identify any areas for further scrutiny, for example by Internal Audit, patient survey and/or Council of Governors feedback. The March 2011 QRP report provided assurance that the Trust was rated as having a low risk of non compliance with its Care Quality Commission registration.

Data Quality and Information Governance

All NHS Trusts are required to complete an annual information governance assessment via the Information Governance Toolkit (IGT). The self assessment must be submitted, with all evidence uploaded, to Connection for Health by the 31st March 2011. The results are shared with the Care Quality Commission, Audit Commission, Monitor and the National Information Governance Board.

The overall score for the Trust in 2010/11 is 68% (Green). The Trust was able to demonstrate the required level 2 score for the 22 key requirements, and level 2 for all remaining requirements of the Information Governance Toolkit.

Examples of actions taken to improve arrangements for information governance in 2010/11 have included:

- Appointment of a dedicated Information Governance and Freedom of Information Officer
- Information Governance training for all staff
- Full audit of evidence uploaded for all requirements

Whilst improvements were made, the Trust recognises that actions are still required to further embed information governance policies and procedures within the Trust. An action plan to reach Level 3 across all requirements by 31st March 2012 will be implemented following the March 2011 submission.

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Data Quality

During 2010/11 the Trust has continued to review the data quality of records submitted to the Secondary User Service (SUS) to ensure our published data is as complete and accurate as possible. For admitted patient care and outpatients we have exceeded the required information governance standards for the core data quality indicators (i.e. patient's NHS number, registered GP and postcode).

Activity Type	Data Quality Indicator	Data Quality Target	RBCH (Apr 09 - Mar 10)	National (Apr 09 - Mar 10)
Inpatients	NHS number	98.0%	99.7%	98.5%
Inpatients	Registered GP	99.0%	100.0%	99.8%
Inpatients	Postcode	100.0%	100.0%	99.8%
Outpatients	NHS number	98.0%	99.9%	98.8%
Outpatients	Registered GP	99.0%	100.0%	99.8%
Outpatients	Postcode	100.0%	100.0%	99.7%
A&E	NHS number		96.7%	91.9%
A&E	Registered GP		100.0%	99.7%
A&E	Postcode		99.9%	99.7%

In 2010/11 the Trust was subject to a Payment by Results (PbR) clinical coding audit by the Audit Commission. The PbR audit covered 300 Finished Consultant Episodes (FCEs). 200 were selected from an area audited as a national theme, General Medicine (100) and Cardiology (100). The remaining 100 FCEs were selected based on discussions with our local commissioners.

Area audited	Specialty/ Sub-chapter/ HRG	Sample size
Speciality A	General Medicine	100
Speciality B	Cardiology	100
Sub-chapter	JC - Skin surgery	70
HRG	EB01Z Non interventional acquired cardiac conditions 19 years and over	30

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The error rate reported in the latest published audit for diagnosis and treatment coding is 10% which is a significant improvement compared to the previous year error rate of 24%. The Trust is performing close to the national average (9.1%) when compared to the overall performance of trusts in 2009/10. The results should not be extrapolated further than the actual sample audited. The speciality's audited are listed above.

The Trust is continuing to improve the quality of the source documents for coding which will help to reduce our coding error rate below the national average. The Coding improvement work has seen much better accuracy on primary and secondary diagnosis and procedure codes.

The vast majority of issues identified in the Audit have already been rectified as relatively straight forward issues, leaving

the Trust well positioned for extremely high accuracy rates next year. To further improve coding accuracy, the move away from READ coding, planned for 11/12, will ultimately reduce error rates. This will make a more meaningful comparison to the national average rates, as most Trusts do not have to deal with the handicap of coding in a separate system (READ) and translating into International Classification of diseases version 10 (ICD10) and Office of Population Census & Surveys (OPCS) classification of surgical operations and procedures version 4.5.

These measures combined with ongoing clinical engagement and the move to electronic notes give assurance that coding accuracy is improving.

The net effect of these coding adjustments was zero pounds, i.e. there was no gain or loss to any organisation as a result of the audit.



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3. Other Information

The following section provides an overview of the care offered by the Trust based on performance in 2010/11 against key quality indicators selected by the Board in consultation with stakeholders. The indicators selected demonstrate the Trust's commitment to patient safety, clinical effectiveness and enhancing the patient experience. The rationale for selection of these indicators is on the basis of data collection, accuracy and clarity as well as the feedback mechanisms previously outlined on page 5.

Patient Safety Reporting and Management of Adverse Events

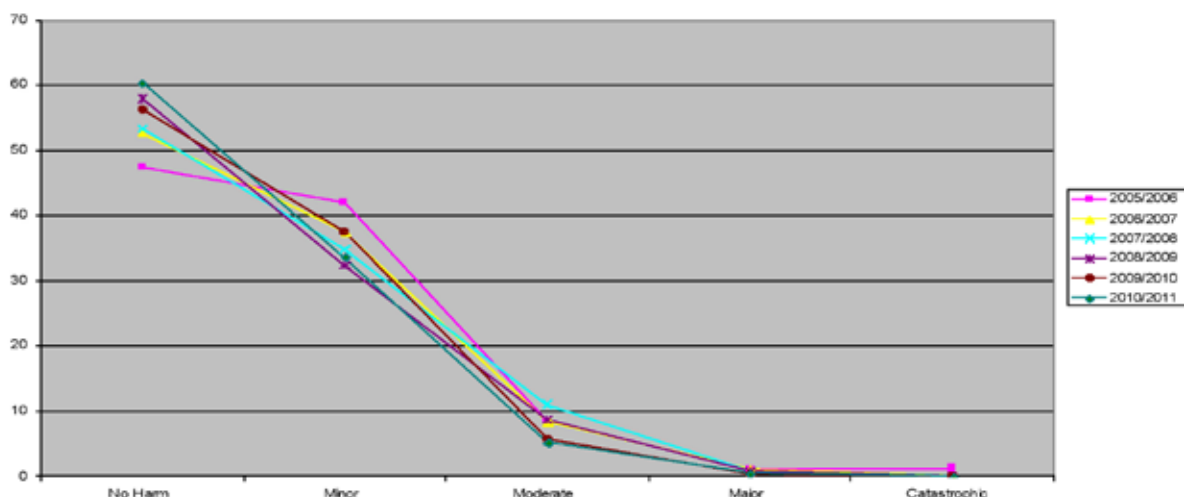
The Trust promotes a culture of reporting and learning from potential and actual adverse events. Staff are encouraged to report near misses and patient safety incidents. All reports are formally investigated and action plans

are developed to reduce the risk of recurrence. Lessons learnt are widely shared across the organisation and, where relevant, with the local health community.

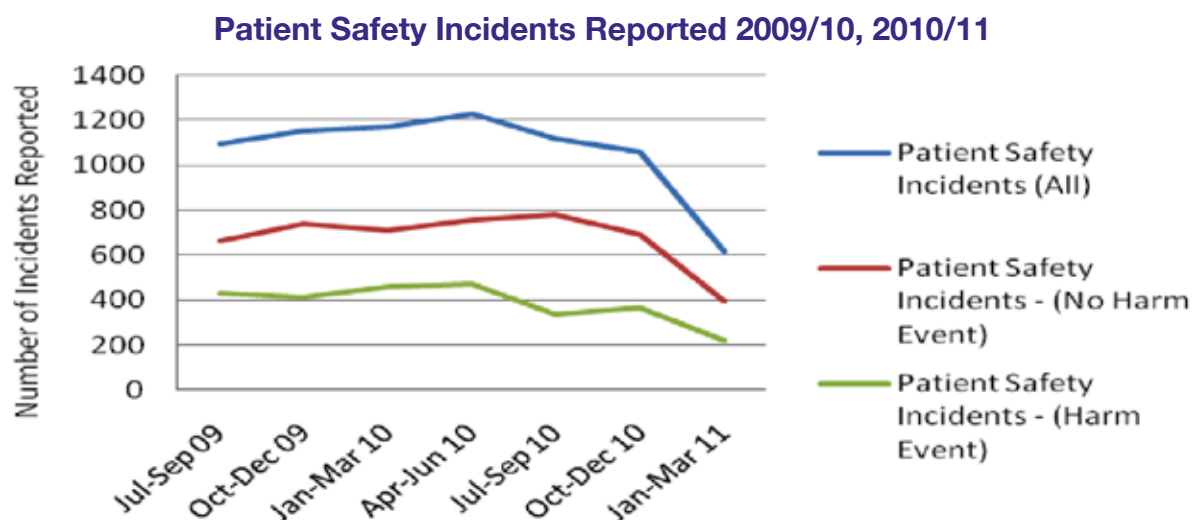
While the numbers of reported incidents can be seen to have increased over the last few years this is viewed as a positive indicator demonstrating a culture where staff feel able to report incidents and have confidence that appropriate actions will be taken. As more non harm events are reported the potential to reduce or prevent actual harm events from occurring increases as a result of investigation and learning and this can be seen below:

The graph below clearly shows that the positive reporting culture within the organisation has resulted in an overall increase in reported incidents and a decrease in the number of moderate, major and catastrophic severity events.

All incidents Reported - April 2004 to March 2011
Severity as % of Total



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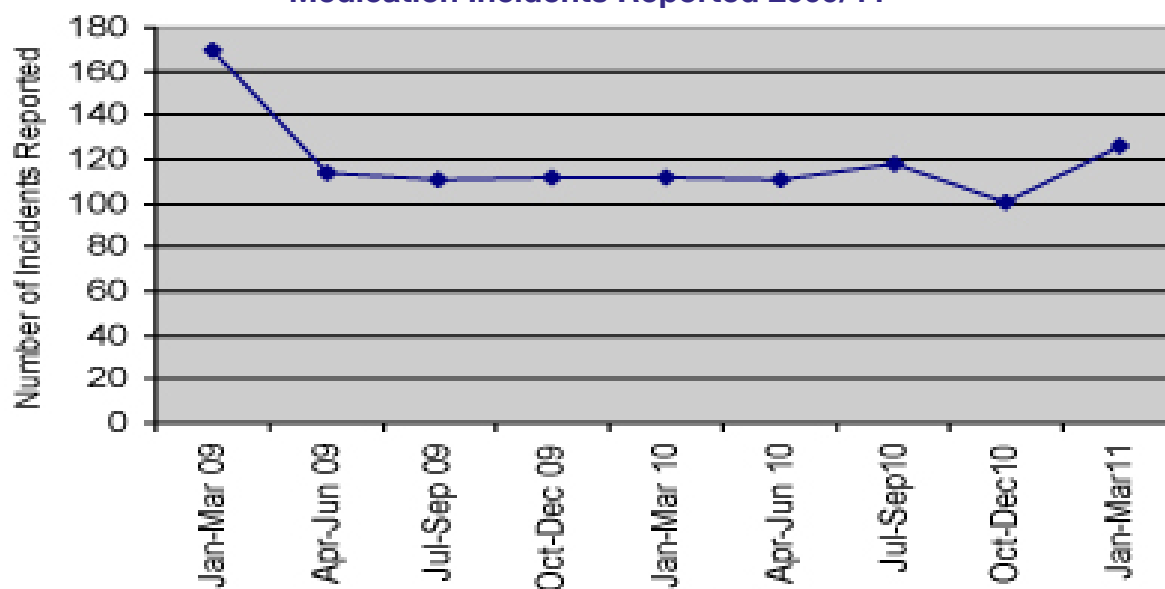
The Trust routinely reports all patient safety incidents to the National Patient Safety Agency and the National Reporting and Learning System (NRLS). Benchmarking show the rates of NRLS reported patient safety incidents per 100 admissions in the Trust compared to similar Acute Trusts during the period April 2010 to November 2010. The Trust has a rate of 4 per 100 admissions which is around the average for all medium Acute Trusts.

Reducing Medication Incidents and Improving Safety

The Trust's Medicines Governance Committee is chaired by the Medical Director and its remit is to enhance and monitor the Trust's strategy to reduce medication errors, compliance with national standards for medicines management and ensuring implementation of safe practice alerts and reports.

Medication Incidents (all events including near misses and no harm events) reported 2010/11

Medication Incidents Reported 2009/11



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Patient Safety and Quality Improvement Initiatives to support medication safety and medication incident reduction during 2010/11 have included:

Omitted or delayed doses

New resources to reduce the number of missed or delayed doses of medication have been written and implemented in 2010/11. In particular, the Trust prescription chart has been revised to enable accurate recording of omitted doses. Resource material to support mandatory training has been developed and small group training sessions have been held on wards led by our Medicines Management Nurse.

Medicines reconciliation

In 2010/11 there has been continued work to improve documentation and encourage doctors to resolve medication discrepancies identified by pharmacists in a timely way. Liaison with primary care ensures that action taken on changes to medication in hospital is communicated in discharge letters to GP surgeries. Audits to monitor progress are routinely undertaken and reported to the Medicines Governance Committee.

Oral liquids

Teaching sessions on the correct administration of oral liquid medication using purple syringes have been held on the wards by the Trust Medicines Management Nurse. Routine audit of practice has also been implemented to monitor compliance.

Safer lithium therapy

Working with Development Dorset Healthcare Trust the Trust has produced Trust-wide guidelines - "Lithium in the acute hospital setting". A newsletter

highlighting safe practice has been circulated and resources added to the Medicines Management Intranet page.

Safer administration of insulin

Guidelines, teaching materials and an amended Diabetes Prescription Chart (incorporating new NPSA guidance) were implemented in 2010/11.

The Trust has also established a Medication Incident Review Group which is multidisciplinary and meets monthly to review reported adverse incidents (actual and potential) relating to medicines, to monitor trends and recommend further action or communication of learning points where appropriate. The Medication Incident Review Group reports to Medicines Governance Committee.

Reducing Patient Falls

Patient Accidents form the largest group of all patient safety incidents reported to the NPSA via the National Reporting and Learning System (NRLS).

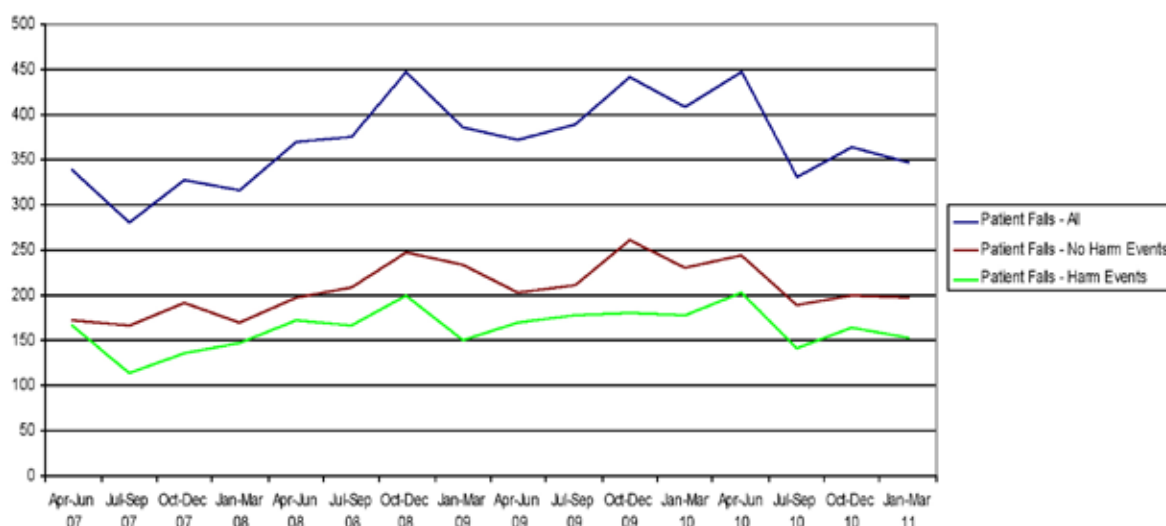
The NPSA category "patient accidents" includes any slips, trips or falls by patients. These may be non harm events e.g. a patient has fallen walking along a ward corridor but not sustained an injury, or a harm event when a similar incident has occurred and the patient sustained a bruise, cut or more serious injury.

The Trust has invested heavily in staff training and equipment provision over the past three years in order to reduce the number of patient falls.

In 2010/11 the Trust completed a total bed and mattress replacement programme which has resulted in all patients now being treated on an electronic profiling bed and high

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RBCH Reported Patient Falls (all events) - 2010/11



specification mattress. In addition, new equipment for moving and handling patients has been purchased and training provided within clinical mandatory training days and ward based updates. Further work to improve patient mobility and bedrail risk assessment documentation is programmed for 2011/12 and will be monitored by the Trust Falls Prevention Group.

Infection Prevention and Control

The Trust's Board is committed to infection prevention and control as a key priority at all levels of the organisation and takes a very active interest in the monitoring of infection control performance. The Director of Nursing who acts as the Director of Infection Prevention and Control (DIPC) briefs the Board on a regular basis.

The Trust publishes a detailed Infection Control Annual Report which is released publically and available on the Trust website.

Clean Environment

The Patient Environment Action Team (PEAT) programme was established to assess NHS hospitals in 2000, and has been managed by the National Patient Safety Agency since 2006. Under the programme Acute Trusts are assessed annually and are rated in terms of the quality of the patient environment, including cleanliness.

The following table shows the PEAT scores for this Trust for the past five years. The results for 2010 identified an improvement to the Food and Privacy & Dignity Scores for Christchurch Hospital.

MRSA bacteraemia

The Trust has been successful in reducing our rate of MRSA bacteraemia this year and reported no cases in the year.

MRSA Screening

The Trust continues to meet the MRSA screening target for elective patients. Achievement over 100% occurs as this target is calculated by dividing the

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Year	Site	Environment Score	Food Score	Privacy & Dignity Score
2011	Christchurch Hospital	Good	Excellent	Good
	Bournemouth Hospital	Good	Good	Excellent
2010	Christchurch Hospital	Good	Excellent	Excellent
	Bournemouth Hospital	Good	Good	Good
2009	Christchurch Hospital	Good	Acceptable	Good
	Bournemouth Hospital	Good	Good	Good
2008	Christchurch Hospital	Good	Excellent	N/A
	Bournemouth Hospital	Good	Good	N/A
2007	Christchurch Hospital	Good	Excellent	N/A
	Bournemouth Hospital	Good	Excellent	N/A
2006	Christchurch Hospital	Excellent	Excellent	N/A
	Bournemouth Hospital	Acceptable	Good	N/A

number of admissions by the number of screens. Some admitted patients receive more than one screen.

Clostridium Difficile

The Trust has had the lowest rate in the southwest for each of the past five years. All cases of C.difficile infection at this Trust are reported and investigated. The numbers of cases have been well within the contract target for the entire year.

Clinical Effectiveness and Quality of Care

Reducing Hospital Mortality

The Medical Director chairs a Mortality Review Group which meets monthly and proactively reviews mortality data for the Trust. All potential alerts are fully investigated by a lead clinician and this means that potential coding issues are identified and resolved earlier and before an alert is issued by the Care Quality Commission.

Two Alerts have been issued by the CQC in 2010/11 and on each occasion the Trust had already identified the risk group and had initiated an internal notes review. The CQC Alerts related to Pulmonary heart disease, and, Coronary Atherosclerosis and other heart disease.

The Medical Director provided a full written report to the CQC for each alert. In all cases, coding errors were identified which have now been resolved. The reviews did not identify concerns about the clinical management of the patients.

In order to improve coding, the Mortality Group has led on a number of initiatives this year. This has included implementation of an improved electronic immediate discharge form (eIDF); training for junior doctors on death certification and producing discharge letters; direct consultant involvement in confirming appropriate death certification; proactive case note reviews and clarity on clinical coding definitions.

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Ensuring NICE Guideline compliance

The Trust Clinical Governance & Risk Committee (CGRC) reviews compliance with all new NICE Guidance issued each month. For the period April 2010 - March 2011 the CGRC reviewed a total of 110 newly issued guidance.

Compliance rates are shown in the following table.

Where partial or non compliance is highlighted the issue is placed on the Trust risk register with a time bound action plan to resolve. Outstanding issues are reviewed regularly by the Clinical Governance & Risk Committee.

Ensuring compliance with MHRA Safety Alerts

A total of 103 Medicines & Healthcare Regulatory Authority (MHRA) Medical Device Alerts were issued and received in the year. Of these 35 applied to medical devices used within the Trust. The Trust ensured compliance with all relevant alerts.

In addition, 13 NHS Estates Alerts were issued and received in the year. Of these, 10 were applicable to the Trust, six required action but are completed and four currently have action plans in place. Where actions are still required these issues are highlighted on the Trust risk register and implementation monitored via the Trust's governance framework.

The National Patient Safety Agency (NPSA) also issued 12 new Alerts in 2010/11. One alert was not applicable to the Trust, three required action that has been completed and eight have appropriate action plans in place. Where actions are still required these issues are highlighted on the Trust risk register and implementation monitored via the Trust Clinical Governance & Risk Committee and, where applicable, the Medicines Governance Committee. For each Alert a senior manager consultant has been appointed to coordinate compliance.

Type of Guidance	Published	Applicable	Compliant	Partially Compliant	Non Compliant
Clinical Guidelines (CG)	24	19	3	9	1
Technology Appraisals (TA)	34	27	20	4	3
Interventional Procedures (IP)	50	11	5	0	0
Public Health Guidance (PH)	11	11	2	5	0
Medical Technology (MT) Guidance	2	1	1	0	0
Cancer Services Guidance	1	1	0	1	0
Quality Standards	4	3	0	3	0

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Patient Experience

The main systems in place to measure patient satisfaction are:

- National mandatory patient surveys
- Trust wide Patient Survey cards and Bespoke patient surveys including Real-Time Patient Feedback
- Patient complaints

National Patient Survey Results

The Trust participated in the Care Quality Commission National Inpatient Survey 2010. A total of 850 patients from the Trust were sent a copy of the questionnaire, of which 467 were returned, giving a response rate of 57%. The national average response rate was 50%.

The survey highlighted many positive aspects of the patient experience and was highlighted as one of the top 20% of Trusts for:

- Providing patients with assistance with their meals
- The availability of nursing staff, confidence and trust in nursing staff and understanding information provided by nursing staff
- Involving patients in decisions about their care and providing information about their treatment or condition, including the risks and benefits.
- Providing patients with written information about what to do when they left hospital, including the purpose of any medications to take home and any symptoms to look out for.
- Pain control
- Privacy and dignity

The Trust scored below national average scores (lowest 20% of Trusts) for patients perception of:

- Patients using bath or shower area who shared it with opposite sex
- Availability of posters or leaflets about hand wash and use of hand wash gels
- Availability of hand wash gels
- Privacy and dignity when being examined in the Emergency Department
- Patients family having enough time to talk to a doctor and patients themselves having someone to talk to about their worries or fears.

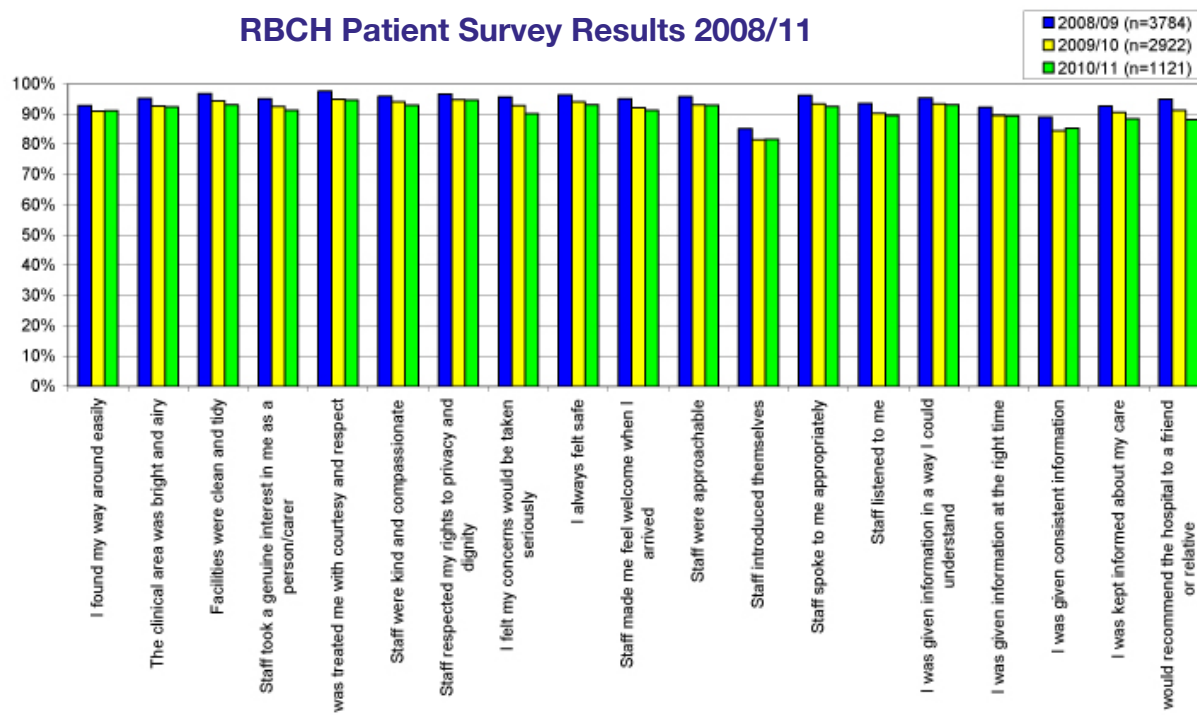
The report from the Care Quality Commission was issued in April 2011 and the Trust is currently developing an action plan to address issues raised within the survey report.

Trust Patient Survey Card Results

In addition to responding to national patient surveys, the Trust has an internal patient survey card which is available for all inpatients and outpatients to complete. The results of the survey cards are reviewed quarterly and information feedback to relevant clinical areas in order to support and maintain best practice. A summary of the results for 2010/11 are shown above.

In September 2010 a new Patient Experience Card was also introduced as part of a new initiative to gain real time monitoring of patients views. The survey card is facilitated through the Trust's excellent pool of volunteers and public governors. Patients are asked a series of standard questions.

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From September 2010 to March 2011, 614 patients have completed the survey and the recorded results were as follows:

	All of the time	Most of the time	Some of the time	None of the time
Were you involved as much as you wanted to be in decisions about your care and treatment?	74%	20%	4%	2%
Did you find someone on the hospital staff to talk to about your worries and fears?	70%	20%	7%	3%
Were you given enough privacy when discussing your condition or treatment?	84%	12%	2%	1%

	Yes	No
Did a member of staff tell you about medication side effects to watch for when you went home?	84%	16%
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	85%	15%
Were you treated as an individual at all times?	97%	3%

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If you were admitted to hospital did you ever:	Yes	No
a) Share a sleeping area, for example a room or a bay, with patients of the opposite sex?	15%	85%
b) Use the same bathroom/shower or toilet area as the patients of the opposite sex?	25%	75%
Did you feel safe during your visit?	98%	2%

	Excellent Poor									
	10	9	8	7	6	5	4	3	2	1
How would you rate your overall visit?	62%	17%	11%	3%	1%	2%	0%	1%	1%	1%
How likely would you be to recommend us?	71%	12%	7%	3%	1%	2%	1%	0%	0%	1%

The results are directly used to improve patient care in the areas surveyed. The results of the survey are fed back to staff through team meetings and briefings and in many areas displayed on notice boards. Issues such as staff not wearing name bands or appropriately introducing themselves have been highlighted and this has resulted in improved practice. Another change in practice following survey feedback has been a trial of ear plugs and eye masks for those patients who find it hard to sleep in the hospital at night.

Managing 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.

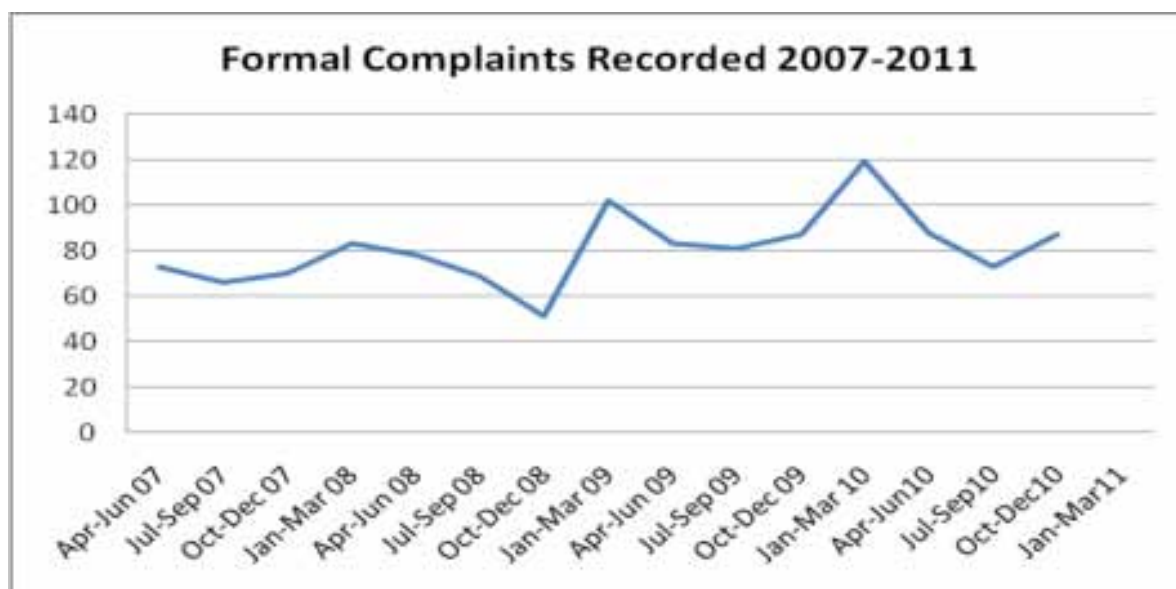
Every complainant is sent a letter (by post or email) on receipt of their complaint, explaining the proposals for investigation, inviting them to contact the complaints manager to discuss this if this has not already happened. Complainants are also advised about clinical confidentiality and the support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

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.

There were 313 formal complaints from patients or their representatives during the year. This represents a decrease of 16.5% (62 complaints) from last year's total of 375 complaints.

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Number of complaints in 2007/2011



Of these, 145 of the completed investigations were upheld or partially upheld, with the necessary changes explained and appropriate apologies offered in the letter of response from the Chief Executive. At the time of preparing this report, 22 complaint investigations were still to be concluded and a decision on whether they were well founded had not been reached.

An acknowledgement and explanation of the procedure to be followed was issued within 3 working days for 95% of complaints.

Subjects of complaints

The main categories of complaint were as follows:

Subject	Number	Percentage
Administrative systems	31	10
Attitude of staff	23	7
Bed management	1	0.3
Clinical treatment	161	51
Communication/information	62	20
Discharge arrangements	11	4
Environment	2	0.6
Equipment/facilities	2	0.6
Health and safety	9	3
Privacy and dignity	4	1.2
Availability of staff	3	1
Policies and procedures	3	1
Violent/Aggressive behaviour	1	0.3
Total	313	100

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13 complaint resolution meetings were held with complainants and key staff to assist with resolving complaints.

Single Sex Accommodation

Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust is committed to providing every patient with same sex accommodation in order to safeguard their privacy and dignity at all times.

The Trust has invested in this area substantially over the last few years and mixed sex accommodation has now been virtually eliminated in our hospitals. Patients who are admitted to either of our hospitals will only share the room where they sleep with members of the same sex, and same sex toilets and bathrooms will be close to their bed area. Sharing with members of the opposite sex will only happen by exception based on clinical need (for example where patients need specialist equipment such as in emergency areas, intensive care and high dependency areas and recovery areas). Nevertheless in these areas patients' rights to privacy and dignity will be fully respected in care delivery.

Our Estates Strategy provides for on-going attention to developing further single sex facilities and our operations policies will also aim to achieve this in any further re-configurations of services. Any new build and refurbished clinical areas will have due consideration to the provision of single sex facilities built into the plans.

We will continue to obtain patient feedback via patient surveys and real-time patient feedback and the results of these surveys will be regularly reported to the Board of Directors. Senior nursing staff will also perform spot checks and audits relating to privacy and dignity on an on-going basis.

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 were:

- Emergency Department to run a daily report to show all referrals to fracture clinic to confirm all details forwarded to Poole Hospital
- Nursing staff in Emergency Department advised against putting confused patients in side rooms unless infection risk
- Nursing staff re-educated on correct fitting of anti-embolic stocking
- Review and update of thoracic appointment re-book letters
- Spot checks of completion of drug charts
- Policy formulated for following up rejected blood samples for inclusion in ante-natal pathway
- Maternity policies updated and change to computer system
- Training for nursing and junior medical staff re pain scores/control
- Training for nursing staff on Achilles injuries and follow up

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- More time allowed between sending appointment letter and appointment date. Staff reminded to check name and other feature e.g. PMI number, DOB etc to ensure correct notes are collected and prepared for clinic
- Revised checking procedure for fracture clinic referrals
- Review undertaken to identify any known outpatient appointment letter delivery problems and procedures amended where necessary
- Outpatient IT system amended to avoid appointment time errors

Referrals to the Health Service Ombudsman

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

After receiving a response from the Trust, 22 people chose to refer their concerns to the Parliamentary and Health Service Ombudsman during 2010/11.

Of these, the Ombudsman declined to investigate 10; referred 4 back for further local resolution, and undertook one investigation of a complaint made in 2010/11. Two investigations of complaints started but not completed in 2009/10 were also received. Together, each of these three investigations was upheld by the Ombudsman and action plans will be completed in line with Ombudsman recommendations. One investigation is continuing and five complaints are still being assessed by the Ombudsman.

Performance against key National Priorities for 2010/11

The following table provides an overview of performance in 2010/11 against the key national priorities from the Department of Health's Operating Framework and against Department of Health's Core Standards. The table includes performance against the relevant indicators and performance thresholds set out in Appendix B of the Compliance Framework.

National Priority	2009/10	2010/11 Target	2010/11 Actual
Clostridium difficile year on year reduction	44	87	46
MRSA - hospital acquired	3	6	0
Maximum waiting time of 31 days from decision to treat to start of treatment	97.71%	96%	99.56%
Maximum waiting time of 31 days from decision to treat to start of subsequent treatment	99.78%	96%	100%
Maximum waiting time of 62 days following referral from an NHS Cancer Screening Service	96.30%	90%	97.00%
Maximum waiting time of 62 days from urgent referral to treatment for all cancers	88.26%	85%	89.71%
Maximum waiting time of two weeks from urgent GP referral to first outpatient appointment for all urgent suspect cancer referrals	94.11%	93%	93.60%
Two Week Wait for Breast Symptoms (where cancer was not initially suspected)	86.26%	93%	98.58%

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National Priority	2009/10	2010/11 Target	2010/11 Actual
18-week maximum wait. Admitted patients: maximum time of 18 weeks from point of referral to treatment	96%	90%	97%
18-week maximum wait. Non-admitted patients: maximum time of 18 weeks from point of referral to treatment	99%	95%	99%
Maximum waiting time of four hours in the Emergency Department from arrival to admission, transfer or discharge	99%	95%	99%
People suffering heart attack to receive thrombolysis within 60 minutes of call (where this is the preferred local treatment for heart attack)	81%	68%	94%
Self certification against compliance with requirements regarding access to healthcare for people with a learning disability	N/A	Complete	Completed
Screening all elective in-patients for MRSA	N/A	100%	100%

Achievement over 100% occurs as this target is calculated by dividing the number of admissions by the number of screens.

Participation in External Reviews

The Trust has participated in the following external reviews in 2010/11:

External Review	Key Findings
Mental Health Commission Review of Mental Health Services (undertaken on behalf of the Care Quality Commission (CQC))	The review by the Mental Health Commissioner was a routine visit on behalf of the CQC. The inspector reviewed the Trust policies and procedures and concluded that "the Trust arrangements that are in place appear to be effective in meeting the requirements of the Mental Health Act". Two minor recommendations were noted and these have been completed.
UNICEF Baby Friendly Accreditation Review	Level 3 Accreditation attained for Maternity Services.
CQC/Ofsted Review of Child Protection Provision	The Trust received an inspection as part of a wider review of Bournemouth Services by the CQC and Ofsted. As part of the review, inspectors looked at child protection arrangements in place in the Trust's Emergency Department and Maternity Unit. The inspections found that processes were adequate but made several recommendations including one that dedicated funded time for safeguarding be identified. The full report has now been received (April 2011) and an action plan has been developed to address the recommendations in conjunction with relevant local agencies.
South West Acute Hospitals Learning Disability Review	NHS South West, in partnership with local commissioners, undertook a series of peer reviews in Autumn 2010 to identify acute hospitals' ability to meet the needs of people with learning disabilities. The review highlighted a number of areas of good practice, including the use of Easy Read information in preadmission and the Emergency Department. In addition, the use of individual care plans and documentation was commended and also the level of individualised medication advice provided by pharmacy. Recommendations for further improvements were made by the review team and these are currently being implemented as part of the Trust Learning Disability Strategy. A report has been made to the Board of Directors and a further update will be provided in September 2011.

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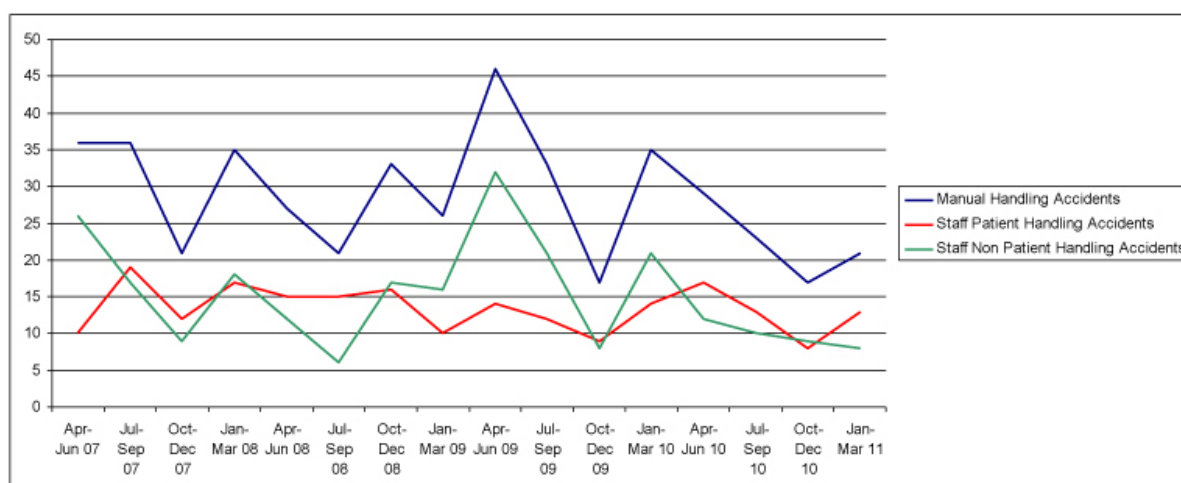
Human Tissue Act - Accreditation Assessment	The Trust was inspected in March 2011. The inspectors only commented on 3 minor issues and were assured that the Trust met all the requirements of its license under the Act.
MHRA Inspection - Research Governance Procedures & Compliance	The Trust was inspected by the MHRA in October 2010 to ensure our Research Governance systems conformed to statutory directives. The report encouraged us to continue sponsoring clinical trials of medicinal products. The report suggested a number of minor modifications to our pharmacovigilance and quality management systems which have all been implemented.
NHS Litigation Authority Assessment	Level 2 Accreditation attained.
Health & Safety Executive - Routine review of Procedure to control Legionella	The Trust had a routine visit by the HSE in March 2011 (as part of a South West audit) in relation to the Control of Legionella. The HSE inspected arrangements in place for risk management and quality assurance in relation to water testing; safe water systems and temperature control. As a result of the visit, two Improvement Notices have been issued and a full action plan is in place to achieve full compliance by the required date of October 2011. A full report has been received by the Board of Directors which will continue to monitor progress against the recommendations.

Staff Safety - Reducing Staff Accidents

Staff accidents are reported via the Trust Adverse Incident Reporting Policy and Form. All accidents (potential and actual) are investigated and trends, key learning points and actions for sharing are routinely discussed at the Trust Health and Safety Committee.

In 2010/11, the Trust has particularly concentrated on looking at the overall numbers of recorded manual handling incidents, the type and severity of injuries occurring and the reasoning behind the positive reduction in numbers.

Manual Handling Accidents Reported by Staff in 2010/11



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The provision of manual handling mandatory training for all staff, additional training on wards and, the introduction of specialist equipment has had a direct impact on the decrease in incidents. Embedding best practice techniques into the every day tasks of staff on the Wards via ward based training sessions and the support of the Link Trainers has demonstrated great improvements.

In addition, work was completed in September 2010 to provide all wards with new electric profiling beds. Previously staff had to mobilise patients manually in and around the bed, the profiling function on the new electric profiling beds has reduced this need and has significantly reduced the need for direct patient handling. The Trust has also invested in the provision of other specialist equipment (slings, hoisting systems, trolleys) which has also improved staff and patient safety.

The Trust participated in the national Staff survey during 2010 -2011. The full results of this are contained within the Annual Report.

Service Transformation Objectives & Achievements for 2010/11

The Trust has a wide reaching efficiency and effectiveness programme - Better Care, Better Value monitored by the Performance Management Office (PMO). The Transformation Programme covers a number of projects including Theatre Efficiency, Length of Stay, and e-Rostering. Significant progress has been made in a number of areas which has improved patient flow and turnaround time in theatres which is both beneficial to the patient and provides efficiency savings for the Trust.

The Electronic Rostering system first introduced in 2009/10, is now installed in the majority of wards and supports the objectives of ensuring safe and fair staffing on the wards as well as efficient use of available resources.

The Length of Stay project continues to work on improving the patient pathway. Part of this process has involved piloting a dedicated medical investigation unit which has reduced the patient length of stay for investigations, and provided increased capacity on inpatient wards.

Consultation Process

The following groups have had sight of the Quality Report and have been offered the opportunity to comment:

- NHS Bournemouth & Poole
- NHS Dorset
- Bournemouth & Poole LINKs
- Dorset LINKs
- Dorset Health Scrutiny Panel
- Bournemouth Health Scrutiny Panel
- Poole Health Scrutiny Panel
- RBCH Council of Governors

Comments received for publication were as follows:

"The Dorset Health Scrutiny Committee and the Dorset LINK had limited engagement with the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust on the Quality Report during 2010-11 and they had discussed the Quality Report with the Trust and agreed the summary of priorities. The Trust were complimented on the fullness of the Quality Report for 2010/11 and for patient consultation undertaken and the introduction of real time feedback."

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“NHS Bournemouth and Poole is happy to provide comment on the Quality Reports for The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust. On reviewing the report and working with the Trust over the last year, the PCT notes that the overall quality of care provided remains at a consistently good level.”

“During 2010/11, the Trust had no incidents of MRSA Bacteraemia and a reduced number of Clostridium Difficile cases. The Trust is known to be a high reporter of incidents, which denotes an organisation with a positive reporting culture focusing on safety. The PCT also notes the decrease in harm following incidents occurring over the last year.”

“The PCT fully supports the priorities for 2011/12 and would endorse the focus on patient feedback and experience, a key indicator for identifying quality services.”

“Bournemouth LINKs are pleased to comment on their work with the Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust over the last year.

LINKs welcome the Trusts implementation of a program of real time monitoring and targeted patient surveys in relation to high priority issues and areas.

We also encourage the Trust to be more pro-active about gathering service user feedback and using it to plan and design services. The Trusts plan to gather real time feedback by electronic questionnaire devices is very welcome. They may wish to consider using kiosks, in key locations such as the main atrium and A & E to gather information from a wider customer base.

One of the most common issues raised by local people to LINKs is ‘access to information’. LINKs would be pleased to help the Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust over the coming year to produce an easier to read Quality Report, thus improving access to this information for service users, carers and the public.

Another of the Trusts priorities for the coming year should be working with the LINKs, as they evolve into HealthWatch, to improve patient and public engagement. We would also expect them to develop an information sharing policy to formally enable them to share their customer experiences with the LINK, as the LINK has done with them.

Joint Working

The Bournemouth LINK was invited to attend the Hospitals Open Day in 2010. This enabled both hospital staff and patients to understand the ongoing value that the LINK has to offer.

The hospital have included a piece of LINKs literature in their bedside folder.

A representative of the LINK, regularly attends the PALS Liaison Group; Disability Forum and the Trusts Board of Governors meetings.

The LINK regularly attends the Trusts Understanding Health Talks and is given the opportunity to talk to the attendees. The LINKs are very interested in working on a ‘leaving hospital’ project and this may involve some joint work with the Trust during the year.

*For more information about the Bournemouth LINKs, please go to: **www.makesachange.org.uk**”*

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Independent Assurance Report to the Council of Governors of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust on the Annual Quality Report

I have been engaged by the Council of Governors of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust to perform an independent assurance engagement in respect of the content of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust's Quality Report for the year ended 31 March 2011 (the 'Quality Report').

Scope and subject matter

I read the Quality Report and considered whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual, and consider the implications for my report if I become aware of any material omissions.

Respective responsibilities of the Directors and auditor

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 2010/11 issued by the Independent Regulator of NHS Foundation Trusts ('Monitor').

My responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to my attention that causes me to believe that the content of the Quality Report is not in accordance with the NHS Foundation Trust Annual Reporting Manual or is inconsistent with the documents.

I read the other information contained in the Quality Report and considered whether it is materially inconsistent with:

- Board minutes and papers for the period April 2010 to June 2011;
- papers relating to Quality reported to the Board over the period April 2010 to June 2011;
- feedback from the Commissioners dated 5 May 2011;
- feedback from the Council of Governors dated 19 April 2011;
- feedback from LINKS dated 11 April 2011, 5 May 2011 and 23 May 2011;
- the Trust's annual complaints data reported quarterly to the Board;
- the 2010 national patient survey;
- the 2010 national staff survey;
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 1 April 2011; and
- Care Quality Commission quality and risk profiles dated March 2011.

I considered the implications for my report if I became aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). My responsibilities do not extend to any other information.

This report, including the conclusion, has been prepared solely for the Council of Governors of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust as a body, to assist the Council of Governors in reporting The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust's quality agenda, performance and activities. I permit the disclosure of this report within the Annual Report for the year ended

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31 March 2011, to enable the Council of Governors to demonstrate it has discharged its governance responsibilities by commissioning an independent assurance report in connection with the Quality Report. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Council of Governors as a body and The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust for my work or this report save where terms are expressly agreed and with my prior consent in writing.

Assurance work performed

I 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'). My limited assurance procedures included:

- making enquiries of management;
- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- reading the documents listed previously.

A limited assurance engagement is less 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.

Limitations

It is important to read the Quality Report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual.

Conclusion

Based on the results of my procedures, nothing has come to my attention that causes me to believe that, for the year ended 31 March 2011, the content of the Quality Report is not in accordance with the NHS Foundation Trust Annual Reporting Manual.



Patrick Jarvis

Officer of the Audit Commission
Collins House
Bishopstoke Road
Eastleigh
Hampshire
SO50 6AD
3 June 2011

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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 Reports) Regulations 2010 to prepare Quality Reports 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 foundation trust boards should put in place to support the data quality for the preparation of the Quality Report.

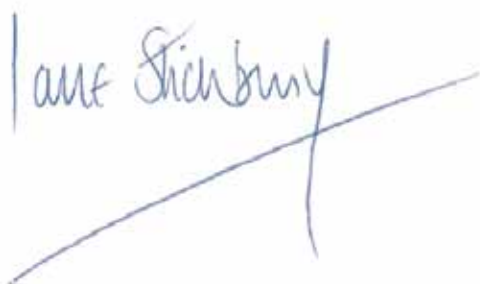
In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2010/11
- the content of the Quality Report is consistent with internal and external sources of information including:-
 - Board minutes and papers for the period April 2010 - June 2011
 - Papers relating to quality reported to the Board over the period April 2010 - June 2011
 - Feedback from commissioners dated 05/05/2011
 - Feedback from governors dated 19/04/2011
 - Feedback from LINKs dated 11/04/2011, 05/05/2011 and 23/05/2011
- The Trust's complaints reported quarterly to the Board of Directors
- The 2010 national patient survey
- The 2010 national staff survey
- The Head of Internal Audits annual opinion over the Trust's control environment dated 01/04/2011
- CQC quality and risk profiles dated March 2011
- the quality report presents a balanced picture of the 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 <http://www.monitor-nhsft.gov.uk/annualreportingmanual>) as well as the standards to support data quality for the preparation of the Quality Report (available at <http://www.monitor-nhsft.gov.uk/annualreportingmanual>)

Quality Report 2010/11

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

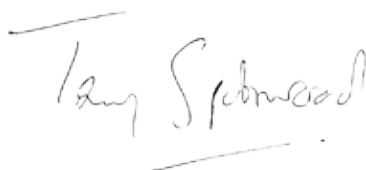
By order of the Board

A handwritten signature in blue ink, reading 'Jane Stichbury', with a long horizontal stroke extending to the right.

Jane Stichbury

Chairman

Date: 03.06.11

A handwritten signature in black ink, reading 'Tony Spotswood', with a horizontal stroke above and below the name.

Tony Spotswood

Chief Executive

Date: 03.06.11

6. Governance

6.1 Board of Directors

The Trust is run by the Board of Directors, which is made up of Executive and Non-Executive Directors. Together, they are responsible for the day-to-day running of the Trust and the delivery of our objectives and wider strategy. Much of this work is done by the Executive Directors who work closely with the clinical leaders and managers throughout the Trust. The Board also works closely with the Council of Governors.

The Board of Directors meets on the second Friday of each month (except August). Part 1 of the meeting is open to the public.

All of the Non-Executive Directors are considered to be independent by the Board of Directors.

The Terms of Office and the period of the appointment of the Non-Executive

Attendance at Board of Director's meetings 2010/11:

Name	Title	Attendance (out of 12)
Karen Allman	Director of Human Resources	12
Mary Armitage	Medical Director	9
Belinda Atkinson	Director of Nursing	8
David Bennett	Non-Executive Director	8
Pankaj Davé	Non-Executive Director (from 1 February 2011)	2
Brian Ford	Non-Executive Director	12
Stuart Hunter	Director of Finance and IT	12
Helen Lingham	Director of Operations	11
Ian Metcalfe	Non-Executive Director (to 12 November 2010)	7
Stephen Peacock	Non-Executive Director	10
Alex Pike	Non-Executive Director	9
Richard Renaut	Director of Service Development	12
Tony Spotswood	Chief Executive	12
Jane Stichbury	Chairman	12
Ken Tullett	Non-Executive Director	10

Non Executive Directors	When appointed	Term of Office
David Bennett	01.10.2009	4 yrs
Pankaj Davé	01.02.2011	3 yrs
Brian Ford	01.10.2009	3 yrs
Ian Metcalfe	22.06.2006 (retired 12 November 2010)	4 yrs
Stephen Peacock	01.10.2009	4 yrs
Alex Pike	22.06.2006 (reappointed 21 June 2010)	4 yrs
Jane Stichbury	01.04.2010	4 yrs

Governance

Directors are shown in the following table and approved at a general meeting of the Council of Governors.

The Board has given careful consideration to the range of skills and experience required for the running of a Foundation Trust; it confirms that the necessary balance and completeness has been in place during the year under report.

The performance of the Non-Executive Directors and the Chairman was evaluated during the year. The Chairman led a process of evaluation of the Non-Executive Directors and the Senior Independent Director undertook the evaluation of the performance of the Chairman, with the outcomes of both processes being shared with the Council of Governors. The Chief Executive undertook appraisals of the performance of the Executive Directors and the Chief Executive's performance was appraised by the Chairman.

Each Director has declared their interests at a meeting in public. The register of interests is held by the Trust Secretary and is available for inspection by arrangement. This includes the other significant commitments of the Chairman which have not changed in the year under report.

The Board 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, 1, 3 and C2 where there are other arrangements in place. Further details can be found in the full compliance statement which is available on the Trust website.

6.2 Audit Committee

The Trust's Audit Committee meets quarterly and is authorised by the Board to:

- Investigate any activity within its terms of reference.
- Seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee.
- Obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

The duties of the Committee can be categorised as follows

1. Internal Control, Risk Management and Corporate Governance:

The Committee shall review the establishment and maintenance of an effective system of internal control, risk management and corporate governance, with particular reference to the organisations assurance framework.

In particular the Committee will review 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 but not limited to:

Governance

- The policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as recommended by the appointed Counter Fraud Service.
- The policies and procedures in place for ensuring economy, efficiencies and effectiveness in the use of resources.
- Recommend actions to the Board of Directors
- The scope, maintenance and use of the Assurance Framework.
- Discuss with the external auditor, before the audit commences, the nature and scope of the audit and ensure coordination, as appropriate, with internal audit and the representation from the Counter Fraud Service.
- Review external audit reports together with the management response.
- Report non compliance with, or inadequate response to, external audit. Report to the Board of Directors.

2. Internal Audit:

- Appoint the internal auditors, set the audit fee and resolve any questions of resignation and dismissal.
- Ensure that the internal audit function is adequately resourced and has appropriate standing within the organisation.
- Review the internal audit programme, consider major findings of internal audit investigations (and management's response) and ensure coordination between the internal and external auditors.
- Report non compliance with, or inadequate response to, internal audit reports to the Board of Directors.
- The internal audit process will be utilised to provide assurance to the Board of Directors on the governance of the HAC.

3. External Audit:

- Consider the appointment of the external auditor, the audit fee and any questions of resignation and dismissal. Make a recommendation to the Council of Governors.

4. Counter Fraud Service:

The Committee will:

- Appoint the Counter Fraud service, set the fee and resolve any questions of resignation and dismissal.
- Ensure that the Counter Fraud function has appropriate standing within organisation.
- Review the Counter Fraud programme, consider major findings of investigations (and management's response), and ensure co-ordination between the Internal Auditors and Counter Fraud.
- Report non-compliance with, or inadequate response to, Counter Fraud reports to the Board of Directors.

5. Financial Reporting:

The Committee will review the annual financial statements before submission to the Board, focusing particularly on:

- Changes in, and compliance with, accounting policies and practices.
- Major judgemental areas resulting from the audit.
- Significant adjustments resulting from the audit.

Governance

The Audit Committee met four times during the year and representatives of external audit and internal audit attended.

The Committee members were:

Meetings of the Audit Committee	
Director	Attendance out of 4
Ian Metcalfe, Non Executive Director and Chairman of Audit Committee (retired November 2010)	2
Stephen Peacock, Non Executive Director. Chairman of the Committee (from December 2010)	3
David Bennett, Non Executive Director	2
Ken Tullett, Non Executive Director (as HAC Chairman) (from December 2010)	1

Public Interest Disclosures

Details of the Trust's consultation Details of the Trust's consultation activities and other patient and public involvement activities for the year 2010/11 can be found on pages 35 - 40.

The Foundation Trust's policies in relation to disabled employees and equal opportunities can be found on page 45.

Information on health and safety can be found in the Quality Report from page 72.

Disclosures set out in the NHS Foundation Trust Code of Governance can be found on page 13 Annual Report and Financial Accounts 2010/11.

Governance

6.3 Remuneration Report Remuneration Committee

The Trust operates two separate committees to make recommendations with regard to the remuneration of Executive and Non-Executive Directors.

The remuneration of Executive Directors is considered by a committee consisting of four Non-Executive Directors. Non-Executive Directors are present when the Committee determines the final salaries. They met on two occasions during the year. Its recommendations are put before the Board of Directors for approval. In 2010/11 it met on one occasion and the membership of this remuneration committee can be seen in the table on page 64.

The remuneration of Non-Executive Directors is considered by a committee made up of Governors, elected by their colleague Governors for this purpose. In 2010/11 it met on three occasions and the membership of this remuneration committee can be seen in the table on page 64.

The Committee is advised by the Chief Executive and the Director of Human Resources with regard to appropriate market rates and relativities (based on research commissioned by the Trust and usually carried out and reported upon by NHS partners), and by the Director or Finance with regard to overall affordability. The Trust Secretary is in attendance to record the proceedings.

All other senior managers' remuneration arrangements are determined through job evaluation (currently through Agenda for Change).

Director and senior manager remuneration does not include a performance component.

Summary and explanation of policy on duration of contracts, notice periods and termination payments.

- The current policy is that all Executive Directors are required to give/receive six months' notice; in appropriate cases this could be varied by mutual agreement.
- All contracts are permanent in nature (i.e. not fixed term).
- There are no provisions in place for termination payments, other than through legal compromise agreements. All senior managers who are appointed on "permanent" contracts are required to give/receive three months' notice.
- Arrangements for the termination of appointment of a Non-Executive Director are set out in the Trust's constitution.

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

Governance

Senior Managers' remuneration for the year ended 31st March 2011							
Name	Note	2010/11			2009/10		
		Salary	Other Remuneration	Benefits in Kind	Salary	Other Remuneration	Benefits in Kind
		(bands of £5000)	(bands of £5000)	Rounded to the nearest £100	(bands of £5000)	(bands of £5000)	Rounded to the nearest £100
		£'000	£'000		£'000	£'000	
Mr A Spotswood		171 - 175		0	171 - 175		0
Mr S Hunter		116 - 120		0	116 - 120		0
Miss B Atkinson		96 - 100		0	96 - 100		0
Mrs H Lingham		116 - 120		0	116 - 120		0
Mrs K Allman		101 - 105		0	101 - 105		0
Mr R Renaut		96 - 100		0	96 - 100		0
Mrs M Armitage	1	31 - 35	151 - 155	0	11 - 15	61 - 65	0
Mrs J Stichbury	2	45 - 50		0	0		0
Mr B Ford		16 - 20		0	16 - 20		0
Mr K Tullett		11 - 15		0	11 - 15		0
Mr I Metcalfe	3	11 - 15		0	16 - 20		0
Mrs A Pike		16 - 20		0	16 - 20		0
Mr S Peacock	4	11 - 15		0	6 - 10		0
Mr D Bennett	5	11 - 15		0	6 - 10		0
Mr P Davé	6	1 - 5		0	0		0

Subject to Audit opinion.

For positions held as at 31st March 2011, please see the Foundation Trust Introduction.

Note 1 - In post as Medical Director from 1st November 2009, Other remuneration is for medical consultant duties.

Note 2 - Joined 1st April 2010.

Note 3 - Left 12th November 2010.

Note 4 - Joined 1st October 2009.

Note 5 - Joined 1st October 2009.

Note 6 - Joined 1st February 2011.

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 - 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.

Governance

Senior Managers' Pensions						
Name	Real Increase in Pension and Related Lump Sum at age 60	Total accrued Pension and Related Lump Sum at age 60 at 31 March 2011	Cash Equivalent Transfer Value at 31st March 2011	Cash Equivalent Transfer Value at 31 March 2009 (Inflated)	Real Increase in Cash Equivalent Transfer Value	Employer Funded contribution to growth in CETV for the year
	(Bands of £2500) £'000	(Bands of £5,000) £'000	£'000	£'000	£'000	£'000
Mr A Spotswood	7.5 - 10	241 - 245	989	1,082	(93)	(65)
Mr S Hunter	5 - 7.5	166 - 170	691	756	(65)	(46)
Mrs B Atkinson	2.5 - 5	156 - 160	879	904	(25)	(18)
Mrs H Lingham	5 - 7.5	111 - 115	467	497	(30)	(21)
Mrs K Allman	5 - 7.5	36 - 40	152	149	3	2
Mr R Renaut	2.5 - 5	61 - 65	153	177	(24)	(17)
Mrs M Armitage	10 - 12.5	241 - 245	1,185	1,232	(47)	(33)

Subject to Audit opinion.

As Non-Executive directors do not receive pensionable remuneration, there are no entries in respect of pensions for Non-Executive directors.

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 benefits 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.

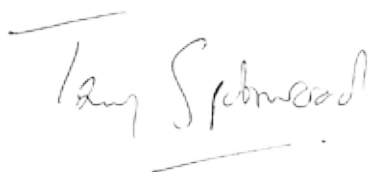
Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

The Government Actuary Department ("GAD") factors for the calculation of Cash Equivalent Transfer Factors ("CETVs"), assume that benefits are indexed in line with CPI, which is expected to be lower than RPI, which was used previously and hence will tend to produce lower transfer values.

Governance

Meetings of the Executive Director Remuneration Committee	
Name	Meetings attended
Jane Stichbury (Chairman)	1
Brian Ford	1
Alex Pike	0
Ken Tullett	0

Meetings of Non-Executive Director Remuneration Committee	
Name	Meetings attended
Sharon Carr-Brown	3
Sue Bungey	3
Lee Foord	2
Alf Hall	3



Tony Spotswood
Chief Executive
Date: 03.06.11

Governance

6.4 Council of Governors

There are 30 members of the Council of Governors. The Council of Governors plays a role in helping to set the overall strategic direction of the organisation by advising the Board of Directors of the views of the constituencies they represent. They also have specific responsibilities set out in relation to appointment or removal of Non-Executive Directors and their remuneration, and the approval of the membership strategy.

In 2010/11 the Council of Governors was made up as follows:

Bournemouth Public Governors (elected)

Jayne Baker
David Bellamy
Glenys Brown (from September 2010)
Derek Dundas
Mollie Harwood
Phil Carey
Sharon Carr-Brown
Joyce Littman (to September 2010)
Leon Kaufman

Christchurch, East Dorset and Purbeck Public Governors (elected)

Sue Bungey
James Watts-Phillips
Michael Desforges
Susan Roberts
(September 2010 - January 2011)
Alf Hall

Poole Public Governors (elected)

Maureen Baker (to September 2010)
Paul Weaver (to October 2010)

New Forest Public Governors (elected)

Celia Fern
John Hempstead

Rest of Area Public Governor (elected)

Vacancy from December 2009

Staff Governors (elected)

Dean Feegrade
David Dickson
Fiona Stephenson
Claire Moloney (from September 2010)
Richard Ford (from September 2010)

Nominated (appointed by their respective organisations)

Les Burden, Poole Borough Council
David Fox, Dorset County Council
Ken Hockey, NHS Bournemouth and Poole
Lee Foord, Internal Hospital Volunteers
Stephen MacLoughlin, Bournemouth Borough Council (to July 2010)
Ian Lancashire, Bournemouth Borough Council (from October 2010 - February 2011)
Clare Sutton, NHS Dorset
Gail Thomas, Bournemouth University

Public governors are elected by secret ballot of the public membership, using the single transferable vote system. Each public governor is elected for a term of three years. Similar arrangements apply to the staff governors who are elected from the relevant staff group.

At each meeting of the Council of Governors, a declaration of any interests held which may conflict with their role as Governor is recorded. A copy of the

Governance

declaration of interests can be inspected by arrangement with the Trust Secretary.

Executive and Non-Executive Directors attend the public meetings of the Council of Governors as one means of understanding the views of governors and members. They have also met in

private seminar format to discuss issues of concern to Governors.

The number of meetings held by the Council of Governors and the individual attendance by governors and directors is as follows:

Attendance at Council of Governors meetings

Name	Title	Constituency	Attendance (out of 4)
Mrs J Stichbury	Chairman		3
Mrs Jayne Baker	Public Governor	Bournemouth	4
Mrs Maureen Baker	Public Governor	Poole	2/2
Mr David Bellamy	Public Governor	Bournemouth	3
Mrs Glenys Brown	Public Governor	Bournemouth	2/2
Mrs Sue Bungey	Public Governor	East Dorset, Christchurch and Purbeck	4
Cllr Les Burden	Appointed Governor	Poole Borough Council	4
Mr Phil Carey	Public Governor	Bournemouth	5
Mrs Sharon Carr-Brown	Public Governor	Bournemouth	2
Mr Mike Desforjes	Public Governor	East Dorset, Christchurch and Purbeck	4
Dr David Dickson	Staff Governor	Medical	1
Dr Derek Dundas	Public Governor	Bournemouth	4
Mr Dean Feegrade	Staff Governor	Admin, Clerical and Management	3
Miss Celia Fern	Public Governor	New Forest	1
Mr Lee Foord	Appointed Governor	Internal Hospital Volunteers	4
Cllr David Fox	Appointed Governor	Dorset County Council	2
Mr Alf Hall	Public Governor	East Dorset, Christchurch and Purbeck	4
Mrs Mollie Harwood	Public Governor	Bournemouth	2
Mr John Hempstead	Public Governor	New Forest	3
Mr Ken Hockey	Appointed Governor	NHS Bournemouth and Poole	3
Dr Leon Kaufman	Public Governor	Bournemouth	4
Cllr Ian Lancashire	Appointed Governor	Bournemouth Borough Council	1/2
Mrs Joyce Littman	Public Governor	Bournemouth	2/2
Cllr Stephen MacLoughlin	Appointed Governor	Bournemouth Borough Council	2/2

Governance

Miss Claire Moloney	Staff Governor	Allied Health Professionals, Scientific and Technicians	2/2
Mrs Susan Roberts	Public Governor	East Dorset, Christchurch and Purbeck	0/1
Sr Fiona Stephenson	Staff Governor	Nursing and Midwifery	4
Mrs Clare Sutton	Appointed Governor	NHS Dorset	3
Dr Gail Thomas	Appointed Governor	Bournemouth University	3
Mr James Watts-Phillips	Public Governor	East Dorset, Christchurch and Purbeck	4
Mr Paul Weaver	Public Governor	Poole	1/2
Directors:			
Mr T Spotswood	Chief Executive		2*
Mrs K. Allman	Director of Human Resources		1*
Mrs B Atkinson	Director of Nursing		1*
Mr S Hunter	Director of Finance of IT		2*
Mrs H Lingham	Director of Operations		3*
Mr R Renaut	Director of Service Development		3*

* Directors have only been required to attend if they have presented an item.

Elections were held in six constituencies during the year. Efforts to maximise turnout included extensive publicity and meetings both pre and post nomination.

The Board confirms that the elections to the Council of Governors were held in accordance with the election rules as stated in the Constitution.

Date of Election	Constituencies involved	Number of members in constituency	Number of seats contested	Number of contestants	Election turnout %
July 2010	Bournemouth	8115	3	6	29%
July 2010	East Dorset, Christchurch and Purbeck	1519	2	5	36.8%
July 2010	Staff - Medical & Dentistry	103	1	1	Un-contested
July 2010	Staff - Nursing and Midwifery	394	1	1	Un-contested
July 2010	Staff - Allied Health Professionals, Scientific and Technicians	143	1	4	36.9%
July 2010	Staff - Estates and Ancillary	60	1	1	Un-contested

Governance

Elections to vacant positions for public and staff governors took place July 2010 and the following were elected for a three year term from September 2010:

Glenys Brown,
Public Governor, Bournemouth

Sue Roberts,
Public Governor, East Dorset,
Christchurch and Purbeck

Richard Ford,
Staff Governor, Estates and Ancillary

Claire Moloney,
Staff Governor, Allied Health
Professionals, Scientific and Technicians
(One year term of office)

Jayne Baker,
Public Governor, Bournemouth
re-elected

Phil Carey,
Public Governor, Bournemouth re-elected

Mike Desforges,
Public Governor, East Dorset,
Christchurch and Purbeck, re-elected

David Dickson,
Staff Governor, Medical and Dentistry
re-elected unopposed

Fiona Stephenson,
Staff Governor, Nursing and Midwifery
re-elected unopposed

Nomination Committee

The Nomination Committee is a standing committee of the Council of Governors whose primary function is to assist the Board of Directors with its oversight role by:

- Periodically reviewing the numbers, structure and composition (including the person specifications) of

Non-Executive Directors, to reflect the expertise and experience required and to make recommendations to the Council of Governors

- Developing succession plans for Non-Executive Directors, taking into account the challenges and opportunities facing the trust
- Identifying and nominating candidates to fill Non-Executive Director posts
- Keeping the leadership requirements of the trust under review, to ensure the continued ability to provide cost effective, high quality and appropriate health services.

The Committee membership was:

Name	Meetings attended (out of 4)
Jane Stichbury (Chairman)	3
Derek Dundas	4
Ken Hockey	3
Michael Desforges	3
Karen Allman (director of HR)	4

The Committee met four times in 2010/11. One appointment of a Non-Executive Director was made during the year under report, on 1 February 2011 for a term of three years. This was Pankaj Davé. An external search company, Odgers Berndtson was used in relation to the board appointment and open advertising. In addition, the members of the Nomination Committee met on one further occasion on an informal basis, as part of the panel responsible for the recruitment of the new Non- Executive Director.

Governance

6.5 Membership

During 2010/11 the role of Governors continued to evolve, particular in relation to meeting with members in local constituency events. Various meetings and information sessions were held within the constituencies bringing members together to listen to presentations on all aspects of services delivered within the Trust. These events also gave members an opportunity to speak and ask questions of Trust staff and governors. Members also have their own membership news letter, FT Focus which enables the members to be kept up to date with news and events. Staff Governors details are on the intranet and can be contacted at any time by staff members.

Over the next 12 months developments include:

- Governors will attend community events, local area forums and the League of Friend Hospital Summer Fete to recruit new and engage with existing members.
- Health Talks are to be given within the membership constituencies. Trust Consultants will provide specialise talks on current medical conditions.
- Hold a meeting for representatives of local organisations.

As of 31st March, 2011 there were 12629 members in the following constituencies:

Public constituency	Last year (2010/11)	Next year (estimated) (2011/12)
At year start (April 1)	12,212	11772
New members	174	250
Members leaving	614	500
At year end (March 31)	11,772	11522

Staff constituency	Last year (2010/11)	Next year (estimated) (2011/12)
At year start (April 1)	818	857
New members	50	50
Members leaving	11	10
At year end (March 31)	857	897

The Foundation Trust does not have a separate patient constituency.

Analysis of membership in constituencies

Public		Staff	
Bournemouth	7925	Medical	81
Poole	1870	Allied Healthcare Professional, Scientific and Technicians	155
East Dorset, Christchurch and Purbeck	1501	Nursing & Midwifery	357
New Forest	469	Admin, Clerical & Management	203
Rest of Area	7	Estates and Ancillary	61

Governance

Analysis of current membership

Public constituency	Number of members	Eligible membership
Age (years):		
0-16	0	502,272
17-21	33	175,729
22+	9,912	1,964,012
Ethnicity:		
White	11,298	2,476,635
Mixed	32	19,743
Asian or Asian British	36	25,530
Black or Black British	26	8,483
Other	30	15,693
Socio-economic groupings*:		
ABC1	6,982.00	915,380
C2	2,094.89	298,246
D	2,040.08	278,469
E	655.03	69,967
Gender analysis		
Male	5,104	1,293,670
Female	6,540	1,348,343

The analysis section of this report excludes:

- 1827 public members with no dates of birth, 350 members with no stated ethnicity and 128 members with no stated gender.

* Socio-economic data should be completed using profiling techniques (eg: 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.

Members who wish to communicate with their Governors should contact the:

**Governor Coordinator (B28),
The Royal Bournemouth Hospital,
Castle Lane East,
Bournemouth, BH7 7DW**

or email: ftmembers@rbch.nhs.uk

Financial Statements

For the year ended 31st March 2011

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Foundation Trust

NHS Foundation Code **RDZ**

Registered Office **Royal Bournemouth Hospital**
Castle Lane East
Bournemouth
BH7 7DW

Directors

Executive	Mr A Spotswood	Chief Executive
	Mr S Hunter	Director of Finance and IT
	Miss B Atkinson	Director of Nursing
	Mrs H Lingham	Director of Operations
	Mrs K Allman	Director of Human Resources
	Mr R Renaut	Director of Service Development
	Mrs M Armitage	Medical Director

Non-Executive	Mrs J Stichbury	Chairman
	Mr B Ford	
	Mr K Tullett	
	Mr I Metcalfe	(Until 12th November 2010)
	Mrs A Pike	
	Mr S Peacock	
	Mr D Bennett	
	Mr P Davé	(From 1st February 2011)

Secretary	Mr J Day	(Until 5th July 2010)
	Mrs R Lawry	(From 6th July 2010)

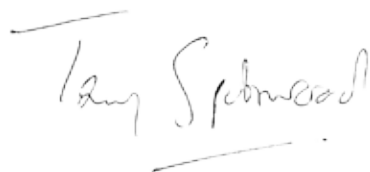
Bankers **NatWest (The Royal Bank of Scotland)**
Chandlers Ford

Solicitors **Beachcroft Wansbroughs**
Winchester

Auditors **Audit Commission**
Eastleigh

Foreword

These accounts for the year ended 31st March 2011 for the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (“the Foundation Trust”) have been prepared in accordance with paragraph 24 and 25 of Schedule 7 of the National Health Service Act 2006, and comply with the annual reporting guidance for NHS Foundation Trusts within the NHS Foundation Trust Financial Reporting Manual (FT FReM) for the financial year.

A handwritten signature in black ink, reading "Tony Spotswood". The signature is written in a cursive style with a horizontal line above and below the name.

Tony Spotswood
Chief Executive
Date: 03.06.11

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 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 Officers' Memorandum issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Under the National Health Service 2006 Act, 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 Financial Reporting Manual and in particular to:

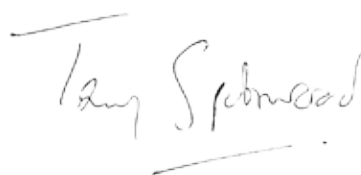
- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable

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 Financial Reporting Manual have been followed, and disclose and explain any material departures in the financial statements; 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
Date: 03.06.11

Statement on Internal Control



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 ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of the Royal Bournemouth & 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 Foundation Trust for the year ended 31 March 2011 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. 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.

The Trust has an accredited risk management training course in place and it is mandatory for all managers, and staff in a managerial role, to attend. The training provides staff with the skills required to recognise, manage and monitor risk within their areas of responsibility. Formal training is then supported by a variety of other resources that seek to promote and facilitate individual, departmental, directorate and organisational learning. As an example, the Clinical Governance &

Statement on Internal Control

Risk Management Committee produce a quarterly Clinical Governance & Risk Management report which highlights examples of, and recommendations for, good safe practice. These recommendations are implemented through the directorate clinical governance groups. A range of risk management training opportunities are available to other staff including TEREMA workshops and in addition the Board of Directors undertakes an annual risk management training event.

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). Under the Strategy, General Managers and Directors are responsible for maintaining Directorate Risk Registers and for bringing significant risks to the attention of the appropriate Foundation Trust's Board of Directors sub committees. 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 Internal Audit and 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 via the assurance framework process. The development of the assurance framework has involved consideration of all objectives (strategic, 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

Statement on Internal Control

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 Patient & Public Involvement Group, Health & Safety Committee, Research Audit & Clinical Effectiveness Committee, the Clinical Ethics Committee, Finance Committee and the Infection Control Committee. All risks entered onto the risk register are categorised according to the risk management strategy using a combination of likelihood and consequence and assigned a current risk score and a target risk score following action plan and mitigation. In addition all risks at corporate level are 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 and quarterly by the Board of Directors. Membership of the Healthcare Assurance Committee includes representation from the Board of Directors and the Council of Governors. In addition, the Clinical Governance & Risk Management Committee also reviews all new clinical risks monthly providing feedback to directorates as appropriate. The assurance framework is reviewed bi-monthly by the Healthcare Assurance Committee and quarterly by the Board of Directors and is incorporated within the Internal Audit programme and approved by the Audit Committee.

In line with Monitor's guidance, risks to data security are being managed and controlled through the Information

Governance infrastructure. Plans are in place via the Senior Information Risk Officer, to use the Information Governance Tool Kit to ensure the Trust complies with the necessary requirements and the Trust is compliant to level 2.

The organisation's major risks are categorised below in terms of current and future risks:

Current risks:

- Delayed transfers of care causing internal bed pressures and potentially negating the achievement of trust targets and the ability to drive down costs through the transformation programme. Actions agreed with the PCT and Local Authorities will assist in delivering minimal delays and contractual penalties will apply in the event of default. The Trust's discharge planning team works actively with patients and their carers to minimise the risk of delayed transfers for reasons related to hospital activities.
- The financial penalties associated with failing to provide single sex accommodation in the Clinical Decision Unit, within the Emergency Department will expose the Trust to a risk in 2011/12. The trust is seeking to identify solutions to this risk, including the redesign of the area. Patients are regularly canvassed for their views on the care environment as part of the Trust's real time patient feedback surveys.
- Demand for acute care exceeding the projected levels set out within the contract, with implications for meeting key targets and living within agreed financial parameters. Mitigating action

Statement on Internal Control

includes reviewing referral levels monthly and agreeing steps with commissioners to reduce referrals where pressures are evident. This will be kept under careful review by the Board

- Infection Control - whilst the Trust performs well in respect of MRSA and Clostridium Difficile targets, the seasonal Norovirus outbreaks remain a risk because of the potential effects on bed capacity and elective throughput. The Trust has an active action plan in place to mitigate this risk, with an improving performance annually. This will continue to be developed and monitored on a regular basis. A range of methods to educate and inform the public regarding infection control, policies and performance and the Trust publishes an annual infection control report.

Future risks:

- Uncertainty regarding the future direction of the Tariff will place financial pressures on the Trust over the next three years. Particular focus on driving down emergency activity through a low marginal rate and the readmissions policy will present significant challenges to the Trust. It is therefore essential that joint working with the PCT is based on recognised and appropriate clinical pathways. Monitoring will be through the regular contract monitoring meetings with the PCT. This may drive further reconfiguration of services
- Implementation of agreed restructuring and reconfiguration of services will help avoid future costs and generate improvements in care

and greater efficiency. If there is an absence of whole community support for implementation of proposals this risks making the necessary savings. Boards will work together to agree changes and discuss with Monitor potential implications of trust reconfiguration where this is necessary. The Trust has undertaken an extensive public consultation exercise in respect of the future provision of services.

- The suggested reduction in the number of junior doctor training posts, particularly in surgical specialties, is likely to impact upon the Trust's ability to deliver targets at the same time as delivering low waiting times. The overall impact of this is not yet fully apparent, steps will need to be taken to replace such posts with Trust grade doctors, realign rotas or combine services across Trust's were appropriate.
- There is a need for a clear commissioner strategy on the provision of hospital and community based services. The absence of this could impede progress and create time delays in key decisions. Regular meetings at Chair and Chief Executive level across the whole health economy will drive the development of appropriate plans. This strategy will require political agreement and support from regulators.

The Foundation Trust is fully compliant with the requirements of registration with the Care Quality Commission.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place

Statement on Internal Control

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.

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. The Carbon Reduction Group for the Trust is in place and has agreed delivery plans for carbon reduction measures.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. Equality Impact Assessments (EIA's) are carried out on all Trust policies and service developments. A toolkit has been developed and is available on the Trust intranet and results of EIA's are also shown on the Trust website. The Foundation Trust has an Equality and Diversity Committee which is chaired by a Board Director and has wide representation from across the Trust. Sub-groups report into the Equality and Diversity committee and have an agreed work plan which ensures that we meet our obligations.

During 2010/11 the Fertility Service was temporarily suspended during the year due to concerns about the eligibility of patients to receive treatment. A full external review by the Royal College of Obstetricians and Gynaecologists and an internal review was undertaken and since then Trust has implemented a full action plan. An interim arrangement with another NHS provider is currently in place.

Annual 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 in the NHS Foundation Trust Annual Reporting Manual.

The production of the Quality Report is overseen by the Director of Nursing 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 external opinion has been sought from the Trust's lead commissioners, three local health scrutiny panels, the Local Involvement Network 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 and subject to validation by the Internal Auditors. The audits have provided

Statement on Internal Control

substantial assurance to the Board that the controls and procedures upon which the organisation relies to manage these areas are effective. This has been supported by external feedback for example the Care Quality Commission's Quality and Risk Profile, the NHS Litigation Authority and regular patient / service user feedback. Data to support the Quality Report is largely handled by the Trust's Information Department and the Clinical Effectiveness Department, both of which have been subject to quality checking and control.

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 Foundation Trust achieved a financial risk rating of 4, demonstrating a strong level of financial performance and management of the organisation and also showed that we represent value for money and make good use of public money in the planning and delivery of our services.

The Head of Internal Audit provides an opinion on the overall arrangements in place to manage resources economically, efficiently and effectively. This opinion is based upon the controls reviewed throughout the year as part

of the audit programme. The Head of Internal Audit has stated, "based on the work undertaken in 2010/11, significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weaknesses in the design and inconsistent application of controls put the achievement of particular objectives at risk". The key risks and issues from the audit work undertaken in 2010/11 relate to training and development where the trust is falling short in its ability to demonstrate mandatory training compliance and to implement in full the Oracle Learning Management module of the Electronic Staff Record. Further, there was a lack of clarity around the roles and responsibilities of the directorates and the Trust Training and Development team. Internal Audit were also advised that following an inspection by the Health & Safety Executive of the Trust's legionella management systems in late 2010/11, the trust was issued with two improvement notices which require action to be completed by 31 October 2011. The Trust was requested to provide a time bound action plan and a root cause analysis report following the investigation. Internal Audit can confirm these documents have been prepared by the Trust and were considered by the Board of Directors on the 8 April 2011.

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 report to the board of directors in his annual report.

Statement on Internal Control

A non-executive director chairs the Audit Committee. It met four 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.

A non-executive director chairs the Healthcare Assurance Committee. The Committee met six 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.

A non-executive director chairs the Finance Committee. The Committee met thirteen 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
- Clinical Governance and Risk Committee
- Infection Control Committee
- Finance Committee
- Marketing Committee
- Information Governance Committee
- Workforce Strategy Committee

Review of effectiveness of the system of internal control

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 and the Executive Managers 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 Risk Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

Both the Assurance Framework and the Trust Risk Register are reviewed on a regular basis through the committee structure outlined above. The Trust currently holds full registration with the Care Quality Commission and the Quality and Risk Profile is reviewed on a monthly / bi-monthly basis as published by the Commission. The most recent issue (April 2011) indicates a low risk of non-compliance with the Essential Standards.

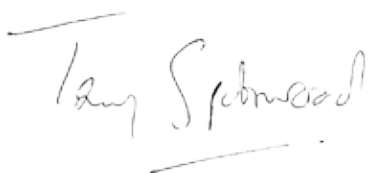
The effectiveness of the system of the internal control has been reviewed by the Audit Committee and further work to refine and develop our assurance

Statement on Internal Control

processes is in progress and will be reviewed and evaluated on an ongoing basis.

Conclusion

The Head of Internal Audit states in his report that significant assurance can be given that there is generally a sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. As discussed earlier in the report, a weakness in the Trust's ability to demonstrate mandatory training compliance and to implement in full the OLM module within the Electronic Staff Record resulted in a comment in the Annual Internal Audit Opinion. Following the identified shortcomings, action was taken to improve the ability of the trust to comply with the requirements. Further clarity around the roles and responsibilities of the directorates and the Trust Training and Development Team have also been addressed. Following the improvements notices by the Health & Safety Executive in relation to Legionella management systems, immediate action was taken with reports being prepared for the Board of Directors including a root cause analysis and subsequent action plan.



Tony Spotswood
Chief Executive
Date: 03.06.11

Report of the Auditors

Independent auditor's report to the Council of Governors of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

I have audited the financial statements of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust for the year ended 31 March 2011 under the National Health Service Act 2006. The financial statements comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes. These financial statements have been prepared under the accounting policies set out in the Statement of Accounting Policies.

I have also audited the information in the Remuneration Report that is described as having been audited.

This report is made solely to the Council of Governors of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. My audit work has

been undertaken so that I might state to the Board of Governors those matters I am required to state to it in an auditor's report and for no other purpose. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Foundation Trust as a body, for my audit work, for this report or for the opinions I have formed.

Respective responsibilities of the Accounting Officer and auditor

As explained more fully in the Statement of Accounting Officer's Responsibilities, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

My responsibility is to audit the financial statements in accordance with applicable law, the Audit Code for NHS Foundation Trusts and International Standards on Auditing (UK and Ireland). Those standards require me to comply with the Auditing Practice's Board's Ethical Standards for Auditors.

Report of the Auditors

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Trust; and the overall presentation of the financial statements. I read all the information in the annual report to identify material inconsistencies with the audited financial statements. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my report.

Opinion on financial statements

In my opinion the financial statements:

- give a true and fair view of the state of affairs of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust's affairs as at 31 March 2011 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by Monitor as being relevant to NHS Foundation Trusts.

Opinion on other matters

In my opinion:

- the part of the Remuneration Report to be audited has been properly prepared in accordance with the accounting policies directed by Monitor as being relevant to NHS Foundation Trusts; 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.

Report of the Auditors

Matters on which I report by exception

I have nothing to report in respect of the Statement on Internal Control on which I report to you if, in my opinion the Statement on Internal Control does not reflect compliance with Monitor's requirements.

Certificate

I certify that I have completed the audit of the accounts of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust in accordance with the requirements of the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts issued by Monitor.



Patrick Jarvis

Officer of the Audit Commission
Collins House
Bishopstoke Road
Eastleigh
Hampshire
Date: 03.06.11

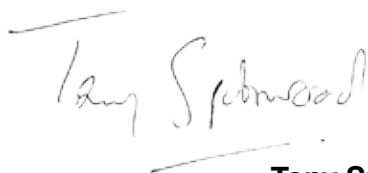
Statement of Comprehensive Income

	Notes	2010 / 11	2009/10
		£'000	£'000
Operating Income from continuing operations	4,5,6	234,252	230,964
Operating expenses of continuing operations	7	(225,959)	(223,366)
OPERATING SURPLUS		8,293	7,598
FINANCE COSTS			
Finance Income - Interest receivable	12	367	325
Finance expense - Finance Leases - Interest		(63)	(78)
Finance expense - unwinding of discount on provisions		(11)	(11)
Public Dividend Capital dividends payable		(4,663)	(4,766)
NET FINANCE COSTS		(4,370)	(4,530)
SURPLUS FOR THE YEAR		3,923	3,068
Other comprehensive Income			
Revaluation gain / (loss) on property plant and equipment		7,235	(706)
Increase in donated assets reserve due to receipt of donated assets		934	527
Reduction in donated reserve in respect of depreciation		(734)	(644)
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		11,358	2,245

Statement of Financial Position

	Notes	31 March 2011	31 March 2010
		£'000	£'000
Non Current Assets			
Intangible Assets		1,001	1,235
Property, Plant & Equipment		148,751	145,347
Total non-current assets	14	149,752	146,582
Current assets			
Inventories	17	4,190	3,748
Trade and other receivables	18	5,470	12,222
Cash and cash equivalents	19	39,329	25,292
Total current assets		48,989	41,262
Current Liabilities			
Trade and other payables	20	(18,639)	(19,067)
Borrowings	21	(343)	(549)
Provisions	24	(135)	(161)
Total current liabilities		(19,117)	(19,777)
Total assets less current liabilities		179,624	168,067
Non-current liabilities			
Trade and other payables	20	(592)	(60)
Borrowings	21	(1,177)	(1,520)
Provisions	24	(471)	(461)
Total non-current liabilities		(2,240)	(2,041)
Total Assets Employed:		177,384	166,026
Taxpayers' Equity			
Public Dividend Capital		78,674	78,674
Revaluation reserve		69,325	65,957
Donated Asset Reserve		7,057	6,251
Income and expenditure reserve		22,328	15,144
Total Taxpayers' Equity:		177,384	166,026

The financial statements on pages 21 to 53 were approved by the board on 03.06.11 and signed on its behalf by:



Tony Spotswood Chief Executive

Statement of changes in taxpayers' equity

	Public Dividend Capital	Revaluation Reserve	Donated Asset Reserve	Income and Expenditure Reserve	Total
Taxpayers' Equity at 1 April 2010	78,674	65,957	6,251	15,144	166,026
Surplus for the year	0	0	0	3,923	3,923
Revaluation gains and impairment losses on property, plant and equipment	0	6,629	606	0	7,235
Increase in the donated asset reserve due to receipt of donated assets	0	0	934	0	934
Reduction in the donated asset reserve in respect of depreciation, impairment, and/or disposal of donated assets	0	0	(734)	0	(734)
Transfer of the excess of current cost depreciation over historical cost depreciation to the Income and Expenditure Reserve	0	(3,261)	0	3,261	0
Taxpayers' Equity at 31 March 2011	78,674	69,325	7,057	22,328	177,384
Taxpayers' Equity at 1 April 2009	78,674	66,938	6,187	11,982	163,781
Surplus for the year	0	0	0	3,068	3,068
Revaluation gains/(losses) and impairment losses property, plant and equipment	0	(887)	181	0	(706)
Increase in the donated asset reserve due to receipt of donated assets	0	0	527	0	527
Reduction in the donated asset reserve in respect of depreciation, impairment, and/or disposal of donated assets	0	0	(644)	0	(644)
Transfer of the excess of current cost depreciation over historical cost depreciation to the Income and Expenditure Reserve	0	(94)	0	94	0
Taxpayers' Equity at 31 March 2010	78,674	65,957	6,251	15,144	166,026

Statement of Cash Flows

	Notes Ref. Page	2010/11		2009/10	
		£'000		£'000	
Cash flows from operating activities					
Operating surplus from continuing operations			8,293		7,598
Operating surplus of discontinued operations			0		0
Operating surplus			8,293		7,598
Non-cash income and expense					
Depreciation and amortisation	14	8,407		8,109	
Impairments	14	92		395	
Transfer from the donated asset reserve		(734)		(644)	
(Increase)/Decrease in Trade and Other Receivables		6,427		5,182	
(Increase)/Decrease in Inventories	17	(442)		(668)	
Increase/(Decrease) in Trade and Other Payables		564		(790)	
Increase/(Decrease) in Provisions	24	(16)		(4)	
Other movements in operating cash flows		24	14,322	24	11,604
Net cash generated from operations			22,615		19,202
Cashflow from investing activities					
Interest received		370		332	
Purchase of intangible assets		(183)		(756)	
Purchase of Property, Plant and Equipment		(4,212)		(12,746)	
Sales of Property, Plant and Equipment		0		2	
Net cashflow from investing activities			(4,025)		(13,168)
Cashflow from financing activities					
Capital element of finance lease rental payments		0		1,216	
Interest Paid		0		(10)	
Interest element of finance lease		(63)		(78)	
PDC Dividend paid		(4,489)		(5,088)	
Net cash flow used in financing activities			(4,552)		(3,960)
Net increase in cash and cash equivalents			14,038		2,074
Cash and cash equivalents at beginning of year			25,292		23,218
Cash and cash equivalents at end of year	19		39,329		25,292

Accounting Policies

1. Accounting Policies

Monitor has directed that the financial statements of the NHS Foundation Trusts shall meet the accounting requirements of the NHS Foundation Trust Financial Reporting Manual which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the 2010/11 NHS Foundation Trust Financial 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. The Foundation Trust is a single entity, therefore no consolidation is required in these accounts.

1.1 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 inventories.

1.2 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.

1.3 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.

1.3.1 Critical judgements in applying accounting policies

The following are the key judgements, apart from those involving estimations (see note 31) that management has made in the process of applying the Foundation Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

1.3.2 Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the Statement of Financial Position date, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year (see note 31).

Accounting Policies

1.4 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.

1.5 Income recognition

The main source of revenue for the Foundation Trust is under contracts from commissioners in respect of healthcare services. Revenue is recognised in the period in which services are provided. Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

The Foundation Trust recognises revenue when the the amount of revenue can be reliably measured, it is probable that future economic benefits will flow to the Foundation Trust and when specific criteria have been met for each of the activities as described below. The amount of revenue is not considered to be reliably measurable until all contingencies relating to the activities have been resolved.

(a) Patient Related Revenue

Revenue is recognised when the service has been delivered, that is, in the period when the service was provided. At year end, a revenue estimate is recognised for patients who are in hospital and have not completed their period of treatment (incomplete spell).

(b) Education and Training

Revenue is recognised when the conditions of education and training contracts have been met.

(c) Non Patient Care Services

This is the income for the funding of education and training for specific staff groups. Income is recognised when the Foundation Trust has achieved its objectives as set out in the annual contract.

(d) Interest

Interest revenue is accrued on a time basis, by reference to the principal outstanding and interest rate applicable.

(e) 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.

(f) 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, usually by cash.

(g) Income from Sales 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.

Accounting Policies

1.6 Expenditure on other goods and services

Expenditure on goods and services 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 non-current assets such as property, plant and equipment.

1.7 Intangible Assets

Capitalisation

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 legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential 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:

- it is technically feasible to complete the software product so that it will be available for use;

- the Foundation Trust intends to complete the software product and use it;
- there is an ability to sell or use the product;
- it can be demonstrated how the product will generate probable future economic benefits;
- adequate technical, financial and other resources to complete development to use the software product are available;
- the expenditure can be reliably measured;
- they are capable of being used in the Foundation Trust's activities for more than one year;
- they have a cost of at least £ 5,000.

Software

Software which is integral to the operation of hardware e.g an operating software is capitalised as part of the the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g application software is capitalised as an intangible asset.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposite effects of development costs and technological advances.

Accounting Policies

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

1.8 Property, Plant and Equipment

Capitalisation

Property, Plant and Equipment is capitalised when:

- 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 can be measured reliably
- individually have a cost of at least £ 5,000; or
- collectively have a cost of at least £ 5,000 and individually have a cost of more than £ 250, where the assets are functionally interdependent, they had 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.

Non-Current assets are stated at the lower of replacement cost and recoverable amount. On initial recognition they are measured at cost (for leased assets, fair value) including any costs such as installation directly attributable to bringing them into working condition. 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 IAS 16 every five years. A three yearly interim valuation is also carried out.

Professional valuations are carried out by the District Valuer of the Valuation Office Agency. The valuations are carried out in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual. The last full asset valuations (excluding Assets under construction / Work In Progress) were undertaken as at 31 March 2011 and were 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

Accounting Policies

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.

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse an impairment previously recognised in operating expenses, in which case they are recognised in operating income.

Decreases in asset values and impairments 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'.

Items 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

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is added to the asset's carrying value. Where subsequent expenditure is simply restoring the asset to the specification

assumed by its economic useful life then the expenditure is charged to operating expenses.

Depreciation, Amortisation and Impairments

Land is considered to have an infinite life and is not depreciated. Depreciation on other assets is calculated using the straight-line method to allocate their cost or revalued amounts to their residual values over their estimated useful lives as follows

Medical Equipment	5 - 10 Years
IT Equipment / Software	3 - 5 Years
Radiology Equipment	5 - 7 Years
Furniture / Fittings	10 Years
Vehicles	7 Years
Set-up Costs	10 Years
Buildings and Dwellings	10 - 90 Years

The assets residual values and useful lives are reviewed, and adjusted if appropriate, at each Statement of Financial Position date.

The assets carrying amount is written down immediately to its recoverable amount if the assets carrying amount is greater than estimated recoverable amount.

Gains and losses on disposals are determined by comparing the proceeds with the carrying amount and are recognised within 'Operating Expenses' on the Statement of Comprehensive Income.

When revalued assets are sold, the amounts included in other reserves are transferred to the Retained Earnings Reserve.

Accounting Policies

1.9 Donated assets

Donated assets capitalised at their current value on receipt and this value is credited to the Donated Asset Reserve. Donated assets are valued and depreciated as described above for purchased assets. Gains and losses on revaluations is also taken to the Donated Asset Reserve and, each year, an amount equal to the depreciation charge on the asset is released from the Donated Asset Reserve to the Statement of Comprehensive Income. Similarly, any impairment on donated assets charged to the Statement of Comprehensive Income is matched by a transfer from the Donated Asset Reserve. On sale of donated assets, the value of the net book value of the donated asset is transferred from the Donated Asset Reserve to the Income and Expenditure Reserve.

1.10 Government Grants

Government grants are grants from Government bodies other than income from primary care trusts or NHS trusts for the provision of services. Grants from the Department of Health, including those for achieving three star status, are accounted for as Government grants as are grants from the Big Lottery Fund. Where the Government grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure the grant is held as deferred income and released to operating income over the life of the asset in a manner consistent with the depreciation charge for that asset.

1.11 Inventories

Inventories are valued at the lower of cost and realisable value. Due to the high turnover of stocks, current cost is used as a fair estimate of current value.

Stocks are rotated with reference to 'use by date' (if applicable).

Where the 'use by date' has passed, goods are removed from stock and destroyed, the stock systems adjusted and the loss charged to the Statement of Comprehensive Income.

1.12 Cash and cash equivalents

Cash is cash in hand and deposits with financial institutions repayable without penalty or notice of no more than 24 hours. Cash equivalents are investments that mature in 3 months or less and that are readily convertible to known amounts of cash with insignificant risk of change in value.

1.13 Provisions

The Foundation Trust provides for legal or constructive obligations that are of uncertain timing or amount at the Statement of Financial Position date on the basis of the best estimate of the expenditure 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 Treasury's discount rate of 1.8% (2.2% 2009/10) in real terms.

Clinical Negligence Costs

Accounting Policies

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Foundation Trust pays an annual contribution to the NHSLA which in return settles all clinical negligence claims. Although the NHSLA 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 NHSLA on behalf of the Foundation Trust is disclosed at note 24.

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.

1.14 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. Contingent liabilities are not recognised but will be disclosed by note.

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 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.

1.15 Expenditure on Employee Benefits

Short term employee benefits

Salaries, wages and employee related payments are recognised in the period in which the service was received from the 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 in the following period.

Pension costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The Scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. As a consequence it is not possible for the NHS Foundation Trust to identify its share of the underlying scheme assets and liabilities. Therefore the scheme is accounted for as a defined contribution scheme under IAS 19. The cost of the scheme is equal to the contributions payable to the scheme for the accounting period.

Employers pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from

Accounting Policies

early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the Statement of Comprehensive Income at the time the Foundation Trust commits itself to the retirement, regardless of the method of payment.

Additional information

The NHS pension scheme is subject to a full valuation every four years by the Government Actuary. However, the last published valuation relates to the period 1 April 1999 to 31 March 2004 which was published in December 2007 and is available on the NHS Pensions Agency website;

The notional deficit of the scheme was £3.3 billion as per the last scheme valuation by the Government Actuary for the period 1 April 1999 to 31 March 2004. The conclusion of the valuation was that the scheme continues to operate on a sound financial basis; and,

Employer contribution rates are reviewed every four years following the scheme valuation, on advice from the actuary. At the last valuation it was recommended that employer contribution rates should continue at 14% of pensionable pay. From 1 April 2008, employees' pay contributions will be on a tiered scale from 5% to 8.5 % of their pensionable pay.

1.16 Going Concern

After making enquiries, the directors

have a reasonable expectation that the Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

1.17 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 Trusts 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 / invoice received.

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.

Foreign Exchange

The functional and presentation

Accounting Policies

currencies of the Foundation Trust is sterling.

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 of financial assets, 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 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 liability.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Other Financial Liabilities

All other financial liabilities 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 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 asset.

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.

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

Accounting Policies

comprehensive income account and the carrying amount of the asset is reduced directly.

1.18 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.

1.19 Corporation Tax

Under current legislation, Foundation Trusts are not liable for corporation tax. HM Revenue and Customs are currently reviewing the classifications of income and drafting legislation which will have a possible effective date of 1st April 2012.

1.20 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 implicit rate is that which produces a constant rate of interest on the outstanding liability.

The asset and liability are recognised

at the inception of the lease and are de-recognised when the liability is discharged, cancelled or expires. The annual rent is split between the repayment of the liability and the finance cost. The annual finance cost is calculated by applying the implicit interest rate to the outstanding liability and is charged to Finance costs in the Statement of Comprehensive Income.

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.

Contingent rentals are recognised as an expense in the period in which they are incurred.

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.

1.21 Public Dividend Capital and PDC Dividend

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities for the predecessor NHS Trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the forecast cost of

Accounting Policies

capital utilised by the Foundation Trust, is paid over a public dividend capital dividend. The charge is calculated at the real 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 assets less the value of all liabilities, except for donated assets and cash held in Government Banking System accounts. Average relevant net assets are calculated as a simple mean of opening and closing relevant net assets (excluding prospective revaluations).

1.22 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 at note 19.

1.23 Financial Reporting Standards to be adopted 2011/12:

NHS Foundation Trust have been granted dispensation to the application of IAS 27 (revised) solely in relation to the consolidation of NHS charitable funds for 2010/11.

IAS 24 (Revised) Related Party Disclosures

Annual Improvements 2010

IFRIC 14 Amendment

IFRIC 19 Extinguishing Financial Liabilities with Equity Instruments

Notes - Operating 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 Trust's business from a services perspective as "Healthcare" and only one segment will be reported.

The segment information provided to the Finance Committee for the reportable segments for the year ended 31 March 2011 is as follows:

	Healthcare 2010/11	Healthcare 2009/10
	£'000	£'000
Segment revenue	234,252	230,964
Revenue from external customers	234,252	230,964

It is appropriate to aggregate these 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 of 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 trust does not undertake any other income generation activities with an aim of achieving profit.

4 Income from Patient Related Activities

	Continuing Operations 2010/11	Continuing Operations 2009/10
	£'000	£'000
Foundation Trusts	863	131
Primary Care Trusts	211,001	208,261
Department of Health - grants	0	124
Non NHS:		
- Private Patients	2,258	379
- Overseas patients (non-reciprocal)	5	0
- NHS Injury scheme income *	485	412
- Other	65	71
	214,677	209,378

*NHS ISI - net of 7.8% doubtful debt provision

Notes - Operating Income

4.1 Private Patient Cap

	2010/11	2009/10	2002/03 Base Year (Rebased)
	£'000	£'000	£'000
Private Patient Income	2,263	379	1,292
Total Patient Related Income	214,677	209,378	114,020
Proportion - Cap			1.1%
- Actual	1.1%	0.2%	

Section 15 of the 2006 Act requires that the proportion of private patient income to the total patient related income of the Foundation Trust should not exceed its proportion whilst the body was an NHS Trust in the base year.

The Cap has been revised based on the revised rules issued by Monitor on 10 February 2010

5 Other Operating Income

	Continuing Operations 2010/11	Continuing Operations 2009/10
	£'000	£'000
Research and development	1,219	1,322
Education and training	5,206	5,041
Transfers from the donated asset reserve in respect of depreciation, impairment and disposal of donated assets	734	644
Non-patient care services to other bodies	5,246	7,511
Other *	7,170	7,068
	19,575	21,586

* Includes:

Residences £ 539,000 (2009/10 £ 595,000)

Catering Services £ 805,000 (2009/10 £ 782,000)

NHS Drug sales £ 2,777,000 (2009/10 £ 2,895,000)

6 Mandatory and Non-Mandatory Income from Activities

	2010/11	2009/10
	£'000	£'000
Mandatory	219,883	214,419
Non-Mandatory	14,369	16,545
	234,252	230,964

Notes - Operating Expenses

7 Operating Expenses Comprise

	Continuing Operations 2010/11 £'000	Continuing Operations 2009/10 £'000
Services from NHS Foundation Trusts	3,154	2,957
Services from NHS Trusts	0	782
Services from other NHS Bodies	1,878	2,136
Purchase of healthcare from non NHS bodies	0	71
Employee Expenses - Executive directors	1,125	1,121
Employee Expenses - Non-executive directors	161	167
Employee Expenses - Staff	137,237	139,633
Drug costs	21,601	20,568
Supplies and services - clinical (excluding drug costs)	30,023	28,620
Supplies and services - general	2,383	2,326
Establishment	2,486	2,944
Research and development	643	376
Transport	719	759
Premises	8,821	8,849
Increase / (decrease) in bad debt provision	2,848	(424)
Depreciation on property, plant and equipment	7,980	7,703
Amortisation on intangible assets	427	406
Impairments of property, plant and equipment	92	395
Audit services - statutory audit	60	49
Audit services - regulatory reporting	28	5
Audit services - internal audit	103	88
Clinical negligence	1,789	1,517
Loss on disposal of land and buildings	0	13
Loss on disposal of other property, plant and equipment	56	11
Legal fees	249	121
Consultancy costs	1,056	1,057
Other services, eg external payroll	276	260
Losses, ex gratia & special payments	62	169
Other	702	687
Total	225,959	223,366

Notes - Operating Expenses

8 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:

	2010/11	2009/10
	£'000	£'000
Operating leases include:		
Equipment	309	120
Vehicles	30	11
Total	339	131
The future aggregate minimum lease payments under non-cancellable operating leases are as follow:		
No later than one year	134	126
Between 1 and 5 years	82	207
Total	216	333

8.1 Operating Leases, as lessee

The Foundation Trust owns some properties from which rental income is derived. These properties are leased out to members of staff and the contracts are normally between one and six months. 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:

	2010/11	2009/10
	£'000	£'000
Operating leases include:		
Accommodation	539	595
Office space	52	60
All Other Categories	30	30
Total	621	685
The future aggregate minimum lease payments under non-cancellable operating leases are as follow:		
No later than one year	621	590
Between 1 and 5 years	328	328
After five years	373	373
Total	1,322	1,291

Notes - Staff

9 Staff Costs and Numbers

9.1 Staff Costs

	2010/11	2009/10
	£'000	£'000
Salaries and wages	114,560	116,367
Social security costs	9,142	9,124
"Pension costs - defined contribution plans Employers contributions to NHS Pensions "	12,783	12,828
Agency/contract staff	1,877	2,435
Total	138,362	140,754

9.2 Average number of persons employed

	2010/11	2009/10
	Number	Number
Medical and dental	395	368
Administration and estates	1,094	1,108
Healthcare assistants and other support staff	628	678
Nursing, midwifery and health visiting staff	1,081	1,136
Scientific, therapeutic and technical staff	385	382
Bank and agency staff	147	154
Total	3,730	3,826

10 Retirements due to ill-health

There were 10 early retirements from the Foundation Trust agreed on the grounds of ill-health (2009/10, 4). The estimated additional pension liabilities of these ill-health retirements will be £ 514,173 (2009/10 £ 168,663). The cost of these ill-health retirements will be borne by the NHS Pensions Agency.

11 The Late Payment of Commercial debts (Interest) Act 1998

There were no payments of interest for commercial debts.

Notes - Investment / Finance Costs

12 Investment revenue

	2010/11	2009/10
	£'000	£'000
Interest receivable	367	325
	367	325

13 Finance costs

	2010/11	2009/10
	£'000	£'000
Finance leases	63	78
	63	78

Fixed Intangible assets, Property, Plant and equipment

14 Intangible asset, Property, Plant and Equipment

	Intangible Software Licences	Tangible								Furniture & fittings	Total
		Land (Freehold)	Buildings excluding dwellings (Freehold)	Dwellings (Freehold)	Assets Under Construction / Work In Progress	Plant and Machinery	Transport Equipment	Information Technology			
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Gross cost at 1 April 2010 as previously stated	3,984	29,099	99,897	3,950	1,718	31,409	139	2,924	638	173,758	
Additions - purchased	181	0	2,035	165	180	1,239	0	134	1	3,935	
Additions - donated	12	0	248	0	0	674	0	0	0	934	
Reclassifications	0	0	1,218	0	(1,284)	66	0	0	0	0	
Revaluation surpluses	0	(1,307)	3,951	(165)	0	0	0	0	0	0	2,479
Disposals	0	0	0	0	(381)	(2,719)	(13)	0	0	(3,113)	
Cost or valuation at 31 March 2011	4,177	27,792	107,349	3,950	233	30,669	126	3,058	639	177,993	
Accumulated depreciation at 1 April 2010 as previously stated	2,749	0	29	0	0	21,923	99	2,161	215	27,176	
Provided during the year	427	0	4,510	138	0	2,859	7	421	45	8,407	
Impairments recognised in the income and expenditure account**	0	0	92	0	0	0	0	0	0	92	
Revaluation surpluses	0	0	(4,619)	(138)	0	0	0	0	0	(4,757)	
Disposals	0	0	0	0	0	(2,664)	(13)	0	0	(2,677)	
Accumulated depreciation at 31 March 2011	3,176	0	12	0	0	22,118	93	2,582	260	28,241	
Net book value											
NBV - Purchased at 1 April 2010	1,220	29,099	95,163	3,950	1,718	6,136	39	447	410	138,182	
NBV - Finance lease at 1 April 2010	0	0	0	0	0	1,834	0	316	0	2,150	
NBV - Donated at 1 April 2010	15	0	4,705	0	0	1,516	1	0	13	6,250	
NBV total at 1 April 2010 as restated	1,235	29,099	99,868	3,950	1,718	9,486	40	763	423	146,582	
NBV - Owned at 31 March 2011	982	27,792	101,988	3,950	233	5,378	33	413	368	141,137	
NBV - Finance lease at 31 March 2011	0	0	0	0	0	1,495	0	63	0	1,558	
NBV - Donated at 31 March 2011	19	0	5,349	0	0	1,678	0	0	11	7,057	
NBV total at 31 March 2011	1,001	27,792	107,337	3,950	233	8,551	33	476	379	149,752	
Plant and equipment include the following amounts where the Foundation Trust is a lessee under finance leases.											
		2010/11	2009/10								
		£'000	£'000								
Net book value		1,558	2,149								
The Foundation Trust leases various medical equipment / IT under non cancellable finance lease agreements. The lease terms are between five and seven years.											

Notes - Current Assets

15 Impairment of property, plant and equipment

	2010/11	2009/10
	£'000	£'000
Changes in market price	92	395
Total	92	395

16 Capital Commitments

Commitments under capital expenditure contracts at the Statement of Financial Position date were :

	2010/11	2009/10
	£'000	£'000
Property plant and equipment - committed	31	1,171
Intangible assets - committed	140	51
Total	171	1,222

17 Inventories

	2010/11	2009/10
	£'000	£'000
Finished goods and consumables	4,190	3,748
Total	4,190	3,748

17.1 Inventories recognised in expenses

	2010/11	2009/10
	£'000	£'000
Inventories recognised as an expense in the period	26,933	25,863
Write-down of inventories (including losses)	361	128
Total	27,294	25,991

Notes - Current Assets

18 Trade and other receivables

18.1 Amounts falling due within one year:

	2010/11	2009/10
	£'000	£'000
NHS Receivables	3,979	6,799
Other receivables with related parties	125	0
Provision for impaired receivables	(3,112)	(374)
Prepayments	1,699	898
Accrued income	878	1,064
PDC receivable	148	322
Other receivables	1,753	3,513
Total	5,470	12,222

18.2 Age analysis of NHS, Other related parties PDC and Other receivables

	2010/11	2009/10
	£'000	£'000
Age of impaired receivables		
Up to three months	1,133	319
between three to six months	318	181
Over six months	270	94
Sub Total	1,721	594
Age of non-impaired receivables		
Up to three months	4,207	9,126
between three to six months	52	251
Over six months	25	341
Sub Total	4,284	9,718
Total	6,005	10,312

18.3 Provision for impairment of receivables

	2010/11	2009/10
	£'000	£'000
At 1 April	374	798
Increase in provision	2,848	(424)
Amounts utilised	(110)	0
At 31 March	3,112	374

Notes - Cash / Current Liabilities

19 Cash and cash equivalents

	2010/11	2009/10
	£'000	£'000
Balance 1 April	25,292	23,218
Net Change	14,037	2,074
Balance at 31 March	39,329	25,292
Made up of:		
Cash at commercial banks and in hand	470	435
Cash with the Government Banking Service	38,859	24,857
Cash and cash equivalents as in SoFP	39,329	25,292

The patient monies amount held on trust was £ 5,860 (2009/10 £ 351) which is not included in the above figures.

20 Trade and other payables

	2010/11	2009/10
	£'000	£'000
Amounts falling due within one year:		
NHS payables	1,612	2,442
Trade payables - capital	404	862
Other payables*	9,953	8,294
Accruals	6,670	7,469
Total	18,639	19,067
Amounts falling due over one year:		
Other payables	592	60
Total	19,231	19,127

* This includes outstanding pensions contributions at 31 March 2011 of £ 1,570,603 (2009/10 £ 1,579,377).

Notes - Finance Leases

21 Borrowings

	2010/11	2009/10
	£'000	£'000
Finance lease liabilities	343	549
Other		
Total	343	549
Non-Current liabilities	1,177	1,520
Total	1,520	2,069

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.

Amounts payable under finance leases

	Gross lease payments	
	2010/11	2009/10
	£'000	£'000
Within one year	385	612
Between one and five years	1,252	1,336
After five years	0	301
Less future finance charges	(117)	(180)
Total	1,520	2,069

Notes - Prudential Borrowing Limit

23 Prudential Borrowing Limit

	2010/11		2009/10	
	£'000		£'000	
	Limit	Utilised	Limit	Utilised
Total Long Term Borrowing limit	40,400	1,520	44,900	2,069
Working Capital Facility	9,000	0	9,000	0
Prudential borrowing limit set by Monitor	49,400	1,520	53,900	2,069
Ratios				
	Approved	Actual	Approved	Actual
Maximum debt / capital ratio	0	0	0	0
Minimum dividend cover	2.9x	3.7x	3.6x	4.1x
Minimum interest cover	0	0	0	0
Minimum debt service cover	0	0	0	0
Minimum debt service to revenue	0	0	0	0

The Foundation Trust is required to comply and remain within a prudential borrowing limit. This is made up of two elements:

- the maximum cumulative amount of long-term borrowing. This is set by reference to the five ratio tests set out in Monitor's Prudential Borrowing Code. The financial risk rating set under Monitor's Compliance Framework determines one of the ratios and therefore can impact on the long-term borrowing limit.
- the amount of any working capital facility approved by Monitor.

Further information on the NHS Foundation Trusts Prudential Borrowing Code and Compliance Framework can be found on the website of Monitor, the Independent Regulator of Foundation Trusts.

Notes - Provisions

24 Provisions for Liabilities and Charges

			2010/11	2009/10
	£'000	£'000	£'000	£'000
	Early Retirement	Legal claims*	Total	Total
At 1 April 2010, as restated	170	452	622	626
Change in the discount rate	0	23	23	0
Arising during the year	6	34	40	107
Utilised during the year	(17)	(52)	(69)	(100)
Reversed unused	0	(21)	(21)	(22)
Unwinding of discount	4	7	11	11
At 31 March 2011	163	443	606	622
Expected timing of cashflows:				
Within one year	17	117	134	161
Between one and five years	68	47	115	116
After five years	78	279	357	345
	163	443	606	622

* 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.

Note £ 9,371,300 is included in the provisions of the NHS Litigation Authority at 31/03/2011 (£ 6,077,451 at 31/03/2010) in respect of clinical negligence liabilities of the Foundation Trust.

Notes - Related Party Transactions

25 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.

The Department of Health is regarded as a related party. During the year the Foundation Trust has had a significant number of material transactions with the Department of Health, and with other entities for which the Department is regarded as the parent. Entities are listed below where the transaction total (excluding recharges) exceed £ 500,000:

	£'000	£'000	£'000	£'000
	Income	Expenditure	Receivables	Payables
Bournemouth and Poole Primary Care Trust	113,691	240	1,075	70
Dorset Primary Care Trust	63,961	50	402	
Hampshire Primary Care Trust	26,110	4		111
Bournemouth Council	123	1,551		
The NHS Pensions Agency		12,783		1,048
HM Revenue and Customs taxes and duties	1,922		133	
National Insurance Fund		8,375		766
NHS Purchasing & Supply Agency		3,640		
Poole Hospital NHS Foundation Trust	4,298	2,956	1,436	843
NHS Blood and Transplant Agency	4	1,753		25
Wiltshire Primary Care Trust	1,891			82
The NHS Litigation Authority		1,927		3
South West Special Commissioning Group	5,067		563	
Department of Health	950		125	
Portsmouth Hospitals NHS Trust	1	531	0	33
	218,017	33,810	3,735	2,981

Notes - Related Party Transactions

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
The NHS Pensions Agency		5,864		522
HM Revenue and Customs		18,567		1,549
National Insurance Fund		7,154		598
		31,585		2,669

The Foundation Trust has also received revenue and capital payments from a number of charitable funds. The material related parties are:

The Royal Bournemouth and Christchurch Hospitals Charitable Fund

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust is the Trustee of the above fund.

Macmillan Caring Locally

Mr. B Ford who is Treasurer of Macmillan Caring Locally is also a member of the Board of Directors of the Foundation Trust.

26 Post Statement of Financial Position Events

There are no post Statement of Financial Position events to report in these accounts.

Notes - Financial Instruments

27 Financial Risk Management

The Foundation Trust can borrow within the limits set by Monitor's Prudential Borrowing Code. The Foundation Trust's position against its prudential borrowing limit is disclosed in Note 9 - Current Liabilities.

All other 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 trust has no other loans to repay, (other than the capitalised finance lease obligations which have fixed interest rates) therefore any interest rate fluctuations will only affect our ability to earn additional interest on our short term investments.

The trust earned interest of £ 367,395 during 2010/11 , therefore if the interest rate should change by 0.5% , then this would affect the amount earned by approximately £ 110,000.

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 insufficient funds.

The majority of pay award inflation is based on the national agreed rate for Agenda for Change bands and although funding through the Payment by Results (PbR) tariff will not cover all the cost (assumed additional cost improvement savings within the Foundation Trust), this represents a small risk.

Credit Risk

Debtor Control

The Foundation Trust has a treasury function which includes a credit controller. We actively progress debts and use an external company to support us on selective older debts.

The majority of our payables are short term and we participate in the national NHS payables reconciliations at 31 December and 31 March each year. This helps to identify any major NHS receivable queries.

Provision for doubtful debts

The Foundation Trust reviews Non NHS receivables that are in excess of three months old as at 31 March and has provided £ 352,000. We have also provided for £ 46,000 on the Injury Scheme in accordance with the scheme guidance.

We also review any significant NHS receivables and have provided for doubtful debt to a total of £ 2,714,000. This represents either our maximum

Notes - Financial Instruments

or probable risk in specific areas and reflects the uncertainty of the financial climate of the healthcare market.

Liquidity Risk

Loans

The Trust has no loans to repay.

Creditors

The Foundation Trust has a surplus in the current financial year and on the Retained Earnings reserve.

We have a cash and investment balance of £ 39.3m and an authorised borrowing limit of £ 49.4m.

Therefore we are at minimal risk to our payables.

Notes - Financial Assets/Liabilities

28 Financial Instruments

28.1 Financial Assets

	31/03/2011	31/03/2010
	£'000	£'000
	Loans and receivables	Loans and receivables
Asset as per the SoFP		
Trade and other receivables excluding non financial assets	3,623	11,002
Other Financial Assets	1,699	898
Cash and cash equivalents at bank and in hand	39,329	25,292
Total	44,651	37,192
Assets held in £ sterling	44,651	37,192

The above amount excludes PDC receivables of £ 148,000.

28.2 Financial Liabilities

	31/03/2011	31/03/2010
	£'000	£'000
	Other financial liabilities	Other financial liabilities
Liabilities as per the SoFP		
Obligations under finance leases	1,520	2,069
Trade and other payables excluding non financial assets	14,810	14,759
Provisions under contract	606	622
Total	16,936	17,450
Liabilities held in £ sterling	16,936	17,450

The above figures excludes statutory / non contracted payables of £ 4,421,000.

Notes - Government/Losses

28.3 Financial Assets / Liabilities - Fair Values

		31/03/2011
		£'000
	Book Value	Fair Value
Financial Liabilities		
Non current trade and other payables excluding non financial liabilities	592	592
Provisions under contract (Early Retirement)	606	606
Total	1,198	1,198

There are no financial liabilities with a maturity greater than one year.

29 Intra-Government and Other Balances

	31st March 2011	
	Receivables: amounts falling due within one year	Payables: amounts falling due within one year
	£'000	£'000
Non-WGA amounts	2,577	6,670
FTs	1,572	1,060
NHS and DH	2,407	552
Local Government	32	2
Central Government	258	4,484
Total	6,846	12,768

	31st March 2010	
	£'000	£'000
English NHS Foundation Trusts	2,049	1,163
English NHS Trusts	28	89
Department of Health	15	0
English Strategic Health Authorities	40	0
English Primary Care Trusts	4,656	702
RAB Special Health Authorities	8	2
NHS WGA bodies	2	327
Other WGA bodies		
Total	6,798	2,283

30 Losses and Special Payments

There were 129 cases of losses and special payments totalling £ 109,015 approved during 2010/11 (£ 94,000 2009/10 99 cases).

There were no cases where the net payment exceeded £ 100,000

Note: The total costs included in this note are on a cash basis and will not reconcile to the amounts in the notes to the accounts which are prepared on an accruals basis.

Notes - Judgement and Estimations

31 Judgement and Estimations Guidance

Key sources of judgement and estimation uncertainty

Under IAS 1, entities must disclose key areas where the underlying estimates in the accounts are subject to uncertainties which create a significant risk of causing a material uncertainty. It will be for each NHS foundation trust to decide which uncertainties require disclosure in this way, but examples might include:

- Actuarial assumptions in respect of post-employment benefits.
- Assumptions underlying the likelihood and outcome of material provisions.
- Assumptions regarding the valuation of investment properties.

Disclosure

Key sources of estimation uncertainty

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 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 2011.

Estimates are based on the Trust's current understanding of the actual committed expenditure.

- An estimate of £ 747,000 is made in relation to the income due from incomplete patient spells as at 31 March 2011 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 analysis from previous months, together with other relevant factors.
- An estimate of £ 465,000 is made in relation to the value of unpaid annual leave outstanding as at 31 March 2011 for which the Trust has a current liability. This estimate is based on completed returns received from each Directorate within the Trust.
- An estimate is made for depreciation / amortisation of £ 8,407,000. 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.
- An estimate is made for provision for doubtful receivables of £ 3,112,000. NHS and Non-NHS receivables are reviewed, together with guidance for specific areas of income and associated provisions set up, which reflects the uncertainty of the financial climate of the healthcare market.
- A change in the discount rate from 2.2% to 1.8% increased the provision for future injury benefit payments by £ 23,000.

Directors Remuneration

Name	Note	2010/11			2009/10		
		Salary	Other Remuneration	Benefits in Kind	Salary	Other Remuneration	Benefits in Kind
		(bands of £5000)	(bands of £5000)	Rounded to the nearest £100	(bands of £5000)	(bands of £5000)	Rounded to the nearest £100
		£'000	£'000		£'000	£'000	
Mr A Spotswood		171 - 175		0	171 - 175		0
Mr S Hunter		116 - 120		0	116 - 120		0
Miss B Atkinson		96 - 100		0	96 - 100		0
Mrs H Lingham		116 - 120		0	116 - 120		0
Mrs K Allman		101 - 105		0	101 - 105		0
Mr R Renault		96 - 100		0	96 - 100		0
Mrs M Armitage	1	31 - 35	151 - 155	0	11 - 15	61 - 65	0
Mrs J Stichbury	2	45 - 50		0	0		0
Mr B Ford		16 - 20		0	16 - 20		0
Mr K Tullett		11 - 15		0	11 - 15		0
Mr I Metcalfe	3	11 - 15		0	16 - 20		0
Mrs A Pike		16 - 20		0	16 - 20		0
Mr S Peacock	4	11 - 15		0	6 - 10		0
Mr D Bennett	5	11 - 15		0	6 - 10		0
Mr P Davé	6	1 - 5		0	0		0

For positions held as at 31st March 2011, please see the Foundation Trust Introduction.

Note 1 - In post as Medical Director from 1st November 2009, Other remuneration is for medical consultant duties.

Note 2 - Joined 1st April 2010.

Note 3 - Left 12th November 2010.

Note 4 - Joined 1st October 2009.

Note 5 - Joined 1st October 2009.

Note 6 - Joined 1st February 2011.

All other senior managers' remuneration arrangements are determined through job evaluation (currently through Agenda for Change).

Director and senior manager remuneration does not include a performance component.

Summary and explanation of policy on duration of contracts, notice periods and termination payments.

The current policy is that all Executive Directors are required to give/receive six months' notice; in appropriate cases this could be varied by mutual agreement.

All contracts are permanent in nature (i.e. not fixed term).

There are no provisions in place for termination payments, other than through legal compromise agreements. All senior managers who are appointed on "permanent" contracts are required to give/receive three months' notice.

Directors Pensions

Name	Real Increase in Pension and Related Lump Sum at age 60	Total accrued Pension and Related Lump Sum at age 60 at 31 March 2011	Cash Equivalent Transfer Value at 31st March 2011	Cash Equivalent Transfer Value at 31 March 2010 (Inflated)	Real Increase in Cash Equivalent Transfer Value	Employer Funded contribution to growth in CETV for the year
	(Bands of £2500) £'000	(Bands of £5,000) £'000	£'000	£'000	£'000	£'000
Mr A Spotswood	7.5 - 10	241 - 245	989	1,082	(93)	(65)
Mr S Hunter	5 - 7.5	166 - 170	691	756	(65)	(46)
Mrs B Atkinson	2.5 - 5	156 - 160	879	904	(25)	(18)
Mrs H Lingham	5 - 7.5	111 - 115	467	497	(30)	(21)
Mrs K Allman	5 - 7.5	36 - 40	152	149	3	2
Mr R Renaut	2.5 - 5	61 - 65	153	177	(24)	(17)
Mrs M Armitage	10 - 12.5	241 - 245	1,185	1,232	(47)	(33)

As Non-Executive directors do not receive pensionable remuneration, there are no entries in respect of pensions for Non-Executive directors.

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 benefits 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 - 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.

The Government Actuary Department ("GAD") factors for the calculation of Cash Equivalent Transfer Factors ("CETVs"), assume that benefits are indexed in line with CPI, which is expected to be lower than RPI, which was used previously and hence will tend to produce lower transfer values.

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

The Royal Bournemouth Hospital

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Christchurch Hospital

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