

*excellent care for every patient,
every day, everywhere*

The Royal Bournemouth and
Christchurch Hospitals
NHS Foundation Trust



Annual Report and Accounts 2013/14



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Message from the Chair

"Delivering excellent care for every patient, every day, everywhere..."

This aim is at the heart of all we are striving to achieve within our hospitals. It is simply the determination that every patient who experiences our care has the best possible, safe clinical care and is treated with compassion and understanding. It is also vital that relatives and carers are listened to and have confidence that all staff are doing everything to care safely, with dignity, for their family member, or friend.

There are many positive developments over the last year, which will mean better services and access to treatment for local people. I am pleased that this Annual Report provides a welcome opportunity to reflect on those achievements and the progress made.

However, there can be no doubt that 2013/14 proved to be one of the most challenging periods in the history of the Trust. The report from the Care Quality Commission (CQC) in October was hard-hitting and the judgements profoundly affected staff at all levels within the organisation. The Board was deeply disappointed by the assessment and the experiences recounted to the inspection team, from some patients and families. The care described fell well short of that which we aim for. It has required conviction and

humility to acknowledge the shortcomings and determination to improve the patient experience and to promote change and consistently high standards.

There has been a resolute focus on improvement and the months following the CQC's report have seen a continuation of changes, many of which were already underway in the autumn. These include:

- a focus on recruiting more nurses and healthcare assistants at a faster pace
- the introduction of bay-based nursing on elderly care wards
- using technology to promote best care, for example VitalPAC Nurse which helps to ensure any deterioration in a patient's condition is swiftly identified
- the recruitment of more mealtime companions to assist patients with eating
- improvements to the ward environments to reinforce the fact that wards are a professional, safe place to be.

We also had disappointing news with regard to the proposed merger with Poole Hospital NHS Foundation Trust - which, after huge investment and commitment by so many staff, was finally prohibited by the Competition

Commission. We had not embarked on this course lightly; believing that merger offered the best solution for sustainable healthcare for our patients, staff and the local population and would have provided the best way to protect the future of local health services. However, it is important to thank all those who supported us, while signalling our very strong commitment to develop new models of care and a clinical strategy with our commissioners and partners for the future. It is absolutely crucial that all those within the health system work closely together, and there is now an opportunity to shape services across the whole of Dorset.

The challenges experienced over the year are thrown into stark relief by consideration of our staff. There are many opportunities that now exist to unlock further potential within the organisation, ultimately for the benefit of our patients and the people we serve. You will see within this report countless examples of the good work conducted on a daily basis in a quiet and unheralded manner.

- we have invested in VitalPAC on all of our wards. Our patients now have their condition monitored via an electronic system which automatically alerts staff if they start to deteriorate, enabling a quicker clinical response, improving safety and enhancing patient care
- our Endoscopy Department received national seal of approval when it was awarded JAG following a rigorous assessment process
- medical training programmes at the Royal Bournemouth Hospital were awarded 'A plus' status by the Wessex Deanery following Educational Quality Grading.

The value of teamworking, pride in our hospitals, willingness to change, and the imperative of listening and understanding have been emphasised by staff. We are, as an organisation, embarking on a new phase of development and improvement. We have also introduced more opportunities to listen to carers and relatives and to learn from patients and staff. Examples include the introduction of Carers' Cafés and work with Healthwatch Dorset - to ensure that the we hear from

an independent body about our patients' experience.

Responding to your patient and carer feedback is equally important. Here are some examples of where we have been listening:

You said: "I sometimes feel disorientated and never know what time it is"

We did: We have purchased a large number of clocks for use on the wards.

You said: "The food was not always warm or appetising"

We did: We have introduced a plated food service so food is plated in the kitchens and delivered in heated containers.

You said: "The hospital gowns are too revealing and didn't cover me up properly"

We did: Wraparound 'toga' gowns are being introduced to replace the traditional gowns which tie at the back.

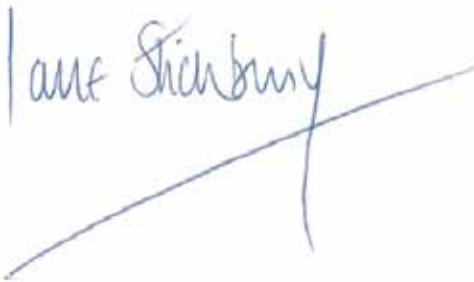
You said: "Bathrooms need somewhere to put clothing and toiletries"

We did: Our Estates Department put up shelves in bathrooms where these were needed.

As we reflect on the year, it is very important to note the work of the many people who help and support our organisation. Governors give hundreds of hours to support the hospitals in a range of activities - from formal governance meetings to work on the wards. Likewise, volunteers work in so many ways with patients, offering assistance to families and support fundraising activities. Thank you - we simply could not provide the services we do without you.

As we consider the overall environment in which we work it is clear that the pace of change will quicken. We know that cost savings of around £10 million a year have to be found - it is crucial that we have a strong financial foundation to enable continued investment in improvement. For 2014/15 we have committed £9.5 million of investment to directly benefit patient care.

The challenge to deliver quality, safe services within a demanding environment, with often apparently competing pressures, should not be underestimated. I hope that when you read this report you will be assured that this organisation, and the staff within it, are resilient and absolutely determined to deliver the improvements that are necessary. Be clear, there is absolutely no complacency, but rather a resolve to ensure that change is welcomed and outcomes for patients are even better.



Jane Stichbury
Chairman
27 May 2014



Our staff: essential to improving

Message from the Chief Executive

“Our work is focused on how we become a beacon of excellence for the care of elderly patients...”

The last year has undoubtedly been the most difficult and challenging for the NHS since its inception in 1948. Media coverage has often been critical, with very limited coverage of the compassion, innovation and care the NHS offers to so many. We live in a period of tumultuous sociological and technological change, with the impact of this felt deeply throughout the nation. The Francis Review of Mid Staffordshire NHS Foundation Trust has rightly emphasised the need for healthcare professionals to listen more to our patients. In general the public have effectively asserted their rights and expectations and expressed directly the standards of care that they expect to receive. Many NHS staff have been at the forefront of supporting these changes, while simultaneously often being more inwardly searching of the standards we achieve and aspire to achieve.

Change is a constant for those who work in, and experience, the NHS. That pace of change is continuing to accelerate as we respond to the demographic, workforce and financial challenges that are an ever present feature for those who are treated by, and work in, the NHS. Last year this hospital treated in excess of 500,000 patients. **We made a real and sustained difference to the lives of many of our patients and the expressions of gratitude and appreciation continue to feature as a core part of my postbag on a daily basis.** Sadly, much of this features little in the media coverage that often captures the headlines. We must, and will, be continually searching of ourselves in the need for



improvement, progression and consistently high standards of care. **I am proud of the care that we provide to local people and of the unstinting efforts and talents of those who work within our hospitals.** I see daily a very clear determination to continue to improve the care and services we provide and a strong ambition to realise even greater gains for our patients through improving our care pathways, the processes we adopt in treating patients and the kindness and the respect we afford patients.

In returning to the local media coverage of our hospitals over the last year, I wanted to touch further on two specific issues. Firstly, the recent inspection of the Royal Bournemouth Hospital by the CQC and secondly the decision of the Competition Commission to prohibit the proposed merger between this Trust and Poole Hospital NHS Foundation Trust.

The CQC inspection emphasised the need to address some important aspects of how we care for patients. There have been far-reaching changes to the pathways which support the care and management of elderly

patients who are often frail, many living alone, often with chronic health conditions and a range of associated co-morbidities. **Our work is focused on how we become a beacon of excellence for the care of elderly patients, ensuring that this aspect of our service is regarded in equal measure to already established centres of excellence. Examples include cardiology, orthopaedics, elective surgery, cancer care and specialist medicine, including gastroenterology, diabetes and endocrinology and our diagnostic services, to mention but a few.**

Our staff are absolutely central to building on the foundations we have now laid and this work will continue at pace as we ensure we have the right skills and in the right number to provide the care that is required. One of the challenges we have faced has been the demand for emergency treatment. As we have begun to improve our processes and refine care pathways so we have seen a measurable reduction in how long many of our patients spend in hospital and a real and appropriate emphasis on ensuring that patients are able

to be looked after safely in their home setting wherever possible. **We have seen our partner agencies, including social services, also change their process and pathways and this is leading to some sustained improvements in care. I would like to use this report to thank all of our partner agencies for their help and support.**

The proposed merger of the Royal Bournemouth and Christchurch hospitals and Poole Hospital was the first to be considered by the competition authorities and we spent significant time working closely with the Office of Fair Trading and more latterly the Competition Commission. The decision of the Competition Commission to block the proposed merger was very disappointing. We will continue to work closely with Poole Hospital and our local commissioners, NHS Dorset Clinical Commissioning Group, to address the issues the merger would have readily help resolve. **The need to extend more of our services over seven days and provide consultant-delivered care over a longer period of the day will necessitate some**



Our focus is the future: continuing to improve quality of care

significant changes in the configuration of inpatient services.

Nationally, the number of junior doctors being allotted to hospitals is reducing. There are also significant staff shortages preventing an expansion in our workforce in key areas. The most effective way of improving services in the context of these constraints will be to combine and centralise some inpatient services on one or other main hospital site within East Dorset. Over the next year we expect to work closely with NHS Dorset and other local hospitals as well as the local provider of community services, to agree new models of provision. **These new models and clinical configurations will lead to services being improved and strengthened and offer patients even better outcomes.**

Often the most immediate response to such change is to question whether any services need to be relocated. The vast majority of the patients we treat, indeed over 90%, will see absolutely no difference in the location of where services are provided. For some patients there will be a need to change locations, but this will be done through a process of public consultation with both primary and secondary care clinicians advising on how we structure services in a way which safeguards the care that we provide.

I also wanted to use this introduction to highlight some of the continued improvements in care and facilities:

- **our patients have rated our cancer services as among the best in England.** This is really encouraging feedback.
- we have consistently offered scanning facilities on a par with leading hospitals around the world. As an example of this we have now acquired the **first of a new type of Toshiba CT scanner.** This is the first time it is being used anywhere in the world to diagnose illness and disease and it offers our clinicians clearer images to help identify potential disease. An added benefit is that it exposes patients to far less radiation than normal scanners.
- **our haematology and transplant service recently achieved European accreditation standards, emphasising the outstanding excellence of this**

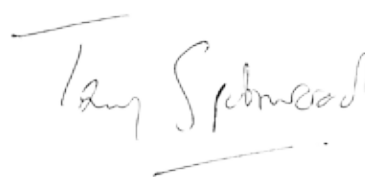
service, providing patients particularly, those who have stem cell transplants, with added confidence in the service we provide.

- **our endoscopy unit is one of a very small number of centres to be accredited nationally.**

Many services will see a significant expansion in the number of consultant medical staff we employ. In addition, we have recently invested to appoint additional nursing staff throughout our medical and surgical wards. Those visiting both hospitals will see major redevelopment occur over the coming years. **Work has already begun to transform how Christchurch Hospital is used.** It will continue to act as a base for an expanded range of outpatient and diagnostic services. In addition to day hospital and palliative care facilities, a GP surgery will be added to the site and new facilities will be established for an NHS dentist. Our plans include the development of a nursing home to be located on the site and the future construction of key worker housing.

At the Royal Bournemouth Hospital work is now underway to build a **new haematology and blood disorders unit and new facilities for a dedicated women’s health unit.** Both of these developments are supported through a mix of NHS and charitable funds. We’ve also recently acquired, through charitable support, a Da Vinci robot to help support new and innovative approaches to the treatment of patients with prostate cancer. I wanted to say thank you in this introduction to the many people who have helped raise funds for these facilities.

Finally, I wanted to say thank you both to our patients and to all those in the community who continue to support our hospitals. I also wanted to pay tribute to our staff who do so much to ensure that we provide you, our patients, with high quality care.



Mr A Spotswood
Chief Executive
27 May 2014

Highlights of the year

While there has been much focus throughout the year on areas for improvement, there have been many examples of where we have performed well, delivered high quality care, and where staff have gone above and beyond for patients.

Dedicated staff get mother of the bride to the church on time

Dedicated staff in the Acute Medical Unit (AMU) diagnosed and treated an emergency patient with a rare life-threatening condition in time to save her life and personally escort her to her daughter's wedding.

Grandmother and mum of three, Frances Wilkins, 56, had been plagued with a range of seemingly unrelated symptoms over two months. She was rushed into AMU one Friday in July 2013 with an acute headache and loss of movement in both her arms.

As staff worked round the clock to get to the root of Frances' condition, distraught daughter Elizabeth Bolton saw the chances of her mum

being able to attend her wedding exactly a week later narrow by the minute.

When tests for infections, cancers and meningitis failed to identify the cause of Frances' symptoms, AMU Consultant Dr Tanzeem Raza requested a specialist MRI scan that evening.

The results of Frances' MRI scan were so unusual, Consultant Radiologist Dr McAlinden phoned Dr Raza at his home, explaining Frances' results were unlike any she had seen before.

Frances was diagnosed with Churg-Strauss Syndrome - an extremely rare life-threatening disease attacking the respiratory system and vital organs. She was immediately started on a course of treatment that saw her turn a corner.



Mother of the bride: diagnosed and treated in time for her daughter's big day



Frances: getting ready for her daughter's big day

Frances said: "There aren't many people in the world who have Churg-Strauss Syndrome and Dr Raza's diagnosis was life-saving."

Despite improving after treatment, Frances was left severely weakened. AMU staff had set up an iPad with 'Facetime' for Frances to watch her daughter's wedding over the internet from her hospital bed, but they were determined to get her there in person.

AMU Sister Kelly Spaven reorganised the rotas to ensure Frances could be escorted to the wedding by staff nurse Beth Tucker, who had played a big role in looking after her in hospital. On Friday 2 August, Beth did Frances' hair, nails and make up for the occasion and they travelled together by ambulance to her daughter's wedding.

Bride Elizabeth said: "I didn't know mum was going to be there until the last minute. When I'd walked down the aisle, I just ran over and gave her a big hug, it was really emotional."

Frances added: "This hospital has been fantastic and the care I received on AMU was outstanding, especially the way they got me to the wedding. It was way beyond their jobs and I wouldn't have made it to the wedding without them."

Heart attack patients attending RBH are in safe hands

Patients in Dorset who have a heart attack and are brought in to the Royal Bournemouth Hospital's Dorset Heart Centre are in safe hands, according to mortality figures for individual interventional cardiologists released in July 2013, by NHS England.

All interventional cardiologists at RBH were reported as having very low levels of mortality and adverse events - some of the lowest in the country - for carrying out PCI procedures. PCI is the unblocking of a coronary artery by inflating a small balloon and inserting a stent which unblocks the artery and restores blood to the heart.

The Dorset Heart Centre is one of the busiest units in the country and cardiologists are extremely experienced. Evidence shows that the more procedures carried out by an individual the safer the outcome for patients.



Our cardiologists have some of the lowest levels of mortality in the UK

"This hospital has been fantastic and the care I received on amu was outstanding."

"This is excellent news for cancer patients in our region."

Endoscopy service accredited for providing safe, patient-focused care

Our Endoscopy Department received national seal of approval when it was awarded JAG (Joint Advisory Group on GI Endoscopy) Accreditation for providing a high standard of safe, patient-focused care.

The department was assessed in a rigorous process during September 2013, successfully meeting a series of criteria detailing how care should be provided in four different areas; clinical quality and patient safety, quality of patient experience, workforce skills and staff training.

The award sees the department become one of just 114 in the UK to secure JAG Accreditation, with assessors also praising staff for short patient waiting times, excellent engagement with patients and giving outstanding patient information both pre and post procedure.

"... a quicker clinical response, improving safety and enhancing patient care."

Investment in technology improves patient safety

Patients staying in our hospital now have their condition monitored via an electronic system which automatically alerts staff if they start to deteriorate, enabling a quicker clinical response, improving safety and enhancing patient care.

Using a handheld device similar to an iPhone, nurses record and monitor a patient's observations, for example blood pressure and heart rate, on a system called VitalPAC Nurse.

The software prompts the nurse to enter all of the necessary data and generates a score - the higher the score, the more the patient has deteriorated, and the sooner an appropriately skilled clinician can be called respond. This means staff can prioritise treatment for the sickest patients.

The information can be accessed from anywhere in the hospital by nurses and doctors.



Improving access for patients

A brand new bus hub at the Royal Bournemouth Hospital is making travelling by bus to and from the hospital safer and easier.

The hub was delivered as part of the Bournemouth Borough Council's Three Towns Travel programme, in partnership with the Royal Bournemouth Hospital and two local bus operators.

The new bus hub provides a new dedicated space with new shelters, an improved waiting area and 'real-time' passenger information. We are now planning to install a covered walkway from the hub to the hospital entrance.

Patients now receive hotter, faster, better food

A new plated meal service has been introduced to improve the efficiency and quality of food served to patients.

Instead of food being served from catering trolleys on the wards, it is now pre-plated in the hospital kitchens and stored in heated units before being delivered. Patients are also able to choose what they would like to eat just 90 minutes before it is served and do not risk their food of choice running out.

Ellen Bull, Deputy Director of Nursing at the hospital, said mealtimes are a vital part of a patient's recovery: "Quality of care is integral to patients and meals and nutrition are no exception. Trials with the new plated meal service were well received, and we are hoping that all patients will review this improvement positively."





Rigorous assessment rates medical training as outstanding

Training graded 'A plus' for excellence

Medical training programmes at the Trust were awarded 'A plus' status by the Wessex Deanery following Educational Quality Grading.

The impressive grades were announced by Health Education Wessex after a rigorous assessment process examining all aspects of every training post offered at the hospital.

The anaesthesia and dermatology departments each received an A* for outstanding practice while robust A grades were awarded to 30 other posts.

Results took into account feedback from an annual trainee survey held by the General Medical Council, an annual review by the Deanery, direct trainee feedback and feedback gathered from individual postgraduate schools.

We are responsible for the education of 160 trainees a year including graduates, postgraduates and specialists.

Highly commended for reducing weekend mortality rates

The organisation that collates and publishes hospital mortality data praised our organisation for improving performance. We were one of 12 trusts to receive a Highly Commended award from Dr Foster as part of its 2013 Hospital Guide awards, and one of eight to be recognised for improving performance at weekends when patients are admitted as an emergency.

The recognition is a reflection of our commitment to deliver safer care out of hours. Over the past year we have made investments and significant changes, particularly to evening and weekend doctor cover, weekend ward rounds and out of hours rotas.

Dr Basil Fozard, surgeon and Medical Director, said: "It is very pleasing to be recognised by Dr Foster for the improvements we have made but more importantly this is good news for our patients and shows our commitment to providing better care.

“Since August 2012 we have increased consultant physician presence on site over weekends so that there is now one consultant physician on site from 8am-8pm Saturday and Sunday as well as on-call cover outside of these hours. This allows immediate senior review of sick patients, as well as the systematic ward rounds of admitted patients and improved continuity of care. It also results in improved supervision and training for junior medical staff.

“We have also increased nursing staffing levels and continue to look for further changes and improvements across all areas, for example regarding the workload for junior doctors out of hours.”

Support from volunteers and charities

Throughout the year we are extremely fortunate to receive the support of over 800 volunteers, including our partnership volunteer organisations. Over the last 12 months the Trust has been reviewing and extending the number and role of our valuable volunteers. Volunteers’ roles are diversifying and training and development continues to support their roles. Our Trust volunteers now attend mandatory training, in line with national

recommendations. Volunteers’ duties are wide and varied and include:

- main receptions meet and greet
- ward support, providing patient companions
- administration support
- driving the indoor train
- surveying patients for real-time patient feedback
- meal companions to help those in need of minimal support
- meal time assistants to help feed patients who have been carefully selected by clinical staff
- gardening

We are also supported by the following hospital charities:

- Bournemouth Hospital Charity
- Friends of the Eye Unit
- League of Friends Bournemouth
- Christchurch Hospital League of Friends
- Macmillan Caring Local
- Royal Voluntary Service
- Appeal Shop

We thank all of our volunteers and charities for their continued support to the hospitals.



We are fortunate to receive great support from our volunteers

Charity support funds cataract simulator

A state-of-the-art cataract simulator has arrived at the Royal Bournemouth Hospital's (RBH) Eye Unit to improve training for surgeons, thanks to a range of charitable support.

The simulator was funded by charitable donations of £80,000 from the Wessex Deanery and £20,000 from the Friends of the Bournemouth Eye Unit. Funding for a Simulation Training Lead was provided by the Bournemouth Hospital Charity.

The new simulator enables surgeons of all levels to practice the micro surgical skills required for cataract surgery in a safe and predictable environment outside of the operating theatre. Cataract surgery is one of the most common procedures performed at RBH, with approximately 3,500 procedures performed each year, and the simulator is a welcome addition to the existing training programme.

Mr James Kersey, Consultant Ophthalmologist at RBH, said: "There are only about 20 such simulators in the UK, so we are delighted to have one here at Bournemouth. We are extremely grateful to the Wessex Deanery and to the Friends of the Bournemouth Eye Unit who have been key in bringing the simulator to our Eye Unit."

Friends of the Eye Unit

The Friends of the Eye Unit continued their support of the Eye Unit in 2013/14. Following the retirement of Consultant Ophthalmologist Mr David Etchells, after 25 years of valued service, the Friends of the Eye Unit was pleased to welcome Mrs Non Matthews as Clinical Director consultant representative on its committee.

The Friends' AGM in July was very successful, with excellent attendance, enjoyable and informative talks and the recruitment of new members. The Friends also welcomed Michelle Dixon as the new General Manager. She, and the team working with her, is a great support to the unit.

The Friends were delighted to contribute £20,000 towards the new cataract simulator which has proved invaluable. With the aid of donations and generous legacies we continue to spend substantial sums of much needed new and replacement equipment for the unit.

The tinsel tombola stall at the Christmas fair in November was successful and our usual pre-Christmas visits to patients with greetings cards were, as always, much appreciated.

The Friends' current project is the creation of a website, spearheaded by a sub-committee with help from Mr Etchells, and this preparatory work is proceeding well.

Left to Right: Christine Hardwick, RBCH Postgraduate Medical Centre Manager, Margaret Neville, Chairman of the Friends of the Bournemouth Eye Unit, Lindsey Sturman, Fundraising Manager of Bournemouth Hospital Charity, Mr James Kersey, Consultant Ophthalmologist and Dr David Saunders, Trainee Ophthalmologist



League of Friends Bournemouth

Over the past year the League has held many events, including the Christmas Fayre and monthly coffee mornings, to raise valuable funds to benefit the hospital staff and patients.

Volunteers run a goods counter in the main atrium of the Royal Bournemouth Hospital, which is open five days a week and is going from strength to strength. The counter is dependent upon the wonderful donations provided by its knitters, sewers and craft makers who produce the gifts sold on the counter.

Donations to the League have provided £26,500 of funding to a range of areas across the hospital including:

- a Dexa scanner in radiology which measures bone density
- a ladder scanner for use in ITU
- hospital thanksgiving services and funding foetal coffins
- resus and caretray trolleys for the Emergency Department

Appeal Shop volunteers fund second fleet of wheelchairs

Even more patients at the Royal Bournemouth Hospital (RBH) are now travelling in style thanks to the efforts of dedicated RBH Appeal Shop volunteers.

A second fleet of 30 brand new wheelchairs costing over £800 each have been purchased for the hospital by the Appeal Shop team, who raise money by selling bric-a-brac and clothing donations in an onsite charity shop at RBH.

Macmillan Caring Locally

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

The charity has continued its commitment to contribute at least £4.5 million to the rebuild of the Macmillan Unit following the decision that it will remain at Christchurch Hospital.

Macmillan Caring Locally has also made an additional contribution in 2014 to fund an end of life facilitator and a locum consultant to allow a senior specialist palliative care presence at the Royal Bournemouth Hospital.

Bournemouth Hospital Charity

The Bournemouth Hospital Charity - our main charity - has seen great progress and change over the last 12 months, with construction under way for the Jigsaw building and a relaunch of the charity. The Bournemouth Hospital Charity has been consolidated in the Trust this financial year. You can read more about the reasons for this in note 1 to the Financial Statements.

Construction work on Jigsaw building underway

Breaking ground for the new Jigsaw building took place in January 2014. The new unit will provide brand new outpatient and day care facilities for cancer and blood disorder and women's health.

The building has been tailored to meet the needs of the community following extensive patient and staff engagement. Requests for Wi-Fi, counselling rooms and artwork were made, along with good car parking access, all of which have been incorporated in to the plans.

Dr Sally Killick, Consultant Haematologist, said: "This state-of-the-art build is one of the biggest construction projects at the Royal Bournemouth Hospital in recent years. "The project has been a long time in the design and development stages and I am delighted that construction work is now underway."

The new building is funded through donations and fundraising from two Jigsaw appeals, as well as NHS investment. Construction work should be completed by spring 2015.

To find out how to get involved in any of our fundraising projects including the Jigsaw building log on to

www.bournemouthhospitalcharity.org.uk



Trust Chairman, Jane Stichbury, marks the beginning of construction work with Brymor Contractors, members of the Jigsaw Committee and the Board of Directors.

Change of charity focus

During 2013/14 we launched the re-branded Bournemouth Hospital Charity. While the previous two Jigsaw appeals have focused on one-off campaigns, fundraising activities now support all areas of the Royal Bournemouth and Christchurch hospitals, benefitting more patients and staff than ever before. The Jigsaw Appeal still exists until the new build is complete.

Our fundraising activities have focused on the following workstreams:

- corporate: we have received fantastic support throughout the year from various corporate partners. New relationships were also established during our corporate networking evening
- community: we continue to receive fantastic support from community groups and members of the public who take part in activities or organise events for our charity. You can read more in the Bournemouth Hospital Charity Annual Report
- events: three flagship events were organised by the hospital charity during the year. These included the annual Twilight Walk for Women, which raised over £20,000 for the Jigsaw building, and an inaugural March for Men. This event raised over £21,000 and saw men, women, children and superheroes take to the Bournemouth promenade in either a 1k, 5k, 10k run or walk. We also held a band night with Poole Hospital Charity
- staff engagement: we have been working with staff to ensure they know how to apply for and access charitable funds for their patients. During the year we also saw an increase in the number of staff taking part in our charity events



Bournemouth Hospital
Charity

Thank you to everyone who has supported us over the year.

“Fundraising activities now support all areas of the Royal Bournemouth and Christchurch hospitals.”

Non-NHS activity

Private patient services at RBCH are provided by the Bournemouth Private Clinic Limited. Monies generated from its surplus are donated through The Bournemouth Healthcare Trust to purchase medical equipment, improve patient facilities and support staff welfare and training.

Chaplaincy

Our philosophy of care is based on ‘respect for all’. The Chaplaincy honours the uniqueness and life style of each person, with respect that is free from judgement. We believe that spiritual care complements the patient’s clinical care journey and contributes to the healing process’.”

This also includes our staff members, no matter what position they may hold, and all are prayed for each week in our Communion Service.

During the year, Rev’d Angel Newton joined the chaplaincy team, and has brought her gentle and spirit filled ministry to the hospital. Our chaplains are as busy as ever attending to the needs of patients, their families and friends and the staff of the Trust. Their work varies from the deep spiritual and religious matters to counselling, relationship issues, financial matters or just being there as an ear. They continue to spend much time with patients who are near the end of life and those wishing to discuss bereavement matters. The chaplains have also experienced an increase in those unable to pay for a funeral and therefore



The inaugural March for Men raises £21,000 for men’s health

require the Trust to do this; the service being conducted by the Chaplain. The Roman Catholic members of the Society of St. Vincent de Paul assist Father John in his work.

During the year the chaplains have seen the usual annual events of the hospital: Sunday service in October when we remember the good works of the whole Trust; the Baby Memorial Service also in October; the Rotary Tree of Light service and carol service in December.

“Our philosophy of care is based on respect for all.”

Our thanks are expressed to the hospital League of Friends for their ongoing support in several areas of our work and to the choir of St John’s Church, Moordown. Thanks also to the Rotary International, for their generosity at the Tree of Light service, the Boscombe Corps of the Salvation Army band, not only for supporting the Tree of Light service and Carol Service but for coming into the hospital regularly with their cheerful music, and to the Poole and Parkstone Singers who give up their Christmas Eve to sing carols around the wards.

Finally, thanks go to the dedicated team of chaplaincy volunteers who, each Sunday, bring patients to the chapel service, and of course, all members of the chaplaincy team, both lay and ordained, for their unstinting willingness to serve all people in this place. The chaplains are also grateful for the support of the Chief Executive, Chairman and Board of the Trust who recognise the importance of spirituality in healthcare.



Chaplaincy team, supporting patients, relatives and staff

Strategic Report

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

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

We provide a wide range of hospital and community-based care to a population of around 550,000, which rises during the summer months, in the Dorset, New Forest and south Wiltshire areas.

The Trust's business model is based on the national Payment by Results methodology for managing expenditure within the context of agreed contracts with commissioners. The Trust must manage its reference costs within the national tariff system to allow it to invest appropriately in the staff and wider infrastructure to provide safe and effective patient care.

The Trust monitors its performance against a range of performance objectives and targets, some of which are set by the Trust but others reflect national targets and those set by commissioners. Details of the performance on key performance, safety and quality objectives is set out in the Operational Review, starting on page 26. The Trust also set itself a planned surplus of £1.25 million allowing further investment for future capital plans. Although the Trust did not achieve this plan, a surplus of £0.5 million was achieved after additional

investment following the Care Quality Commission inspection.

The above financial objective relies on setting and achieving a cost improvement plan target of around 4% each year. The savings of £8.8 million achieved during 2013/14 were assessed throughout the year to ensure that there was no adverse impact on the quality of care provided to patients.

At the end of 2013/14 we employed 4,293 members of staff (or 3,689 WTE) who cared for and treated:

- 250,257 outpatients (follow up) appointments
- 135,039 new outpatients
- 41,597 inpatients
- 83,154 attendances in the Emergency Department

Our vision to put our patients first while striving to deliver the best quality healthcare is the focus for both the organisation and our staff individually. We aim to do this by achieving our goals to:

- offer patient-centred services by providing high quality, responsive, accessible, safe, effective and timely care
- promote and improve the quality of life of our patients
- strive towards excellence in the services and care we provide
- be the provider of choice for local patients and GPs
- listen to, support, motivate and develop our staff

- work with partner organisations to improve the health of local people
- maintain financial stability enabling the Trust to invest in and develop services patients

“Our vision to put our patients first while striving to deliver the best quality healthcare is the focus for both the organisation and our staff individually.”

The Royal Bournemouth Hospital

The Royal Bournemouth Hospital (RBH) is an acute hospital which opened in 1992. It is recognised locally by its blue roof and is located on a large green field site close to the main roads that link with the New Forest, Southampton, Salisbury, Winchester, Christchurch and Poole.

The hospital has a 24-hour Emergency Department, which sees around 60,000 patients a year, and a large Day of Surgery Admissions Unit (the Sandbourne Suite). A purpose built Ophthalmic (eye) Unit is located on site as well as a state-of-the-art Cardiology Unit (the Dorset Heart Centre) and award winning orthopaedic service providing hip and knee replacements (the Derwent Unit). RBH also provides district-wide services for cardiac interventions, vascular surgery and urology. Outpatient clinics are provided for oral surgery, paediatrics, plastic surgery, ENT (ear, nose and throat), cardiothoracic and neurology.

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

You can read more about our multi-million pound investment in the hospital on page 41.

Bournemouth Hospital Charity

The financial statements of the Trust have been consolidated this year to include the Bournemouth Hospital Charity. Further information on the Bournemouth Hospital Charity and its consolidation in the accounts can be found on page 21 and in note 1 to the Financial Statements.

How we are run

As a foundation trust we are accountable to Monitor, the regulator for health services in England that ensures the governance and performance of the organisation is sufficient and in line with the conditions of its provider licence. We are also accountable to local people through our Council of Governors and members. In addition, there is a large range of inspection and regulatory bodies, including the Care Quality Commission (CQC).

The Council of Governors, which represents around 12,000 members, is made up of public, staff and appointed governors. They ensure members' views are heard, are fed back to our Board of Directors, and members and the public are kept up to date with developments within the hospitals. You can read more about the work of governors and details of our membership from page 142.

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

hospitals. The Board also works closely with the Council of Governors.

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

You can read more about the Board of Directors and Council of Governors in the Directors' Report from page 128.

Operational Review

Performance Overview

2013/14 has been a challenging year where we have continued to experience significant levels of emergency admissions and increasing referrals to cancer services, while also continuing to undertake a high level of elective activity.

Patient experience

Despite this, the organisation coped well with the pressures of emergency and urgent admissions particularly over the winter months. We implemented a number of workstreams to improve the flow of patients through the hospital. More ambulatory approaches to care and a focus on both therapy and support on admission have particularly benefitted our

elderly care patients. We have also increased our seven day radiology service which has meant patients receiving more timely diagnostics over the weekend.

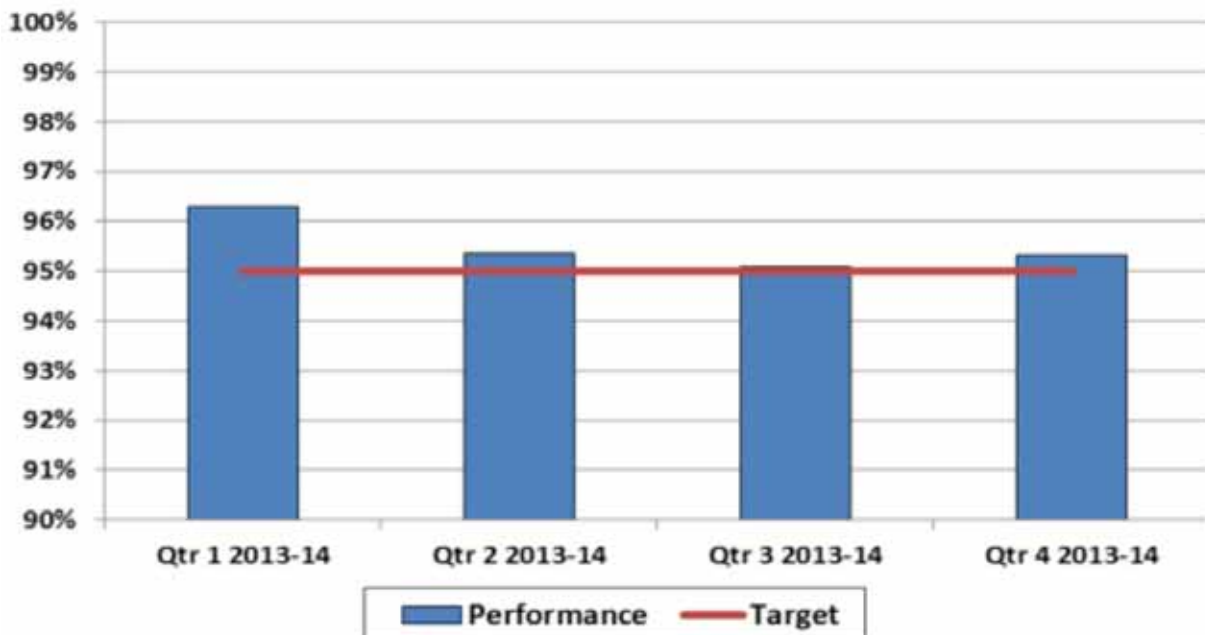
We worked jointly with our local Clinical Commissioning Group and other health and social care organisations to implement improvement projects across the health economy. These have included interim care arrangements that have supported patients moving out of the hospital into the community earlier, where their rehabilitation and assessment of their ongoing needs is continued. We have also worked with primary care to increase their support in our Emergency Department.

As a result we have been able to maintain four hour waits in the Emergency Department achieving the national target of 95% of patients waiting four hours or less in the Emergency Department from arrival.

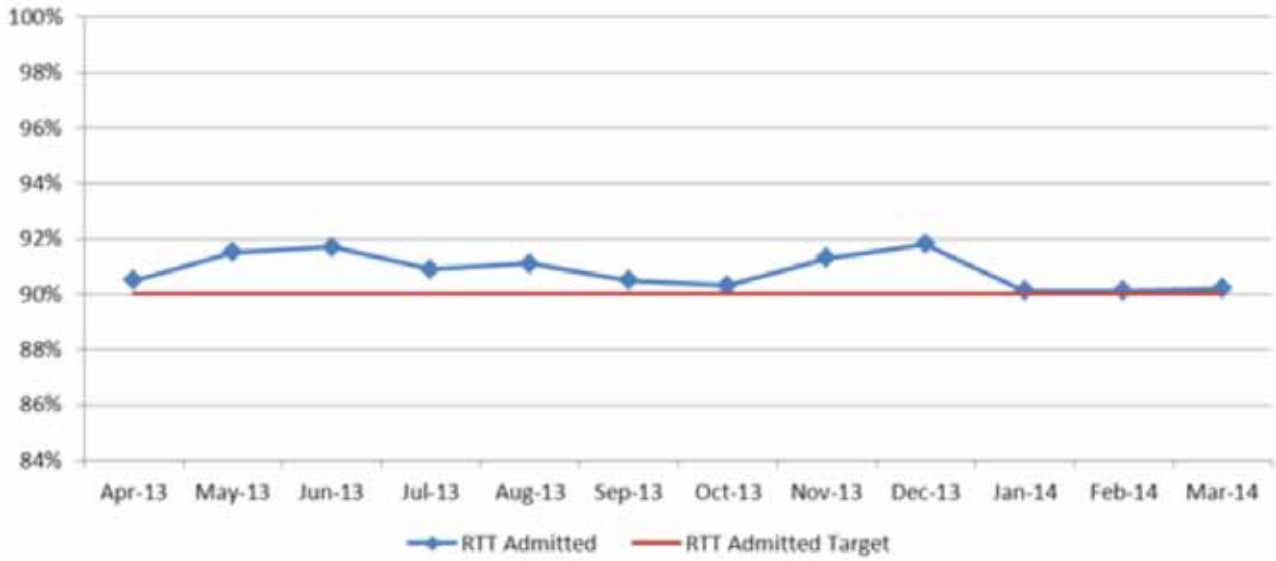
Despite an increase in local and national waiting lists the organisation has overall been able to offer more than 90% of patients treatment within 18 weeks.

For those patients who do not need to be admitted for their treatment, overall more than 95% were treated within 18 weeks. This has been more challenging in some specialties and we continue to focus on improving these.

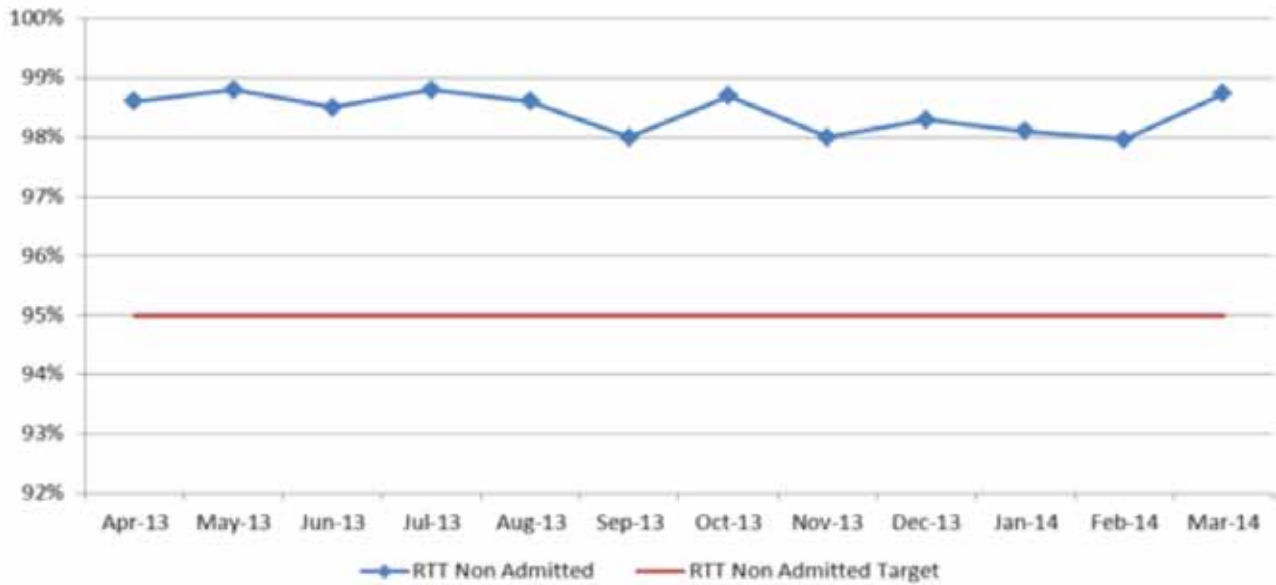
% of A&E patients seen within 4 hours



Referral to Treatment - Admitted

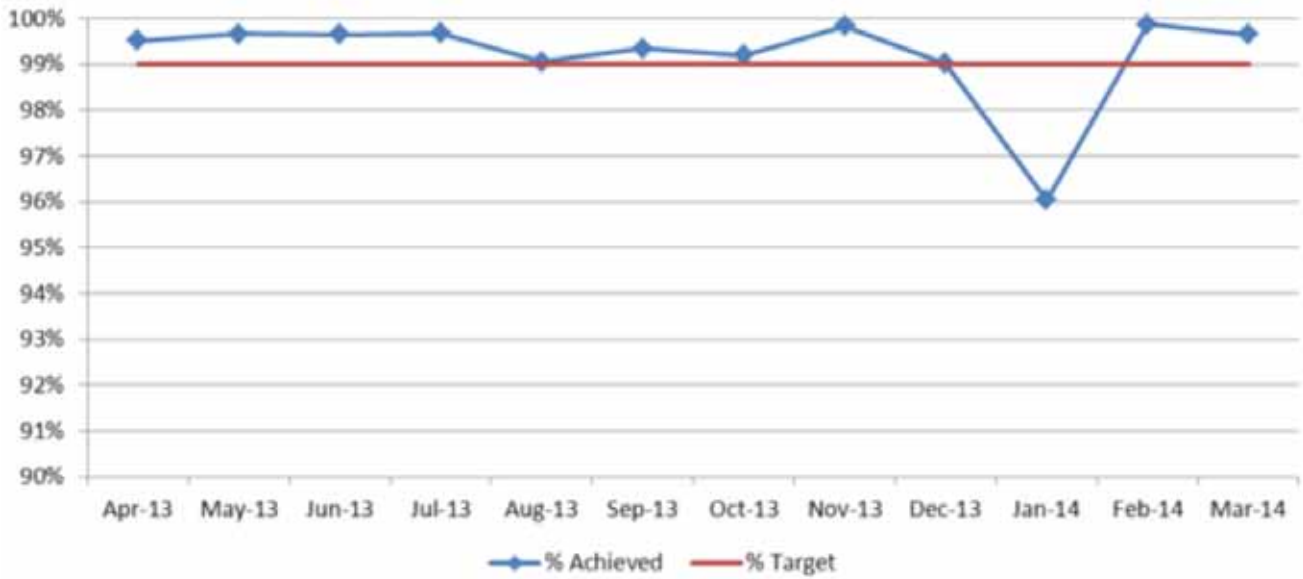


Referral to Treatment - Non Admitted



We also achieved the national target of more than 99% of patients receiving the indicated diagnostic tests within six weeks except in one month as a result of significant inpatient and referral demand.

Diagnostics - Patients seen within 6 weeks



Safety

We continued to perform well against the national infection control standards, achieving the national MRSA objective and being well below the Monitor 'de minimis' target of six. We also achieved the national target for Clostridium Difficile.

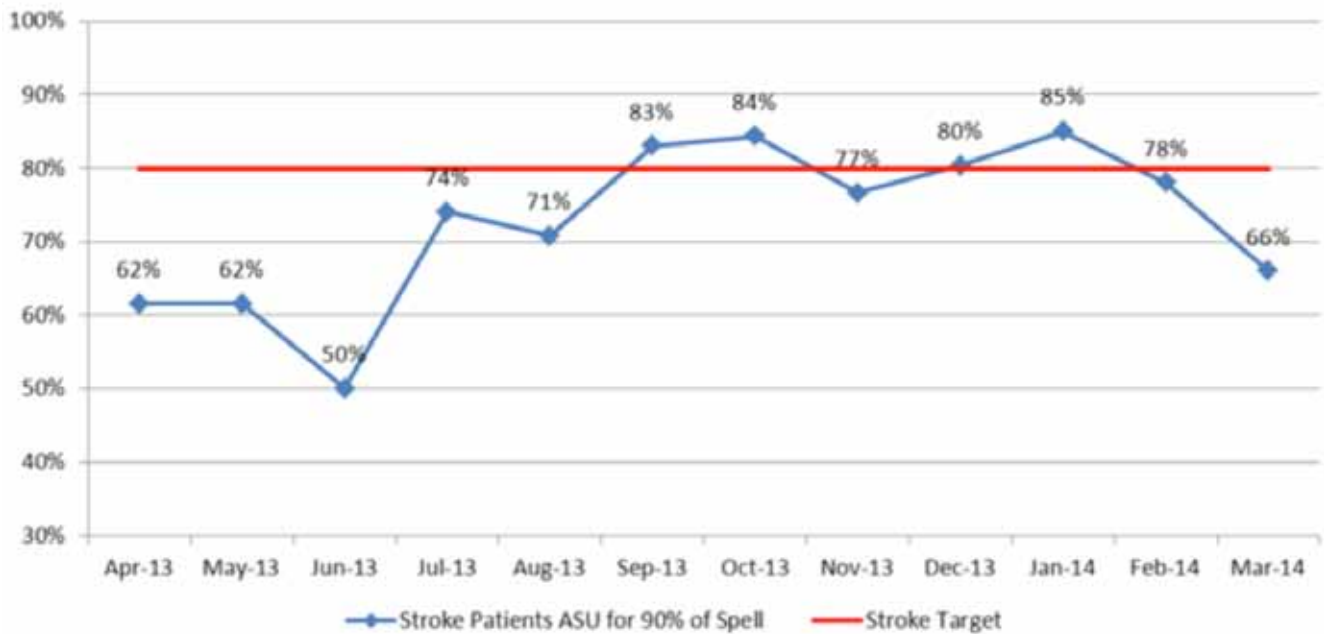
C.Difficile Actual Against Monitor Monthly Trajectory and Cumulative National Trajectory



Quality

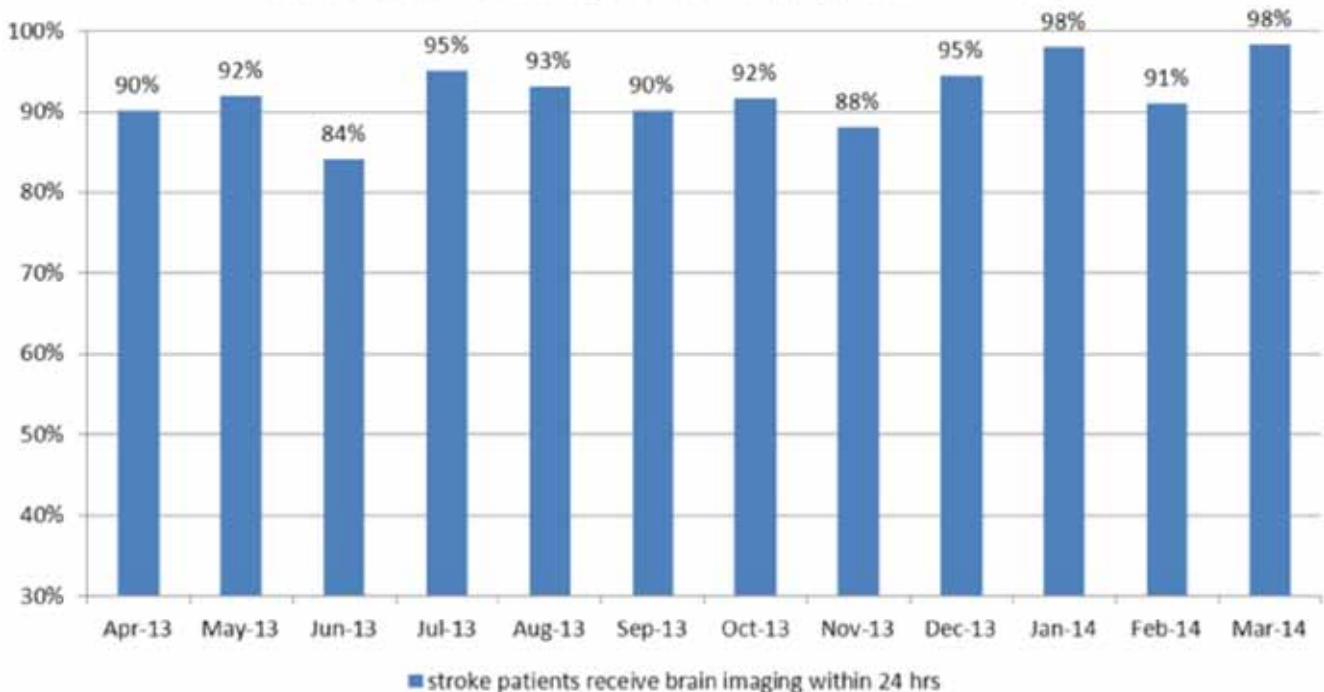
One of the particular areas of challenge for the organisation in 2013/14 was against the local stroke service indicators. We have been undertaking a programme of improvements across the stroke service and did see an improved position over a number of months in the year. This work continues in order to establish a sustainable position going forward.

% Stroke patients are treated on a dedicated stroke ward for 90% of spell

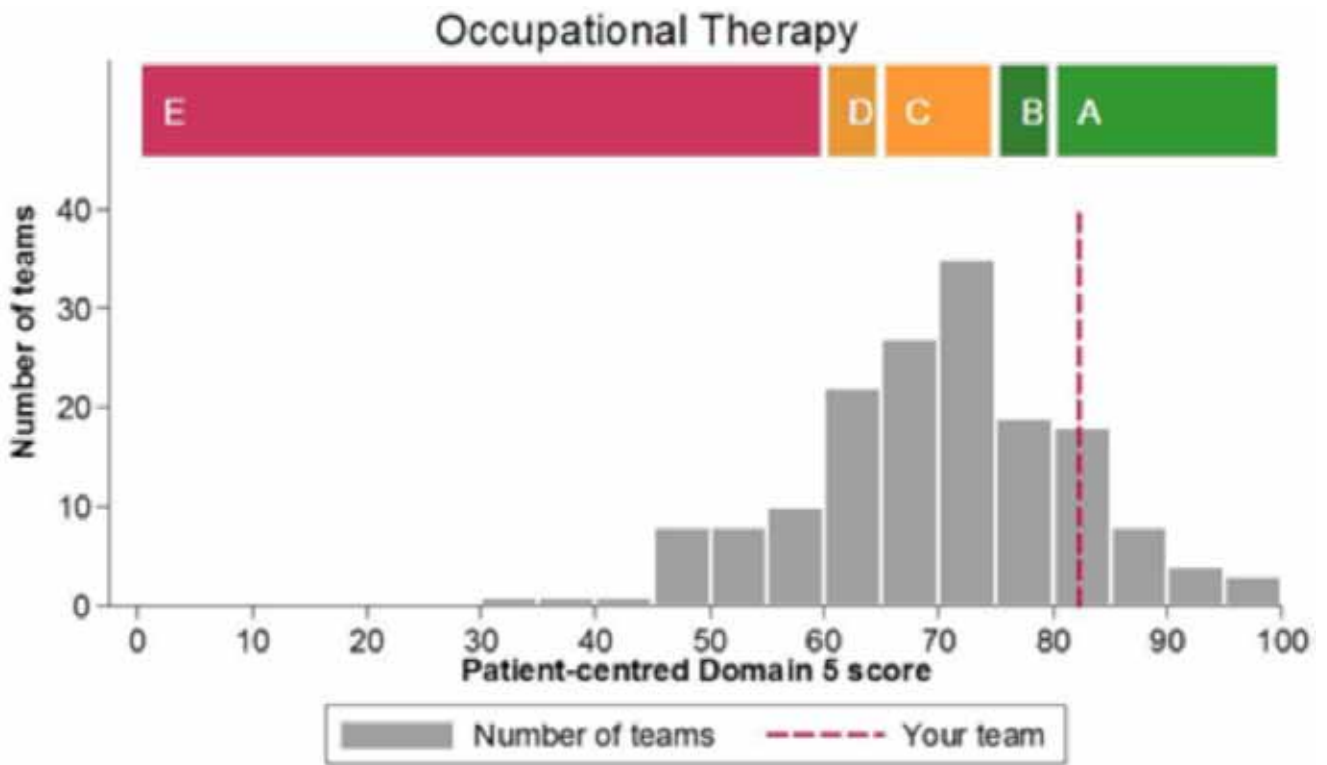


We did, however, continue to perform well against the brain imaging target with more than 90% of patients being scanned within 24 hours and also provided thrombolysis for appropriate and eligible patients.

% Patients receiving Brain Imaging within 24 hrs

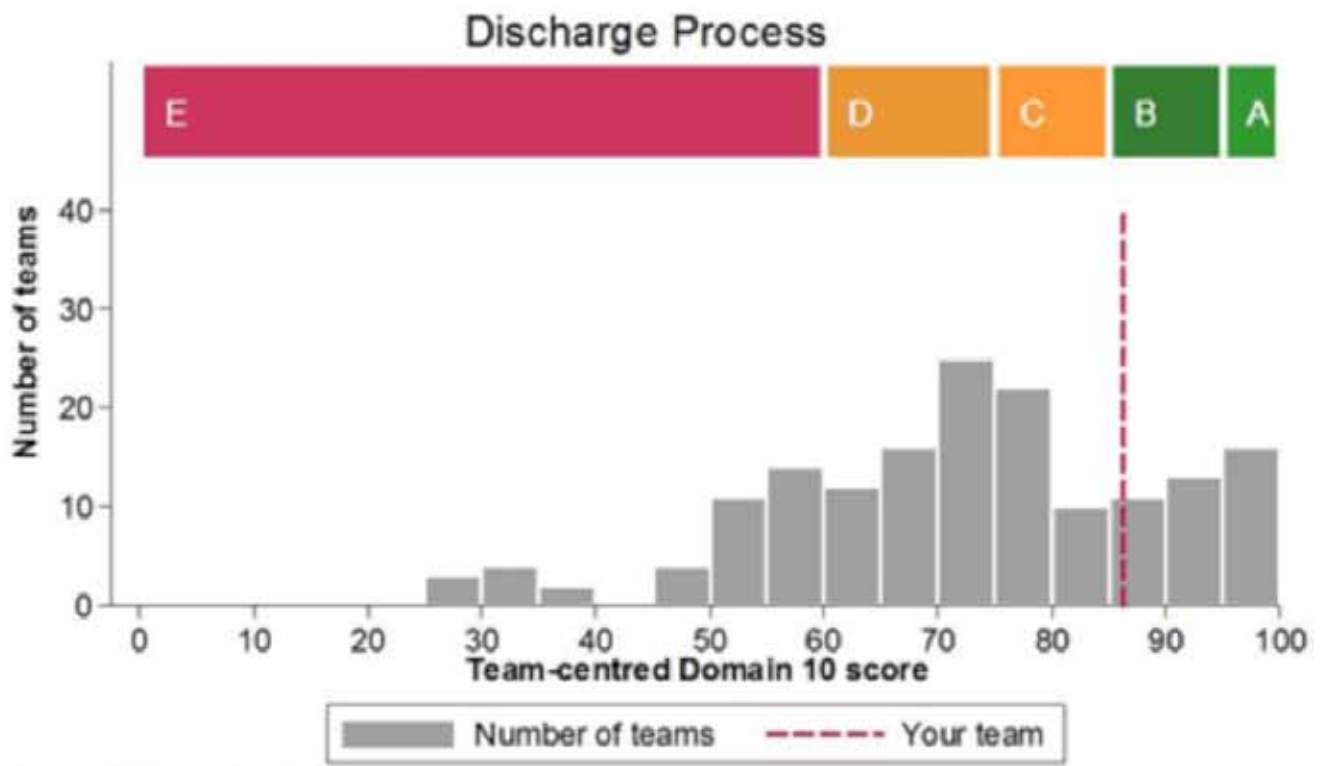


We have commenced participation in the National Stroke Audit. Early audit showed positive results compared to other trusts on our occupational therapy provision for stroke patients and on our discharge processes including our local Early Supported Discharge Service.



Source: SSNAP Jul-Sep 2013
Patient-centred results for Domain 5

Team 119

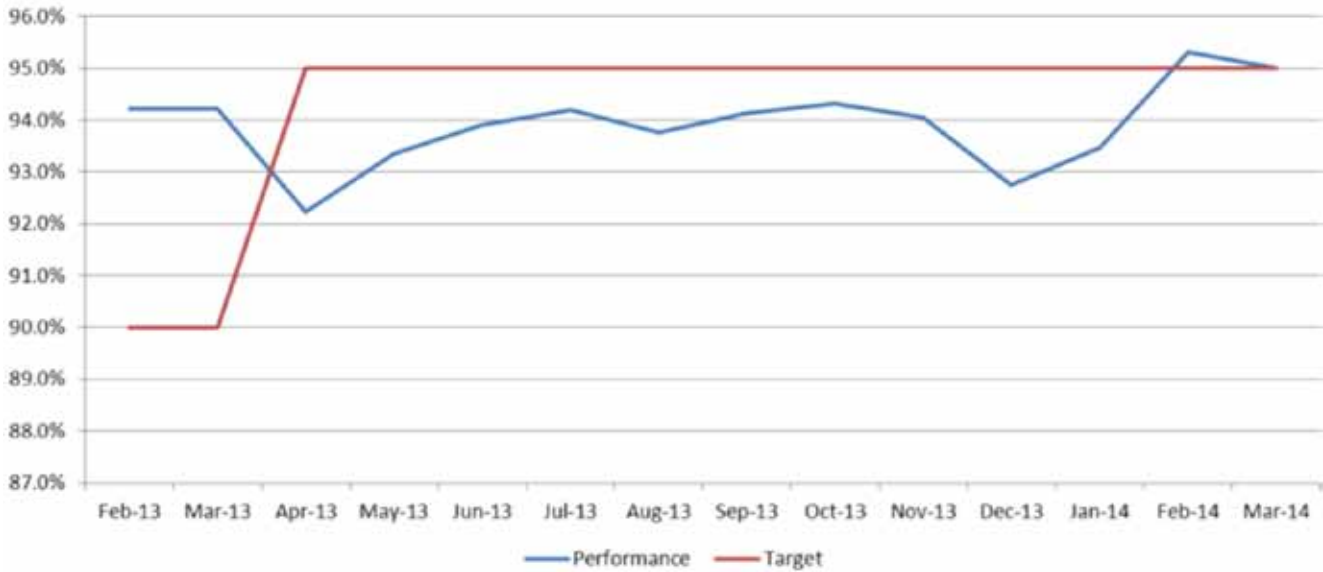


Source: SSNAP Jul-Sep 2013
Team-centred results for Domain 10

Team 119

The target for Venous thromboembolism (VTE) assessment increased to 95% in 2013/14; this has proved a challenging target but in the latter months of the year the outcome of our ongoing work has seen performance meet threshold.

Performance against the VTE Target



During 2013/14 we continued to experience an increased pressure on our cancer services with fast track referrals continuing to increase.

In particular we saw peaks in referrals in relation to national campaigns, including an unprecedented level of referrals to our urology service and an increase in the number of patients diagnosed with cancer.

Fast Track Referrals - All Sites Jan 2011-Mar 2014



Despite having recruited an additional consultant in urology and implementing increased capacity in diagnostics and operating theatres, this additional pressure meant that we were below the national target for treatment within 62 days. These pressures also impacted on our performance against the two week wait and 31 day targets.

Investing in services

We have continued to invest in patient services over the last 12 months. This has only been possible due to careful financial management and delivering above what was expected in the organisation's Cost Improvement Plan. Developments include:

- the refurbishment of resident blocks
- starting work on the women's health and blood disorders building (Jigsaw)
- a new bus hub which has been completed by the Bournemouth Borough Council
- new car parking for staff and patients
- the relocation of the ultrasound department into the x-ray department with greatly improved facilities
- a new (first in the world) CT installed
- the relocation of the rapid access chest pain clinic providing better clinical space and easier patient access
- significant refurbishment and remodelling of Ward 3
- replacement of four ward kitchens
- access to courtyards has been improved
- the car park lighting has been replaced with LED low energy lights
- the area around the lake has been improved and measures to increase bio diversity have been incorporated including bird boxes, bug hotels and planting meadow grasses.

Merger decision disappointing

Our Board, staff, commissioners and partner NHS organisations were deeply disappointed when, in October 2013, the Competition Commission's (CC) decision was to prohibit the proposed merger with Poole Hospital NHS Foundation Trust. We began the two year process for the right reasons and believed merger would have been the best option to ensure the continued provision of local services, while making the best use of our resources and continuing to develop health services for the benefit of all patients in east Dorset.



The benefits, which included increased access to consultant-led care and new patient facilities, will now be much more difficult to deliver, which is disappointing for both patients and staff. Both hospital trusts worked extremely effectively together over the two year process and we will continue to explore areas where we can work in partnership. However, this will not be to the scale or at the speed we had hoped.

We recognise that the Competition Commission has a statutory role to perform and specific criteria which it must use to assess benefits. However, reaction afterwards from politicians of all parties and health experts demonstrated that the outcome of the process was fundamentally wrong. The assessment of the merger was always weighted to put competition as the main way to improve care. Patients and the NHS bodies responded there were many other, more important, ways to improve care.

The CC concluded that the hospital trusts did not provide enough evidence on the relevant customer benefits and even where it believed there to be a patient benefit, they did not have the confidence in the new organisation to deliver them in a reasonable period.

The hospital trusts submitted a vast amount of data to the CC - since 8 January 2013 around 40 million fields of data on inpatients and half a billion fields of data for outpatients were submitted. These ranged from information on the benefits of merger to the number of patients we see and services we provide. Both trusts have an excellent track record for completing capital projects and delivering transformational change. There was no evidence to suggest that developments and plan would not be delivered.

The competition process also expected the hospital trusts to outline potential plans for the future and the new organisation in detail. This was extremely challenging as no specific plans around potential service reconfiguration could be made. It was a corporate merger, two organisations into an organisation with a single council of governors, board of directors and management structure. It was intended that the new merged organisation would develop the clinical strategy and any potential changes. We also have a commitment (and statutory obligation) to involve staff and patients in any future significant change through engagement and formal public consultation. We felt that it was not a reasonable expectation to ask for final service plans at the competition stage.

A lot of the work carried out during the merger process to identify efficiencies and around organisational development will not be lost. We will take some of this work forward, either individually or in partnership with Poole Hospital NHS Foundation Trust. We have already begun to develop our vision and values and clinical strategy for the future.

As the first two foundation trusts planning to merge, we were exploring new territory. We were the first to progress through the competition process; initially being assessed by the Office of Fair Trading and subsequently the Competition Commission. Having completed the process it was clear at a national level that following a business process was not appropriate for the NHS; given the length and cost of the process.

We would like to thank all of our staff and health partners for their support. Staff across the three hospitals contributed to the merger process while also continuing to run very busy hospitals.

CQC inspection; responding to improve

Since the findings of the CQC's inspection of the Royal Bournemouth Hospital were published in December 2013, we have made significant improvements in the areas highlighted in its report:

- 1 staffing
- 2 dignity and respect - basic care needs met
- 3 assessing patients' needs
- 4 listening, learning and improving
- 5 reducing how busy the hospital is - improving patient pathways.

It's important that you know our hospitals are safe when using a wide range of credible measures - for example 'as expected' or 'better than expected' rates for mortality, falls, infection rates. We also have extremely good patient outcomes in cardiology, orthopaedics, radiology, maternity and colorectal surgery. There are many other examples. We also get overall good scores in patient surveys and the Friends and Family Test.

However, we know that we don't give high quality care for every patient, every time, everywhere. This means providing safe and effective care and a good hospital experience. We are putting this right and building on areas of excellence and the improvements we have already made.

1. Staffing

Significant investment has been made in our ward staffing; nurses, healthcare assistants, and doctors. We have better ward staffing levels and skills:

- newly appointed sisters started work on wards 3 and 26, all shifts on wards 3 and 26 are filled and the wards are fully staffed
- we recruited and appointed 57 newly qualified nurses who are all now in post across our medical wards

- a team of 33 agency nurses were recruited and integrated within the nursing teams
- we are in the process of recruiting 22 additional consultants to support seven day working and consultant-led care across all specialities, including the Emergency Department
- there is more time for training and improving care with supervisory time for ward sisters
- an elderly care senior nurse is on duty seven days a week
- we have consultant ward rounds at weekends on our elderly care wards to support junior clinicians

Many hospitals are struggling to recruit good nurses because of a shortage of band 5 nurses in the UK. We have looked to Europe as part of our nursing recruitment drive, including Ireland, Portugal, Italy and Spain. By the end of June 2014 we aim to have recruited 97 new nurses from the UK and Europe.

Our approach to recruitment is also changing to ensure that the staff we employ are not just offered employment because they are qualified. We need to know that potential employees also share the values and behaviours we want for our organisation.

2. Dignity, respect and basic care needs met

Our Privacy and Dignity Policy has been launched which underpins the behaviour of all staff. This is reinforced by the development of dignity pledges, so that patients know the standards of care they can expect to receive, and daily dignity challenges for staff. There are also:

- bay-based nursing stations on all medical and care of the elderly wards reducing reliance on call bells. Patients are always in sight of staff, cutting down the need for them to use call bells. It also allows staff to identify patients' needs and see to them immediately.

Staff nurse, Bridget Bush from Ward 17, said: "It has improved communication between staff and patients and is more efficient. I love it. It is simple but effective and has made such a difference."



Bay-based nursing; patients are always in sight of staff who can see to patients' needs immediately

- new gowns for patients that do not open at the back; protecting patients' modesty
- a healthcare assistant code of conduct that has been introduced so that all patients receive the same standard of care and compassion
- a number of ward environment improvements that have been made
- CARE audits that have been carried out with the support of The Patients Association to ask patients how they feel

3. Assessing patients' needs

- VitalPAC and safety thermometer used by all wards to ensure quality care
- dementia assessments
- expanding use of patient companions and meal time volunteers for care of the elderly wards

- additional wound care and pressure ulcer prevention training for ward staff
- twice weekly pressure ulcer ward rounds by ward sisters
- more training and redesigning elderly care wards to they are a dementia friendly environment

4. Listening, learning and improving

Listening to patients, carers and staff, and learning from their experiences, is really important. This includes hearing from those may find it difficult to communicate.

We have now introduced a weekly Carers' Café every Wednesday in the main atrium of the Royal Bournemouth Hospital from 1.30-2.30pm. Carers, relatives or patients can share their experiences with a qualified nurse over a coffee. There is a range of support information and resources available for you.

We have also invited local independent consumer watchdog Healthwatch Dorset to collect people's views on our hospital and its services. From March 2014, Healthwatch will be at the Royal Bournemouth Hospital two days every month for six months.

healthwatch
Dorset

Creating an open culture where our staff and patients feel listened to and can learn from best practice, incident reporting and complaints has included:

- the start of a new staff listening and engagement programme
- meeting with past complainants to see how we could have done things differently



Patricia Ellis and her mum Virginia stopped by the Carers' Café recently

5. Improving patient pathways

Improving patient pathways and how we see and treat emergency patients will improve patient flow around our hospital. A less busy hospital equals less pressured staff and more time to care. We have:

- removed all three escalation beds
- weekend consultant rounds - patients can go home at the weekends
- 7 day diagnostics - shorter hospital stays and less delay
- implemented a new pathway for stroke patients. They are now taken straight away for a CT scan to provide the best possible chance of making a good recovery
- improved patient pathways and how we see and treat emergency patients, for example we have introduced ambulatory clinics so no admission to hospital
- appointed a nurse to support ambulatory care and taking calls from GPs

Our staff are already beginning to tell us that the hospital feels different. More staffing and improving the flow of patients through our hospitals has meant that in general the hospital has experienced less emergency/bed pressures and staff are starting to feel that they have more time to care.

There is more we can do to build on the improvements we have already made. Doing things differently is essential to continuing this momentum. We have been developing our Clinical Strategy during 2013/14 which focuses on the work needed to do this.

What you can expect from us

You can expect all of our staff to treat you with the upmost dignity and respect and to keep you well informed and engaged with the care you are receiving.

If your hospital experience, or that of your friend or relative, is not what we would expect, please talk to us direct while you are still in hospital, so that we can make things better.

You can speak to:

- the ward sister or charge nurse
- our PALS team (in the main entrance of the Royal Bournemouth Hospital)

- the consultant in charge of your care
- the patient engagement team (located just inside the main entrance at the Royal Bournemouth Hospital near the RVS tea room).

How to keep up to date with our progress

You can keep up to date with our progress against the CQC findings by visiting us at www.rbch.nhs.uk and follow the 'CQC' link from the home page. Here you can read all about our elderly care wards; who the sisters are, performance in relation to pressure ulcers, falls etc. and what patients are saying. Each ward also displays its own 'ward scorecard' so you and the public can see how they are performing.

Developing our clinical strategy - continuing to build on our improvements

Our most important consideration is the provision of safe, high quality and effective services so that patients have the necessary access to the services on which they rely.

We are dedicated to working in partnership with the wider health system to ensure the care we give to patients is the best it can be.

With this in mind, as a Board, and with our staff, we have been developing our Clinical Strategy, setting out how we will meet the challenges ahead. The challenges that drove us to propose merger still remain. We must respond to these always ensuring that quality of care for all of our patients is central to every decision that we make. This means improving standards and reducing variation by bringing all services up to the level of the best, which is a key part of our improvement work. This way we will be able to "SEE" quality in all that we do.

As part of our strategy work, the diagram on page 37 shows the areas of work required for a well-rounded approach to meet our strategic aims. High quality elective and emergency services are core and the internal

improvements underway, including the CQC action plan, are part of the delivery work.

Elective care pathway improvements, especially in cancer care, are underway. A key element of success will be the clinical networks for specialised and seven day services. Vascular and urology are examples where we are able to offer better services as a result of networks with other hospitals. This is likely to be a trend in the future.

For emergency care, integration with GPs, community and social care is key to a coordinated and effective response to individual needs. Our engagement with local GPs in the Emergency Department, our work through the Urgent Care Board and taking part in “Better Together” project with the social care system are examples of our work in this area.

In 2014 we have established a Research and Innovation Directorate and started the recruitment for a clinical lead. This brings together our research workforce and creates a more formal approach to identifying and speeding up innovation. The Trust is also a member of the Wessex Academic Health Science Network.

Service efficiency is the continuation of our transformation work to improve quality and reduce waste and duplication. Each year the challenge becomes harder, as we already benchmark extremely well - with our costs standing at 91% of the national average. Therefore, longer term projects are needed, including IT developments like electronic patient records, which began in 2013.

The “diversification” title in the diagram (below). refers to where we can use our assets and expertise to improve care and cost base, aligned to our core mission of quality NHS care. Examples include our partnering with a nursing home on the Christchurch Hospital site, developing our private patient services (providing an income and facilities to support NHS patients), and developing key worker housing on our land or near to our hospitals.

Key to all of this work is having a well-developed workforce motivated, trained, experienced and well-led for the challenge ahead. The Board’s Workforce Strategy and Development Committee is overseeing our coordinated approach, as well as our recruitment, retention, training and development programmes of work.



Our Clinical Strategy is being delivered by a sustainable Quality Improvement Programme, which we began during 2013/14 to drive up standards and maintain them.

We want to be the most improved acute hospital in the UK by 2016. We will achieve this by:

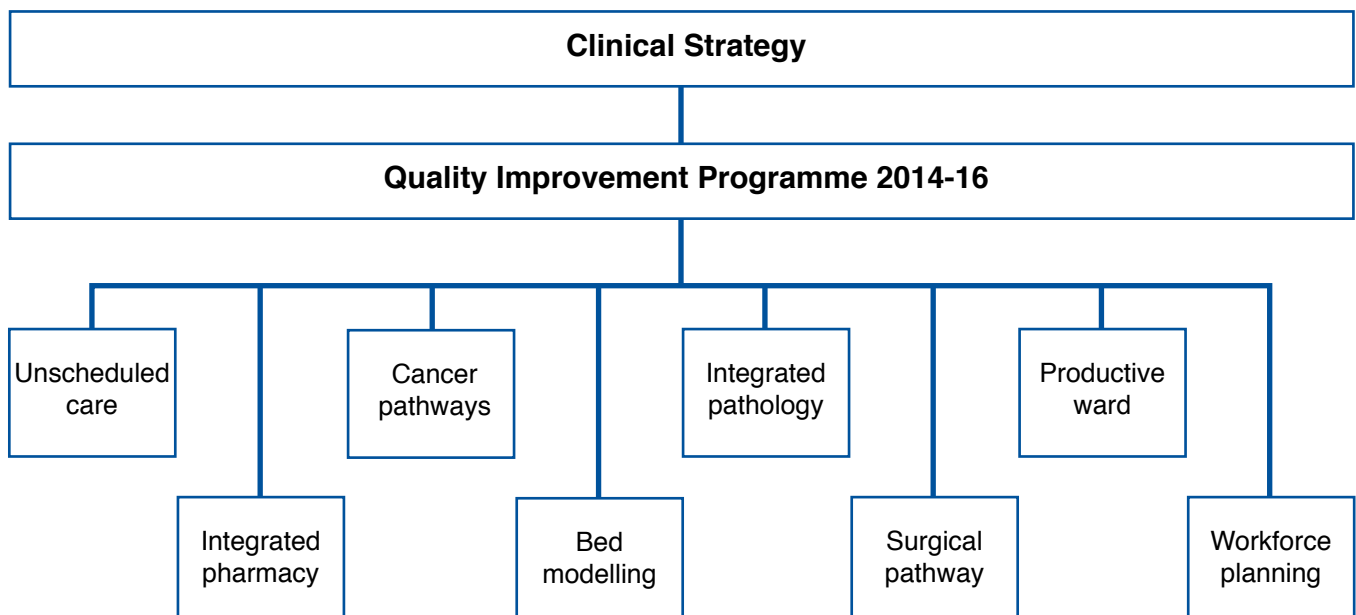
- transformational change and quality improvement leading to safer and more caring hospital services for patients
- continuous quality improvement culture
- an environment where all staff have a shared sense of ownership and responsibility and feel enabled to help make our Trust one of the best
- engaging and empowering staff to deliver the change needed in their workplace
- harnessing individual and collective talent especially through creating clinical leaders at every level

The first major project underway is the Unscheduled Care Project which aims to significantly improve the pathway for our elderly patients and those needing urgent care. To do this, we are focusing on two areas; expanding ambulatory emergency care (or same day emergency care), establishing a specific care pathway for older people and creating a dedicated older person’s admission area. Ambulatory care improves clinical outcomes, the experience for patients and relieves pressures in the urgent care system.

With an increasingly ageing population, elderly people form the largest group of adult emergency patients.

The following projects will gather pace during 2014/15:

- integrated pharmacy: working with Poole Hospital colleagues to explore, for example, the joint procurement of medicines, single education and training programmes and management structures and integrating junior pharmacist, technician and assistant rotations
- cancer pathways: reviewing all pathways for our cancer patients against national and international best practice
- bed modelling: a thorough assessment of the demand for beds throughout the year (against a range of different scenarios) so that we can ensure we have the right number of beds, in the right place, at the right time within the organisation
- integrated pathology: working with Poole Hospital colleagues for a single site microbiology/histopathology service and a hub and spoke model for blood sciences. Other plans include more local phlebotomy (blood taking) services so that patients do not have to come in to hospital for these simple tests
- surgical pathway: a review of all surgical services with a view to standardise many areas to the same high quality. The project also includes the productive theatre concept



- productive ward: to revisit the project that took place in the organisation a few years ago and to make sure the concept of productive ward is engrained in each area
- workforce planning: to ensure we are making the best of our highly skilled workforce and we are using those skills appropriately

Developing our organisation

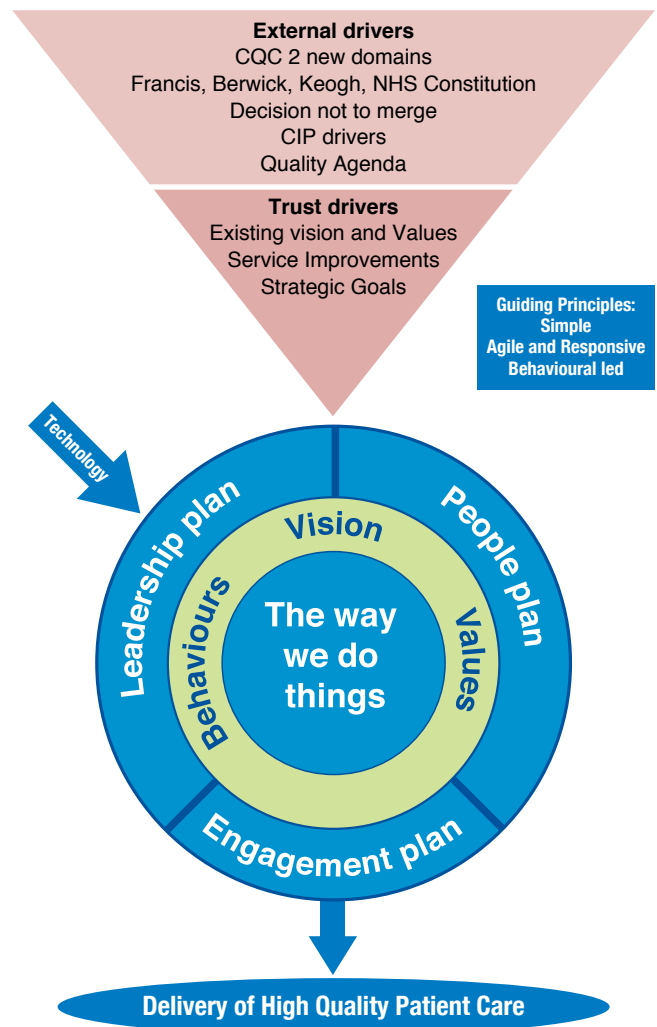
Our organisational development work, set out opposite, has included:

- working with staff to refresh our vision, values and behaviours
- developing leadership programmes across the organisation
- further developing our staff engagement plan; communicating our Quality Strategy, supporting the Organisational Development Strategy and staff communication and engagement
- developing our people plan; workforce strategy, values based recruitment and reviewing HR processes.

Our ambitions for the future

Our forward plan has two distinct phases. The first two years (Operational Plan 2014/16) focus on quality and operational improvements. Years three to five will focus on playing a key role to develop and reconfigure the health and social care system across Dorset to ensure we provide clinically and financially sustainable services.

Our Operational Plan 2014/16 includes the transformation of the hospital's urgent and emergency care pathways (or unscheduled care), especially for the frail elderly, and ensuring ambulatory diagnosis and treatment is provided where appropriate. By ambulatory we mean a clinic or daycase setting. Not all patients admitted to hospital need to be an inpatient to receive their treatment. Transforming the way we provide unscheduled care will ensure patients across the hospital receive the right care, in the right place, at the right time and with the right person.



Longer term the case for change across Dorset is compelling, if we wish to:

- sustain the quality of health and social care
- move to more seven day services
- meet the needs of an elderly population
- introduce new technologies
- improve outcomes
- meet financial challenges

The key element of successful change will be closer working with partners such as GPs, community health and social services. Likewise, working with other acute specialist hospital services is needed to ensure centres of excellence can survive and thrive in Dorset. Haematology, cardiology, obstetrics, emergency departments and acute surgery are examples of where integrated networks of care can provide better outcomes for patients.

While we engage in the long-term work (led by our commissioners) to reshape and improve services, the next two year's focus for RBCH is on quality and operational improvement.

The key to this is a skilled work force that is well resourced, trained, motivated and led. Significant work is underway to achieve this, including the recruitment of additional nurses at all levels, and additional doctors, especially at the most senior, consultant level. This is alongside our leadership development work, improved staff communications and a wider organisational development programme.

As well as the quality and operational improvements we have a number of investments planned for the 2014/15 financial year. These include:

- **additional medical staff**

We will recruit several additional consultant posts, including two acute surgeons, two Emergency Department consultants and two acute medicine consultants. In addition, we will make new appointments in gastroenterology, urology and vascular surgery and intend to make three further consultant appointments in care of the elderly.

Further investments are intended within the junior medical ranks, including an additional medical registrar at night and additional doctors in the Emergency Department. Given the shortages in trained staff, this will require innovative and attractive recruitment programmes, and risk mitigation where we cannot fill funded posts.

- **additional nursing staff**

Prior to the CQC report RBCH had made substantial investment in nursing for inpatient areas including Elderly Care, the Surgical Assessment Unit and Acute Medical Unit. Several clinical directorates are looking at the opportunity to develop and enhance nursing roles to complement the work of the medical staff. This will develop especially in the urgent / acute care pathways. Taken together, the investment in additional clinical staff is over £2 million per year, representing a significant and ongoing quality investment.

- **developing capacity in endoscopy**

The further development of the bowel cancer screening programme will require a significant increase in the capacity of all hospitals to undertake colonoscopy procedures. There is to be a further

widening of the age range of patients contacted for screening and this will bring further increase in demand. Although the number of patients from this subsequently requiring cancer treatment will be low, it will add further pressure onto this service. We are therefore making further investment in nurse endoscopy capability as well as the consultant gastroenterologist appointment mentioned previously.

- **developing an integrated countywide respiratory service**

NHS Dorset CCG has indicated that it wishes to develop a consistent county-wide community respiratory service. This is an area where we already provide significant services in the community, principally the Respiratory Early Discharge Support (REDS) service. This has undertaken a role supporting the early discharge of patients, but also increasingly an admissions avoidance function.

- **developing seven day working**

There is a clear intention across the NHS to enhance services at weekends such that patients have the same access to acute services outside of the Monday to Friday, '9-5' timeframe. We are therefore continuing to make investment particularly in the diagnostic services, including radiology services, speech and language therapy and acute surgery.

- **further staff development**

We are investing substantially in leadership development for all staff, but particularly clinical staff, with specific programmes for both clinical directors and for nurse leaders. The programme for clinical directors is being run in conjunction with The King's Fund and with Poole Hospital. RBCH is also working closely with the Thames Valley and Wessex Leadership Academy as well as having delegates on the national Leadership Academy programmes.

- **capital investment: IT, buildings and equipment**

During 2014/15 we will invest over £10 million in buildings, information technology (IT) and medical equipment to improve services for patients. Key investments include:

- **Jigsaw building for oncology, haematology and women's health (breast and gynaecology)** - This purpose built, two storey facility will dramatically improve the experience of care, and support effective outpatient and day case diagnosis and treatment. Building work has started and will be completed in 2015.
 - **Christchurch Hospital redevelopment** - The exciting scheme to save the on-site services and modernise the buildings has started and will continue throughout 2014 and 2015. The temporary relocation of services such as outpatients will occur, and building work for the GP practice, new x-ray department, nursing home and assisted living apartments will commence. The majority of services will still operate on site, but in temporary accommodation, as a necessary step before returning to new or improved facilities in 2015/16.
 - **new maternity birthing unit** - This service is being relocated to a purpose designed facility on the Royal Bournemouth Hospital site with easy access and will significantly improve the experience of mothers and babies. Birthing pools and a less clinical feel will promote a normalised delivery. Dedicated parking a few steps away from the birthing centre will reduce time and stress. This compares to the current facility which is upstairs, deep within the main hospital. In the event of complications and the need to transfer to Poole Hospital, the new location allows for quicker and more dignified transit, compared to the current process of travelling through hospital corridors and the Emergency Department. The new facility will be opened in summer 2014.
 - **ward refurbishment programme** - The rolling programme will continue, improving lighting, décor, storage, toilets and for elderly care, making them more dementia-friendly.
 - **atrium café and way finding** - The main entrance to the Royal Bournemouth Hospital site will be improved through a self-funding initiative that will create a larger, more modern café in association with the Royal Voluntary Service. This will also improve the flow of people and way-finding signage.
 - **medical equipment** - We will once again invest over £1 million in new medical equipment plus anything additional from our supporting charities. In recent years all departments have seen significant progress against their top priorities for new and replacement equipment. This has been assisted by generous charitable support allowing more equipment than the NHS alone would have been able to provide.
 - **IT Developments** - Key IT developments over the next two years include important components of our overall move toward an electronic patient record and surrounding systems. The largest of these investments is in health record scanning and electronic document management, which will involve an investment of around £1.9 million in 2014/15 and 2015/16. This will allow the scanning of existing paper records, will reduce the storage requirement and costs, and ensure their availability electronically to all clinical staff, including simultaneous access. A further £1 million will be spent over the same timeframe in replacing the hospital network.
- Both of these sizeable investments are essential precursors to the electronic patient record (EPR) project itself, the initial phase of which (Interim EPR) will begin in 2014/15. An additional investment in an order communications system will allow clinicians in primary and secondary care to order diagnostic tests (blood tests, x-ray imaging) electronically and to receive the results of these on the EPR system.
- **partnership working**
During 2014-2016, we are looking to build upon our partnership working and explore other ways of better delivering the health outcomes needed for our local population. These include:
 - closer working with GPs to provide services both in the community and in hospital

- a nursing home joint venture being built at Christchurch Hospital
- closer working with community-facing services such as in sexual health, diabetes, dementia and older people's care, home care delivery of medications and other initiatives
- exploring partnering arrangements for improved private patient facilities and services
- partnering to develop the key worker housing and other opportunities we have on our estate

Going concern

After making enquiries, the directors have a reasonable expectation that the 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.

Principal risks and uncertainties for the future

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

- future service reconfiguration in the county
- general election - potential changes in policy
- £8-10 million recurrent savings every year, for at least the next five years
- public finances are not expected to improve until at least mid-way through the next Parliament (i.e. 2017/18) when it is assumed the NHS will be deep into crisis mode, requiring extra resources or a fundamental change to the NHS's founding principles
- commissioners (internationally) perceive hospital systems as tending towards being reactive, centralised and high cost, and the default, or barrier, rather than the solution to the future population health needs. The strategic context is that NHS hospital funding is declining, along with the wider

public sector. Even if wider NHS funding picks up, there will be a drive to spend it elsewhere, and an assumption of a smaller acute sector, fitting the hot / warm model

Trends and factors affecting the future

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

End of year financial position

Monitor assigns each NHS foundation trust a risk rating for governance and for finance.

In 2013, Monitor replaced its financial risk rating with the continuity of service risk rating to identify financial concerns. The financial risk rating was allocated using a scorecard which compared financial metrics consistently across a range of foundation trusts:

- **Underlying performance**
 - earnings before interest, tax, depreciation and amortisation margin
- **Achievement of plan**
 - earnings before interest, tax, depreciation and amortisation achieved
- **Financial efficiency**
 - return on assets
- **Financial efficiency**
 - income and expenditure surplus margin
- **Liquidity**
 - liquid ratio days

	Annual Plan 2013-14	Q1 2013-14	Q2 2013-14	Q3 2013-14	Q4 2013-14
Under the Compliance Framework					
Financial risk rating	3	3	3		
Governance risk rating	Amber-Red	Green	Green		
Under the Risk Assessment Framework					
Continuity of service risk rating				4	Not available
Governance risk rating				Green	Not available

A rating of five reflected the lowest level of financial risk and a rating of one the highest. The continuity of service risk rating is calculated on the basis of a liquidity measure and a capital servicing capacity measure, both of which are indicators of financial robustness. The continuity of service risk rating is the rounded average of the two indicators and is measured on a scale of 1-4, with 4 being the highest.

There were four governance risk ratings: red, amber-red, amber-green and green. These have been replaced by three levels:

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

In 2012/13 the Trust's financial risk rating was 3 throughout the year and its governance risk rating was Green.

Business continuity and resilience planning

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

- Major Incident Plan

- Business Continuity Plan
- Chemical, Biological, Radiological, Nuclear and explosive (CBRNe) Plan
- Pandemic Influenza Plan

Within each of these plans, each directorate and department has specific plans for their area. These plans set out each department's roles and responsibilities in the event of an emergency, helping to ensure a cohesive resilient emergency response. Our emergency preparedness arrangements ensure continued patient care in times of emergency and that normal business is maintained as far as reasonably practicable.

We continue to work with multi-agency partners to ensure the safety and welfare of the local communities in the event of an emergency incident. This work facilitates the production of multi-agency emergency plans to help facilitate a robust, resilient, safe response to any emergency incident the communities in Dorset may experience at any time. This planning proved to be a tremendous asset in the severe weather events that occurred during the winter ensuring there was a cohesive response and recovery to the disruption caused by the weather across Dorset, ensuring that communities within the county were kept safe in times when there was major disruption to travel and infrastructure.

We have excellent business continuity arrangements to ensure that if and when the organisation faces disruption to its services, it can act and respond in a timely manner. This reduces risk and inconvenience to our patients by re-establishing services in alternative facilities on site and, where appropriate, off site.

Patient care improvement

During 2013/14 we devised and launched our Quality Strategy. This details the aims, objectives, timescales, responsibilities and monitoring processes of how we will achieve high quality care for all. It is the driver for delivering healthcare that is safe, clinically effective and a positive experience for all those involved.

Key improvements in patient care have been centred both around structure and direct interventions which positively impact on all aspects of quality. You can read more about these in the Quality Report from page 65.

The Nursing Audit Programme has been used to improve areas in direct response to the national patient surveys results. This includes:

- call bells
- privacy and dignity
- care audit

Other activities include:

- Privacy and Dignity Policy to uphold privacy and dignity for all patients has been approved, with a programme for launching and embedding practice in the Trust
- purchase of dignity gowns for patients
- provision of new disposable curtains to aid correct closure to uphold dignity
- formal adoption of the Code of Conduct for Healthcare Support Workers to ensure consistent practice and patient care for the unregistered nurse workforce
- purchase of equipment for patients to aid and assist with eating, such as wide handled cutlery, plate guards and drinking implements.
- revision and rationalisation of menus and the provision of snack bags for patients who miss a meal
- refined notifications to promote responsive care within the ward structure
- further roll out volunteer roles including more trained mealtime companions
- implementation of the Friends and Family

Test through the inpatient services and through emergency department attenders

- stakeholder events with specific groups are held in line with our Quality Strategy
- carers' cafes and carers audits have commenced to support and understand the needs of carers
- visiting times have been reviewed and refined to aid patients and relatives, carers and visitors
- investment in an end of life care post, resulting in increased staff education in supporting patients and families at this time.
- medication safety with respect to administration of antibiotics has been piloted and implemented in specific areas, and will be rolled out across the organisation. This has reduced the time to administration of IV antibiotics for patients.
- the ward scorecard has been reviewed and refined so all staff can review patient quality outcomes, and support improvement.

You can read more about how each of our wards are performing at the 'our services' section at www.rbch.nhs.uk

- the ward staffing review against nationally set Royal College of Nursing guidance 2010 and 2012 has been re-performed in line with the six monthly cycle. Current ward staffing status is available on every ward
- senior nurses have dedicated clinical time on a Wednesday morning
- supervisory time for ward sisters and charge nurses has been approved and will be implemented throughout 2014 so they can spend more time supporting, improving and monitoring quality standards of patient care

High standards for patient information

In May 2013 we were awarded the Information Standard by the Royal Society for Public Health for the health and care information we produce for patients.

The Information Standard is a certification scheme commissioned by NHS England which assesses whether the information we produce

is clear, accurate, evidence-based, and up to date, and that a robust system is in place for the approval and recording of information.

We produce a range of information for patients; from leaflets detailing what exercises to patient films for our website.

Achieving the accreditation means all information produced can now carry the Information Standard quality mark - a clear indication that it is accurate and reliable.

You can find out more about the Information Standard at **www.theinformationstandard.org**

The Patient Information Group approves all patient information and continued to approve a high number of leaflets to support patient care. During the year 423 leaflets were submitted, 408 (96%) of which were approved within one month. 15 remain pending.

The following patient films were also reviewed and approved:

- Knee
<http://rbhelearning/elearning/knee/knee.htm>
- Rehabilitation
<http://rbhelearning/elearning/pulrehab/pulrehab.htm>
- Dementia
http://www.rbch.nhs.uk/patients_visitors/short_films/caring-for-patients-withdementia.php?searched=dementia+video&advsearch=oneword&highlight=ajaxSearch_highlight+ajaxSearch_highlight1+ajaxSearch_highlight2
- Ortho app **http://www.rbch.nhs.uk/patients_visitors/short_films/bournemouth_orthopaedic_services.php**
- Eye unit **http://www.rbch.nhs.uk/our_services/clinical_services/eye_unit/videos.php**

The Patient Information Monitoring Group meets quarterly to ensure the quality of information and to monitor areas of risk and governance.

The following has also been carried out throughout the year:

- audit on leaflet racks throughout the organisation showing compliance of 75%. All non-compliant leaflets identified were external leaflets not on the Trust's approved list of external organisations. These have subsequently been reviewed and either added to our approved list of leaflets or removed from circulation.
- an audit of Trust leaflets was carried out against the organisation's minimum criteria, which achieved compliance of 86%
- staff training has taken place on how to produce good quality patient information and the approval process
- a new patient information database was launched in April 2014 with easy access to leaflets

Complaint handling

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

Every complainant is sent a letter (by post or email) on receipt of their complaint, explaining the proposals for investigation, 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 we received can be found in the Quality Report from page 65.

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**





The CT and MRI Department

Our strength is our staff

We are a significant employer in the area, employing 3,689 whole time equivalents as of 31 March, 2014. Staff turnover is below the national average and generally staff regard the Trust as a good place to work - as demonstrated in staff surveys carried out during the year (further details of which can be found over the next few pages).

National and regional recognition

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

- **The CT and MRI Department** was voted top radiography team in the region by the UK Society of Radiographers. They were nominated for their 'miraculous efforts in pushing radiography services forward' and an exemplary 'hands on approach to patient care'.
- **Dementia Nurse Specialist, Trudi Ellis**, was shortlisted in the 'Best Dementia Nurse Specialist' category of the National Dementia Care Awards 2013.
- **Hayley Flavell, Consultant Nurse of Anticoagulation** at the Royal Bournemouth Hospital, scooped second place at the British Journal of Nursing awards.
- The hospital's **Diabetes Team** was shortlisted twice in the Best Inpatient Care Initiative category of the Quality in Care Diabetes Awards 2013. The annual awards recognise good practice and collaboration between the NHS, patients groups and the industry.
- **The Eye Unit** was nominated for the 'Clinical Service of the Year' award as part of the Macular Society's Awards for Excellence. The award recognises the department's exceptionally good practice in the care of people with macular degeneration.

Recognising our own staff

Each year we recognise the hard work and commitment of our own staff over the previous 12 months through the Staff Excellence Awards. 2013 was no exception and we saw some outstanding examples of staff going the extra mile to ensure patients received the best care and experience possible. Here are our winners:



Award: Putting Patients First Award

Winner: Cardiac Intervention Unit (CIU)/Ward 23

The CIU team embraces change and are focused on continual improvement. Patients waiting for a bed in the CIU lounge are looked after with refreshments and others are often prepared for admission, for e.g. with blood tests and cannulation. Following electrophysiology procedures patients are advised to contact the ward out of hours. Any issues are discussed with the medical team and followed up with the patient.



Award: Award for Patient Safety
Winner: Ward 4

The ward has a high number of dementia patients who often wander. As a result the risk and level of falls is higher. The team worked innovatively to improve safety and reduce the number of falls; resulting in an improved patient experience. The staff mix has changed for the night period to ensure that if two members are staff are with a patient there is another free at all times to monitor and respond to other patients.



Award: Award for Leadership
Winner: BJ Waltho, Head of Operations

BJ has been described as a 'natural leader who is an excellent role model' and 'an exceptional talent in remaining patient focused and positive no matter what situation arises.' She is an excellent patient advocate to ensure patients, especially those waiting for surgery for cancer treatment, are put first no matter what bed pressures there are in the Trust. Her nursing background gives her insight in to operational management that maintains patient safety and her extensive role within the Royal College of Nursing shows commitment and passion to her profession.



Award: Customer Care Award
Winner: Reception staff, Genito Urinary Medicine

The department has adopted a number of new challenging technologies to improve the service for patients, including an automated results service, virtual queuing text service and electronic notes system. During this time the receptionists have provided fantastic customer care to patients, remaining polite cheerful and welcoming. In a recent patient survey, 100% of respondents said that the receptionists were always friendly and approachable.



Award: Award for Transformation and Innovation

Winner: Dean Feegrade, IT

Dean was the driving force behind the way that portering tasks are managed using a Task Management System (TMS). Instead of phoning through requests, staff can now make them online and watch them progress towards the top of the queue. The general manager that nominated him said: "Dean could have sat back and just been the face of IT. Instead he basically took on the overall project management task. He exceeded his brief in a totally positive way."



**Award: Team of the Year Award
Winner: Surgical Admissions Unit (SAU)**

In the last ten months the unit has moved wards three times while still providing a 24/7 emergency service to patients who arrive at the hospital via the Emergency Department. The SAU is patient-focused, hard-working, reliable, resourceful, efficient, adaptable, professional, flexible and good humoured during times of change. The team adapts to change at short notice with professionalism and always with a patient focused approach.



**Award: Award for Quality
Winner: Treatment and Investigation Unit (TIU)**

The TIU received two nominations. It opened in December 2012 and was a new concept and initiative for the Trust; the first nurse-led unit. Prior to the unit, patients would be cared for in a variety of settings, by different nurses across the hospital and were not guaranteed when or where they would be admitted. Appointments can often now be booked at a time and day to suit the patient, including weekends. The patient experience has improved significantly, which is supported by the feedback received.



**Award: Unsung Hero Award
Winner: Magdalena Taranowska, Housekeeping**

Nominated by a governor, Magdalena is 'one of the most dedicated cleaning staff in the hospital.' Housekeeping is crucial to infection control, of which the hospital has very low levels. The governor who nominated her said: "During the time I worked with her I really noticed her immaculate attention to detail. She knew exactly what needed to be done and in what order to ensure infection control."



**Award: Chairman's Award
Winner: BJ Waltho, Head of Operations**

The Chairman's Award is a special award given to the overall achiever selected from the winners of all the award categories. The award is judged by the Board of Directors.

Mentor Awards 2013

The Mentor Award is presented to individuals in recognition of the work they have done to support students. The 2013 winners were:

- **Claire Richards, Emergency Department:** Claire acts in a sensitive and supporting manner when teaching and uses her own experience to facilitate learning. Claire increases the students' confidence with her calm, friendly and helpful approach to teaching.

- **Helen Price, Ward 4:** Helen has the ability to put new students at ease with her friendly and relaxed, but always professional, manner. Helen's mentorship can be clearly seen in the progress the ward has made as a learning environment. The ward is now recognised as an area that gives excellent support and learning opportunities to students



Claire Richards and Helen Price

Informing and consulting our staff

During 2013/14 we consulted our staff and staff side representatives on a number of issues, including:

Consultation	Number of staff affected	Date
Informal pharmacy consultation with regard to on-call rota	Nine staff on the rota at the time	March/April 2013
IT restructure and transfer of Poole Hospital staff over to the Royal Bournemouth Hospital	70 staff	May/June 2013
Procurement - TUPE of Poole Hospital staff over to the Royal Bournemouth Hospital	26	March/April 2013
Maternity Band 7 restructure	8	April 2013
Surgical Women's Health Unit move to Ward 15	42	April 2013
Information Department - individual redundancy consultation	1	January 2014
CT/MRI - 7-day working	approximately 34	December 2013
Staff Resource Pool - change of length of working day	4	February 2014
Recruitment team - restructure and change to working practices	10	January 2014
Switchboard - transfer back from Poole	20	February/March 2014

The following consultations began in 2013/14 but remain current in to 2014/15:

- dermatology - reduction in opening hours of service - affected 16 staff
- speech and language therapy - move to seven day working and clarification of band 6 rotations. This affects 10 staff
- PALS - restructure of team still underway with 3 staff affected
- general managers/senior nurses restructure to create a 'Care Group' structure - 24 members of staff are affected

Consultation with staff happens directly through face-to-face briefing opportunities, written briefings for line managers across the organisation and details in our publications.

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

This is carried out through:

- regular meetings with staff side representatives
- bi-monthly staff newsletter - Buzzword
- monthly Core Brief
- a well-used intranet site
- an induction for new staff - held monthly
- open day for staff and members of the public
- briefings at directorate and ward level as and when needed
- a summary from each Board of Directors' meeting
- internal briefing system via leaders in the organisation
- a weekly bulletin for staff circulated via global email
- fortnightly face-to-face leaders' briefing with the chief executive

We also have awareness stands outside the staff restaurant, poster campaigns, directorate and departmental meetings. You can read more about how we engage with staff on page 53.

Staff health and wellbeing

Throughout the year we continued our commitment to improve staff wellbeing, both for the benefit of staff and for patients. Evidence shows that a happier and healthier workforce leads to a better patient experience. This year we appointed an additional member of staff to assist with our health and wellbeing programme. This has enabled the development of a new programme of monthly events which began in September 2013 for a 12 month period. Topics include:

- healthy eating and dietary advice
- Employee Assistance Programme and Vitality Programme
- blood pressure monitoring
- travel to work advice
- staff physiotherapy service
- Simply Health
- men's health promotion
- women's health promotion
- corporate membership of local fitness clubs
- supporting staff with stress management

These sessions draw on the expertise of our professional staff and support from local businesses, many of whom attend on a regular basis.

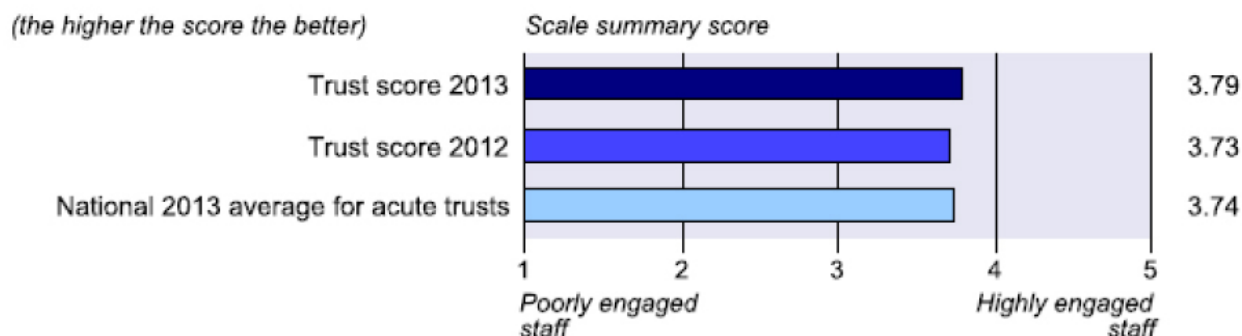
The additional staffing resource has also enabled a review of the staff health and wellbeing intranet pages, which are now more user friendly and contain a wider selection of useful information for staff to access:

The **Valuing Staff and Wellbeing Group**

has continued to meet on a quarterly basis, to discuss benefits for staff, which have included:

- a weight management and exercise programme for staff, either face-to-face or via the intranet
- review of the health and wellbeing intranet site
- stress management reporting
- the Employee Assistance Programme up-dated review
- production of a quarterly health and wellbeing newsletter
- review of long service and retirement awards for staff

Figure 4. Overall staff engagement



Staff engagement

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

In the Staff Survey our score of 3.79 for staff engagement was above (better than) average when compared to acute trusts of a similar size.

The overall indicator of staff engagement has been calculated using staff survey questions that relate to staff engagement:

- staff perception of ability to contribute to improvements at work;
- staff willingness to recommend the Trust as a place to work or receive treatment;
- the extent to which staff feel motivated and engaged with their work.

Staff ability to contribute towards improvements at work and staff motivation have both remained the same as 2012 and are both above (better than) average when compared to similar trusts; staff recommending the Trust as a place to work or receive treatment has improved since 2012 and is also above (better than) average when compared to other trusts.

Response rate

The 2013 response rate was 55.2%, which was a reduction of 1% since 2012, although greater than the average 'Picker' response rate of 46.9%.

Comparable results

Compared to the 2012 Staff Survey we scored significantly better on two questions and significantly worse on three questions. There was no significant difference on 86 questions:

Table 1. Staff Survey

Significant improvement on the following questions:	2012	2013
No training in how to deliver a good patient/service user experience	28%	22%*
Care of patients/service users is not organisation's top priority	20%	14%*

*Lower scores are better

Significantly worsened on the following questions:	2012	2013
Never/rarely enthusiastic about job	4%	7%*
Harassment, bullying or abuse from manager/team leader or other colleagues	21%	28%*
Discrimination from managers/team leaders or other colleagues	4%	10%*

*Lower scores are better

Harassment, bullying and abuse

Of those who feel they have been harassed, bullied or abused by their manager, team leader or colleagues, 10% (46 staff) said this had happened three or more times in the last 12 months.

Discrimination

Of those staff who said they had been discriminated against at work (this includes patients/visitors, manager, team leader or colleagues) in the last twelve months, 47.5% (28 staff) said it was due to their ethnicity; 10.2% (six staff) due to gender; 3.4% (two staff) due to religion; 5.1% (three staff) due to sexual orientation; 5.1% (three staff) due to disability; 8.5% due to age (five staff); and 47.5% (28 staff) other reasons.

Of the above, 44 staff were discriminated against by other staff.

Top four strengths

- staff said they have received job-relevant training, learning or development in last 12 months
- staff report effective teamworking
- staff have reported errors, near misses or incidents witnessed in last month
- staff report that hand washing materials are always available

Four key priorities for improvement

- physical violence from patients/service users, their relatives or others to be firmly addressed
- staff to be encouraged to report experiences of bullying, harassment or abuse, so that action to be taken
- staff to be encouraged to report incidents of discrimination, so that action can be taken
- action is taken when staff report errors, near misses or incidents that could harm patients or staff

Top areas of improvement since 2012

- care of patients/service users is a higher priority
- more training in how to deliver a good patient/service user experience
- fewer experiences of physical violence have gone unreported
- more senior managers are committed to patient care

Staff pledges

The staff pledges are taken from the NHS Constitution which was first published in 2009. We scored well overall when compared to the 2012 Staff Survey and when ranked against all acute trusts in 2013.

Table 2.

	Change since 2012 survey	Ranking, compared with all acute trusts in 2013
STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.		
KF1. % feeling satisfied with the quality of work and patient care they are able to deliver	• No change	• Average
KF2. % agreeing that their role makes a difference to patients	• No change	• Average
* KF3. Work pressure felt by staff	• No change	✓ Lowest (best) 20%
KF4. Effective team working	• No change	✓ Highest (best) 20%
* KF5. % working extra hours	• No change	! Above (worse than) average

STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.

KF6. % receiving job-relevant training, learning or development in last 12 mths	• No change	✓ Highest (best) 20%
KF7. % appraised in last 12 mths	• No change	• Average
KF8. % having well structured appraisals in last 12 mths	• No change	✓ Above (better than) average
KF9. Support from immediate managers	• No change	✓ Above (better than) average

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

Occupational health and safety		
KF10. % receiving health and safety training in last 12 mths	• No change	• Average
* KF11. % suffering work-related stress in last 12 mths	• No change	! Above (worse than) average
Infection control and hygiene		
KF12. % saying hand washing materials are always available	• No change	✓ Highest (best) 20%
Errors and incidents		
* KF13. % witnessing potentially harmful errors, near misses or incidents in last mth	• No change	! Highest (worst) 20%
KF14. % reporting errors, near misses or incidents witnessed in the last mth	• No change	✓ Highest (best) 20%
KF15. Fairness and effectiveness of incident reporting procedures	• No change	✓ Highest (best) 20%
Violence and harassment		
* KF16. % experiencing physical violence from patients, relatives or the public in last 12 mths	• No change	! Highest (worst) 20%
* KF17. % experiencing physical violence from staff in last 12 mths	• No change	! Above (worse than) average
* KF18. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths	• No change	• Average
* KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths	! Increase (worse than 12)	! Highest (worst) 20%
Health and well-being		
* KF20. % feeling pressure in last 3 mths to attend work when feeling unwell	• No change	• Average

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

KF21. % reporting good communication between senior management and staff ✓ Highest (best) 20%

KF22. % able to contribute towards improvements at work • No change ✓ Above (better than) average

ADDITIONAL THEME: Staff satisfaction

KF23. Staff job satisfaction • No change ✓ Above (better than) average

KF24. Staff recommendation of the trust as a place to work or receive treatment ✓ Increase (better than 12) ✓ Above (better than) average

KF25. Staff motivation at work • No change ✓ Above (better than) average

ADDITIONAL THEME: Equality and diversity

KF26. % having equality and diversity training in last 12 mths • No change ! Below (worse than) average

KF27. % believing the trust provides equal opportunities for career progression or promotion • No change • Average

* KF28. % experiencing discrimination at work in last 12 mths ! Increase (worse than 12) ! Above (worse than) average

Friends and Family questions

The top ten correlated staff survey questions fall into themes around caring about patients/concerns, staff being happy in their jobs, staff being involved in decision-making and errors being corrected when they are reported.

Table 3.

Question	2012	2013	Average (median) for acute trusts 2013
(Q12c) I would recommend my organisation as a place to work	65	59	59
(Q12a) Care of patients/service users is my organisation's top priority	69	60	68
(Q12b) My organisation acts on concerns raised by patients/service users	72	64	71
(Q11e) Senior managers are committed to patient care	52	42	52
(Q8g) The extent to which my organisation values my work	47	42	42
(Q14c) My organisation takes positive action on health and wellbeing	48	49	44
(Q11d) Senior managers act on staff feedback	31	26	29
(Q11b) Communication between senior managers and staff is effective	42	35	36
(Q11c) Senior managers here try to involve staff in important decisions	33	32	30
(Q18e) When errors, near misses or incidents are reported my organisation takes action to ensure that they do not happen again.	66	66	61

Scores shown in green are significantly better when compared to those in 2012.

Table 4. Team/job scores

Question	% 2013	% 2012	Average for acute trusts 2013
(Q4b) Team members have a set of shared objectives	79	82	78
(Q4c) Team members meet to discuss the team's effectiveness	65	61	59
(Q4d) Team members do not have to communicate closely with each other to achieve the team's objectives	19	17	17
(Q6a) I have clear, planned goals and objectives	77	77	76
(Q6b) I always know what work responsibilities are	88	87	87
(Q7c) I am involved in deciding changes that affect work	60	52	52
(Q7d) I am able to make improvements in my area of work	58	53	55
(Q7e) I am able to meet conflicting demands on my time at work	44	39	43
(Q7g) Not enough staff to do my job properly	67	62	71
(Q9a) I am satisfied with the quality of care I give	82	83	84
(Q9b) I feel my role makes a difference to patients/service users	91	88	91
(Q3a) I have had an appraisal in last 12 months	84	84	85
(Q3b) Appraisal was helpful in improving how to do job	55	51	54

Scores shown in green are significantly better when compared to those in 2012; those in red are significantly worse.

Recommendations

- for the full report to be made available to general managers and heads of department to enable them to develop an action plan specific to concerns within their own directorates for the next half-yearly review
- the Workforce Strategy and Development Committee and the Valuing Staff and Wellbeing Group to review the corporate actions plans at their meetings in May 2014
- a presentation board and summary leaflet to be available at a health and wellbeing day
- a corporate plan is developed for the main points of concern, as described above

Corporate plan

- managers to ensure that all staff attend bullying and harassment awareness training
- taking action when staff are bullied, harassed or abused by patients or visitors
- taking action against staff who bully or harass others
- encourage staff to report bullying and harassment from all sources
- recruitment is instigated by managers in a timely way and progressed as quickly as possible to ensure adequate staff are available at all times
- ensuring all staff attend diversity training
- work with staff to reduce work-related stress and help them develop coping strategies when feeling under pressure
- promoting team working, shared values and objectives for all staff
- promoting healthy lifestyles for all staff

These actions will be monitored by the Workforce Strategy and Development Committee and reviewed quarterly by the Valuing Staff and Wellbeing Group

Equality and diversity

Equality, diversity and inclusion continue to be at the heart of the NHS strategy and investing in a diverse NHS workforce enables us to deliver a more inclusive service and improve patient care.

We recognise that equality means treating everyone with equal dignity and respect and having the opportunity to fulfil their potential irrespective of any protected personal characteristics. In doing so, it acknowledges that diversity is about recognising that people have different needs, situations and goals and that an individual's experiences within the workplace should make them feel valued and included. Achieving equality requires the removal of the discriminatory barriers that limit what people can do and can be, eliminating harassment and victimisation.

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

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

The Equality Act 2010 brings together several pieces of anti-discrimination legislation and requires equal treatment in access to employment as well as private and public services, regardless of the nine protected characteristics. These are age, disability, gender reassignment, marriage or civil partnership, maternity or pregnancy, race, religion or belief, sex and sexual orientation.

Decisions made in relation to these characteristics are made in a fair and transparent way. As a public sector

organisation, there are some additional equality duties which we are committed to achieving. This means that we must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- advance equality of opportunity between people who share a protected characteristic and those who do not
- foster good relations between different people when carrying out their duties, tackling prejudice and promoting understanding
- ensure that policies and services are appropriate and accessible to all meeting their different needs

Having due regard to these areas means that we can provide an efficient and effective service whilst enhancing the patient experience.

There are also some specific duties that we are required to adhere to. We must be transparent about how we are responding to the Equality Duty; publishing relevant, proportionate information showing compliance with the Equality Duty on an annual basis. We must also set and monitor equality objectives. This information must be available to staff, service users and the general public. Our website - www.rbch.nhs.uk - publishes information on how we believe the organisation meets these duties and this information is updated regularly. This includes information on recruitment and retention and development and support of disabled employees.

The Single Equality Scheme and Action Plan sets out the Trust's vision for 2011-2015.

The table below sets out the gender breakdown of the Trust's employees as at 31 March 2014.

	Male	Female
Directors	9	5
Senior Managers	1	0
Employees	1218	3910

Sustainability Report

The NHS aims to reduce its carbon footprint by 10% between 2009 and 2015. In support of this target we have developed a Sustainable Management Plan (SMP) that was signed by the Board of Directors in January 2011. It affirms our objectives and targets for reducing carbon emissions and enables the organisation to contribute to the NHS aim of becoming a low carbon, sustainable provider of high quality healthcare.

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

The NHS has set an overall carbon reduction target for NHS trusts to achieve a 10% reduction by April 2016 (from 2007/08 baseline year). In addition the NHS, public health and the social care system have also set a long-term carbon reduction target of 34% by 2020 across three areas: building energy use, travel, and procurement of goods and services. These represent ambitious goals to reduce carbon emissions in the healthcare sector, and in doing so protect the health and wellbeing of the UK population. In order to meet these targets we are working in a number of areas to invest in low-carbon technologies and practices, outlined within the following below.

The key areas for action are:

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

We regularly review and report on progress against the Good Corporate Citizenship Assessment Model and key actions within an accompanying Sustainable Management Action Plan.

Monitoring, reviewing and reporting of energy and carbon management are carried out quarterly via the Carbon Management Group. Richard Renaut, Director of Service Development, is the board level lead for sustainability. This ensures that sustainability issues have visibility and ownership at the highest level of the organisation.

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



Energy, water and carbon management

We have invested in energy efficient lighting across the hospital sites. LED lights have been installed in one ward environment, main corridors, a number of office areas, accommodation refurbishments, and in all car parks at the Royal Bournemouth Hospital.

An investment grade audit has also been carried out as part of an Energy Performance Contract (EPC) with British Gas and Breathe Energy. This project aims to reduce energy consumption by 25% through a variety of measures.

Sustainable procurement and food

We recognise our responsibility to carry out procurement activities in an environmentally and socially responsible manner, and the considerable influence we have in using our buying power to encourage healthy and sustainable food production and consumption.

It is important that as a hospital we promote the sourcing of local and seasonal produce, not just from a carbon reduction perspective, but also to benefit the health and wellbeing of our staff and patients. For example, the Catering Department has developed a sustainable and healthy food action plan and is striving towards achieving a bronze Food for Life award.

The Commercial Services Department ensures that all suppliers are asked to provide information on environmental performance during the pre-qualification questionnaires process. We are also in the process of producing a sustainable procurement policy to guide a long-term strategy of addressing carbon emissions from procurement related activities - which at present in the NHS, is the largest single source of carbon.

Low carbon travel, transport and access

The Estates Department has recently purchased two Nissan Leaf electric vehicles. They will be used by staff travelling between sites, and for any other work-related travel. In addition, three charge points have been installed on site for staff and one for patients - largely supported by funding from the Government's Office for Low Emissions Vehicles (OLEV). These cars have been produced in the UK and will be charged using renewable energy generated on site from our solar PV installations.

Waste reduction and recycling

During 2012/13 we became 'zero waste to landfill', which represents a significant milestone to waste reduction and a strong commitment to protecting the environment by disposing of waste responsibly. Recycling facilities are being rolled out across the organisation within clinical and office areas, and our waste contractor also supplies a food waste collection service for the Catering Department. This food waste is transported to a local Anaerobic Digestion (AD) plant where it is used to produce energy for the national grid, and by-product liquid fertiliser to local farmers. Battery recycling facilities have also been rolled out across the Trust.

The installation of Dyson Airblade hand driers in non-clinical washrooms has been carried out at the Royal Bournemouth Hospital. Significant savings have been achieved through the installation of these driers via the avoided cost in paper towel purchasing and disposal.

Buildings and site design

In developing our services and facilities, we aim to meet the BREEAM performance benchmarks (including 'BREEAM Excellent' for new build developments) in respect of the specification, design, construction and use of our buildings. The BREEAM measures include aspects related to energy and water use, the internal environment (health and wellbeing), pollution, transport, materials, waste, ecology and management processes.

Green spaces

In early 2014 a biodiversity board was erected by the lakeside to communicate the biodiversity and wildlife present on site. This board was produced by the Estates Team using recycled materials (destined for disposal), and the sketches were created by one of our apprentices. The intention of the board is to reinforce links between people and their local environment, and to establish the positive link between healthcare and the environment.

Staff engagement and communications

We are committed to ensuring staff, patients, visitors and suppliers/contractors are able to effectively engage with, and support, the carbon reduction plan. We were the second NHS organisation to take part in the Green Impact Scheme, an environmental accreditation and awareness scheme run by the National Union of Students. During 2013 over 10 teams from across the organisation took part in the scheme, and it is estimated to have reached out to over 400 staff contacts.

Sustainability is reported to staff on a regular basis through weekly bulletins, the staff magazine and regular awareness-raising events. The Royal Bournemouth Hospital also hosted one of the national NHS Sustainability Day roadshows during 2014. The event was an opportunity to demonstrate our sustainability achievements and to share examples of best practice across the NHS.

Organisational and workforce development

A range of initiatives associated with health improvement and promoting the health of staff, patients and the public are led and overseen by the Valuing Staff and Wellbeing Group. You can read more about their work on page 51.

Partnership and networks

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

Governance

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

IT and finance

We have introduced sustainability criteria for completion as part of all business cases. The IT department has also recently rolled out a PC power management software, aimed at reducing energy consumption through computers being left on unnecessarily.

Future priorities and targets for 2013/14:

- update Sustainable Management Plan and action plan
- sustainable procurement policy and associated action plan
- catering department to achieve the Bronze Food for Life award
- waste management strategy
- conduct staff and patient travel survey
- explore potential of collaboration with neighbouring companies to reduce congestion around sites during peak times
- expansion of Green Impact Scheme
- climate change risk mitigation plan

The following performance data represents our total gross CO₂ equivalent emissions. This emissions figure is comprised of three scopes, which incorporate direct and indirect emissions (in line with the Greenhouse Gas Protocol Corporate Standard). The figures for the financial year 2013/14 have been reported using the DEFRA Environmental Reporting Guidelines (June 2013), and all carbon factors used have been sourced from DEFRA's Greenhouse Gas Conversion Factor Repository.

Performance data:

Greenhouse gas emissions and energy use:		2007 - 08	2008 - 09	2009 - 10	2010 - 11	2011 - 12	2012 - 13	2013 - 14
Non-financial indicators (tonnes CO _{2e})	Total gross emissions:	13,545	12,874	11,994	12,568	11,877	12,600	10,821
	Gross emissions scope 1 (Gas/oil/fleet vehicles/refrigerant losses)	5,340	4,949	4,401	4,630	4,166	4,185	3,950
	Gross emissions scope 2 (Electricity)	7,511	7,172	6,876	7,247	7,142	8,161	6,715
	Gross emissions scope 3 (Waste/water)	700	754	717	692	569	254	156
Related energy consumption (MWh)	Electricity: renewable*	4,072	3,889	3,857	3,738	3,684	3,758	15,074
	Electricity: non-renewable	9,823	9,704	10,332	11,215	11,053	11,275	0
	Gas	28,457	25,435	22,371	23,566	21,512	21,480	20,671
	Oil	0	356	556	162	246	194	537
	LPHW	1,535	6,629	10,104	7,903	5,125	6,696	7,400
Financial indicators (£1,000's)	Expenditure on energy	1,545	2,344	2,003	2,035	2,225	2,675	2,583
	CRC gross expenditure	-	-	-	-	143	149	147
	Expenditure on official business travel	-	428	448	391	324	389	394
Energy consumption (MWh) per GIA floor area:		0.50	0.52	0.44	0.43	0.39	0.41	0.41
Carbon emissions (Kg CO _{2e}) per patient:		21.7	19.4	17.1	17.9	16.0	16.4	13.7

Performance commentary:

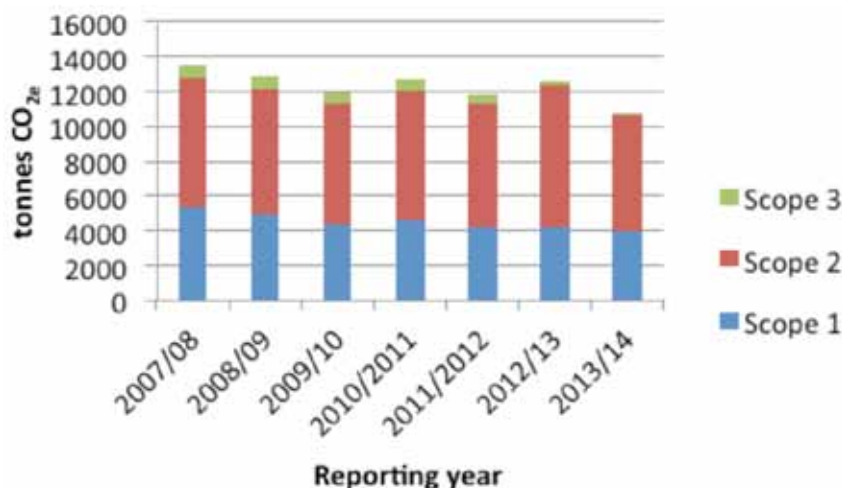
*RBCH has chosen to purchase electricity from 100% combined heat and power (CHP) guaranteed sources during 2013/14.

Energy costs have decreased slightly during 2013/14. This decrease can be attributed to significantly lower gas consumption during the period due to a relatively mild winter. A slight increase in electrical consumption has also been observed over the last few years, and this is due to additional electrical load through new equipment installed.

Total energy consumption relative to floor area has remained the same as last financial year, which represents a decrease of 24% from the 2007/08 baseline year.

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

Greenhouse gas emissions

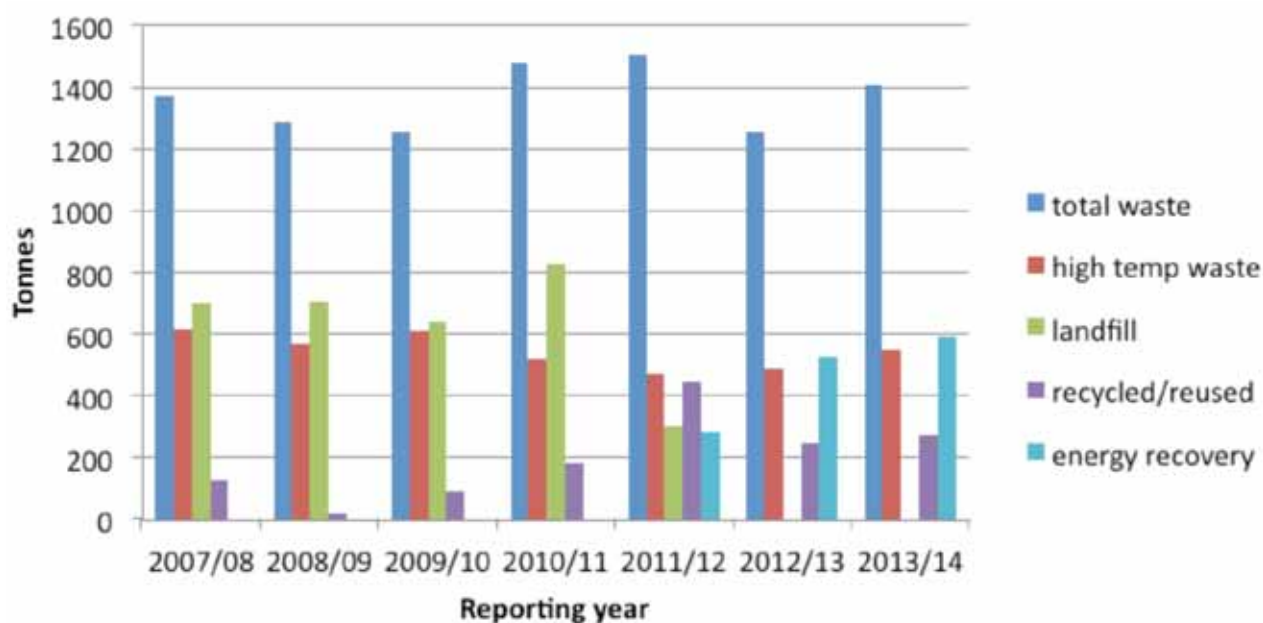


Waste:		2007 - 08	2008 - 09	2009 - 10	2010 - 11	2011 - 12	2012 - 13	2013 - 14
Non-financial indicators (tonnes)	Total waste	1,369	1,286	1,257	1,482	1,503	1,258	1,407
	High temp disposal waste	615	565	610	517	469	486	549
	Landfill	701	707	642	827	299	0	0
	Recycled/ reused	123	17	88	181	444	247	269
	Energy recovery	0	0	0	0	284	526	589
Financial indicators (£1,000's)	Total waste cost	318	325	367	333	336	320	306
	High temp disposal waste	256	238	288	258	221	237	219
	Landfill	62	77	73	72	44	0	0
	Recycled/ reused	26	3	9	28	31	13	16
	Energy recovery	0	0	0	0	31	65	71

Performance commentary:

In 2013/14 our preferred waste contractor collected a total 858 tonnes of non-hazardous waste. Of this, zero tonnes went to landfill, 589 tonnes went to an energy recovery facility and 269 tonnes was recycled, which included mixed recycling (51 tonnes); baled cardboard/paper (93 tonnes); and separate food waste collections (79 tonnes). The Trust has chosen to send all waste to energy recovery as opposed to landfill as of financial year 2012/13.

Waste production



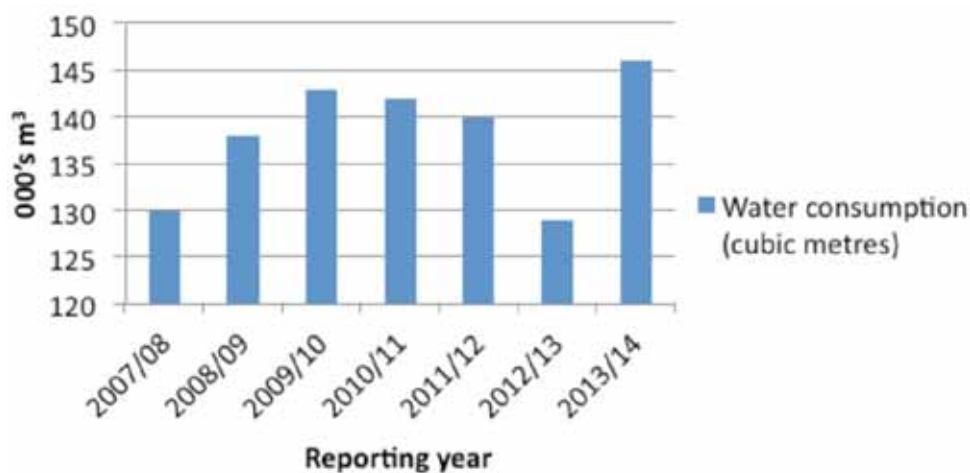
Water:		2007 - 08	2008 - 09	2009 - 10	2010 - 11	2011 - 12	2012 - 13	2013 - 14
Non-financial indicators (000's m ³)	Water consumption	130	138	143	142	140	129	146
	Sewerage	112	118	117	124	122	108	124
Financial indicators (£1,000's)	Water supply costs	115	121	121	140	147	131	172
	Sewerage costs	144	147	151	168	164	167	197
Water usage per GIA (floor area)		1.47	1.57	1.34	1.33	1.31	1.20	1.37

Performance commentary:

RBCH water consumption has increased by 12% compared to last year (2012/13). This is likely attributed to fluctuating consumption at Christchurch Hospital due to large-scale construction works, flushing regimes to control the spread of legionella, and a slighter milder climate during 2013/14 compared to the previous year.

Water consumption however, has decreased by 7% relative to floor area compared to the 2007/08 baseline.

Water consumption



The Trust's annual report and accounts have been prepared under a direction issued by Monitor under the National Health Service Act 2006. This specifies the form in which the accounts should be presented which has been set out in the NHS Foundation Trust Annual Reporting Manual for 2013/14.

Tony Spotswood

Mr A Spotswood
Chief Executive
27 May 2014

Quality Report 2013/14

Part 1:

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

In this report we have outlined some of the quality activities which have taken place in the Trust over 2013/14.

Our quality program has been supported by wide-ranging patient safety initiatives which cover a large range of specialties and topics. We continue to be part of a Foundation Trust Patient Safety Collaborative, 'NHS QUEST', which combines the shared experiences and learning from 15 acute foundation trusts across England to promote and improve patient safety. This year NHS QUEST work has concentrated on creating a shared quality dashboard, and a programme of peer reviews and clinical collaboratives to enable us to work closely together to tackle common issues such as patient falls, pressure damage and surgical safety.

There were a number of inspections during the year, the most important of which was a formal inspection by the Care Quality Commission (CQC) which identified that we needed to improve on our standards in areas such as privacy and dignity and nutrition and hydration. We have worked with external and internal stakeholders to develop a robust action plan for 2014/15 to improve core standards across all areas of the Trust and ensure our patients, carers and visitors that safety is at the heart of everything we do. The action plan has also informed decisions on our action plans and quality improvement programme for the year ahead.

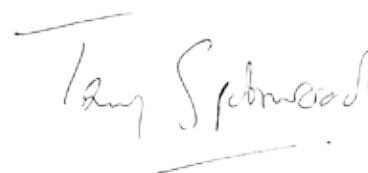
It is acknowledged that we set ourselves ambitious quality and safety targets for 2013/14 and, whilst progress is positive, we did not meet all of our aspirations. Where this is the case we have highlighted this in the report

and identified the actions we will take in the year ahead to further embed quality initiatives and patient safety programmes.

The views of our various stakeholders have been very important to the development of this report and in the choice of the priorities for 2014/15. We have chosen to continue with our "harm free" care programme for 2014/15 alongside our comprehensive CQC action plan. Patient safety and continuing to improve the patient experience will remain a prominent agenda for the Board of Directors and we welcome the opportunity to work with patients, carers, Foundation Trust members and the public on a wide range of patient experience and patient safety initiatives this year.

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

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



Tony Spotswood
Chief Executive

Focus on quality



In June 2014 we launched a new Quality Strategy focusing on safety, effectiveness and experience. A Quality Toolkit was developed to engage staff in quality improvement. Case studies are used to promote examples of good practice, celebrate innovation and improvement and share ideas for spread and learning.

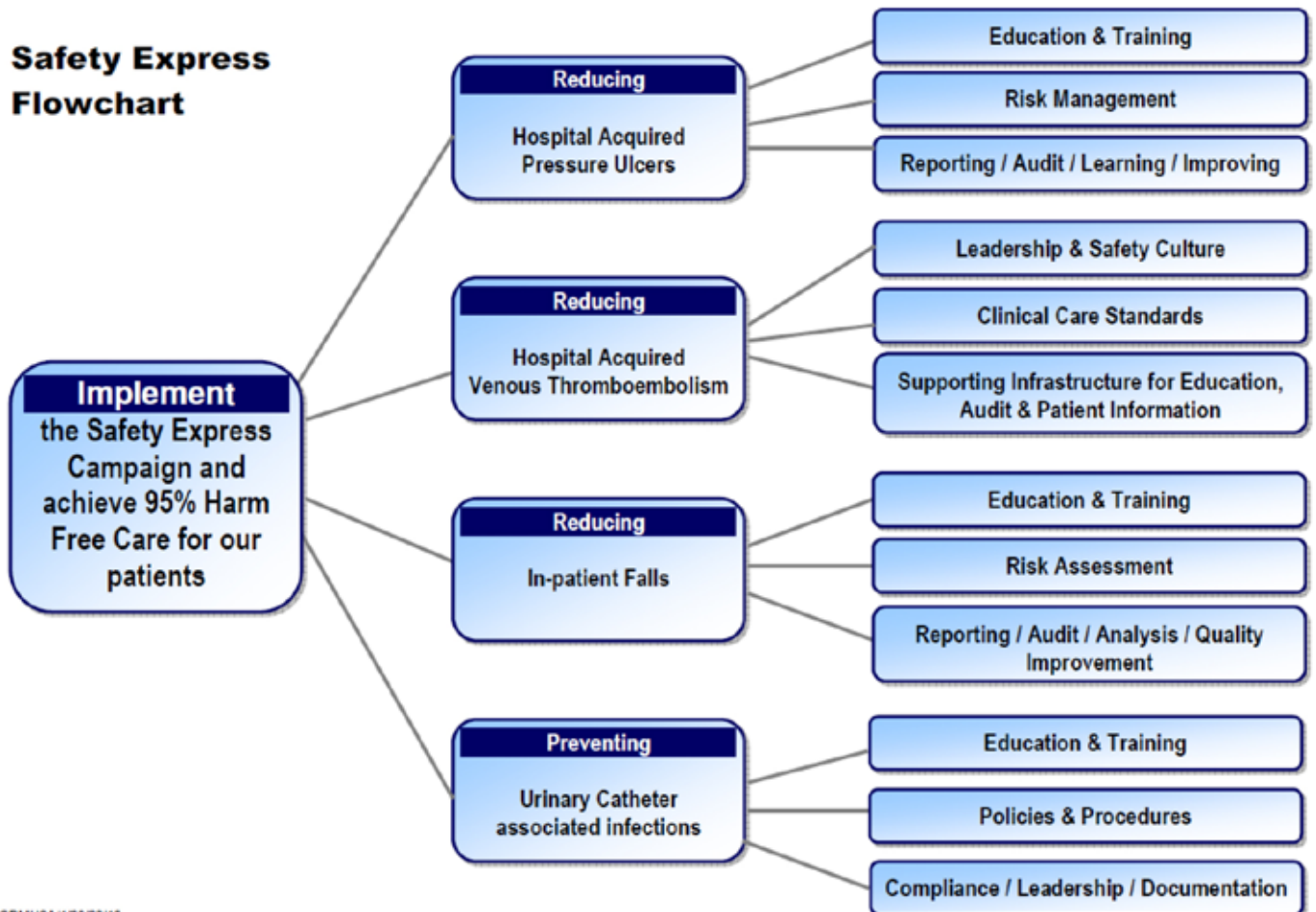
Weekly 'Focus on quality' bulletins are produced to inform staff about progress against our CQC action plans; highlight important 'SEE Quality Strategy' objectives.

The quality bulletins are also shared with members of the public via our website, on patient information screens in waiting areas at the hospital and displayed on noticeboards in the main atrium. Key quality messages are displayed on screensavers that appear across our hospitals, visible to both staff and patients. For each quality story, we aim to see what impact it is having on our staff and patients, so include quotes from those who are putting our quality strategy into action, and those who are seeing the benefits

Monthly Core Brief cascade briefings with leaders across the organisation, led by the Executive Director team, are used to promote and share quality strategy communication to all staff. The Core Brief briefings are filmed and placed on the intranet so that staff who are unable to attend do not miss out on important information. The message is that we want to deliver excellent care for every patient, every day, everywhere and everyone in the organisation has an equally important role to play to support this.



Safety Express Flowchart



CGRM/JSV1/20/03/13

Part 2:

Priorities for improvement and statements of assurance on the quality of services provided

2.1 Progress against quality priorities set out in last year's Quality Report for 2013/14

The 2012/13 Quality Report identified 'harm free care' as the specific quality improvement priority to be monitored in 2013/14, as measured by the national NHS Safety Express programme and NHS Safety Thermometer tool.

The main quality objective for the year (2013/2014) was the completion of the safety thermometer across all wards areas with an over arching aim: "to deliver harm free care as defined by the absence of pressure ulcers, harm from falls, catheter acquired urinary tract infection (CA-UTI) and Veno-thrombosis (VTE)".

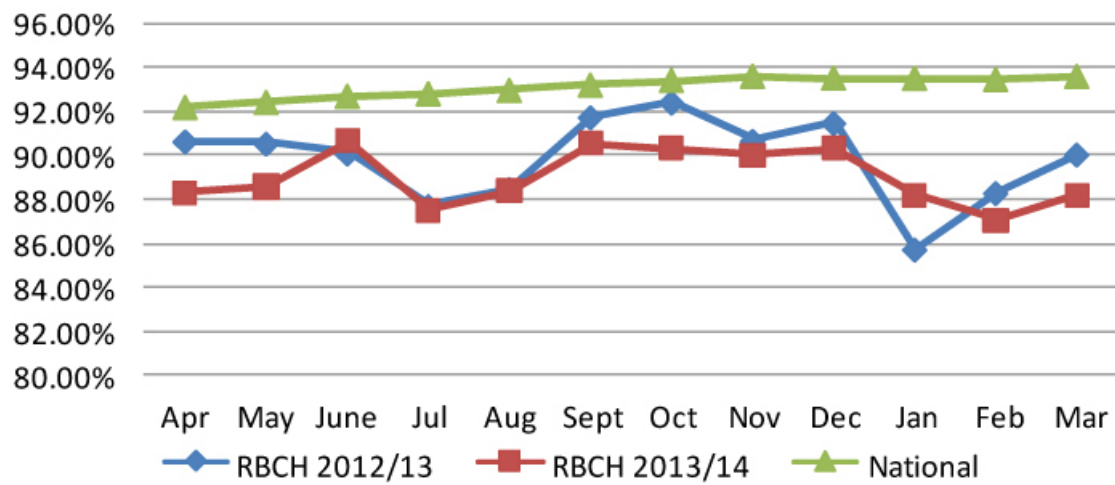
A patient is identified as having 'harm free care' if they have not had a pressure ulcer (either before or during admission), an inpatient fall, a catheter related urinary tract infection or a hospital acquired venous thromboembolism (blood clot).

'Harm free care' is measured monthly via a standard NHS Safety Thermometer methodology that requires wards to record 'harms' for all inpatients on the ward on the monthly data collection day. The data is recorded on a standard audit sheet and results are validated prior to entry onto the national electronic standard safety thermometer data collection.

In 2013/14, we achieved an average of 89% harm free care (90% in 2012/13). This is below what we set out to achieve (95%) and worse than the national average score for 2013/14 for acute trusts which was 93%. We aim to improve significantly on this in 2014/15.

Chart: NHS Safety Thermometer - Harm Free care scores for The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust 2013/2014

Safety Thermometer Harm Free Care Results 2012-14



Our score for 2013/14 is worse than the national average as a result of a higher number of patients being admitted to hospital with an existing pressure ulcer and a higher number of internal hospital acquired pressure ulcers. We are currently working with community colleagues to support pressure ulcer prevention initiatives and training across the whole health economy.

Quality initiatives undertaken in 2013/14 for each 'harm free care' patient safety objective are outlined in the following sections of the quality report.

Hospital acquired pressure ulcers

On average 2.2% of the hospital inpatients surveyed in 2013/2014, using the National NHS Safety Thermometer tool, had a reported hospital acquired pressure ulcer. We are disappointed in these results as they are higher than last year and also worse than the national average.

The national reporting methodology for hospital acquired pressure ulcers includes patients who had pressure ulcers healed or acquired the previous month. Our submitted data has been externally reviewed and we are assured we have met the national data set for 2013/14. We are subsequently working with our clinical commissioning groups, neighbouring trusts

and NHS England to ensure there is consistent reporting across Wessex for 2014/15.

Our higher than expected pressure ulcer figures for 2013/14 were principally concentrated to a number of specific incident peaks in a few individual areas. Detailed action plans have been implemented in year for these areas and encouragingly we have seen a significant reduction in these areas in the last few months. We have also implemented a number of Trust-wide pressure ulcer prevention strategies in year and have extensive improvement plans to take these further in 2014/2015. We aim to achieve a 50% reduction in our avoidable hospital acquired pressure ulcers in 2014/15.

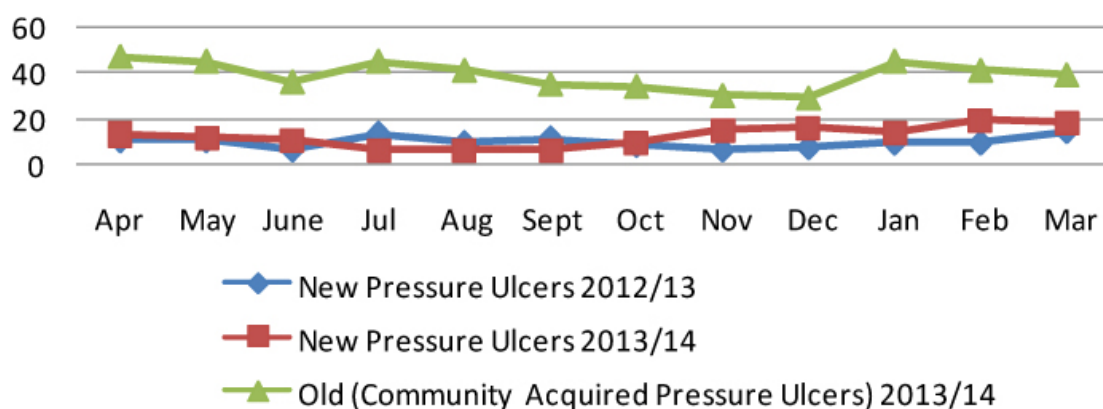
The number of patients being admitted with existing pressure damage from the community is also worse than the national average, this impacted significantly on the overall harm free care score for the Trust. We are working closely with community and commissioning group colleagues across Dorset and Hampshire to improve pressure ulcer prevention.

NHS Dorset Clinical Commissioning Group has established a multi-agency Dorset Pressure Ulcer Strategy Group to review pressure area care and management across all care boundaries in the county. We are a key stakeholder in this group and a joint action plan has been developed.

National Safety Thermometer results for The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (Source: Health and Social Care Information Centre)

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
% of all patients surveyed with a community or hospital acquired pressure ulcer	10.17	9.69	7.96	10.62	8.97	7.61	8.13	8.64	8.88	10.75	11.11	10.54
% of patients surveyed with a hospital acquired pressure ulcer	2.2	1.9	1.73	1.46	1.15	1.11	1.7	2.88	3.16	2.55	3.52	3.33

Hospital acquired and community acquired pressure ulcer numbers collected via the Safety Thermometer Tool for 2012/13 and 2013/14



Quality Improvements implemented in 2013/2014

- the Tissue Viability Team has been expanded this year to include a new full time tissue viability healthcare assistant. The remit of this post includes:
 - supporting the implementation of the pressure ulcer policy
 - referring incidents of pressure ulcer policy non concordance to the ward co-ordinator, ward resource nurse and tissue viability
 - supporting the Trust adverse incident reporting process i.e. to assist wards in investigating, action and learning from reported pressure ulcer incidence
 - assisting in the planning and provision of clinical audits and supporting implementation of recommended changes from audit reports
- implementation of new Standard operating procedures developed for; Stock dressings, Heelift suspension boot use, pressure relieving cushion provision, skin care for incontinent patients and pressure ulcer ward rounds
- provision of enhanced ward based training, including dedicated training sessions for stroke and Acute Medical Unit staff
- implementation of a number of additional clinical audits to routinely monitor policy compliance e.g. monthly risk assessment and wound care documentation audits.
- implementation of specific tissue viability ward rounds
- Pressure Area Care Together (PACT) is the pressure ulcer prevention and management strategy for the Trust and was launched in January 2014. It has been designed so that all relevant documentation and supporting information can be easily accessible to all staff. Each clinical area will have a PACT folder containing trust guidance, standard operating procedures for both tissue viability and nutrition and dietetics departments



Pressure Area Care Together

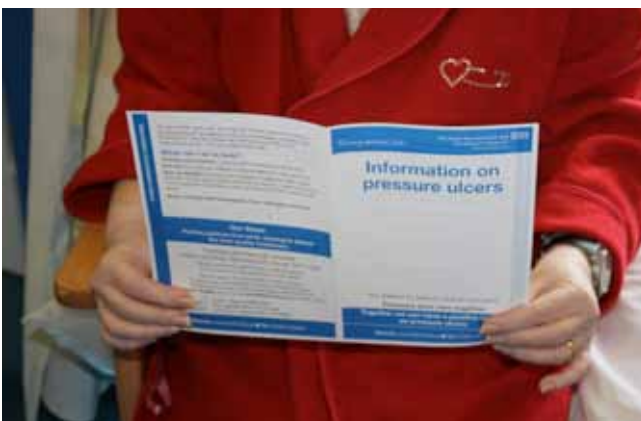
Let's make an **IMPACT** on pressure ulcers together

Find out where **YOUR PACT** folder is today

For more information contact Louisa Way, Lead Tissue Viability Nurse
or Michelle Graham, Tissue Viability HCA on ext 5672



- a pressure ulcer patient information leaflet has been developed to compliment the Pressure Area Care Together strategy. This has been designed to explain the associated risk factors, how pressure damage can develop and what patients can expect during their hospital stay.



- the Trust IT Department and the Tissue Viability Team have been working together to develop an interactive risk assessment application (eWaterlow app). The eWaterlow app will help to streamline the completion and updates of the pressure ulcer risk assessment tool. Using the iPads, qualified staff can be guided through the risk assessment tool.

Timeframes for reassessment based on the patients' level of risk are set, highlighting to ward staff when they are due to be reviewed. Automatic electronic referrals to specialist teams and pressure relieving equipment requests can be initiated via the application. The pilot phase is due to commence in May 2014.



- NHS England, Wessex region hosted a Pressure Ulcer Quality Summit in March 2014 to share best practice in pressure area care across the region. The Trust Tissue Viability Team presented a session on the implementation of the pressure ulcer ward rounds at the summit.

Action plan priorities for 2014/15

- maintain and strengthen our existing relationships with providers across all care boundaries. Focus on sharing good practice and learning from others with regards to reducing hospital acquired pressure damage
- pilot and implement across the Trust the eWaterlow risk assessment application
- hold a Trust Tissue Viability study day. In April a study day for 60 delegates will be held focusing on pressure area care prevention and management within the Trust. The programme include scenario based workshops and learning shared from Serious Incident events
- continue to embed and expand the Trust wide Pressure Area Care Together (PACT) strategy, to share areas of learning and good practice across the organisation
- commence evaluations of novel pressure relieving equipment systems including Hybrid mattresses (static foam and dynamic air cell technology) and non-patient specific heel protectors

Inpatient falls

Less than 1% of hospital in patients surveyed in 2013/2014 using the national NHS Safety Thermometer tool had a fall resulting in harm whilst admitted to hospital.

The number of falls recorded using the Safety Thermometer methodology was better than the national average.

Quality improvements implemented in 2013/14

- ongoing education with ward staff regarding falls prevention and the introduction of falls prevention toolkit folders for all wards



- Risk Assessment Documentation Audits have been integrated into monthly safety Thermometer data collection and results presented to ward sisters and senior nurses. Results for the last six months show that on average 90% of falls, bed rails and mobility risk assessments are completed in a timely manner. While encouraging, there is ongoing work needed to further improve nursing assessment documentation and care planning. This will be a priority action for 2014/15
- updated Care Round Documentation has been implemented and is in use across all inpatient areas. Training on extended 14 Day Care Plan has been provided at ward level and will be a focus for continued review and improvement in 2014/15
- to improve communication and learning, ward teams present case presentations at the Trust Falls Steering Group. Teams are able to feedback on individual patient stories and share experiences, good practice, improvements and learning



- a new in-house falls management video has been “story boarded” with the Risk Management Department, Therapy Team and Falls Steering Group
- new gripper socks to improve patient footwear and reduce the risk of falls have been made available across the Trust



- a number of falls prevention initiatives have focused on dementia care and, working with the Specialist Dementia team, the Falls Group have looked at:
 - reducing busy patterns on ward walls and flooring to assist independent safe walking
 - removal or replacement of mirrors and shiny surfaces to reduce risk
 - improving signage on all the wards by using pictures and appropriate colours
 - creating dementia friendly ward environments.
- as part of the NHS QUEST Collaborative, the Trust is participating in a specific work programme to look at reducing patient falls. The Collaborative is currently working on a shared action plan and quality improvement programme.

- the Trust is currently participating in the Royal College of Physicians national pilot of Inpatient Falls.

Action plan priorities for 2014/15

- maintain and increase the number of Ward based training sessions delivered
- provide additional study days to focus on falls prevention and management. The planned programme will include workshops and case studies to enable wider learning from adverse events
- implementation of e-assessments for nursing and patient assessments to aid completion, documentation and care planning

New Hospital Acquired Venous Thromboembolism (VTE)

On average less than 0.2% of hospital inpatients surveyed using the National NHS Safety Thermometer tool in 2013/14 had a new hospital acquired venous thromboembolism (a "blood clot") during admission. This is much better than the result for 2012/13 which was 0.45%. It is also much better (i.e. lower) than the national average value of 0.51%.

The Trust also demonstrated a VTE risk assessment rate of 98.62% using the NHS Safety Thermometer data collection tool compared to the national average of 70.21% and a thromboprophylaxis rate of 92.31% compared to national rate of 66.05%. In both cases the Trust level of compliance was much better than the National average.

Electronic VTE assessments rolled out across our wards

An electronic system which speeds up venous thromboembolism (VTE) assessments has been rolled out across our wards following a successful pilot.

All patients admitted to our hospital are required to have VTE assessments due to an increased risk of blood clots, particularly after surgery, or for patients who may be bedbound for longer than usual.

Historically, the VTE assessment data was captured on all clinical computers once a day. However in February 2014, a new system using iPads was designed which created a live data report, enabling earlier identification of any patient who required a VTE assessment.

Action plan priorities for 2014/14

- improve the consensus data capture for VTE risk assessment to consistently above 95%
- update the patient information leaflets on preventing blood clots in hospital and perform regular audit on patient information and knowledge on VTE.
- implement new National Institute for Health and Clinical Excellence (NICE) Guidance relating to VTE prevention for patients admitted with an acute stroke.
- continue to complete root cause analysis on all hospital acquired venous thromboembolism analysing data for trends.
- apply for national recognition of the outstanding work on VTE by applying for exemplar status.

Reducing Catheter Associated Urinary Tract Infections (CA UTI)

The average numbers of CA UTIs (from National Safety Thermometer data) for the Trust in 2013/4 was 0.47%. This is better than the National average score of 0.56%.

During the year, a review of urinary catheter procedures and documentation was undertaken to ensure compliance with Evidence Based Practice in Infection Control (EPIC3) guidelines. The review highlighted the need to amend existing policy and procedures to ensure best practice. New criteria for urinary catheter use were established and documentation now includes expected duration of use; planned date of removal; daily recording or rationale for use/insertion; compliance with bag fill levels and ensuring the position of the catheter bag is correct.

To further improve the standards for the insertion, care and management of catheters

insertion sticker labels were introduced at the start of the year. Post implementation an audit was undertaken which confirmed that there had been significant improvement in documentation following implementation and use of the new labels in medical notes.

2.2 Our quality priorities for 2014/15

In order to identify priorities for quality improvement in 2014/15, we have used a wide range of information sources to help determine our approach. These include:

- gathering the views of patients, public and carers using real-time feedback and surveys
- collating information from claims, complaints and adverse incidents
- using the results of internal and external clinical audits and patient surveys to tell us how we are doing in relation to patient care, experience and safety
- risk reports
- listened to what staff have told us during executive director patient safety walkrounds
- vision and values staff and patient workshops

We have taken into account the comments made by the CQC inspection team in its final report. Our action plan focuses on ensuring we meet four essential standards covering assessment and meeting patients' needs, dignity and respect, and improving quality and staffing. We have reviewed our CQC action plan as part of setting our principle quality priorities and improvement objectives for 2014/15.

We have also considered the results of the national staff survey to help us decide where we need to focus our quality improvement efforts and actions. We have also taken on board the national picture for patient safety and collaborated with Clinical Commissioning Groups and other acute trusts as part of NHS QUEST to look at how joint initiatives may be undertaken and best practice developed together.

We have formally consulted with key stakeholders (general public, staff, patients, governors and commissioners) to help identify quality improvement priorities for 2014/15. Priorities have been considered with clinical staff as part of service delivery and clinical governance meetings.

Following consultation, the Board of Directors has agreed that the specific patient safety priorities for 2014/15 should be further improvement in the fundamentals of good nursing care:

- reducing harm from inpatient falls
- reducing harm from hospital acquired pressure ulcers
- reducing urinary tract infections caused by catheters
- reducing hospital acquired venous thromboembolism (VTE blood clots)
- ensuring privacy and dignity at all times
- ensuring completion of all appropriate nursing risk assessments and care plans

A specific objective is to improve on 2013/14 compliance and achieve an average of 95% 'harm free care' for 2014/15. A further objective is to reduce the 2013/14 NHS Safety Thermometer baseline number of hospital-acquired severe harms from pressure ulcers by 50% in 2014/15.

We will continue to monitor harm free care using the Safety Express NHS Safety Thermometer tool across all ward and inpatient areas. All inpatient areas will continue to complete the NHS Safety Thermometer tool each month and this tool will be enhanced to include monthly risk assessment compliance data. Data collection and harm free care performance will continue to be reported monthly to the Trust's Healthcare Assurance Committee and Board of Directors as part of a Quality Dashboard. Where the information is available, we will review compliance against published national and local benchmarking.

The rationale for adopting the same priorities for 2014/15 as 2013/14 has been endorsed by the Board of Directors and Council of Governors and is to ensure effective implementation of current quality initiatives and to focus on embedding and sustaining change.

Ensuring consistency was a key finding of the CQC inspection in October 2013.

In addition to these specific quality objectives, we will continue to implement and monitor our CQC action plans at organisational and directorate level. We will also maintain with our wider Trust and NHS quest quality improvement plans with specific focus on issues such as sepsis, acute kidney injury, deterioration and palliative end of life care. We will continue to collect, report, monitor and act on specific quality indicators for patient safety, clinical effectiveness and patient experience agreed with our Clinical Commissioning Groups. Performance will be monitored internally and also externally via joint quality meetings with commissioners.

Statements of Assurance from the Board

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

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

Review of services

During 2013/14 the Trust provided eight NHS services in accordance with its registration with the Care Quality Commission:

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

The Trust has reviewed all the data available to it on the quality of care in all of these NHS 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 2013/14 represents 100% of the total income generated from the provision of NHS services by the Trust for 2013/14

The data reviewed for the quality report covers the three dimensions of quality - patient safety, clinical effectiveness and patient experience. Information reviewed included directorate clinical governance reports, risk register reports, clinical audit reports, patient survey feedback, real time monitoring comments, complaints, compliments, adverse incident reports, quality dashboards and quality and risk data. This information is discussed routinely at Trust and Directorate quality, risk and clinical governance meetings. There is a clear quality reporting structure where scheduled reports are presented from directorates and specialist risk or quality sub groups to the Quality and Risk Committee, Healthcare Assurance Committee, Trust Management Board and, Board of Directors each month. Many of the reports are also reported monthly and/or quarterly to our commissioners as part of our requirement to provide assurance on contract and quality performance compliance.

Participation in clinical audit

During 2013/14, 31 national clinical audits and six national confidential enquiries covered NHS services that the Trust provides.

During 2013/14, the Trust participated in 90% (28/31) of national audits and 100% of national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquires that the Trust was eligible to participate in during 2013/14 are shown in the tables below.

The national audits and national confidential enquires that the Trust participated in and for which data collection was completed during 2013/14, are listed alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

The reports of two national audits published in 2013/14 were reviewed by the Trust in 2013/14 and the Trust intends to take the following actions to improve the quality of healthcare provided:

■ - yes ■ - no ■ - not applicable

National Clinical Audits for Inclusion in Quality Report 2012/13	Eligible to Participate	Participated in 2013/14	Data Collection completed in 2013/14	Rate of case ascertainment (%)
Acute coronary syndrome or Acute myocardial infarction (MINAP)	■	■	■	100%
Adult Cardiac Surgery Audit	■	■	■	■
Adult Community Acquired Pneumonia	■	■	■	■
Adult Critical Care Case Mix Programme (ICNARC)	■	■	■	100%
Bowel Cancer (NBOCAP)	■	■	■	98%
Bronchiectasis	■	■	■	■
Cardiac Arrhythmia	■	■	■	100%
Chronic Kidney Disease in Primary Care	■	■	■	■
Chronic Obstructive Pulmonary Disease	■	■	■	■
Congenital Heart Disease (Paediatric Cardiac Surgery)	■	■	■	■
Coronary Angioplasty	■	■	■	100%
Diabetes (Adult) - National Diabetes Inpatient Audit (NADIA)	■	■	■	55 cases
Diabetes (Paediatric)	■	■	■	■
Elective Surgery (National PROMS programme)	■	■	■	80.1%
Emergency Use of Oxygen	■	■	■	419 patients
Epilepsy 12 audit (Childhood Epilepsy)	■	■	■	■
Falls and Fragility Fractures Audit Programme, includes National Hip Fracture Database	■	■	■	100% (40 cases submitted to pilot inpatient falls audit)
Head and Neck Oncology (DAHNO)	■	■	■	■
Heart Failure	■	■	■	47.9%

Inflammatory Bowel Disease	■	■	■	132 cases submitted to biological therapies audit 42 cases to 4th Round main audit
Lung Cancer (NLCA)	■	■	■	63%
Moderate or Severe Asthma in Children (care provided in emergency departments)	■	■	■	Data collecting still in progress - ends May 14
National Audit of Dementia	■	■	■	100%
National Audit of Schizophrenia	■	■	■	■
National Audit of Seizure Management (NASH)	■	■	■	30 cases submitted
National Cardiac Arrest Audit	■	■	■	Data collecting still in progress - ends May 14
National Comparative Audit of Blood Transfusion	■	■	■	100%
National Emergency Laparotomy Audit	■	■	■	100%
National Joint Registry	■	■	■	93% of patients consented
National Vascular Registry (including CIA and elements of NVD)	■	■	■	
Neonatal Intensive and Special Care	■	■	■	■
Non-invasive Ventilation - Adults	■	■	■	■
Oesophago-gastric cancer (NAOGC)	■	■	■	60-80%
Ophthalmology	■	■	■	Data collection not started in 2013-14
Paediatric Asthma	■	■	■	■
Paediatric Intensive Care	■	■	■	■
Paracetamol Overdose (care in the Emergency Dept)	■	■	■	Data collecting to end May 2014
Prescribing Observatory for Mental Health (POMH-UK)	■	■	■	■
Prostate Cancer	■	■	■	Data collection started Oct 13, still in progress
Pulmonary hypertension	■	■	■	■
Renal replacement registry (Renal Registry)	■	■	■	■
Rheumatoid and Early Inflammatory Arthritis	■	■	■	Data collection started Feb 14, still in progress

Sentinel Stroke Audit Programme (SSNAP)	■	■	■	April-June 13 90%, Jul13-April14 100%
Severe sepsis and septic shock	■	■	■	Data collection to end May 2014
Severe trauma (Trauma Audit and Research Network)	■	■	■	■
Specialist rehabilitation for patients with complex needs	■	■	■	■

National Confidential Enquiries for Inclusion in Quality Report 2013/14	Eligible to Participate	Participated in 2013/14	Data Collection completed in 2013/14	Rate of case ascertainment (%)
Sub Arachnoid Haemorrhage	■	■	■	100%
Alcohol Related Liver Disease	■	■	■	100%
Tracheostomy Care	■	■	■	100%
Lower Limb Amputation	■	■	■	100%
Gastrointestinal Haemorrhage	■	■	■	■
Sepsis	■	■	■	■

Centre for Maternal and Child Death Enquires for Inclusion in Quality Report 2013/14	Eligible to Participate	Participated in 2013/14	Data Collection completed in 2013/14	Rate of case ascertainment (%)
Sub Arachnoid Haemorrhage	■	■	■	No cases to report
Alcohol Related Liver Disease	■	■	■	No cases to report

The reports of two national audits published in 2013/14 were reviewed by the Trust in 2013/14 and we intend to take the following actions to improve the quality of healthcare provided:

National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Sub Arachnoid Haemorrhage Study

- to develop more formal links with our tertiary centre at Southampton and develop shared policies and procedures
- to review availability of X-ray Computed Tomography scans out of hours to facilitate diagnosis

Sentinel Stroke Audit Programme (SSNAP)

- to improve access to the Stroke Unit within four hours
- to increase the number of nurses who are competent to perform swallow tests
- to improve the quality of data collection especially the clinical indicators
- to review and improve access and treatment times for stroke patients

The Trust did not participate in three national audits this year - non-invasive ventilation, adult community acquired pneumonia and bronchiectasis. A decision was made to focus on more local clinical and audit priorities.

Results of local clinical audits are reviewed within the directorates and at directorate clinical governance committees. A summary of actions noted from clinical audits is reviewed quarterly by the Trust's Quality and Risk Committee and by the Healthcare Assurance Committee.

The Trust has developed a detailed clinical audit plan for 2014/15 to include national, corporate and local clinical audit priorities. Progress is monitored via directorate clinical governance committees and the Trust Clinical Governance and Risk Committee. Progress is also reported quarterly to the Healthcare Assurance Committee, Audit Committee and Board of Directors.

The reports of 212 local clinical audits were reviewed by the Trust in 2013/14 and we intend to take the following actions to improve the quality of healthcare provided:



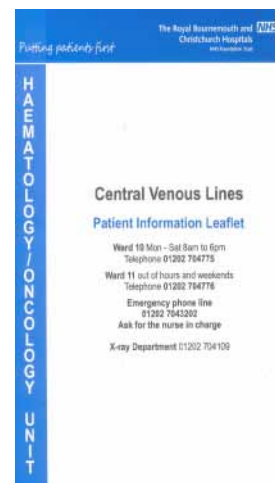
Following an audit of health records by nurses and allied health professionals, a yellow plastic page marker is now inserted into the current inpatient episode with a reminder of the key items to be recorded with every entry. The new divider makes it much easier for staff to

find the most recent admission documentation for the patient and has helped to ensure a consistent approach to documentation standards.

- new wrap around gowns have been procured following an audit of privacy and dignity undertaken by the Surgical Directorate
- an audit of patients starting on the Fermentable Oligo-Di-Monosaccharides and Polyols (FODMAP) diet recommended that all patients should have screening for coeliac disease before starting the diet.

This diet is used to alleviate the symptoms of irritable bowel syndrome by introducing a diet low in FODMAPs

- a nurse led transfusion clinic has been set up as a result of an audit of the Haematology/Oncology Homecare Service which enables large numbers of patients to be seen without the need for a home visit. Nurses also now undertake some telephone clinics
- following an audit of NICE Guidance CG126 Stable Angina, new forms designed to provide better documentation of medical therapy were introduced.
- plated meals were introduced to all wards in October 2013 following a review of catering satisfaction
- patients who care for their own central venous catheter lines at home are to be given a central venous catheter record book on the day of insertion and an advice booklet is to be written following an audit of central venous catheter line patient information and line care



Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by the Trust that were recruited during that period to participate in research approved by a research ethics committee was 1182 (April 2013 - March 2014). This compares to the 2012/13 value of 1157 and therefore represents a slight increase in activity for the year.

In 2013/14 we achieved 109% of the National Institute for Health Research (NIHR) recruitment target despite a near 25% cut in NIHR Clinical Research Network (CRN) NHS Service Support funding. Our ability to achieve this was, in part, as a result of improvements in the research structure and appointments of a Lead Research Nurse and Senior Research Nurses. This allows us to better manage research teams and distribute resources in support of Principal Investigators leading on clinical trials and research studies.

Our recruitment total for 2013/14 is categorised by:

- interventional Band 3 studies - 219
- observational Band 2 studies - 282
- observational Band 1 studies - 514
- commercial studies - 185

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has the second highest number of NIHR recruiting commercial studies in the Wessex Clinical Research Network (CRN). Our non-NIHR commercial research is supported by our partnership agreement with Quintiles, which is now reaping rewards and we have been offered “named” investigator studies in areas new to research. The partnership has helped to stimulate research in dermatology and has the potential to help revitalise research in rheumatology. We are in a strong position to respond to quintiles’ pipeline activity particularly in CVA/Diabetes and infectious diseases/hepatology. Our stroke team has engaged consultants in elderly care to broaden their portfolio and encourage cross-speciality research collaboration. We are one of only three quintiles partner sites in the south of England.

This year four clinicians at the Trust have been selected as UK Chief Investigators, leading on five international studies in the areas of orthopaedics, oncology and cardiology.

Recent highlights from the research community include:

- Dr Sally Killick - recognised as Myelodysplastic Syndrome (MDS) Centre of Excellence. One of only nine centres in the UK
- Dr Helen McCarthy - one of the worldwide top recruiters to RESONATE, a chronic lymphocytic leukaemia/small lymphocytic lymphoma commercial study
- Anita Immanuel, haematology research nurse, awarded a Churchill Fellowship from the prestigious Winston Churchill Memorial Fund
- vascular research study AARDVARK - Mr Rittoo and Sara Baker. Top UK recruiter.
- cardiac research team reaching the finals of the Pharma Times Research Team of the Year 2013
- cardiac research study VENTURE AF - Top UK and world recruiter, first out of 44 centres (achieved 383% of target recruitment)
- cardiac research leaders free study - top UK recruiter, seventh out of 55 sites in world (achieved 420% of target recruitment)

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

The Trust’s income in 2013/14 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) payment framework because of the agreement reached with the Clinical Commissioning Group (CCG) to use the CQUIN payment to source a fund available non recurrently to protect the quality of care and safety of the service with a particular focus on areas that are giving rise to the CQUIN areas. The Trust agreed use of this fund directly with the CCG.

Statements from the Care Quality Commission (CQC)

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

The Care Quality Commission has not taken any enforcement action against the Trust during 2013/14.

The Trust has participated in one review or investigation by the CQC relating to its licence in 2013/14.

The CQC inspected the Royal Bournemouth Hospital on the 24, 25 and 30 October 2013 using their new inspection model for NHS hospitals. The full report on the inspection was issued by the CQC on 18 December 2013 and identified a number of areas where inspectors felt that services were not always safe, effective, responsive, caring or well led. The CQC highlighted three specific compliance breaches relating to care and welfare of patients (Regulation 9), monitoring the quality of service provision (Regulation 10) and respecting the dignity of patients (Regulation 17).

The CQC report highlighted four MUST do actions relating to where they considered that essential standards of quality and safety were not being met. The four 'MUST take action to improve' requirements were as follows:

- all patients need to have their needs assessed and care delivered safely and in a timely manner by staff who are skilled to do so.
- at all times, patients must be treated with the dignity and respect they deserve and basic care needs must be met.
- the Trust must reassure itself and stakeholders that all opportunities to drive quality improvement and quality assurance are taken
- the Trust must ensure that the required number of staff are employed and managed shift by shift, to demonstrate that there are sufficient staff to meet peoples needs.

The report did highlight outstanding areas of care, for example in critical care, end of life care and maternity.

We have fully accepted the CQC's report and have taken its findings seriously and used the report to identify our priorities for 2014/15 and supplement these with our extensive CQC action plan work started in October 2014.

The CQC report cited examples where patients have reported to the CQC a poor experience at the Royal Bournemouth Hospital. Every patient is important to us and we need to put right areas where we are not providing the standard of care we expect for all patients.

Work began before the CQC inspection on increasing staffing levels. We have recruited 57 newly qualified nurses, who are already working on our wards, and we have been building our ward teams. We look at staffing on a shift by shift basis to ensure levels are matched to patient needs.

We are absolutely focused on building upon and maintaining the improvements we have made. We have a large elderly population locally and, ultimately, we want to be recognised as a centre of excellence in elderly care and provide a patient experience that all patients and their families can have confidence in.

Areas where we have acted and are acting to improve include:

- Trust-wide actions on privacy and dignity, including call bell audits, new patient gowns and better communication have been implemented. We are working closely with the Patients Association and Healthwatch to ensure patients concerns are identified and addressed and standards continually improved

Bay nursing improves patient communication

Knowing our patients and their individual needs is essential to safe and effective nursing care. Bay-based nursing stations have been introduced on all of our medical and care of the elderly wards at the Royal Bournemouth Hospital providing a greater nurse presence and reducing patient anxiety.

A nurse is allocated to each bay on the ward at the start of each shift. That nurse is responsible for the delivery of care to those patients (up to seven patients and supported by a health care assistant) for the duration of their shift.

The nursing stations are stocked with materials based on the acuity and needs of the patients on that bay. This leads to more effective nursing by ensuring they have the right equipment to hand.

The nurse becomes the expert on those patients in that bay and is able to support doctors' ward rounds. They can provide more proactive, consistent and timely individual care and improved communication between staff, carers and families.

Staff nurse, Bridget Bush from Ward 17, said: "It has improved communication between staff and patients and is more efficient. I love it. It is simple but effective and has made such a difference."

- implemented a new pathway for quick access to our Stroke Unit. This provides our patients with the best possible chance of making a good recovery
- expanded our acute clinics so that urgent care patients are reviewed and triaged in a more timely manner and discharged earlier if an hospital admission is not required.
- implemented a new pathway that enables elderly care consultants to now take direct calls from GPs for advice and guidance about possible admissions.
- provided additional wound care and pressure ulcer prevention training for ward staff

- implemented a specific training programme for staff working in elderly care and we are also working with the Kings Fund to redesign a number of our elderly care wards so they are a dementia friendly environment
- expanded our volunteers as patient companions at meal times
- extended visiting times

We have extended the visiting times on our wards to benefit patients, families, friends and carers. We wanted to make visiting times less restrictive for those who may have previously been unable to see a friend or loved one.

The extended times (varying on wards from 1.30-7.30pm or 2-8pm) mean patients, visitors and carers have more opportunities to liaise with doctors, nurses and therapists about their care.

Families and carers are also able to assist patients at meal times if they wish to, with support from hospital staff. Protected mealtimes, aimed at ensuring patients can eat without being interrupted, still apply on hospital wards. Visitors are politely requested to respect this time unless they are supporting feeding.

Ellen Bull, Deputy Director of Nursing, said: "As a hospital, we absolutely want our patients to get the valued support they receive from their relatives, carers and friends through more flexible visiting times.

"Some patients are happier having a relative or friend assisting them with feeding, rather than a nurse, and this gives them that opportunity if they wish."

- appointed additional nursing staff (all grades) and recruiting an additional 17 consultants in areas such as Emergency Department, the Acute Medical Unit, care of the elderly and general surgery
- launched a new staff listening and engagement programme
- created a Elderly Care Directorate to focus on this important specialty for our patients

- promoted the importance of learning and sharing, from adverse incident reporting (AIRS), mortality reviews and best practice
- improved security arrangements in the Emergency Department
- improved consent process for interventional radiology procedures
- introduced a new x-ray booking system and improved waiting times in outpatient clinics

You can read more about how we are responding to the CQC's report at www.rbch.nhs.uk/cqc

Data quality

The Trust submitted records during 2013/14 to the Secondary User Service (SUS) for inclusion in the Hospital Episode statistics which are included in the latest published data.

The percentage of records in the published data which included the patients' valid NHS number was 99.7% for admitted patient care; 99.9% for outpatient care; and 97.5% for accident and emergency care. The percentage of records in the published data which included the valid General Practitioner Registration Code was 100% for admitted patient care; 99.9% for outpatient care; and 99.9% for accident and emergency care.

Collecting the correct NHS number and supplying correct information to SUS (Secondary User Service) is important because it:

- is the only National Unique Patient Identifier
- supports safer patient identification practices
- helps create a complete record, linking every episode of care across organisations

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

Information governance toolkit attainment levels

All NHS trusts are required to complete an annual Information Governance assessment via the Information Governance Toolkit. The self-assessment must be submitted to the Health and Social Care Information Centre, with all evidence uploaded by 31 March 2014.

The Trust's Information Governance Toolkit Version 11 assessment attained an overall score for 2013/14 of 74% and was graded as Satisfactory and green. A score of at least a Level 2 was attained in all of the 45 requirements; this overall score included 10 standards graded at Level 3, which is the maximum score that can be attained on any standard.

The Trust's overall score of 74% with a 'satisfactory' rating represents an improvement from its 2012/13 Version 10 submission, which had been graded as 'not satisfactory'.

During 2013/14 the Trust has enhanced its Information Governance arrangements by progressing the work around the identification of Information Asset Owners. This project is now entering the second phase, whereby flows of personal data are being identified and risk assessed to ensure that they are adequately protected. Work will also be undertaken to embed and sustain the current compliance with the Information Governance Toolkit.

During 2012/13, the Trust did not meet a Level 2 target within the Information Governance Toolkit, in relation to Clinical Coding. This specific standard required the Trust to evidence a coding error rate based upon the Clinical Coding Audit Methodology set out by the NHS Classifications Service. The Trust had taken the decision to adhere to the Charlson Index - a comorbidity coding standard required by Dr Foster. During 2013/14, the Trust has ceased to use the Charlson Index, and now uses a Clinical Coding Audit Methodology which is in line with the requirements set out by the Health and Social Care Information Centre within the Information Governance Toolkit. Level 2 assurance is now provided for this standard and a recent audit demonstrated the impact of this decision on coding error rates

with improved percentage accuracy levels in all areas of attainment specified in the IG toolkit (i.e. primary and secondary diagnosis and primary and secondary procedures).

There has been a decrease in the number of information governance incidents reported during 2013/14; this includes a decrease in serious incidents. During 2013/14, one serious incident was reported and has subsequently been reported to the Information Commissioner's Office. This reflects greater awareness of the Information Commissioner's Office thinking on issues of data protection and patient confidentiality following a series of fines of NHS organisations since March 2012.

Coding error rate

The Trust was subject to a Payment by Results (PbR) clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period of diagnosis and treatment coding (clinical coding) were 8%, an improvement on the previous years figure of 12.5%.

The results should not be extrapolated further than the actual sample audited; the services that were reviewed within the sample were as follows Finished Consultant Episodes (FCE'S) in 100 FCE'S randomly selected.

- 20 FCE'S from Healthcare Resource Group (HRG) EA49Z
- 20 FCE'S from Healthcare Resource Group EA36A
- 20 FCE'S from Healthcare Resource Group WA18V and WA22V
- 40 FCE'S from Healthcare Resource Group SA04D,SA09D,SA12D and SA13A

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

a condition or treatment was not coded as specifically as it could have been, rather than there was an error.

Action taken by the Trust to improve data quality in 2013/14 has included improvement in the clarity of discharge summaries by clinicians to enable easier coding. The Trust is also in the process of implementation of new program to scan all notes and move to an Electronic Document Management System. This will enable coders to view more clinical information when coding patient care episodes. The Trust has also reviewed and validated its coding procedures in year to ensure that the coding of diagnosis and procedures is in line with National standards.

2.4 Reporting against core indicators

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

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

Quality Indicator	Data Source	Trust rate for noted reporting period	National average value	Highest value	Lowest value
Summary hospital level mortality indicator (SHMI)	Health and Social Care Information Centre (HSCIC)	June 12-June 13 107.4	100	118.6	63.0
		Oct 11 - Sept 12 101	100	121.0	68.5
<p>The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust considers that the data presented is as described for the following reasons. The source data for this indicator is routinely validated and audited prior to submission to HSCIS. The data has been extracted from available Department of Health information sources.</p>					
<p>The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by routinely monitoring mortality rates. This includes looking at mortality rates by speciality diagnosis and procedure. A systematic approach is adopted whenever an early warning of a potential problem is detected - this includes external review where appropriate. The Trust Mortality Group, chaired by the Medical Director routinely reviews mortality data and initiates quality improvement actions where appropriate.</p>					
The percentage of patient deaths with palliative care coded at either diagnosis or speciality level for the Trust	HSCIC	June 12-June 13 33.8%	21.3%	44.9%	0%
		Oct 11-Sept12 24.28%	19%	43.3%	0.2%
<p>The Trust considers that the data presented is as described for the following reason. The data has been extracted from available Department of Health information sources.</p>					
<p>The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services to end of life patients, by:</p> <ul style="list-style-type: none"> (i) Increasing the specialist palliative service available for patients at the main RBH site, including extra palliative nursing and medical time in the Acute Admissions Unit (ii) Greater accuracy of recording of this information, arising from review of mortality reporting. This is part of the routine review of all deaths at RBCH, linked to the roll out of the e-mortality process so learning and trends can be analysed across the Trust. (iii) More proactive end of life discharge planning to enable patients to go home, or to hospice care, where this is appropriate, again resulting in more accurate recording of end of life care in the records. <p>These actions, alongside the fact the Trust has one of the largest Palliative care units in an acute hospital trust, means we would expect our palliative care coding rate to increase and be higher than the national average. We are also working on improving the quality of palliative care within the Trust via a comprehensive approach which was recognised by the CQC hospital inspections as good practice.</p>					

Quality Indicator	Data Source	Trust rate for noted reporting period	National average value	Highest value	Lowest value
% of patients readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period (i) aged 0 to 14 (ii) aged 15 or over	HSCIC	2012/13 (i) = 0 (ii) = 4176 (10.96%) 2013/14 (i) = 0 (ii) = 3298 (9.82%)	Not available	Not available	Not available
<p>The Trust considers that the data presented is as described for the following reasons. The source data for this indicator is routinely audited prior to submission. The figures submitted for the number of readmissions has been independently scrutinised by external auditors. The figures for 2012/13 have been amended from those published in the 2012/13 Quality Report to allow a like-for-like comparison using the same counting methodology. This approach is in line with the NHS Information Centre's recommended approach, rather than that used previously which was in line with the NHS PBR guidance. There are numerous possible ways of reporting re-admission rates, with case note audits by clinical experts being perhaps the most insightful for understanding true reasons for re-admissions and whether these were avoidable, and clinically related to the original presenting condition. As a result the Trust continues to facilitate GP led audits of this subject, as well as to use benchmarking to identify any significant issues. Overall the downward trend is positive, and this is predominately due to the changes in the Emergency Department pathways of care.</p>					
<p>The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has taken the following actions to improve this rate by routine monitoring of performance data and root cause analysis investigations where appropriate.</p>					
Responsiveness to the personal needs of patients	National Inpatient Survey 2013	77%	76.9%	87%	67.1%
<p>The Trust considers that the data presented is as described for the following reason. The data source is produced by the Care Quality Commission.</p>					
<p>The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has taken the following actions to improve this rate: An action plan that addresses the issues raised in the report has been developed and will be overseen by Patient Experience and Communications Committee, which is a sub committee of the Board of Directors. High-lights of this include regular feedback and ward based actions from the Friends and Family Test, as well as the Patient's Association CARE audits.</p>					
Staff who would recommend the Trust to family or friends	National Staff Survey 2013	71.37%	67.1%	93.92%	39.57%
<p>The Trust considers that the data presented is as described for the following reason. The exercise is undertaken by an external organisation with adherence to strict national criteria and protocols.</p>					
<p>The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has taken the following actions to improve this percentage: The results of the survey have been presented to the Workforce Committee and Board and key actions have been agreed, including the implementation of the Quality strategy, improved staffing levels and better communications.</p>					

Quality Indicator	Data Source	Trust rate for noted reporting period	National average value	Highest value	Lowest value
Patient Reported Outcome measures (PROMS) - Case mix adjusted average health gains i) groin hernia ii) varicose vein iii) hip replacement iv) knee replacement	PROMs Full data release covering April13-Dec13 (published May 2014)	(i) 0.069 (ii) NA (iii) 0.435 (iv) 0.308	(i) 0.086 (ii) 0.101 (iii) 0.438 (iv) 0.330	(i) 0.157 (ii) 0.158 (iii) 0.527 (iv) 0.416	(i) 0.014 (ii) 0.020 (iii) 0.301 (iv) 0.193
The Trust considers that the data presented is as described for the following reason. The number of patients eligible to participate in PROMs survey is monitored each month and the number of procedures undertaken by the Trust is cross tabulated with the number of patient questionnaires used.					
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has taken the following actions to improve this rate by reviewing relevant patient pathways.					
% of patients admitted to hospital who were risk assessed for venous thromboembolism (VTE)	HSCIC	2012/13 = 94.4% 2013/14 = 93.9%	Not available	Not available	Not available
The Trust considers that the data presented is as described for the following reason. The VTE Score is based on the Department of Health definition and agreed by the local commissioners for CQUIN purposes. The source data for this indicator is routinely audited prior to submission.					
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has taken the following actions to improve this rate by the implementation of an IT application to support easier data collection and compliance.					
The rate per 100,000 bed days of cases of Clostridium difficile infection reported within the trust during the reporting period	HSCIC	2012/13 0.14 / 100,000 bed days (31 confirmed) 2013/14 0.07 / 100,000 bed days (14 confirmed)	Not available	Not available	Not available
The Trust considers that the data presented is as described for the following reasons. The source data for this indicator is routinely validated and audited prior to submission. All cases of Clostridium difficile infection at the Trust are reported and investigated by the Infection Control Team and reported monthly to the Board of Directors. Reporting is in line with the requirements of the Health Protection Agency (HPA) and Monitor. The figures submitted for the number of Clostridium difficile cases has been independently scrutinised by external auditors.					
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has achieved C. difficile reduction targets for the year. The number of hospital acquired cases reported for 2013/14 was 14 against the annual maximum of 29 which was set by the Department of Health. This year shows a sustained improvement in the Trust's clostridium difficile (c.difficile) rate per 100 000 bed days which was lower than the national and south west average for 2013/14.					

Quality Indicator	Data Source	Trust rate for noted reporting period	National average value	Highest value	Lowest value
Number of patient safety incidents reported during the reporting period	NRLS	3239 (Oct12 - Mar13) 3119 (April 13-Sept 13)	Not available	5272	631
Rate of patient safety incidents reported during the reporting period	NRLS	6.6 per 100 admissions (Oct12 - Mar13) 6.12 per 100 admissions (Apr 13 - Sept 13)	7.2 per 100 admissions 7.23 per 100 admissions	16.7 per 100 admissions	1.7 per 100 admissions
Number of patient safety incidents reported during the reporting period that resulted in severe harm or death	NRLS	18 (Oct12 - Mar13) 19 (Apr 13 - Sept 13)	Not available	64	2
% of total number of patient safety incidents reported during the reporting period that resulted in severe harm or death	NRLS	0.56% (Oct12 - Mar13) 0.50% (Apr 13 - Sept 13)	0.70% 0.60%	4.7%	0.1%

The Trust considers that the data presented is as described for the following reasons. All data is validated prior to submission to the National Reporting and Learning System. The NRLS enables all patient safety incident reports, including near miss and no harm events, to be submitted to a national database on a voluntary basis designed to promote learning.

It is mandatory for NHS trusts in England to report all serious patient safety incidents to the Care Quality Commission as part of the Care Quality Commission registration process. To avoid duplication of reporting, all incidents resulting in death or severe harm should be reported to the NRLS who then report them to the Care Quality Commission.

The data presented is from the most recent NRLS report.

The Trust is in the lowest 25% of reporters for reporting when compared to all other medium acute against reporting rate per 100 admissions. The Trust is in the highest 25% of reporters when comparing total number of adverse incidents (including no harm and near miss events) reported. Trusts.

The Trust supports an open culture for incident reporting and investigation and will be implementing a new web based incident reporting system in 2014/15 to increase opportunities for reporting and further improve feedback and learning pathways.

Nationally under 1% of NRLS patient safety incidents were reported as severe harm or death. The Trust percentage lower than this at 0.5%. All incidents resulting in severe harm are fully investigated and a report is shared with our commissioners.

Part 3:

Review of quality performance in 2013/2014

The following section provides an overview of the performance in 2013/14 against additional key quality indicators selected by the Board of Directors in consultation with stakeholders. The indicators have been selected to demonstrate our commitment to patient safety, clinical effectiveness and enhancing the patient experience. The indicators provide continuity to data presented in the 2012/13 Quality Report and have also been selected on the basis of data collection, accuracy and clarity.

The top 10 key messages in this section of the report are:

1. harm from medication errors has reduced
2. low levels of hospital acquired infections achieved
3. improved infection control practice across the Trust
4. low rates of surgical site infections
5. the Hospital Standardised Mortality Rate has significantly reduced in the year as a result of improvements in patient safety, clinical care and quality
6. incident reporting and learning has improved
7. effective review and implementation of national clinical guidelines
8. improvement in overall national inpatient survey results
9. positive Friends and Family Test scores for inpatient wards. The Emergency Department was rated 4th nationally
10. increased number of complaints recorded in year. Greater focus on early local resolution, better communication with complainants and evidence of organisational learning following a complaint investigation

SAFETY



1. **The Trust's safety culture has improved. More near miss and no harm events have been reported. Staff are encouraged to speak out, report, reflect and learn.**

Reducing adverse events

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

Encouraging staff to speak out safely

The Trust has signed up to the Nursing Times Speak Out Safely campaign. This means we encourage any staff member who has a patient safety concern to raise it at the earliest opportunity. We promise that where staff identify a genuine patient safety concern, we shall not treat them with prejudice and they will not suffer any detriment to their career.

Instead, we will support them, fully investigate and, if appropriate, act on their concern.

You can read our full pledge on our website www.rbch.nhs.uk



Table: Patient safety incidents reported to NPSA via the national reporting and learning system - April 2013 to March 2014

Severity of Incident Reported	Total Number Reported 2013/2014	% of Incidents Reported 2013/2014	Total Number Reported 2012/2013	% of Incidents Reported 2012/2013
No Harm	4865	70.69%	3415	56.8%
Minor / Low	1802	26.17%	2451	40.8%
Moderate	178	2.59%	115	1.90%
Major / Severe	41	0.55%	30	0.50%
Total:	6886		6011	

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

Nationally 0.70% of patient safety incidents reported to the National Reporting and Learning System are recorded as having caused major or severe harm or death. The Trust's percentages for each of 2011/12, 2012/13 and 2013/14 are much lower at 0.55%, 0.5% and 0.6% respectively.

Examples of changes made as a result of incident investigations this year have included:

- staffing templates reviewed on wards and increased where required to ensure safe staffing levels are provided for all shifts
- introduction of new transfer and handover checklists
- letters requesting patients to attend for outpatient procedures amended to include warning about driving following appointment
- development of guidance for treatment of underage patients admitted following drug overdose
- improved referral process to reduce inpatient waiting times for therapy services
- new IT system for Portering services to support timely allocation and prioritisation of tasks

- improved information governance procedures for research trials
- provision of additional equipment to support patient handling and the prevention of pressure damage
- amendments to the Trust mandatory training programme to include falls awareness and dementia awareness
- pilot and implementation of a Radio Frequency Identification (RFID) tagging system to improve tracking, provision and maintenance of essential medical devices.
- new transportation boxes/bags purchased to improve security/integrity of specimens in transit.

Never events

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

In 2013/14 the Trust reported two Never Events. Both incidents related to surgical procedures. Although on both occasions the patient did not come to harm, detailed investigations concluded that routine safety procedures were not followed robustly. As a result of the incident reviews relevant safety procedures have been amended and improved and key learning points shared across the organisation.

Medication safety

2. Harm from medication errors has reduced.

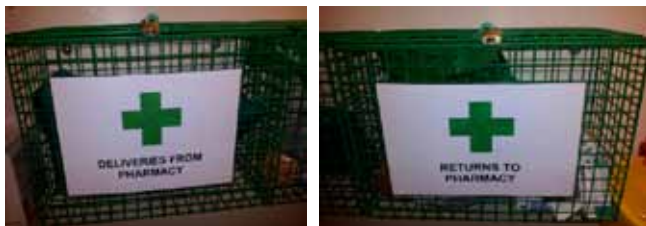
The Trust's Medicines Governance Committee is chaired by the Medical Director and its remit is to enhance and monitor the Trust's strategy to reduce medication errors, compliance with national standards for medicines management and ensuring implementation of safe practice alerts and reports.

The Trust's Medication Incident Review Group is chaired by the Deputy Director of Nursing and Midwifery. It ensures that Directorate's take responsibility for reviewing incidents involving medicines, sharing learning and initiatives to improve safety and reduce risk.

In 2013/14 a total of 745 medication related adverse incidents were reported and investigated. This compares to 2012/13 (753) and 2011/12 (679) and reflects our promotion and support for open and honest reporting. Of the 745 adverse incidents reported 87% represented no harm events. This is better than previous year's results (2012/13 - 73%, 2011/12 - 75% 2010/11 - 73%).

We have implemented a number of patient safety and quality improvement initiatives in 2013/2014 in year to support medication safety. These have included:

- cages installed for medication deliveries from pharmacy and medication to be returned from wards
- separate 'in' and 'out' cages reduce missed doses and time wasted searching for delivered medication
- wards return medication which has been stopped or expired
- pharmacy staff sort returns for entering back to stock and re-use or destruction



- colour fobs for medication keys have been standardised to reduce time wasted to find correct key
- aide memoire of side-effects of top 100 drugs
- developed and attached to all drug trolleys
- useful resource for nurses to improve information given to patients
- transfer check-list revised and implemented on AMU, leading to improved transfer of;
 - patient's own drugs by 29%
 - drug charts by 50%
 - and, of reduced missed doses on transfer ward
- the pharmacy risk team have
 - developed induction session and film on 'what can go wrong' for new staff
 - introduce a risk notice board for education and training
 - raised awareness of the issues, learning from mistakes and how to report incidents

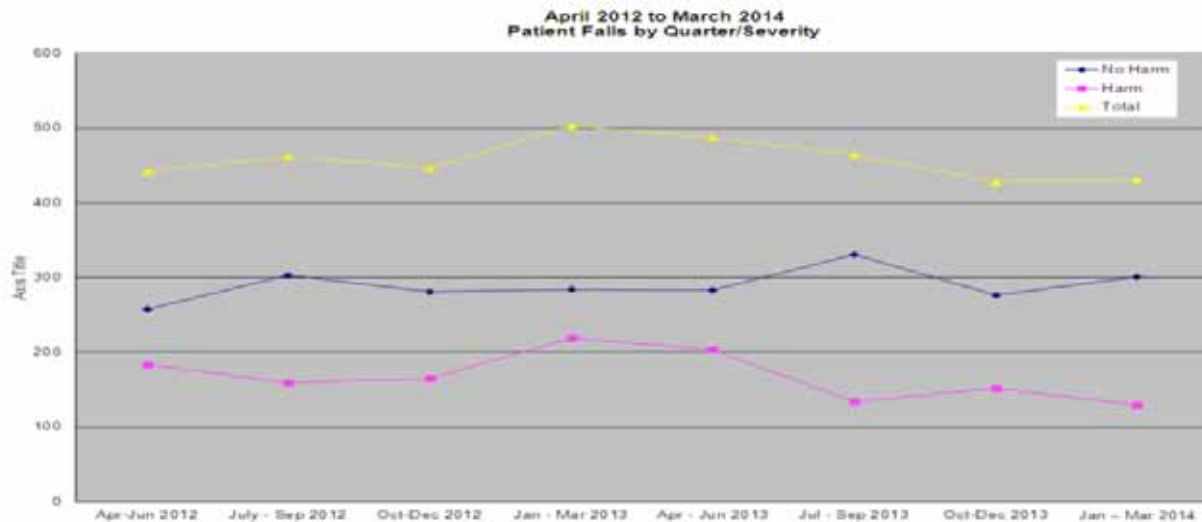
We are in the process of procuring an Electronic Prescribing and Medications Administration system. The procurement is expected to be completed by the end of this financial year (2014/15) and the implementation will start during 2015/16.

In line with the published evidence on e-prescribing systems* it is expected that this system will transform the prescribing and administration process by replacing the paper with electronic records (and hence handwriting/reading errors), implement checks and alerts to support decisions that clinician's take, provide instant access to data for review and audit and have the overall effect of reducing the number and severity of medication related incidents.

* Prescribing errors before and after introduction of electronic charts, Clinical Pharmacist, 2012

* Effects of two commercial electronic prescribing systems on prescribing error rates in hospital inpatients: a before and after study, PloS Med, 2012

RBCH reported patient falls (all events) - 2012/13/14



Reducing patient falls

Patient accidents form the largest group of all patient safety incidents reported to the National Patient Safety Agency (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.

We have invested heavily in staff training and equipment provision over the past few years in order to reduce the number of patient falls. As previous noted, quality and patient safety initiatives introduced in year to reduce patient falls have included:

A total of 1828 patient falls were reported in 2013/14 compared to 1892 in 2012/13 and 1,505 in 2011/12.

1.0% of reported incidents in 2013/14 resulted in severe harm to a patient, this compares to 1.2% in 2012/13 and 1.5% in 2011/12.

The number of patient falls reported as serious incidents in 2013/14 was 13 compared to 21 in 2012/13 and 24 in 2011/12. This represents a significant improvement.

As a year average, the Trust reported 9.0 patient falls/1000 bed days, compared to an acute Trust average (2009, NPSA data) of 5.6/1000 bed days. This is slightly lower than 2012/13 value of 9.18 patient falls/1000 bed days.

All patient falls incidents are reported and investigated to ensure actions and learning points are identified. Incidents resulting in moderate severity undergo a full root cause analysis (RCA) investigation and serious incident RCAs are discussed at multidisciplinary panel meetings chaired by the Director of Nursing.

Examples of themed learning points and actions from root cause analysis investigations held in 2013/14 include:

- ensuring nursing documentation includes accurate and timely risk assessment information
- additional ward based training sessions
- a programme on monthly audit and additional spot checks on care standards
- provision of falls prevention resource folders to all wards
- amending clinical mandatory training sessions to include falls risk assessment skills and case studies
- provision of additional equipment to aid patient moving and handling
- improvements to the ward environment for dementia care and reduce the risk of patient falls

Ensuring high standards of infection prevention and control

3. Low levels of hospital acquired infections achieved

The Trust's Board of Directors 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 and Midwifery, who acts as the Director of Infection Prevention and Control (DIPC), briefs the Board of Directors on a regular basis. The Trust publishes a detailed Infection Control Annual Report which is released publicly and available on the Trust's website.

MRSA bacteraemia

There has been one Trust attributed MRSA bacteraemia for the year 2013/14.

Case Study:

A full root cause analysis investigation noted that there had been a delay in the initial screening of the patient. The initial screen was negative and a subsequent screen later in the admission, when the patient had a high temperature, also showed as negative. Following a positive blood culture result a repeat screen was then undertaken which showed MRSA

colonisation in the patients nose and groin. As a result of learning from the investigation, the ward have added due dates for MRSA screening to their daily handover sheet and introduced magnetic stickers for patient boards to remind staff when screens are due. This learning has been shared Trust wide.

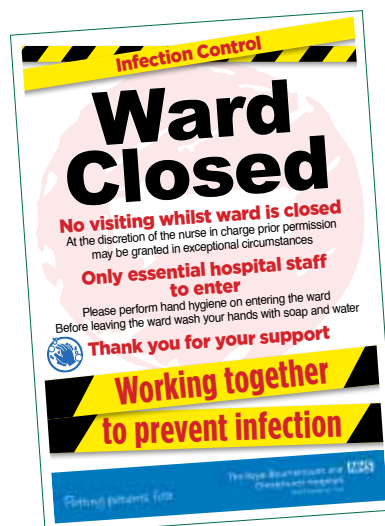
Infection prevention - clean environment

4. Improved infection control practice across the Trust

As part of the ongoing Infection Control Team initiatives, to provide a safe environment, the Trust has invested in disposable curtains that are bacteriostatic having new silver technology which does not support bacterial growth. This is part of a wider ongoing initiative in improving the environment of the elderly care wards.

Housekeeping carry out a quality monitoring process which gives compliance percentages monthly to all wards and departments, and work closely with the Infection Control Team and Directorate Senior Nurses. The Infection Control Team, accompanied by representation from housekeeping and Governors also undertake regular unannounced inspections. The overall combined compliance was 83%, however there have been areas of concern highlighted by Clinical Commissioning Group, Care Quality Commission and our own internal infection control audits. The issues raised have been addressed or are in the process of being resolved with a multidisciplinary approach and good staff engagement.

The design and purchase of six pull up ward closure posters this winter during the outbreak season ensured a heightened awareness to staff, patients and visitors of the enhanced precautions required on a closed ward to prevent the spread of infection.



The Trust has seen a measurable decrease in the closure of wards and bays as a result of an infection control incident for 2013/14. This is as a result of improvement in infection control practices across the Trust.

Reducing orthopaedic Surgical Site Infections (SSIs)

5. Low rates of surgical site infections

Public Health England (PHE) has highlighted that compared to other participating hospitals, the Trusts incidence of surgical site infections for hip and knee replacement surgery is significantly lower rate. This in part reflects the very high standards of care at our hospital.

To reduce the risk of readmission data being under reported, the Trust Infection Control Team examined the feasibility of introducing patient pocket cards which would identify the carrier as being on a surveillance programme. This has been positively endorsed by Public Health England and a card is now given to each patient who undergoes hip or knee replacement within the Trust. If the patient is readmitted to the hospital, or other care provider, the card is shown prompting the healthcare professional to contact the Trust Infection Control Team. This enables detailed infection control surgical site surveillance records to be maintained.

Infection Control Environment Pods (ICEpods)

Following attendance at a national conference where the new technology was shown, news of advances in the development of the Infection Control Environment pods (ICEpods) manufactured by the Andover company Bioquell, was bought back to Trust. The Infection Control Team then contacted the company and discussed the potential benefits for infection prevention and control.

A business case was developed and approved and following detailed planning and manufacture, pods now are already in use in Wards 2 and 14, with further installations taking place in Wards 15 and 3.

The made to measure ICEpod units completely enclose regular bed spaces to provide additional isolation environments and also enhance facilities for privacy and dignity. Infection control standards have been further

enhanced by the installation of individual clinical washbasins within each pod.

Installation of the leased pods has increased our ability to appropriately place and care for patients with specific needs. The use of the pods is being assessed and monitored during the agreed trial period of use. Initial feedback from staff and patients is positive.



“The ICEpod provides flexibility for a protected environment for infectious conditions but can also be utilised to offer accommodation for privacy, dignity or social purposes. This is a new innovation for our Trust and we are offering staff, patients and visitors the opportunity to complete a questionnaire to gain their views on the new installations”. (Trust Infection Control Team)

“The introduction of these pods enables faster isolation of infected patients and this is vital as the hospital looks to minimise the risk of bugs spreading. They are high-tech and don't compromise privacy.” (Staff Nurse)

“The pods are extremely quiet and well ventilated which makes being inside one comfortable, but the biggest positive is the privacy it offers me.” (Ward Patient)

The Infection Control Team routinely invites Governors to attend Infection control walkabouts, which involves surveillance and audit of the standards of cleanliness of the environment and equipment.

In September 2013, the ICT held their annual Infection Control Study Day. The event is held to provide update education and training for ward and department Infection Control resource staff. The Governors' were also invited to attend the event, to find out current policies and procedures, new innovations, case studies and current infection control issues for the Trust and national organisations.

A representative from Public Health England provided a session on their remit and their interaction with both the community and the acute hospital setting. Feedback from all participants was very positive.

EFFECTIVENESS



Reducing hospital mortality

6. The Trust's mortality rate has significantly reduced in the year as a result of improvements in patient safety, clinical care and quality. The Trust's Hospital Standardised Mortality rate (HSMR) is now better than the national average.

The Trust has a multi-disciplinary Mortality Group, chaired by the Medical Director, to review the Trust's HSMR (Hospital Standardised Mortality Ratio) and Dr Foster Intelligence Unit mortality risk reports on a monthly basis. The group also reviews death certification and electronic Immediate Discharge Forms (e-IDF) to ensure accuracy of coding. The group discusses areas of potential concerns regarding clinical care or coding issues and identifies further work, including detailed case note review and presentations from relevant specialties.

Mortality outlier alerts may be triggered by Dr Foster analysis, through Imperial College, or from the Care Quality Commission data analysis. Dr Foster is a leading provider of comparative information on health and social care services. Its online tools and consumer guides are used by both health and social care organisations to inform the operation of their services.

Dr Foster produces an annual hospital guide and one metric within this, known as Hospital Standardised Mortality Ratio (HSMR) has become a recognised way of assessing hospital mortality. An HSMR value of 100 represents an average "expected" value and therefore a score below 100 demonstrates a better than average position.

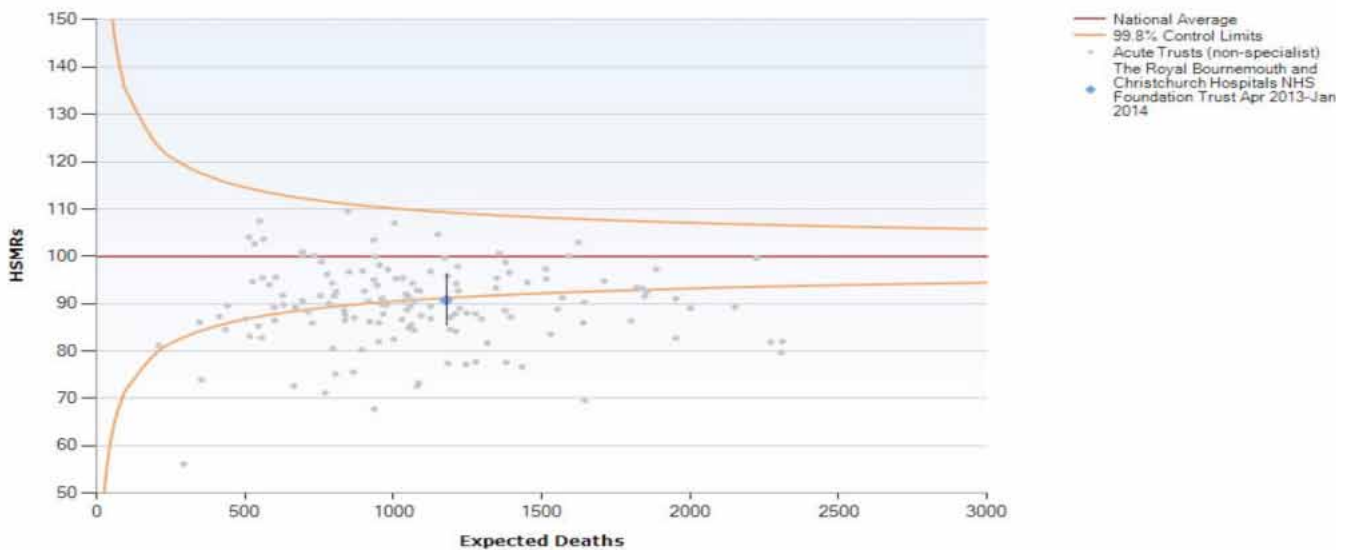
The chart below shows the most recent report available for the Trust and a comparison against the National Average. The HSMR for the Trust for the period February 2013 - January 2014 was 94.3. The figure for January 2014 was 78.7. Both results demonstrate that the Trust has a much lower mortality rate than expected and a mortality rate lower than the National average.

HSMR data for 2013/14 shows a significant improvement. The figures has been discussed with Dr Foster analysts and they can find no data reason for trend and therefore attribute the change to quality, patient safety and service improvements that we have made in year.

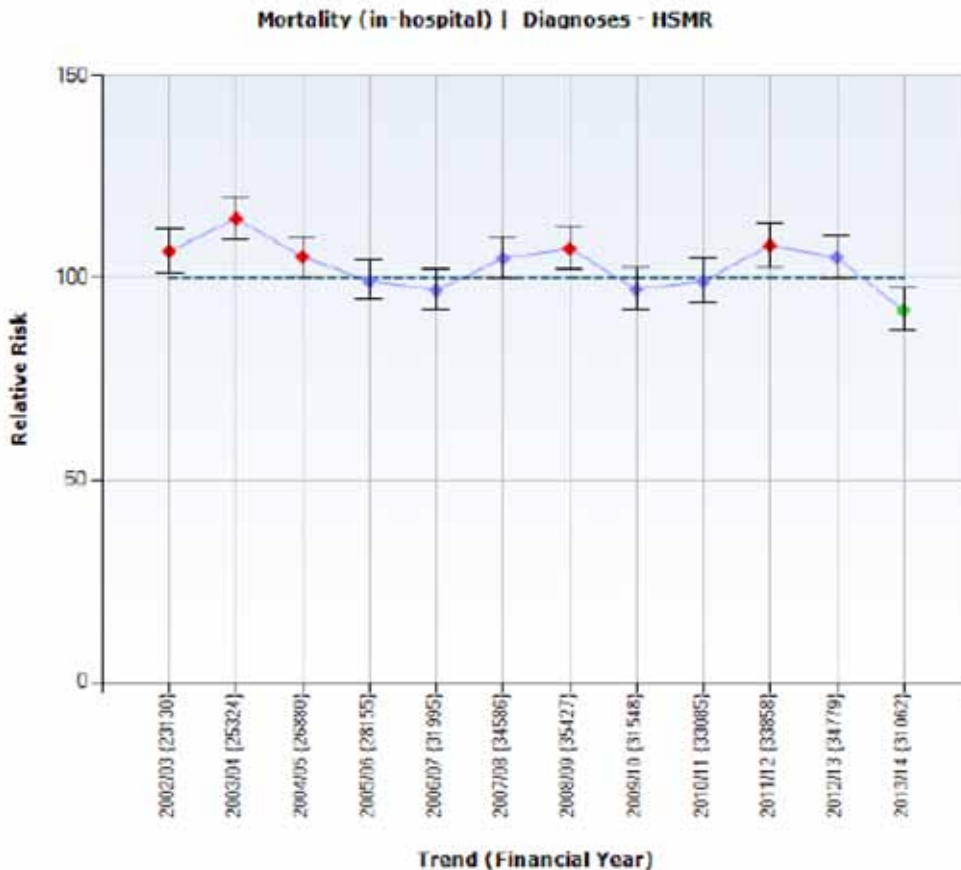
The Trust has continued its review of mortality via the Mortality Improvement through Clinical Engagement (MICE) Group, chaired by the Director of Nursing and Midwifery. The programme draws together several significant strands of work including the work of the Mortality Group described above. The other programmes drawn under this umbrella include seven day working, end of life care, the deteriorating patient and specialist mortality reviews.

Successful initiatives introduced this year have included:

- implementation of an IT system (VitalPAC) to support the accurate and timely recording of patient observations. VitalPAC also allows the proactive identification of patients requiring critical care outreach team or senior review e.g. as the result of clinical deterioration or sepsis
- implementation of a specific simulation training programme 'Management of the Critically ill patient' led by ITU consultants, Critical Care Outreach Team and the Trust's simulation lead



Hospital Standardised Mortality Ratio (HSMR) rates for The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust 2000/2014.



- improved end of life care documentation, education and training. In addition to staff training, the lead clinical in End of Life Care held a public Understanding Health event on the topic in January 2014
- development and provision of a comprehensive palliative care education and training programme for all clinical staff
- improvements to seven day working pathways and services across the Trust, to include additional consultant provision in emergency care and elderly care, weekend and out of hours radiology services and senior nurse site cover at weekends

- implementation of a Trust wide process to standardise clinical reviews of all inpatients deaths to ensure all reviews are used as an opportunity to share, learn and improve quality of care for our patients
- establishment of the Acute Kidney Injury (AKI) group to focus on the implementation of early recognition and management of patients with AKI
- improving the management of patient fluids including a review and implementation of new standard fluid charts and, improved medical education on fluid requirements
 - improving the treatment of sepsis patients via:
 - simulated sepsis management sessions with junior doctors
 - modification of hospital drug chart to facilitate better antimicrobial prescribing
 - primary care sepsis training day for GPs
 - involvement in national audits and research trials.
 - review, republication and repromotion of a standard sepsis proforma
 - redeveloped and reissue of sepsis prompt cards to nursing and medical staff
 - use of VitalPac to support the identification of sepsis patients
 - planning the production of an in house training video on sepsis

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

7. Effective review and implementation of national clinical guidelines

The Trust Clinical Governance and Risk Committee (CGRC) reviews compliance with all new National Institute for Health and Care Excellence (NICE) Guidance issued each month. For the period from April 2013 to March 2014 the CGRC reviewed a total of 129 newly issued guidance documents. Compliance rates are shown in the following table:

Type of Guidance	Published	Applicable	Compliant	Partially Compliant	Non Compliant	Under Review
Clinical Guidelines	20	17	6	4	0	7
Technology Appraisals	31	24	11	1	0	12
Interventional Procedures	34	4	2	0	0	2
Public Health Guidance	8	3	0	1	0	2
Medical Technology Guidance	4	1	0	0	1	0
Quality Standards	28	23	8	9	0	6
Diagnostics Guidance	4	3	2	0	0	1
Total	129	75	29	15	1	30

Where non or partial compliance has been identified this is reported to the Trust quality and Risk Committee and an appropriate action plan agreed. The majority of guidelines noted in the above table as “under review” related to those issued during January-March 2014.

Patient Reported Outcome Measures (PROMS)

All NHS patients who are having hip or knee replacements, varicose vein surgery or groin hernia surgery are being invited to fill in Patient Recorded Outcome Measure (PROMs) questionnaires. PROMs is a method of measuring the functional activity level of a patient as recorded by the patient. The same outcome measure is sent to the patient six months post operation and the two scores are recorded by an external organisation Quality Health (operating on behalf of the Department of Health), with the aim of helping the NHS to measure and improve the quality of the care it provides.

The Trust participates in all four national PROMS surveys. All patients who come into hospital for one of the above procedures are asked to fill in a PROMS questionnaire before their operation.

In May 2013, the Trust became a pilot site for Electronic Data Capture (EDC). The PROMS questionnaires are completed, by patients, through hand held tablets, similar to iPads. A volunteer has been recruited to assist patients with the technology and one of the biggest advantages is that patients, on completion of their questionnaire will receive immediate acknowledgement and feedback.

During December 2013 and January 2014 an audit was undertaken to assess whether perceived technophobia would be a barrier to patients completing PROMS electronically. Orthopaedic nurse practitioners were divided into 2 groups, one solely collecting paper

Hernia Surgery Questionnaire NHS
Before your operation

The purpose of this questionnaire is to help measure and improve the quality of healthcare services.

Completing the questionnaire
For each question please select the box that is closest to your views using the pointer pen or your finger. Don't worry if you make a mistake; simply select the correct box.

IMPORTANT INFORMATION

The purpose of this questionnaire is to collect information about the quality of healthcare services. The information collected will be used to produce statistics about the quality of healthcare services offered by different healthcare providers (hospitals) across the NHS. These statistics will be used to measure and improve the quality of healthcare services.

With your permission, the personal details that you provide and other information held about you in other NHS databases will be used to analyse and interpret the information collected.

By completing this questionnaire you are giving your consent for the information provided to be used for the purposes set out above. You are agreeing that:

- Your personal details and other relevant health information related to this operation will be held and used by the Health and Social Care Information Centre, including relevant information held about you by the National Joint Registry, the Personal Demographics Service, the Demographics Batch Service, the Secondary Uses Service and other NHS databases.
- Your personal details can be used to send you related follow-up questionnaires in the future.
- Your personal details and health information can be held and used by contractors, working on behalf of the Health and Social Care Information Centre and Department of Health for this project.

Continued on next page

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PROMs and the other solely collecting electronic PROMs and the compliance rate was collected. Positively 98% of patients asked to complete PROMs electronically completed their outcome measures via the Electronic data capture. The paper option will still be available for patients who prefer it and they will have equal access to the services of the volunteer.

The Trust is judged on how well patients are asked and the overall uptake rate. For orthopaedics, reports are published weekly, monthly, quarterly and annually to give regular feedback to the members of staff collecting the scores and to encourage some healthy competition and pride in maintaining high levels of compliance.

	Compliance Rate 2011/12	Compliance Rate 2012/13	Compliance rate Apr13-Dec13*	National Average Apr13-Dec13*
PROMS for Groin Hernia	59%	117.7%*	58.3%	59.2%
PROMS for Varicose Veins	17%	9.8%	28.0%	39.8%
PROMS for Total Knee replacement	95%	96.5%	94.3%	93.3%
PROMS for Total Hip replacement	97%	96.5%	82.0%	83.4%

+ Current available figures from PROMS

* Participation rates of greater than 100% occur where the numbers of operations which actually take place are greater than that of the denominator. The denominator is determined as an average of the number of operations performed in the previous year.

Improving outcome results for knee replacement patients

Following below average health gain results on the Oxford Knee Score for 2011/12 (reported in 2012/13), the orthopaedics department implemented a detailed action plan to improve standards and outcome for patients. The action plan included;

- offering every post-operative knee replacement patient the opportunity to practice on a set of stairs
- offering every post-operative knee replacement patient the opportunity to practice a simulated practice transfer in and out of a car
- standardised total knee replacement operative protocol and follow up protocol introduced to ensure the highest standards of care, regardless of operating surgeon.

Encouragingly, 2012/2013 results for the Oxford Knee Score show a significant improvement from below average to average.

PROMS Outcome Measures

Hip				
Measure	RBCH	England	Highest	Lowest
Oxford Hip Score	22.387	21.363	27.571	14.486
EQ-5D	0.444	0.261	0.179	0.641
EQ-VAS	12.131	11.663	42.167	-1.5

Knee				
Measure	RBCH	England	Highest	Lowest
Oxford Knee Score	15.673	16.414	22.857	9.5
EQ-5D	0.324	0.33	0.028	0.573
EQ-VAS	5.671	5.8	18.433	-12.5

Other news:

At the Royal Bournemouth and Christchurch hospitals we have some outstanding services that have been recognised for their excellent clinical outcomes, innovation and patient care this year. For example:

- Toshiba has chosen the Royal Bournemouth Hospital (RBH) as the first site for installation of its latest CT scanner - the first of its type in the world
- our Bournemouth Transplant Unit is JACIE accredited which means we are compliant with several hundred quality standards, all of which strive to ensure that a patient having a stem cell transplant has a safe procedure
- in orthopaedics we are the third largest joint centre in the UK with some of the shortest lengths of stay and lowest rates of infection
- our cardiologists have the lowest levels of major adverse cardiac events in the country



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

The current status of patient experience work at the Trust can be summarised in the following areas:

- Trust level benchmarking - e.g. national annual inpatient surveys, cancer patient surveys, Friends and Family test, National patient CQUINS including Dementia. Stroke patient experience survey completed in partnership with The Picker Institute and Oxford University
- in year progress on local priorities and internal benchmarking - e.g. patient experience cards, real time patient feedback, care campaign audit in collaboration with the Patients Association, carers cafes
- rapid identification of emerging issues - e.g. real-time patient feedback, Adverse Incident Report forms, patient comment cards, trends in formal and informal complaints, issues raised by letters and compliments from patients, carers, relatives and the public, web based free text comments, ward scorecards and staff surveys. Also national forums for patient feedback (including NHS choices and Patient Opinion) that we respond to within 24 hours wherever possible and often include mini investigation. For example, in one case a patient comment about staff attitude was made on the Patient Opinion website. The complaint was shared with managerial staff the same day and a response produced which included an invite for the patient to come in via PALS for further discussion

- personal insights - e.g. patient stories, letters and compliments, video vox pops, patient diaries, experience based design interviews, one to one interviews with complaints to understand their experience of the Trust complaints process and to identify opportunities for reducing formal complaints via proactive local resolution
- in depth reviews - e.g. focus groups, local surveys and audits e.g. call Bell audits, privacy and dignity audits, stakeholder events, local forums e.g. young persons, learning disability, dementia and carer events
- education - e.g. patient story by patient at Board of Directors' meetings. The Trust is also currently developing video clips to highlight the patient experience from specific disability groups to enhance understanding and provision of care for a wide variety of disabilities
- specific project groups - e.g. Learning Disabilities, Dementia, Patients Association, CARE audit, Healthwatch quality audits, Volunteers and patient advocates support for improvement projects e.g. meal time companions. Disability forum in partnership with Clinical Commissioning Group and Poole Hospital NHS Foundation Trust

Patient experience activity embraces diversity in all its entirety within all its actions, for example key stakeholder groups for patients and carers, and the carers forum. There is a Trust commitment to the diversity agenda which is also represented in the Trust Strategy and by the Trust at the Health and Wellbeing Board.

Key improvements in patient care are centred both around direct interventions which positively impact on all aspects of quality.

Actions taken in 2013/14 include:

- implementation of a Trust-wide Privacy and Dignity Policy to uphold privacy and dignity for all patients
- purchase of new improved dignity gowns for patients
- provision of new disposable curtains to aid correct closure to uphold dignity

- formal adoption of the Code of Conduct for healthcare support workers to ensure consistent practice and patient care for the unregistered nurse workforce
- purchase of specific equipment for patients to aid and assist with eating, such as wide handled cutlery, plate guards, and drinking implements
- revision of patient menus and the provision of snackbags for patients who miss a meal. Food parcels are also provided for patients at the point of discharge who are returning home alone
- expansion of volunteer roles including more trained mealtime companions.
- implementation of the Friends and Family Test through the inpatient services and Emergency Department attenders
- stakeholder events
- carers' cafes and carers audits to support and understand needs of carers
- changes to visiting times to aid patients and relatives carers and visitors

National Care Quality Commission Inpatient Survey

8. Improvement in overall National Inpatient Survey results

The annual Care Quality Commission (CQC) national inpatient survey is a public determinant of patient experience; a regulatory measure performance analysed by the CQC and a local performance measure monitored by our local Clinical Commissioning Groups. The 11th annual CQC in-patient survey includes responses from in excess of 62,400 patients from 156 acute trusts with a response rate of 49%. RBCH had a response rate of 53.1% from a sample of 831 eligible patients who were in the Trust overnight during July 2013. There were 441 responses completed.

The data analysis is based on an 'expected range' when compared to other trusts and is standardised by age, gender and method of admission to ensure the results are fair regardless of demographic. The numerical score is 0 (worst) - 10 (best).

National comparison results

Results are displayed when compared with other trusts as:

- better than most other trusts (coloured green)
- about the same as most other trusts (coloured amber)
- worse than most other trusts (coloured red)

Survey questions are segmented into 10 sections to reflect key aspects of the patient journey or quality of care by professional disciplines. There are a total of 60 questions in total. Performance results for the 2013 survey (completed July 2013) are displayed in the table on the following page;

It is very positive to see that the 'overall' score demonstrates good improvement from last year.

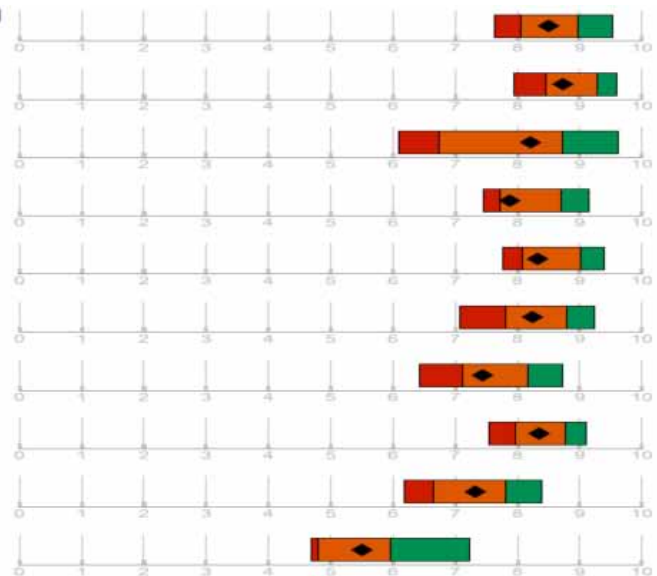
We improved on last year's performance in the following categories; Emergency Department, waiting to get a bed on a ward, nurses, care and treatment, and operations and procedures. The Trust is also identified as one of the "better performing trusts when compared to most other Trusts" for providing printed information to patients on "what to do when discharged".

However the report did highlight that we need to make progress in reducing the actual and perceived occasions where patients have to share an area with a patient of the opposite sex.

The results presented in the report are a combined response to two questions that cover sharing a sleeping area when first admitted i.e. Acute Medical Unit (AMU) and, when moved to another ward. Due to changes in the survey design the results for 2013 cannot be compared with previous survey data in 2012.

We have made a number of major design changes to the AMU to improve standards for single sex accommodation and patients' privacy and dignity and will continue to monitor closely.

- S1. The Emergency/A&E Department (answered by emergency patients only)
- S2. Waiting list and planned admissions (answered by those referred to hospital)
- S3. Waiting to get to a bed on a ward
- S4. The hospital and ward
- S5. Doctors
- S6. Nurses
- S7. Care and treatment
- S8. Operations and procedures (answered by patients who had an operation or procedure)
- S9. Leaving hospital
- S10. Overall views and experiences



Comparison with 2012 results

Comparison with 2012 performance demonstrates:

- improvement in 20 questions
- eight questions have remained the same
- deterioration in 29 questions

The results to the question “Were you asked to give your views on the quality of your care?” was statistically better” than last year.

In addition, in 2012 we had the lowest score for the question on privacy when being examined or treated. Encouragingly the results for 2013 demonstrate good improvement and the Trust is now rated as amber at 9.4 from a possible score of 10, this is an improvement by 0.3.

Three questions had results that indicated scores “statistical lower” than last year when compared internally were:

- did you ever share a sleeping area with patients of the opposite sex. Whilst this is shown in the report as a statistical drop, there is a caveat advising to ignore due to reliability of the question following changes to the wording. It does however offer an indicator to patient views.
- delayed discharge due to waiting for medicines/ to see the doctor or waiting for an ambulance. Last year the score was 6.8 which dropped to 6.1 for 2013.

- were you given clear and printed information about your medicines? Last year the score was 8.2 which has dropped to 7.4

In summary, performance against the Trust’s 2012 demonstrates good improvement in questions relating to privacy and dignity, discharge information and, asking patients their views. The ‘overall’ category performance score has improved together with the section performance in the emergency department, waiting to get a bed on a ward, nurses, care and treatment, and operations and procedures categories. Improvement projects are already underway to improve performance across all questions and specifically in areas where we scored less than expected.

Trust Patient Experience Card (PEC) results

In addition to responding to national patient surveys, the Trust has an internal patient experience card (PEC) which is available for all inpatients and outpatients to complete. The cards are available in all areas for patients, relatives and/or carers to complete. There are six questions on one side, chosen in parallel with CQUIN questions. The other side is a free text space for qualitative comments. The results are available to all staff and are collated and fed back quarterly to all participating areas.

In 2013/14, 22,514 cards were completed by patients across our hospitals of which 21,024 completed the Friends and Family Test question.

Friends and Family Test (FFT)

9. High Friends and Family Test Scores for Inpatient Wards and the Emergency Department. ED has achieved 4th Highest Score (NHS England data)

The national Friends and Family Test (FFT) aims to provide a simple headline metric which, when combined with other patient experience feedback, provides a tool to ensure transparency, celebrate success and galvanise improvement.

The implementation of the FFT across all NHS services is an integral part of Putting Patients First, NHS England's Business Plan for 2013/14 - 2015/16, and is designed to help service users, commissioners and practitioners.

Since April 2013, the FFT question has been asked in all NHS Inpatient and emergency departments across England and, from October 2013, all providers of NHS funded maternity services have also been asking women the same question at different points throughout their care:

“How likely are you to recommend our [ward/A&E department/maternity service] to friends and family if they needed similar care or treatment?” with answers on a scale of extremely likely to extremely unlikely. The national directive to implement the Friends and Family Test question has been cascaded throughout the Trust. The use of the patient experience card (PEC) has enabled the standard questions to be included and a free text on the back of the cards. The free text section produces approximately 1,000 comments per month of which over 80% are positive and 8% negative, 12% are either mixed or unrecorded.

The results are reviewed through Patient Experience and Communications Committee and actioned where required. The use of the PEC has quadrupled in two years in the number of returns from 5,300 in a year (2011/12) to in excess of 22,000 in 2014. This data is collated and submitted to NHS England in accordance with strict guidelines. The data is also made publically available throughout the Trust for patients and the public in accordance with NHS England guidelines.

The Friends and Family Test score is calculated using 'Net Promoter Score' methodology. Scores are calculated as follows:

Proportion of respondents who would be extremely likely to recommend (response category: 'extremely likely') MINUS the proportion of respondents who would not recommend (response categories: 'neither likely nor unlikely', 'unlikely' and 'extremely unlikely'). This gives a FFT score of between -100 and +100.

The table on page 103 provides the data Trust-wide for the Family and Friends Test.

In addition to the patient experience FFT card we have introduced a token system which has improved our compliance rates in the emergency departments.



We have attained the fourth highest score of 80 based on the NHS England website data for our emergency departments.

Since October the FFT has also been rolled out to include Maternity. This is likely to be further expanded to Out Patient areas in 2014/15.

Number of cards from your area during the above period = 22514

**The Friends and Family Test Score for
April 2013 to March 2014**

For

Overall Trust (all areas included Inpt/ED/OPD etc)

This is based on 21145 responses

Extremely likely	16626
Likely	3466
Neither likely/nor unlikely	437
Unlikely	208
Extremely unlikely	287
TOTAL	21024
FFT Score	75

Real Time Patient Feedback (RTPF)

Real Time Patient Feedback (RTPF) has been facilitated through the Trust by trained volunteers and Governors. Patients are asked a series of standard questions through face to face interviews and patient stories and views collected. The survey data collection process managed by the Head of Patient Engagement and data analysis has been provided by an external provider; however this has been superseded since January 2014 by the Patient Association CARE Campaign audit.

Care Campaign Audit

In partnership with the Patient Association, the care campaign audit has been designed to ensure robust feedback on a daily basis from participating Elderly Care and Medical wards. The audits are facilitated by trained volunteers and public Governors and review:

- Section 1 - Communicating with care and compassion
- Section 2 - Assistance - Ensuring Dignity
- Section 3 - Relieving pain effectively
- Section 4 - Ensuring adequate nutrition
- Section 5 - Your Expectations

The completed audits forms are returned to the Patient Experience Team and reviewed individually on a daily basis. If issues are identified the ward is contacted immediately

and informed of the area of concern and an action plan is sent to the ward to be reviewed and completed within two weeks.

Working in partnership

During 2013/14 we have worked in stronger partnerships with carer's forums to develop a carers café which run in collaboration with Dorset County Council, Healthwatch to assist with quality of care audits, and a local disability forum set up in collaboration with Poole Hospital with meetings across both sites. This innovative group is in the process of developing a training package using patient experience stories to educate staff through training and induction.

We have held annual stakeholder events in partnership with our local clinical commissioning groups (CCG's), Health watch, learning disabilities and other key stakeholders.

A stroke patient experience survey was undertaken in partnership with Dorset Healthcare Trust, Bournemouth, Dorchester and Poole hospitals. The questionnaire used for the survey was developed by Picker Institute Europe, University of Oxford and staff from participating organisations. Over 600 patients were surveyed. The Trust scored well in respect to involving family and carers in decisions about condition and treatment; ensuring patients and carers had an opportunity to discuss worries and fears.

Other partnership events have included:

- specialist workshops to review patient pathways, which have included CCG and GP's e.g. Urology Cancer pathway
- rheumatology focus group with members from the National Rheumatoid Arthritis Society (NRAS)
- endoscopy focus groups
- annual Trust open day in June 2013
- interview with Hospital Radio Bedside
- young persons' forum at St Peter's School
- vox pop interviews with various patient groups, bariatric, maternity, cardiac, elderly care,

The Patient Experience Performance Group (which reports to the Board of Director's subcommittee Patient Experience and Communications Committee) monitor patient feedback through triangulation of data and ensure robust and rapid response and action plans are completed where required. The group also reviews the national and local data and ensures that information is cascaded via grand round to medical colleagues for information and action.

Working with our volunteers to support patient experience

We are extremely fortunate to receive the support of over 800 volunteers including partnership volunteer organisations. Over the last 12 months the Trust has been reviewing and extending the number and roles of our valuable volunteers. Partnership agencies that support the Trust and in addition to the Trust Bluecoat volunteers include:

- Royal Voluntary Services
- Chaplins
- League of Friends Christchurch
- League of Friends Bournemouth
- Friends of the Bournemouth Eye Unit
- Hospital Radio Bedside
- Red Cross
- Headstrong
- Macmillan

Bluecoat volunteers duties are extensive and include:

- main receptions meet and greet
- ward support offering tea and coffees
- patient companions, who have dementia awareness training
- administration support throughout the Trust
- driving the indoor train to help patients and visitors around the hospital
- surveying patients for real time patient feedback
- meal time companions to help support those in need of minimal support to eat
- meal time assistants to help prepare the food environment and sit and talk with patients
- gardening
- medical photography escort
- audit support

We continue to recruit volunteers who are happy to provide support during the day, evenings or weekends. The Board of Directors is very grateful for all the excellent work the volunteers provide and would like to publically thank them all for their continued support to our patients and the organisation.

Learning from and reducing complaints

10. Increase in complaints in the year but greater focus on early local resolution, improved communication with complaints and organisational learning following complaints investigations

Complaints made to the Trust are managed within the terms of the Trust's complaints procedure and national complaint regulations for the NHS. The overriding objective is to resolve each complaint with the complainant through explanation and discussion.

There were 370 formal complaints from patients or their representatives during the year. This represents an increase of 22% (67 complaints) from last year's total of 303 complaints. This increase was apparent

throughout the year and was not related to one or a small number of areas or subjects but was multi-factorial. The wider environment for the NHS has included the publication of the Francis report into Mid-Staffordshire Hospitals which may have lowered the threshold for people to complain.

The focus of the Patient Advice and Liaison Service in resolving concerns informally with front line staff has been constructive and there has been a greater focus within the Trust on addressing complaints of all types at a local level as soon as possible.

Of the 370 formal complaints, 173 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, 37 complaint investigations were still to be concluded and a decision on whether they were well founded had not been reached.

Subjects of complaints

The 10 main categories of complaint in 2013/14 were as follows:

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

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:

- hand hygiene audit and regular infection control visit to ensure compliance and provide education
- equipment moved and new staff recruited to biochemistry to improve timeliness of results
- specific form developed to avoid confusion in endoscopy procedures
- medical staff reminded about referral protocol for fracture clinic
- medical staff in the Emergency Department to have a lower threshold for requesting spinal imaging in addition to clinical assessment

Subject	Number in 2013/14	Percentage in 2013/14	Number in 2012/13	Percentage in 2012/13
Administrative systems	26	7%	19	6.2%
Attitude of staff	35	10%	38	12.5%
Bed management	8	2%	4	1.3%
Clinical treatment	197	52%	172	56.7%
Communication/information	43	12%	35	11.5%
Discharge arrangements	21	6%	15	4.9%
Environment	6	2%	4	1.3%
Health and safety	6	2%	3	0.9%
Privacy and dignity	5	1%	2	0.6%
Medication	15	4%	5	1.6%

- review of age protocols with cardiologists to ensure not restricting young people access to our services
- listing of orthopaedic patients for small joint arthroscopies reviewed to avoid a shortage of instrument sets on the day of procedures
- correct process for booking patient transport discussed with ward staff
- nasogastric feed protocol rewritten and published on the Trust intranet
- changes to anaesthetic protocol to prevent antibiotics being drawn up until patient is present with anaesthetist
- the need for catheterisation to be completed promptly reinforced
- standard of nursing conduct reviewed by Deputy Director of Nursing following complaint investigation
- discussion with surgical ward team about communication with relatives/carers of vulnerable patients.
- call bell audit undertaken and spot checks being undertaken by ward sisters and senior nurses
- discharge planner cascade to all staff to ensure that at least two contact details are obtained and check these details are correct on every admission
- reduced fetal movement and missed appointments polices in maternity reviewed and updated
- confirmation that escalation beds are no longer used
- monthly meeting between the Ward Sister of theatre recovery and the surgical ward to improve communications and work together in reviewing practices and processes between the two areas. The expectation is that teams support one another to achieve better care along the patient pathway
- the bed management team are linking in on a daily basis with the surgical lead to identify any potential for delays in transferring patients from recovery to the wards.
- review of Do Not Attempt Resuscitation (DNAR) form completion and communication with relatives. Guidance issued by Medical Director
- pharmacy meetings with ward staff to include reference to scope for wards to check pharmacy system and availability for drugs to be collected
- the physiotherapy referral protocol has been amended with the letter being sent to patients inviting them to contact the department within a maximum period of 48 hours of the referral being received
- currently establishing electronic systems to replace the current paper ones which will both reduce the risk of misplacing or delaying paper forms, and provide a full audit trail of the request and subsequent actions.

Referrals to the Health Service Ombudsman

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

After receiving a response from the Trust, six people chose to refer their concerns to the Parliamentary and Health Service Ombudsman during 2013/14 compared to 10 in 2012/13. The Ombudsman referred one complaint back to the Trust for further local resolution, and completed two investigations. One of these was upheld and an action plan was devised and shared with the complainant as a result. The other investigation did not uphold the complaint and there was therefore no action required of the Trust. Three complaints were still being investigated by the Ombudsman at the end of the year.

Complaints focus group

We have held in two specific focus groups this year for those who have made an official complaint against the Trust. The aim was to learn about complaints views on the complaints process and ensure that we make improvements to communication and feedback procedures wherever possible. The sessions have been facilitated and those who could not attend but did want to provide feedback have been met on a one of one basis. We plan to run further groups in 2014/15.

Performance against National priorities in 2013/14

The Trust measures many aspects of its performance and this data is regularly reviewed throughout the organisation. At Board of Directors patient safety, quality and performance dashboards are reviewed each month and these include key measurements (metrics) for all national and local priorities.

In accordance with statutory reporting requirements, the following section provides an overview of the Trust's performance in 2013/14 against the key national priorities from the Department of Health's Operating Framework. The table includes performance against the relevant indicators and performance thresholds set out in Appendix B of Monitor's Compliance Framework.

National Priority	2010/11	2011/12	2012/13	2013/14 Target	2013/14 Target
18 week referral to treatment waiting times - admitted	n/a *	17.7 weeks	94.5%	90%	90.8%
18 week referral to treatment waiting times - non admitted	n/a *	14.2 weeks	98.9%	95%	98.4%
18 week referral to treatment waiting times - patients on an incomplete pathway	n/a *	14.2 weeks	97.1%	92%	96.2%
Maximum waiting time of four hours in the Emergency Department from arrival to admission, transfer or discharge	99%	97%	97.2%	95%	95.5%
Maximum waiting time of 62 days from urgent referral to treatment for all cancers	89.71%	87.3%	88.6%	85%	80.3%
Maximum waiting time of 62 days following referral from an NHS Cancer Screening Service	97.00%	94.6%	98.6%	90%	93.4%
Maximum cancer waiting time of 31 days from decision to treat to start of treatment	99.56%	96.7%	96.4%	96%	95.7%
Maximum cancer waiting time of 31 days from decision to treat to start of subsequent treatment: Surgery	99.6%	99.2%	98.8%	94%	95.1%
Maximum waiting time of 31 days from decision to treat to start of subsequent treatment: Anti cancer drug treatment	100%	100%	100%	98%	100%
Maximum waiting time of two weeks from urgent GP referral to first outpatient appointment for all urgent suspect cancer referrals	93.60%	94.2%	93.6%	85%	93.8%
Two week wait for breast symptoms (where cancer was not initially suspected)	98.58%	99.1%	97.0%	93%	98.0%
Clostridium difficile year on year reduction	46	62	31	29	14
Certification against compliance with requirements regarding access to healthcare for people with a learning disability	n/a	Compliance certified	Compliance certified	Compliance certified	Compliance certified

* Note - In 2011/12 the Department of Health set percentile thresholds for 18 week referral to treatment waiting times monitoring but reverted back to percentages in 2012/13.

Annex A

Statements from commissioners, local Healthwatch organisations and Scrutiny Committees

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

- NHS Dorset Clinical Commissioning Group
- NHS Hampshire Clinical Commissioning Group
- Health and Social Care Overview and Scrutiny Committee, Borough of Poole
- Bournemouth Health and Adult Social Care Overview and Scrutiny Committee, Bournemouth Borough Council
- Healthwatch Dorset
- The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust Council of Governors

Comments received were as follows:

NHS Dorset Clinical Commissioning Group

Re: Quality Account 2013/14

In 2013/14 The Royal Bournemouth and Christchurch Hospital NHS Foundation Trust pursued achievement of the key quality priorities identified in the 2012/13 quality account. We can confirm that we have no reason to believe this Quality Account is not an accurate representation of the performance of the organisation during 2013/14. The CCG recognise the areas of strength described in the Quality account and the priority areas for quality improvement. The CCG monitor quality and performance at the Trust throughout the year. There are monthly quality meetings and there is frequent ongoing dialogue as issues arise. The information contained within this Quality Account is consistent with information supplied to commissioners throughout the year. Over the year the Trust has shown consistent

use of the Patient safety thermometer to collate safety information. Whilst it is pleasing to note the low level of harm in relation to patient falls and catheter associated infections, there are clearly improvements required in relation to hospital acquired pressure ulcers and maintaining compliance with Venous Thromboembolism risk assessments.

The Hospital Trust has experienced a challenging year most significantly in relation to the Care Quality Commission (CQC) inspection report findings published in December 2013. The CCG would have expected to see a reframing of the application of quality priorities for 2014/15 in response to the CQC report and subsequent Trust action plan. The CCG has not been actively engaged in the development of the Quality Improvement Priorities that the Trust has set for 2014/15 however will work with The Royal Bournemouth Hospital NHS Foundation Trust over the coming year to ensure all quality standards are monitored as set out in the reporting requirements of the NHS Contract and local quality schedules. “

NHS West Hampshire Clinical Commissioning Group

Re: The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust Quality Account 2013/14

Thank you for sharing the Trust's Quality Account for 2013/14.

West Hampshire Clinical Commissioning Group (CCG) would like to thank The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCHFT) for the opportunity to review and provide a statement response to their 2013/14 Quality Account.

The trust should be congratulated on the efforts made on improving outcomes for patients with the reduction of infections and the continued improvement in patient experience as demonstrated through the implementation of the Friends and Family test. Despite this, however, the Care Quality Commission identified a number of areas of concern on their visit in October 2013 and we are pleased to see that a number of actions were taken immediately to put things right and a comprehensive plan is underway to address the remaining areas.

The CCG acknowledges the improvements made in the reduction of patient falls, however the reporting rate remains above the national average per 1000 bed days, and initiatives continue to be made to work towards a reduction.

The CCG supports the priorities identified for 2014/15 especially the continued focus on reducing hospital acquired pressure ulcers and patient harm as a result of a fall. However, we would have expected to see more focus around the recommendations from the CQC visit i.e. regarding out patients, the care of the older patient and security issues at the A&E department.

Reviewing the quality account the CCG confirms that as far as it can be ascertained the quality account complies with the national requirements for such a report and the following are of specific note:

- The report provides information across the three domains of quality- patient safety, clinical effectiveness and patient experience.
- The mandated elements are incorporated into the report.
- There is evidence within the report that the Trust has used both internal and external assurance mechanisms.
- Commissioners are satisfied with the accuracy of the quality account, as far as they can be based on the information available to them.

Commissioners would have expected the Trust to have made mention of the two Never Events that were reported during the year which have been subject to full investigations.

Overall West Hampshire Clinical Commissioning Group is satisfied that the plans outlined in the Trust's quality account will maintain and further improve the quality of services delivered to patients and the CCG looks forward to working closely with the Trust over the coming year to further improve the quality of local health services.



Councillor The Revd. Charles K. Meachin

Borough of Poole, Alderney Ward

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May 7th 2014

Health and Social Care Overview and Scrutiny Committee (HASCOSC) response to The Royal Bournemouth and Christchurch Hospitals (RBCH) NHS Foundation Trust's Quality Account 2013/14

Members of Borough of Poole's Health and Social Care Overview and Scrutiny Committee would like to thank The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust for the opportunity to comment on the Quality Account for 2013/14 as well as for the very helpful visit on 2nd May in which members were able to clarify and gain a better understanding of a number of key issues.

Overall, we felt that the Trust's Quality Account gave a comprehensive account of activities undertaken to improve services over the financial year and that areas for improvement were also identified.

Members appreciate that Quality Accounts follow a nationally prescribed format and were concerned that this format might make it more difficult for people outside the health system to understand some of the key messages; this is, therefore, an issue that we would like to raise for possible consideration by Monitor, the

Regulator of NHS Foundation Trusts, once all Trusts have produced their Quality Accounts.

Given the above, members appreciated the Trust's efforts to improve "accessibility" to the information through the inclusion of pictures (e.g. of the ICEpods and the Gripper socks). It was felt that accessibility could be further enhanced through clarification as to whether "exceeding the target" reflects good or poor performance, the routine inclusion of the previous year's performance and national comparators (where these are available) as well as actual numbers (rather than just percentages). The inclusion of a contents and glossary section would also be useful.

In terms of progress against 2013/14's priorities for improvement outlined in last year's Quality Report the Trust's main aim was "to deliver harm-free care" across 4 specific harms: the reduction in hospital-acquired pressure ulcers, harm from falls and veno-thrombosis, and the prevention of catheter-acquired urinary tract infections.

We note with concern that the Trust's 'harm-free score' of 89% is below the national average of 93%, due to the admission of more patients with an existing pressure ulcer as well as a higher number of those acquiring pressure ulcers in hospital. Whilst members understand that a significant proportion of patients had acquired the condition in the community (rather than in the RBCH), the Trust is still falling short on this vital area; members note actions already undertaken and those planned to improve the situation in the year ahead and would ask for an update on progress against targets at the half year stage. This is one of the instances where specific numbers, data from last year and national comparators would have been particularly helpful.

Members were pleased with the reduction in new catheter-related urinary tract infections in 2013/14 (0.57% compared with 1.25% in the previous year) whilst recognizing that this is still short of the average national acute Trust score of 0.47% - again we would ask for an update on progress half way through the year.

In terms of the other harms, members commend the Trust on having fewer inpatient falls, and significantly fewer venous

thromboembolisms than the national average as a result of the proactive steps taken. Changes made to the Dementia care wards to reduce falls were particularly impressive.

In terms of the priorities for quality improvement for 2014/15, we are pleased that the Trust has been mindful of feedback from a range of stakeholders including patients, carers, the public, commissioners and staff as well as other sources of information. We note that the Board of Directors have agreed that the Trust will continue to strive for improvements across the 4 harms above, with the aim of achieving 95% harm-free care. Since this was also the stated intention in last year's Quality Account and was clearly not achieved, we would ask for an update on progress to be presented to Members half-way through the year, together with the Trust's progress against the other "harms," particularly the objective to reduce hospital-acquired pressure ulcers by 50%.

We note the Trust's participation in local and national clinical audits and national confidential enquiries and understand the reasons for non-participation in 3 national audits. The resultant improvements to the quality of healthcare, including measures to improve dignity through new wrap around gowns and the use of yellow markers to ensure a more consistent approach to admission documentation, were particularly commended.

In terms of medication safety, we commend the Trust for the measures it has taken (including the use of "cages" for deliveries) which has seen a rise to 87% (compared to 73% last year) of reported adverse incidents representing no harm events. We are also pleased to see the measurable decrease in the closure of wards and bays indicating an improvement in infection control practices across the Trust as well as Improved Communication (eg new ward closure signs). Members were particularly impressed by the very innovative Infection Control Environment Pods (ICEpods) which contribute to both the reduction in the spread of infection and privacy.

Members note the two measures of counting Hospital Mortality rates, acknowledging that one (HMSR) shows a substantial reduction in hospital mortality which Doctor Foster has

attributed to service improvements you have made; the other measure (SHMI) shows a significant increase but latest data is from June. Members would therefore value an update later in the year.

We commend the Trust on the changes which resulted from some of the 370 formal complaints received and would urge the Trust to continue use complaints as a further driver to improve patient safety and clinical effectiveness. We would be interested in receiving a summary of key issues and changes at the half year stage especially how you have communicated these changes to the public.

In terms of the Care Quality Commission's (CQC) inspection of the Trust in October, Members were extremely concerned to learn that a number of specific issues had been identified where essential standards of quality and safety were not being met - in short that services were not always safe, effective, responsive, caring or well-led. We view CQC's findings that the Trust had not taken account of the experience of patients and staff to improve service provision, that patients were not being supported to eat and drink on the ward and that there were instances where dignity and respect was not given sufficient consideration, as being of a very serious nature. We understand that you are committed to making improvements and have already put a number of actions in place particularly in terms of addressing staffing levels, improving privacy and dignity and working with various relevant stakeholder groups - we urge you to implement the required changes as quickly as possible and would ask for an update on progress halfway through the year.

We would also be keen to have sight of sight of the Performance against Key National Priorities - Quality Indicators, once the complete data set is available.

In summary, we would wish to state that Members are extremely pleased to learn of the Trust's many successes and improvements. We are, however, concerned that there were a number of aspects of care which fell below the standards that the CQC the people of Poole and members would expect to see. We commend the plans for improvement that

you have put in place and would request a brief update of progress against key aspects reported in the 2014/15 Quality Account at the mid year stage.

Thank you once again for the opportunity to comment on what we felt was an interesting Quality Account and please pass on our special thanks to Joanne Sims, Assistant Director for Clinical Governance and Paula Shobbrook - Director of Nursing who went out of their way to help us better understand the key issues during our visit and who were very open to receiving our feedback on the day.

Yours sincerely

Councillor the Rev. Charles Meachin
Chairman Health and Social Care Overview
and Scrutiny Committee
Borough of Poole Council



I am able to confirm that in respect of the Quality Account for 2013/14, representatives from the Bournemouth Health and Adult Social Care Overview and Scrutiny Panel met with the Trust and colleagues from the Borough of Poole to study the Quality Account and provide feedback.

Please accept the written feedback submitted by the Borough of Poole Council as a joint response, formulated from the discussions at the above mentioned meeting. I understand that a number of verbal comments made by Members were also acknowledged by the Trust.

Matthew Wisdom
Democratic and Overview & Scrutiny Officer
Legal & Democratic

Commentary on The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust Quality Account 2013-2014

Healthwatch Dorset welcomes the opportunity to comment on the quality of services provided by The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust.

Healthwatch Dorset is one of around 150 local Healthwatch organisations that were established throughout England in 2013. The dual role of local Healthwatch is to champion the rights of users of health and social care services and to hold the system to account for how well it engages with the public. We collect feedback on services through our attendance at community events and our contact with community groups; through the 10 Citizens Advice Bureaux in our area; through our comment cards and feedback forms which people send to us in the post; online through our web site and social media, and from callers to our telephone helpline.

Of the feedback we hold about the Trust in the period covered by this Quality Account, 42% is positive, 43% is negative, 12% is mixed and 3% is neutral.

The greatest numbers of positive comments were related to quality of service (37%), staff (29%) and patient pathway (26%). The greatest numbers of negative comments were related to patient pathway (22%), quality of service (19%), staff (16%) and environment (15%).

The past year has been a challenging time for the Trust. A formal inspection by the CQC (Care Quality Commission) found some aspects of care (particular around dignity, privacy, nutrition and hydration) fell below acceptable standards. We welcome the plan of action that the Trust has put in place to remedy these failings and look forward to seeing the evidence that they have done so.

We welcome, too, that following the CQC report the Trust has agreed a number of initiatives whereby Healthwatch Dorset is gathering feedback from people in the public areas of the hospital; working with the Trust to promote Healthwatch as an

independent organisation to which staff can take any concerns; facilitating focus groups to explore public perception of the hospital; and supporting the Trust in the recruitment and retention of volunteers.

It is good to see a section in the Quality Account about learning from complaints, and an account of improvements that have been made as a result of learning from complaints. But at this stage the Trust should, in one sense, be aiming not so much to decrease the number of complaints as to increase them. For complaints are “gold dust” in the sense that they are one of the best ways of understanding the true quality of services and driving forward improvements.

An omission in this Quality Account which we would like to see rectified in future years is a report on equality issues in service provision, with information on how the Trust’s services aim to cater to the needs of ethnic, faith and other minority and socially excluded groups, such as people with learning disabilities.

Quality Accounts are intended for a broad range of audiences and aim to meet the twin goals of local quality improvement and public accountability. We believe that they should be published in forms that enable interpretation and comparison. We recommend that the Trust produce next year’s in a form that will be more accessible to the general public, and in an “easy read” format.

There are areas of excellence in the Trust’s services, which should be acknowledged and built on, and areas where improvements are needed. The Trust’s goal should be to raise all services to the level of the best. To achieve this, it will need a clear vision, a culture of openness and honesty, and strong leadership to inspire everyone to work together in a common purpose, driving forward a clear plan of action that will instill confidence and trust in local people.

We look forward to working with the Trust in the coming year as their “critical friend”, supporting them to reach their stated goal of “putting patients first”.

healthwatch
Dorset

Statement from The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust Council of Governors

The Council of Governors has welcomed that its views on the quality priorities for the Trust and the Quality Report itself are being requested at an earlier stage so that it has greater opportunity to make a meaningful contribution through the consultation process. This process has been supported again this year by a survey seeking the Governors' views on the consultation process for setting the 2013/14 quality priorities for the Trust and on the way the Trust has performed and reported against these.

The Council of Governors supports the quality priorities which have been set for 2014/15 and the continuing focus on these key benchmarks of good quality nursing care in order to improve the Trust's performance and meet the objectives which the Trust has set for itself. The Council of Governors has emphasised the importance of remaining focused on reducing the number of patients with pressure ulcers and has asked the external auditors to review the data in relation to pressure ulcers as part of their assurance on the Trust's quality indicators. The external auditors will carry out sample testing to provide additional assurance on the data and report to the Council of Governors.

The Council of Governors wrote to members of the Trust in early 2014 following the Care Quality's Commission report on the results of inspection of the Trust in 2014. The CQC had identified a number of areas where inspectors felt that services were not always safe, effective, responsive, caring or well led. We accept the CQC's report and have taken its findings seriously. We apologised for the examples of poor quality care highlighted in the report and remain committed to eradicating poor quality care in the future. While there has been a great deal of progress since the report we continue to monitor and provide challenge to the Board of Directors on the delivery of the actions which the Trust has committed to in its response to the report. The report

also provided a catalyst for us to improve the way we communicate and engage with members, patients and the wider community about important issues around the care and services which the Trust provides and we have committed to a comprehensive programme of engagement including the involvement of local Healthwatch.

The Council of Governors, through its Governors' Scrutiny Committee, has also contributed to the quality assurance process at the Trust through its own audits and was pleased to gain the support of the Board of Directors for the recommendations following its audit on the hospital at night presented during 2013/14.

Annex B

Statement of directors' responsibilities in respect of the Quality Report

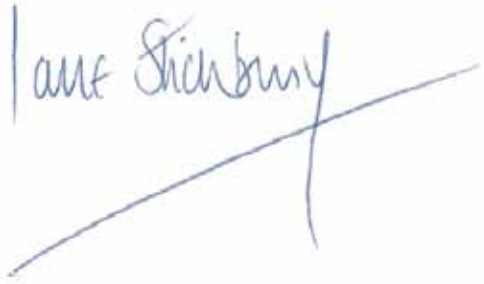
The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the Quality Report.

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

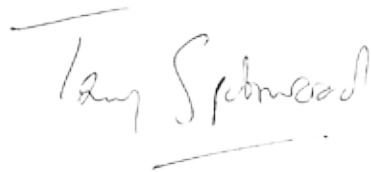
- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2013/14
- the content of the quality report is not inconsistent with internal and external sources of information including:-
 - board minutes and papers for the period 1 April 2013 to 23 May 2014
 - papers relating to quality reported to the Board over the period 1 April 2013 to 23 May 2014
 - feedback from commissioners dated 9th May 2014 and 12th May 2014
 - feedback from governors dated 19 May 2014
 - feedback from Local Healthwatch organisations dated 12 May 2014
- the trusts complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2014
- the latest national in patient survey dated 2013/14
- the latest national staff survey dated 2013
- the Head of Internal Audit annual opinion over the Trusts control environment dated 27 May 2014
- Care Quality Commission quality and risk profiles published during April 2013 - March 2014
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the quality report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the quality report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Account regulations) (published at <http://www.monitor.gov.uk/annualreportingmanual>) as well as the standards to support data quality for the preparation of the quality report (available at www.monitor.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/openTKFile.php?id=3275)

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

By order of the Board

A handwritten signature in blue ink that reads "Jane Stichbury". The signature is written in a cursive style and is positioned above a long, thin horizontal line that extends across the width of the signature.

Jane Stichbury
Chairman
27 May 2014

A handwritten signature in blue ink that reads "Mr A Spotswood". The signature is written in a cursive style and is positioned above a long, thin horizontal line that extends across the width of the signature.

Mr A Spotswood
Chief Executive
27 May 2014

Annex C

2013/14 limited assurance report on the content of the quality reports and mandated performance indicators

Independent auditor's report to the council of governors of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust on the quality report.

We have been engaged by the council of governors of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust to perform an independent assurance engagement in respect of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust's quality report for the year ended 31 March 2014 (the "quality report") and certain performance indicators contained therein.

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. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2014, to enable the council of governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Scope and subject matter

The indicators for the year ended 31 March 2014 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- emergency readmissions within 28 days of discharge from hospital;
- number of Clostridium difficile cases

We refer to these national priority indicators collectively as the "indicators".

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual issued by Monitor.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the quality report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual
- the quality report is not consistent in all material respects with the sources specified in the Detailed Guidance for External Assurance on Quality Reports
- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the

Detailed Guidance for External Assurance on Quality Reports

We read the quality report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the quality report and consider whether it is materially inconsistent with:

- board minutes for the period 1 April 2013 to 23 May 2014
- papers relating to quality reported to the board over the period 1 April 2013 to 23 May 2014
- feedback from the Commissioners dated 9 May 2014 and 12 May 2014
- feedback from governors dated 19 May 2014
- feedback from local Healthwatch organisations dated 12 May 2014
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2014
- the 2014 national inpatient survey dated March 2014
- the 2013 national staff survey dated 2013
- Care Quality Commission quality and risk profiles published between April 2013 and March 2014
- the Head of Internal Audit's annual opinion over the trust's control environment dated 23 May 2014
- any other information included in our review.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively the "documents"). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) - "Assurance Engagements other than Audits or Reviews of Historical Financial Information" issued by the International Auditing and Assurance Standards Board ("ISAE 3000"). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators.
- making enquiries of management.
- testing key management controls.
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation.
- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the quality report.
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual.

The scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014:

- the quality report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual;
- the quality report is not consistent in all material respects with the sources specified in the Detailed Guidance for External Assurance on Quality Reports; and
- the indicators in the quality report subject to limited assurance have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual.

Deloitte LLP
Chartered Accountants
Reading
27 May 2014

Glossary of Terms

Healthcare Resource Group (HRG)

A HRG is a coding grouping consisting of patient events that have been judged to consume a similar level of NHS resource. For example, there are different knee related procedures that all require a similar level of resource; they are therefore assigned to one HRG. HRG codes are set out by the National Case Mix Office which is part of the NHS Health and Social Care Information Centre.

Finished Consultant Episode (FCE)

An NHS Term used for a consultant episode (period of care) that has ended e.g. patient has been discharged or transferred from the consultants care.

Dr Foster Intelligence

Dr Foster is an organisation founded as a joint venture with the Department of Health to collect and publish healthcare information to support patient care. The Dr Foster Unit at Imperial College London collates and produces reports on hospital mortality rates. Dr Foster is a leading provider of comparative information on health and social care services. Its online tools and consumer guides are used by both health and social care organisations to inform the operation of their services

Patient Reported Outcome Measure Scores

Patient reported outcome measures (PROMS) are recorded for groin hernia, varicose vein, hip replacement and knee replacement surgery.

National data (HSCIS) compares the post-operative (Q2) values, data collected from the patients at 6 months post-operatively by an external company. The data is not case mix adjusted and includes all NHS Trusts, Foundation Trusts, CCG and NHS Treatment Centre data. Private hospital data is omitted.

EQ-VAS

is a 0-100 scale measuring patients pain, with scores closest to 0 representing least pain experienced by the patient.

EQ-5D

is a scale of 0-1 measuring a patients general health level and takes into account anxiety/ depression, pain/discomfort, mobility, self-care and usual activities. The closer the score is to 1.0 the healthier the patient believes themselves to be.

The Oxford Hip and Oxford Knee Score

measures of a patients experience of their functional ability specific to patients who experience osteoarthritis. The measure is a scale of 0-48 and records the patient ability to perform tasks such as kneeling, limping, shopping and stair climbing. The closer the score is to 48 the more functionally able the patient perceives themselves to be.

Directors' Report

Annual Governance Statement

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust for the year ended 31 March 2014 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

As Accounting Officer I have ultimate responsibility for ensuring that there is an effective risk management system in place within the Foundation Trust and for meeting all statutory responsibilities and adhering to guidance issued by the independent regulator in respect of governance. The executive with specific responsibility for risk is the Director of Nursing and Midwifery. However, the requirement to manage risk more effectively is a responsibility affecting all staff in every part of the Foundation Trust; from the control of finance, through all the disciplines supporting and delivering the environment of care, to the direct delivery of clinical care itself, risk management is everyone's responsibility. The Foundation Trust's Risk Management Strategy clearly defines these responsibilities and provides guidance for the fulfilment of these roles.

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. Risk management and health and safety training is included on induction and mandatory training programmes for all staff. 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 Quality and Risk Committee (formerly the Clinical Governance and Risk Committee) produces a quarterly Quality and Risk report which highlights patient safety, patient experience and patient outcome trends for the period. The report includes the results of complaints, claims and adverse incident investigations and notes examples of and recommendations for, quality improvement and safe practice. Recommendations and learning from complaints and adverse incidents are discussed at directorate clinical governance groups, senior nurses and

ward sister meetings, Medical Grand Round meetings and team briefings. Actions and learning points are also shared with other stakeholders through Clinical Commissioning Group meetings and clinical network groups.

The risk and control framework

In compliance with statutory controls, the foundation trust has developed a standard matrix for measuring risk and determining the level of risk that can be accepted at the key management levels within the organisation. Detailed guidance and advice on assessing, quantifying and managing risk is contained within the foundation trust's Risk Management Strategy (and associated Risk Assessment Policy and Procedures). Under the Strategy, General Managers and Clinical Directors are responsible for maintaining Directorate Risk Registers and for bringing significant risks to the attention of the Quality and Risk Committee and/or appropriate sub-committees of the Foundation Trust's Board of Directors. In turn the sub-committees will bring important matters to the attention of the Board of Directors. The Foundation Trust continuously monitors risk control systems in place and utilises the assurance framework process to monitor, develop, implement, demonstrate and promote continuous improvement and learning. The effectiveness of the assurance framework and its application has been reviewed by the Healthcare Assurance Committee and verified by the internal auditors and the Audit Committee.

There is a strategic co-ordinated approach to the Trust's clinical audit activities to ensure that the clinical audit cycle is complete and therefore leads to improvement in patient care. There is a Consultant lead for Clinical Audit, a Clinical Effectiveness Manager who is part of the Clinical Governance Team, and consultant leads for Clinical Audit in each directorate. An annual audit plan is developed within each directorate with audits prioritised in relation to national requirements, Trust objectives, contractual and statutory duties and local requirements. To provide focus on the audit priorities and completion of the plan the directorates have identified a clinical

audit lead consultant, which has a role profile. This approach has been approved by the Trust Management Board. The committee for coordinating the Trust strategy for clinical effectiveness and clinical audit is the Quality and Risk Committee, which provides oversight that systems are in place and used to support, monitor and disseminate audit within the Trust. The Quality and Risk Committee formally reports to the Healthcare Assurance Committee and recommends approval of the Clinical Audit Programme prior to submission to the Trust Management Board and the Board of Directors. Directorates review their progress against the audit plan on a quarterly basis and provide a report for the Quality and Risk Committee. Progress against the annual audit plan is reviewed quarterly and a clinical audit report presented to the Healthcare Assurance Committee, and Trust Board as part of the Quality and Risk quarterly report. A quarterly report is also provided to the Audit Committee. The Trust has recognised over the last year that the audit cycle can be further developed by wider cross directorate discussion. For 2014/15, a new Clinical Audit and Effectiveness Group has been established as a formal sub group of the Quality and Risk Committee. The forum will be chaired by the overall Consultant lead for clinical audit and membership will include the directorate clinical audit leads. The group will collectively review the results of National and Trust clinical audits and will consider any Trust wide actions required for quality improvement. The group will then monitor implementation of the action plans and re-audit as required to ensure required improvements have been achieved consistently across all relevant areas.

In line with statutory requirements, the Board of Directors has reviewed the Foundation Trust's principal corporate and strategic objectives and identified mitigating strategies for any risks to the delivery of those objectives using the Assurance Framework process. The development of the Assurance Framework has involved consideration of all objectives (strategic, quality, financial, corporate, business, clinical, human resources etc.) and all risks. In addition, a comprehensive review has taken place of the Trust's committee structure and its ability to provide the

necessary assurance to the Board in support of the Assurance Framework. The framework is specifically linked to the trust's strategic objectives and to the regulatory requirements of the independent regulator and the Care Quality Commission. Within the Assurance Framework, principal risks are identified and key risk controls in place to provide necessary assurances on identified gaps in control systems and action plans to further reduce risk are mapped out against identified objectives. The Assurance Framework is populated from the Foundation Trust Risk Register with risk reduction being achieved through a continuous cycle of the identification, assessment, control, and review of risk

Risks may be entered onto the Foundation Trust Risk Register as a result of risk issues being raised or identified by: employees, directorates, external or internal reviews, internal or external audits, incident investigations, complaints reviews and comments from public stakeholders and/or service developments. Risks may also be raised by the Board's sub-committees and/or by specialist sub-committees of these. These include the Audit Committee, the Healthcare Assurance Committee, Finance Committee, Information Governance Committee, Infection Prevention and Control Committee, Quality and Risk Committee and Health & Safety Committee. All risks entered onto the risk register are categorised according to the Trust risk management strategy using a standard risk matrix. The risk rating value is a combination of likelihood and consequence. All risks are assigned a current risk score and a target risk score following implementation of action plans and mitigation. All action plans have a responsible lead and timeframe noted. All significant and corporate level risks are also assigned an executive director lead.

Significant risks on the Foundation Trust Risk Register which feeds the Assurance Framework are reviewed by the Healthcare Assurance Committee monthly. Membership of the Healthcare Assurance Committee includes representation from the Board of Directors and the Council of Governors. The Quality and Risk Committee also reviews all new clinical risks monthly providing feedback to directorates

as appropriate. The Assurance Framework dashboard "Heat Map" is reviewed monthly by the Healthcare Assurance Committee and Board of Directors. The full Assurance Framework is reviewed at least annually. An annual review is also incorporated within the Internal Audit programme and approved by the Audit Committee. The current significant risks are reported to the Board of Directors each month, identifying changes to those risks.

In line with Monitor's guidance, risks to data security are being managed and controlled through the Information Governance infrastructure established by the Foundation Trust's Information Governance Strategy. The Information Governance Toolkit is used to assess how well the Foundation Trust complies with the relevant legal and regulatory requirements and guidance. The Foundation Trust achieved at least Level 2 on all of the standards in the Information Governance Toolkit self-assessment for 2013/14 and was therefore rated as "Satisfactory".

There has been a one serious incident reported to the Information Commissioner's Office during the year and there has not yet been a decision on this incident. The Information Commissioner's Office also decided that it would take no further action in relation to the serious incident for which a decision was outstanding at the end of the last financial year.

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

- **current risks:**

Risk of not maintaining above threshold performance of the cancer 62 day from referral to treatment target (85%) as required by Monitor. The Trust has undertaken a full review of the service and implemented actions that should bring the position back into line with the target by the end of quarter one in 2014/15.

Risk and potential for care to be compromised due to delays in the emergency care pathway. The trust has agreed specific actions internally and with local partners to increase capacity and improve flow. New pathways have

been introduced to strengthen ambulatory care, seven day working and improve responsiveness.

18 week admitted referral to treatment time (RTT) performance and risk of breaching 90% contracted required per speciality. Current risk areas in ophthalmology, general surgery and orthopaedics. Action plans to bring the Trust back into line with the target include implementation of increased theatre capacity, combined with additional substantive consultant appointments.

Risk of not meeting stroke access targets and ensuring required progress regarding plans to improve performance against trajectory. Continued patient level review of all failures against new pathways. Stroke outreach options also being considered.

Risk of delays in patient transport due to problems with new external provider service. Dorset Clinical Commissioning Group are intending to provide additional resource to expand the service and improve performance. This particular risk is included here due to the potential impact on the flow of patients through the hospital.

- **future risks:**

Risk of financial instability through the inability to deliver the minimum level of required efficiency savings over the next five years. The Trust's improvement programme is setting out clear workstreams to deliver future improvement in both quality and cost reduction and are also robustly scrutinised through a quality impact assessment process to identify any adverse impact on quality. The Clinical Commissioning Group are setting out their plans for a clinical services review across the county of Dorset and the Trust is an active stakeholder in this process to ensure sustainable services across the health economy.

Following the inspection by the Care Quality Commission (CQC) last October the Trust is at risk of not achieving full compliance. A full action plan (further details below) has been implemented and monitored through the Trust's Board of Directors and this plan

should ensure the Trust is able to meet full CQC compliance. The Trust is currently waiting for the CQC to re-inspect the organisation.

Risk to patient care due to reliance on locum consultant cover in Elderly care and stroke. There is also the additional financial risk of high locum costs. The Trust has re-advertised nationally and agreed a new process for recruiting in the more difficult specialties. The winter pressure ward has also been closed freeing up consultant sessions to cover locum gaps.

- **the principal risks to compliance with Condition 4 of the NHS foundation trust condition set out in the Trust's provider licence are:**

Compliance with the 62-day wait for first treatment from urgent GP referral for suspected cancer access target, principally in relation to Urology patients as a result of a continued increase in the number of referrals which is being addressed by a redesign of the referral pathways for patients relating to diagnosis and treatment

The maximum waiting time of four hours for admission to A&E due to the increase in emergency admissions although the Trust has maintained compliance with this access target during the financial year.

The CQC compliance actions (see below for further detail).

These risks have been notified to the Board and also to Monitor as part of the annual planning and regular reporting processes. The statements made to Monitor are reviewed by the Board in advance of submission and have been highlighted to the Board in advance of this through the regular performance reporting to the Board at its monthly meetings. The Trust has submitted its action plan to return to compliance with the 62-day wait for first treatment from urgent GP referral for suspected cancer access target having breached this target for three successive quarters and Monitor is currently reviewing this and other information which the Trust has provided to it. Performance against these targets, and in the case of the CQC compliance actions, delivery of the action plans

is reviewed by the Executive Directors on a weekly basis and by the Board at its meetings each month. Executive Directors, or their deputies, also report on performance to the Council of Governors at its quarterly meetings.

More generally the Board conducts its own reviews of its governance structures including reviews of performance by its sub-committees to ensure that information provided to the Board identifies the key performance risks and the risk to compliance with the Trust's provider licence, other local and national performance targets, including its own performance objectives. These include indicators and measures relating to quality, performance, clinical outcomes, productivity, workforce, activity and finance. Appraisals of both Non-Executive Directors and Executive Directors take place annually with objectives and development plans identified. This is supported by the work of the internal auditors which have conducted a review of Board reporting during the current year which included reporting to the Board sub-committees and reviews were also conducted as part of the preparation for merger and are also part of the Trust's response to the CQC compliance actions with recommendations from all of these being taken forward.

The CQC inspected the Royal Bournemouth Hospital in October 2013 using their new inspection model for NHS hospitals. The full report identified a number of areas where inspectors felt that services were not always safe, effective, responsive, caring or well led. The CQC highlighted 3 specific compliance breaches and 4 "MUST" do actions relating to where they considered that essential standards of quality and safety were not being met. The four MUST do actions to improve requirements were related to care planning, privacy and dignity, staffing and maximising all potential opportunities for quality improvement. The report did highlight a number of outstanding areas of care, for example in critical care, end of life care and maternity.

There is a monitoring framework in place to review implementation of the CQC action plan and implementation of the CQC fundamental standards of care. The Healthcare Assurance Committee and Board of Directors have reviewed progress against the CQC report

requirements and CQC action plan monthly. An external review of implementation processes has been incorporated within the Internal Audit programme and approved by the Audit Committee. The Trust governance framework sets out roles and responsibilities for monitoring compliance with CQC outcomes. This is currently being reviewed to ensure that the framework supports assurance against the new CQC inspection model and proposed new regulatory framework. The terms of reference for relevant Board sub-committees will be reviewed to ensure that they continue to monitor and review relevant CQC essential standards. Compliance with CQC essential standards is also reviewed at a directorate level at the executive-led directorate performance reviews. The Trust has also established a programme of internal quality inspections to ensure compliance. One of the key actions resulting from the CQC visit involved the consistent levels of nursing staff across all areas. The Trust has been successful in recruiting to establishment for the healthcare assistants and has activity recruited significant numbers of qualified nurses from overseas and more locally.

The Trust is in dialogue to actively manage risks with public stakeholders. Example of this dialogue include the Chief Operating Officer attending the local health economy Urgent Care Board to ensure stakeholders are involved in managing the risks of rising emergency activity at the trust. The Director of Nursing and Midwifery also presents to the Council of Governors the quarterly significant risks and discusses mitigating actions. The Trust also undertakes monthly contract monitoring meetings with the Clinical Commissioning Groups where quality, activity, performance, finance and risk management reports are presented and discussed.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments in to the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in

accordance with the timescales detailed in the Regulations.

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.

Data is used throughout the Trust's governance processes and is largely handled by the Trust's information department and finance function. The Trust utilises a data warehouse, which incorporates daily feeds from the patient administration system and other clinical and operational systems. Information reporting is therefore largely from a single point of reference providing a greater degree of assurance. In addition to the data warehouse there are also the standard internal and external quality checking and control processes.

Review of economy, efficiency and effectiveness of the use of resources

The Foundation Trust employs a number of internal mechanisms and external agencies to ensure the best use of resources.

Executive and senior managers in the organisation have responsibility for the effective management and deployment of their staff and other resources to maximise the efficiency of their directorates or departments. The Board of Directors considers the Trust to be fully compliant with the principles of The NHS Foundation Trust Code of Governance as well as with the provisions of the Code in all respects, save as to paragraphs A.4.2, B.1.2, B.7.1 and E.1.3 where there are other arrangements in place and A.1.1 and C.3.2, which were provisions of the Code of Governance introduced during the year under report, which have not been applied retrospectively.

The Foundation Trust monitoring mechanism for finance changed during the year with the removal of the previous financial risk rating, being replaced with the new rating 'the Continuity of Services' with a range from 1 (high risk) to 4 (low risk). The Trust achieved a 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 trust also received funding from the Clinical Commissioning Groups for specific pressures in relation to the significant level of non-elective patients experienced during the winter period.

The Head of Internal Audit (HOIA) provides an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. This is achieved through a risk-based plan of work, agreed with the management and approved by the Audit Committee which should provide a reasonable level of assurance. The Head of Internal Audit opinion states that 'There is a considerable risk that the system will fail to meet management's objectives. Significant improvements are required in those areas to enhance the adequacy and / or effectiveness of governance, risk management and control'. The HOIA report also provides a context to this opinion in that the audit plan was designed to address a number of risks identified by the Trust at the start of the year, as well as emerging risks during the year. The

plan involved conducting reviews in some areas considered by audit and the Trust to be a higher risk and audit were specifically asked by the Trust to carry out additional reviews where management felt there were emerging risks. As a result twelve individual findings were classified as high risk and the number of high risk reports totalled six meaning the overall assurance outlined in the report has decreased since the prior year. The twelve high risk areas follow; Patients in the acute medical unit had not been triaged from the previous night as per the agreed policy. Actions have been taken to ensure the policies are followed in the future. The audit of consultant leave identified that the Trust did not have central oversight of the consultant body and hence there were risks identified as to delivering services. The Trust accepts the recommendation to adopt new procedures. Two high risk audits were identified within Information Governance identifying that the Trust had at the time of the audit not achieved the ten standards and the use by the Trust under standard 505 of a different method to check coding accuracy. Both of these audits have subsequently been rectified. The audit report on agency locum doctors, requested by the management of the hospital due to acknowledged risks identified that the policy for using locum doctors had not been communicated to the directorates. The issue of wearing Trust identification was raised as a risk and the emergency department access to IT had not been in line with trust policy. All three recommendations have been accepted and are in the process of being implemented. The Trust also requested an audit on the functioning of the rostering system due to the volume of agency staff being utilised. The audit identified three high risk areas including the issue of ownership of the rostering system, the training of users of the system and the booking of agency staff outside of the system. The recommendations to identify HR as the responsible function for oversight of the system, improve the training to ward staff and ensure the booking of agency staff is controlled through the system are all accepted. One high risk was identified to the implementation of the IT disaster recovery plan and a full solution to this will be in place later this year. The final high risk relates to the timely completion of patient discharge

summary in the majors section of the emergency department. The recommendation to complete this process within 24 hours is accepted. A number of the above actions are not complete at the year end due to the audits either being scheduled for the final quarter or the audit being requested late in the financial year by the trust due to emerging risks being identified.

As part of their role, the external auditor reviews the work of the internal auditor in order to determine what reliance can be placed on the internal audits carried out during the year. The external auditor will conclude their overall work through their annual report and present this to the Audit Committee for recommendation to the Board of Directors.

A non-executive director chairs the Audit Committee. It met five times during the year. Representatives of external audit and internal audit attended. The committee reviewed and accepted the audit plans of both internal and external audit. The plans specifically include economy, efficiency and effectiveness reviews. The committee received regular updates on counter fraud matters from representatives from the Local Counter Fraud Service. The Audit Committee also met separately with representatives of external audit and internal audit without any executive management present.

A non-executive director chairs the Healthcare Assurance Committee. The Committee met thirteen times during the year and received reports related to internal control, risk management and assurance and ensured that action plans, where remedial action was required, were implemented including the action plan relating to the compliance actions identified by the Care Quality Commission.

A non-executive director chairs the Finance Committee. The Committee met fourteen times during the year and reviewed the Trust's business plans, budgets, cash flow, treasury management, reporting arrangements and efficiency savings programme.

The Board of Directors received performance and financial reports during the year at its meetings and received the minutes of the following sub-committees to which it has

delegated powers and responsibilities:

- Audit Committee
- Trust Management Board
- Healthcare Assurance Committee
- Infection Prevention and Control Committee
- Finance Committee
- Patient Experience and Communications Committee
- Workforce Strategy and Development Committee

Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

The production of the Quality Report is overseen by the Director of Nursing and Midwifery and co-ordinated by the Associate Director of Clinical Governance. This team leads on all regulatory quality assessments for the Trust and is experienced in this type of work. To ensure a balanced approach, input to the report is obtained from a wide range of sources within the organisation through the governance infrastructure and staff engagement forums. External opinion has been sought from the Trust's lead commissioners, local health scrutiny panels, Healthwatch and the Foundation Trust's Council of Governors. The production processes have mirrored those used for all quality assessments and aspects of these have been regularly audited. External Audit only perform limited assurance and only publically on 2 indicators. The Internal Audit programme has provided assurance to the Board that the controls and procedures upon which the organisation relies to manage these areas are effective. Data to support the Quality Report is largely handled by the Trust's Information Department, Risk Management Department and the Clinical Effectiveness Department, all of which are subject to internal and external quality checking and control.

Review of effectiveness of the system of internal control

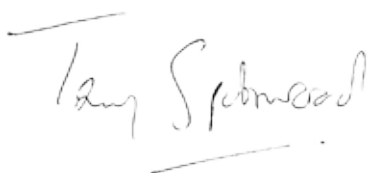
As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee and the healthcare assurance committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

Both the Assurance Framework and the Trust Risk Register are reviewed on a regular basis through the committee structure outlined above. The Board reviews the Intelligent Monitoring Report published by the Care Quality Commission. The most recent issue (March 2014) shows an improving position since the report was first issued in October 2013 with a lower number of risks and elevated risks although NHS trusts such as this Foundation Trust that have had an inspection at the time of producing the latest Intelligent Monitoring Report have not been assigned a banding.

The effectiveness of the system of the internal control has been reviewed by the Board and Audit Committee and further work to refine and develop our assurance processes is in progress and will be reviewed and evaluated on an on-going basis.

Conclusion

The Head of Internal Audit states in their report that there is considerable risk that the system will fail to meet management's objectives. Significant improvements are required in those areas to enhance the adequacy and / or effectiveness of governance, risk management and control. The report also provides the context to this opinion, in that the audit plan was designed to address a number of risks identified by the trust at the start of the year, as well as emerging risks during the year. The plan involved conducting reviews in some areas considered by audit and the trust to be a higher risk and audit were specifically asked by the trust to carry out additional reviews where management felt there were emerging risks. As a result twelve individual findings were classified as high risk and the number of high risk reports totalled six meaning the overall assurance outlined in the report has decreased since the prior year. The high risks are set out in the Head of Internal Audit's opinion above. The other specific internal control issue is the inspection under the new model by the CQC in October last year. The full report identified a number of areas where inspectors felt that services were not always safe, effective, responsive, caring or well led. The CQC highlighted 3 specific compliance breaches and 4 "MUST" do actions relating to where they considered that essential standards of quality and safety were not being met. The four MUST do actions to improve requirements were related to care planning, privacy and dignity, staffing and maximising all potential opportunities for quality improvement. The report did highlight a number of outstanding areas of care, for example in critical care, end of life care and maternity. The trust prepared and is finalising implementation of an action plan to address all findings in the report and is due to be re-inspected by the CQC over the coming weeks.



Mr A Spotswood
Chief Executive
27 May 2014

Board of Directors

The Board of Directors is made up of seven Executive Directors and seven Non-Executive Directors, including the Chairman. The general duty of the Board of Directors and of each Director individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the Members of the Trust as a whole and for the public. The Board of Directors is responsible for the day-to-day running of the Trust and the delivery of the Trust's objectives and wider strategy. Its role is to determine the overall corporate goals for the Trust and it is responsible for ensuring they are delivered. Much of this work is done by the Executive Directors who work closely with the clinical directors, senior nurses, ward sisters/charge nurses and managers throughout the organisation. The Board of Directors also works closely with the Council of Governors.

During 2013/14, the Trust's Board of Directors was made up of the following members:

Non-Executive Directors.

Jane Stichbury, Chairman



Jane has a long career in public service with 32 years spent in policing. She held a number of high profile positions including Deputy Assistant Commissioner of the Metropolitan Police and Chief Constable of Dorset. Jane spent five years as Her Majesty's Inspector of Constabulary for the south of England before her appointment as Chairman at the Foundation Trust from 1 April, 2010.



Alexandra Pike, Non-Executive Director

Alex is Global Brand Vice President for Unilever and former Marketing Director of Fitness First. Alex joined the Trust as a Non-Executive Director in June 2006 and has a wide range of experience in marketing and communication. She was appointed Senior Independent Director in 2009 and chairs the Patient Experience and Communications Committee.



Kenneth Tullett, Non-Executive Director

Ken had almost 16 years of experience as a Non-Executive Director until he stood down from this role on 31 March 2014. 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. Ken has experience at a senior level within industry in the UK and overseas and is familiar with commercial practices and marketing. Ken was the chairman of the Charitable Funds Committee until 31 March 2014.



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 has worked as a Non-Executive Director, consultant and expert witness since then. Brian chaired the Finance Committee and the Workforce Strategy and Development Committee until he left the Trust on 31 March 2014.



David Bennett, Non-Executive Director

Dave has extensive experience in strategy and operational consulting and has held senior commercial roles in the logistics, telecoms and technology sectors. Dave joined the Board of Directors in October 2009 and chairs the Healthcare Assurance Committee.



Steven Peacock, Non-Executive Director

Steve was appointed as a Non-Executive Director in October 2009. He is a Chartered Accountant and has worked in retail and fast moving consumer goods for the last 16 years - most recently as Financial Services Group Director for The Estee Lauder Companies. Steve has a wide range of financial and commercial experience. Steve is chairman of the Audit Committee.



Ian Metcalfe, Non-Executive Director (from May 2013)

Ian joined the Trust as Non-Executive Director on an interim basis on 2 May 2013 to fill a vacancy on the Board. He was substantively appointed as a Non-Executive Director following an open recruitment process with effect from 1 April 2014.

Ian has a regulatory background working in a number of different sectors including financial services, social housing and as an interim senior finance professional. Ian was a Non-Executive Director of the Trust previously from 2006 until 2010 when he left to work in London at the Financial Services Authority. Ian is currently Interim Finance Director of the Lighthouse Arts Centre in Poole. Ian holds the Chartered Institute of Management Accountants qualification and has chaired the Finance Committee at the Trust since April 2014.

Executive Directors



Anthony Spotswood, Chief Executive

Tony has been Chief Executive of the Trust since 2000. He was previously Chief Executive of Leicester General Hospital between 1998 and 2000 and a director for over 20 years. Tony has extensive experience of leading organisations through strategic change including service reconfiguration and merger.



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.



Richard Renaut, Director of Service Development

Richard joined the NHS 17 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. His current portfolio includes information, clinical coding, estate management, communications and business planning.



Karen Allman, Director of Human Resources

Karen was appointed Director of Human Resources in 2007. She joined the NHS in 2003 from the Audit Commission where she was HR Director for District Audit. Her early career was spent in the private sector in retail with Marks & Spencer plc and Fenwick Limited before working in the city at the London Stock Exchange plc.



Stuart Hunter, Director of Finance

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, Medical Director (retired September 2013)

Mary was appointed Medical Director in November 2009 and retired from the Trust in September 2013. She was 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.



Basil Fozard, Medical Director (from September 2013)

Basil Fozard was appointed as Medical Director in September 2013. Basil is a Consultant Colorectal Surgeon and has worked for the Trust since 1992. He was the Clinical Director for Surgery and a member of the Trust Management Board from 2000 to 2010. He was also a member of the Charitable Funds Committee between 2001 and 2009.

Basil has been a member of a number of local and regional networks relating to cancer services and was appointed Medical Director for the Dorset Cancer Network in January 2012 and held that position until 2013. He also was Chair of the Clinical Services Committee and member of the Executive and Council of the Association of Coloproctology of Great Britain and Ireland between 2007 and 2010.



Paula Shobbrook, Director of Nursing and Midwifery

Paula joined the Trust as Director of Nursing and Midwifery in September 2011. Previously Director of Nursing

at Winchester Hospital where she worked for ten years, Paula's NHS career includes working as a ward sister in acute medicine, cardiac and respiratory specialties. She also spent some time working in primary care before moving back in to a hospital setting.

Derek Dundas and William Yardley joined the Board of Directors as Non-Executive Directors on 1 April 2014. Derek was a Consultant Radiologist in a London teaching hospital for 25 years and for the past five years he has been a Governor at the Trust. Bill started his career as a Chartered Surveyor in the property and construction industry and has led major operational delivery business and high profile programmes and projects. More recently he has held a number of high profile government positions in Whitehall.

Paragraph B.1.2 of the Code of Governance provides that at least half the board of directors, excluding the chairperson, should comprise non-executive directors determined by the board to be independent. The Chairman was determined to be independent upon appointment and all of the other Non-Executive Directors are considered to be independent. The quorum for meetings of the Board of Directors requires that six Directors are present including not less than two Executive Directors and two Non-Executive Directors, one of whom must be the Chairman or the Vice-Chairman/ Senior Independent Director of the Board. In addition, the Chairman has a second or casting vote in the case of an equality of votes and no resolution of the Board of Directors may be passed if it is opposed by all of the Non-Executive Directors present at the meeting.

All of the Directors of the Trust meet the "fit and proper" persons test described in the Trust's provider licence issued by Monitor, the terms of which are reflected in the eligibility requirements for Directors in the Trust's Constitution.

Board's Responsibility for Annual Report and Accounts

The Directors are required by the National Health Service Act 2006 (as amended):

- to prepare, in respect of each financial year, annual accounts in such form as Monitor may, with the approval of the Secretary of State, direct; and
- to comply with any directions given by Monitor with the approval of the Secretary of State as to the methods and principles according to which the accounts are prepared and the content and form to be given in the accounts.

The accounts must provide a true and fair view and comply with International Financial Reporting Standards and the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2013/14. In preparing the annual report and accounts, the Directors are required to:

- select suitable accounting policies and apply them consistently;

- make judgements and estimates that are reasonable and prudent; and
- prepare the annual report and accounts on the going concern basis, unless it is inappropriate to do so.

The Board have reviewed the Annual Report and Accounts, having taken into account all the matters considered by the Board and brought to the attention of the Board during the financial year. The Board consider that taken as a whole the annual report and accounts, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy.

In the case of persons who are directors as at the date when this report is approved:

- So far as each of the directors is aware, there is no relevant audit information of which the Trust's auditors are unaware.
- Each of the directors has taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the Trust's auditors are aware of that information.

This confirmation is given and should be interpreted in accordance with section 418 of the Companies Act 2006.

Board meetings

The Board of Directors meets on the second Friday of every month, except August, and at other times as necessary. The first part of the meeting is open to the public. Against each name in the table on page 133 is shown the number of meetings at which the director was present and in brackets the number of meetings that the director was eligible to attend. The number of meetings includes both scheduled and special/extraordinary meetings.

All of the non-executive directors are considered to be independent by the Board of Directors. This included Brian Ford, Alex Pike and Ken Tullett who have served on the Board of Directors for more than six years from the date of their first appointment and were reappointed by the Council of Governors for a further period of one year commencing during 2013.

The reappointments of Brian Ford and Ken Tullett for a further period of one year were made as these reappointments were viewed as necessary in order to provide continuity for the Board of Directors due to the proposed merger and the difficulty there would be in recruiting new individuals to non-executive director roles for a potentially short period. Following the Competition Commission's decision to prohibit the merger Brian Ford and Ken Tullett both retired from the Board of Directors on 31 March 2014. Alex Pike was reappointed in advance of the merger for similar reasons although it was proposed that she would have continued as a non-executive director of the merged organisation had the merger been approved.

Paragraph B.7.1 of the Foundation Trust Code of Governance specifies that any term of appointment beyond six years (e.g. two three-year terms) for a non-executive director should be subject to particularly rigorous review, and should take into account the need for progressive refreshing of the board. It also sets out that non-executive directors may serve longer than six years (e.g. two three-year terms following authorisation of the NHS foundation trust) but subject to annual re-appointment. Serving more than six years could be relevant to the determination of a non-executive director's independence.

Non-executive directors are appointed by the Council of Governors for specified terms. However, historically the initial term of appointment has usually been four years. This was to recognise the significant learning curve which is associated with taking on the role of a non-executive director within an NHS organisation. In addition, in some cases the original letter of appointment for the non-executive director created an expectation that re-appointment following the initial term would be for a term of three years, with the non-executive director then subject to re-appointment annually thereafter. With the approval of the Council of Governors, and following particularly rigorous review, these commitments have been honoured with the result that some non-executive directors will serve a term of seven years before they become subject to annual re-appointment.

Attendance at Meetings of the Board of Directors		
Name	Title	Attendance
Karen Allman	Director of Human Resources	15 (15)
Mary Armitage	Medical Director	5 (6)
David Bennett	Non-Executive Director	8 (15)
Brian Ford	Non-Executive Director	13 (15)
Basil Fozard	Medical Director	8 (9)
Stuart Hunter	Director of Finance	15 (15)
Helen Lingham	Chief Operating Officer	11 (15)
Ian Metcalfe	Non-Executive Director	12 (14)
Steven Peacock	Non-Executive Director	13 (15)
Alexandra Pike	Non-Executive Director (Deputy Chairman and Senior Independent Director)	11 (15)
Richard Renaut	Director of Service Development	15 (15)
Paula Shobbrook	Director of Nursing and Midwifery	14 (15)
Anthony Spotswood	Chief Executive	14 (15)
Jane Stichbury	Chairman	15 (15)
Kenneth Tullett	Non-Executive Director	12 (15)

In determining their independence, the Board of Directors considered whether their previous tenure as non-executive directors of the Trust might affect their independence. The Board concluded based on a number of factors, including their experience and knowledge from other senior executive and non-executive roles and the fact that they have always exercised a strongly independent judgment during the preceding period of tenure as non-executive directors, that the independence of their character and judgement was not compromised.

All new appointments of non-executive directors provide for an initial term of three years and any subsequent re-appointment, subject to approval by the Council of Governors, for a maximum term of three years.

The terms of office and the period of appointment of the non-executive directors is set out in the table on page 134 and these appointment and reappointments were approved by the Council of Governors.

The Board of Directors has given careful consideration to the range of skills, expertise and experience required for the running of a foundation trust and it confirms that the Board has the necessary balance and the required range of skills, expertise and experience has been in place during the year under report.

The performance of the non-executive directors and the Chairman was evaluated during the year. The Chairman led the process of evaluation of the non-executive directors and the Senior Independent Director undertook the evaluation of the performance of the Chairman. Governors agreed the evaluation processes and the outcome of both processes was shared with the Council of Governors. The Governors also contributed to the appraisal of the Chairman. The chief executive undertook performance appraisals of the executive directors and the chief executive's performance was appraised by the chairman.

Paragraph A.4.2 of the Code of Governance specifies that the non-executive directors should meet without the Chairman present, at least annually, to appraise the Chairman's performance, and on other such occasions as are deemed appropriate. The appraisal of Chairman is led by the Senior Independent Director and incorporates the views of the other Non-Executive Directors but no meeting is held as part of this process. The process has been agreed by the Council of Governors. A meeting has been incorporated into this process as part of the current year's appraisal of the Chairman.

The Chief Executive evaluates the performance of the Executive Directors through the Trust's appraisal process and the Chairman evaluates the performance of the Chief Executive using the same process.

The Board of Directors, and each of its committees, evaluate its own performance annually and undertakes a more formal evaluation every three years. An evaluation of the Board of Directors is being undertaken as part of the action plan in relation to the Care Quality Commission's report.

Each director has declared their interests at a public meeting. 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 who resigned from a position as a member of an advisory board for a charity during the year under report.

The Board of Directors considers the Trust to be fully compliant with the principles of The NHS Foundation Trust Code of Governance as well as with the provisions of the Code in all respects, save as to paragraphs A.4.2, B.1.2, B.7.1 and E.1.3 where there are other arrangements in place and A.1.1 and C.3.2, which were provisions of the Code of Governance introduced during the year under report, which have not been applied retrospectively.

In the case of those provisions not applied retrospectively:

- the Scheme of Delegation and Reservation of Powers has not been reviewed annually historically but annual review will commence in 2014/15 to reflect this change to the Code of Governance; and
- the Council of Governors was not consulted on the terms of reference for the Audit Committee during the annual review of these terms of reference but this will commence in 2014/15 to reflect this change to the Code of Governance.

Non-Executive Director	When appointed	Term of office
David Bennett	01.10.2009 (reappointed on 01.10.2013)	3 years
Brian Ford	01.04.2005 (reappointed on 01.10.2009, 01.04.2012 and 01.04.2013)	1 year
Ian Metcalfe	02.05.2013 (reappointed on 01.11.2013 and 01.04.2014)	2 years, 1 month
Steven Peacock	01.10.2009 (reappointed on 01.10.2013)	3 years
Alexandra Pike	22.06.2006 (reappointed as a Non-Executive Director on 22.06.2013 and as Senior Independent Director on 09.10.2013)	1 year as Non-Executive Director 1 year as Senior Independent Director
Jane Stichbury	01.04.2010 (reappointed on 01.04.2014)	3 years
Kenneth Tullett	01.04.2005 (reappointed on 01.10.2009, 01.04.2012 and 01.04.2013)	1 year

Audit Committee

The Trust's Audit Committee meets at least quarterly and representatives of external audit, internal audit and the counter fraud service attend these meetings. The director of finance, director of nursing and midwifery, chief operating officer and representatives from the risk management and clinical audit teams also regularly attend meetings at the request of the chairman. The Audit Committee met five times during the year. The Committee members are all independent non-executive directors and during 2013/14 were:

Meetings of the Audit Committee	
Name	Meetings attended
Steven Peacock (Chairman)	5 (5)
David Bennett	3 (5)
Kenneth Tullett	1 (1)
Ian Metcalfe	4 (4)

The Audit Committee's duties cover the following areas:

Internal control, risk management and corporate governance

The Committee reviews the establishment and maintenance of an effective system of internal control, risk management and corporate governance, with particular reference to the Trust's Assurance Framework.

In particular, the Committee reviews the adequacy of:

- all risks and control related disclosure statements, together with any accompanying Head of Internal Audit statement, prior to endorsement by the Board.
- the structure, processes and responsibilities for identifying and managing key risks facing the organisation.
- the operational effectiveness of relevant policies and procedures including those related to fraud and corruption and economy, efficiency and effectiveness in the use of resources.

- the scope, maintenance and use of the Assurance Framework.
- the Trust's clinical audit programme.

Internal audit

The Committee:

- appoints the internal auditors, sets the audit fee and resolves any questions of resignation and dismissal.
- ensures that the internal audit function is adequately resourced and has appropriate standing within the organisation.
- reviews the internal audit programme, considers major findings of internal audit investigations (and management's response), and ensures co-ordination between the internal and external auditors.
- reports non-compliance with, or inadequate responses to, internal audit reports to the Board of Directors.
- utilises internal audit reports to provide assurance to the Board of Directors on the governance of the Trust's Healthcare Assurance Committee. The Healthcare Assurance Committee provides assurance to the Board of Directors on the quality and safety of services which the Trust provides.

The Trust does not have an internal audit function but these services are provided by a third party provider of internal audit services which reports to the Audit Committee. The internal auditors, working with staff at the Trust and the Audit Committee, develop an audit plan each year based on the level of inherent risk and the strength of the control environment across the Trust. Depending on changes in the risk profile of certain areas, all areas of the Trust should be covered during the internal audit cycle of three years. The Audit Committee approves the final plan ensuring that the budget is available to meet the costs of delivering the plan. Where new risks are identified during the year, further reviews may be included in the plan at the request of the Audit Committee or Executive Directors with the approval of the Audit Committee. Internal audit is performed in accordance with NHS Internal Audit Standards which must be followed for the NHS.

External audit

The Committee:

- considers the appointment of the external auditors, the audit fee and any questions of resignation and dismissal before making a recommendation to the Council of Governors
- discusses with the external auditors, before the audit commences, the nature and scope of the audit, and ensures co-ordination, as appropriate, with internal audit and the representative from the counter fraud service
- reviews external audit reports, together with the management response
- reports non-compliance with, or inadequate responses to, external audit reports to the Board of Directors
- determines the policy on which the external auditors may provide non-audit services to the Trust

The Audit Committee formally reviews the work of the external auditor each year as well as their work plan for each year in advance. The Committee approved their remuneration and terms of engagement and considered in detail the results of the audit, Deloitte LLP's performance and independence and the effectiveness of the overall audit process. Deloitte LLP was appointed by the Council of Governors for a term of three years in 2012 with the option to offer up to two extensions each of twelve months' duration. This was the first time Deloitte LLP was appointed as external auditor to the Trust and the appointment was made following a joint tender process with Poole Hospital NHS Foundation Trust, involving the Chairman of the Audit Committee and Governors of the Trust, and a recommendation from the Audit Committee to the Council of Governors. Any extension of the external auditor's appointment will require approval by the Council of Governors.

Counter fraud service

The Committee:

- appoints the counter fraud service, sets the fee and resolves any questions of resignation and dismissal
- ensures that the counter fraud function has appropriate standing within the organisation
- reviews the counter fraud programme, considers major findings of investigations (and management's response) and ensures co-ordination between the internal auditors and counter fraud
- reports non-compliance with, or inadequate responses to, counter fraud reports to the Board of Directors

Financial reporting

The Committee reviews the annual financial statements before recommendation to the Board of Directors, focusing particularly on:

- changes in, and compliance with, accounting policies and practices
- major judgemental areas
- significant adjustments resulting from the audit
- the impact of the Trust's cost improvement programme on clinical risk

Whistleblowing

The Committee will review arrangements by which staff of the Trust may raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters to ensure that arrangements are in place for the proportionate and independent investigation of such matters and for appropriate follow-up action.

In carrying out its duties the Committee is authorised by the Board to:

- recommend actions to the Board
- oversee the investigation of any activities within its terms of reference
- seek any information it requires from any employee of the Trust which may include requiring attendance at its Committee meetings and all employees have been directed to cooperate with any requests

- obtain outside legal or other professional advice on any matter within its terms of reference

Significant issues

During the year under report the Audit Committee the significant issues that the Committee considered were:

- the merger, in particular the due diligence process and the capacity of staff involved to deal with the increased workload until the decision by the Competition Commission to prohibit the merger;
- progress of the clinical audit plan to ensure that the Trust was provided with comprehensive plan across the organisation focused on national and local priorities, compliance with relevant NICE guidance and areas of potential risk or importance based on complaints, incidents or other measures. While there are issues which remain to be resolved to ensure full clinical engagement and the balancing of clinical activity and clinical audit activity, this is being supported through the Trust Management Board (which includes Executive Directors and Clinical Directors within its membership) with the assistance of the Medical Director;
- the delivery of the Trust's transformation savings programme and the management and control of these plans by individual Directorates which is being monitored by the Finance Committee of the Board of Directors, with management teams from individual Directorates attending meetings of the Finance Committee to update on progress where any slippage is identified;
- oversight of the delivery of the Trust's response to Care Quality Commission report, although this was monitored directly by the Healthcare Assurance Committee.

The Audit Committee reviews the Annual Report and Accounts prior to their approval by the Board. It reviewed and challenged relevant accounting policies and significant financial judgements including the recoverability of receivables, the valuation of land and buildings and provisioning for redundancies and also the impact of the Care Quality Commission's report. In order to address these issues the Committee sought and received detailed briefings and explanations from the Finance Director and the Director of Nursing and Midwifery. The Chairman of the Healthcare Assurance Committee, which conducted more detailed monitoring of the action plan responding to the Care Quality Commission's compliance actions, is also a member of the Audit Committee. In carrying out its review of the Annual Report and Accounts, the Audit Committee provides assurance to the Board of Directors which supports the statement made by the Board that, taken as a whole the annual report and accounts, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy.

Non-audit services

The Audit Committee has approved a policy which governs the provision of non-audit services by the external auditors. The policy sets out limits on the services which may be provided by the external auditors so as not to impair their objectivity or independence when reviewing the Trust's financial statements but does not restrict the Trust from purchasing other services from the external auditors where this is in the best interest of the Trust. Any non-audit services provided by the external auditors are reported to the Audit Committee which is responsible for reviewing the objectivity and independence of the external auditors.

Remuneration Report

Remuneration committees

The Trust operates two separate committees to make decisions or recommendations relating to the remuneration of executive and non-executive directors.

The remuneration of executive directors is considered by a committee consisting of all seven non-executive directors. The Remuneration Committee determines the final salaries of the executive directors and makes recommendations to the Board of Directors on annual pay awards and remuneration policies for other staff. Details of the membership, number of meetings and attendance at meetings of the Remuneration Committee are shown in the table below.

The remuneration of non-executive directors is considered by a committee comprised of four governors who have been elected by their fellow Governors. The Non-Executive Director Remuneration Committee monitors the performance of the non-executive directors and makes recommendations to the Council of Governors on the total level of remuneration to be paid to non-executive directors. Details of the membership, number of meetings and attendance at meetings of the Non-Executive Director Remuneration Committee are shown in the table on page 141.

The remuneration of Executive and Non-Executive Directors is benchmarked against trusts of a similar size and nature. Once every three years using external consultants. In the intervening years, less formal reviews are conducted using data collated by the Foundation Trust Network.

The Non-Executive Director Remuneration Committee is advised by the director of human resources on market rates and relativities (based on research commissioned by the Trust and carried out and reported upon by NHS partners). The Remuneration Committee is advised by the chief executive on performance aspects, by the director of finance on the financial implications of remuneration or other proposals and by the director of human resources on personnel and remuneration policy. No independent consultants were engaged to provide advice or services to the Remuneration Committee or the Non-Executive Director Remuneration Committee during the year under report that materially assisted the committees in their consideration of any matter. The trust secretary attends meetings of both committees to record the proceedings.

Directors' and Governors' expenses

The expenses of directors and staff governors are reimbursed in accordance with the Trust's policy on expenses applicable to all staff. Travel and other costs and expenses for all other governors are reimbursed in accordance with a separate policy approved by the Remuneration Committee, which is comprised of non-executive directors. Governors are volunteers and do not receive any remuneration for their role.

Senior manager remuneration

Directors' remuneration totalled £1,338,000 in 2013/14 (2012/13: £1,305,000). Full details are provided within the Reuneration Report.

Senior manager remuneration											
Name	Title	2013/14				Total	2012/13				Total
		Salary and Fees	Other Remuneration	Total Salary and Fees	Pension Related Benefits		Salary and Fees	Other Remuneration	Total	Pension Related Benefits	
		(bands of £5000 £'000)	(bands of £5000 £'000)	(bands of £5000 £'000)	(bands of £2,500 £'000)		(bands of £5,000 £'000)	(bands of £5,000 £'000)	(bands of £5000 £'000)	(bands of £5000 £'000)	
Executive Members											
Mr A Spotswood	Chief Executive	190-195	0	190-195	0	190-195	190-195	5-10	195-205	147.5-150	350-355
Mrs H Lingham	Chief Operating Officer	130-135	0	130-135	0-2.5	135-140	130-135	0	130-135	57.5-60	190-195
Mr S Hunter	Director of Finance	130-135	0	130-135	0	130-135	130-135	0	130-135	77.5-80	210-215
Mrs M Armitage	Medical Director (see note 1)	50-55	35-40	90-95	Not applicable	90-95	115-120	65-70	180-190	Not applicable	180-190
Mr R Renaut	Director of Service Development	110-115	0	110-115	15-17.5	130-135	110-115	0	110-115	77.5-80	190-195
Mrs K Allman	Director of Human Resources	110-115	0	110-115	10-12.5	125-130	110-115	0	110-115	40-42.5	155-160
Mrs P Shobbrook	Director of Nursing and Midwifery	110-115	1-5	110-115	57.5-60	170-175	110-115	0	110-115	77.5-80	190-195
Mr B Fozard	Medical Director (see note 2)	70-75	45-50	120-125	100-102.5	220-225	0	0	0	0	0
Board Member											
Mr P Gill	Director of Informatics (see note 3)	45-50	0	45-50	0	45-50	20-25	0	20-25	0	20-25
Non-Executive Members											
Mrs J Stichbury	Chairman	50-55	0	50-55	Not applicable	50-55	50-55	0	50-55	Not applicable	50-55
Mr P Davé	Non-Executive Director	0	0	0	Not applicable	0	15-20	0	15-20	Not applicable	15-20
Mr B Ford	Non-Executive Director	15-20	0	15-20	Not applicable	15-20	15-20	0	15-20	Not applicable	15-20
Mrs A Pike	Non-Executive Director	15-20	0	15-20	Not applicable	15-20	15-20	0	15-20	Not applicable	15-20
Mr D Bennett	Non-Executive Director	10-15	0	10-15	Not applicable	10-15	10-15	0	10-15	Not applicable	10-15
Mr S Peacock	Non-Executive Director	10-15	0	10-15	Not applicable	10-15	10-15	0	10-15	Not applicable	10-15
Mr K Tullett	Non-Executive Director	10-15	0	10-15	Not applicable	10-15	10-15	0	10-15	Not applicable	10-15
Mr I Metcalfe	Non Executive Director (see note 5)	10-15	0	10-15	Not applicable	10-15	0	0	0	Not applicable	0
Band of highest paid director		210-215					190-195				
Median Total Remuneration		25,157					25,040				
Ratio		8.5					7.7				

Notes:

- The salary shown against Mrs M Armitage represents her Medical Director post for the Trust; the 'Other Remuneration' represents her post as a medical consultant. She retired from her post as Medical Director on 6 September 2013.
- The salary shown against Mr B Fozard represents his Medical Director post for the Trust; the 'Other Remuneration' represents her post as a medical consultant. He commenced his post as Medical Director on 7 September 2013.
- Mr P Gill holds a joint Director of Informatics post with Poole Hospital NHS Foundation Trust and was recharged to Poole Hospital Foundation Trust on a half-time basis.
- Mr P Davé left from his post as Non Executive Director on 31 March 2013.
- Mr I Metcalfe commenced his post as Non Executive Director on 2 May 2013.
- Senior manager remuneration does not include any 'annual performance-related bonuses' or 'long-term performance-related bonuses'.
- No individual named above received any benefit in kind during the financial year ended 31 March 2014 or financial year ended 31 March 2013.
- No other categories in the proforma single figure table disclosure are relevant to the Trust.
- Of the 17 senior managers in the table above, 11 received expenses during the year amounting to a total of £ 8,672.
- There are 20 governors (excluding staff governors), of which 9 received expenses during the year amounting to a total of £4,000.

Summary of policy in relation to the duration of contracts; notice periods; and termination payments:

- all executive directors are required to provide six months' written notice, however in appropriate circumstances this could be varied by mutual agreement.
- all senior manager contracts are permanent.
- all senior managers appointed on a permanent contract are required to provide three months' written notice.

Median Total Remuneration:

The HM Treasury FReM requires disclosure of the median remuneration of the reporting entity's staff and the ratio between this and the mid-point of the banded remuneration of the highest paid director. The calculation is based on full-time equivalent staff of the reporting entity at the reporting period end date on an annualised basis.

The median total remuneration was calculated by annualising the March salary payments, and adjusting this for outliers that would adversely distort the results. Agency costs have been excluded from this calculation.

The main reason for the change in the ratio from 7.7 to 8.5 is a change in the highest paid director. Previously this was the Chief Executive, however this is now the Medical Director due to the annualisation of his March salary payment which includes clinical excellence awards.

Senior manager pension entitlements

There were benefits accruing to six of the Foundation Trust's Executive Directors under the NHS Pension Scheme in 2013/14. Full details are provided within the Remuneration Report.

Senior manager pension entitlements (subject to audit)							
Name	Title (as at 31 March 2014)	Real Increase in Pension and Related Lump Sum at age 60	Total accrued Pension and Related Lump Sum at age 60 at 31 March 2014	Cash Equivalent Transfer Value at 31 March 2014	Cash Equivalent Transfer Value at 31 March 2013 (Inflated)	Real Increase in Cash Equivalent Transfer Value	Employer-Funded contribution to growth in CETV for the year
		(Bands of £2500)	(Bands of £5000)	£'000	£'000	£'000	£'000
Mr A Spotswood	Chief Executive	2.5-5	300-305	1,452	1,397	54	28
Mrs H Lingham	Chief Operating Officer	2.5-5	150-155	721	685	36	18
Mr S Hunter	Director of Finance	0-2.5	205-210	994	957	37	19
Mr R Renaut	Director of Service Development	5-7.5	90-95	316	291	25	13
Mrs K Allman	Director of Human Resources	2.5-5	55-60	284	255	29	15
Mrs P Shobbrook	Director of Nursing and Midwifery	12.5-15	145-150	566	502	64	33
Mr B Fozard	Medical Director	10-12.5	285-290	1,635	1,487	148	76

Notes:

1. Non Executive Directors do not receive pensionable remuneration, and as such, there are no entries in respect of pensions for Non Executive Directors.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004/05 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated as prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV

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

Attendance at meetings

Against each name is shown the number of meetings of the Committees at which the non-executive director or governor was present and in brackets the number of meetings that the non-executive director or governor was eligible to attend as a member of the committee during 2013/14.

Meetings of the Executive Director Remuneration Committee	
Name	Meetings attended
Jane Stichbury (Chair)	5 (5)
David Bennett	4 (5)
Brian Ford	5 (5)
Ian Metcalfe	5 (5)
Steven Peacock	2 (5)
Alexandra Pike	3 (5)
Kenneth Tullett	4 (5)

Meetings of the Non-Executive Director Remuneration Committee	
Name	Meetings attended
Derek Dundas (Chair)	3 (3)
Sue Bungey	3 (3)
Lee Foord	2 (3)
Alf Hall	3 (3)
Judith Adda	0 (0)

Executive directors

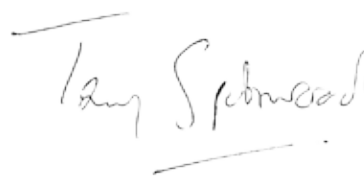
All executive directors are required to give/receive six months' notice of termination. In appropriate cases this can be varied by mutual agreement. All contracts are permanent (i.e. not fixed term). All senior managers who are appointed on permanent contracts are required to give/receive three months' notice of termination.

There are no provisions in place for termination payments, other than through legal compromise agreements.

Non-executive directors

Arrangements for the termination of the appointment of a non-executive director are set out in the Trust's constitution. In relation to the most recent reappointments of non-executive directors, the terms of appointment have incorporated a notice period of three months during the one year term of appointment in the event that the proposed merger takes place within the current year. For future appointments a period of one month's notice is required.

The remuneration of executive and non-executive directors is not included within Agenda for Change. When reviewing the remuneration of executive and non-executive directors, the remuneration committees review pay awards and increases made to staff within the Trust and nationally alongside information on remuneration for directors at other comparable NHS organisations, taking account of overall and individual performance, with the aim of ensuring that their remuneration is fair and appropriate.



Mr A Spotswood

Chief Executive

27 May 2014

Council of Governors

There are 29 members of the Council of Governors. The Council of Governors' principal duties are:

- to hold the non-executive directors individually and collectively to account for the performance of the Board of Directors
- to represent the interests of the members of the Trust as a whole and the interests of the public.

The role and responsibilities of the Council of Governors were extended with effect from 1 April 2013 as a result of the provisions of the Health and Social Care Act 2012. The additional responsibilities include:

- to approve the application for any merger, acquisition, separation, dissolution or the entering into of any significant transaction by the Trust
- to approve changes to the constitution;
- to vote on whether to approve the referral of a question to any panel appointed by Monitor as to whether the Trust has failed or is failing to act in accordance with the constitution
- to require one or more of the directors to attend a general meeting of the Council of Governors for the purpose of obtaining information about the Trust's performance of its functions or the directors' performance of their duties
- to decide whether to propose a vote on the Trust's or Directors' performance.

During 2013-14 the Trust did not consult specifically on its forward plans with the Trust's membership or the public. Instead the Trust, with the support of the Council of Governors, joined other local NHS organisations to conduct a Dorset-wide survey called The Big Ask!.

In 2013-14, the Council of Governors was made up as follows:

Public governors - Bournemouth and Poole constituency (elected)

Judith Adda
Jayne Baker (re-elected from October 2013)
David Bellamy
Glenys Brown (re-elected from October 2013)
Sharon Carr-Brown
Carole Deas
Derek Dundas, Lead Governor and Deputy Chairman of the Council of Governors (until 31 March 2014)
Keith Mitchell
David Triplow

Public governors - Christchurch and Dorset County constituency (elected)

Chris Archibold (from October 2013)
Sue Bungey
Derek Chaffey
Michael Desforges (until October 2013)
Eric Fisher
Alf Hall
Doreen Holford

Public governors - New Forest, Hampshire and Salisbury constituency (elected)

Mike Allen
Bob Gee
Graham Swetman

Staff governors (elected)	
David Dickson (until October 2013)	
Dean Feegrade	
Ian Knox (from October 2013)	
Richard Owen (from June 2013)	
Dexter Perry (from October 2013)	
Claire Stalley (until October 2013)	
Emma Willett (re-elected from October 2013)	
Nominated governors (appointed by their respective organisations)	
John Adams, Bournemouth Borough Council	
Lee Foord, Internal Hospital Volunteers (until February 2014)	
Tom Knight, Clinical Commissioning Group, Dorset (from October 2013)	
Phil Goodall, Borough of Poole (appointed June 2013)	
Colin Jamieson, Dorset County Council	
Carol Linnard, Dorset Clinical Commissioning Group (until July 2013)	
Gail Thomas, Bournemouth University	

There is the following vacancy on the Council of Governors at the end of the year under report:

Appointed Governor	Internal Hospital Volunteers
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All of the Governors meet the “fit and proper” persons test described in the Trust’s provider licence issued by Monitor, the terms of which are reflected in the eligibility requirements for Governors in the Trust’s Constitution.

Public and staff governors are elected by secret ballot of the relevant public constituency or staff class using the first past the post system. Each governor is elected for a term of three years. Lee Foord’s most recent appointment was for a period of up to eleven months pending the outcome of the proposed merger.

At each meeting of the Council of Governors, a declaration of any interests held which may conflict with the role of any governor is recorded. A copy of the declaration of interest is included in the papers for each meeting of the Council of Governors which are available on the Trust’s website and can be inspected by arrangement with the trust secretary.

Executive and non-executive directors attend the public meetings of the Council of Governors both to report on matters and take questions from the governors and in order to develop a deeper understanding of the views of Governors and members. Governors also attend the public meetings of the Board of Directors and have the opportunity to ask questions of the Board of Directors at the end of these meetings. The Council of Governors and Board of Directors also have joint seminars to consider and discuss issues of concern to the directors and governors.

The Council of Governors met six times in 2013/14 and attendance at these meetings is set out in the table on page 144-145. Against each name is shown the number of meetings of the Council of Governors at which the governor or director was present and in brackets the number of meetings that the governor or director was eligible to attend during 2013/14. The number of meetings includes both scheduled and special/extraordinary meetings.

Attendance at meetings of the Council of Governors

Name	Title	Constituency/class/ appointing organisation	Attendance
Jane Stichbury	Chairman		6 (6)
John Adams	Appointed Governor	Bournemouth Borough Council	2 (6)
Judith Adda	Public Governor	Bournemouth and Poole	5 (6)
Mike Allen	Public Governor	New Forest, Hampshire and Salisbury	5 (6)
Chris Archibold (from October 2013)	Public Governor	Christchurch and Dorset County	2 (2)
Jayne Baker	Public Governor	Bournemouth and Poole	6 (6)
David Bellamy	Public Governor	Bournemouth and Poole	6 (6)
Glenys Brown	Public Governor	Bournemouth and Poole	6 (6)
Sue Bungey	Public Governor	Christchurch and Dorset County	5 (6)
Sharon Carr-Brown	Public Governor	Bournemouth and Poole	6 (6)
Derek Chaffey	Public Governor	Christchurch and Dorset County	6 (6)
Carole Deas	Public Governor	Bournemouth and Poole	3 (6)
Michael Desforges (until October 2013)	Public Governor	Christchurch and Dorset County	4 (4)
David Dickson (until October 2013)	Staff Governor	Registered Medical Practitioners and Registered Dentists	2 (4)
Derek Dundas	Public Governor	Bournemouth and Poole	6 (6)
Dean Feegrade	Staff Governor	Administrative and Clerical/ Management	5 (6)
Eric Fisher	Public Governor	Christchurch and Dorset County	6 (6)
Lee Foord (until February 2014)	Appointed Governor	Royal Bournemouth and Christchurch Hospitals Volunteers Group	4 (6)
Bob Gee	Public Governor	New Forest, Hampshire and Salisbury	6 (6)
Phil Goodall (from June 2013)	Appointed Governor	Poole Borough Council	3 (3)
Alf Hall	Public Governor	Christchurch and Dorset County	6 (6)
Doreen Holford	Public Governor	Christchurch and Dorset County	5 (6)
Colin Jamieson	Appointed Governor	Dorset County Council	4 (6)
Tom Knight (from October 2013)	Appointed Governor	Dorset Clinical Commissioning Group	1 (2)

Ian Knox (from October 2013)	Staff Governor	Allied Health Professionals, Scientific and Technical	1 (2)
Carol Linnard (until July 2013)	Appointed Governor	Dorset Clinical Commissioning Group	1 (4)
Keith Mitchell	Public Governor	Bournemouth and Poole	6 (6)
Richard Owen (from June 2013)	Staff Governor	Hotel Services and Estates	3 (3)
Dexter Perry (from October 2013)	Staff Governor	Medical and Dental	2 (2)
Claire Stalley (until October 2013)	Staff Governor	Allied Health Professionals, Scientific and Technical	2 (4)
Graham Swetman	Public Governor	New Forest, Hampshire and Salisbury	4 (6)
Gail Thomas	Appointed Governor	Bournemouth University	3 (6)
David Triplow	Public Governor	Bournemouth and Poole	5 (6)
Emma Willett	Staff Governor	Nursing and Midwifery (including Healthcare Assistants)	4 (6)
Directors:			
Karen Allman	Director of Human Resources		1 (4)
Mary Armitage	Medical Director		0 (2)
David Bennett	Non-Executive Director		0 (4)
Brian Ford	Non-Executive Director		2 (4)
Basil Fozard	Medical Director		1 (2)
Stuart Hunter	Director of Finance		1 (4)
Helen Lingham	Chief Operating Officer		1 (4)
Ian Metcalfe	Non-Executive Director		0 (3)
Steven Peacock	Non-Executive Director		0 (4)
Alexandra Pike	Non-Executive Director/ Deputy Chairman/ Senior Independent Director		0 (4)
Richard Renaut	Director of Service Development		2 (4)

Paula Shobbrook	Director of Nursing and Midwifery		2 (4)
Anthony Spotswood	Chief Executive		4 (4)
Kenneth Tullett	Non-Executive Director		3 (4)

Paragraph E.1.3 of the Code of Governance specifies that the senior independent director should attend sufficient meetings with governors to listen to their views in order to help develop a balanced understanding of the issues and concerns of governors.

The senior independent director has not attended any of the four formal meetings of the Council of Governors during 2013/14. However, the senior independent director is a member of a number of committees where the membership also includes governors and Governors also attend meetings of the Board of Directors with an opportunity to comment and ask questions of the Board of Directors at the end of the meeting. There are also joint seminars of the Directors and Governors and less formal meetings between the Non-Executive Directors and Governors which provide opportunities for Governors to express their views and highlight any issues or concerns

Elections

Elections were held in two public constituencies and four staff classes during the year. Efforts to maximise nominations included contacting members and articles in staff publications and on the Trust's intranet and meetings prior to nomination. Both of the public constituency elections were contested. All staff class elections were uncontested. The elections to the Council of Governors were held in accordance with the Constitution.

Date of election	Constituency / Staff Class	Number of members in constituency	Number of seats contested	Number of contestants	Election turnout (%)
May 2013	Staff Class: Hotel Services and Estates	138	1	1	Uncontested
September 2013	Staff Class: Nursing and Midwifery (including healthcare assistants)	536	1	1	Uncontested
September 2013	Staff Class: Allied Health Professionals, Scientific and Technical	212	1	1	Uncontested
September 2013	Staff Class: Medical and Dental	151	1	1	Uncontested
September 2013	Bournemouth and Poole	8,973	2	5	26.2%
September 2013	Christchurch and Dorset County	1,756	1	5	33.9%

Nomination Committee

The Nomination Committee is a committee of the Council of Governors with responsibility for:

- reviewing the number of and skills required for the non-executive directors in the context of the overall Board composition and making recommendations to the Council of Governors on any changes
- developing succession plans for non-executive directors, taking into account the challenges and opportunities facing the Trust
- selecting candidates to fill vacancies among the non-executive directors and recommending them to the Council of Governors for appointment
- making recommendations to the Council of Governors concerning the re-appointment of any non-executive at the conclusion of their specified term of office.

The Nomination Committee met four times in 2013/14 to consider the re-appointment of two non-executive directors and the Chairman, the appointment and re-appointment of an interim non-executive director and the process of appointment for three new non-executive directors with effect from 1 April 2014. The candidates for non-executive directorship were identified in a number of ways including advertisements in national and local press and using an external search agency. The shortlisted candidates met with stakeholder groups, undertook psychometric testing and attended a formal interview panel before the appointments were made.

The table below shows the number of meetings of the committee at which the non-executive director or governor was present and in brackets the number of meetings that the non-executive director or governor was eligible to attend as a member of the committee during 2013/14.

Name	Meetings attended
Jane Stichbury (Chairman)	4 (4)
Alex Pike (chaired the meeting to consider reappointment of the Chairman)	1 (1)
Judith Adda	4 (5)
Glenys Brown	4 (5)
Sue Bungey	3 (3)
Derek Dundas	2 (2)

Membership

During 2013/14 the governors have continued to develop on its existing membership strategy using health talks, constituency events and the quarterly membership newsletter to engage with existing members and recruit new members. The strategy has also been developed to focus on recruitment of members from groups which have historically been under-represented in the Trust membership: younger people and minority ethnic groups. Through presentations and attendance at careers events at local schools the Trust has begun to recruit younger members and is seeking to engage with local authorities in its public constituencies and local Healthwatch to reach minority ethnic groups. The membership strategy set a recruitment target of 250 new public members for 2013/14 and the performance against that target is shown in the table on page 148.

Over the next 12 months the governors will:

- continue local constituency meetings whether these are educational or for consultation
- continue the work with local schools including holding a second 'Careers in the NHS' event for students in Year 12 at local schools
- provide more information in the FT Focus and in regular emails to members who have provided their email address about governors' activities

- develop the governor and member pages on the Trust's website to provide more information to members and the public
- incorporate membership development in the Trust's Annual Plan for 2014/15
- try to increase the awareness and understanding of members and the local community of the NHS and foundation trusts and the benefits of foundation trust membership.

As at 31 March 2014 there were 11294 members in the following constituencies:

Public constituency	Last year (2013/14)	Next year (2014/15) (estimated)
At year start (1 April)	11256	11294
New members	645	350
Members leaving	607	600
At year end (31 March)	11294	11044

Staff constituency	Last year (2013/14)	Next year (2014/15) (estimated)
At year start (1 April)	1407	1345
New members	4	50
Members leaving	66	50
At year end (31 March)	1345	1345

Analysis of membership in constituencies (as at 31 March 2014)

Public		Staff	
Bournemouth and Poole	8786	Medical and Dentistry	151
Christchurch and Dorset County	1864	Allied Healthcare Professionals, Scientific and Technicians	212
New Forest, Hampshire and Salisbury	680	Nursing and Midwifery (including Healthcare Assistants)	536
		Administrative, Clerical and Management	286
		Hotel Services and Estates	138

Notes:

- members of staff on fixed term or temporary contracts who have been continuously employed by the Trust for at least twelve months and who commenced employment from 1st January 2010 are eligible to become members of the staff constituency. It is not possible to identify all these staff and therefore there may be more staff members than are included in the table.
- the number of members in the public constituency as at 31 March 2013 was recorded as 11255 in the Annual Report and Financial Accounts 2012/13. This should have been recorded as 11256 as one member in the public constituency had been incorrectly recorded as a member of the staff constituency.
- the number of members in the staff constituency as at 31 March 2013 was recorded as 1355 in the Annual Report and Financial Accounts 2012/13. This figure excluded members of the staff constituency who were recorded as suspended or inactive and these queries have now been resolved.

Analysis of current public membership (as at 31 March 2014)

As at 31 March 2014 there were 11294 members in the following constituencies:

Public constituency	Number of members	Eligible membership
Age (years):		
0-16	33	256513
17-21	494	88892
22+	9280	1060295
Ethnicity:		
White	10703	1304608
Mixed	64	19674
Asian or Asian British	92	41943
Black or Black British	26	9842
Other	21	6561

Analysis of current public membership (as at 31 March 2014)

As at 31 March 2014 there were 11294 members in the following constituencies:

Public constituency	Number of members	Eligible membership
Socio-economic groupings*:		
AB	3648	95655
C1	3356	131260
C2	2165	92209
DE	2112	92037
m		
Male	4699	691522
Female	6595	714179

Notes:

- the analysis above excludes 1,487 public members with no stated date of birth, 388 members with no stated ethnicity and 0 members with no stated gender.
- socio-economic data should be completed using profiling techniques (e.g. postcode) or other recognised methods. To the extent socio-economic data is not already collected from members, it is not anticipated that NHS foundation trusts will make a direct approach to members to collect this information.
- the population data used to calculate "Eligible membership" in the table above may differ as a result of using the most reliable source for this data. This may lead to variations in the total of eligible members provided under each section of the table, primarily due to the currency of the data.

Members who wish to communicate with their governors should contact:

Governor Co-ordinator (B28)
 The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
 Castle Lane East
 Bournemouth
 BH7 7DW

or email: ftmembers@rbch.nhs.uk

Consolidated
Financial Statements
For the year ended 31st March 2014

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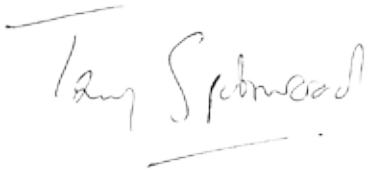
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The Foundation Trust

NHS Foundation Trust Code:	RDZ														
Registered Office:	Royal Bournemouth Hospital Castle Lane East Bournemouth BH7 7DW														
Executive Directors:	<table> <tr> <td>Mr A Spotswood</td> <td>Chief Executive</td> </tr> <tr> <td>Mrs H Lingham</td> <td>Chief Operating Officer</td> </tr> <tr> <td>Mr S Hunter</td> <td>Director of Finance</td> </tr> <tr> <td>Mr R Renaut</td> <td>Director of Service Development</td> </tr> <tr> <td>Mrs K Allman</td> <td>Director of Human Resources</td> </tr> <tr> <td>Mrs P Shobbrook</td> <td>Director of Nursing and Midwifery</td> </tr> <tr> <td>Mrs M Armitage</td> <td>Medical Director</td> </tr> </table>	Mr A Spotswood	Chief Executive	Mrs H Lingham	Chief Operating Officer	Mr S Hunter	Director of Finance	Mr R Renaut	Director of Service Development	Mrs K Allman	Director of Human Resources	Mrs P Shobbrook	Director of Nursing and Midwifery	Mrs M Armitage	Medical Director
Mr A Spotswood	Chief Executive														
Mrs H Lingham	Chief Operating Officer														
Mr S Hunter	Director of Finance														
Mr R Renaut	Director of Service Development														
Mrs K Allman	Director of Human Resources														
Mrs P Shobbrook	Director of Nursing and Midwifery														
Mrs M Armitage	Medical Director														
Non-Executive Directors:	<table> <tr> <td>Mrs J Stichbury</td> <td>Chairman</td> </tr> <tr> <td>Mr B Ford</td> <td>Non Executive Director</td> </tr> <tr> <td>Mrs A Pike</td> <td>Non Executive Director</td> </tr> <tr> <td>Mr K Tullett</td> <td>Non Executive Director</td> </tr> <tr> <td>Mr S Peacock</td> <td>Non Executive Director</td> </tr> <tr> <td>Mr D Bennett</td> <td>Non Executive Director</td> </tr> <tr> <td>Mr I Metcalfe</td> <td>Non Executive Director</td> </tr> </table>	Mrs J Stichbury	Chairman	Mr B Ford	Non Executive Director	Mrs A Pike	Non Executive Director	Mr K Tullett	Non Executive Director	Mr S Peacock	Non Executive Director	Mr D Bennett	Non Executive Director	Mr I Metcalfe	Non Executive Director
Mrs J Stichbury	Chairman														
Mr B Ford	Non Executive Director														
Mrs A Pike	Non Executive Director														
Mr K Tullett	Non Executive Director														
Mr S Peacock	Non Executive Director														
Mr D Bennett	Non Executive Director														
Mr I Metcalfe	Non Executive Director														
Trust Secretary:	Ms K Flaherty Trust Secretary														
Bankers:	Barclays PLC London														
Solicitors:	DAC Beachcroft LLP Winchester														
Internal Auditors:	PricewaterhouseCoopers LLP Southampton														
External Auditors:	Deloitte LLP Reading														

Foreword to the accounts

These accounts for the year ended 31 March 2014 for The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (the “Foundation Trust”) have been prepared in accordance with paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006, and comply with the annual reporting guidance for NHS Foundation Trusts within the NHS Foundation Trust Financial Reporting Manual (FT FReM) for the financial year.



Mr A Spotswood
Chief Executive
27 May 2014

Accounting Officer's Statement

Statement of the chief executive's responsibilities as the accounting officer of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust.

The National Health Service Act 2006 states that the Chief Executive is the Accounting Officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by Monitor.

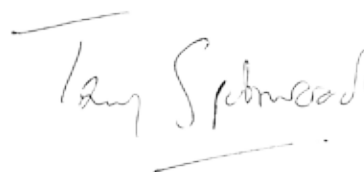
Under the National Health Service Act 2006, Monitor has directed The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgments and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and disclose and explain any material departures in the financial statements;
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance; and
- prepare the financial statements on a going concern basis.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him to ensure that the accounts comply with the requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's NHS Foundation Trust Accounting Officer Memorandum.



Mr A Spotswood
Chief Executive
27 May 2014

Auditors' Report

Independent Auditors' Report to the Council of Governors and Board of Directors of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust.

We have audited the financial statements of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust for the year ended 31 March 2014 which comprise the Consolidated and Trust Statements of Comprehensive Income, the Consolidated and Trust Statements of Financial Position, the Consolidated and Trust Cash Flow Statements, the Consolidated and Trust Statements of Changes in Taxpayers' Equity and the related notes 1 to 35. The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by Monitor - Independent Regulator of NHS Foundation Trusts.

This report is made solely to the Council of Governors and Board of Directors ("the Boards") of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the trust and the Boards as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of the accounting officer and auditor

As explained more fully in the Accounting Officer's Responsibilities Statement, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to audit and express an opinion on 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 us to comply with the Auditing Practices Board's Ethical Standards for 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 group's and the trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Accounting Officer; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the group's and the trust's affairs as at 31 March 2014 and of the group's and the trust's income and expenditure for the year then ended;
- have been properly prepared in accordance with the accounting policies directed by Monitor - Independent Regulator of NHS Foundation Trusts; and

- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Opinion on other matters prescribed by the National Health Service Act 2006

In our opinion:

- the part of the Directors' Remuneration Report to be audited has been properly prepared in accordance with the National Health Service Act 2006; and
- the information given in the Strategic Report and the Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Audit Code for NHS Foundation Trusts requires us to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading or inconsistent with information of which we are aware from our audit. We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls;
- proper practices have not been observed in the compilation of the financial statements; or
- the NHS foundation trust has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Certificate

We certify that we have completed the audit of the accounts in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts.



Susan Barratt, BA, ACA

(Senior Statutory Auditor)

for and on behalf of Deloitte LLP

Chartered Accountants and Statutory Auditor
Southampton, UK

27 May 2014

Statement of Comprehensive Income

	Notes	Group		Trust	
		2013/14	Restated 2012/13	2013/14	2012/13
		£'000	£'000	£'000	£'000
Operating income from continuing operations	4	260,323	250,008	259,654	249,180
Operating expenses of continuing operations	7	(255,856)	(241,805)	(254,861)	(241,482)
OPERATING SURPLUS		4,467	8,203	4,793	7,698
FINANCE COSTS					
Finance income: interest receivable	12	169	430	148	391
Finance expense: Finance lease interest	13	(48)	(57)	(48)	(57)
Finance expense: Unwinding of discount on provisions	24	(11)	(11)	(11)	(11)
Public Dividend Capital: Dividends payable		(4,324)	(4,387)	(4,324)	(4,387)
Movement in fair value of investment property and other investments		210	293	0	0
SURPLUS FOR THE YEAR		463	4,471	558	3,634
Other comprehensive Income					
Impairment (chargeable to revaluation reserve)		(238)	(2,250)	(238)	(2,250)
Revaluation (credited to revaluation reserve)		11,296	454	11,296	454
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		11,521	2,675	11,616	1,838

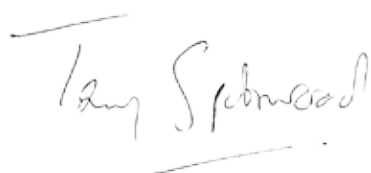
The notes on pages 12 to 46 form part of these accounts.

Statement of Financial Position

	Notes	Group			Trust	
		31 March 2014	Restated 31 March 2013	Restated 1 April 2012	31 March 2014	31 March 2013
		£'000	£'000	£'000	£'000	£'000
Non-current assets						
Intangible assets	14	1,133	628	734	1,133	628
Property, plant and equipment	14	158,242	144,424	148,256	158,242	144,424
Other investments		3,167	2,957	1,664	0	0
Total non-current assets		162,542	148,009	150,654	159,375	145,052
Current assets						
Inventories	17	5,120	4,106	3,870	5,120	4,106
Trade and other receivables	18	12,182	10,834	7,883	12,114	10,862
Other financial assets		77	67	3,626	0	0
Cash and cash equivalents	19	54,976	57,463	46,011	52,098	54,200
Total current assets		72,278	72,403	57,764	69,332	69,168
Current liabilities						
Trade and other payables	20	(29,322)	(25,711)	(20,520)	(28,803)	(25,208)
Borrowings	21	(389)	(433)	(423)	(389)	(433)
Provisions	24	(1,356)	(2,190)	(152)	(1,356)	(2,190)
Total current liabilities		(31,067)	(28,334)	(21,095)	(30,548)	(27,831)
Total assets less current liabilities		203,753	192,078	190,955	198,159	186,389
Non-current liabilities						
Trade and other payables	20	(1,062)	(1,113)	(1,142)	(1,062)	(1,113)
Borrowings	21	(1,409)	(1,191)	(1,620)	(1,409)	(1,191)
Provisions	24	(511)	(524)	(1,618)	(511)	(524)
Total non-current liabilities		(2,982)	(2,828)	(4,380)	(2,982)	(2,828)
Total Assets Employed:		200,771	189,250	186,575	195,177	183,561
Taxpayers' Equity						
Public Dividend Capital		78,674	78,674	78,674	78,674	78,674
Revaluation reserve		73,002	64,488	68,500	73,002	64,488
Income and expenditure reserve		43,501	40,399	34,549	43,501	40,399
Charitable Fund Reserve	34	5,594	5,689	4,852	0	0
Total Taxpayers' Equity:		200,771	189,250	186,575	195,177	183,561

The notes on pages 12 to 46 form part of these accounts.

The financial statements comprising the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers' Equity, and Statement of Cash Flows were approved by the Foundation Trust Board on 27 May 2014 and signed on its behalf by:



Mr A Spotswood, Chief Executive 27 May 2014

Statement of Changes in Taxpayers' Equity

	Trust				Charity	Group
	Public Dividend Capital	Revaluation Reserve	Income and Expenditure Reserve	TOTAL	Charitable Fund Reserve	TOTAL
	£'000	£'000	£'000	£'000	£'000	£'000
Current Year						
Taxpayers' Equity at 1 April 2013	78,674	64,488	40,399	183,561	5,689	189,250
Surplus for the year	0	0	558	558	(95)	463
Transfer of the excess of current cost depreciation over historical cost depreciation to the Income and Expenditure Reserve	0	(2,544)	2,544	0	0	0
Impairment losses on property, plant and equipment	0	(238)	0	(238)	0	(238)
Revaluations	0	11,296	0	11,296	0	11,296
Taxpayers' Equity at 31 March 2014	78,674	73,002	43,501	195,177	5,594	200,771
Prior Year						
Taxpayers' Equity at 31 March 2012	78,674	68,500	34,549	181,723	0	181,723
Prior period adjustment	0	0	0	0	4,852	4,852
Taxpayers' Equity at 31 March 2012	78,674	68,500	34,549	181,723	4,852	186,575
Surplus for the year	0	0	3,634	3,634	837	4,471
Transfer of the excess of current cost depreciation over historical cost depreciation to the Income and Expenditure Reserve	0	(2,216)	2,216	0	0	0
Impairments	0	(2,250)	0	(2,250)	0	(2,250)
Revaluations	0	454	0	454	0	454
Taxpayers' Equity at 31 March 2013	78,674	64,488	40,399	183,561	5,689	189,250

The notes on pages 12 to 46 form part of these accounts.

Statement of Cash Flows

	Notes	Group		Trust	
		2013/14	Restated 2012/13	2013/14	2012/13
		£'000	£'000	£'000	£'000
Cash flows from operating activities					
Operating surplus		4,467	8,203	4,793	7,698
Non-cash income and expense					
Depreciation and amortisation	14	7,458	7,824	7,458	7,824
Impairments / Reversal of Impairments	14	(290)	214	(290)	214
Loss on disposal		258	147	258	147
Non-cash donations/grants credited to income		(332)	(1,313)	(332)	(1,313)
Interest accrued and not paid		0	1	0	1
Dividends accrued and not paid		112	(481)	112	(481)
Increase in Trade and Other Receivables		(1,282)	(2,847)	(1,282)	(2,847)
Increase in Inventories		(1,014)	(236)	(1,014)	(236)
Increase in Trade and Other Payables		3,746	6,107	3,746	6,107
(Decrease) / Increase in provisions		(847)	944	(847)	944
NHS Charitable funds - net adjustments for working capital movements and non-cash transactions		(81)	(407)	0	0
Other movements in operating cash flows		(11)	(11)	(11)	(11)
		7,717	9,942	7,798	10,349
Net cash generated from operations		12,184	18,145	12,591	18,047
Cash flow from investing activities					
Interest received		148	390	148	390
Purchase of intangible assets	14	(851)	(171)	(851)	(171)
Purchase of Property, Plant and Equipment		(9,087)	(5,194)	(9,087)	(5,194)
NHS Charitable funds - net cash flow from investing activities		12	2,597		
Net cash flow from investing activities		(9,778)	(2,378)	(9,790)	(4,975)
Cash flow from financing activities					
Capital element of finance lease rental payments		(418)	(419)	(418)	(419)
Interest element of finance lease	13	(48)	(57)	(48)	(57)
PDC Dividend paid		(4,437)	(3,906)	(4,437)	(3,906)
Net cash flow used in financing activities		(4,903)	(4,382)	(4,903)	(4,382)
Net increase in cash and cash equivalents		(2,497)	11,385	(2,102)	8,690
Cash and cash equivalents at beginning of year		57,396	46,011	54,200	45,510
Cash and cash equivalents at end of year	19	54,899	57,396	52,098	54,200

The notes on pages 12 to 46 form part of these accounts.

Notes to the accounts

1 Accounting policies

1.1 Accounting policies

Monitor has directed that the financial statements of the Foundation Trust shall meet the accounting requirements of the NHS Foundation Trust Annual Reporting Manual which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the 2013/14 NHS Foundation Trust Annual Reporting Manual issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual to the extent that they are meaningful and appropriate to the Foundation Trust. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts. The 2013/14 accounts have been restated to include The Royal Bournemouth & Christchurch Hospitals Charitable Fund (Charity Registration number 1057366) which are under the control of the Board of the Foundation Trust as corporate trustee.

Accounting convention

These financial statements have been prepared under historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, and certain financial assets and financial liabilities.

Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken from outside the public sector. Activities are considered 'discontinued' if they transfer from one public body to another. The Foundation Trust has no acquisitions or discontinued operations to report within these accounts.

Critical accounting judgements and key sources of estimation uncertainty

In the application of the Foundation Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually revised if the revision affects only one period, or in the period of the revision and future periods, if the revision affects both current and future periods.

Details of key accounting judgements and estimations are contained within Note 31 to these accounts.

Operating segments

Operating segments are reported in a manner consistent with the internal reporting provided to the chief operating decision maker. The chief operating decision maker, who is responsible for allocating resources and assessing performance of the operating segments, has been identified as the Finance Committee that makes strategic decisions.

Recently issued IFRS Accounting Standards

The following standards, amendments and interpretations have been issued by the International Accounting Standards Board (IASB) and International Financial Reporting Interpretations Committee (IFRIC) but have not yet been adopted in the Annual Reporting Manual. Monitor does not permit the early adoption of accounting standards, amendments and interpretations that are in issue at the reporting date but effective at a subsequent reporting period.

- IAS 27 Separate Financial Statements
- IAS 28 Associates and Joint Ventures
- IFRS 9 Financial Instruments
- IFRS 10 Consolidated Financial Statements
- IFRS 11 Joint Arrangements
- IFRS 12 Disclosure of Interests in Other Entities
- IFRS 13 Fair Value Measurement
- IPSAS 32 Service Concession Arrangements

The directors do not expect that the adoption of these standards and interpretations will have a material impact on the financial statements in future periods. All other revised and new standards have not been listed here as they are not considered to have an impact on the Foundation Trust.

Prior year restatements

Each year, the reporting requirements of Foundation Trusts are refreshed, and as a result, some income and expenditure classifications may be updated to improve transparency. In these instances, both the current year and the prior year disclosures are updated. In addition, if in preparing the accounts, corrections are identified to prior year classifications, these will be updated and clearly marked as “restated”.

Change in accounting policy - Consolidation

The Foundation Trust is the corporate trustee to The Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust Charitable Fund. The Foundation Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Foundation Trust has the power to govern the financial and operating policies of the charitable fund so as to obtain benefits from its activities for itself, its patients or its staff.

Prior to 2013/14 the Foundation Trust Annual Reporting Manual permitted the Foundation Trust not to consolidate the charitable fund. From 2013/14, the Foundation Trust has consolidated the charitable fund and has applied this as a change in accounting policy.

The charitable fund’s statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice, which is based on UK Generally Accepted Accounting Principles (UK GAAP). On consolidation, necessary adjustments are made to the charity’s assets, liabilities and transactions to:

- recognise and measure them in accordance with the Foundation Trust’s accounting policies; and
- eliminate intra-group transactions, balances, gains and losses.

1.2 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Foundation Trust is contracts with commissioners in respect of healthcare services.

Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

Charitable funds

Income is received from donations, legacies, fundraising events and from other charitable bodies.

Patient related revenue

Revenue is recognised when the service has been delivered, that is, in the period when the services were provided. At the end of the financial year, a revenue estimate is recognised for patients who are in hospital and have not completed their period of treatment (an incomplete spell). This revenue estimate is based on the level of treatment provided to date.

Education and training

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

Non patient care services

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

Interest

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

Catering services

The Foundation Trust operates canteen services for employees and patients. Revenue is recognised when the Foundation Trust sells to the employees and the public. Canteen sales are usually by cash or by debit card.

Rental income

The Foundation Trust owns some residential properties which are let out to members of staff and related parties. Rental income is recognised on a straight-line basis over the term of the lease. Car park fees are recognised when the public have used the Foundation Trust's facilities and are usually received in cash.

Income from 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.

1.3 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Pension costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2014, is based on the valuation data as 31 March 2013, updated to 31 March 2014 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the NHS Pension Scheme (England and Wales) Pension Accounts, published annually. These accounts can be viewed on the NHS Pensions website. Copies can also be obtained from The Stationery Office.

Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account its recent demographic experience), and to recommend the contribution rates.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2004. Consequently, a formal actuarial valuation would have been due for the year ending 31 March 2008. However, formal actuarial valuations for unfunded public service schemes were suspended by HM Treasury on value for money grounds while consideration is given to recent changes to public service pensions, and while future scheme terms are developed as part of the reforms to public service pension provision due in 2015.

The Scheme Regulations were changed to allow contribution rates to be set by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next formal valuation to be used for funding purposes will be carried out at as at March 2012 and will be used to inform the contribution rates to be used from 1 April 2015.

Scheme provisions

The NHS Pension Scheme provides defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained.

The Scheme is a “final salary” scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as “pension commutation”.

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011-12 the Consumer Price Index (CPI) will be used to replace the Retail Prices Index (RPI).

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year’s pensionable pay for death in service, and five times their annual pension for death after retirement is payable.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the employer.

Members can purchase additional service in the NHS Pension Scheme and contribute to money purchase AVC’s run by the Scheme’s approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

National Employment Savings Trust (NEST)

The National Employment Savings Trust (NEST) is a defined contribution scheme that was created as part of the government's workplace pensions reforms under the Pensions Act 2008. With effect from 1 May 2013, the Foundation Trust auto-enrols employees into this scheme in line with the national eligibility criteria.

1.4 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent, that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.5 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the Foundation Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably;
- the item individually has a cost of at least £5,000; or
- collectively, a group of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they have broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates, and are under single managerial control; or
- form part of the initial equipping and setting-up cost of a new building, refurbishment of a ward or unit irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. They are subsequently measured at fair value.

Non-current assets are stated at the lower of replacement cost and recoverable amount. The carrying values of property, plant and equipment are reviewed for impairment in periods if events or changes in circumstances indicate that 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. A full asset valuation (excluding Assets Under Construction/ Work In Progress) was undertaken as at 31 March 2013; and this value, together with indexation applied to buildings in line with the District valuer's advice has been included in the closing Statement of Financial Position.

The valuations are carried out primarily on the basis of Modern Equivalent for specialised operational property and Existing Use Value for non-specialised operational property. The value of land for existing use purposes is assessed at Existing Use Value. For non-operational properties including surplus land, the valuations are carried out at Open Market Value.

Assets in the course of construction are valued at current cost. Larger schemes are valued by the District Valuer on completion or when brought into use, and all schemes are valued as part of the three/ five yearly revaluation.

Operational equipment is valued at net current replacement cost.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably.

Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is derecognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated. The estimated useful lives of assets are summarised below:

	Minimum Life (years)	Maximum Life (years)
Buildings and Dwellings	2	90
Furniture / Fittings	5	20
Set-up Costs	5	15
Medical and other Equipment	5	15
Vehicles	7	15
Radiology Equipment	5	7
IT Equipment	3	5

Property, plant and equipment which has been reclassified as 'Held for Sale' ceases to be depreciated upon this reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the Foundation Trust Annual Reporting Manual, impairments that are due to a loss of economic benefits or service potential in the assets are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment arising from a loss of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable, for example:
 - management are committed to a plan to sell the asset;
 - an active programme has begun to find a buyer and complete the sale;
 - the asset is being actively marketed at a reasonable price;
 - the sale is expected to be completed within twelve months of the date of the classification as 'Held for Sale'; and
 - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated, government grant and other grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/ grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/ grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

1.6 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Foundation Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Foundation Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles and similar items are not capitalised as intangible assets

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the product is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the Foundation Trust intends to complete the asset and sell or use it;
- the Foundation Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits;
- adequate financial, technical and other resources are available to the Foundation Trust to complete the development and sell or use the asset; and
- the Foundation Trust can measure reliably the expenses attributable to the asset during development.

Software

Software which is integral to the operation of hardware (for example, an operating system) is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware (for example, application software) is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management

Subsequently, intangible assets are measured at fair value. Revaluation gains and losses and impairments are treated in the same manner as for property, plant and equipment.

Intangible assets held for sale are measured at the lower of their carrying amount or 'fair value less costs to sell'.

Amortisation

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

	Minimum Life (years)	Maximum Life (years)
Software	3	5

1.7 Revenue government and other grants

Government grants are grants from Government bodies other than income from Clinical Commissioning Groups (CCG) or NHS trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

1.8 Inventories

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

1.9 Financial instruments and financial liabilities

Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Foundation Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

Financial assets and financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

All other financial assets and financial liabilities are recognised when the Foundation Trust becomes a party to the contractual provisions of the instrument.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Foundation Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and measurement

Financial assets are categorised as 'Loans and receivables'. Financial liabilities are classified as 'other financial liabilities'.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The Foundation Trust's loans and receivables comprise current investments, cash and cash equivalents, NHS receivables, accrued income and other receivables.

Loans and receivables are recognised initially at fair value, net of transaction costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

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

Other financial liabilities

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and are measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as non-current liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to the Statement of Comprehensive Income.

Impairment of financial assets

At the Statement of Financial Position date, the Foundation Trust assesses whether any financial assets, other than those held at 'fair value through income and expenditure' are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cashflows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cashflows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced directly.

1.10 Leases

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Foundation Trust, the asset is recorded as Property, Plant and Equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property, plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability is de-recognised when the liability is discharged, cancelled or expires.

Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately. Leased land is treated as an operating lease.

1.11 Provisions

The Foundation Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published by HM Treasury.

Clinical negligence costs

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 but is not recognised in the Foundation Trust's accounts.

Non-clinical risk pooling

The Foundation Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Foundation Trust pays an annual contribution to the NHS

Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

1.12 Contingencies

Contingent assets (that is assets, arising from past events whose existence will only be confirmed by one or more future events not wholly within the Foundation Trust's control) are not recognised as assets, but are disclosed by note where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed by note unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the Foundation Trust's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.13 Public Dividend Capital (PDC) and PDC Dividend

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

A charge, reflecting the cost of capital utilised by the Foundation Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Foundation Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii)

average daily cash balances held with the Government Banking Services (GBS) and National Loan Fund (NFL) deposits, excluding cash balances held in GBS accounts that relate to short-term working capital facility, and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

1.14 Value added tax

Most of the activities of the Foundation Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.15 Corporation tax

Under current legislation, Foundation Trusts are not liable for corporation tax.

1.16 Foreign exchange

The functional and presentation currency of the Foundation Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

1.17 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Foundation Trust has no beneficial interest in them. However, they are disclosed within Note 19 to the accounts in accordance with the requirements of HM Treasury's FReM.

1.18 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature, they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Foundation Trust not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

However, the losses and special payments note is compiled directly from the losses and compensations register which reports on an accruals basis with the exception of provisions for future losses.

1.19 Going concern

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.

1.20 Investments

The Trust does not have any investments and the cash is held primarily in the Government Banking Service.

Fixed Asset Investment - Charity

Investment Fixed Assets are shown at Market Value, as detailed in the Statement of Financial Position.

The Trustee policy is to invest charitable funds with investments that maximise capital and are the most suitable investment type. The long-term objective is to invest capital that will give the maximum growth on income with minimal risk. The investment held as at the Statement of Financial Position date are units

within a Restricted Investment Portfolio and are included in the Statement of Financial Position at the closing price at 31st March 2014.

Investment comprises equities gifts, other fixed interest investments and pooled funds, majority of which are quoted investments.

All gains and losses are taken to the Statement of Comprehensive Income as they arise.

Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (or date of purchase if later).

Short-term Investment - Charity

Short-term Investments include Stocks and Equities that have been received as part of Legacy distributions given to the Charitable Fund. These are revalued at the year-end and any gain or loss on revaluation of the investment asset is shown in the Statement of Comprehensive Income.

2 Operating segments

The Foundation Trust has determined the operating segments based on the reports reviewed by the Finance Committee that are used to make strategic decisions. The Finance Committee considers the Foundation Trust's business from a services perspective as "Healthcare" and only one segment is therefore reported.

The segment information provided to the Finance Committee for the reportable segments for the year ended 31 March 2014 is as follows:

	Group / Trust	
	Healthcare 2013/14	Healthcare 2012/13
	£'000	£'000
Segment revenue	260,323	250,008
Patient and other income	260,323	250,008

It is appropriate to aggregate the Foundation Trust's activities as, in accordance with IFRS 8: Operating Segments, they are similar in each of the following respects:

- the nature of the products and services;
- the nature of the production processes;
- the type 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 Foundation Trust does not undertake any other income generation activities with an aim of achieving profit.

4 Operating income

4.1 Income from patient related activities

	Group / Trust	
	Continuing Operations 2013/14	Continuing Operations 2012/13
	£'000	£'000
Foundation Trusts	4,845	3,726
CCGs and NHS England	227,802	0
Primary Care Trusts	0	223,474
Local Authorities	2,365	0
Non NHS:		
- Private Patients	3,284	3,166
- Overseas Patients (non-reciprocal)	54	0
- NHS Injury Scheme income	467	501
- Other	157	0
	238,974	230,867

The NHS Injury Scheme Income above is reported net of a 12.6% doubtful debt provision (2012/13 12.6%).

4.2 Other operating income

	Group		Trust	
	Continuing Operations 2013/14	Restated Continuing Operations 2012/13	Continuing Operations 2013/14	Continuing Operations 2012/13
	£'000	£'000	£'000	£'000
Research and development	1,989	1,988	1,989	1,988
Education and training	5,431	5,268	5,431	5,268
NHS Charities - capital acquisitions (donated assets)	0	0	253	883
Non-NHS Charities - capital acquisitions (donated assets)	0	246	80	431
Non-NHS Charities - contributions to expenditure	1,446	0	1,446	0
Non-patient care services to other bodies	7,024	5,379	7,024	5,379
NHS Charitable Funds: Incoming Resources excluding investment income	1,159	2,022	0	0
Other:				
- NHS Drug sales	39	113	39	113
- Car Parking	1,325	1,405	1,325	1,405
- Catering Services	999	896	999	896
- Miscellaneous other	1,151	1,149	1,308	1,275
Income from operating leases	786	675	786	675
	21,349	19,141	20,680	18,313
Total	260,323	250,008	259,654	249,180

5 Private patient monitoring

The Foundation Trust has met the requirement in section 43(2A) of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) which requires that the income from the provision of goods and services for the purpose of the health service in England must be greater than its income from the provision of goods and services for any other purposes.

6 Mandatory and non-mandatory income from activities

	Group		Trust	
	2013/14	Restated 2012/13	2013/14	2012/13
	£'000	£'000	£'000	£'000
Commissioner Requested Services	244,405	236,135	244,405	236,135
Non Commissioner Requested Services	15,918	13,873	15,249	13,045
	260,323	250,008	259,654	249,180

7 Operating Expenses

	Group		Trust	
	Continuing Operations		Continuing Operations	
	2013/14	Restated 2012/13	2013/14	Restated 2012/13
	£'000	£'000	£'000	£'000
Services from NHS Foundation Trusts	3,199	2,463	3,199	2,463
Services from other NHS Bodies	1,405	1,334	1,405	1,334
Purchase of healthcare from non NHS bodies	267	226	267	226
Employee Expenses - Executive directors	1,181	1,158	1,181	1,158
Employee Expenses - Non-executive directors	157	147	157	147
Employee Expenses - Staff	153,485	140,169	153,485	140,169
Employee Expenses - Redundancy	98	132	98	132
Employee Expenses - Research and development	1,735	1,667	1,735	1,667
Supplies and services - clinical (excluding drug costs)	33,617	32,290	33,260	32,290
Supplies and services - general	3,608	3,984	3,608	3,984
Establishment	1,989	1,336	1,989	1,336
Research and development (excluding Employee Expenses)	292	448	292	448
Transport (staff travel)	516	566	516	566
Transport (patient transport services)	442	727	442	727
Premises	11,185	12,914	11,022	12,828
Increase (Decrease) in bad debt provision	487	(383)	487	(383)
Increases in other provisions	58	44	58	44
Inventories written down	115	86	115	86
Drug costs	3,494	2,605	3,494	2,605
Drugs Inventories consumed	22,440	20,765	22,440	20,765
Operating lease payments	143	231	143	231
Depreciation on property, plant and equipment	7,112	7,464	7,112	7,464

Amortisation on intangible assets	346	360	346	360
Operating expenses continued				
Impairments of property, plant and equipment - (net of reversal of prev loss)	(290)	214	(290)	214
Audit fees:				
External audit services - financial statement audit	62	46	62	46
External audit services - audit-related assurance services	13	13	13	13
External audit services - charitable fund accounts	5	4	0	0
External audit services - other non-audit services	0	35	0	35
Clinical negligence premium	2,543	2,163	2,543	2,163
Loss on disposal of land and buildings	251	35	251	35
Loss on disposal of other property, plant and equipment	7	112	7	112
Legal fees	186	241	186	241
Consultancy costs (including internal audit services)	621	2,990	621	2,990
Training, courses and conferences	733	853	641	782
Other services, e.g. external payroll	509	540	509	540
Losses, ex gratia & special payments	23	8	23	8
NHS Charitable funds: Other resources expended (balance not analysed above)	383	166	0	0
Other	3,439	3,652	3,444	3,656
Total	255,856	241,805	254,861	241,482

Other restructuring amounts provided in the year are disclosed in note 24.

8 Operating leases

8.1 Operating leases as lessee

The Foundation Trust leases some medical equipment and vehicles under non-cancellable operating leases. The leases are between 3-5 years. None of the leases include contingent rents or onerous restrictions on the Foundation Trust's use of the assets concerned. The expenditure charged to the Statement of Comprehensive Income during the year is disclosed below:

	Group / Trust	
	2013/14	2012/13
	£'000	£'000
Total operating leases	143	231
The future aggregate minimum lease payments under non-cancellable operating leases are as follows:		
No later than one year	90	59
Between 1 and 5 years	90	201
Over 5 years	0	43
Total	180	303

8.2 Operating leases as lessor

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 one year. The Foundation Trust also leases some office space to some contractors and service providers at the hospital sites. None of the leases include contingent rents and there are no onerous restrictions. The income recognised through the Statement of Comprehensive Income during the year is disclosed as:

	Group / Trust	
	2013/14	2012/13
	£'000	£'000
Accommodation operating leases	786	675
The future aggregate minimum lease payments under non-cancellable operating leases are as follow:		
No later than one year	792	673
Between one and five years	347	420
Over 5 years	45	445
Total	1,184	1,538

9 Staff costs and numbers

9.1 Staff costs

	Group / Trust	
	2013/14	2012/13
	£'000	£'000
Salaries and wages	125,353	118,009
Social security costs	9,312	8,873
Employer's contributions to NHS Pensions	14,076	13,216
Termination benefits	98	132
Agency/contract staff	7,660	2,896
Total	156,499	143,126

This note excludes Non-Executive Directors, in line with national guidance.

9.2 Average number of persons employed

	2012/13	Restated 2011/12
	Number	Number
Medical and dental	438	408
Administration and estates	1,181	1,116
Healthcare assistants and other support staff	704	606
Nursing, midwifery and health visiting staff	1,040	1,065
Scientific, therapeutic and technical staff	403	396
Agency/contract staff	95	35
Total	3,861	3,626

This note excludes Non-Executive Directors, in line with national guidance.

9.3 Staff exit packages

	Group / Trust		Group / Trust	
	2013/14	2013/14	2012/13	2012/13
	Number	£' 000	Number	£' 000
Less than £10,000	2	12	1	5
£10,001 - £25,000	0	0	3	45
£25,001 - £50,000	2	86	2	82
Over £50,000	0	0	0	0
Total	4	98	6	132

Each of the above exit packages were in relation to compulsory redundancy.

10 Retirements due to ill-health

There were three early retirements from the Foundation Trust agreed on the grounds of ill-health (2012/13: three). The estimated additional pension liabilities of these ill-health retirements will be £280,000 (2012/13: £169,000). 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 minimal payments of interest for commercial debts.

12 Investment revenue

	Group		Trust	
	2013/14	Restated 2012/13	2013/14	2012/13
	£'000	£'000	£'000	£'000
Interest on bank accounts	140	101	140	101
Interest on loans and receivables	8	290	8	290
NHS Charitable funds: investment income	21	39	0	0
Total	169	430	148	391

12.1 Investments

	Group		Trust	
	31 March 2014	Restated 31 March 2013	31 March 2014	31 March 2013
	£'000	£'000	£'000	£'000
Opening Balance	2,957	1,664	0	0
Acquisitions	0	1,000	0	0
Movement in fair value	210	293	0	0
Disposals	0	0	0	0
Closing Balance	3,167	2,957	0	0

12.2 Other financial assets

	Group			Trust	
	31 March 2014	Restated 31 March 2013	Restated 1 April 2012	31 March 2014	31 March 2013
	£'000	£'000	£'000	£'000	£'000
Fixed Deposit (less than one year)	0	0	3,500	0	0
Accrual interest on short-term deposit	0	0	65	0	0
Stocks and equities	77	67	61	0	0
Total	77	67	3,626	0	0

13 Finance costs

	Group / Trust	
	2013/14	2012/13
	£'000	£'000
Finance leases	48	57
Total	48	57

15 Impairment of property, plant and equipment

	Group / Trust	
	31 March 2014	31 March 2013
	£'000	£'000
Changes in market price (as advised by the District Valuer)	143	214
Total	143	214

16 Capital commitments

	Group / Trust	
	31 March 2014	31 March 2013
	£'000	£'000
Property, plant and equipment	8,937	1,698
Intangible assets	430	0
Total	9,367	1,698

17 Inventories

	Group / Trust		
	31 March 2014	31 March 2013	1 April 2012
	£'000	£'000	£'000
Drugs	1,460	1,232	1,347
Consumables	3,660	2,874	2,523
Total	5,120	4,106	3,870

17.1 Inventories recognised in expenses

	Group / Trust	
	31 March 2014	31 March 2013
	£'000	£'000
Inventories recognised as an expense in the period	31,973	31,351
Write-down of inventories (including losses)	115	86
Total	32,088	31,437

18 Trade and other receivables

18.1 Amounts falling due within one year:

	Group			Trust	
	31 March 2014	Restated 31 March 2013	Restated 1 April 2012	31 March 2014	31 March 2013
	£'000	£'000	£'000	£'000	£'000
NHS Receivables - Revenue	7,923	6,799	4,992	7,923	6,799
Other receivables with related parties - revenue	0	0	4	0	0
Provision for impaired receivables	(701)	(819)	(1,602)	(701)	(819)
Prepayments	2,082	1,458	1,234	2,082	1,458
Accrued income	1,207	1,421	1,036	1,207	1,421
PDC dividend receivable	126	13	494	126	13
VAT Receivable	140	130	216	140	130
Other receivables - Revenue	1,275	1,767	1,459	1,337	1,860
NHS Charitable funds: Trade and other receivables	130	65	56	0	0
Total	12,182	10,834	7,889	12,114	10,862

18.2 Age analysis of trade and other receivables

	Group			Trust	
	31 March 2014	Restated 31 March 2013	Restated 1 April 2012	31 March 2014	31 March 2013
	£'000	£'000	£'000	£'000	£'000
Age of impaired receivables:					
0 - 30 days	481	134	1,266	481	134
31 - 60 days	0	261	0	0	261
61 - 90 days	1	36	66	1	36
91 - 180 days	96	126	42	96	126
over 180 days	123	262	228	123	262
Sub Total	701	819	1,602	701	819
Age of non-impaired receivables:					
0 - 30 days	10,110	8,928	5,912	10,042	8,956
31 - 60 days	362	811	246	362	811
61 - 90 days	169	28	129	169	28
91 - 180 days	622	99	0	622	99
over 180 days	218	149	0	218	149
Sub Total	11,481	10,015	6,287	11,413	10,043
Total	12,182	10,834	7,889	12,114	10,862

18.3 Provision for impairment of receivables

	Group / Trust	
	31 March 2014	31 March 2013
	£'000	£'000
At 1 April	819	1,602
Increase in provision	487	670
Amounts utilised	(605)	(400)
Unused amounts reversed	0	(1,053)
At 31 March	701	819

19 Cash and cash equivalents

	Group		Trust	
	31 March 2014	Restated 31 March 2013	31 March 2014	31 March 2013
	£'000	£'000	£'000	£'000
Balance 1 April	57,396	46,011	54,200	45,510
Net movement in year	(2,497)	11,385	(2,102)	8,690
Balance at 31 March	54,899	57,396	52,098	54,200
Made up of:				
Cash at commercial banks and in hand	3,033	3,244	232	48
Cash with the Government Banking Service	51,866	54,152	51,866	54,152
Cash and cash equivalents	54,899	57,396	52,098	54,200

The patient monies amount held on trust was £2,192 (2012/13 £3,990) which is not included in the above figures.

20 Trade and other payables

	Group			Trust	
	31 March 2014	Restated 31 March 2013	Restated 1 April 2012	31 March 2014	31 March 2013
	£'000	£'000	£'000	£'000	£'000
Amounts falling due within one year:					
NHS payables - revenue	3,308	2,522	2,611	3,308	2,522
Other trade payables - capital	612	814	1,449	612	814
Other trade payables - revenue	13,022	10,110	9,264	13,022	10,110
Accruals	11,861	11,762	6,383	11,861	11,762
PDC payable	0	0	0	0	0
NHS Charitable funds: Trade and other payables	519	503	813	0	0
Total	29,322	25,711	20,520	28,803	25,208
Amounts falling due over one year:					
Other trade payables	1,062	1,113	1,142	1,062	1,113
Total	30,384	26,824	21,662	29,865	26,321

This includes outstanding pensions contributions at 31 March 2014 of £2,010,078 (2012/13 £1,796,000).

21 Borrowings

	Group / Trust		
	31 March 2014	31 March 2013	1 April 2012
	£'000	£'000	£'000
Finance lease liabilities			
- Current	389	433	423
- Non current	1,409	1,191	1,620
Total	1,798	1,624	2,043

22 Finance lease obligations

The Foundation Trust operates as lessee on a number of medical equipment leases. These leases generally run for between 5 - 7 years with options to extend the terms at the expiry of the initial period. None of the leases include contingent rents or onerous restrictions on the Foundation Trust's use of assets concerned.

	Group / Trust		
	Gross lease payments		
	31 March 2014	31 March 2013	1 April 2012
	£'000	£'000	£'000
Amounts payable under finance leases			
Within one year	441	529	476
Between one and five years	1,275	1,250	1,567
After five years	237	0	158
Less future finance charges	(155)	(155)	(158)
Total	1,798	1,624	2,043

23 Prudential borrowing limit

The prudential borrowing code requirements in section 41 of the National Health Service Act 2006 have been repealed with effect from 1 April 2013 by the Health and Social Care Act 2012. The financial statements disclosures that were provided previously are no longer required.

24 Provisions for liabilities and charges

	Group / Trust				
	£'000	£'000	£'000	£'000	£'000
	Early Retirement	Legal claims	Re-structuring	Other	Total
At 1 April 2013, as restated	164	487	1,308	755	2,714
Arising during the year	13	126	1,242	0	1,381
Utilised during the year - accruals	(4)	(5)	(48)	(85)	(142)
Utilised during the year - cash	(16)	(82)	0	0	(98)
Reversed unused	(7)	(62)	(1,260)	(670)	(1,999)
Unwinding of discount	4	7	0	0	11
At 31 March 2014	154	471	1,242	0	1,867
Expected timing of cashflows:					
Within one year	18	96	1,242	0	1,356
Between one and five years	71	66	0	0	137
After five years	65	309	0	0	374
	154	471	1,242	0	1,867

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 March 2004 and is calculated using the award value and life tables discounted over the period.

£10,805k is included in the provisions of the NHS Litigation Authority at 31 March 2014 in respect of clinical negligence liabilities of the Foundation Trust (£11,749k at 31 March 2013).

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.

During the year the Foundation Trust has had a number of material transactions with public organisations together with other government bodies that fall within the whole of the government accounts boundary. Entities are listed below where the transaction total (excluding recharges) exceeds £500,000:

	Group / Trust			
	£'000	£'000	£'000	£'000
	Income	Expenditure	Receivables	Payables
NHS Dorset CCG	163,725	0	1,333	874
NHS West Hampshire CCG	24,557	0	296	0
NHS Wiltshire CCG	660	0	(2)	0
Bournemouth Borough Council	0	1,760	0	0
Dorset County Council	2,181	0	0	0
Wessex Area Team	38,522	0	2,383	0
Poole Hospital NHS FT	7,045	4,393	2,854	1,917
University Hospitals of Bristol NHS FT	983	11	0	2
Health Education England	5,610	12	3	0
Dorset Healthcare University NHS FT	798	604	211	201
Portsmouth Hospitals NHS Trust	17	714	7	140
NHS Blood and Transplant Agency	0	1,310	0	33
NHS Litigation Authority	0	2,725	0	0
National Insurance Fund	0	9,312	0	0
NHS Pensions Agency	0	14,076	0	0
Department of Health	429	0	126	0
Other transactions less than £500,000	3,656	1,838	978	174
	248,183	36,755	8,189	3,341

The Foundation Trust is an agent on behalf of employees and below are material transactions exceeding £500,000:

	£'000	£'000	£'000	£'000
	Income	Expenditure	Receivables	Payables
NHS Pensions Agency	0	9,216	0	798
HM Revenue and Customs	0	18,313	0	1,559
National Insurance Fund	0	7,050	0	580
	0	34,579	0	2,937

The Foundation Trust has also received revenue and capital payments from a number of charitable funds; the material related parties are:

- **Macmillan Caring Locally**

Mr B Ford who is Treasurer of Macmillan Caring Locally is also a Non-Executive Director on the Board of the Foundation Trust. The income received within the year was £1,446,000.

26 Post statement of financial position events

There are no post Statement of Financial Position events to report within these accounts.

27 Financial risk management

Financial instruments are held for the sole purpose of managing the cash flow of the Foundation Trust on a day-to-day basis or arise from the operating activities of the Foundation Trust. The management of risks around these financial instruments therefore relates primarily to the Foundation Trust's overall arrangements for managing risks in relation to its financial position.

Market risk

Interest rate risk

The Foundation Trust has 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 its ability to earn additional interest on our short-term investments.

The Foundation Trust earned interest of £148,000 during 2013/14, therefore a change in the interest rate would have minimal affect the amount earned.

Currency risk

The Foundation Trust has minimal risk of currency fluctuations. Most transactions are in sterling, although there are some purchases of goods from Ireland where prices are based on the Euro, and payments are made in sterling.

Other risk

The inflation rate on NHS service level agreements is based on the NHS funded inflation and therefore there is a small risk of budgetary financial pressure.

The majority of pay award inflation is based on the 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. The Trust actively progresses debts and uses an external company to support it on selective older debts.

The majority of 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 £220,188. A further £67,199 has been provided for in relation to the NHS Injury Scheme in accordance with scheme guidance.

The Trust has also reviewed any significant NHS receivables and has provided for doubtful debt to a total of £413,416. This represents either its maximum or probable risk in specific areas and reflects the uncertainty of the financial climate of the healthcare market.

Liquidity risk

Loans

The Foundation Trust has no loans to repay

Creditors

The Foundation Trust has a surplus in the current financial year and on the retained earnings reserve.

The Foundation Trust has a surplus in the current financial year and on the retained earnings reserve. In addition, the Foundation Trust has a cash and investment balance of £52.1 million. As such, the Trust is a minimal risk to its creditors.

28 Financial instruments

28.1 Financial assets

	Group						Trust	
	31 March 2014		Restated				31 March 2014	31 March 2013
			31 March 2013		1 April 2012			
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Loans and receivables	Assets at fair value through Income & Expenditure	Loans and receivables	Assets at fair value through Income & Expenditure	Loans and receivables	Assets at fair value through Income & Expenditure	Loans and receivables	Loans and receivables	
Assets as per the Statement of Financial Position								
Trade and other receivables excluding non financial assets	11,926	0	10,756	0	7,339	0	11,988	10,849
Other Investments	0	0	0	0	0	0	0	0
Other Financial Assets	0	0	0	0	0	0	0	0
Non-current assets held for sale and assets held in disposal group excluding non financial assets	0	0	0	0	0	0	0	0
Cash and cash equivalents at bank and in hand	54,899	0	57,396	0	46,011	0	52,098	54,200
NHS Charitable funds: financial assets as at 31 March	130	3,244	65	3,024	56	5,290	0	0
Total	66,955	3,244	68,217	3,024	53,406	5,290	64,086	65,049
Assets held in £ sterling		70,199		71,241		58,696	64,086	65,049

The above amount excludes PDC receivables of £126,000 (2012/13 £13,000).

28.2 Financial liabilities

	Group			Trust	
	31 March 2014	Restated 31 March 2013	Restated 1 April 2012	31 March 2014	Restated 31 March 2013
	£'000	£'000	£'000	£'000	£'000
	Other financial liabilities	Other financial liabilities	Other financial liabilities	Other financial liabilities	Other financial liabilities
Liabilities as per the Statement of Financial Position					
Obligations under finance leases	1,798	1,623	2,043	1,798	1,623
Trade and other payables excluding non financial assets	24,878	21,552	17,408	24,878	21,552
Provisions under contract	1,867	2,714	1,770	1,867	2,714
NHS Charitable funds: financial liabilities as at 31 March	519	503	813	0	0
Total	29,062	26,392	22,034	28,543	25,889
Liabilities held in £ sterling	29,062	26,392	22,034	28,543	25,889

The above figures exclude statutory / non contracted payables of £4,987k (2012/13 £4,769k).

28.3 Financial assets / liabilities - fair values

	Group		Trust	
	31 March 2014		31 March 2014	
	£'000	£'000	£'000	£'000
	Book Value	Fair Value	Book Value	Fair Value
Financial assets				
Receivables over one year	0	0	0	0
Investments	0	0	0	0
Other	0	0	0	0
NHS Charitable funds: non-current financial assets	3,167	3,167	0	0
Total	3,167	3,167	0	0
Financial liabilities				
Non-current trade and other payables excluding non financial liabilities	1,062	1,062	1,062	1,062
Provisions under contract	1,867	1,867	1,867	1,867
Loans	0	0	0	0
Other	0	0	0	0
NHS Charitable funds: non-current financial liabilities	0	0	0	0
Total	2,929	2,929	2,929	2,929

29 Intra-Government and NHS balances

	Group / Trust	
	Receivables: amounts falling due within one year	Payables: amounts falling due within one year
	31 March 2014	
	£'000	£'000
Foundation Trusts	3,204	2,257
NHS and Department of Health	4,845	1,051
Central Government	140	33
Total	8,189	3,341
	31 March 2013	
Foundation Trusts	3,149	1,851
NHS and Department of Health	3,663	671
Central Government	130	0
Total	6,942	2,522

30 Losses and special payments

	Group / Trust			
	31 March 2014	31 March 2014	31 March 2013	31 March 2013
	Number	£'000	Number	£'000
Losses				
Losses of cash due to:				
Overpayment of salaries	19	(23)	2	0
Other causes	0	0	32	2
Bad debts and claims abandoned	40	196	37	75
Damage to buildings, property and equipment	1	0	9	2
Total Losses	60	173	80	79
Special Payments				
Ex gratia payments in respect of:				
Loss of personal effects	37	16	17	3
Clinical negligence with advice	0	0	1	0
Personal injury with advice	0	0	14	70
Other negligence and injury	1	1	0	0
Other employment payments	2	3	1	2
Miscellaneous other	13	5	27	84
Total Special Payments	53	25	60	159
Total	113	198	140	238

There were no cases where the net payment exceeded £10,000.

Note: The total costs in this note are compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

31 Judgement and estimations

Key sources of estimation uncertainty and judgements

In the application of the Foundation Trust's accounting policies, the Trust has made estimates and assumptions in a number of areas, as the actual value is not known with certainty at the Statement of Financial Position date. By definition, these estimations are subject to some degree of uncertainty; however in each case the Foundation Trust has taken all reasonable steps to assure itself that these items do not create a significant risk of material uncertainty. Key areas of estimation include:

- Expenditure 'accruals' are included within the total expenditure reported with these financial statements. These accruals represent estimated costs for specific items of committed expenditure for which actual invoices have yet to be received, together with the estimated value of capital works completed, but not formally valued as at 31 March 2014. Estimates are based on the Foundation Trust's current understanding of the actual committed expenditure.
- An estimate of £1,324,000 is made in relation to the income due from incomplete patient spells as at 31 March 2014 as the true income in relation to these episodes of care will not be known with certainty until the patient is discharged. This estimate is based on historic trend analysis, together with other relevant factors.
- An estimate of £877,000 is made in relation to the value of income received through the new maternity pathway tariff in relation to the un-delivered element of the pathway as at 31 March 2014. The exact length of the patient pathway will not be known with certainty until the patient is discharged; this estimate is based on expected pathway duration together with historic trend analysis.
- An estimate of £454,000 is made in relation to the value of unpaid annual leave outstanding as at 31 March 2014 for which the Foundation Trust has a current liability. This estimate is based on records on the electronic staff record system, together with an HR / Finance review.
- An estimate is made for depreciation and amortisation of £7,458,000. 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 the indexation of buildings of £11,700,000, of which -£433,000 has been included within operating expenses as a reversal of previous impairments and £143,000 as impairment of buildings. This was advised by using indices provided by the District Valuer.
- An estimate is made for provision for doubtful receivables of £701,000. NHS and Non-NHS receivables are reviewed, together with guidance for specific areas of income, which reflect the uncertainty of the financial climate of the healthcare and commissioning market.

32 Senior manager remuneration

Directors' remuneration totalled £1,338,000 in 2013/14 (2012/13: £1,305,000). Full details are provided within the Remuneration Report.

33 Senior manager pension entitlements

There were benefits accruing to six of the Foundation Trust's Executive Directors under the NHS Pension Scheme in 2013/14. Full details are provided within the Remuneration Report.

34 Charitable fund reserve

The Charitable Fund Reserve comprises.

	31 March 2014	31 March 2013
	£'000	£'000
Restricted Funds	2,249	1,973
Unrestricted Funds	3,345	3,716
TOTAL	5,594	5,689

35 Prior year restatement - Consolidation of Charitable Funds

Summary of impact of consolidation on the major statements for 2012/13 items 'Restated':

Statement	Heading	2012/13 Amount	Comments
Statement of Comprehensive Income			
Operating income from continuing operations		250,008	Group Total
		(2,022)	Charity Non-Group Income
		1,068	Charity funded donated assets to the Trust
		126	Charity recharge of governance costs from the Trust
		249,180	Trust Total (as reported in 12/13 financial statements)
Operating expenses of continuing operations		(241,805)	Group Total
		323	Charity Non-Group Expenditure
		(241,482)	Trust Total (as reported in 12/13 financial statements)
Surplus for the year		4,471	Group Total
		(39)	Charity Interest Receivable
		(293)	Charity Investment revaluation
		(505)	Charity in year Income and Expenditure surplus
		3,634	Trust Total (as reported in 12/13 financial statements)
Statement of Financial Position			
Non-current Assets		148,009	Group Total
		(2,957)	Charity Non-Current Investments
		145,052	Trust Total (as reported in 12/13 financial statements)
Current Assets		72,403	Group Total
		28	Charity receivables net of amount owed to the Trust
		(67)	Shares and Equities
		(3,196)	Charity Cash
		69,168	Trust Total (as reported in 12/13 financial statements)
Current liabilities		(28,334)	Group Total
		503	Charity payables net of amount owed to the Trust
		(27,831)	Trust Total (as reported in 12/13 financial statements)
Taxpayers' Equity		189,250	Group Total
		(5,689)	Charity Fund Reserve
		183,561	Trust Total (as reported in 12/13 financial statements)

Statement of Changes in Taxpayers' Equity		
Taxpayers' Equity	189,250	Group Total
	(5,689)	Charity Fund Reserve
	183,561	Trust Total (as reported in 12/13 financial statements)
Statement of Cashflows		
Cash flows from operating activities	8,203	Group Total
	(505)	Charity in year Income and Expenditure surplus
	7,698	Trust Total (as reported in 12/13 financial statements)
Non-cash income and expense	9,942	Group Total
	407	NHS Charitable Funds - net adjustments for working capital movements and non-cash transactions
	10,349	Trust Total (as reported in 12/13 financial statements)
Cash flow from investing activities	(2,378)	Group Total
	(2,597)	NHS Charitable funds - net cash flow from investing activities
	(4,975)	Trust Total (as reported in 12/13 financial statements)
Charity cash summary	(501)	Opening cash balance
	(2,695)	Movements analysed above
	(3,196)	Closing cash balance
Cash and cash equivalents at end of year	57,396	Group Total
	(3,196)	Charity Cash
	54,200	Trust Total (as reported in 12/13 financial statements)

**The Royal Bournemouth and Christchurch Hospitals
NHS Foundation Trust**

The Royal Bournemouth Hospital

Castle Lane East
Bournemouth
BH7 7DW

Christchurch Hospital

Fairmile Road
Christchurch
BH23 2JX

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