excellent care for every patient, every day, everywhere

The Royal Bournemouth and Christchurch Hospitals
NHS Foundation Trust

Annual Report and Accounts 2014/15

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Presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006.

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Message from the Chair

"Excellent care for our patients reflecting the care we expect for our family"

Our Annual Report for 2014/15 reflects our continuing mission to save lives and change lives, putting care for our patients at the heart of all we do. After probably the most challenging year in the history of this Trust, our staff, volunteers and patients have combined together to support progress, innovation and renewal within our hospitals. This report looks back on the past year, but also forward to the different challenges that lie ahead, both at a national and local level.

Safe services, caring and responsive

At the start of 2014, I emphasised that we needed to demonstrate courage and resolve to address the areas identified by the Care Quality Commission (CQC) report. I emphasised the need for courage to challenge, to do things differently and to be intolerant of poor standards, while confident and proud of the outstanding work that has been delivered within our hospitals. I am delighted that following months of exceptionally hard work by all to tackle perceived deficiencies, the CQC follow-up inspection report was strong and confirmed its view that services at the Royal Bournemouth Hospital are safe, effective, caring and responsive to patient needs, and the organisation is well led. You will find more information as you read the report.

While this has been a central priority through the year, it is important to emphasise that there is not, nor can there be, any sense of complacency. The challenges to recruit staff are ongoing and our staff are critical to the ultimate continued success of our hospitals.

A better environment for patients

While this report details some of the many improvements delivered over the year, few initiatives offer such a visible and tangible evidence of the priority in which our patients are regarded as the transformation of a ward - a good example being that of Ward 26. The design changes - including a communal area with comfortable chairs and a screen showing appropriate images - has provided a welcome opportunity for patients to socialise. The attractive bays have been very well received and staff have also acknowledged that this investment in facilities is beneficial for their morale.

The many initiatives to enhance the environment for our patients are impressive and include our new Bournemouth Birth Centre. The purpose-designed, midwife-led centre offers state-of-the-art facilities and an opportunity for partners to stay overnight to support mothers and has already received outstanding feedback from parents.

Innovation

Over the year it has been pleasing to see numerous examples of commitment to providing expert care, as well as developing services for the future. Statistics published by the British Cardiovascular Intervention Society showed impressive results for patients here. Most recently the Service has expanded to offer emergency treatment to patients presenting with a heart attack caused by a blocked artery with the aim of unblocking the artery within 60 minutes of arrival, 24 hours a day. Our cardiac specialists are also able to monitor patients who may suffer from irregular heartbeats using insertable cardiac monitors which can be inserted in 45 seconds, with no need for surgery.

I was also very pleased during the year to support the 25th anniversary celebrations for the Cardiac Rehabilitation service, originally started by one of our consultants. The service, run from Bournemouth Heart Club, sees some 2,000 new referrals a year, while some 4,000 people attend Heart Club exercise classes each month. This service exemplifies the approach we are seeking for our patients - excellent clinical results, using new approaches and advanced technology, then helping people return to health: saving lives and changing lives.

Much focus over the year has been on reviewing our patients' pathways for unscheduled care. The innovation of BREATH - our Bournemouth Rapid Evaluation Assessment Treatment Hub - is yet another example of commitment to improvement, offering our patients even more timely senior assessment and supporting better outcomes.

The Trust has invested very heavily in delivering quality patient care and is aware that public money is constrained, and further transformation of services must be achieved going forward.

Our volunteers

We are very fortunate in the support we receive from our many volunteers and those who provide a very significant charitable contribution. I would like to take this opportunity to emphasise how much their commitment is appreciated. Over the year charitable funds have assisted in purchasing equipment, including monitors and a treadmill machine, through to supporting a social worker and psychological support nurse for our cancer ward. Volunteers take on many and varied roles within our hospitals, from administration through to patient/mealtime companions.

Our governors are also volunteers and this year, as ever, they have given countless hours to the Trust and to their responsibilities for governance. This is a challenging task and we are indebted to them all for their work, which is focused on seeking assurance that we are fulfilling our responsibilities to patients and that they, as a Council, are able to express and reflect the views of their constituents and Trust members.

Looking ahead

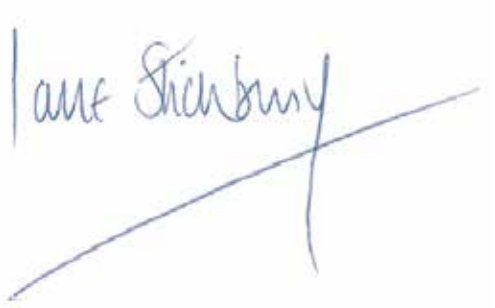
Looking ahead, it is prudent to plan for significant change. A critical factor in encouraging and leading change will be to promote good communication throughout the organisation and to ensure staff are well supported in their daily tasks, with prospects of realistic and welcome personal development, aligned to the objectives of the organisation. I am encouraged by the work undertaken in support of a refreshed vision and values and the introduction of a new appraisal system, which ensures our staff are recognised as integral to improvement and the best patient care. I am very pleased that staff tell me they welcome the newly launched values based appraisal process which offers the prospect of a real focus on developing our staff as our greatest asset. I wish to thank all staff for their candour, and note how essential it is going forward for staff to get involved with improvements in our hospitals.

During the year, we saw some changes on the Board of Directors. We welcomed two new non-executive directors and also saw a change of Chief Operating Officer. The Board is very much committed to the agreed vision and values and it will be essential over coming months to ensure those values are demonstrated in everyday behaviours.

While we currently await the outcome of a Clinical Services Review being carried out by Dorset Clinical Commissioning Group, we appreciate that, whatever the decision, there is a very active and influential role for us to play in designing and delivering health care services for local people in future. This Trust has much to offer in delivering expert, accessible clinical care and is both clinically and geographically well placed to respond to the needs identified in the Clinical Services Review.

In summary, we are resolute in our vision to provide excellent care for our patients, reflecting the care we expect for our family. We have made immense progress over the year, but have more to do to ensure that our hospitals are able to continue to save lives and change lives.

Thank you for your continued support.



Jane Stichbury
Chairman
28 May 2015

Message from the Chief Executive

In this my sixteenth Annual Report, I want to begin by expressing my thanks, firstly to our patients and the wider community for their ongoing support, feedback and appreciation of the care and services we provide. Secondly, I want to pay tribute to our staff for their unstinting professionalism and commitment, consistently providing high-quality, safe and compassionate care to our patients.

During the last year, the NHS has seen an unprecedented level of demand for its services. Often this has been most evident in the number of patients requiring emergency admission, many of these patients are vulnerable, frail and elderly with multiple co-morbidities. Accident and emergency departments have also borne the brunt of a substantial increase in the number of patients presenting for treatment. This trend reflects a multiplicity of underlying issues, an increasingly frail and elderly population, the pressures faced by colleagues in primary care, the absence of sufficient alternatives to allow patients to be cared for more independently in their home setting, the pressures on social care, the shrinkage of the nursing and residential home care sector and finally the changes, which have been made to out of hours services, including 111.

Hospitals in turn have responded remarkably well to this upsurge in demand for their services. Here at the Royal Bournemouth Hospital we saw a 12% increase in the number of patients requiring emergency admission over the last year. We have been able to respond and accommodate this increased need for admission through some important changes in how we provide services. During the last 18 months we have focused on strengthening the provision of seven day services. In turn, we have expanded our consultant workforce by 15% enabling many more routine services to be provided at weekends. This allows more patients to be discharged home from hospital at weekends, regularised investigations and tests to continue to run and it provides for a safer hospital overall. We have also changed fundamentally some of our care processes. This has been seen particularly within elderly care where the length of time patients spend in hospital has been reduced from on average 14 to 11 days. We have introduced new ways of working, such as the Bournemouth Rapid Evaluation Assessment Treatment Hub (BREATH), which ensures patients receive early assessment by a team of experienced doctors and nurses leading to patients spending less time waiting within our Emergency Department.

Crucially, we have also introduced a range of ambulatory care services to enable more patients to be treated without recourse to admission and to support patients being discharged as soon as possible. This has led to improvements in the flow of patients through our Acute Medical Unit and helped improve the flow of patients to the correct wards ensuring safer care.

Significant time and effort has also been focused on promoting a more integrated approach to hospital, community and social care. We have worked hard to develop a trusted assessor model which means patients can have their health and social care needs assessed more quickly, thus focusing on the importance of ensuring patients have ready access to rehabilitation, both within hospital and also following their discharge from hospital. Over the last year, we have also developed our own interim care pilot where we provide nursing and therapist input to patients living in their own homes awaiting packages of care. Going forward, we will work with partners in social care to ensure patients have a more responsive service meeting their needs when they leave hospital.

These are all important examples of how we continue to focus on improving the care patients receive and enhancing the patient experience. We have developed a specific improvement methodology to help drive continued improvements in care and this is being used to support the new priorities we have set for ourselves for the coming year:

- improving the management of patients with sepsis
- reducing the level of mortality as a result of emergency laparotomy procedures
- aiding the smooth discharge of patients from hospital
- uniform use of surgical checklists so that there are no 'never events' associated with a failure to use such checklists
- implementing the National Institute of Healthcare and Excellence (NICE) guidance for patients referred with suspected gastrointestinal cancer

Within the Trust, we have launched a new appraisal system and the objectives we have set for 2015/16 will form the basis for individual and team based objective setting for all staff. Those objectives centre on:

- **Quality** - providing safe, effective and compassionate care
- **Improvement** - using the quality and improvement methodology to support achievement of the Trust priorities of sepsis, procedure checklist, simple discharge, emergency laparotomy, and cancer referral pathways, or locally agreed improvement priorities
- **Strategy and Partnerships** - to have a clear strategy that responds to the Clinical Services Review and provides a basis for maintaining viable high quality services through until its implementation.
- **Staff** - focusing on good organisational health with a positive development and learning culture, strong leadership and team work
- **Performance** - delivering the performance required to maintain access to elective diagnostic and emergency services
- **Value for Money** - staying within budget, using resources wisely and cutting waste to allow the maximum funding to go to front line patient care

An important part of the external verification of the quality of care we provide has been the detailed re-inspection by the Care Quality Commission (CQC) which took place in August 2014. The CQC provided a positive endorsement of the action that we had taken to improve and strengthen our services since its previous inspection visit. It commented:

"We found increases in staffing levels and increased support for junior doctors. The appointment of clinical matrons and support for ward sisters to focus on leadership and supervision of staff on the wards now supported planning and the delivery of safe and effective care. The speed of access to diagnostics and the Stroke Unit had improved."

It also commented that staff were proud of the improvements achieved since the last inspection and while this is encouraging, it is important that we continue to do everything we can to embed and sustain the continued drive to improve the quality of the care and services we offer our patients.

The last year has seen significant construction work occurring both at Christchurch Hospital and on the Royal Bournemouth Hospital site. A new cancer and blood disorders unit, together with a women's health facility is now in the final stages of construction at the Royal Bournemouth Hospital. Part funded through the Jigsaw charitable funds and the generous

support and donations of local residents, the new unit will open in the autumn and provide a state-of-the-art facility for women and those suffering from blood disorders. A major investment programme is also underway at Christchurch Hospital with the re-provision of outpatient, diagnostic and day hospital facilities. The existing facilities at Christchurch Hospital will be complemented by a GP surgery, an NHS dentist, a 60 bedded nursing home and assisted living accommodation. We are creating a health hub for the population of Christchurch and the surrounding areas.

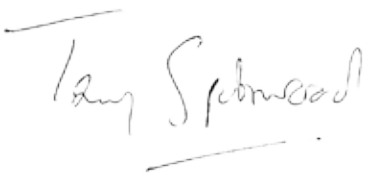
Continued investment is also taking place to ensure our facilities are fit for purpose and we have the most up-to-date equipment to provide safe care to our patients. The Radiology Department is an outstanding example of this, with our scanners offering world leading imaging to support the diagnosis of a range of conditions.

Despite all of this, the local NHS is under sustained pressure. There is a need to change the way in which care and services are provided and we need to plan these changes as a whole health system involving not only colleagues in hospital care but also those providing primary, community and social services. The Dorset Clinical Commissioning Group (CCG) is leading a clinical review of services in Dorset. This will generate new options for the provision of services and will lead to some fundamental changes in the way that hospital care is to be delivered in the future. The drivers for these changes include:

- in Dorset, an anticipated system-wide deficit of between £250m and £300m by 2021 if the current models of care and patterns of provision remain unchanged
- acknowledgement that emergency services across the whole of Dorset are currently not able to fully comply with Sir Bruce Keogh's recommendations and guidance for the future delivery of emergency care and without so doing we risk the ongoing care being sub-optimal
- the building demographics with a 30% increase in the number of residents aged over 75 projected for Dorset by 2023 with the concomitant health needs and requirements this will bring
- clear manpower constraints particularly affecting medical and nursing staff preventing a natural expansion in services to keep pace with the projected demand, even if funding was available to support service expansion. The need to find ways to address this constraint is crucial to offer robust, high-quality services 24 hours a day, seven days a week
- the unsustainable increase in emergency admissions, relating particularly to the care of the frail elderly and the associated difficulties that currently pertain to offering full and comprehensive social care support to these patients

As a consequence, we are likely to develop new models of care, focused on the concentration of some emergency services on a single site in Dorset, to ensure that we are able to fully comply with national guidelines for providing consultant delivered care, 24 hours a day, seven days a week. It is anticipated that within the east of Dorset more elective or routine services will be concentrated on one hospital site and we will look to realise opportunities to properly and appropriately integrate primary, community and hospital services wherever there are clear advantages for local people of doing so. It is anticipated that the Dorset CCG will consult on these proposals in the autumn of 2015.

In concluding, I wanted to assure you of my determination and indeed that of all colleagues working within the Trust to ensure that we continue to provide high quality care for all of our patients and that we offer a service to be proud of not just locally but nationally.



Mr A Spotswood
Chief Executive
28 May 2015

Highlights of the year

There have been many examples throughout the year where we have performed well, delivered high quality care, and where staff have gone above and beyond for our patients.

Ward transformed to benefit dementia patients

One of our wards underwent a major renovation to improve the environment for patients who have dementia and the quality of their care.

The bays, reception area, facilities and staff offices in Ward 26 were transformed over a period of six weeks by staff who attended specialist courses led by The King's Fund to learn what design changes would make wards safer and less confusing for those with dementia.

Dementia affects a staggering 820,000 people in the UK and last year around 2,600 patients with dementia were treated in our hospitals.

A new reception desk has been introduced at the ward entrance along with smaller nursing desks in each bay. A communal area has been created with comfortable chairs and a screen showing appropriate images, giving patients the opportunity to socialise and interact.

Each bay has a flower theme with distinctive images of poppies, bluebells and daisies on the entrance doors, helping to orientate patients back to their own bay and bed.

Ward sister Claire Charville said: "Patient feedback has been extremely encouraging. They feel the bays are a lot more attractive and comfortable to be in. Staff also feel a lot happier working here, and this has enhanced morale and improved the atmosphere."

Hospital at the forefront of cardiac monitoring technology

Our Cardiac Specialists can now monitor patients who suffer from blackouts or irregular heartbeats via state-of-the-art devices that can be inserted in just 45 seconds, with no need for surgery.

The Insertable Cardiac Monitors (ICM), which are slightly bigger than a match stick, are implanted into a patient's chest and monitor their heart activity 24-hours a day for up to three years.

If the ICM detects any abnormalities, it alerts a wireless receiver in the patient's house and automatically transmits the data directly to a secure server alerting their hospital. Doctors are then able to analyse the information and determine what may be causing the problem, or refer the patient to the hospital for treatment.

The new monitor is a tenth of the size of the one previously used, making it much more comfortable and less noticeable under the skin.

Consultant cadiologist Mark Sopher said:

"This is a major advance in ECG monitoring and will improve the quality of patient care."

Consultant cardiologist Mark Sopher

Patient celebrates 105th birthday!

Staff on our Stroke Unit helped celebrate the 105th birthday of one of the hospital's oldest ever patients.

Bournemouth resident Brenda Stockwell was presented with a cake by Ward Sister Nikki Manns and her team to celebrate the momentous occasion.

Brenda, who was born in Lancashire in 1909, said: "The nursing staff and doctors here are fantastic. Everyone seemed to know it was my birthday and I have been sung 'the song' and presented with a lovely cake. They are extremely caring and thoughtful."

Local firm chosen for Christchurch Hospital works

Christchurch-based construction company Stan Randell and Co were chosen to work on the redevelopment of Christchurch Hospital bringing up to 50 local workers and subcontractors on site.

The hospital is undergoing a multi-million pound redevelopment which will secure NHS services and ensure it remains a key part of the community for years to come.

Stan Randell and Co will deliver both the refurbishment of the existing Outpatients Department and the new extension in which a new GP surgery, retail pharmacy and X-Ray Department will be located.

The company has a long history with the Trust having been involved in a number of projects at the Royal Bournemouth Hospital and the demolition of the Royal Victoria Hospital in Boscombe over 20 years ago.

Stan Randell and Co has a long history with the hospital

Celebrating 1,000 cardiac rehabilitation courses

Our Cardiac Rehabilitation Service celebrated its 25th anniversary in October 2014 and provided its 1,000th rehabilitation course.

Cardiologist Dr Adrian Rozkovec initiated the service in 1989, with the help of specialist cardiac rehabilitation nurse, Sister Vicky Sievey. It is run from the Bournemouth Heart Club - a charity formed by the first patients attending the seven week rehabilitation course.

The service receives 2,000 new NHS referrals every year and some 4,000 people attend the Bournemouth Heart Club's exercise classes each month, making Bournemouth one of the largest cardiac rehabilitation centres in the country.

"You mended my heart and now you will be in my heart forever more..."

A cardiac rehabilitation patient

Inspiring the next generation

Year 12 students were given an insight into the different careers available in the NHS as part of a special event in November.

The free careers open day saw 100 pupils from 12 schools across Bournemouth, Poole, Ringwood and Purbeck areas attend talks by hospital staff and visit information stands set up by different departments.

The students were able to try their hands at resuscitation, test their knowledge and skills with a number of themed quizzes and questionnaires, and ask staff questions on their roles and typical working days.

Kyle Cox, aged 16, said: "The wide range of jobs in the NHS has really surprised me. I wasn't aware of half the careers available. It is also great that the majority of the stands are interactive and enable you to get a feel of a particular area."

"The wide range of jobs in the NHS has really surprised me..."

Heart attack patients receiving top treatment

Statistics published by the British Cardiovascular Intervention Society show that patients treated at our hospital for narrowed or blocked coronary arteries experienced significantly less complications than the national average.

The impressive results are down to the success of the Percutaneous Coronary Intervention (PCI) service which was introduced in our hospital back in 2005.

More recently, the service has seen a major expansion to offer emergency treatment to patients presenting with a heart attack caused by a blocked artery. These patients are taken straight to our cardiac catheter lab for life-saving treatment. The aim is to unblock the artery within 60 minutes of the patients' arrival, 24 hours a day.

Consultant Interventional Cardiologist, Dr Suneel Talwar, said: "This is the gold-standard treatment for heart attacks, currently available worldwide, and we are proud to offer this to our patients at our state-of-the-art centre."

"We are proud to offer gold standard treatment to our patients at our state-of-the-art centre..."

New Birth Centre delivered

Our new midwife-led Bournemouth Birth Centre opened its doors for the first time in November.

Hosting two spacious birthing suites with en-suite bathrooms, 'quick-fill' birthing pools and an additional overnight room, the new unit demonstrates our commitment to providing high quality 'home from home' births for new mums.

The purpose built facility boasts hidden technology, sound proofing, air conditioning and variable lighting to create a welcoming atmosphere. It also has dedicated car parking bays for parents and visitors and pull-out beds so dads and birthing partners can stay overnight.

The first baby to be born in the centre was Oliver Newbery who now has a room named in his honour.

Newly qualified midwife Katie Winwood said: "I feel very honoured to work in the new suite because it's completely centred round the women giving birth."

Head of Midwifery Pauline Hawkes with the first baby to be born in the centre and his proud parents

"We have an amazing team of midwives here so it's really exciting to be part of this new venture..."

Our Gastroenterology Team is one of many to offer a seven-day service

Providing seven-day services

A number of our departments have adopted seven-day working to ensure patients get timely, high-quality care no matter what day of the week.

A seven-day CT scanning service is supporting earlier diagnosis for patients and preventing a backlog of scans. It is of particular benefit for stroke and transient ischemic attack (TIA) patients where rapid diagnosis is essential to recovery.

Our Speech and Language Therapy Team is leading the way in Dorset as the first to offer a seven-day service, enabling patients to be assessed more quickly and ensuring they can eat and drink safely which in turn speeds up their recovery.

In gastroenterology, a consultant is on site every day and can review patients wherever they are in the hospital. If an endoscopy is needed on a weekend or bank holiday, that consultant can contact the on call Endoscopy Team and carry out the clinical procedure without delay.

Earl Williams, Consultant Physician and Gastroenterologist, said: “Patients feel a lot happier throughout their treatment as the consultant they have seen during the week is more likely to be treating them at the weekend, and this continuity is helpful during their time in hospital.”

Success in unscheduled care

Some 43 patients every day are now being treated in ambulatory care who would otherwise be admitted to a bed. Ambulatory care is available in acute medicine, surgery and older peoples’ medicine and allows many patients to be seen and treated the same day.

We have also managed to reduce the average length of stay across unscheduled care by nearly one day for every patient.

Patient Nigel Jones said: “I have been singing the praises of RBH to friends, family and pretty much anyone who’s prepared to listen. My profession is business improvement. A part of this involves looking at how businesses can save time, resource and money and improve delivery and quality performance to their customers. It seems to me you have done just that with ambulatory care.

“I do hope this shining light in the NHS continues.”


Our BREATH team

Faster treatment for Emergency Department patients

A faster treatment service for our Emergency Department (ED) patients was trialled successfully at the Royal Bournemouth Hospital in January.

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

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

Support from volunteers and charity

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

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

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

Volunteers' duties are wide and varied and include:

- main receptions meet and greet
- ward support, providing patient visitors
- administration support
- driving the indoor train
- surveying patients for real-time patient feedback
- meal companions to help those in need of minimal support at mealtimes

- patient companions for those with cognitive impairment
- mealtime assistants to help feed patients who have been carefully selected by clinical staff
- gardening

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

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

Friends of the Eye Unit

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

The Friends' AGM in July was very successful, enabling them to recruit a number of new members, and a decision to increase the annual subscription from £1 to £3 was approved.

The Friends hosted a popular gift bag stall at the Bournemouth League of Friends' Christmas Fair on 15 November and in December, made the usual pre-Christmas visits to patients with greetings, Christmas cards and diaries.

During the year the group were pleased to contribute in excess of £54,000 towards new and replacement equipment in the unit, together with the funding of other amenities for the ongoing benefit of patients and staff.

League of Friends Bournemouth

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

The League of Friends counter

League volunteers run a goods counter in the main atrium of the Royal Bournemouth Hospital, which is open five days a week and goes from strength to strength. The counter 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 £49,500 of funding to a range of areas across the hospital, including:

- equipment for Ward 1
- 11 patient x-ray trolleys
- eight blood pressure monitors
- televisions for waiting areas
- one resus cart

Macmillan Caring Locally

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

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

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

Bournemouth Hospital Charity

Bournemouth Hospital Charity aims to raise money to benefit our staff and patients by providing funding above and beyond what the NHS alone can afford.

The money the charity raises is used to enhance the already excellent care received by patients at the hospitals and is provided by the local community and businesses.

Highlights for the year have been the annual Twilight Walk for Women - which raised over £20,000 for equipment in our Women's Health Unit, part of the Jigsaw Building - and our Pedal Power event which raised over £6,000 for our Cardiac Unit and saw men, women and children take to the New Forest and cycle distances as far as 100km.

One example of funding provided by the charity was the £36,000, NASA-invented AlterG treadmill machine used by our Physiotherapy Department.

It is used by patients with a lower limb disorders, for example, patients with arthritis of the knee joint and some patients with lower back pain.

James Creasy, Senior Physiotherapist, said: "We are one of only a handful of NHS hospitals that own a machine and this is thanks to Bournemouth Hospital Charity. The AlterG will benefit thousands of patients and we are very lucky to have this resource for our patients."

Physio patient, Phil Ducker regularly uses the AlterG machine as part of his treatment. Phil has Charcot Marie Tooth Disease (CMT), a degenerate condition which affects his legs and feet.

He said: "The AlterG has improved the muscle mass in my legs and has increased my confidence. Because of this machine, I feel that I can fight my degenerative disease - it has really given me hope."

James Creasy, Senior Physiotherapist and Lesley Kingsley from Bournemouth Hospital Charity with the AlterG treadmill

Twilight Walk

Pedal Power

(l-r) Robin Scott, former Jigsaw Chairman, Rev Brian Williams, Lead Chaplain at RBCH, Rt Rev Jonathan Frost, Bishop of Southampton, Dr Rachel Hall, Consultant Haematologist, Tony Spotswood, Chief Executive of RBCH, and Jane Stichbury, RBCH Chairman

Jigsaw Building

The construction of the new Jigsaw Building is now in full swing. Once complete, this fantastic facility will be home to two very important units which will provide more space for rapidly expanding outpatient and day care treatments and ensure patients receive better privacy and dignity.

The ground floor of the building will be home to a brand new Cancer and Blood Disorders Unit including a wonderfully bright and spacious chemotherapy suite. The first floor will see women's health come under one roof, providing a single location for both breast cancer patients and gynaecology patients, including early pregnancy.

Jane Stichbury, Trust Chairman, said: "The Jigsaw Building is a really exciting development for the hospital and indeed the community."

The Bishop of Southampton blessed the foundation stone of the new Jigsaw Building in July 2014. Robin Scott, former Jigsaw Chairman, and Dr Rachel Hall, Consultant Hematologist, laid the foundation stone before the Rt Reverend Jonathan Frost carried out the blessing.

The Jigsaw Building is funded through donations and fundraising from two Jigsaw appeals, as well as NHS investment. Construction work will be completed by early September 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**.

Non-NHS activity

Private patient services at the Trust 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

We are always struck by the way the whole of life happens within the vicinity of the hospital boundaries, from birth to death, sleep, work, eat and rest and for our chaplains it is a privilege to be regularly called upon to be part of that life cycle.

In July last year, the blessing of the foundation stone of the new Jigsaw Building, by the Bishop of Southampton, highlighted not only the dedicated work of those who had brought the project to that crucial stage, but also the heart of the Trust that spirituality is still a key part of many a staff member and patients' journey. Our chaplains are grateful for the support of the Chief Executive, Chairman and Board of the Trust in their acknowledgement of the importance of spirituality in healthcare.

This year we said goodbye to Rev. Brian Williams after 11 years of service in the Trust and it was so fitting that within his last hour here he was asked to bless the new Maternity Unit where a baby was born that night.

The Chaplaincy Team has employed a new senior chaplain, Rev. David Flower and has also welcomed Catholic priest Father Darryl Jordan. He originates from Texas and his larger than life character has been welcomed around the Trust. The chaplains all express their thanks to the faith leaders from around the area for regularly coming in, within their busy schedules, to see their own members and also visiting those we as chaplains ask them to visit.

"We are always struck by the way the whole of life happens within the vicinity of the hospital boundaries..."

Finally, a series of "thank yous" for others who have supported the Chaplaincy Team this year - the volunteers who come on a Sunday afternoon to bring patients to the worship service and the work of the team of St. Vincent de Paul; the Band of the Boscombe Salvation Army lifts the spirits on the wards on the first Sunday of the month and also supports the two carol services at Christmas; the choirs of St. Johns Church, Moordown, the Poole and Parkstone Singers, All Saints Church, Southbourne and Muscliffe Community Choir have really touched hearts with their choral support and have been very gratefully received; and finally for the support of the League of Friends.

The Chaplaincy Team looks forward to another year of serving the Trust.

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

We monitor our performance against a range of performance objectives and targets, some of which are set by us but others reflect national targets and those set by commissioners. Details of the performance on key performance, safety and quality objectives is set out in the Operational Review, starting on page 25. For the first time in our history as a foundation trust, a planned deficit of £1.9m was agreed in recognition of the continued operational and financial pressures faced by the NHS. Although we did not achieve this plan, reporting a final deficit of £5.2m, we ended the year in a strong financial position when compared to the foundation trust sector.

As a result of the national payment mechanism for foundation trusts, we are required to achieve a cost improvement plan target of around 4% each year. Savings of £7.5m were achieved during 2014/15 and 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 2014/15 we employed 4,356 members of staff who cared for and treated:

- 238,352 outpatients (follow up) appointments
- 137,414 new outpatients
- 112,141 inpatients
- 87,015 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 for patients

In 2015, we got the views of our staff and patients to reshape our vision going forward.

We had six options that we asked them to vote on, letting us know which one was most important to them.

The option chosen was the one created by our Change Leaders:

Excellent care for our patients reflecting the care we expect for our family

- Putting patients at the heart of everything we do
- Working together to improve care
- Being responsive to patients individual needs

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 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 elderly, reflecting the local population. There is an excellent infrastructure to support rehabilitation with superb physiotherapy and occupational therapy facilities.

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

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

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 17 of 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 15,000 members, is made up of members of the public, staff and appointed governors. They ensure members' views are heard and are fed back to our Board of Directors, and members and the public are kept up to date with developments within the hospitals. You can read more about the work of governors and details of our membership from page 160.

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

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

You can read more about the Board of Directors and Council of Governors in the Directors' Report from page 145.

Operational Review

Performance Overview

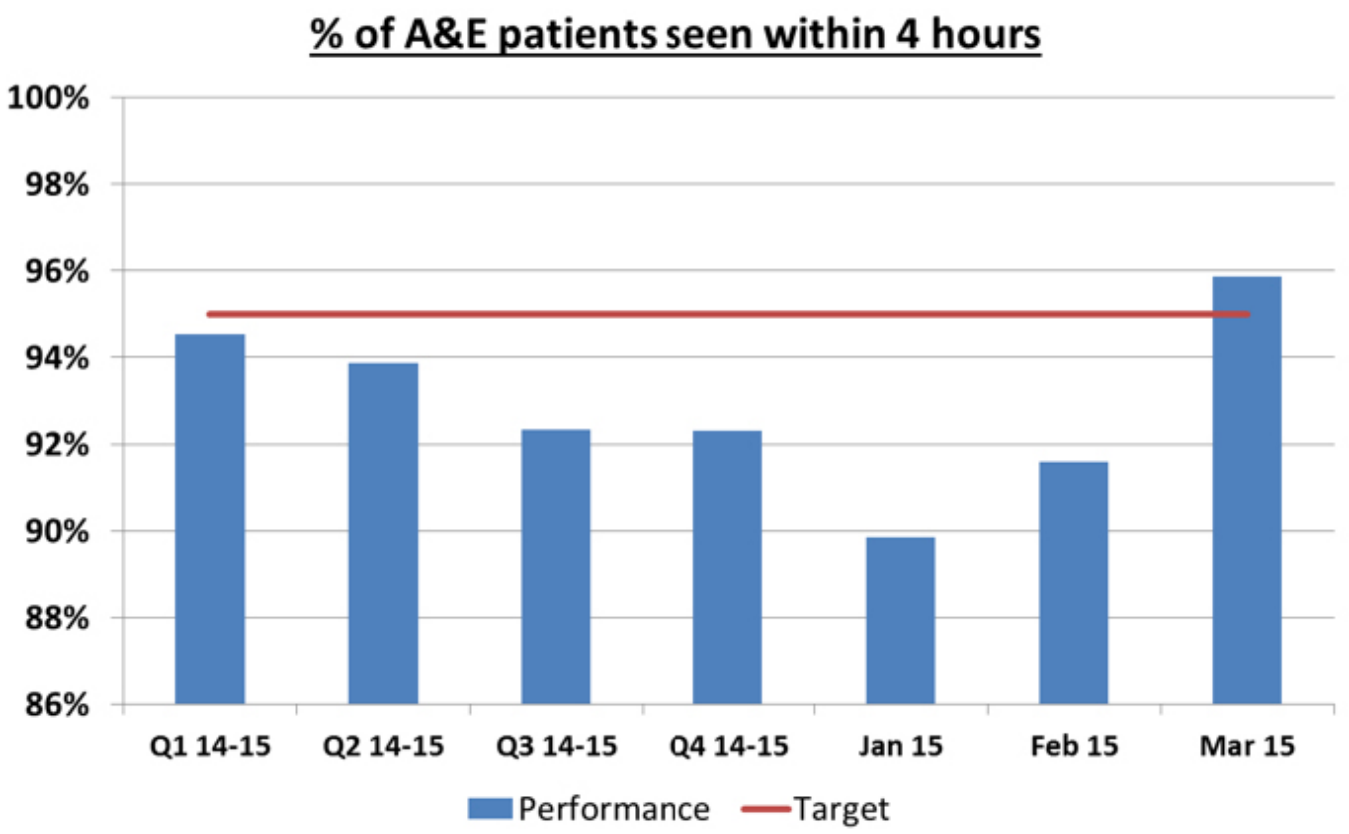
Trusts across the country and in Dorset have continued to experience significant pressure from the demand on their urgent care services. We have been no exception and have seen an increase of 11.9% on emergency admissions compared to the previous year. This has also been in the context of a 7% increase in outpatient referrals and an increase in referrals to cancer services. While we have coped well, these increases have had a direct impact on our ability to maintain performance against some of the national targets.

Patient experience

As the year progressed, we found the Emergency Department (ED) four hour target from arrival increasingly challenging, particularly as the complexity of patients arriving at the hospital increased during the winter. Surrounding services, such as social care, have also been under significant pressure with more delays in discharging patients from the hospital who need a package of ongoing care. We also saw a rise in the number of patients arriving by ambulance, with more patients being brought into our ED than last year.

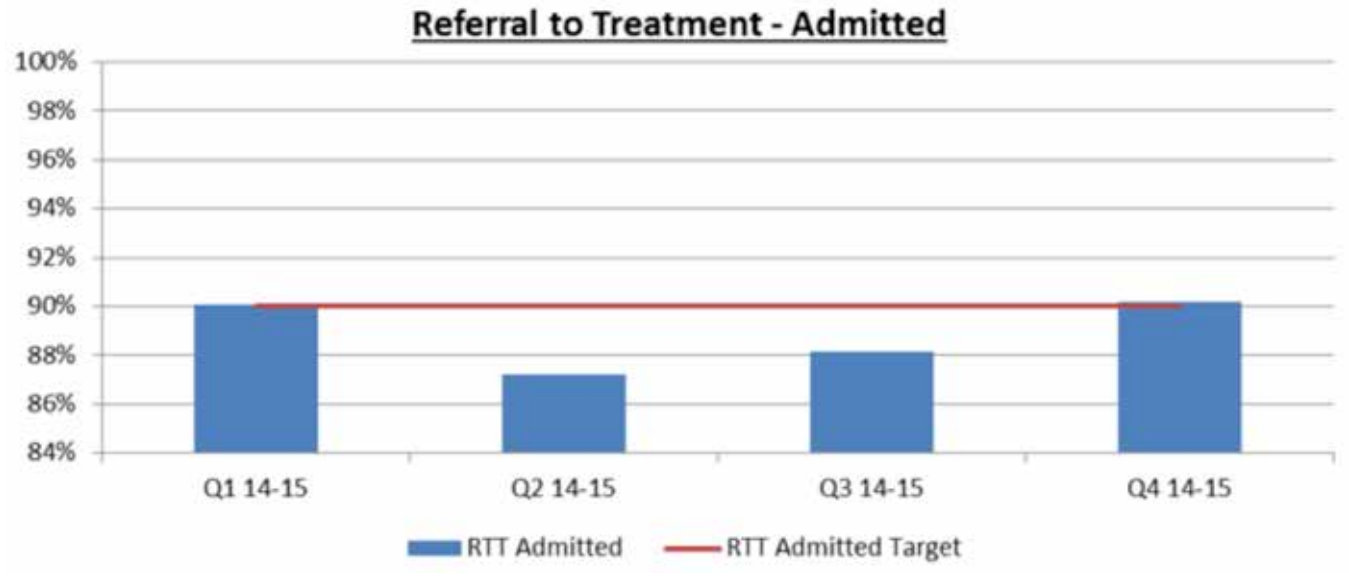
Positively, in order to cope with the increasing demands on our services, we prioritised the development of our urgent care services supported by our Unscheduled Care Improvement Programme. This has seen further developments in senior medical and specialist nursing staff at the 'front door' and at the weekends and in the evenings. Ambulatory care services have been developed to avoid people staying in hospital unnecessarily overnight. Significant improvements are also underway in our Older Persons' services with the development of short stay wards supported by nurse practitioners and dedicated consultant staff.

In the latter part of the year, we implemented a rapid assessment process in our ED, which has begun to see a reduction in delays for patients being treated there.

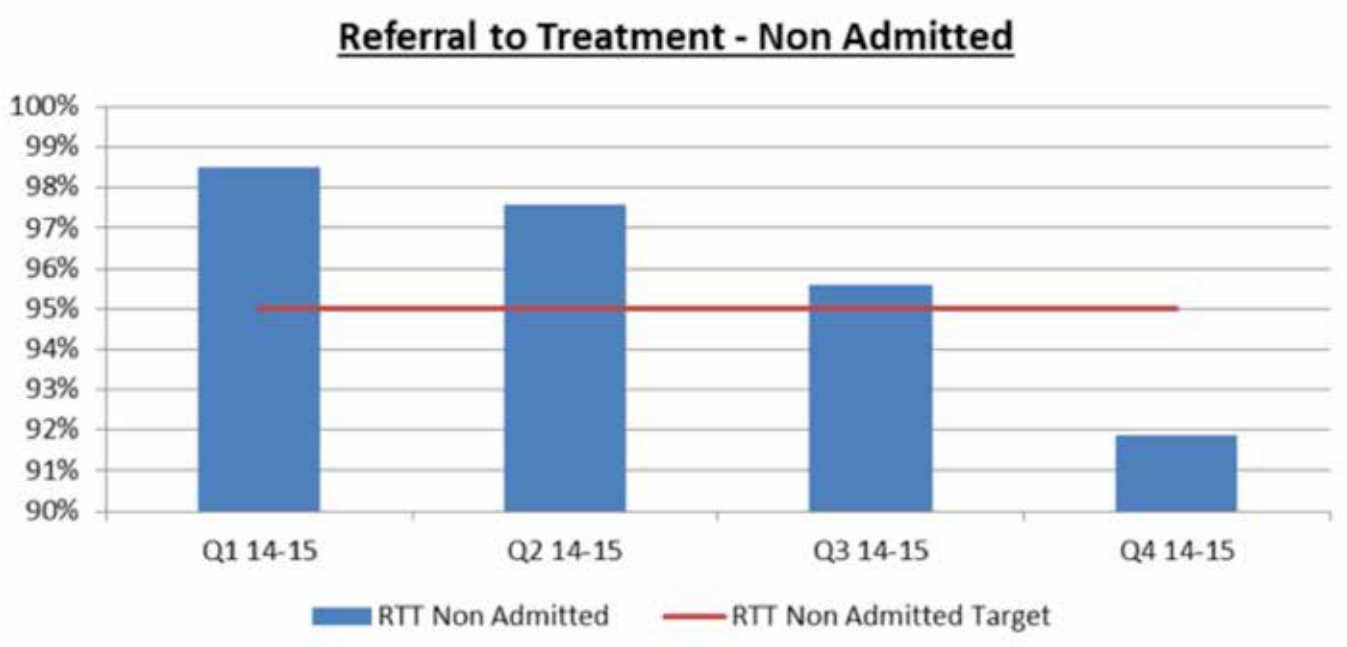


We continued to work jointly with our local Clinical Commissioning Group and other health and social care organisations to further progress key areas of service. These include locality based, multi-professional teams that support patients in their community with the aim of avoiding unnecessary admission to hospital and our interim care arrangements and primary care support into the hospital.

During 2014/15, many trusts saw increases to their waiting lists, due to demand and also the need for hospital capacity to be available for urgent care provision. National support was made available from July 2014 to help trusts to reduce the overall waiting list and treat the longest waiting patients. This has meant that since July, a higher proportion of longer waiting patients were treated leading to a below 90% performance against the target. However, an improved position was seen in the fourth quarter.

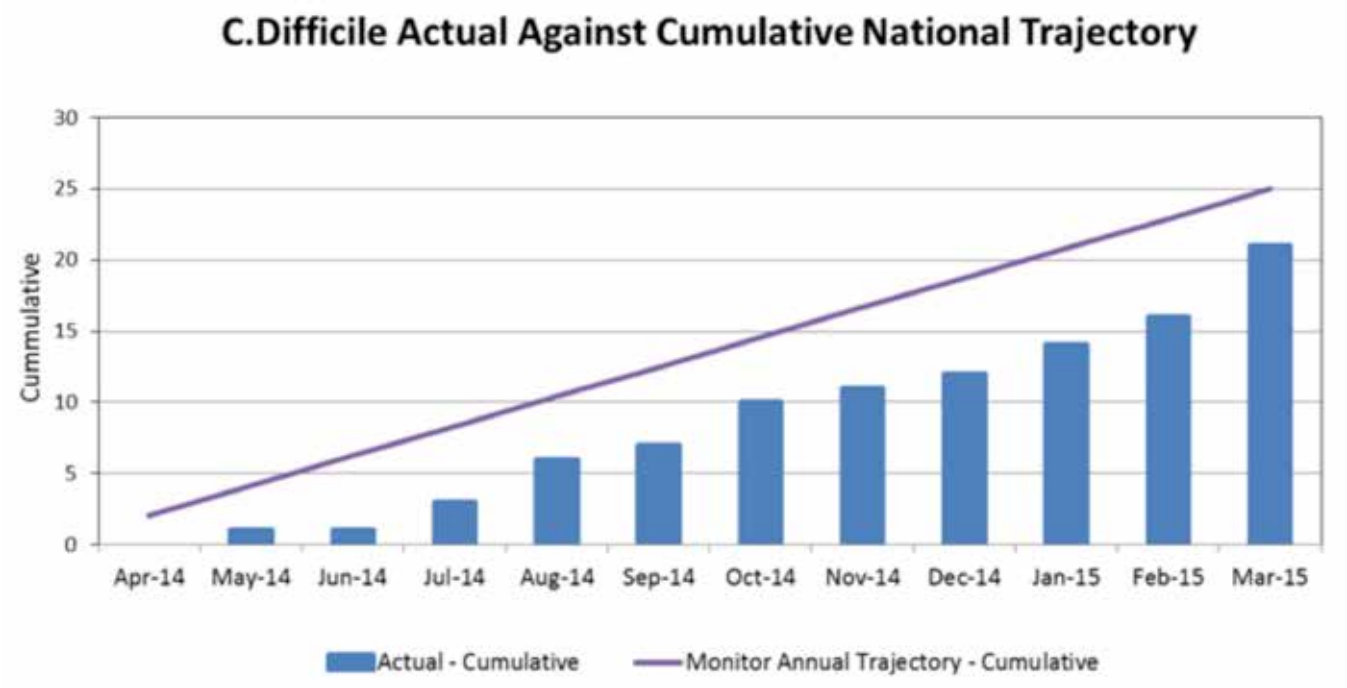


The increasing referral demand together with some particular pressures in some specialities and in our endoscopy services also meant that as the year progressed, we saw a reduction in our performance for patients who do not need to be admitted for their treatment. However, recovery plans through the latter part of the year and into next year are improving this position.



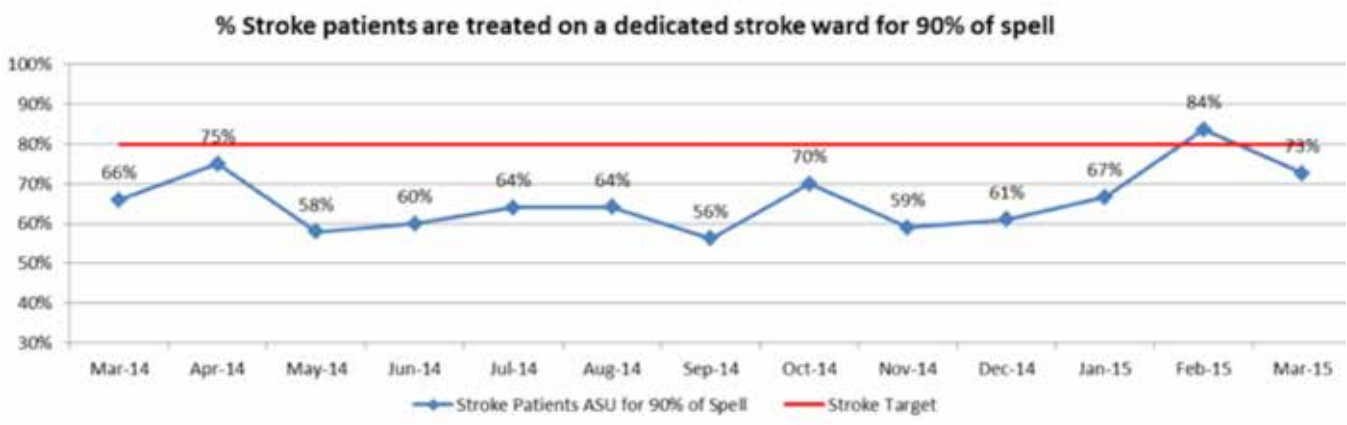
Safety

Despite the pressures on the Trust, we continued to perform well against the national infection control standards, achieving the national MRSA objective and being well below the Monitor 'deminimis' target of six. We also achieved our national target for clostridium difficile.

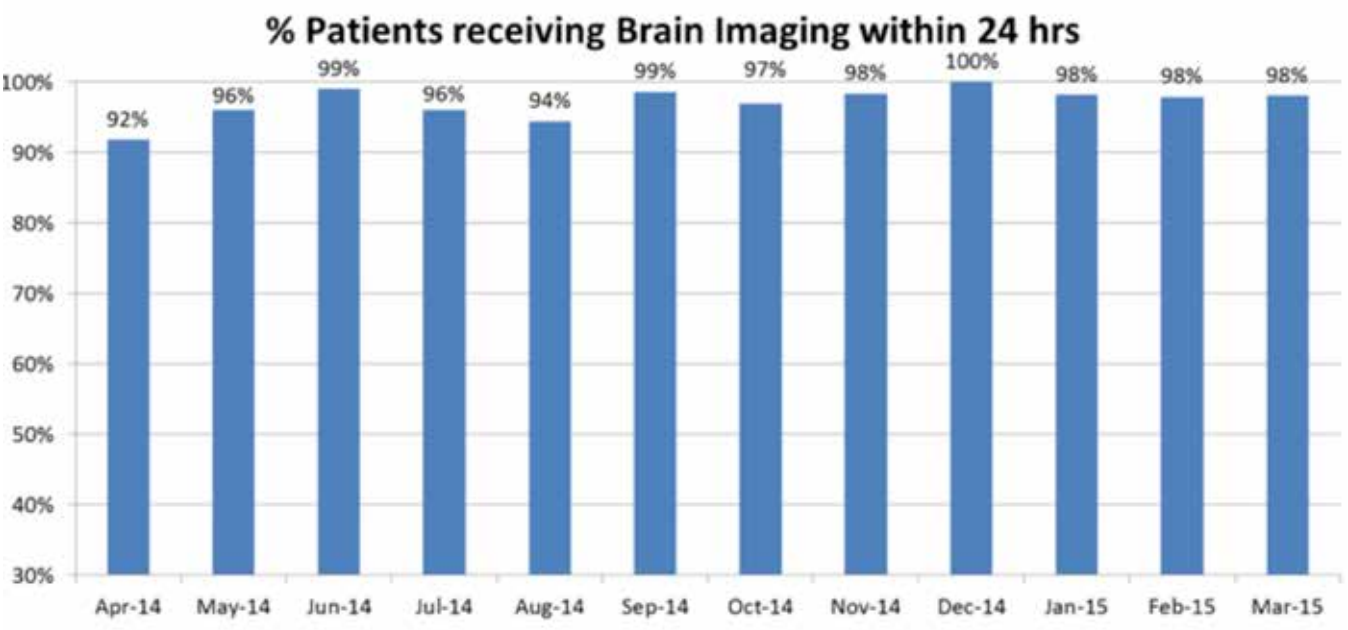


Quality

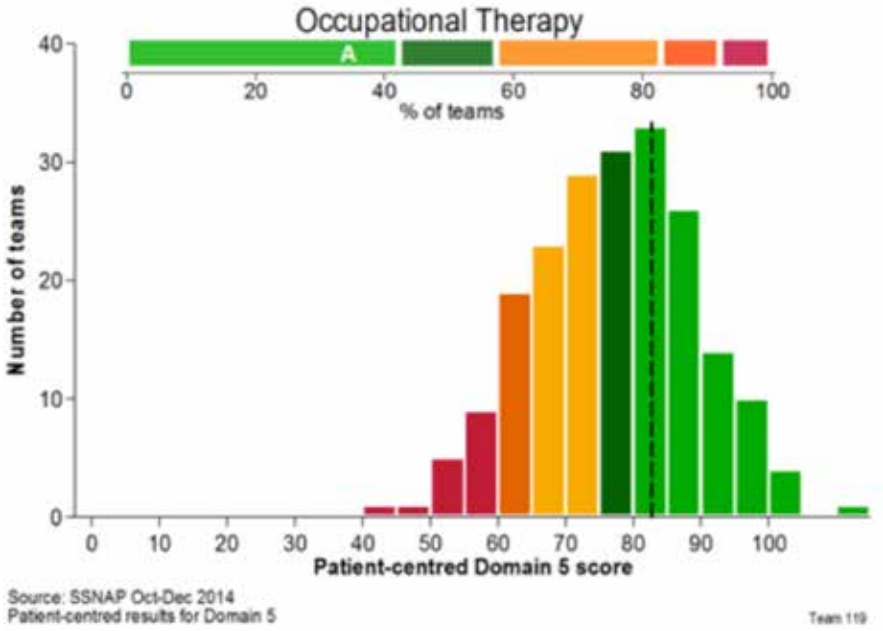
One of the particular areas of challenge for the Trust in 2014/15 was against the local stroke service indicators. We have been undertaking a programme of improvements across our stroke service and saw an improving position at the latter end of the year. This work continues in order to establish a sustainable position going forward.

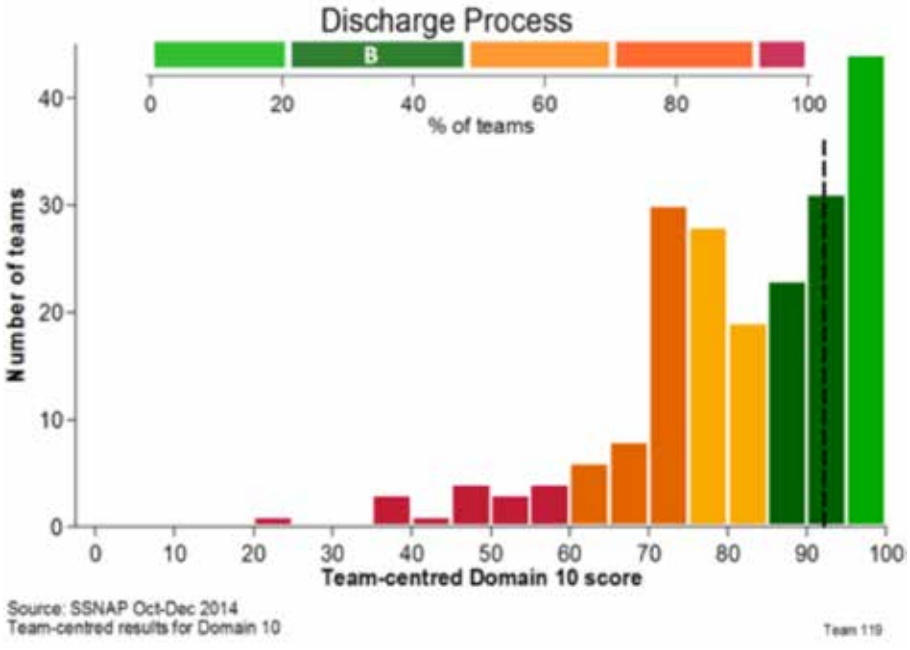


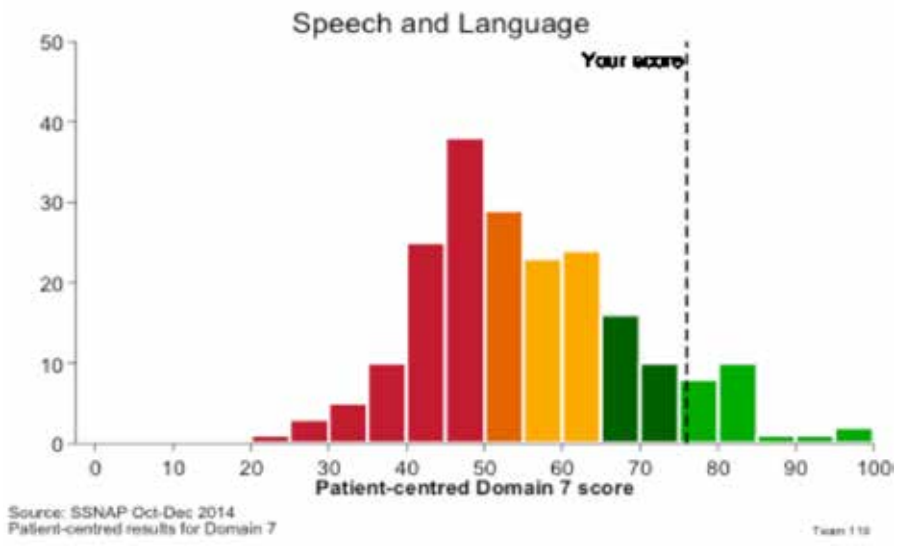
The Trust continued to perform well against the brain imaging target with more than 90% of patients being scanned within 24-hours and we also provided thrombolysis for appropriate and eligible patients.



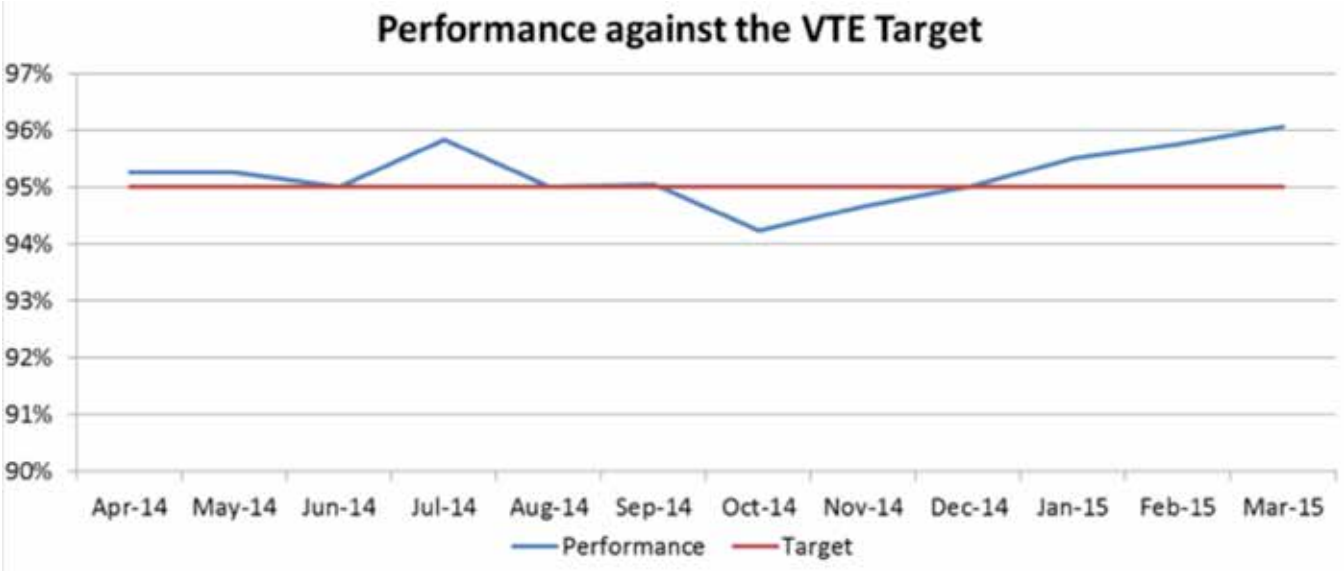
We now participate in the national Stroke Audit. Early audit data showed positive results compared to other trusts for our occupational therapy and speech therapy provision for stroke patients as well as on our discharge processes, including our local Early Supported Discharge Service.


Occupational Therapy
A
0 20 40 60 80 100
% of teams
Number of teams
0 10 20 30 40
0 10 20 30 40 50 60 70 80 90 100
Patient-centred Domain 5 score
Source: SSNAP Oct-Dec 2014
Patient-centred results for Domain 5
Team 119

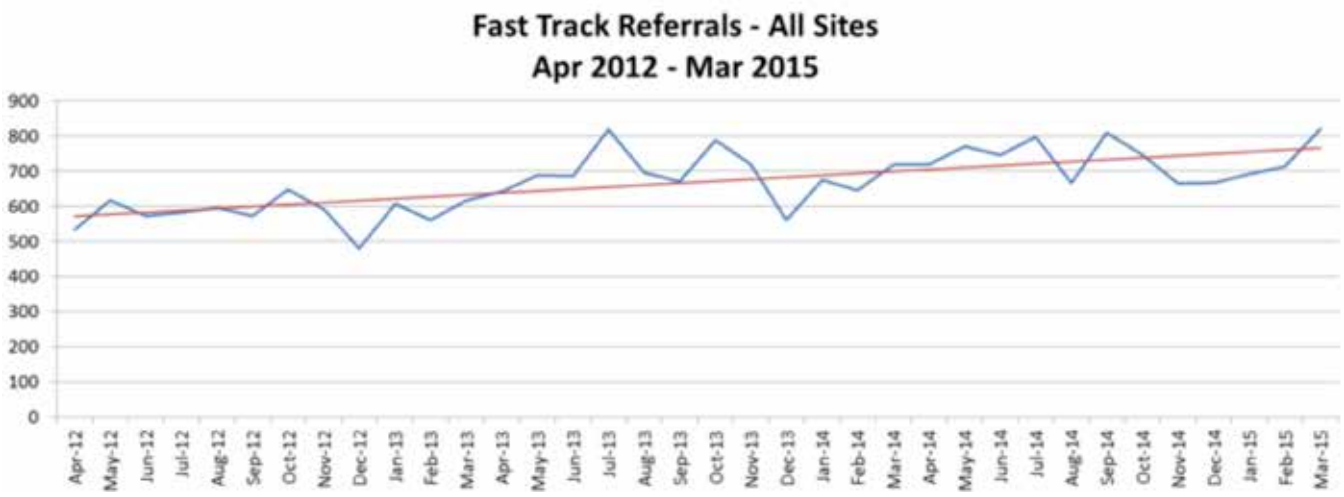

Discharge Process
B
0 20 40 60 80 100
% of teams
Number of teams
0 10 20 30 40
0 10 20 30 40 50 60 70 80 90 100
Team-centred Domain 10 score
Source: SSNAP Oct-Dec 2014
Team-centred results for Domain 10
Team 119


Speech and Language
Your score
50
40
30
20
10
0
0 10 20 30 40 50 60 70 80 90 100
Patient-centred Domain 7 score
Source: SSNAP Oct-Dec 2014
Patient-centred results for Domain 7

The challenging 95% venous thromboembolism (VTE) target was achieved by the Trust for the majority of the year.



During 2014/15, we continued to experience the year-on-year growth in fast track referrals to our cancer services, partly due to a series of national campaigns.



This has presented a challenge to our two week wait from referral to appointment target, particularly where patients choose not to attend the hospital within that time. In the latter part of the year, improvements in the way in which we manage our capacity for these referrals together with closer working with patients and GPs in relation to their choice of appointment led to an improvement in our performance.

In the first half of the year, we performed well against the 62 day from referral to treatment and 31 day from decision to treatment standards. However, the increased demand through the year, together with some unexpected loss of capacity, unfortunately meant that a small number of patients waited longer for their treatments. We increased surgical capacity, particularly through the implementation of ‘robotic prostatectomy weeks’, in the latter part of the year to focus on treating these patients. This led to a reduction in performance during this time.

Investing in services

We have continued to invest in our clinical services, patient and visitor amenities, hospital infrastructure and staff facilities over the last 12 months, with a total capital spend for the year in excess of £12m. Developments have included:

- development of the Bournemouth Birth Centre, a new purpose-designed midwife-led unit for hospital births, which opened in November 2014
- construction work on the Jigsaw Building, a major new Women's Health and Blood Disorders facility (scheduled for completion in September 2015)
- consolidation of orthopaedic inpatient services in refurbished accommodation on Ward 7
- refurbishment of Ward 26, incorporating various measures designed to create a dementia-friendly environment
- creation of side rooms in the Coronary Care Unit (CCU) to improve patient privacy and dignity and to enhance infection control on this unit
- alterations, refurbishment and new signage in the Emergency Department to improve layout, flow and wayfinding in this busy department
- refurbishment of the reception and waiting area for blood tests in the Pathology Department to provide a more welcoming and comfortable setting for patients
- installation of waiting shelters at the main hospital entrance for people awaiting pick-up
- development of a new Aseptic Unit, for the processing of pharmaceutical products in sterile conditions
- upgrading the Clinical Engineering Department and Medical Equipment Library to improve our facilities for the decontamination, repair and storage of medical equipment
- demolition, enabling measures and construction works at Christchurch Hospital in support of the planned redevelopment of the site
- purchase of a new staff accommodation block at Abbotsbury House to add to our residential stock, plus the ongoing refurbishment of our existing on-site staff residences

We are also working with Bournemouth Borough Council to try to establish solutions to the problems arising from local traffic congestion. We recognise the inconvenience and uncertainty caused to our patients, visitors and staff as a result of the sometimes extended delays arising from severe

peak-time traffic congestion around the Royal Bournemouth Hospital. We are determined to ensure that all possible measures are taken to alleviate this problem, including both short-term adjustments to traffic signals and bus lanes and longer term infrastructure plans including the creation of a new road junction linking the hospital with the Wessex Way.

CQC inspection - our improvement journey

Services at the Royal Bournemouth Hospital are safe, effective, caring and responsive to patient needs and the organisation is well-led. These were the findings of the Care Quality Commission's (CQC) follow up inspection, which took place in August 2014 and were published in November. All four compliance actions that were in place, following an initial inspection in October 2013, were also lifted.

As a Trust we recognise the huge progress made since the original inspection, but acknowledge that we are on an improvement journey to ensuring we provide consistently high quality care across all areas of our hospitals.

We would like to thank our patients and the public for continuing to tell us when we get it right - this is appreciated by our staff - and when we could do better. This has informed our improvement and will continue to do so in the future as we make the changes that we need to.

Below is a summary of improvements found by the CQC inspectors.

Safe services

What the CQC said:

- staffing levels have increased on wards and recruitment is ongoing
- pressure ulcers and falls are reducing
- bay-based nursing has been introduced
- safety and effectiveness of the accident and emergency service had improved
- escalation beds no longer in use

What we have been doing:

- we have an ongoing recruitment programme and have recruited over 100 qualified nurses. This includes a number of overseas nurses who are now working on our wards. Our ward staffing is reviewed at every shift to ensure safe staffing levels are in place to care for the range of patients on that particular ward
- we have appointed over 30 consultants in a range of specialties in medicine, radiology, surgery and care of the elderly. These include replacement and new appointments. This is the largest increase in consultant investment made by the Trust
- we launched our PACT (Pressure Area Care Together) ulcer prevention and management strategy. All relevant documentation and supporting information for staff about preventing pressure ulcers is now easily accessed. Each clinical area has a PACT folder containing guidance and standard procedures

Effective services

What the CQC said:

- patients with dementia received good care with staff routinely receiving training
- more robust security arrangements are in place (in the Emergency Department)
- patients with a suspected stroke are more timely assessed before being admitted to the Stroke Unit
- improved management and flow of patients through the hospital

Our Ambulatory Care Service has proved successful

What we have been doing:

- new clinics for unscheduled care - not all patients admitted to hospital as an emergency need to be an inpatient to receive their treatment. A number of new emergency care clinics have started and some 43 patients every day are now being treated in ambulatory care who would otherwise be admitted to a bed. Ambulatory care is available in acute medicine, surgery and older peoples' medicine and allows many patients to be seen and treated the same day

Caring services

What the CQC said:

- patients and relatives on wards, in the Emergency Department and in outpatients were overwhelmingly positive about the caring attitude of staff
- privacy and dignity promoted in all areas visited by inspectors
- patients were happy with the care and treatment they received. They felt the care was safe, there were sufficient staff and they were treated with respect and dignity

What we have been doing:

- we launched a new privacy and dignity policy which includes a set of pledges to our patients which are communicated on our wards
- we worked with Healthwatch Dorset to hear the experiences of patients and the public. We are reviewing your feedback so that we can respond and improve
- our wards have received improved Friends and Family Test scores from patients who are asked if they would recommend our hospital to their friends and family

Responsive to patient needs

What the CQC said:

- complaints and patients stories are used for learning and improving services
- responsive to individual needs
- positive and negative feedback from monthly surveys are displayed on each ward together with what had been done in response to the feedback

What we have been doing:

- Ward 22 became a short stay elderly care ward and has reduced the length of stay for patients to five days
- patients now have their condition monitored via an electronic system which automatically alerts staff if they start to deteriorate. 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 then generates a score - the higher the score, the more the patient has deteriorated, and the sooner an appropriately skilled clinician is able to respond. This enables staff to prioritise treatment for the sickest patients
- an electronic system to speed up venous thromboembolism (VTE) assessments has been introduced on all our wards. Patients staying in hospital have a VTE assessment due to the increased risk of blood clots, particularly after surgery or for those who may be bedbound for longer than usual. As well as providing live information, the new system, using an iPad, is quick and easy to complete and avoids nurses having to leave a patient's bedside to find a computer to log the information. Our matrons can look at all their patients and identify any gaps in assessment and act on this

VitalPAC Nurse is an electronic system used to monitor patients

Our matrons with our heads of nursing and director and deputy director of nursing

Well-led

What the CQC said:

- there is strengthened clinical leadership
- staff morale has improved
- there is a higher expectation from staff that they would be listened to and any concerns addressed
- improved support for junior doctors
- strong clinical leadership in all areas visited
- staff were positive about the new management structure and felt supported by their managers and their senior managers

What we have been doing:

- a new clinical management structure has been introduced with the appointment of 14 matrons
- elderly care consultants are now in the hospital at weekends, as opposed to being on call, meaning junior doctors can speak to a senior consultant face to face for advice and assistance
- the executive team regularly visits wards and departments at weekends and out of hours
- staff developed a new set of values for the organisation; communicate, teamwork, improvement and pride

Clinical strategy

Over the summer of 2014, the Trust developed a five year strategy. At a similar time, Dorset's Clinical Commissioning Group commissioned a Clinical Services Review (CSR). Both of these exercises took into account the significant factors affecting health services now and in future. The factors considered in the CSR's "The need to change" document included:

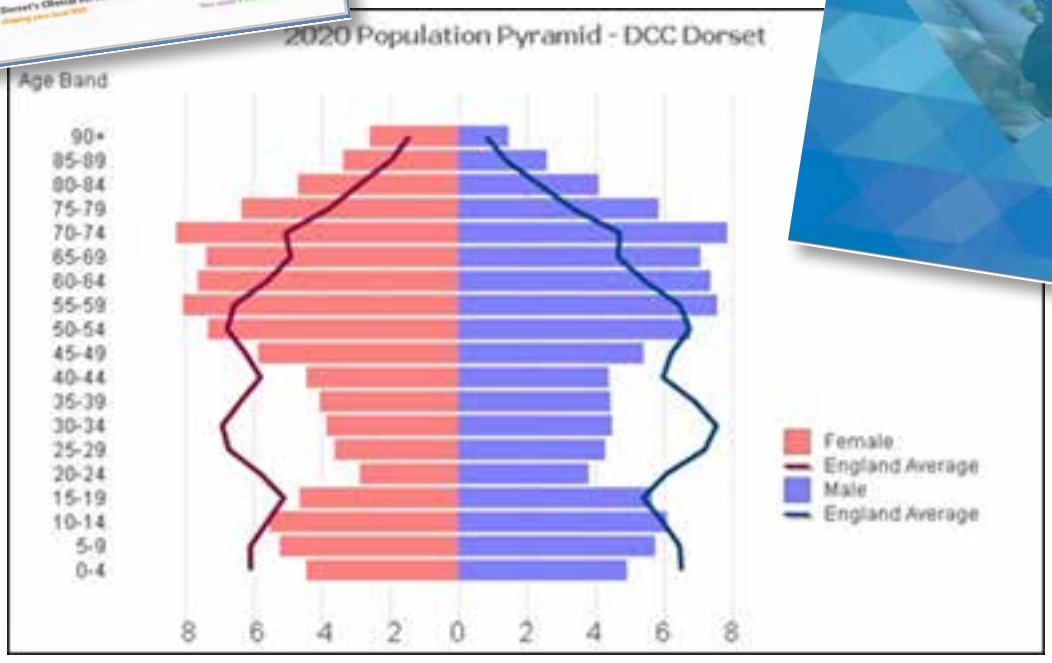
- changing population health needs
- new treatments
- increasing population expectations
- financial challenges

The CSR programme is in the process of developing an agreed shortlist of options which will be put out to formal public consultation over the summer of 2015.

In addition to the drivers above, there is a further factor that is increasingly problematic, especially locally. Dorset has one of the oldest population demographics in the country and one of the smallest working age populations. This is shown in the chart below.

This makes it difficult to continue to staff health services in the way they have been staffed in the past. A key part of our strategy and the CSR is therefore to ensure that we maximise the use of the expertise and experience of the clinicians we have locally. In addition, we need to consider the type of roles that we need in the future and to seek opportunities to update roles, both to adapt to the developing needs of the population, but also to ensure these roles are as attractive as possible to existing and potential staff.

At a national level, the recent NHS Five Year Forward View (5YFV) outlined some approaches to addressing the above issues, emphasising a requirement for a much higher level of integration across all health organisations.



Specifically a number of new organisational models were suggested including larger primary care organisations based around GP practices, but with responsibility for community, GP and potentially, social services. This model, entitled Multispecialty Community Providers, envisages an organisation covering a substantial number of GP practices with the potential to employ consultants in a variety of specialties, take over the majority of outpatient consultations and potentially run community hospitals. An alternative also suggested was the Primary and Acute Care Systems whereby primary care and secondary care organisations integrate so that one organisation provides care for patients throughout their pathway. In both scenarios there is potential for the new organisation to take over the care for a given population and to be funded on a capitation basis.

All the indications, from both the NHS 5YFV and from the indications of health policy after the May 2015 election, suggest that much more integration is likely to be encouraged or mandated. Potentially the output from the local CSR may coincide with the above models being put into practice, but this is unlikely to be before 2017; therefore, there is a need for us to continue to deliver sustainable high quality services in the interim.

Our strategy recognised the above external factors, but also provided a focus on several internal priorities as indicated in the diagram below. Many of these had work programmes already established, for example we have seen an increased number of staff participating in leadership programmes and we have continued to develop the Trust vision and values with a view to them becoming part of our recruitment and appraisal approaches in 2015/16.

We also took the opportunity to present the strategy to the directorate and departments across the Trust and to seek contributions to its further development.

In summary the key parts of our strategy are:

External

- Play an active role in the reorganisation of health services across Dorset
- Support the integration of primary (GP/ community) and secondary (hospital) care services

Internal

- Enhance our organisational capability, especially in leadership, strategic planning and organisational development
- Continue to improve the clinical performance of the hospital, delivering high quality, more efficient services

Developing our organisation

This year we have been working with our staff to develop our understanding of the Trust values - Communicate, Teamwork, Pride and Improve - to ensure they are at the heart of everything we do.

We have been collaborating with culture and behaviour experts Talent Works to develop a behaviour framework based on our values which clearly articulates what behaviour we expect from each other and towards our patients. This will be incorporated into our new values based appraisal process.

This year, our ward sisters and charge nurses have been taking part in our Time to Lead Leadership Development programme, which has been designed to equip them with key leadership skills and tools, an understanding of what it means to be a leader in our hospitals, and giving them support through coaches and action learning sets.

We have over 20 Change Leaders who are representatives from across our directorates and staff groups who actively support change initiatives and make sure that key messages to and from our staff are delivered.

We have also used the opportunity of the new Friends and Family Test for staff to ask some additional questions in our quarterly Staff Impressions online surveys. The results from these have included a wealth of free text comments and the identification of some key themes.

In December, we held a Workforce Planning event with all our senior managers to get them thinking differently about workforce challenges. Lots of new ideas were generated and our care groups are now developing strategic workforce plans in response to these.

Our focus now moves to using the behaviour framework to refine our approach to values-based recruitment and we hope to use the development plans identified at appraisal to develop our approach to talent management.

Going concern

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

Principal risks and uncertainties for the future

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

- future service reconfiguration in the county
- general election - potential changes in policy
- £8-10m 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 back drop of reduced funding for hospitals

End of year financial position

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

The financial risk rating is known as the 'continuity of service risk rating', and 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 one to four, with four being the highest.

The governance risk rating comprises three levels:

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

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

Business continuity and resilience planning

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

- Major Incident Plan
- Business Continuity Plan
- Chemical, Biological, Radiological, Nuclear and explosive (CBRNe) Plan
- Pandemic Influenza Plan (including ebola, MERs)
- Mass Prophylaxis Plan

We continue to identify national and local community risks as detailed in the national and local community registers and plan appropriately to address any of these risks that may have an impact to the wider community, such as a major incident scenario or an infection outbreak. Preparation for a potential ebola outbreak has been the main focus of work over the last year with extensive training and resources being deployed.

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

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

We also look forward to working with the newly formed Civil Contingency Unit.

Patient care improvement

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

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

Our activities over the year included:

- continued development to nursing documents
- development and implementation of patient property lockers and refined documentation
- Patient Property Management policy developed for launch in 2015
- patient feedback boards for the public to view our actions for improvement and LCD screens for patient information and education. This is informed by our Patient Experience Cards - more than 30,500 cards were completed over the year and in excess of 15,500 comments left
- maintenance and improvements to the ward ‘scorecard’ and staffing key performance indicators, which are reviewed monthly by key stakeholders and ward clinical leaders
- large increase in the number of volunteers trained as mealtime assistants to aid patients with feeding, encouraging fluids and ensuring mealtimes are a sociable event
- monitoring of the patient experience through implementation of the Friends and Family Test, Real Time Patient Feedback, Patient Experience Cards and volunteer companions

- actions to improve patient experience approved by the Patient Experience and Communications Committee (PECC) - includes Patient Experience Templates, Friends and Family Test, Patient Information and Care Campaign Audits. These all have quality indicators which are regularly reviewed
- implementation of three-tiered training packages for staff working with patients who have dementia
- monthly action plans from wards to address patient feedback
- one-to-one interviews with complainants to understand their experience and review the process and change accordingly
- focus groups to understand patient perception and influence improvements, including improved written information and staff education to ensure improved communication
- Carer and Young Peoples' forum resulting in carers information sheet and staff education on the young person's perspective through perceptorship training
- development of a disability awareness video for staff training
- Patient Opinion and NHS Choices comments are directed, where necessary investigated, and replies are within set criteria
- stakeholder events - these have included wide stakeholder and partnership agencies to inform the patient experience strategy
- learning disabilities events - actions include the development of a Friends and Family Test for those with learning disabilities in partnership with Bournemouth People First
- NHS Change Day to enable staff and volunteers to pledge their support to improving the patient experience and to gather patient experience feedback
- work in partnership with Healthwatch - this has resulted in an independent public and patient survey and report. The report suggested areas for improvement which we have positively responded to
- training of volunteers to: provide support in the event of a major incident; offer bedside friendship to those nearing the end of their life and their families; and as dementia support volunteers
- implementation of the Friends and Family Test to all outpatient departments and improvement in the amount of people responding to the Emergency Department survey

High standards for patient information

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

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

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

Our Patient Information Group approves all patient information and continued to approve a high number of leaflets to support patient care.

The Patient Information Monitoring Group meets quarterly to ensure the quality of information and to monitor areas of risk and governance. The following has also been carried out throughout the year:

- staff training has taken place on how to produce good quality patient information and the approval process

- a new patient information database has been established enabling easier access to leaflets and improved monitoring of out-of-date leaflets

Health & care information you can trust
The Information Standard Certified Member

Complaint handling

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

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

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.

Our strength is our staff

We are a significant employer in the area, employing 4,356 whole time equivalents as of 31 March, 2015. 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.

- We scooped two national accolades for our **environmental sustainability work** at the 2014 NHS Sustainability Day Awards. Our staff have been working hard to reduce the Trust's carbon footprint and is now 'zero waste to landfill', marking a significant milestone in its sustainable waste story. Read more on page 58.
- Our **Eye Unit** was shortlisted for the Macular Society's Award for Excellence. The honour highlights exceptionally good practice in the care of people who are suffering from macular degeneration, the most common cause of sight loss in the UK. The unit was nominated for the award by patients for the second year running.
- **BJ Waltho, qualified nurse of 36 years and Associate Director of Operations** for our Trust was elected Vice Chair of Congress for the Royal College of Nursing. The annual debating forum is the nursing showcase of the year for thousands of nurses, midwives, healthcare assistants and nursing students and it is the first time anyone from the Trust has been awarded such a significant role.
- Our **Sunshine Midwifery Team** were highly commended for providing excellent care for parents and babies in their first 1,000 days. The team provides care to vulnerable women and was recognised for its work at the All-Party Parliamentary Group on Maternity's First 1,000 Days Awards, held at the House of Commons.

Recognising our own staff

Throughout the year, a key focus has been on improving our recognition of our employees who are clearly demonstrating our values. We launched #ThankYou! which encourages patients and staff to identify colleagues who have made a difference and more than 370 individuals have received a "thank you". We launched our Monthly 5 Stars in June and have singled out five individuals or teams each month since. We also held a special afternoon tea this year for nearly 100 members of staff.

Each year we also recognise the hard work and commitment of our own staff over the previous 12 months through a staff awards evening. In 2014 the awards were renamed the 'Pride Awards' to reflect one of our four key values 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:

Award for Patient Experience

Winner:

Saran Wylie, Ward Clerk, Ward 4

Saran's communication skills with our dementia patients, visitors and her colleagues are excellent. She is very personable, easily builds rapports with both patients and families and is a highly valued member of the Ward 4 team. Saran is pro-active in trying to improve patient experiences while in hospital as well as discharge planning. She has put together a reminiscence box and designed her own crosswords for the patients. Saran also organises the volunteers on the ward, giving them support in identifying the patients in most need of their company and ideas of activities to do with them.

Award:
Award for Teamwork
Winner:
Cardiology sisters and charge nurses

The cardiology ward sisters, charge nurses and their deputies have pulled together exceptionally as a team to support each other and provide an improved cardiology service to patients. For example, senior nurses in the Coronary Care Unit (CCU) and wards 21 and 24 have swapped to provide specialist skills for on-the-ward training and education. Ward 21 and Ward 24 have had a number of new staff who required competency in looking after patients who go for procedures. Ward 23 agreed for staff to spend a week with them gaining the experience in CCU prior to starting on their ward. The catheter lab sister always provides support to wards whenever they have any spare time in the catheter labs. If the catheter labs are struggling to provide support for the pacing room, CCU will always stand in for them if they are able to.

The team is not a conventional team in that they do not work alongside each other every day, which is what makes their commitment to work as a senior team to support each other and each other's patients so exceptional.

Award:
Improving Lives Award
Winner:
Dr Sue Hazel, Sister Michelle Richards and the Ward 22 team

Ward 22 team was nominated for the changes made when the traditional ward became a short stay elderly care unit. Michelle and Sue motivated the full multi-disciplinary team to ensure they fully understood the benefits. Patients receive a full geriatric assessment

in an environment that is better for them and are able to return home sooner; reducing the risks associated with a stay in hospital. The team has responded well to the change and there have been many positive comments from patients, relatives and carers alike. The length of stay within elderly care has decreased from 16 days to 12 days since the change in the function of the unit, with no loss in the quality of the care given. On Ward 22, the length of stay has changed from 16 to five days.

Award: **Behind the Scenes Award**
Winner: **PACS and IT**

A new PACS system was installed to view radiology images across the whole organisation. It required many different disciplines working together to switch a mission critical IT system from one supplier to another. Close cooperation between Radiology and IT and other areas of the Trust was needed. Over the weekend of the go live, a team of about 20 staff were in the hospital all weekend, nearly 24 hours per day to ensure that, come Monday morning, the new system was operating correctly and had the right data in it. This team showed enormous dedication to the task of getting this right, despite being incredibly tired and fatigued from hours of work. For some, this work had gone on for weeks beforehand and weeks afterwards. On go live day, teams were sent across the Trust to ensure all users were not experiencing any issues and help if anyone could not use the system. This change went incredibly well with very few incidents being reported after go live.

Award:
Award for Improving Patient Safety
Winner:
Andrew Humphreys, Charge Nurse Coronary Care Unit

Within four months of being made an acting Band 6, Andy was promoted to a Band 7, when the clinical leader left. He has completely overhauled the way that the CCU is managed with the aim of improving patient safety. He has worked tirelessly to improve infection control standards in the unit. He has redesigned spaces, increased training, reduced clutter, maximised storage, updated policies and implemented new monitoring. Since all of the changes have been put into place, there have been no further MSSA infections. This is a credit to his dedication and hard work, which would be an achievement for anybody but a massive achievement for someone with so little previous management experience.

Award:
Learning and Development Award
Winner:
Marie Miller, Practice Educator, Ward 10/11

Marie is the practice educator for the haematology/oncology service; providing training and support to staff within a highly stressful environment and caring for cancer patients on a daily basis. During the last year, Marie has led the introduction of a new prescribing system for the delivery of chemotherapy. This has meant liaising with Poole and Dorchester hospitals, which also share the system, arranging training and assisting in the training of all staff who will use the system. Throughout delays in the project beyond our control, Marie has persevered, kept everyone on track and showed great determination to deliver on an essential development for the safe delivery of chemotherapy. This has been accomplished without Marie asking for more hours and she has done much of this work in her own time.

Award: **Award for Improvement**
Winner:
Jade Spicer, Radiology Administration Manager, Tina Gunatillake, Sonographer, Kerry Terry, Clerical officer, Jean McCarthy, Clerical officer and Sarah Oliver, Directorate Manager for Radiology/Head of Radiography

From day one that each patient is referred to the Trust we have 62 days to begin treatment. The biggest daily challenge is accessing MRI and biopsy in a timely way, sometimes with delays of up to 30 days. This team has been instrumental in removing this 30 day delay. The average pathway for our patients from referral to diagnosis is now around 32 days. Changes to how bookings take place ensure that these patients receive an MRI on the same day as their outpatient appointment - there are now evening slots.

Since April 2014, 34 patients have completed their pathway with only one 62-day breach. Patients can now be confident that they can receive their non-cancer/cancer diagnosis within 30 days of their referral. Other patient benefits include a reduction in the number of visits to hospital confidence in a well-managed, well run diagnostic service.

Award:
Inspirational Leadership Award
Winner:
Belinda Hewett, Sister, Ward 3

Since arriving on Ward 3, Belinda has improved the quality of care, staff morale, and the reputation of Ward 3. She has instilled quality, patient-centred, safe timely care into every aspect of the team. Friends and Family Test data and Safety Thermometer scores have improved to reflect this.

The team feel supported in their roles and she involves all disciplines in her improvements. Belinda has also reduced complaints on the ward despite the negative view that was held by the public and other staff members after the CQC visit.

Belinda never appeared phased by the challenge; the daily bed pressures, the constant staffing pressures, and in the early days the multiple visits both internally and from outside the organisation. Belinda was open about the weaknesses still to be addressed, but on a daily basis celebrated the positives with the staff, management and the patients. By always being able to look at negative feedback as an opportunity to improve - and never let the staff feel it was just someone else 'having a go' - Belinda truly inspired the team to want to do the best for the patients.

Award: **Unsung Hero Award**
Winner: **Lamin Sidibeh, Housekeeping, Ward 11**

Lamin has been working on Ward 11 and is an extremely well valued member of the ward team. He executes his daily job with the utmost enthusiasm and efficiency. Not only does he carry out his job to the highest standard but he does so in a cheerful manner. He is considerate of both patients and staff alike and is remembered by the patients often as being a valued part of their inpatient stay.

Nothing is too much of a problem and he is always happy to help. His attention to detail along with his learning through enhanced training has made him so aware of the importance of cleanliness for patient care. Lamin being a perfectionist at times expects the same standards from his colleagues. He treats each and every patient with dignity, respect and kindness.

Award: **Wave 105 Community Award**
Winner: **Beryl Parker for her charitable work**

This was a new award sponsored by Wave 105 FM. It thanks a very special member of our community who has supported either the Royal Bournemouth or Christchurch hospitals.

Award: **Chairman's Award**
Winner: **Belinda Hewett, Sister, Ward 3**

This award was presented to the overall achiever from all of our winners, as chosen by the Board of Directors.

Informing and consulting our staff

During 2014/15, we consulted our staff and staff side representatives on a number of issues, including:

Consultation	Number of staff affected	Date
Portering - change to 17 week rota	17	March 2014
Portering, Christchurch - hospital closure and departmental restructure	10	March 2014
Thoracic REDS team restructure	51	June 2014
Education and Training Department restructure	14	July 2014
Senior Management team restructure into Care Groups	20	July 2014
Housekeeping - removal of tea break	143	August/September 2014
Finance management team restructure to align with Care Groups	12	September 2014
Commercial Services - Logistics/Stores - TUPE back of 29 Poole Hospital staff	64	October 2014
Estates management - TUPE back of Poole Hospital staff	3	October 2014
PMO pathology project	7	November 2014
Pharmacy outpatients restructure	3	Ongoing
Electronic patient notes (eDM)	70	January 2015

As well as formal consultation, we also make a range of information about the organisation available to staff, such as our performance, good news, events and developments, 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
- monthly face-to-face leaders' briefing with the Chief Executive
- monthly Focus on Quality bulletin sent to all staff

We also have awareness stands outside the staff restaurant, poster campaigns, directorate and departmental meetings. You can read more about how we engage with staff on page 50.

Recruitment

Our recruitment film

This year has been a busy one for recruitment, with the challenges of a national shortage of qualified nurses together with shortages in specialist clinical roles and estates. A collaborative working group with recruitment leads from other local trusts has been set up to discuss ongoing recruitment issues and collaborative working.

For us, the early part of the year was taken up with overseas recruitment resulting in more than 40 nurses joining us from Spain, Portugal and Italy and further overseas recruitment is in the pipeline. We also have strong links with Bournemouth University and held a recruitment day in May which led to 28 students joining our hospitals.

In July, a recruitment day aimed at qualified nurses and clinical staff also attracted a number of other potential candidates who were invited to apply on the day. Some 39 healthcare assistants (HCA) were recruited following the event, and a further 40 were offered jobs after a HCA recruitment day in February.

This year we have been on the road and taking part in recruitment events, including the London Job Show at Westfield shopping centre in February 2015, where more than 180 people showed an interest in relocating to the south coast. We also headed north to Glasgow for the first of four Royal College of Nursing Career events in April.

We know there are many qualified nurses living in Dorset who are not currently working in hospitals. Therefore, we established our Return to Acute Nursing programme to encourage qualified nurses working in nursing homes to join our team and a pilot programme started in March 2015.

We have also amended our relocation expenses terms and conditions of service to include rental property to assist with the recruitment of staff from further afield.

Retention

We know our strength is our staff and it is important that we retain the great individuals we have. An incentive payment of 2% of basic salary was agreed for all qualified nurses and healthcare assistants within Older Persons Medicine to assist with recruitment and retention. This is a six month pilot that will be evaluated before potentially being rolled out to other 'difficult to recruit to' areas.

A band 5 nursing retention and incentive audit was carried out at the end of 2014 to collate views on what the best incentive would be to recognise a senior staff nurse. This work is ongoing. A small retention group has also been set up to discuss ideas to retain staff.

We have organised a number of events this year to ensure our new members of staff are given the opportunity to talk to matrons, sisters and board members about their experiences with us and any issues they may have.

A 'talk to us' poster has also been put up in all clinical areas, highlighting to staff that if they have any issues, they can talk to matrons outside of their immediate area, including to make requests to move to different wards within our hospitals.

Staff health and wellbeing

Our Valuing Staff and Wellbeing group continued to work with staff to improve wellbeing through health education, increased exercise, healthier eating and lifestyles. Research shows that a happier and healthier workforce leads to a better patient experience, which has been one of the main motivating factors for this work. A programme of wellbeing days themed in line with national awareness initiatives has taken place and our Occupational Health and Dietetics teams have been on hand each month to check blood pressures, BMI and provide dietary advice.

- January detox for a healthy liver
- February in love, healthier hearts
- March to recharge for sleep, nutrition and hydration
- April, bowel health
- May on the way, national walking month
- June, healthy living for men
- July, healthy living for women
- August, relaxation and sexual health
- September, work life balance
- October back care
- November mindfulness
- December, festive health

A health and wellbeing survey was completed by 47 employees providing a picture of their current health. While the majority of staff perceived themselves as being sufficiently active and rated their health as good, almost half reported to be overweight or obese. A large proportion of staff indicated they aspired to lifestyle changes for better health. Respondents favoured exercise options during their lunch break or after working hours. In response to this survey, a number of initiatives were made available to staff:

- lunchtime walks and cardio tennis sessions on site
- healthier options in the staff restaurant
- corporate membership of BH Live was promoted, with over 400 staff taking up membership
- the Employee Assistance Programme vitality portal, which has been accessed by around 600 staff. This provides advice on all aspects of a healthy lifestyle, including diet, exercise and sleep patterns
- fit for work programmes, organised by the staff physiotherapy service
- a lifestyle improvement programme (MOVE), which gave the choice of organised group sessions or a flexible on-line programme
- managing pressure sessions

activity. healthy eating. resilience

The RBCH Workplace Wellbeing Project

Outcomes of the MOVE programme showed that on average participants increased their overall activity time by two hours 15 minutes per week; reduced their weight by 2.5kg and waist circumference by 6cm. Most participants increased their intake of fruit and vegetables. Major improvements in mood were also demonstrated with five participants who started the programme with moderate or severe depression improving their depression scores to low mood or depression. Follow up after six months showed that most had regained some weight and reduced their level of exercise, indicating the need for continuing support in future health and wellbeing plans.

Improving health through the Responsibility Deal

This year we signed up to the Department of Health Responsibility Deal, which invites participants to make pledges to improve staff wellbeing. Each pledge is monitored and reported on during the following year.

Our Valuing Staff and Wellbeing group has started to work in partnership with Active Dorset and Bournemouth Borough Council to promote the Living Well Active Workplace project. The project went live in January 2015 with an online workplace challenge, which will be followed up by workplace talks, free taster sessions and to achieve sustainability, training and support for workplace active champions.

The group also report on musculo-skeletal and mental health sickness absence quarterly. The Occupational Health and Human Resources teams have continued to support managers in the management of sickness absence, with additional support being provided by the Staff Physiotherapy Service, which has recently introduced a new self-referral system. Waiting times for appointments have been reduced from seven to two days for urgent referrals and 30 to 6.5 days for routine appointments. This will be further audited to analyse staff satisfaction and return to work rates.

Our Employee Assistance Programme also provided support to staff, with 387 members of staff using the service during 2014, among which were 133 new cases.

2014 Staff Survey

The Staff Survey continues to be undertaken on behalf of the Trust by the Picker Institute, which sent out survey letters to our staff via the internal postal system from September to the beginning of December 2014. This year the Picker Institute was commissioned by a total of 50 trusts.

Staff completing the survey returned it to the Picker Institute in a freepost envelope. Non-responders were sent a reminder card after three weeks and another questionnaire after a further three weeks. Reminders were also displayed on the Trust website, screensavers, noticeboards and via email communications.

A random selection of 850 employees, from those employed at the Trust on 1 September 2013, were invited to complete and return a staff survey questionnaire. Of these, 840 were eligible to complete the survey. The remaining 10 staff were ineligible due to long term sickness or having recently left the Trust.

The staff survey questionnaire content is agreed nationally. We used the core questions for acute trusts. The questionnaire included questions grouped in the following topics:

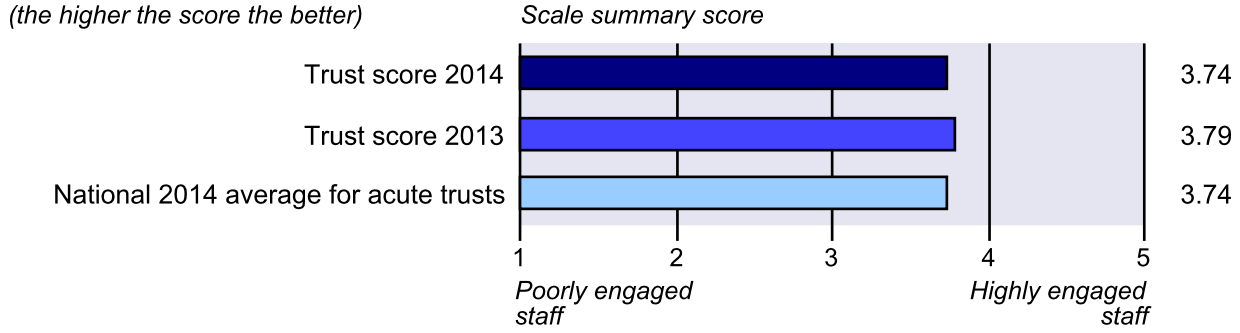
- personal development
- job
- management
- the organisation
- health, wellbeing and safety at work
- background information

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

Staff engagement

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

Overall staff engagement



Our score of 3.74 was average when compared to acute trusts of a similar size. The chart below shows how we compare with other acute trusts on each of the sub-dimensions of staff engagement.

	Change since 2013 survey	Ranking, compared with all acute trusts
OVERALL STAFF ENGAGEMENT	• No change	• Average
KF22. Staff ability to contribute towards improvements at work *(the extent to which staff are able to make suggestions to improve the work of their team, have frequent opportunities to show initiative in their role, and are able to make improvements at work.)*	• No change	! Below (worse than) average
KF24. Staff recommendation of the trust as a place to work or receive treatment *(the extent to which staff think care of patients/service users is the Trust's top priority, would recommend their Trust to others as a place to work, and would be happy with the standard of care provided by the Trust if a friend or relative needed treatment.)*	• No change	✓ Above (better than) average
KF25. Staff motivation at work *(the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs.)*	• No change	! Below (worse than) average

Response rate

Our 2014 response rate was 48.7%, which although lower than last year was above average when compared to other trusts. The average 'Picker' response rate was 41.6%. It is thought that response rates may have been adversely affected by the frequency of surveying staff for the Friends and Family Tests.

Comparable results

Compared to the 2013 Staff Survey, we scored significantly better on one question and significantly worse on one question.

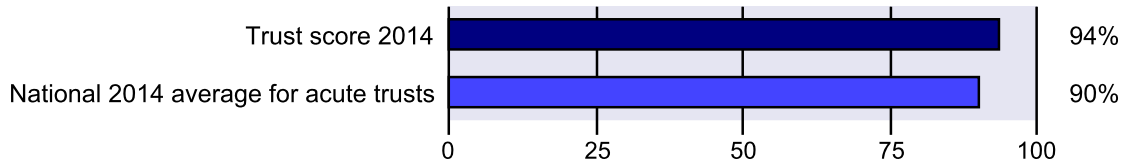
Significantly improvement on the following questions:	2013	2014
Percentage of staff having equality and diversity training in the last 12 months	52%	61%

Significantly deterioration on the following questions:	2013	2014
Percentage of staff reporting good communication between senior management and staff	34%	27%

Top five ranking scores

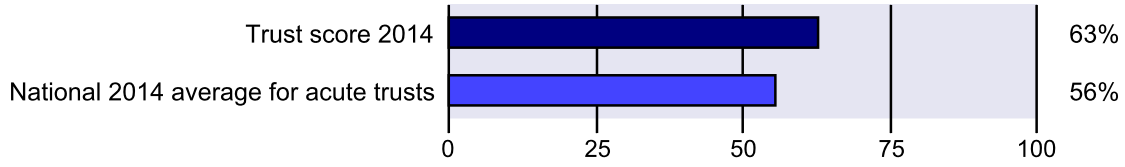
✓ KF13. Percentage of staff reporting errors, near misses or incidents witnessed in the last month

(the higher the score the better) *Percentage score*



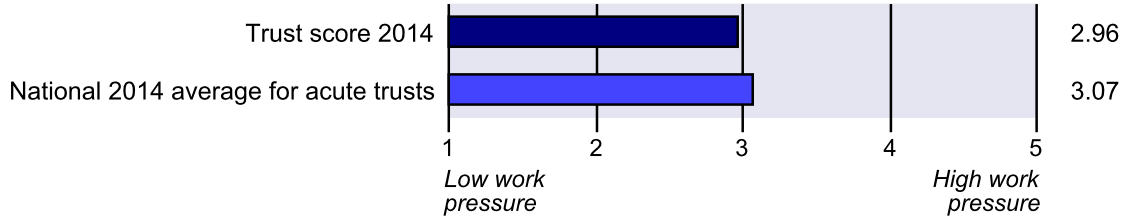
✓ KF29. Percentage of staff agreeing that feedback from patients/service users is used to make informed desisions in their directorate/department

(the higher the score the better) *Percentage score*



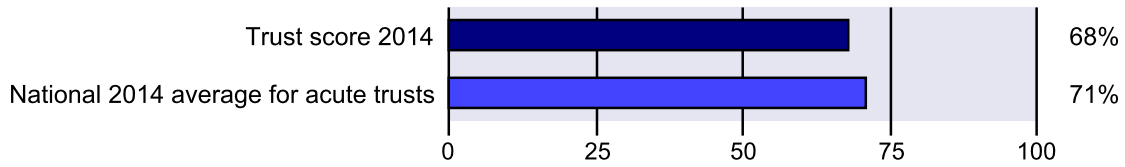
✓ KF3. Work pressure felt by staff

(the lower the score the better) *Scale summary score*



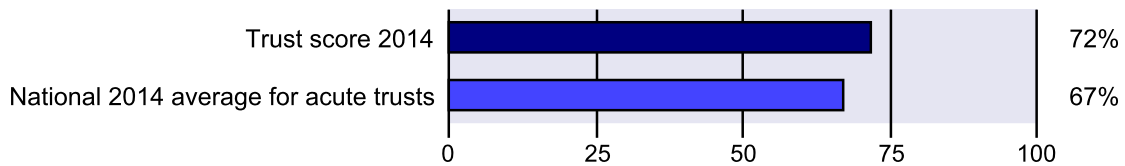
✓ KF5. Percentage of staff working extra hours

(the lower the score the better) *Percentage score*



✓ KF15. Percentage of staff agreeing that they would feel secure raising concerns about unsafe clinical practice

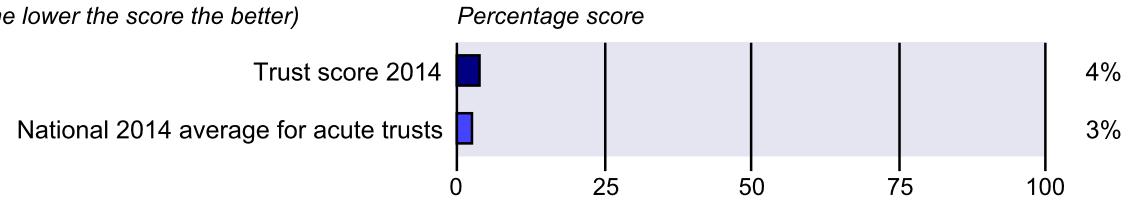
(the higher the score the better) *Percentage score*



Bottom five ranking scores

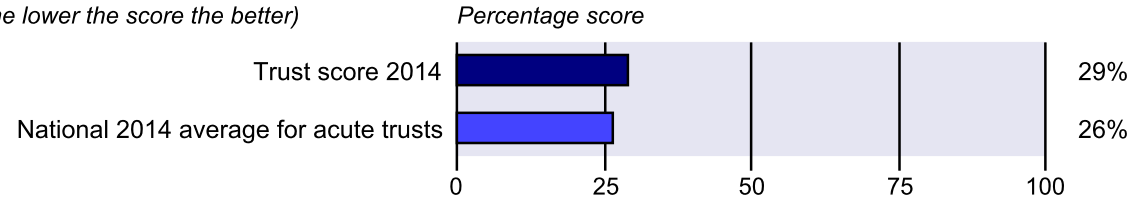
! KF17. Percentage of staff experiencing physical violence from staff in last 12 months

(the lower the score the better)



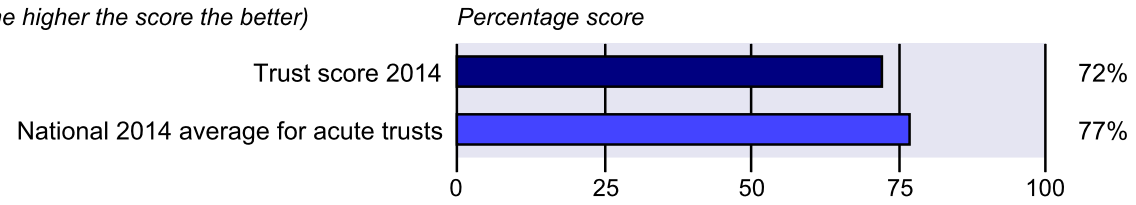
! KF20. Percentage of staff feeling pressure in last 3 months to attend work when feeling unwell

(the lower the score the better)



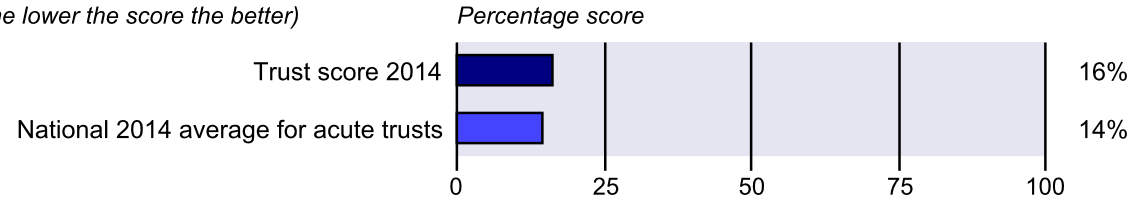
! KF10. Percentage of staff receiving health and safety training in last 12 months

(the higher the score the better)



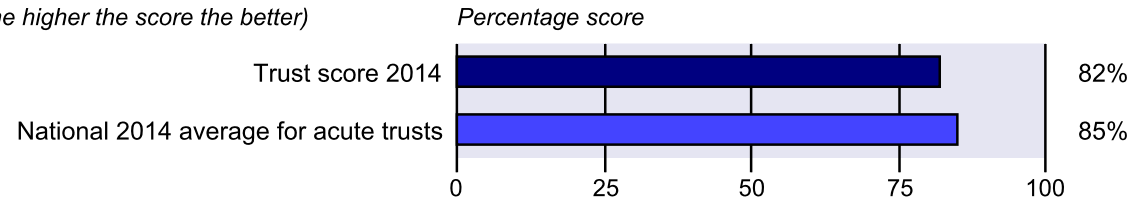
! KF16. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)



! KF7. Percentage of staff appraised in last 12 months

(the higher the score the better)



These results will inform our corporate action plan, as follows:

Key priorities for improvement

- Action to be taken against staff who exhibit physical violence against others.
- Health and wellbeing initiatives for staff to include fitness to work and mental health awareness.
- Physical violence from patients/service users, their relatives or others to be firmly addressed.
- Health and safety training sessions to be monitored and poor attendance to be reported to directorates for follow up.
- Launch of new appraisal system in 2015, with robust follow-up for managers who fail to complete appraisals for staff.
- Senior managers to make themselves better known to staff.

Staff pledges

The staff pledges are taken from the NHS Constitution which was first published in 2009. Our scores remained unchanged in many areas; although overall performance declined when compared to all acute trusts in 2014.

	Change since 2013 survey	Ranking, compared with all acute trusts in 2014
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	! Below (worse than) average
KF2. % agreeing that their role makes a difference to patients	• No change	! Below (worse than) average
* *KF3. Work pressure felt by staff*	• No change	✓ Lowest (best) 20%
KF4. Effective team working	• No change	✓ Above (better than) average
* *KF5. % working extra hours*	• No change	✓ Lowest (best) 20%
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	• Average
KF7. % appraised in last 12 mths	• No change	! Below (worse than) average
KF8. % having well structured appraisals in last 12 mths	• No change	! Below (worse than) average
KF9. Support from immediate managers	• No change	• 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	! Below (worse than) average
* *KF11. % suffering work-related stress in last 12 mths*	• No change	• Average
Errors and incidents		
* *KF12. % witnessing potentially harmful errors, near misses or incidents in last mth*	• No change	! Above (worse than) average
KF13. % reporting errors, near misses or incidents witnessed in the last mth	• No change	✓ Highest (best) 20%
KF14. Fairness and effectiveness of incident reporting procedures	• No change	✓ Above (better than) average
KF15. % agreeing that they would feel secure raising concerns about unsafe clinical practice	--	✓ Above (better than) average
Violence and harassment		
* *KF16. % experiencing physical violence from patients, relatives or the public in last 12 mths*	• No change	! Above (worse than) average
* *KF17. % experiencing physical violence from staff in last 12 mths*	• No change	! Highest (worst) 20%
* *KF18. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	• No change	! Above (worse than) average
* *KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths*	• No change	! Above (worse than) average
Health and well-being		
* *KF20. % feeling pressure in last 3 mths to attend work when feeling unwell*	• No change	! Above (worse than) average

Staff pledges

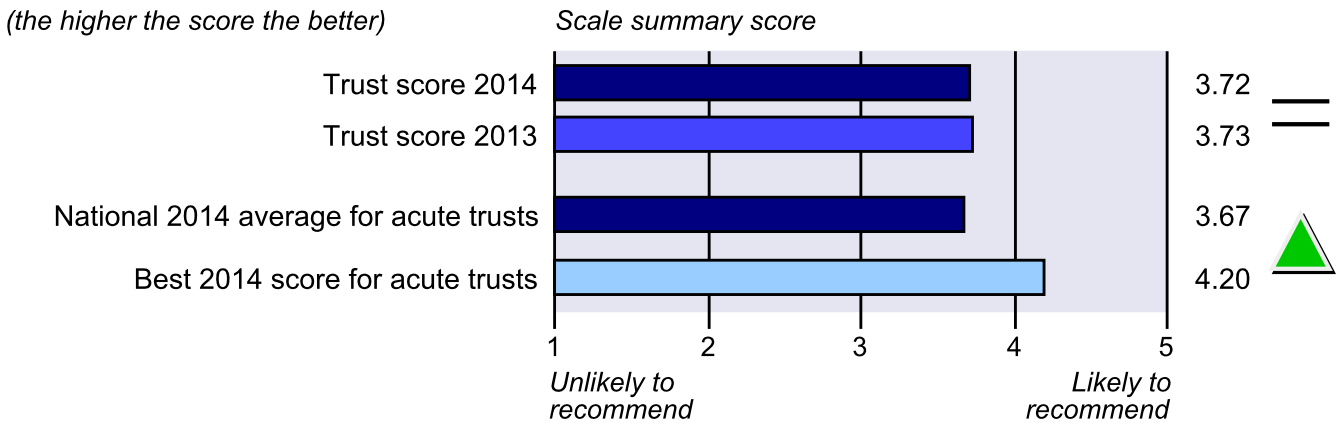
The staff pledges are taken from the NHS constitution which was first published in 2009. Our scores remained unchanged in many areas; although overall performance declined when compared to all acute trusts in 2014.

	Change since 2013 survey	Ranking, compared with all acute trusts in 2014
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	! Decrease (worse than 13)	! Below (worse than) average
KF22. % able to contribute towards improvements at work	• No change	! Below (worse than) average
ADDITIONAL THEME: Staff satisfaction		
KF23. Staff job satisfaction	• No change	• Average
KF24. Staff recommendation of the trust as a place to work or receive treatment	• No change	✓ Above (better than) average
KF25. Staff motivation at work	• No change	! Below (worse than) average
ADDITIONAL THEME: Equality and diversity		
KF26. % having equality and diversity training in last 12 mths	✓ Increase (better than 13)	• Average
KF27. % believing the trust provides equal opportunities for career progression or promotion	• No change	✓ Above (better than) average
* *KF28. % experiencing discrimination at work in last 12 mths*	• No change	! Above (worse than) average
ADDITIONAL THEME: Patient experience measures		
Patient/Service user experience Feedback		
KF29. % agreeing feedback from patients/service users is used to make informed decisions in their directorate/deparment	--	✓ Highest (best) 20%

Friends and Family questions

The following scores are the unweighted responses which feed into the key findings below for staff recommending our Trust as a place to work or receive treatment:

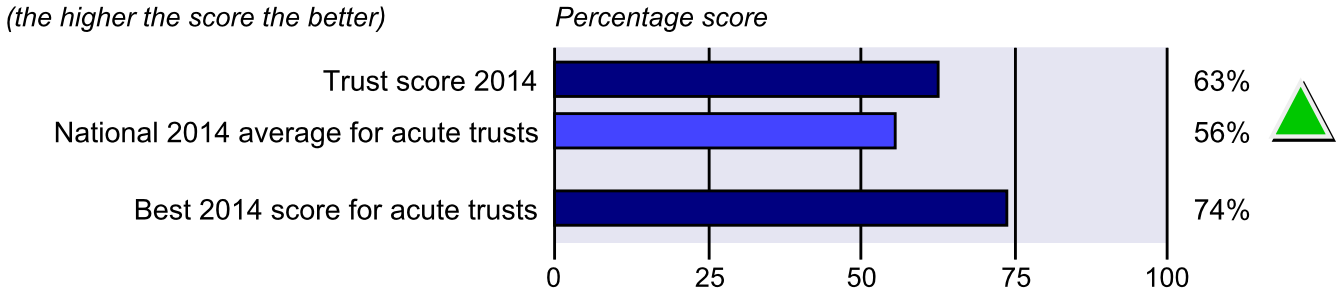
		Your Trust in 2014	Average (median) for acute trusts	Your Trust in 2013
Q12a	"Care of patients / service users is my organisation's top priority"	68	70	69
Q12b	"My organisation acts on concerns raised by patients / service users"	73	71	72
Q12c	"I would recommend my organisation as a place to work"	64	58	65
Q12d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	71	65	71
KF24.	Staff recommendation of the trust as a place to work or receive treatment (Q12a, 12c-d)	3.71	3.67	3.73



ADDITIONAL THEME: Patient experience measures

Patient/Service user experience Feedback

KEY FINDING 29. Percentage of staff agreeing that feedback from patients/service users is used to make informed desisions in their directorate/department



Team/job scores

Question	% 2014	% 2013	Average trusts 2014
(Q4b) Team members have a set of shared objectives	78	79	78
(Q4c) Team members meet to discuss the team's effectiveness	57	65	59
(Q4d) Team members have to communicate closely with each other to achieve the team's objectives	82	81	79
(Q6a) I have clear, planned goals and objectives	74	77	75
(Q6b) I always know what work responsibilities are	86	88	86
(Q7c) I am involved in deciding changes that affect work	55	60	53
(Q7d) I am able to make improvements in my area of work	55	58	56
(Q7e) I am able to meet conflicting demands on my time at work	40	44	44
(Q7g) Not enough staff to do my job properly	66	67	71
(Q9a) I am satisfied with the quality of care I give	83	82	83
(Q9b) I feel my role makes a difference to patients/service users	89	91	91
(Q3a) I have had an appraisal in last 12 months	82	84	85
(Q3b) Appraisal was helpful in improving how to do job	53	55	53

The above scores have remained fairly static, with those in red being more than 3% worse than 2013.

Recommendations

- A Care Group specific report to be made available to all our Directors of Operations and Heads of Nursing, to enable the development of individual action plans for half yearly reviews.
- The full report to be made available to Directors of Operations and Heads of Nursing for benchmarking purposes.
- The Workforce Strategy and Development Committee and the Valuing Staff and Wellbeing group to review the corporate actions plans at their first meeting following release of the staff survey results.
- Results to be communicated to staff via various media, e.g. a health and wellbeing event, leaflet and corporate communications.
- A corporate plan is developed for the main points of concern, as described above.

Outcomes from last year's Corporate Action Plan

Action Plan from 2013 Staff Survey	Action taken	2014 survey outcome
Managers to ensure that all staff attend bullying and harassment (B and H) 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	B and H session included in mandatory training. Additional sessions taken to individual departments upon request from managers Monitoring of employee relation cases - grievance and B and H cases investigated and action taken where appropriate B and H awareness session at Health and Wellbeing event Stop B and H leaflet printed for distribution to staff at above sessions	3% improvement in number of staff experiencing B and H from colleagues or managers (25%) Of those, an improvement of 5% in reporting B and H
Recruitment is instigated by managers in a timely way and progressed as quickly as possible to ensure adequate staff are available at all times	Various recruitment campaigns throughout the year, as detailed in recruitment section on page 47	43% said there were not sufficient staff to do their job properly, an improvement of 3% 5% less staff working extra hours
Ensuring all staff attend diversity training	Additional diversity training sessions were offered to staff	9% improvement in staff saying they had received training (61%)
Work with staff to reduce work related stress and help them develop coping strategies when feeling under pressure	Health and wellbeing awareness sessions and events. Increased sickness management and support from EAP	2% reduction in staff who report experiencing work related stress in last 12 months

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 while 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 2015:

	Male	Female
Directors	9	4
Senior Managers	3	2
Employees	1,033	3,323

Sustainability Report

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

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

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

In order to meet these targets we are working in a number of areas to invest in low-carbon technologies and practices. 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 (GCC) Assessment Model and key actions within an accompanying Sustainability Management Action Plan.

Monitoring, reviewing and reporting of energy and carbon management are carried out quarterly via the Carbon Management Group and we have been progressing in a number of areas over the last couple of years.

Celebrating our successes in 2014/15

Over the year, we were formally recognised for our approach to sustainability, receiving two awards for our work.

- NHS Sustainability Day Behaviour Change Award Winner

- NHS Sustainability Day Waste Award Winner

Energy, water and carbon management

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

Sustainable procurement and food

We acknowledge the importance of sustainable procurement and its role as an agent for change in the broader sustainable development agenda. We recognise our responsibility to carry out procurement activities in an environmentally and socially responsible manner, and the Procurement Steering Board approved a Trust Sustainable Procurement Policy, and associated action plan, in December 2014.

The Commercial Services Department ensures all suppliers are asked to provide information on environmental performance during the pre-qualification questionnaires process and are currently carrying out work on templates and priorities to focus on waste prevention within contracts. All our procurement staff have also attended sustainable procurement training.

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, our Catering Department has developed a sustainable and healthy food action plan and is striving towards achieving a bronze 'Food for Life' award through the Soil Association.

For a number of years we have only been using free range eggs and were awarded the Good Egg Award in 2014. We have also signed up to support the Sustainable Fish City Pledge.

Low carbon travel, transport and access

We have been working closely with Bournemouth Borough Council on plans to ease traffic congestion around the hospital through a combination of promoting sustainable travel options and pursuing improvements to the local transport infrastructure. A new bus hub was constructed at the front of the Royal Bournemouth Hospital (RBH) site in 2014 by Bournemouth Borough Council, with land donated by us. We have been working with local bus companies to explore ways of improving modal shifts in transport usage and providing incentives for the use of public transport such as discounted bus pass prices.

Additional cycle shelters were installed at RBH in 2015 to meet the increasing demand from the large proportion of staff cycling to work.

A designated Travel Advisor was recruited during 2014 to help communicate the benefits of switching from single car occupancy to more sustainable methods of travel. Our Travel Advisor worked with staff to produce individual travel plans, providing information for all sustainable modes of travel to work, including walking, cycling, public transport and car-sharing.

We have also invested in a number of electric vehicles and electric vehicle charging stations, and our patients and visitors can use charging points within the RBH public car park.

Waste reduction and recycling

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

The installation of Dyson air blade hand driers in non-clinical washrooms has been carried out at the Royal Bournemouth Hospital. Great savings can be achieved through the installation of these items through the avoided cost in paper towel purchasing and disposal.

We also continued to use compostable items for all single use hot cups and lids, cold cups for drinks and desserts, napkins, cutlery, takeaway boxes and sandwich bags within the hospital restaurants. This has been estimated to save 4.4 tonnes of carbon, 5.1 tonnes of virgin materials, and diverting 11 tonnes of packaging waste from landfill every year.

Buildings and site design

In developing our services and facilities, we aim to meet the Building Research Establishment Environmental Assessment Method (BREEAM) performance benchmarks (including 'BREEAM Very Good' 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

Our Estates Team has carried out a number of improvements to encourage wildlife and enhance biodiversity around the hospital sites. Around 30 bird boxes have been installed, covered duck houses situated around the lake, log piles have been formed to encourage biodiversity and a wildflower site has also been trialled to encourage nectar feeding bees and other insects. We have also been trailing green pest control in the form of a Harris Hawk. The gardening team took part in the Great Butterfly Count in 2014 - a nationwide survey aimed at helping assess the health of our environment.

In 2014, an interpretive board was erected by the lakeside at the Royal Bournemouth Hospital to communicate the wildlife present on site. This board was designed in-house and was produced by the Estates Team using recycled materials (destined for disposal). The intention of the board is to raise awareness of biodiversity and sustainable practices to help promote the link between green spaces and their positive benefits for mental health and wellbeing.

Staff engagement and communications

We are committed to ensuring staff, patients, visitors, suppliers and contractors are able to effectively engage with, and support, our 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 2014, 11 teams from across our hospitals took part in the scheme, and it is estimated to have reached out to over 360 staff contacts. In addition to this, the staff behaviour change scheme saved over £23,000 in 2014 through sustainable actions implemented - this is equivalent to one band five nurse.

An awards ceremony was held in November to reward staff on their achievements and sustainable actions. Five teams successfully achieved bronze awards and one team (the Pharmacy Department) achieved a Silver Award.

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

Organisational and workforce development

A range of initiatives associated with health improvement and promoting the health of staff, patients and the public are led and overseen by the Valuing Staff and Wellbeing Group. You can read more about its work on page 48.

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 also been signed off on behalf of the Trust by the Carbon Group. We routinely reports on energy consumption through the Department of Health's 'Estates Returns Information Collection mechanism' (ERIC).

IT and finance

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

Future priorities and targets for 2015/16

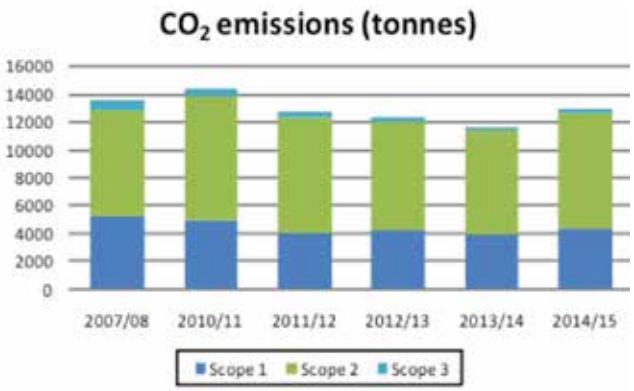
- Update and redraft the Trust's Sustainable Management plan, to include realistic CO_2 targets to 2020 and inclusion of climate change adaptation aspects.
- Catering Department to achieve the Bronze Food for Life Catering Mark to showcase all work done regarding local, healthy and sustainable food.
- Waste management strategy and plan to be developed.
- Conduct annual staff and patient travel survey.
- Explore the potential to reduce congestion around sites during peak times.
- Expansion of Green Impact scheme.
- Development of an Energy and Utilities plan.
- Development of a Green ICT plan.
- Development of a Biodiversity Action Plan

Performance data:

Greenhouse gas emissions and energy use:		2007 - 08	2010 - 11	2011 - 12	2012 - 13	2013 - 14	2014 - 15
Non-financial indicators (tonnes CO_{2e})	Total gross emissions:	13,545	14,350	12,694	12,333	11,646	12,931
	Gross emissions scope 1 (Gas/oil/fleet vehicles/refrigerant losses)	5,340	5,003	4,090	4,256	3,944	4,376
	Gross emissions scope 2 (Electricity)	7,511	8,891	8,279	7,819	7,438	8,302
	Gross emissions scope 3 (Waste/water)	700	456	325	258	265	253
Related energy consumption (MWh)	Electricity: non-renewable	9,823	11,215	11,027	9,986	13,170	13,405
	Electricity: renewable	4,072	3,738	3,745	3,713	114	87
	Gas	28,457	23,566	19,048	20,250	18,271	17,853
	Oil	0	164	227	278	118	1,188
	LPHW	1,535	7,903	4,644	6,840	6,827	6,925
Financial indicators (£1,000's)	Expenditure on energy	1,545	2,035	2,155	2,325	2,268	2,514
	CRC gross expenditure	-	-	143	149	147	331
	Expenditure on official business travel	-	391	324	389	394	428
Energy consumption (MWh) per GIA floor area:		0.50	0.44	0.36	0.38	0.36	0.38
Carbon emissions (Kg CO_{2e}) per patient:		21.7	20.5	17.1	16.0	15.0	16.6

Performance commentary:

Energy costs increased in 2014/15, this is due to an increase in costs per unit of utilities as well as increased consumption of electricity, gas and Low Pressure Hot Water (LPHW) at the Royal Bournemouth Hospital (RBH) and increased consumption of oil at Christchurch Hospital (XCH).



Oil consumption at XCH increased by 791% in 2014/15 compared to the previous year due to the hospital site reverting from gas usage to solely oil for the month of March during the moving of the mains gas supply at the hospital, a part of the XCH redevelopment plans.

The increase in electricity base load at RBH in 2014/15 could be explained by additional equipment within the hospital and building work associated with the Jigsaw Building.

Our gross carbon emissions increased by 11% in 2014/15 compared to carbon emissions the previous year, but have reduced by 4.5% from the baseline year (2007/08).

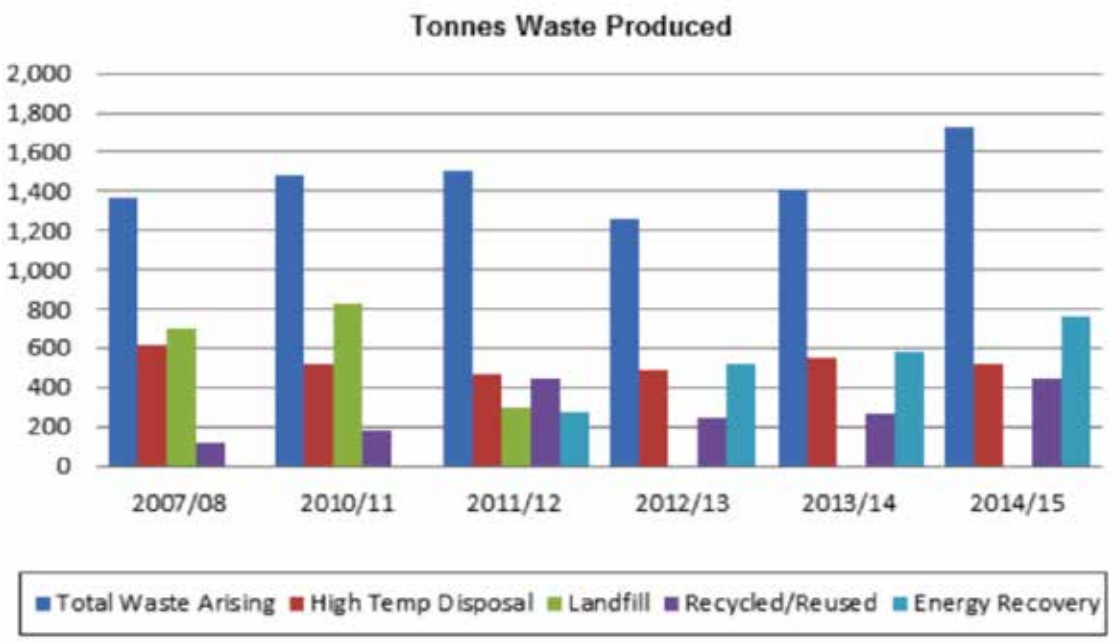
Relative energy consumption can also be seen to have reduced by 24% since the baseline year for energy consumption per square meter of gross internal floor area, and reduced by 23.5% since the baseline year for carbon emissions per patient.

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

Waste:		2007 - 08	2010 - 11	2011 - 12	2012 - 13	2013 - 14	2014 - 15
Non-financial indicators (tonnes)	Total waste	1,369	1,482	1,503	1,258	1,407	1,731
	High temp disposal waste	615	517	469	486	549	521
	Landfill	701	827	299	0	0	0
	Recycled/reused	123	181	444	247	269	450
	Energy recovery	0	0	284	526	589	760
Financial indicators (£1,000's)	Total waste cost	318	333	336	320	287	293
	High temp disposal waste	256	258	221	237	200	194
	Landfill	62	72	44	0	0	0
	Recycled/reused	26	28	31	13	16	21
	Energy recovery	0	0	31	65	71	78

Performance commentary:

In 2014/15, our preferred waste contractor collected a total of 1,210 tonnes of mom-hazardous waste. Of this, zero tonnes went to landfill, 760 tonnes went to an energy recovery facility and 450 tonnes recycled, which included mixed recycling (71 tonnes); baled cardboard (102 tonnes); and separate food waste collections (111 tonnes). The Trust chose to send all waste to energy recovery as opposed to landfill as of financial year 2012/13.

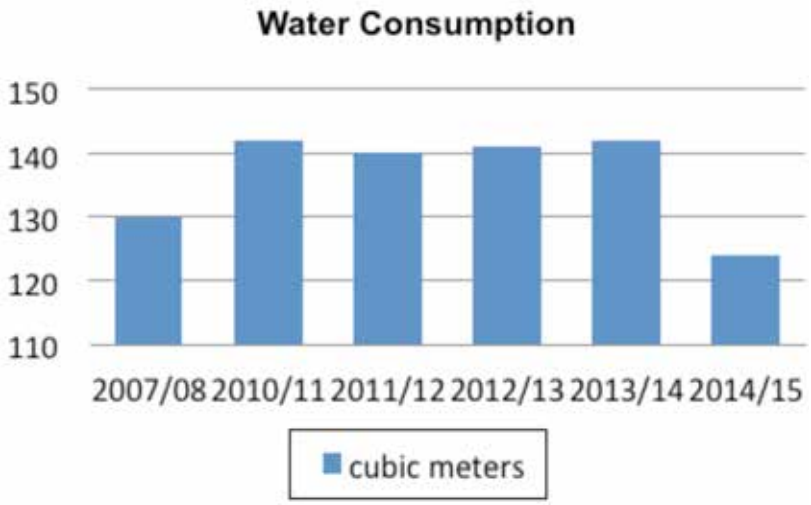


Water:		2007 - 08	2010 - 11	2011 - 12	2012 - 13	2013 - 14	2014 - 15
Non-financial indicators (000's m^3)	Water consumption	130	142	140	141	142	124
	Sewerage	112	124	123	122	124	99
Financial indicators (£1,000's)	Water supply costs	115	140	147	131	172	161
	Sewerage costs	144	168	164	167	197	158
Water usage per GIA (floor area)		1.47	1.33	1.31	1.32	1.34	1.17

Performance commentary:

Our water consumption has reduced by 12.5% (17,765 cubic meters) in 2014/15 compared to the previous year, and reduced by 4.6% by 2014/15 compared to the baseline year (2007/08).

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



Although water consumption can be seen to have shown an upward trend over the last couple of years (excluding 2014/15), water consumption per square meter of gross internal floor area has shown an overall reduction in water usage within the hospitals, with a reduction of 20% in 2014/15 from the baseline year (2007/08).

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 2014/15.

Mr A Spotswood
Chief Executive
28 May 2015

Quality Accounts 2014-15

Contents

If you require any further information about the 2014/15 Quality Accounts please contact: Joanne Sims (Associate Director Quality and Risk) at Joanne.Sims@rbch.nhs.uk

2014/15 Achievements

Patient Information Standard
Trust achieves National Information Standard for high quality patient information

Eye Unit
Nominated by patients as an 'outstanding service' at the Macular Society's Awards for excellence

Falls
50% reduction in serious falls this year

Serious incidents
30% reduction in serious incidents this year

Infection control
No MRSA bacteraemia

CQC
All non-compliance actions removed

Trust shortlisted for National Patient Safety Award

Sign up to Safety
Five Sign up to Safety pledges submitted

Pathology
Pathology services received CPA accreditation

Wessex Quality
Improvement Fellowships awarded to three specialist registrars

Excellent care for every patient, every day, everywhere

Part 1

Statement on quality from the Chief Executive

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

In this report we have outlined patient safety and quality improvement projects and activities which have taken place in the Trust over the last 12 months.

Our quality improvement programme has been supported by wide-ranging patient safety initiatives which cover a large range of specialties and topics.

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 had made significant improvement following its full inspection in 2013. We could not have made this improvement without the dedication and skill of our staff and the support from patients, carers and other public stakeholders. We also recognise that we are on a continuous journey and have further improvements to make, embed and sustain.

This year the overarching objectives agreed by the Board of Directors aim to provide a central framework and become the basis for individual objective setting across the whole organisation. It is expected that every member of staff will agree objectives which reflect the key themes of quality, improvement, personal and professional development, teamwork and performance.

There is an important balance to be struck when considering the objectives we set for the Trust. We need to consider the need for these to be clear and measurable against the importance of not over-specifying to the point they fail to be relevant to staff, or lack ownership and connectivity due to their relevance to small defined areas of the Trust. We have sought to establish the balance necessary between the two positions. In summary our work and focus for 2015/2016 will be on:

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

The views of our various stakeholders including patients, governors, staff and the wider public have been very important to the development of our specific quality objectives and priorities for 2015/16. We have engaged with staff through workshops, management briefing sessions, executive team walkabouts and informal drop in sessions. We have talked to patients and carers through our extensive programme of patient surveys and have held specific focus groups, cafes and open days. We have also invited patients and relatives to attend serious incident panel meetings to ensure we focus on everyone's questions and issues. Improving patient safety and patient experience is a prominent agenda item for the Board of Directors and we value the opportunity to work with patients, carers, foundation trust members and the public on a wide range of patient experience and patient safety initiatives.

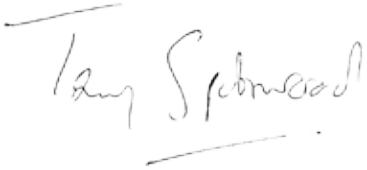
It has not been possible to include all of the quality and patient safety initiatives that we have been, or will be engaged in, within this report. We have considered the comments made by our external stakeholders during the consultation process and amended the

final version of the report to provide additional information where appropriate. We hope the report demonstrates our clear commitment to quality improvement and patient safety.

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

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

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



Tony Spotswood
Chief Executive
28 May 2015

Focus on quality

Focus on Quality Operational Review

The key principles of our Quality Strategy are Safety, Effectiveness and Experience. We want everyone to SEE quality in everything we do.

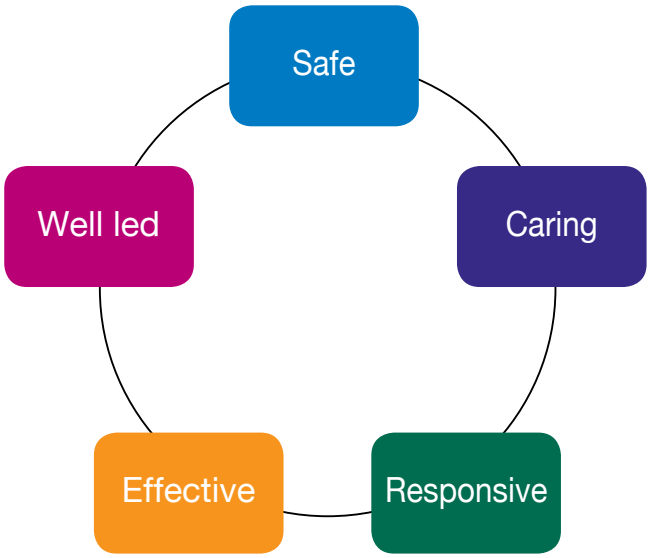
Our 'Quality Toolkit' supports staff engagement in quality improvement. Our weekly 'Focus on Quality' bulletins are produced to inform staff about progress against our Care Quality Commission (CQC) action plans and highlight important 'SEE Quality Strategy' objectives. Case studies are used to promote examples of good practice, celebrate innovation and improvement and share ideas for learning.

The 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 used 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.

Quality is monitored in many different ways, through:

- what we see from ward and department inspections, spot checks and audits
- what we hear from staff, patients, carers, visitors and external stakeholders
- what we learn from internal and external reports, data collection and reviews

To support monitoring and learning we have implemented an internal peer review process and we were pleased the CQC commended this approach when it inspected the Trust in August 2014.



We have trained over 50 managers, matrons, consultants and allied health professionals to participate in internal peer review visits to clinical and non-clinical areas.

The internal clinical quality review process involves a small team of three reviewers visiting a ward/department for approximately two hours, following a patient journey and viewing this from a patient perspective against the CQC fundamental standards.

Observations and interviews with patients and staff are triangulated by the reviewers, with a summary sheet completed against the CQC standards.

The visits are unannounced and are a joint opportunity for learning and sharing best practice across the Trust.

Case Facilitator for Adult Safeguarding and Learning Disabilities, Debbie Hopper:

"From my perspective the peer review process is very useful for risk management and quality. It provides assurances to ward staff that they are complying and completing documentation accurately and the ward area is safe and effective. The ward staff get instant feedback on good practice and areas for improvement.

It is good to carry out peer reviews with different reviewers as everyone has different priorities. It has been a learning opportunity for myself as a reviewer. It has helped me identify areas I need to visit to provide additional awareness training in line with my role."

Matron for Anaesthetics and Day Surgery Services, Sue Langlois:

"It allows an opportunity to empower our staff and recognise that an immense amount of hard work has been done. By giving positive feedback it gives an opportunity to allow them to concentrate on any area that requires further improvement."

Associate Director of Operations, BJ Waltho:

"It is good to have an objective systematic format for these peer reviews. It is excellent to visit a ward to see the progress they have made."

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.

Wessex Quality Improvement Fellowships

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

These three members of staff will be released from their current roles for two days each week to participate in the scheme.

One of the programmes participants, Ed Hewertson, a specialist registrar in geriatric medicine at RBCH said:

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

In addition, seven members of our medical staff have been successful with their applications for the SAS (staff grade and associate specialist) doctors' programme, which is the largest cohort across Wessex.

Part 2

Progress against quality priorities set out in last year's quality account for 2014/15

In the 2013/14 Quality Account, we identified seven key areas for improvement in 2014/15. These were:

- harm free care
- inpatient falls
- hospital acquired pressure ulcers
- infection prevention and control
- new hospital acquired venous thromboembolism (VTE)
- privacy and dignity
- nursing risk assessments and care plans

Monitoring of progress against each of these priorities has been undertaken via the Board of Directors and specific sub groups, including the Healthcare Assurance Committee, Quality and Risk Committee and Infection Prevention and Control Committee. Where relevant, quality metrics have been incorporated into 'ward to board' quality dashboards and quality reporting processes.

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

Harm free care

The 2013/14 Quality Report published in May 2014, identified 'harm free care' as one of the quality improvement priorities to continue to be monitored in 2014/15.

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

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

A quality objective for the year 2014/15 was the completion of the NHS Safety Thermometer across all wards areas with the simple aim to be above the national average for inpatient harm free care.

In 2014/15, we achieved an average of 97.18% new harm free care (96.68% in 2013/14). Our score for 2014/15 compared to the national average of 97.59%.

Inpatient falls

Less than 0.3% of hospital inpatients surveyed in 2014/15 using the NHS Safety Thermometer tool had a fall resulting in harm after being admitted to hospital.

We had a lower number of inpatient falls (as recorded using the NHS Safety Thermometer methodology) than the national average.

Falls numbers reported 2013/14 and 2014/15

2013/14 total number of falls reported = 1,836

2014/15 total number of falls reported = 1,727

The number of falls in 2014/15 therefore fell by 6% compared to the Trust's performance in 2013/14.

In addition to the improved Trust performance with respect to patient falls, there has been a significant reduction (50%) in the number of reported moderate and severe injuries following a fall this year.

2013/14 = 52

2014/15 = 26

Quality improvements in 2014/15:

- development of new short stay and 14 day care plans - review of falls, mobility and bed rail assessment documentation
- development of e-Nurse app for falls, mobility and bed rails risk assessments
- development of a fragility risk assessment to meet National Confidential Enquiry into Patient Outcome and Death (NCEPOD) guidelines
- design and implementation of eLearning programmes for staff
- local training needs identified in high risk of falls areas
- appointment of a new Trust falls lead
- Trust falls lead working with the clinical educators to provide bespoke local training
- Trust falls lead providing local training, to high risk of falls areas, on completing documentation accurately
- implementation of a new multi-disciplinary Trust falls steering group

Improvement plan priorities for 2015/6:

- implementation of the e-Nurse app for falls, frailty, mobility and bed rails risk assessments. e-Nurse assessments are due to go live in July 2015. The current falls and bedrails assessment has been completely reconfigured with relevant questions asked to ensure the new NICE guidelines on falls prevention are covered
- implementation of 'daily' repeat fallers list for ward leaders and matrons to assist prioritisation of care plans
- two-yearly mandatory training to include face-to-face training on falls prevention, and a practical session on safe falls management and the use of the hoverjack
- as part of the Trust's duty of candour and our culture of being open, honest and transparent, patients and/or relatives have been invited to attend serious incident panel meetings. This has proven successful in that the relatives have had a clearer understanding of how the incident happened, what measures we put in place to prevent reoccurrence, and how we share this around the Trust. We will continue this for 2015/16
- the falls lead has been working closely with the practice educators to provide bespoke scenario based teaching/training on falls prevention and management using the 'SIM man' (advanced patient simulator)
- develop the role of manual handling and falls champions. They will receive specialised training on how to promote falls prevention within their areas and will be supported with cascading this information to their teams
- bay-based nursing will continue to be promoted in all clinical areas. Bay-based nursing has proven to reduce the number of falls as the patients are easily observed and they also feel safer having a nurse within the bay at all times
- the falls lead is currently liaising with falls leads from other NHS trusts to encourage shared learning and ideas
- we plan to participate in the Royal College of Physicians national audit of inpatient falls (May 2015)

Hospital acquired pressure ulcers

On average less than 2.05% of our hospital inpatients surveyed in 2014/15 using the National NHS Safety Thermometer tool had a reported hospital acquired pressure ulcer. This compared to 2.2% in 2013/14.

Although the result is better than the previous year we are disappointed that the Trust's performance is below the national average.

Our patient profile is such that we have a high proportion of very elderly frail inpatients with often complex and long term health issues. Our patients are often admitted with existing pressure damage or at high risk of early skin deterioration. We have implemented a new prevention strategy at our front door whereby all patients are placed immediately on pressure relieving mattresses. We have also provided additional training to our Emergency Department and Acute Medical Unit staff to highlight the importance of ensuring that

patients have a full skin assessment on admission.

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

All incidents of pressure damage (internally or externally acquired) are reported as adverse incidents. Each incident is formally investigated and in cases of significant pressure damage (a category three or four pressure ulcer) a formal case review meeting is held. The aim of the panel meeting is to identify any gaps in care and/or opportunities for learning. In 2013/14 we reported 31 serious incidents of avoidable category three and four hospital acquired pressure ulcers. In 2014/15 this figure reduced by 39% to only 19 cases.

Quality improvements implemented in 2014/15:

- implementation of new pressure relieving mattress systems. These hybrid mattresses (static foam and dynamic air cell technology) allow us to have a preventative strategy for pressure damage. Patients are automatically placed on a mattress and a pump fitted to provide pressure relieving functionally. A decision is then made to turn the pump off if the patient in assessed as low risk. Previously a patient would have been placed on a static mattress, assessed and then a specialist mattress ordered and delivered to the clinical area if required. Sometimes this meant a delay in provision could occur when areas were busy or had a high demand
- in April 2014 a study day for 60 delegates was held focusing on pressure area care prevention and management within the Trust. The programme included scenario-based workshops and sharing lessons from serious incident events
- promotion of a pressure ulcer patient information leaflet. This has been designed to explain the associated risk factors, how pressure damage can develop and what patients can expect during their hospital stay
- development of 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 iPads, qualified staff can be guided through the completion 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
- development of e-learning programmes for staff
- external review. An external review of the Trust Pressure Ulcer Strategy was undertaken by an expert from Wound UK. The external review reported that the Trust had a well-developed strategy and had invested significantly in pressure relieving equipment. The review also noted the Trust had an open and honest approach to reporting pressure damage and adverse events that was not always replicated across other healthcare organisations. The Trust was recognised as having a good learning culture and was able to demonstrate where improvements had been made following investigations

Improvement plan priorities for 2015/16:

- implementation of a competency framework for all clinical staff
- implementation of a new care bundle approach to pressure area care
- reducing the number of avoidable category three and four pressure ulcers acquired in our hospital in 2015/16 by 25%, measured through Adverse Incident Reports

Infection prevention and control

Reducing catheter associated urinary tract infections (CA UTI)

The mean numbers of new CA UTIs (from NHS Safety Thermometer data) for the Trust in 2014/15 was 0.39%. This is slightly above the national mean score of 0.35% but an improvement on the Trust results for 2013/14 (0.47%).

There are a number of factors that influence our results. As a Urology Centre we have a higher number of patients admitted to the Trust with urinary system related illness. There is also a higher percentage of elderly population that this Trust treats.

During the year a Trust-wide point prevalence study of urinary catheters was carried out. This included a review of catheter insertion documentation and ongoing care ensuring compliance with infection control (EPIC3) guidelines.

The study highlighted a need to update the catheter insertion stickers introduced last year to ensure that key issues are documented. This includes 'insertion using aseptic technique', 'planned date for review' and 'number of attempts'. These are now in use within all relevant wards and departments.

Quality improvements in infection control implemented in 2014/15:

- new hand hygiene points in outpatients
- new signs at all entrances to the Trust

- carbapenemase-producing enterobacteriaceae (CPE) action plan introduced
- focused MRSA screening in line with new Department of Health guidance
- clostridium difficile cases under trajectory for 2014/15 - target was less than 25, position at end of March 2015 was 21
- there have been no MRSA health care acquired bacteraemias
- hand hygiene and 'saving lives' infection control audit - overall the trend in the last quarter of 2014/15 has moved up from 93.1% to 95%. Some areas still need to ensure they are submitting data on time with enough observations to ensure the results from this monthly audit are informative
- improved norovirus outbreak control. We have excellent support from ward staff and housekeeping in supporting our actions for norovirus outbreak control. Timely and informative communications between our Clinical Site Team, wards and departments as well as information from the wider community on new and ongoing community outbreaks enabled the Trust to keep ward closures to a minimum

  There were 79 empty bed days in 2014/15 compared to 181 in 2013/14 and 171 in 2012/13. The number of days that a ward had an area closed in 2014/15 was 88 compared to 72 in 2013/14 and 98 in 2012/13.
- a successful Infection Control Resource Group 14th annual away day was held. Infection control resource leads provide a valuable link between the Infection Control

Team (ICT) and their own clinical area. The resource staff act as role models and are visible advocates for infection protection and control. The principle aims of their roles is to motivate and to increase awareness of infection control issues, enable individuals and their teams to learn and develop infection prevention practice while supporting local audit and surveillance.

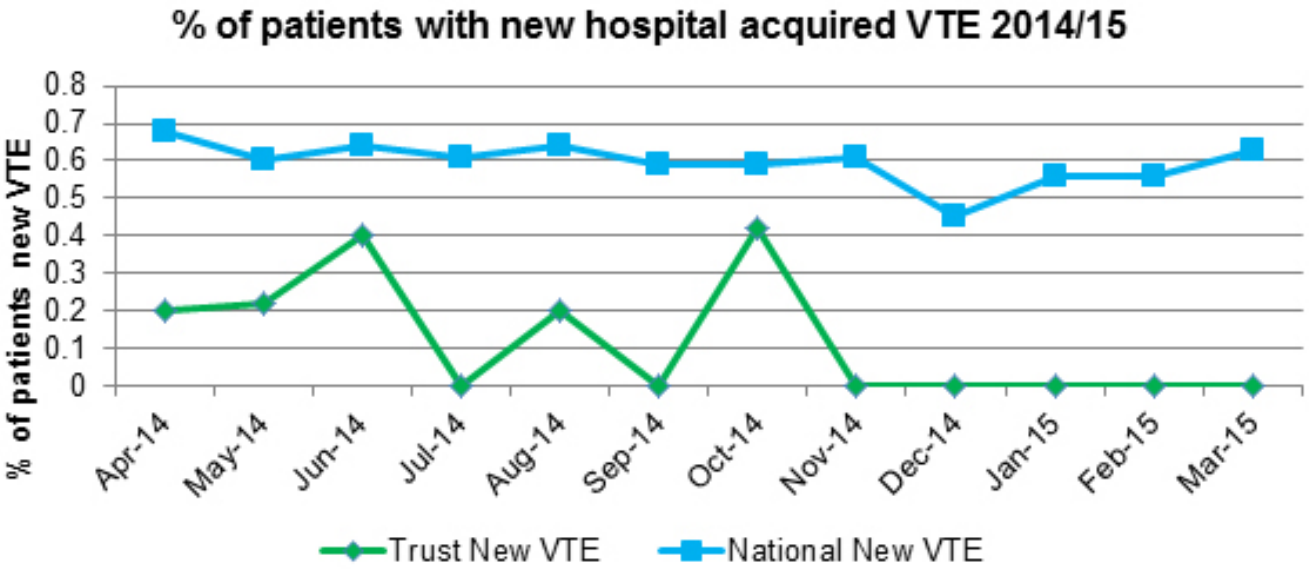
With the date of the away day coinciding with the annual antibiotic awareness day, it was a good opportunity to focus the agenda around resistant organisms, new and emerging organisms, organisms that were in high profile at the time and management of antimicrobial therapy. The day was well attended and staff enjoyed the interactive approach to the learning.

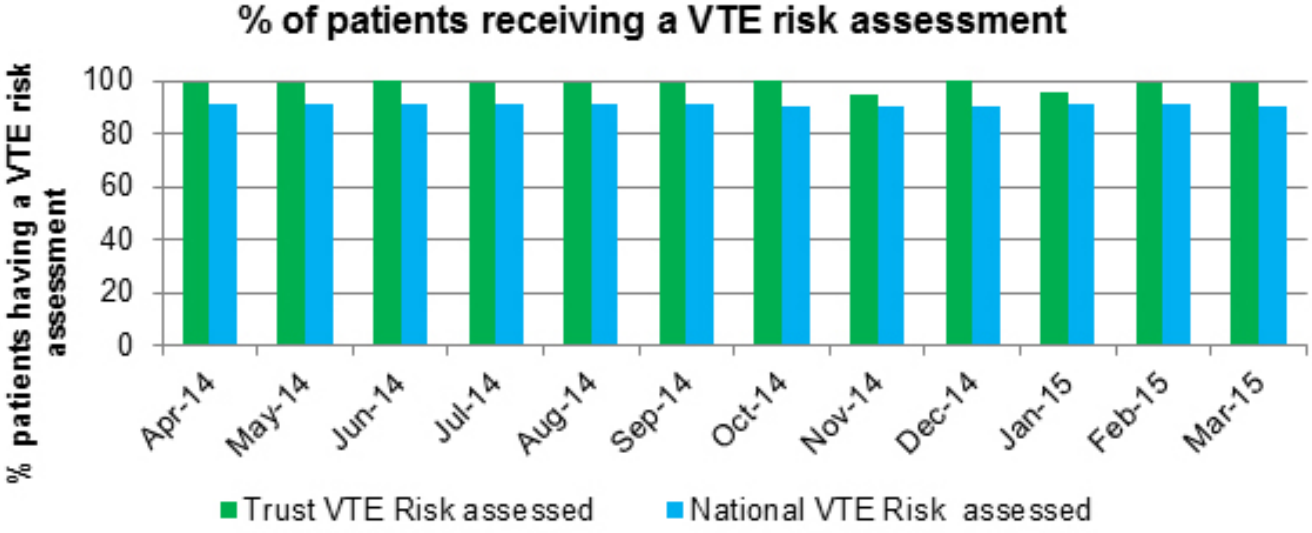
Improvement plan priorities for 2015/16:

- ensuring that there are no MRSA bacteraemia cases and that the Trust achieves its target of no more than 14 clostridium difficile cases

New hospital acquired venous thromboembolism (VTE)

We continue to strive for excellence in the prevention of hospital acquired venous thromboembolism (VTE or a 'blood clot').





On average 0.12% (e.g. 12 patients per 1,000) of hospital inpatients surveyed using the NHS Safety Thermometer tool in 2014/15 had a new hospital acquired venous thromboembolism (a blood clot) during admission. This is much better (i.e. lower) than the national average value of 0.59%.

The Trust also demonstrated a much better VTE risk assessment rate of 98.77% using the NHS Safety Thermometer data collection tool compared to the national average of 90.93%

Electronic VTE assessments

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 less mobile 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.

Mandatory training on VTE for all clinical staff

The Trust has developed a new eLearning module which includes competency assessment and a powerful patient story to provide all clinical staff education on the risk of VTE, the signs and symptoms, how to risk assess and what measures should be taken to prevent VTE. Training is also included for all new staff as part of their corporate induction.

Root cause analysis

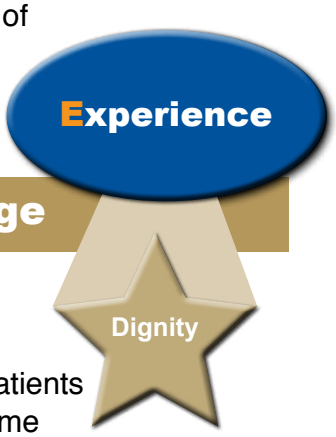
A more robust process of checking for hospital acquired VTE has also been developed which includes not only investigating any patient that presents back to the Trust within 90 days of discharge, reviewing all deaths in the community from information sent from the coroner, but also for the past year the Trust has audited the results of all investigation for VTE from a report from X-ray.

Improvement plan priorities for 2015/16:

- improve the consensus data capture for VTE risk assessment to consistently above 95%
- continue to complete root cause analysis on all hospital acquired venous thromboembolism analysing data for trends
- apply for national recognition of its outstanding work on VTE by applying for exemplar status

Privacy and dignity

One of our priority actions has been to improve standards of privacy and dignity for patient care. Action taken in 2014/15 included identification of a core set of privacy and dignity values that all staff should adopt.



I will:

1. introduce myself to patients and visitors at all time
2. acknowledge everyone who visits my clinical area
3. only hold relevant conversations in the clinical and public areas and involve patients and relatives appropriately
4. always ask and address my patients by the name they wish to be called by
5. be sensitive when discussing treatment or diagnosis:
   - use the butterfly sign so others are aware that the room is in use and not to interrupt
   - create the right environment using curtains or a quiet room
6. encourage and help my patients to wear their own clothing when it is appropriate
7. knock before entering a room or call before entering through a curtain
8. offer a chaperone to my patients for examinations and procedures

9. ensure my patients (and their carers) are involved in the decisions about their care
10. ensure my patients have the opportunity to wash their hands after using the toilet, commode, bed pan and prior to meal times
11. ensure my patients' modesty is protected at all times:
    - provide blankets
    - patients are appropriately covered up, while in bed, at bedside, in clinics, transferring to other areas of the hospital
12. ensure curtains or screens are closed properly when my patients are expected to undress
13. ensure I have my patients' permission to be washed or examined

We also encouraged staff to come up with their own ideas for improving privacy and dignity. Following the implementation of new wrap around hospital gowns a new poster was designed for patients. This gives patients instructions on how to put on their hospital gown to ensure their privacy and dignity is maintained at all times.

The poster was the brainchild of radiographer Holly Stevens who noticed patients struggling with putting on the new gowns. She suggested the poster as part of our Staff Leading Improvement programme. The programme encourages staff to come up with positive ways to enhance our services and suggest more efficient ways of working.

Other improvements we made included the provision of new privacy screens in the Outpatient Department and new curtains and clips for ward areas to improve privacy.

We were pleased that the Care Quality Commission (CQC) recognised the improvements that we had made when they re-inspected the Trust in August 2014.

The CQC Report October 2014 noted that "the trust has taken steps to ensure that patients received timely care and that they and their relatives were treated with dignity and respect".

Risk assessments and care plans

A further action from the Care Quality Commission (CQC) inspection report in December 2013 was to ensure that all patients had their needs assessed and care delivered safely and in a timely manner by staff who are skilled to do so. Our focus for 2014/15 has been to improve standards of nursing documentation through education and training and also through innovation and use of information technology.

Additional ward based training sessions have been run throughout the year and updates included as part of clinical induction and essential core skills (mandatory) training. Ward sisters, directorate matrons and care group heads of nursing and quality have routinely promoted good practice and have undertaken regular spot checks of compliance. Internal peer reviews have also been used to review and share improvement stories.

Compliance is monitored monthly and results are given back to ward teams to discuss areas and actions for improvement. Spot checks are also completed by matrons and during internal peer reviews. Results for 2014/15 show improvement from 2013/14.

Average compliance score

Assessment	2013/14	2014/15
Falls risk assessment	89%	90%
Waterlow (pressure ulcer risk assessment	87%	93%
MUST (nutritional risk assessment)	71%	84%
Mobility risk assessment	87%	91%
Bedrails risk assessment	92%	91%

Electronic Nurse Assessments (eNA)

As part of our review of nursing documentation we have also involved our in house IT and information teams to work with clinical leads to design and develop Electronic Nurse Assessments (eNA).

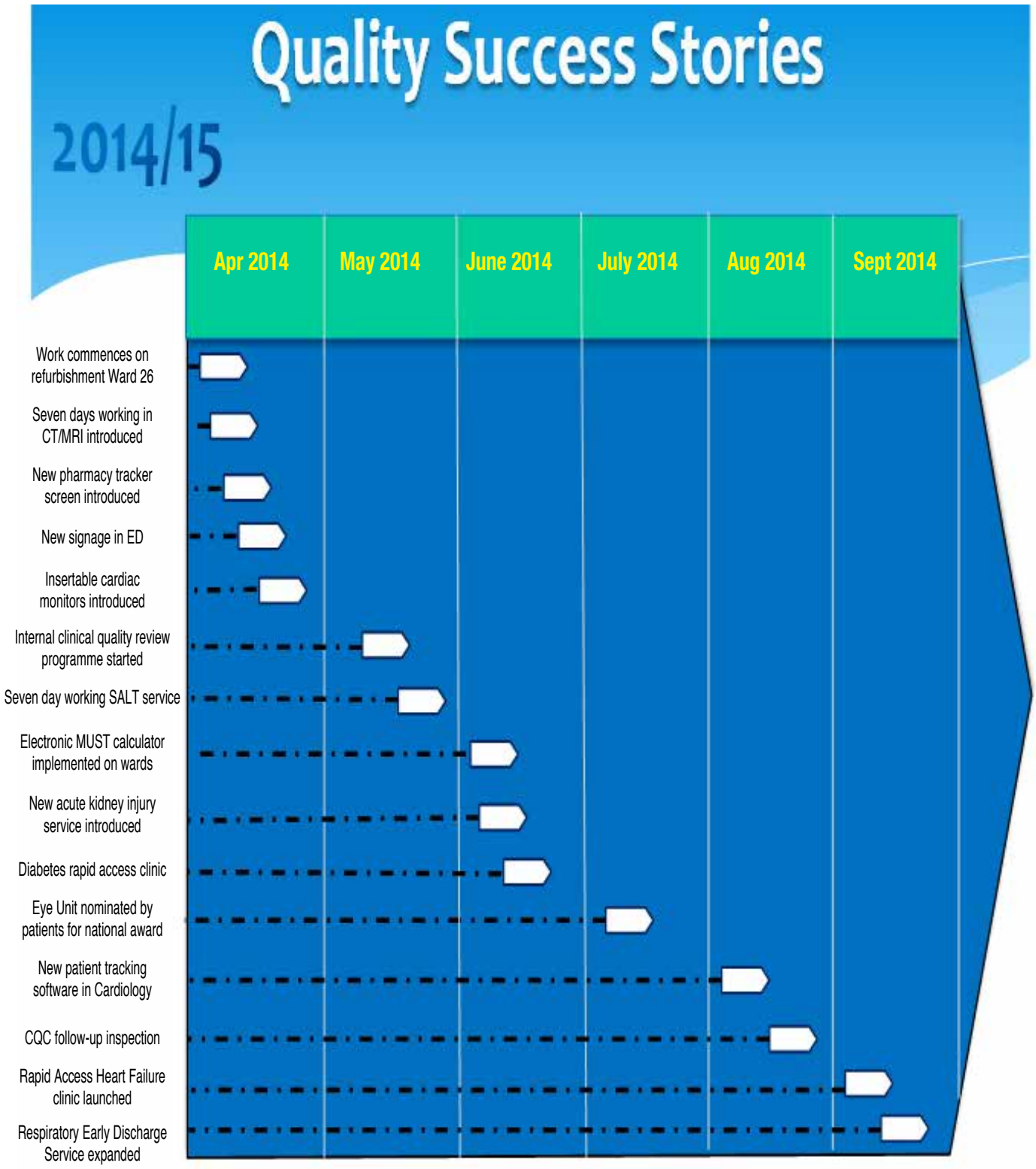
eNA is a mobile solution for use on the ward with 'apps' to allow wards to complete core risk assessments for pressure damage, nutrition, mobility, falls and dementia electronically at the bedside. Wards already use iPod and iPad devices to record basic observations such as temperature and blood pressure so expanding use to nursing risk assessments seemed the next logical step.

Alongside the risk assessment tools, we have developed a 'clinical compass' management function that can display compliance in real time at bay, ward, directorate and care group level. The functionality will enable ward leaders and matrons to see in real time where patient assessments need to be completed or reviewed. The clinical compass will also allow clinical staff to drill down to an individual patient episode and look at trends of risk assessment data over specific time periods.

We have completed initial testing and piloting of the eNA applications and we are aiming to go live from July 2015. This will be in parallel with a roll out of a revised shorter and streamlined version of nursing care plan documentation.

The project aims to deliver the following benefits:

- improved patient safety by increasing compliance with risk assessments and appropriate clinical actions
- reduced human error and improved accuracy through automated calculations
- immediate access to patient risk assessment information
- introduction of real time monitoring of compliance
- reduction in time required to complete nursing documentation
- reduction in unnecessary duplication and double entry of patient data


Quality Success Stories
2014/15
Apr 2014
May 2014
June 2014
July 2014
Aug 2014
Sept 2014
Work commences on refurbishment Ward 26
Seven days working in CT/MRI introduced
New pharmacy tracker screen introduced
New signage in ED
Insertable cardiac monitors introduced
Internal clinical quality review programme started
Seven day working SALT service
Electronic MUST calculator implemented on wards
New acute kidney injury service introduced
Diabetes rapid access clinic
Eye Unit nominated by patients for national award
New patient tracking software in Cardiology
CQC follow-up inspection
Rapid Access Heart Failure clinic launched
Respiratory Early Discharge Service expanded


Quality Success Stories
2014/15
Oct 2014
Nov 2014
Dec 2014
Jan 2015
Feb 2015
March 2015
25th Anniversary of Cardiac Rehabilitation Service
CQC follow-up inspection published
Resuscitation team receives national prize for audit success
Dedicated heart failure ward opened
Gastroenterology service extended to seven day service
Sign up to safety pledge and plan submitted
Seven day working in US introduced
Electronic bed management system introduced
New Birth Centre opened
New emergency laparotomy pathway introduced
Trust receives Information Standard for patient information (2nd year running)
Datix web roll-out started

Our quality priorities for 2015/16

In order to identify priorities for quality improvement in 2015/16, we have used a wide range of information sources to help determine our approach. These include:

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

We have taken into account the comments made by the Care Quality Commission (CQC) inspection team in its follow up report and in subsequent progress meetings. We have reviewed our current CQC action plan as part of setting our principal quality priorities and improvement objectives for 2015/16.

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 taken on board the national picture for patient safety and collaborated with clinical commissioning groups as part of wider strategy work and clinical service reviews. We have also considered the 2015-2018 priorities of the Wessex Academic Health Science Network and our planned participation in the Wessex Patient Safety Collaborative work streams for sepsis, transfers of care, measurement and leadership.

The Trust has formally consulted with key stakeholders (general public, staff, patients, governors and commissioners) to help identify quality improvement priorities for 2015/16. Priorities have been considered with clinical staff as part of service delivery and clinical governance meetings.

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

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

Following consultation, our Board of Directors has agreed that the specific quality priorities for 2015/16 should be:

- achieving consistency in quality of care by a year on year improvement in providing harm free care, measured by a reduction in serious incidents
- ensuring patients are cared for in the correct care setting on wards by improving the flow of patients admitted non electively and reducing the average number of outlying patients and non-clinical patient moves by at least 10%
- reducing the number of avoidable category three and four pressure ulcers acquired in our hospital in 2015/16 by 25%, measured through Adverse Incident Reports
- ensuring that there are no MRSA bacteraemia cases and that the Trust achieves its target of no more than 14 clostridium difficile cases

- improving the management of sepsis, ensuring we implement the six key interventions (high-flow oxygen, fluid bolus, blood cultures, IV antibiotics, monitoring urine output, and measuring lactate) within one hour of patients being identified as having sepsis or being in septic shock
- implementing the Department of Health's best practice guidance for effective discharge and transfer of patients from hospital and intermediate care. These include developing a clinical management plan for every patient within 24 hours of admission; ensuring all patients having an estimated date of discharge within 24-48 hours of admission; undertaking daily discharge board rounds and involving patients and carers in informed decisions about their ongoing care and discharge
- ensuring uniform use of surgical checklists across the whole organisation with the intention that there are no 'never events' associated with failure to use checklist
- implementing the National Institute for Healthcare and Care Excellence (NICE) guidelines for patients referred with suspected GI cancer ensuring patients receive an appointment within two weeks

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

To coordinate implementation of these aims and objectives, we have developed a comprehensive Sign up to Safety Plan. Progress against the plan will be monitored by the Board of Directors, Healthcare Assurance Committee, Workforce Committee and the Quality and Risk Committee.

Statements of assurance from the Board of Directors

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 2014/15 The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust provided and/or subcontracted eight relevant health services (in accordance with its registration with the Care Quality Commission):

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

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

The income generated by the relevant health services reviewed in 2014/15 represents 100% of all the total income generated from the provision of relevant health services by the Trust for 2014/15.

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

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

Participation in clinical audit

During 2014/15, 31 national clinical audits and four national confidential enquiries covered relevant health services that The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust provides.

During 2014/15, The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust participated in 100% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquires that The Royal Bournemouth and Christchurch Hospitals NHS Foundation was eligible to and did participate in, and for which data collection was completed during 2014/15, are listed on the next page alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

■ yes ■ no ■ not applicable

National Clinical Audits for Inclusion in Quality Report 2014/15	Eligible to Participate	Participated in 2014/15	Data Collection completed in 2014/15	Rate of case ascertainment (%)
Acute coronary syndrome or Acute myocardial infarction (MINAP)	■	■	■	98.9%
Adult Community Acquired Pneumonia	■	■		Data collection ongoing
British Society for Clinical Neurophysiology (BSCN) and Association of Neurophysiological Scientists (ANS) Standards for Ulnar Neuropathy at Elbow (UNE) testing				
Bowel Cancer (NBOCAP)	■	■	■	100%
Cardiac Rhythm Management (CRM)	■	■	■	732 cases
Case Mix Programme (CMP)	■	■	■	Not available
Chronic Kidney Disease in Primary Care				
Congenital Heart Disease (Paediatric Cardiac Surgery)				
Coronary Angioplasty/National Audit of PCI	■	■	■	Not available
Diabetes (Adult) - National Diabetes Inpatient Audit (NADIA)				
Diabetes (Paediatric)				
Elective Surgery (National PROMS programme)	■	■	■	Data collection ongoing
Epilepsy 12 audit (Childhood Epilepsy)				
Falls and Fragility Fractures Audit Programme Pilot Audit	■	■	■	100% (40 cases)
Fitting child (Care in Emergency Depts)	■			Unable to reach minimum sample size required
Head and Neck Oncology (DAHNO)				
Inflammatory Bowel Disease	■	■	■	Data collection ongoing
Lung Cancer (NLCA)	■	■	■	Data collection ongoing
Major Trauma: the Trauma and Audit Research Network (TARN)				
Maternal Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	■	■	■	No relevant cases to submit this year
Medical and Surgical Clinical Outcome Review Programme, National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	■	■	■	100%

Mental Health (Care in Emergency Departments)	■	■	■	50 cases
National Adult Cardiac Surgery Audit				
National Audit of Dementia	■			Pilot only - Trust not selected to take part
National Audit of Intermediate Care	■			Trust not registered by Commissioners to participate.
National Cardiac Arrest Audit (NCAA)	■	■	■	Data collection ongoing
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme	■	■	■	71 cases
National Comparative Audit of Blood Transfusion Programme	■	■	■	24 cases
National Confidential Inquiry into Suicide and Homicide for People with Mental Illness (NCISH)				
National Emergency Laparotomy Audit (NELA)	■	■	■	100%
National Heart Failure Audit	■	■	■	Data collection ongoing
National Joint Registry (NJR)	■	■	■	Data collection ongoing
National Prostate Cancer Audit	■	■	■	Data collection ongoing
National Vascular Registry	■	■	■	Data collection ongoing
Neonatal Intensive and Special Care (NNAP)				
Non-invasive Ventilation - Adults				No National audit data collection in 2014/15
Oesophago-gastric cancer (NAOGC)	■	■	■	Data collection ongoing
Older People (Care in Emergency Departments)	■	■	■	100 cases
Paediatric Intensive Care Audit Network (PICANet)				
Pleural Procedures	■	■	■	11 cases
Prescribing Observatory for Mental Health (POMH-UK)				
Renal replacement therapy (Renal Registry)				
Pulmonary hypertension (Pulmonary hypertension audit)				

Rheumatoid and Early Inflammatory Arthritis	■	■	■	Data collection ongoing
Sentinel Stroke Audit Programme (SSNAP) Post Acute Organisational Audit	■	■	■	>90%
Sentinel Stroke Audit Programme (SSNAP) Clinical Audit	■	■	■	>90%

National Confidential Enquiries for Inclusion in Quality Report 2014/15	Eligible to Participate	Participated in 2014/15	Data Collection completed in 2014/15	Rate of case ascertainment (%)
Gastrointestinal Haemorrhage	■	■	■	100%
Sepsis	■	■	■	100%
Acute Pancreatitis	■	■	■	Data collection ongoing

Centre for Maternal and Child Death Enquires for Inclusion in Quality Report 2014/15	Eligible to Participate	Participated in 2014/15	Data Collection completed in 2014/15	Rate of case ascertainment (%)
Maternal Deaths	■	■	■	No cases to report
Perinatal Deaths	■	■	■	No cases to report

The reports of 22 national clinical audits were reviewed by The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust in 2014/15 and the Trust intends to take the following actions to improve the quality of healthcare provided:

- the Trust participated in the national falls audit pilot. The Trust results were better than the national average across all aspects of the audit. However areas for further improvement were identified. The audit resulted in a review of the patient falls leaflet so that it can be made more available to staff, patients and carers. The Trust falls risk assessment tool has also been amended to include the measurement of lying and standing blood pressure
- the National Comparative Audit (NCA) of Blood Transfusion programme audit 2014 highlighted that patients were not always provided with a written information leaflet prior to formal consent. All staff have been reminded to provide the leaflet in addition to verbal information. An additional process step to check consent is also being considered for the electronic hand held devices used for safe blood tracking and administration. Screensavers in clinical areas have also been used to promote good consent practice
- in response to the National Emergency Laparotomy Audit report 2014, the Trust has implemented a laparotomy quality improvement programme for 2015/16
- following a review of the National Chronic Obstructive Pulmonary Disease (COPD) Audit 2014 results, new posters have been displayed at all blood gas machines to remind staff to document how much oxygen a patient receives. The DAIRS team review all COPD patients at weekends and a pharmacist joins post take ward rounds to check oxygen prescriptions. A respiratory/ endocrine consultant is also now available on Sundays to facilitate discharges
- The Maternal Infant and Newborn Programme results identified the need to develop a sepsis pathway for suspected

maternal sepsis. The Trust is also working on a multi-agency evidence based guideline to standardise and improve the care of pregnant and post-partum women with epilepsy

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

- the Trust was not selected to participate in the National Audit of Dementia pilot
- the Trust was unable to reach the minimum sample required for the College of Emergency Medicine Audit on the Fitting Child
- the Trust was not registered by the Commissioners for the National Intermediate Care Audit - providers were unable to register separately for this audit

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

The Trust has developed a detailed clinical audit plan for 2015/16 to include national, corporate and local clinical audit priorities. Progress is monitored via directorate clinical governance committees and the Trust Clinical Effectiveness and Audit Group. Progress is also reported quarterly to the Healthcare Assurance Committee, Audit Committee and Board of Directors.

The reports of 297 local clinical audits were reviewed by the Trust in 2014/15 and the Trust intends to take the following actions to improve the quality of healthcare provided:

- an audit of dementia care standards resulted in improvements to care plan documentation and a review of elderly care pathways. The review resulted in the introduction of a new Short Stay Unit, a Ambulatory Care for the Older Person Clinic and increased geratrician presence at the front door. All inpatient therapy proformas now include the Barthel functional assessment. A structured training programme has also been developed for staff caring for people with dementia
- an audit of support following fetal loss resulted in an amendment to maternity policies to ensure there is always a visit by the named bereavement midwife
- following an audit of neutropenic sepsis in transplant patients, the Trust is to adopt protocol driven administration of antibiotics by nurses to these patients to avoid delays. Prompt reporting of temperature spikes in patients has also been enhanced
- an audit in our Ophthalmology Department has resulted in a tightening of referral criteria to the Acute Referral Clinic and implementation of a new easier referral form
- an audit of seizure management in the Emergency Department resulted in an educational session on first fit pathway being included in the junior doctors core induction

Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by the Trust in 2014/15 that were recruited during that period to participate in research approved by a research ethics committee was 1,658. This compares to the 2013/14 value of 1,182 and therefore represents a significant increase in activity for the year.

In 2014/15 the Trust achieved 128% of the National Institute for Health Research (NIHR) recruitment target, testimony in part to the restructuring of research. There has been a complete reorganisation in how research staff are managed, culminating in the development of the Research and Innovation Directorate.

Our recruitment total for 2013/14 is categorised by:

- interventional
  - 50 studies, 494 participants

- observational
  - 33 studies, 967 participants
- large scale
  - 3 studies, 44 participants
- commercial studies
  - 26 studies, 153 participants

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has the third 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 (a clinical research organisation), which is now reaping rewards and we have been offered 'named' investigator studies in areas relatively new to research, e.g. gastroenterology.

We remain in a strong position to respond to Quintiles' pipeline activity particularly in cardiovascular/diabetes and infectious diseases/hepatology.

We have supported the growth of research in orthopaedics with two chief investigators of multi-national studies. In response to the Prime Minister's dementia challenge the lead research nurse, in consultation with the dementia matron, is appointing a dementia research nurse embedded in what will become a research-active dementia nurse team.

Our consultant podiatrist presented her research findings in an international conference on podiatry in 2014.

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

A proportion of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust income in 2014/15 was conditional on achieving quality improvement and innovation goals agreed between The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2014/15 and for the following 12 month period are available electronically at http://www.england.nhs.uk/wp-comtent/uploads/2014/02/sc-cquin-guid.pdf.

The total income available to the Trust was £4,937,000 against which the Trust achieved income totalling £4,707,000.

Due to the nature of the contractual arrangements in place in the prior year, the Trust's income during 2013/14 was not conditional upon achieving quality improvement and innovation goals.

Statements from the Care Quality Commission (CQC)

The Trust is required to register with the Care Quality Commission (CQC) and its current registration status is unconditional. This means that the Trust does not have any current restrictions on its practice or services.

The CQC has not taken any enforcement action against the Trust during 2014/15.

The Trust has participated in special reviews or investigation by the CQC relating to the following areas during 2014/15:

The CQC inspected the Royal Bournemouth Hospital on the 13, 14 and 18 August 2014 as a follow up to the full inspection undertaken in October 2013.

During the inspection in October 2013 the CQC highlighted three specific compliance breaches relation 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 it considered that essential standards of quality and safety were not being met. At the follow up inspection in August 2014, the CQC found that "significant improvement had been made" and all the required actions had been implemented.

The CQC made particular reference to improvement in the following areas:

- greater focus on improving quality

"We found some exceptional examples of care and attention provided by staff at all levels and disciplines across the organisation."

- a strong emphasis on clinical leadership
- strengthened governance structures at all levels
- board members and senior management receiving more robust assurance of quality in all areas

"We found a clear commitment to quality improvement at all levels of the organisation and more robust quality assurance processes."

- significant steps to create an open, transparent and learning culture at all levels of the organisation
- a new assessment ward and pathways that improved the care for older people and the flow of patients through the hospital
- increased staffing levels and support for junior doctors
- improved security arrangements in the Emergency Department
- improved outpatient booking processes and a reduction in unnecessary waits
- the appointment of clinical matrons and support for ward sisters to focus on leadership and supervision of staff and effective care
- improved ongoing assessment, planning and monitoring of care planning, along with support for newly qualified staff

"At follow up inspection we found that all services we visited were caring."

- greater opportunities for staff to attend mandatory training
- privacy and dignity

"The Trust has taken steps to ensure that patients received timely care and that they and their relatives were treated with dignity and respect."

Care Quality Commission
August 2014

The Trust has taken the following action to address the conclusions or requirements reported by the CQC. The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has made the following progress by 31 March 2015 in taking such action.

CQC Report recommendation, August 2014	Trust Action
The Trust should increase privacy for patients in the Emergency Department's Majors Department by providing frosted glass or privacy film to the externally facing windows in cubicles	Completed
The Trust should take action to improve the service for stroke patients in line with national benchmarking for stroke patients, particularly for patients admitted at weekends or out of hours	Ongoing
The Trust should ensure that for patients who require their fluid intake and/or output to be monitored that this is accurately recorded	Complete with ongoing review
The Trust should ensure that the records of checks of essential equipment are accurately and consistently recorded on ward areas	Complete with ongoing review
The Alzheimer's Society booklet 'This is Me' should be completed for patients living with dementia	Complete with ongoing review
The Trust should take action to improve the mental health care pathway in the Emergency Department which is not yet a 24-hour service	Additional training provided for Emergency Department (ED) staff. Additional mental health team input to ED commissioned by Dorset Clinical Commissioning Group
The Trust should work with commissioners to clarify admission criteria and suitable locations for 16-17 year olds requiring admission to hospital from the Emergency Department	Complete with ongoing review
The Trust Emergency Department should consider a more robust checking procedure of ensuring that transfer equipment is routinely returned to its base and left in a clean and charged condition ready for immediate use when necessary	Complete
The Trust should take action so that nursing staff who have the skills to provide an outreach stroke service to patients on other wards of the hospital are able to provide this service	Complete
The availability and visibility of hand cleansing gel in the outpatient department should be improved	Complete

A full copy of the August 2014 inspection report is available on the Trust website and also on the CQC website: **www.cqc.org.uk/sites/default/files/new_reports/AAAA1845.pdf**

Data quality

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust submitted records during 2014/15 to the Secondary Uses Service (SUS) for inclusion in the hospital episode statistics which are included in the latest published data.

The percentage of records in the published data which included the patients' valid NHS number was 99.7% for admitted patient care; 99.9% for outpatient care; and 97.6% for accident and emergency care. The percentage of records in the published data which included the valid General Medical Practice code was 99.9% for admitted patient care: 99.9% for outpatient care; and 99.8% 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.

The income generated by the relevant health services reviewed in 2014/15 represents 100% of all the total income generated from the provision of relevant health services by the Trust for 2014/15.

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 2015.

The Trust's Information Governance Assessment Report overall score for 2014/15 was 37% and was graded as not satisfactory.

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

During 2014/15, the Trust has undertaken a wholly different approach to the completion of its IG Toolkit submission, removing all previous evidence and starting afresh with closer scrutiny of all of the requirements in order to give a higher quality of assurance.

This apparent decline is not indicative of a fall in information governance compliance, but rather more reflective of the approach to evidencing the specific standards within the IG Toolkit audit, some of which are highly prescriptive. In previous years, the Trust has needed to take a pragmatic approach to managing this work which was commensurate with the resource available to carry out the audit. However it is widely recognised that good information governance can be built around the tenets of this audit, and this can only be achieved through a more rigid adherence to these requirements. As such, going forward a greater focus is to be placed on attaining a robust level of compliance with each of these requirements which will in turn give a greater level of assurance of the Trust's information governance practices.

Much of this audit is underpinned by work associated with information risk assurance. Once this work is established and firmly embedded within the Trust, this will inform compliance with many of the requirements within the IG Toolkit. In order to succeed we have identified information asset owners in all areas to ensure that the information systems under their control are compliant with the relevant IG Toolkit requirements.

There has been a reduction, and therefore improvement, in the number of reported breaches of information governance during 2014/15. In 2014/15 only 54 breaches were reported. This compared to 65 breaches in 2013/14.

Coding error rate

The Trust was subject to the Payment by Results (PbR) clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period of diagnosis and treatment coding (clinical coding) were 9.4%.

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
- 100 FCE'S from Healthcare Resource Group (HRG) BZ
- 100 FCE'S from Healthcare Resource Group DZ

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

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust will be taking the following action to improve data quality in 2014/15. The Trust will aim to make further improvement in the clarity of discharge summaries by clinicians to enable easier coding. The Trust is also in the process of implementing a new program to scan all notes and move to an electronic document management system. This will also allow access to Poole Hospital documents. This enables 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.

Reporting against core indicators

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

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

Quality Indicator	Data Source	Trust rate for noted reporting period	National average value	Highest value	Lowest value
Summary Hospital level Mortality Indicator (SHMI)	Health and Social Care Information Centre (HSCIC)	October 13 - September 14 1.009 June 12 - June 13 107.4	1.00 100	1.198 118.6	0.597 63.0
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust considers that this data is as described for the following reasons. The source data for this indicator is routinely validated and audited prior to submission to HSCIC. The data has been extracted from available Department of Health information sources. The SHMI for Oct13-Sep14 are taken from **https://indicators.ic.nhs.uk/nesstar/docs/plot.HTML**.					
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has taken the following actions to continue to improve this rate, and so the quality of its services, by routinely monitoring mortality rates. This includes looking at mortality rates by speciality diagnosis and procedure. A systematic approach is adopted whenever an early warning of a potential problem is detected - this includes external review where appropriate. The Trust Mortality Group, chaired by the Medical Director, routinely reviews mortality data and initiates quality improvement actions where appropriate.					

Quality Indicator	Data Source	Trust rate for noted reporting period	National average value	Highest value	Lowest value
The percentage of patient deaths with palliative care coded at either diagnosis or speciality level for the Trust	HSCIC	October 13 - September 14 44.0% June 12 - June 13 33.8%	24.2% 21.3%	49.4% 44.9%	0% 0%
The Trust considers that this data is as described for the following reason. The data has been extracted from available Department of Health information sources. The figures for Oct13-Sep14 are taken from April 2015. Publication of data is found here **https://indicators.ic.nhs.uk/webview/**. Figures reported are 'diagnosis rate' figures and the median average is used for the national value.					
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by the routine review of mortality reports.					

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 • aged 0 to 14 • aged 15 or over	HSCIC	2014/15 (i) = 0 (ii) = 3670 (10.4%) 2013/14 (i) = 0 (ii) = 3298 (9.82%)	Not available	Not available	Not available
The Trust considers that this data is as described for the following reasons. The source data for this indicator is routinely audited prior to submission.					
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by routine monitoring of performance data and root cause analysis investigations where appropriate.					

Quality Indicator	Data Source	Trust rate for noted reporting period	National average value	Highest value	Lowest value
Responsiveness to the personal needs of patients	National Inpatient Survey	2014 - 54% 2013 - 77%	47% 76.9%	N/A 87%	0% 67.1%
The Trust considers that this data is as described for the following reason. The data source is produced by the Care Quality Commission.					
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust intends to take the following actions to improve this rate, and so the quality of its services. An action plan that addresses the issues raised in the report has been developed and will be overseen by Patient Experience and Communications Committee, which is a sub committee of the Board of Directors.					

Quality Indicator	Data Source	Trust rate for noted reporting period	National average value	Highest value	Lowest value
Staff who would recommend the Trust to family or friends	National Inpatient Survey	2014 - 70.79% 2013 - 71.37%	67.45% 67.11%	89.27% 93.92%	38.17% 39.57%
The Trust considers that this data is as described for the following reason. The exercise is undertaken by an external organisation with adherence to strict national criteria and protocols. Data from question level data here **www.nhsstaffsurveys.com/Page/1019/Latest-Results/Staff-Survey-2014-Detailed-Spreadsheets/**.					
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust intends to take the following action to improve this percentage, and so the quality of its services, by implementation of a detailed action plan. The results of the survey have been presented to the Workforce Committee (a sub committee of the Board of Directors) and key actions agreed.					

Quality Indicator	Data Source	Trust rate for noted reporting period	National average value	Highest value	Lowest value
Friends and Family Test - (i) for inpatients and (ii) for patients discharged from Accident and Emergency (types 1 and 2)	(i) March 2015 Feb 2015 Jan 2015 (ii) March 2015 Feb 2015 Jan 2015	 98% 97% 96% 92% 92% 94%	 95% 95% 94% 87% 88% 88%	 100% 100% 100% 99% 98% 98%	 78% 82% 51% 58% 53% 55%
The Trust considers that this data is as described for the following reason. Data is derived from validated monthly reports collated in accordance with **www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/friends-and-family-test-data/**					

Quality Indicator	Data Source	Trust rate for noted reporting period	National average value	Highest value	Lowest value
Patient Reported Outcome Measures (PROMS) - Case mix adjusted average health gains i) groin hernia ii) varicose vein iii) hip replacement iv) knee replacement	April14 - Sep14 (provisional, published Feb 2015) April13 - Mar14 (provisional, published Feb 2015)	(i) Not yet available (ii) NA (iii) 0.413 (iv) 0.286 (i) 0.074 (ii) NA (iii) 0.431 (iv) 0.309	(i) 0.125 (ii)1.000 (iii) 0.442 (iv) 0.328 (i) 0.085 (ii) 0.093 (iii) 0.436 (iv) 0.323	(i) 0.139 (ii) 0.142 (iii) 0.501 (iv) 0.394 (i) 0.139 (ii) 0.150 (iii) 0.545 (iv) 0.416	(i) 0.009 (ii) 0.054 (iii) 0.350 (iv) 0.249 (i) 0.008 (ii) 0.023 (iii) 0.342 (iv) 0.215
The Trust considers that this data is as described for the following reason. The number of patients eligible to participate in PROMs survey is monitored each month and the number of procedures undertaken by the Trust is cross tabulated with the number of patient questionnaires used.					
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by reviewing relevant patient pathways and undertaking a detailed quality improvement programme.					

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

Quality Indicator	Data Source	Trust rate for noted reporting period	National average value	Highest value	Lowest value
The rate per 100,000 bed days of cases of C difficile infection reported within the trust during the reporting period	HSCIC	2014/15 0.10 / 100000 bed days (21confirmed) 2013/14 0.07 / 100000 bed days (14 confirmed) 2012/13 0.14 / 100000 bed days (31 confirmed)	Not available	Not available	Not available
The Trust considers that this data is as described for the following reasons. The source data for this indicator is routinely validated and audited prior to submission. All cases of clostridium difficile infection at the Trust are reported and investigated by the Infection Control Team and reported monthly to the Board of Directors. Reporting is in line with the requirements of the Health Protection Agency (HPA) and Monitor.					
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by ensuring high standards of infection prevention and control are implemented, monitored and maintained.					

Quality Indicator	Data Source	Trust rate for noted reporting period	National average value	Highest value	Lowest value
Number of patient safety incidents reported during the reporting period	National Reporting and Learning System (NRLS)	3623 (April 14 - Sept 14) 3239 (Oct 12 - Mar 13)	Not available	12,020 (NRLS Acute Trusts - non specialist)	35
Rate of patient safety incidents reported during the reporting period	NRLS	36.76 per 1000 bed days (April 14 - Sept 14) 39.8 per 1000 bed days (Oct 13 - March 14)	35.1 Not available	74.96 74.9	0.86 5.8
Number of patient safety incidents reported during the reporting period that resulted in severe harm or death	NRLS	10 (April14 - Sept 14) 19 (Apr 13 - Sept 13)	Not available Not available	0% Not available	87 Not available
% of total number of patient safety incidents reported during the reporting period that resulted in severe harm or death	NRLS	0.2% (April14 - Sept 14) 0.50% (Apr 13 - Sept 13)	0.5% 0.60%	0% Not available	82.8% Not available

The Trust considers that this data is as described for the following reasons. All data is validated prior to submission to the National Reporting and Learning System. The NRLS enables all patient safety incident reports, including near miss and no harm events, to be submitted to a national database on a voluntary basis designed to promote learning. It is mandatory for NHS trusts in England to report all serious patient safety incidents to the Care Quality Commission as part of the Care Quality Commission registration process. To avoid duplication of reporting, all incidents resulting in death or severe harm should be reported to the NRLS who then report them to the Care Quality Commission.

The data presented is from the most recent NRLS report April 2014-September 2014.

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has taken the following actions to improve this indicator, and so the quality of its services, supporting an open culture for incident reporting and investigation and has implemented 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 0.2%.

Part 3
Review of quality performance in 2014/15

The following section provides an overview of the performance in 2014/15 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 2013/4 Quality Report and have also been selected on the basis of data collection, accuracy and clarity.

Safety

Reducing adverse events

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

Encouraging staff to speak out safely

The Trust supports the *Nursing Times* Speak Out Safely campaign and the new Freedom to Speak Up Review.

The Trust encourages any staff member with a safety concern to raise it at the earliest opportunity. We recognise that when staff raise concerns it is because they usually know things are not working well and when care could be safer. Staff feedback can help significantly in ensuring high standards of patient care. The Trust has therefore introduced a variety of ways for staff to provide feedback including:

- chatting to the Chief Executive as part of a 'Tony on tour' walkround
- speaking to a matron as part of our 'talk to us' events and communications
- via Board, staff governors or Chairman walkrounds, workshops and drop in sessions

- flagging concerns to their staff side representative
- using the #thank you section on the intranet
- speaking to their line manager, occupational health, human resources or risk management departments

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 70% of incidents reported to the National Reporting and Learning System are recorded as no harm. Nationally just under 1% are reported as severe harm or death. The Trust's percentages for both 2012/13, 2013/14 and 2014/15 are much lower at 0.5%, 0.6% and 0.37% respectively.

Learning from serious incidents

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

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

- provision of additional triage training for Emergency Department staff and provision of additional middle grade cover out of hours
- revision of anticoagulation guidelines
- amendment to clinical pathway to ensure bleeding in a patient with a metal valve is automatically escalated to a cardiology consultant for review
- grand round presentation to all doctors to highlight the importance of acting on abnormal blood results
- changes to cardiac monitoring procedures in Acute Medical Unit
- improvements to decontamination procedures for theatre trays
- provision of additional pressure relieving mattresses for high risk areas

Table: Patient safety incidents reported to NPSA via the National Reporting and Learning System - April 2014 to March 2015

Severity of Incident Reported	Total Number Reported 2014/2015	% of Incidents Reported 2014/2015	Total Number Reported 2013/2014	% of Incidents Reported 2013/2014
No Harm	4,650	66.7%	4,865	70.69%
Minor / Low	2,168	31.0%	1,802	26.17%
Moderate	135	1.93%	178	2.59%
Major / Severe	26	0.37%	41	0.55%
Total:	6,979		6,886	

Never events

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

In 2014/15 the Trust reported four never events. All of these incidents related to surgical procedures. Although on each occasion the patient did not come to serious harm, detailed investigations concluded that routine safety checklist procedures were not followed robustly and the incident should have been avoided. As a result of the incident reviews, a Trust-wide quality improvement programme to improve safety checklist procedures has been established. The group is chaired by the Medical Director and involves clinical champions from all areas undertaking surgical or invasive procedures.

To further improve incident reporting and support an open culture for sharing learning, the Trust is currently in the process of implementing a new web based reporting system. The system offers many benefits including cross department and directorate investigations, the opportunity for the person reporting an incident to request automatic feedback, and an end to paper forms being misplaced or lost. Training is being provided to staff on how to use the system and there has been positive feedback from areas already using the new system.

Improving fluid and hydration

Our Nutrition and Dietetic Department, Dr Jules Cranshaw, Dr Simon McLaughlin and the Practice Development Group led by Ellen Bull (Deputy Director of Nursing) have all worked together to make improvements in fluid and hydration during 2014/15. This has included:

- implementing a new acute fluid monitoring chart revision and a 24 hour fluid accumulative chart
- establishing a new Theory and Clinical Skills training programme for nurses in August 2014
- producing a short six minute training video on 'how to complete' fluid monitoring charts to support implementation of the new charts
- introducing new beverage charts with pictorial vessels and volume measurements for all clinical environments
- purchasing red cups/mugs and red lid jugs to identify patients who require help with fluids and fluid monitoring
- creating new patient information: food and drink patient leaflets have been produced by the Nutrition and Dietetic Department

In addition, in line with recent NICE guidance, the Trust has also produced an intravenous prescribing guide and intravenous fluid prescription chart. Teaching materials and presentations were used to support implementation.

Early safety audit data has shown that there has been a reduction in episodes of hypokalaemia and hyponatraemia since the new IV fluid policy was implemented. Data on fluid management comparing the use of 0.9% saline used by wards during October-December 2013 with that used during the same time period in 2014 has shown that there has been an overall reduction of 66%.

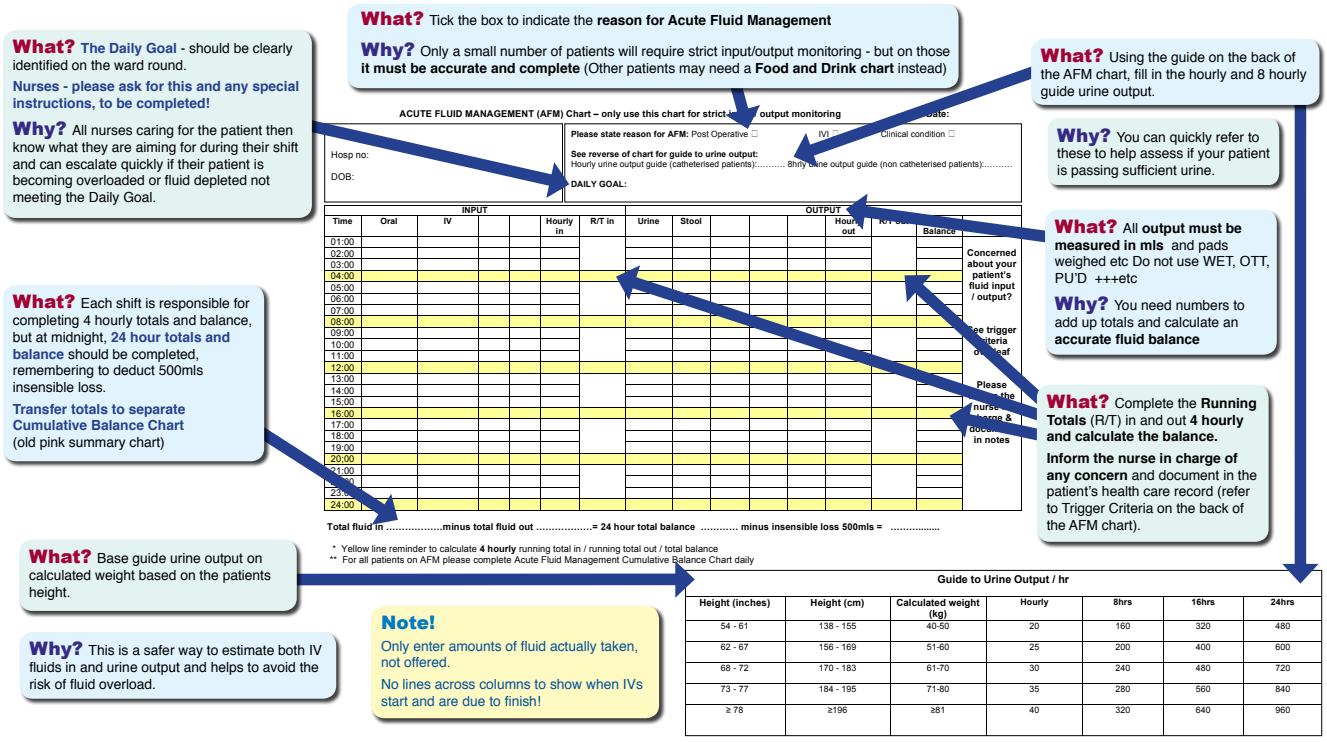
Ward / Dept	Oct-Dec 2013 (Quantity in Litres)	Oct-Dec 2014 (Quantity in Litres)
Total	8,302	2,812

Further monitoring and audit will be undertaken in 2015/16 to measure additional improvements achieved.

Reducing acute kidney injury (AKI)

In response to a National Confidential Enquiry report on Acute Kidney Injury, we implemented a new nurse led AKI service in September 2014. The AKI nurse specialist attends all AKI stage two and three patients on medical and surgical wards to assist with their diagnosis, management and care. The Pharmacy Team is also an integral part of the service and alerts clinicians to the presence of AKI stage one in all the wards around the hospital. We have also introduced AKI alert stickers, new cumulative fluid balance charts, escalation

New Acute Fluid Management (AFM) chart - for strict input / output monitoring



stickers, new AKI care bundles which are on every ward and on the intranet and a new AKI drug awareness sheet also on all wards.

A comparative audit of three months data collection has demonstrated (in a highly selective group of patients) a reduction in mortality, length of stay and re-admission rate in the AKI stages two and three seen by the AKI nurse specialist.

An initial audit of the impact of the new service (three months post implementation) suggests that there have been significant improvements in patient care.

In 2015/16 we are aiming to continue with the service as well as developing additional in house training for ward staff. The AKI Team is also developing an education programme for primary care (including GPs and community pharmacists); an outreach service for primary care and telephone and follow up clinics.

	Audit results before introduction of AKI service	Audit results after introduction of AKI service
No. of AKI patients	188	148
Mortality rate	23 (12%)	8 (5%)
Readmission rate (within 28 days)	45 (24%)	14 (9%)
Mean length of stay	15 days	9 days
No. of patients admitted to ITU	11 (6%)	9 (6%)

Effectiveness

Reducing hospital mortality

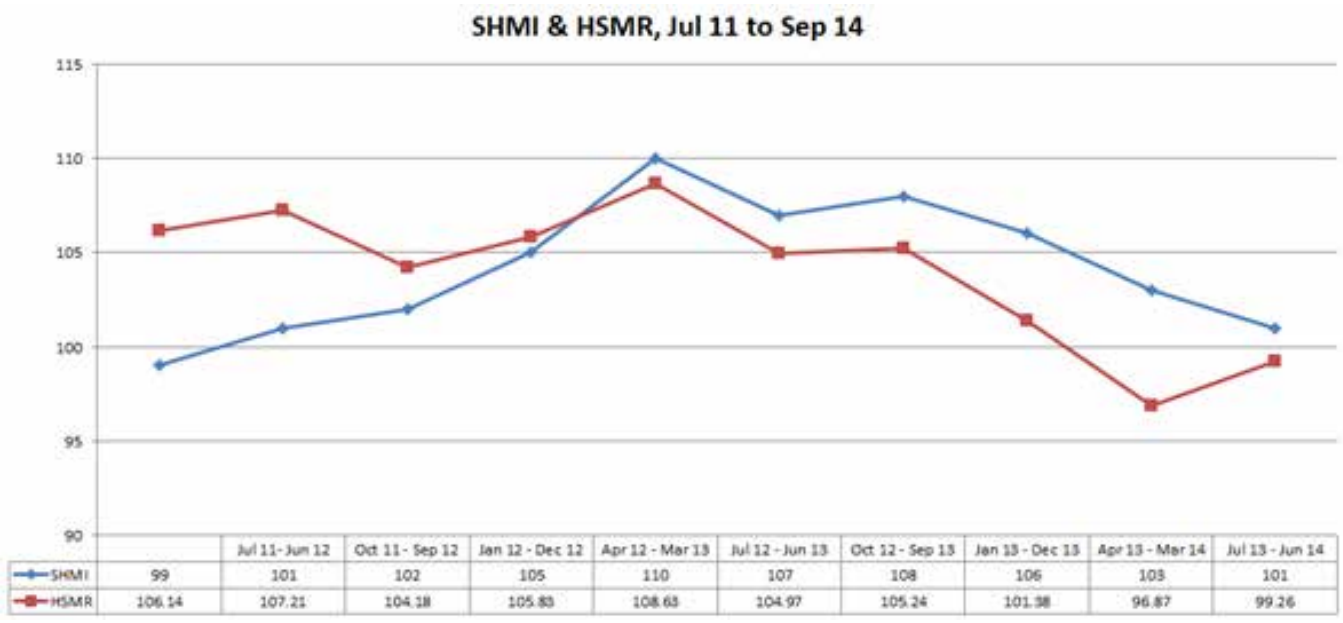
The Trust's mortality rate, as expressed in both the Hospital Standardised Mortality Ratio (HSMR) and the Summary Hospital Mortality Indicator (SHMI), continues to lie within the "as expected" category.

The Dr Foster mortality metric, known as HSMR, has become a recognised way of assessing hospital mortality. An HSMR value of 100 represents an average 'expected' value and therefore a score below 100 demonstrates a better than average position. The NHS, via the Health and Social Care Information Centre, has also developed a slightly different metric SHMI which additionally includes patients that have died within 30 days of being discharged from hospital. SHMI is also calculated slightly differently. Up until now the HSMR figure has been rebased (ie recalibrated against the national average) annually, whereas the SHMI figures is recalibrated each time it is produced. Dr Foster has just changed this which has altered the HSMR figures for this year.

The chart below shows the latest SHMI figures and the comparable HSMR figures. Both are annual figures produced on a quarterly basis. Both figures lie within the 'as expected' categories.

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

The Trust has a multi-disciplinary Mortality Group, chaired by the Medical Director, to review the Trust's HSMR and Dr Foster Intelligence Unit mortality risk reports on a monthly basis. The group also reviews death certification and electronic Immediate Discharge Forms (e-IDF) to ensure accuracy of coding. The group discusses areas of potential concerns regarding clinical care or coding issues and identifies further work, including detailed case note review and presentations from relevant specialties. All deaths now get a consultant review against a specific questionnaire and in 2014/15 we developed this further and we now have the chairs of the specialty Mortality and Morbidity Meeting attending the Mortality Group. This therefore ensures that the review of all deaths within the hospital is monitored centrally and ensures the progress of actions, where we have established the potential for improvements. The Trust also has a group - Mortality Improvement through Clinical Engagement (MICE) - that draws together several significant strands of work including the work of the Mortality Group described above. This is chaired by the Director of Nursing and



		Jul 11 - Jun 12	Oct 11 - Sep 12	Jan 12 - Dec 12	Apr 12 - Mar 13	Jul 12 - Jun 13	Oct 12 - Sep 13	Jan 13 - Dec 13	Apr 13 - Mar 14	Jul 13 - Jun 14
SHMI	99	101	102	105	110	107	108	106	103	101
HSMR	106.14	107.21	104.18	105.83	108.63	104.97	105.24	101.38	96.87	99.26

Midwifery and draws other programmes under its umbrella, including seven-day working, end of life care and managing the deteriorating patient.

Recent actions arising from the work of the group includes:

- the redevelopment and introduction of a fluid chart, together with associated training
- the recruitment of a consultant with an interest in Acute Kidney Injury (AKI) and the provision of a nurse specialist in this speciality and the introduction of AKI flags on the pathology system
- implementation of a Heart Failure Group and action plan, with a multi-disciplinary team (MDT) approach, the recruitment of two heart failure nurses and the cohorting of heart failure patients

Improving heart failure services

A new inpatient Heart Failure Service was set up in December 2013. It currently consists of one full-time heart failure nurse specialist and a heart failure consultant lead.

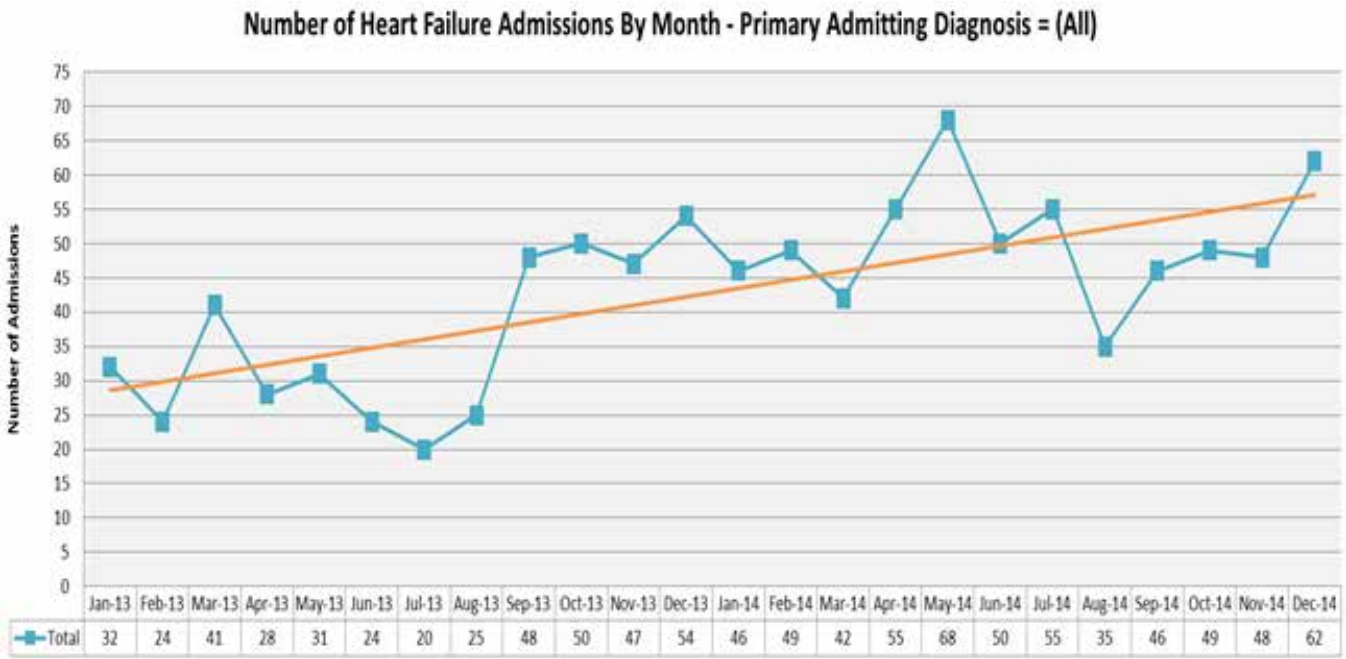
Ward staff are able to make referrals into the service and specific evidence-based heart failure prescribing guidelines have been produced and made available to staff via the intranet.

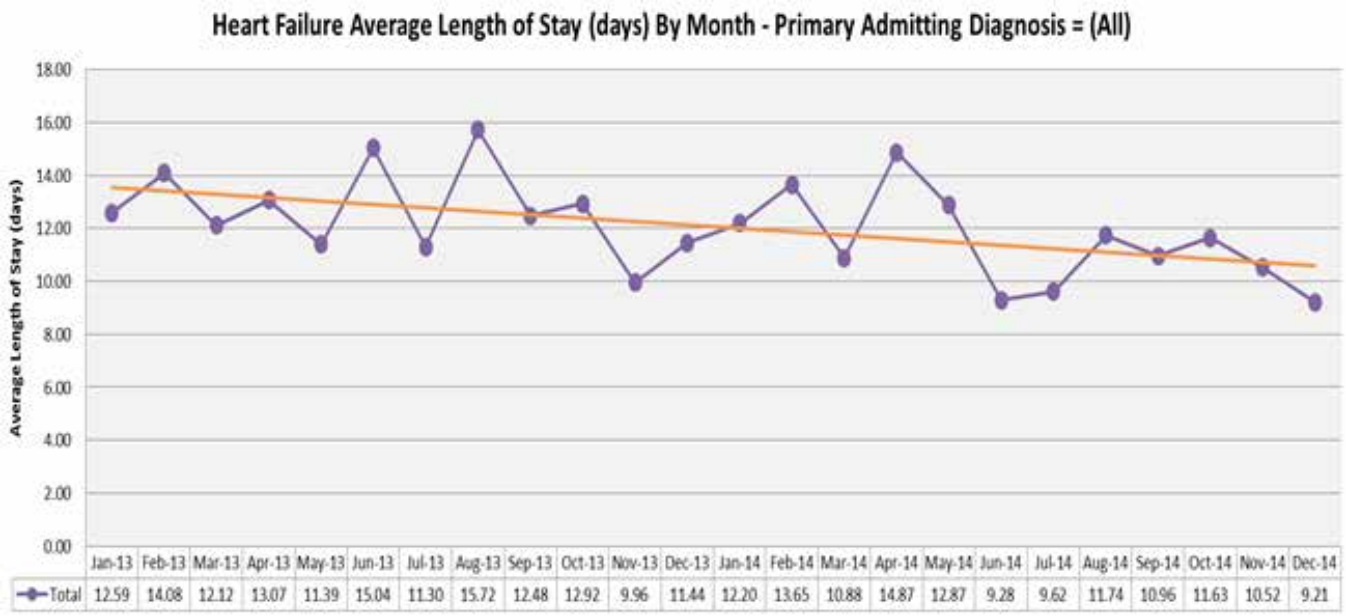
We have set up a small team of consultants from around the Trust with an interest in heart failure to support the identification of patients within the hospital with a primary diagnosis of heart failure. The Heart Failure Team also work closely with older people's medicine, the Palliative Care Team, the Arrhythmia Team and cardiac rehabilitation.

There are monthly educational sessions that are very popular and weekly inpatient MDT meetings on our heart failure unit where each patient is discussed individually and a management plan is agreed.

In order to assess our service and to benchmark with other heart failure services nationally we submit data each month to the National Heart Failure Audit. We are pleased to see that there has already been an improvement in our length of stay figures.

In August 2014 we set up a very successful weekly Rapid Access Heart Function Clinic which is based on referrals from primary care for patients with a high blood-result and heart failure symptoms. All these patients are seen according to NICE guidelines and are given an echocardiogram, full assessment and management plan. We are currently auditing the first six months including a patient satisfaction survey, to assess the impact of this new service.





In November 2014, Ward 21 was re-categorised as a Heart Failure Unit with 12 beds specifically allocated for heart failure patients. This has enabled the staff to develop their skills and knowledge and is beneficial to the heart failure patients to ensure they receive consistent evidence-based care. Once a patient is discharged home they are referred to the community heart failure team for follow up.

Heart failure patients can now also attend specific heart failure cardiac rehabilitation classes to improve their exercise capacity and meet other patients with heart failure. Another recent patient improvement initiative has been to set up a pathway for patients to attend the Treatment Investigation Unit at the Royal Bournemouth Hospital for intravenous frusemide infusions which will prevent readmission into hospital.

We continue to look at additional ways to improve the heart failure service. Our intention is to ensure that all patients admitted to hospital with heart failure are seen by a heart failure specialist nurse within 24 hours of admission, with seven-day working. We also aim for all patients admitted with heart failure to be treated in the specialist Heart Failure Unit. We are developing a heart failure specialist nurse non-medical prescribing policy. This will promote timely provision of discharge treatment.

Improving care for stroke patients

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

We are in the process of implementing our new stroke outreach service which will further streamline the patient pathway to our Stroke Unit and ensure our patients consistently receive early stroke specialist assessments, CT scans and early access to the Stroke Unit. This new team will receive a pre-alert from the ambulance for all suspected stroke patients enabling them to meet the patient in the Emergency Department, or directly at the CT scanner for appropriate patients, undertake all initial assessments and commence early treatment, such as stroke thrombolysis, and facilitate early transfer to the Stroke Unit. We anticipate providing a seven day in-hours service from the end of May 2015 and a seven day 7am-midnight service from mid/end of July 2015.

The Trust admits approximately 750 new stroke patients per annum, making it the busiest stroke service in the Wessex region. As well as our inpatient hyper-acute, acute and rehabilitation provision, we have a stroke Early Supported Discharge (ESD) Team which supports stroke patients with their discharge from hospital. It provides stroke specialist multi-disciplinary rehabilitation in the patients' home setting enabling earlier discharges from hospital. We also provide a seven day rapid access TIA Service seeing approximately 1,000 TIA patients per annum. The TIA Service is another example of excellent collaborative working as the weekend provision is jointly provided with Poole Hospital and Salisbury Hospital. We provide consultant-led stroke follow-up clinics and have an extremely busy and proactive Stroke Research Team undertaking a wide range of stroke research studies.

There is clear national guidance to support interventions and care processes in stroke. These include for CT scanning, access and stay on a Stroke Unit, thrombolysis, therapy and multi-disciplinary working and discharge.

In 2014/15 we have seen a steady and sustained improvement with the proportion of patients having a CT brain scan within 12 hours of arrival to hospital. In April 2015 a new initiative to enable non-consultant staff to request a CT brain scan for acute stroke patients is being introduced which will further reduce delays enabling quicker access to CT brain scans. The stroke outreach service will also ensure that there is earlier identification of stroke patients, again reducing delays and enabling faster access to required interventions and treatments.

SCANNING	Q1	Q2	Q3	Q4
Proportion of patients scanned within 12 hours	76.6% (National Average 87.1%)	81.3% (National Average 87.7%)	82.8% (National Average 88.7%)	85.9% (National Average not available)

All people with suspected stroke should be admitted directly to a specialist acute stroke unit. Throughout 2014/15 we have again maintained our performance and continue to perform above national average. Going forward the new Stroke Outreach Service, by ensuring earlier identification and awareness of stroke patients in the Emergency Department, will enable quicker transfer to the Stroke Unit to be achieved.

STROKE UNIT	Q1	Q2	Q3	Q4
Proportion of patients directly admitted to a Stroke Unit within four hours	64.8% (National Average 58%)	66.7% (National Average 59.8%)	59.8% (National Average 56.9%)	68.2% (National Average not available)

Stroke services should provide early supported discharge to stroke patients who are able to transfer independently or with assistance of one person. Early supported discharge should be considered a specialist stroke service and consist of the same intensity and skill mix as available in hospital, without delay in delivery. Our highly performing stroke Early Supported Discharge (ESD) Service supported 211 patients in 2014/15 and recent patient feedback on the service demonstrated that 92.1% of patients were highly satisfied with the service they received from the stroke ESD Team.

Patient feedback:

"A member of the team came to my home on day of my discharge. The team has been so supportive and helpful in all areas - helped with my walking, making meals, handwriting, and have supported and reassured me emotionally and physically. They are very knowledgeable in all areas and able to answer my questions which helped put my mind at ease, which also helped with my recovery. The whole team were absolutely brilliant while maintaining their professionalism. Thank you so much."

STROKE EARLY SUPPORTED DISCHARGE	Q1	Q2	Q3	Q4
Proportion of patients supported by Stroke ESD on their discharge from hospital	64.5% (National Average 58%)	68.3% (National Average 59.8%)	60% (National Average 56.9%)	68.2% (National Average not available)

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

The Trust Clinical Audit and Effectiveness Group reviews compliance with all new National Institute for Health and Care Excellence (NICE) guidance issued each month. For the period from April 2014 to March 2015 the Clinical Audit and Effectiveness Group reviewed a total of 139 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	16	7	4	0	5
National Guidelines	7	4	0	1	0	3
Technology Appraisals	30	26	16	1	0	9
Interventional Procedures	33	6	4	0	0	2
Public Health Guidance	5	2	1	1	0	0
Medical Technology Guidance	7	1	1	0	0	0
Safe Staffing Guidance	1	1	0	1	0	0
Quality Standards	30	22	9	6	0	7
Diagnostics Guidance	5	4	4	0	0	0
Highly Specialised Technology Guidance	1	0	0	0	0	0
Total	**139**	**82**	**42**	**14**	**0**	**26**

Where non or partial compliance has been identified an appropriate action plan agreed. The majority of guidelines noted in the above table as ‘under review’ relate to those issued during January-March 2015.

Other news

We have some outstanding services that have been recognised for their excellent clinical outcomes, innovation and patient care this year. For example:

- **Improving pre-operative care**

Our nurse led pre-surgical assessment clinic has been recognised by the Royal College of Anaesthetists in their recent guidelines around pre-operative care for improving pre-operative care and reducing length of stay. The service aims to see people with poor diabetes control prior to surgery to ensure their diabetes is adequately managed in order to ensure that their surgery can go ahead.

- **Promoting patients with diabetes**

We have started up a new rapid access clinic, a renal diabetes clinic, a transplant-diabetes clinic and we are in the process of setting up the Wessex Hypoglycaemia Service for people with significant difficulties with hypoglycaemia.

A Diabetes Rapid Access Clinic has been established to facilitate appropriate discharge from hospital and prevent unplanned hospital admissions for people with diabetes. The clinic provides rapid access to specialist advice and is a multi-disciplinary clinic with both a consultant and diabetes nurse specialist present. This allows urgent clinical recommendations (for example starting insulin) to be actioned at the same appointment. The clinic has capacity to see three patients per week and at present the waiting time has not exceeded two weeks.

- **Improving pain management**

Our Pain Management Team has been working with our Communications Team to raise the profile of pain management and support more staff via educational workshops and on the ward advice. A number of wards have subsequently implemented new ideas in best practice, such as giving patients known to be suffering with pain their medication first during rounds.

Lead nurse in acute pain management, Mandy Layzell, says:

"There are a lot of myths surrounding pain management, so staff members who are trying to help a patient may unknowingly undermine their good work. Better pain management means patients are more likely to sleep and eat well, supporting a speedier recovery."

As a result of the campaign, the number of patients per month highlighting the need for better pain management has been halved.

Pathology

It has been a busy and exciting year for developments in pathology. In addition to meeting the increasing needs of our accreditation bodies, the directorate has worked tirelessly to develop and evolve services in line with the needs of our users. There have been several important improvements that have impacted our processes, informatics systems, staffing and estate with benefits in quality, turn-around time and overall productivity. A few examples of service improvements implemented last year are detailed below:

- **Accreditation - maintaining a culture of ongoing quality improvement**

Pathology tests are among the most important aspects of modern medicine and it has recently been estimated that pathology contributes to 60-70% of clinical diagnoses. For many conditions, there is no substitute for pathology tests - for example, high blood cholesterol can be detected by testing long before any physical symptoms appear. Pathology is also relied on to help diagnose a wide range of conditions, and to help monitor the response to treatment.

Consequently there are many processes in place to ensure that pathology does produce reliable, accurate and precise results. These have been instituted by the Government, the Department of Health, pathology professional organisations and individual laboratories themselves to ensure that quality standards are maintained.

Last year pathology at the Royal Bournemouth Hospital was inspected by the Clinical Pathology Accreditation Service when 13 assessors spent 10 days examining the quality of the service. In addition, this year three inspectors from the Human Tissue Authority spent a day reviewing procedures for bone marrow transplants. On both occasions the pathology services and associated working practices were praised and licences to practice retained.

Next year pathology will be inspected by the United Kingdom Accreditation Service (UKAS) as the next stage in evidencing the high quality and accuracy of our service.

- **Clinical haematology - improving outcomes for haematological malignancy**

The Haematological Malignancy Diagnostic Service (HMDS) division of the lab continues to work towards implementation of its bespoke 'Haemosys' software; configuration is being completed by lab, clinical and IT staff who are working in close partnership with the software provider. Once implemented, this will enable compliance with the NICE integrated report format which will draw together all the results from one sample to ensure that all pieces of the diagnostic puzzle are available enabling the clinician to make a robust final diagnosis.

- **Blood transfusion - reducing length of shifts increases quality and reduces errors**

Staff in blood transfusion have historically worked an extended shift. However in December, changes were made to shift patterns to reduce lone working overnight. Other changes included extending the evening shift and implementing a second specialist biomedical scientist until 8.30pm.

Audit reveals that during the last quarter the number of minor procedural errors made while lone working has decreased by over 50% - increasing quality and improving patient safety.

- **Microbiology and infection control - reducing hospital acquired infection**

In line with the recommendations from the Department of Health from February 2015, the Trust moved away from blanket screening of MRSA on all admissions. Instead we only screen those who are at clinical risk of contracting a bacteraemia during their stay. This means certain patients will continue to be screened routinely including admissions to wards 7, 11, 14 and critical care and those undergoing invasive procedures such as major arthroplasties, internal defibrillators and breast implants.

The change has enabled wide use of Octenisan wash which minimises a broad spectrum of bacteria on the skin thereby reducing the overall risk of bacteraemia and hospital acquired infections. This initiative therefore promises to improve patient outcomes and is an excellent example of joined up working, challenging the norm and diverting resources to best meet the needs of the patient.

- **Haematology laboratory - supporting front line services**

Royal College of Pathology performance indictors recommend that 90% of full blood count tests should be reported within 60 minutes of receipt by the laboratory. Biomedical staff and medical laboratory assistants have worked hard to review internal laboratory processes to ensure this target is achievable. The department is pleased to report that the target was comfortably met over the last 12 months and the department continues to improve the responsiveness of the service.

• Phlebotomy - developing a community model

Last year we worked with the Dorset Clinical Commissioning Group to increase phlebotomy access in the community. Five new clinics were opened in north Bournemouth and an additional service began in Highcliffe on 1 April 2015.

This new model for phlebotomy improves patient choice, reduces waiting times at our outpatient services and moves the service closer to the patient. Feedback from patients and GPs has been extremely positive. We are now in discussion with other GP surgeries and exploring the option of opening a service in a local retail outlet.

• Cellular pathology - implementation of electronic workflow management

Cellular pathology has introduced 'Vantage', a system which helps protect patients and staff from serious risks associated with sample misidentification. The system is the first of its kind in the industry and the Bournemouth laboratory is the first in the country to fully install. It has a number of patient benefits and enables staff to:

- virtually eliminate errors with 'one label, one time' slide identification
- maintain positive sample ID with barcode scanners at each workstation
- immediately locate any patient's slide, at any time, from any last scanned location
- easily compile quality reporting documentation
- view a comprehensive dashboard of lab performance at any time
- simplifies workflow
- presents opportunities to improve quality, staffing and efficiencies

• Reception refurbishment - improving the patient experience

Works were recently completed on the refurbishment of the Pathology Reception. New lighting, flooring and furniture have improved this waiting area significantly which had not been refurbished since the original build in 1989. The redesigned reception desks is much more welcoming for patients, particularly those in wheelchairs and has allowed for several operational improvements behind the scenes.

• Demand management - improving stewardship of resources

The Pathology Department has introduced software to prevent the unnecessary repetition of haematology and biochemistry requests. This software has led to a reduction in reagent spend, ensuring that only clinical relevant requests are processed by the laboratory. Since its implementation the Trust has benefited from significant savings on consumables and has reduced turn-around times for key laboratory investigations.

• Palliative care

Despite a significant growth in referrals and minimal increase in resources, the specialist Palliative Care Team has continued to maintain high quality, patient-centred care. The service has seen a 71% increase in referrals over the last five years and 21% increase last year alone, however the unit continues to receive excellent feedback from patients and friends and family surveys.

The Royal Bournemouth Hospital end of life steering group has proven to be dynamic and highly effective. Led by the Associate Medical Director, this group is helping to bring about improvements in end of life care throughout the Trust, especially using tools such as the AMBER care bundle, and the RBCH personalised care plan for the last days of life. A seven day hospital Palliative Care Team will launch later in 2015 which will further improve end of life care and provide additional support for patients and families.

The unit continue to return good performance in various Dorset-wide clinical audits - for example looking at time between referral and telephone contact and face to face assessment, and at concordance with patients' preferred and actual place of death.

Last year the 'do not attempt cardio-pulmonary resuscitation' form was replaced by the new pan-Dorset 'allow a natural death' policy and form. The new form is recognised by all health and social care providers in the county, meaning that the resuscitation status of patients moving between settings is clearer for staff, and that this issue does not need to be repeatedly discussed with patients and families.

• Haematology

Last year there were multiple haematology consultant research publications in peer reviewed journals. This ongoing effort is testament to the team's dedication and quality of clinical research carried out at the Trust's Haematology Department. In addition the department was selected as one of the Myeloma UK clinical research network sites.

• Ward 10 and 11

JACIE (Joint Accreditation Committee ISCT EBMT) re-accreditation was achieved this year evidencing the high standard of care we deliver to our transplant patients.

The unit continues to have excellent compliance with education and training standards which supports team morale and internal peer review results. This is supported by outstanding leadership on the ward with nurse-led audit, nurse-led clinics and a multidisciplinary team approach including research.

Plans are well underway to relocate to the new Jigsaw Building. The new facility will significantly improve the patient experience in terms of privacy, dignity and patient flow, while being a more welcoming, modern and spacious environment in which to receive treatment.

Patient experience

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

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

- national annual inpatient surveys, national cancer patient surveys, national Friends and Family Test monitoring
- internal feedback via the use of: patient experience cards, real time patient feedback, the care campaign audit (undertaken in collaboration with the Patients Association) and governor audits
- monitoring for any emerging issues via: patient comment cards, formal and informal complaints, issues raised by letters and compliments from patients, carers, relatives and the public

> One patient noted that when visiting the hospital the gel dispenser at a main entrance was empty at a weekend. This was highlighted due to the importance of infection control and the system amended. Housekeeping supervisors now review daily and sign to identify the check has been made and refill dispensers as appropriate.

- collating and using individual patient stories. Patient stories are shared monthly with the Trust Board, shared with staff at ward level and used for staff education. Patient diaries, experience based design interviews and one to one interviews with complainants are also used to identify opportunities for learning and improvement
- holding specific focus groups, stakeholder events and locum forums to discuss local issues for our patients. Specific project groups have included learning disabilities, Healthwatch quality audits, volunteers and patient advocates support for mealtime companions and a disability forum in partnership with Dorset Clinical Commissioning Group and Poole Hospital NHS Foundation Trust

Key improvements in patient care are centred both around direct interventions which positively impact on all aspects of quality. Actions taken in 2014/15 include:

- implementation of a carer's audit
- protected nights scheme
- dignity pledge
- bed curtains replaced Trust-wide for improved dignity and privacy
- promotion of the #hellomynameis campaign
- pain management education plan and analgesia proforma
- pilot site for healthcare assistant Care Certificate education programme - this has led to an established programme for all newly employed healthcare assistants to attend
- staff and volunteers training to support patients using the Hospedia system, with focus on menus and meal ordering
- Property Management Policy to reduce the number of items lost developed for launch in 2015/16
- working with local council to improve traffic flow enabling greater access for patients and visitors
- Interim Care Team supporting the provision of interim care beds for patients ready for discharge
- GP led transitional care unit to support patients fit for discharge
- expansion of volunteer roles including dementia care companions
- implementation of the Friends and Family Test into outpatient and day case areas
- stakeholder events and annual focus groups to support service reviews and changes

Care Quality Commission national inpatient survey

> **Improvement in overall national inpatient survey results**

The 12th annual Care Quality Commission national inpatient survey includes responses from in excess of 59,000 patients from 154 acute trusts. The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

had a response rate of 54% (the national response rate was 47%) with 447 responses completed from a sample of 830 eligible patients. The eligible sample (as defined by the national methodology) were all patients who had stayed in the Trust overnight during July 2014.

The national 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 11 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.

Comparison with 2013 results

It is positive to see that the 'overall' score demonstrates improvement from last year. The overall score has improved from 7.9 in 2013 to 8.1 in 2014.

Comparison with 2013 performance demonstrates:

- we made improvement in 42 questions in 2014 (20 questions in 2013)
- eight questions show statistical improvement (one in 2013)
- six questions have remained the same (eight in 2013)

Section scores

- there was a deterioration in the results of 10 questions (29 in 2013)

We improved on last year's performance in the following categories: hospital and ward, nurses, doctors, care and treatment, operations and procedures and leaving hospital.

It was pleasing to note that we made improvement in our patients' perception of having to share mixed-sex sleeping areas (last year the Trust was placed in the bottom 20% for mixed-sex sleeping areas, this has improved from a score of 8.2 in 2013 to 8.8 in 2014). However there is work still to do as the report highlighted that we need to make progress in our patients' perception of not having gender specific shower or bathroom facilities (the Trust is in the bottom 20% of all acute trusts for this question). We are planning to review signage and communications during the year ahead.

National comparison

The results place the Trust in the top 20% of trusts (green) in the following four questions:

- Q8 The hospital specialist had all relevant information from referring specialist
- Q48 Anaesthetist providing information regarding induction and pain management
- Q55 Written information on discharge
- Q60 Staff telling of danger signals to be aware of after discharge

The Trust was only in the top 20% of trusts for one question in 2013.

In 2012 we had one of the lowest scores for the question relating to privacy when being examined or treated. Pleasingly the results for 2014 demonstrate further evidence of significant improvement. The Trust is now rated as amber at 9.7. The highest national score was 9.9.

The 2014 results did not indicate any areas where the Trust was significantly worse (lower) than the national average. In 2013 we had three areas where we were red, so the 2014 show positive improvement.

In summary, performance against the Trust's 2013 demonstrates excellent improvement. We have significantly improved in four questions placing the Trust in the top 20% of the country and have also shown improvement in a further 41 questions. We aim to continue this success in 2015/15 and will introduce via the care group heads of nursing a number of new and ongoing improvement initiatives across all areas.

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.

There are six questions on one side, chosen in parallel with national inpatient survey 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. On review areas for improvement are themed and actioned through improvement plans.

In 2014/15, there has been a significant increase in the number of completed cards; 34,644 cards completed Trust wide (22,514 in 2013/14) by patients across our hospitals. Overall patient satisfaction was high with 96.3% recommending the Trust and only 2% not recommending.

Friends and Family Test

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

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

(National FFT Question)

The Friends and Family Test score is calculated using 'Net Promoter Score' methodology. The methodology results in a FFT score of between -100 and +100.
The national directive to implement the FFT question has been cascaded throughout the Trust via the use of the patient experience card (PEC).

The results are reviewed through the Patient Experience Committee and actioned where required. 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.

In line with the NHS England directive, the FFT has been extended to include 40 outpatient and day case areas in addition to inpatient areas.

When compared with the previous year there has been an increase (improvement) of the FFT score on aggregate from 75 to FFT Score 77.

FFT April 13 - March 14 (all areas)		FFT April 14 - March 15 (all areas)	
Extremely likely responses	16,626	Extremely likely responses	25,711
Likely	3,466	Likely	5,013
Neither likely/nor unlikely	437	Neither likely/nor unlikely	569
Unlikely	208	Unlikely	246
Extremely unlikely	287	Extremely unlikely	380
Total	21,024	Total	31,919
FFT SCORE 2013/14	**75**	**FFT SCORE 2014/15**	**77**

1st April 2014 to 31st March 2015	Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't know	No answer	No FFT responses	FFT Score	Recommended %	Not Recommended %
All inpatient depts.	8429	1733	191	67	68	64	408	10552	77	96.3%	1.3%
All ED depts	4933	815	91	68	170	32	124	6109	76	94.1%	3.9%
All Maternity depts	681	191	10	4	2	1	18	889	75	98.1%	0.7%

Children's FFT card

A new FFT card specifically for younger patients was introduced in January 2015. The cards were developed to support the NHS England directive to provide feedback opportunities for those over five years of age. Results for the first three months of data collection indicate that 98.9% of young people who completed this card would recommend the Trust.

Real Time Patient Feedback (RTPF)

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

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

One of the main RTPF audits this year has been the care campaign audit.

In partnership with the Patient Association, the care campaign audit has been designed to ensure robust feedback on a daily basis from participating older peoples' medicine and medical wards. The audits are facilitated by trained volunteers and review five key objectives:

- communicating with care and compassion
- assistance - ensuring dignity
- relieving pain effectively
- ensuring adequate nutrition
- managing expectations

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

Care Campaign Question	April 2014 Score	March 2015 Score
Section 1 Communicate with care and compassion (total of all questions) e.g.	88%	90%
Did staff ask you what name you preferred to be known by/called?	89%	92%
Do staff use your preferred name when they speak to you?	92%	95%
Section 2 Assistance and ensuring dignity (total of all questions)	92%	94%
Section 3 Relieve pain effectively (total of all questions) e.g.	79%	84%
Do staff use other methods to relieve your pain?	72%	83%
Section 4 Ensuing adequate nutrition (total of all questions)	89%	94%
Are the meals provided enough for you?	80%	87%
If you are unable to eat a full meal were you offered regular snacks and drinks?	76%	89%
If you need assistance to eat your meal is it given?	61%	94%
Are you supported to eat your meals without interruption?	76%	93%
Section 5 - Managing expectations (total of all questions)	-	91%
Overall %	**87%**	**91%**

Patient focus groups

Patient focus groups are run throughout the year. This year 11 events have taken place, including in rheumatology, orthopaedics, oncology, endoscopy and physiotherapy. The focus groups are an excellent way of using the views and recommendations of patients in the development of new or existing services.

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 we have been reviewing and extending the number and roles of our valuable volunteers. Partnership agencies that support the Trust and in addition to the Trust Bluecoat volunteers include:

- Royal Voluntary Services
- Chaplains
- League of Friends Christchurch
- League of Friends Bournemouth
- Friends of the Bournemouth Eye Unit
- Hospital Radio Bedside
- Red Cross
- Headstrong
- Macmillan
- Healthwatch
- Patients Association

Bluecoat volunteer duties are extensive include:

- main reception 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

The Trust has developed a volunteers major incident policy to ensure that appropriately identified and trained volunteers would be available to offer support if required. The Lampard report recommendations following the Savile Investigation has been reviewed to provide Board and stakeholder assurance of compliance.

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

Learning from complaints and concerns

A key focus for the Trust is to ensure that we have robust systems in place to enable early local resolution of concerns and clear communication with all stakeholders about the actions we have taken following complaints investigations. Our overriding objective is to learn from each complaint and resolve each complaint with the complainant through explanation and discussion.

In 2014/2015 we received 360 formal complaints from patients or their representatives. This represents a small decrease of 2.7% (10 complaints) from last year's total of 370 complaints.

Of the 360 formal complaints received, 190 of the completed investigations were upheld or partially upheld, with the necessary changes explained and appropriate apologies offered. Where appropriate complaint resolution meetings were held with complainants and relevant staff to assist with feedback, closure and learning

The main categories of complaint in 2014/15 were as follows:

Subject	Number in 2014/15	Percentage in 2014/15	Number in 2013/14	Percentage in 2013/14
Administrative systems	28	8%	26	7%
Attitude of staff	44	12%	35	10%
Bed management	6	2%	8	2%
Clinical treatment	168	46%	197	53%
Communication/information	56	15%	43	12%
Discharge arrangements	27	6%	21	6%
Environment	3	1%	6	2%
Equipment/facilities	2	1%	1	0.2%
Health and safety	6	2%	6	1.1%
Privacy and dignity	1	0.2%	5	1%
Medication	10	4%	15	4%
Availability of staff	6	1.8%	1	0.2%
Theatre Management	3	1%	2	0.5%
Other	0	0	4	1
Total	360	1000	370	100

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, seven people chose to refer their concerns to the Parliamentary and Health Service Ombudsman during 2014/15. At the time of this report, the Ombudsman partly upheld two complaints, did not uphold two with a further three complaints still under investigation.

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:

- endoscopy office telephone opening times extended, with telephone lines open until 6.30pm
- a cover-sheet/log has been introduced to patients' notes to ensure a record is made to confirm that letters are sent to patients as appropriate to advise them when to stop taking warfarin. A communication will be sent to local GPs to remind them of the recommended timeframes for stopping warfarin prior to undergoing surgery
- training in management of suspected spinal injuries provided in the Emergency Department as direct result of a complaint
- Emergency Department now records all referrals to urology admissions so that we can ensure that they have been sent
- new ward discharge checklist implemented to ensure care home advised of discharge and patient provided with suitable clothing
- agency staff manual handling training made consistent with Trust standards
- training for reception staff updated to ensure they know to bring a patient's notes to the attention of the medical staff if a patient contacts them to advise they are waiting for their biopsy results. Pathway mapping exercise completed to identify potential areas for delays in histology results. This has allowed us to ensure that record retrieval, results reviewing and typing of letters is streamlined and that patients receive results with a minimum of delay
- ward shift co-ordinator (nurse-in-charge) guidelines updated to incorporate continence checks and pressure relieving management in the four times a day full ward rounding. An action plan has been implemented to strengthen a drive for improvement in relation to motivational leadership, accountability for individual actions and the provision of quality care by quantifying areas for improvement and setting the expectations of staff

Details of the improvements made following comments are posted monthly on the Trust website.
www.rbch.nhs.uk/patients_visitors/when_things_dont_go_to_plan.php for further details

Other news

We have some outstanding services that have been recognised for their excellent clinical outcomes, innovation and patient care this year. For example:

• Improving patient information

The Trust was awarded the Information Standard Quality Mark for Patient Information following a rigorous assessment of its patient information processes by the Royal Society for Public Health in October 2014. This is the second time the Trust has been awarded accreditation and means that all of our patient information leaflets can continue to carry the official Information Standard quality mark - a clear indication that it is accurate, evidence based, up to date and reliable.

Matron Jenny House:

"It is essential that our patients get accurate written information about their condition, operation and procedure in a format they can understand. Our leaflets are also just as important for carers and families, as the information we provide keeps then better informed helping to allay any fears or concerns they may have."

• Providing a better environment for maternity

The Royal Bournemouth Hospital celebrated the official opening of the Bournemouth Birth Centre in November 2014 - its new midwifery-led maternity unit.

Hosting two spacious birthing suites with en-suite bathrooms, 'quick-fill' birthing pools and an additional overnight room, the new unit is a demonstration of our commitment to providing high quality 'home from home' births for new mums. The purpose-built facility boasts hidden technology, sound proofing, air conditioning and variable lighting to create a welcoming atmosphere. The more homely surroundings support our natural birth ethos, where midwives assist low risk mothers in using alternative birthing techniques to avoid unnecessary drugs during labour.

The unit has dedicated car parking bays for parents and visitors and pull-out beds so dads and birthing partners can stay overnight. Its location next to the hospital's road also allows for fast patient transfers by ambulance.

• Cardiology

An audit of length of stay and inpatient waits for angiography for patients admitted with Acute Coronary Syndrome (ACS)/ Non ST elevation Myocardial infarction (NSTEMI) was completed in June 2014 to look at the steps in the existing pathway and where potential delays were occurring.

NICE guidance in 2013 suggested a sign of a high quality service would be for patients to have an angiography (angio)/percutaneous coronary intervention (PCI) within 72 hours of admission if intermediate or high risk.

The European Society of Cardiology recommends patients having an angio/PCI in less than 72 hours for low risk and less than 24 hour for high risk. The Wessex Strategic Clinical Network involving clinicians and local clinical commissioning groups have suggested a separate target of 80% of these patients having an angio/PCI within 60 hours of admission. Nationally, 53% of these patients have angio/PCI within 72 hours of admission and 67% within 96 hours.

An internal audit undertaken in June 2014 showed a median time from presentation to angio/PCI for patients transferred to the Royal Bournemouth Hospital (RBH) for treatment of 167 hours and 135 hours for RBH patients. As a result, a working group was established to create a new pathway and process to speed up the transfer of patients and reduce time to procedure and reduce overall length of stay. The new pathway was created and commenced on 1 December 2014.

The new pathway now involves the advanced nurse practitioner attending the Acute Admissions Unit at 8am each day and reviewing all cardiac referrals. This includes taking a clinical history and examination from patients meeting specific criteria; discussing any patient who is suitable for same day angioplasty with the consultant in the catheter lab and arranging for them to be listed for a procedure on the same day if clinically

appropriate; allocating a space on a cardiac ward or trolley in our Cardiac Intervention Unit and moving the patient promptly to the department to further reduce any delays.

A repeat audit was undertaken in February 2015 which showed improved admission to procedure times for RBH patients. Patients had only waited 90 hours in comparison to 134 hours in June 2014. This represents a 12% improvement with the 96 hour target suggested by NICE.

The directorate is planning further changes to continue this improvement progress and is looking at specific quality improvement projects for 2015/16 with regard to length of stay, timely access to the catheter labs and providing early cardiology support and intervention to patients presenting to the front door.

• Radiology

Seven-day working in CT/MRI commenced formally in April 2014. This extended service includes:

- a radiologist on site until 9pm daily and Saturday/Sunday
- an extended scanning day 8am-8pm, Monday-Thursday CT and MRI
- Saturday/Sunday scanning 9am-5pm -inpatient/emergencies and some OPD

A seven-day ultrasound service also commenced in December 2014.

• Ambulatory Care

Serving a population of 550,000, our Emergency Department (ED) sees on average 200 patients per day with an average take of 91 patients. The ambulatory care project has been part of a wider improvement project for unscheduled care focusing on ED, integrated care, discharge and flow.

Our aim is to prevent unnecessary hospital admissions and improve patient experience. Our initial goal was to convert 25% (excluding ED observation ward) of our take to an ambulatory care setting.

Working with the clinical teams we mapped our existing pathways of care and the network advised us to break down the pathway by length of stay (LOS) to help us understand where our target group of patients were.

Creation of flow diagram helped us to understand our flow, identify opportunities and develop a plan. We could see only 12% of patients were being treated in ambulatory care and that ED was not accessing the service. We therefore needed to develop a new model of care which put ambulatory care as the first option for patients and we quickly gained clinical consensus for a new model of care to streamline flow.

In order to make rapid progress the project teams met every week. The challenges we had along the way were swiftly resolved through weekly checkpoint meetings with a senior team. We are still facing challenges but the project has been a great success. It has helped us to manage a 13% surge in activity and unprecedented growth in demand for our emergency and urgent care services over the past year.

Challenge	Solution
	
Too many short stay patients being admitted to a bed	Developed a new model of care with patients treated as ambulatory until proven otherwise a key principle
Identifying and streaming patients early in the pathway	New model of care includes in-reach to ED from a multi-disciplinary team

Dr Naveed Bhatti (centre) - Consultant Physician:

"As an acute physician I am very passionate about ambulatory care - a passion to improve the quality of emergency care for patients. It is providing clinical care safely, effectively and efficiently as day-case and could be provided across the primary/secondary care interface. It is about upholding good medical practice, improving patient experience, maintaining safety and maximising efficiency. Right area, right decision, right care."

To monitor progress we have developed a dashboard of metrics to measure and monitor improvement. We can demonstrate that the conversion rate to ambulatory care improved from 28% (160 patients per week) to 35% (215 patients per week) excluding follow ups.

Next steps

We are very excited to be working with a team of local GPs to extend our service later into the evening and weekends and also provide better integrated care. Work is also underway with our Estates Department to expand and improve the current clinical areas so that we can do even more. Our Older People Ambulatory Care Team is developing links with other innovative projects such as the virtual ward pilot to help older patients stay out of hospital. We continue to use ambulatory care to provide early supported discharge for patients. In Medicine for Older People this has contributed towards a reduction in our average length of stay from 17 to 11 days over a 12 month period.

Dr Ravin Ramtohal - GP, Highcliffe Surgery:

"As a local GP, I am delighted to be part of this innovative project to integrate primary and secondary care. A team of local GPs, alongside the Acute Admissions Team, assess a range of emergency admissions to the Trust. Together we can facilitate effective and timely investigations, outpatient treatment and follow up and community support, prioritising same day discharge."

Sonia Mahmoud - Nurse, Ambulatory Care:

"It's so nice to spend time with patients and see them through from start to finish and I am proud of the service we offer to patients."

• Improving dementia care

Major renovation work took place on Ward 26 to improve the environment for patients who have dementia and the quality of their care

The bays, reception area, facilities and staff offices were transformed over a period of six weeks by staff who attended specialist courses to learn what design changes would make wards safer and less confusing for those with dementia.

Performance against national priorities 2014/15

National Priority	2011/12	2012/13	2013/14	2014/15 Target	2014/15 Actual
18 week referral to treatment waiting times - admitted	17.7 weeks	94.5%	97.1%	90.0%	88.9%
18 week referral to treatment waiting times - non admitted	14.2 weeks	98.9%	98.4%	90.8%	95.6%
18 week referral to treatment waiting times - patients on an incomplete pathway	14.2 weeks	97.1%	96.2%	92.0%	94.3%
Maximum waiting time of four hours in the Emergency Department from arrival to admission, transfer or discharge	97%	97.2%	95.5%	95.0%	93.3%
Maximum waiting time of 62 days from urgent referral to treatment for all cancers	87.3%	88.6%	80.3%	85%	84%
Maximum waiting time of 62 days following referral from an NHS Cancer Screening Service	94.6%	98.6%	93.4%	90%	93.1%
Maximum cancer waiting time of 31 days from decision to treat to start of treatment	96.7%	96.4%	95.1%	96%	95.8%
Maximum cancer waiting time of 31 days from decision to treat to start of subsequent treatment: Surgery	99.2%	98.8%	95.1%	100%	92.5%
Maximum waiting time of 31 days from decision to treat to start of subsequent treatment: Anti cancer drug treatment	100%	100%	100%	100%	100%
Maximum waiting time of two weeks from urgent GP referral to first outpatient appointment for all urgent suspect cancer referrals	94.2%	93.6%	93.8%	93%	87.1%
Two Week Wait for Breast Symptoms (where cancer was not initially suspected)	99.1%	97.0%	98.0%	93%	91.1%
Clostridium difficile year on year reduction	62	31	14	25	21
Certification against compliance with requirements regarding access to healthcare for people with a learning disability	Compliance certified	Compliance certified	Compliance certified	Compliance certified	Compliance certified

Annex A

Statements from commissioners, local Healthwatch organisations and scruting 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 West Hampshire Clinical Commissioning Group
- Borough of Poole's Health and Social Care Overview and Scrutiny Committee
- Bournemouth Borough Council Health and Adult Social Care Overview and Scrutiny Panel
- Healthwatch Dorset
- The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust Council of Governorss

Comments received were as follows:

NHS
Dorset
Clinical Commisioning Group

Statement from the Dorset Clinical Commissioning Group
7 May 2015

In 2014/15 The Royal Bournemouth and Christchurch Hospital NHS Foundation Trust pursued achievement of the key quality priorities identified in the 2013/14 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 2014/15. The CCG recognises the areas of strength described in the Quality Account which were also identified by the Care Quality Commission who undertook a further inspection this year. 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 reducing levels of harm in relation to patient falls, catheter associated infections and compliance with Venous Thromboembolism risk assessments, there are clearly further improvements required in relation to hospital acquired pressure ulcers. It is also evident that compliance with Information Governance requirements is an area of priority for improvement.

The CCG were asked to comment on the quality priorities for 2015/16 at an early stage and is supportive of the areas identified particularly in relation to the reduction of avoidable pressure ulcers. The CCG will continue to work with 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.

West Hampshire Clinical Commisioning Group

Statement from the West Hampshire Clinical Commissioning Group
14 May 2015

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 2014/15 Quality Account.

It is clear that the Trust puts quality care high on its agenda with the various quality improvement initiatives implemented throughout the year, in particular the internal peer review process combined with the analysis of other information such as complaints and incident data, allows staff and managers to scrutinise all aspects of care and provide constructive feedback to staff. It is pleasing to note that this was also acknowledged by the Care Quality Commission during their last visit in August 2015 who also gave a more positive report than the previous one in 2013.

The Trust should be congratulated on the efforts made on improving outcomes for patients with the reduction in number and severity of inpatient falls. In addition, the Trust has worked to reduce hospital acquired infections, particularly those associated with urinary catheters, which is also a key quality indicator in the 2015/16 contract with West Hampshire CCG.

However, we are concerned that there has not been any significant improvement in the number of hospital acquired pressure ulcers during the past year and are pleased to see this as a key priority in 2015/16 with an internal reduction target of 25%.

The Trust failed to achieve the targets for management of patients being admitted with a stroke, and this was also identified by the CQC in their report; however West Hampshire CCG acknowledges that there has been an improvement in the proportion of patients scanned within 12 hours, over the year and we are keen to see the impact of the stroke outreach team once this fully implemented in 2015. The Stroke Unit has been a subject of concern for the CCG and, in particular, our GPs, throughout the year. Whilst we have had assurances from the Trust in the form of a performance and development plan, clinical presentations to the Clinical Quality Review Meetings and clinical visits to the unit including discussions with staff and patients, this still remains a concern. We are pleased that you have assured us that significant improvements will be made during 2015/16 and we will be monitoring this closely over the coming months.

The Trust has not met the Commissioning for Quality and Innovation (CQUIN) targets for the identification of patients over the age of 75 years with dementia and their subsequent assessment and referral and it is disappointing to find little reference to this in the Quality Account; however it is recognised that the Trust has undertaken actions to enhance the environment and improvements to care plan documentation, improved staff training and a review of the elderly care pathways.
We look forward to seeing how the implementation of the e-NURSE app will impact on patient care and experience during 2015/16.The CCG has seen at first hand the implementation of bay-based nursing which staff have, positively, commented on.

In accordance with national requirements, the Trust has included monthly reports on their planned versus actual nursing/midwifery hours and have had a challenging year in terms of recruitment; however, they have undertaken many initiatives to improve recruitment in order to ensure their patients are looked after safely.

The CCG supports the priorities identified for 2015/16 and confirms that as far as it can be ascertained the quality account complies with the national requirements for such a report and the following are of specific note:

- The report provides information across the three domains of quality - patient safety, clinical effectiveness and patient experience
- The mandated elements are incorporated into the report

- There is evidence within the report that the Trust has used both internal and external assurance mechanisms
- Commissioners are satisfied, as far as we can be, with the accuracy of the quality account, based on the information available to us

Overall West Hampshire Clinical Commissioning Group 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.

Heather Hauschild (Mrs)
Chief Officer

BOROUGH OF POOLE

Statement from the Poole Health and Social Care Overview and Scrutiny Committee

Members 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 an early draft of the Quality Account for 2014/15. This response is based on a PowerPoint presentation delivered to Members on 9th March 2015; we had also received a very helpful update during a visit in November. Comments from the interim visit have already been shared with the Trust; comments in this document refer to information presented in the latest meeting.

Members particularly wanted to reflect that the regular meetings with Trust staff over the past year had been very useful in building a good working relationship and also felt that the careful and reflective preparation Trust staff had put into the summaries as well as the opportunities to explore the issues in greater detail face to face were particularly valued. These visits have already led to the opportunity for additional shared working between the council, RBCH and other NHS Trusts on falls prevention and greater awareness of the key issues facing the Trust in all of the quality priority areas.

Members were very pleased to note that feedback they had given regarding last year's Quality Account has resulted in a number of changes to the way evidence is presented eg a glossary page, comparative national data, actual numbers as well as percentages where possible etc. This was evidenced in both the interim and end of year presentations making the information presented clearer and more meaningful. We would encourage the Trust to further develop this good practice to make your Quality Account increasingly intelligible to the wider public.

The end of year presentation clearly set out progress against the Quality Priorities for 2014/15, namely harm free care which reduces the harm from inpatient falls, hospital acquired pressure ulcers and catheter caused urinary tract infections as well as ensuring privacy and dignity and ensuring completion of nursing risk assessments and care plans. As stated above, Members appreciated the trend data, national comparators and clear actions and look forward to this being incorporated increasingly in future published Quality Accounts.
In terms of Harm Free Care, the safety thermometer metric shows that although performance improved from October to December, at 90.4% it still lags behind the national average of 94% for acutes, although there is a small improvement on the 89% outturn for 2013/14. Various reasons for this were discussed at the meeting as well as the actions being taken to improve it. It is good to see that the metric for new harms only is in line with the national average at December. Members would encourage the Trust to work with staff, patients and other stakeholders to continue to improve performance and would ask for a progress update at the half year meeting in the autumn.

Patient falls - Members were pleased to note that at December 14 falls with harm were significantly lower than the national average although performance has declined since the

interim visit (5 falls with major severe harm compared to 0 in the previous quarter). We were reassured that whilst this is unfortunate on an individual basis, the Trust have a robust process in place to ascertain whether more could have been done to prevent the incident, including root cause analysis, discussions with relatives etc. It is also reassuring to note that the vast majority of falls have no harm or only minor harm (445/454).The Trust have appointed a Falls Lead who has been invited to be part of a working group comprising health and social care partners across Dorset led by Borough of Poole - the first meeting is due to take place in April. Members would be interested to receive an update at the interim meeting on any resulting developments.

Pressure ulcers - Members remain extremely concerned about the high incidence of pressure ulcers within the Trust compared to the national average (8.35 compared with 4.31 respectively as at December 14). Whilst we note that the number of patients admitted with existing pressure damage continues to increase and that a number of the Category 3 and 4 ulcers were subsequently deemed to be unavoidable, we would urge the Trust to implement all the identified measures (eg the SSKIN bundle, e-Nurse, additional staff, staff learning and additional Hybrid mattresses) swiftly and comprehensively. Members would expect to see the anticipated 25% reduction in avoidable ulcers achieved in 2014/15 and would request a comprehensive update as to how the above measures have worked to improve performance at the mid year meeting.

Catheter-related Urinary Tract Infections - members would wish to commend the Trust on their performance as at December regarding catheters and new UTIs (0.0 compared to the national average of 0.30) and note the actions taken to achieve the good performance. We look forward to seeing this good performance maintained over the year.

Privacy and Dignity - Members would like to praise the Trust for your approach to improving the patient experience in this vital area as noted by CQC in their October report. We particularly liked the very tangible, pragmatic steps taken to help with issues such as putting on a hospital gown and were even more impressed that the RBCH culture had enabled a member of staff in the radiography department to design a “Putting on your hospital gown” poster as part of a Staff Leading Improvement event. We commend and encourage you to continue to develop this approach in staff across the Trust.

Nursing risk assessments - Members noted the risk assessment compliance metrics and were interested to hear how the introduction of an electronic MUST calculator tool (to measure nutrition and weight) in June was helping to improve compliance in an effective manner. It would be helpful on this chart to know whether 100% was the expected standard of compliance and also how RBCH performance compared with other acute Trusts and last year’s performance.

Looking ahead to 2015/16, Members noted plans for the implementation of e-Nurse risk assessments and the implementation of a new 14 day care plan. We also noted statements of assurance and the Clinical Audit details.

In terms of the Care Quality Commission (CQC) follow up inspection in August 2014, Members had been given an early sight of the findings and their comments are recorded in the notes of the interim meeting in November. In summary, both Cllrs. Wilson and Matthews stated that the Trust and its staff were to be commended for the excellent performance recognised by Inspectors including: “exceptional examples of care and attention provided by staff at all levels and disciplines,” a “clear commitment to dignity improvement at all levels” and patients receiving “timely care” and being treated with “dignity and respect”. Members were also pleased to learn that all compliance actions from the CQC inspection in October 2013 had been met.

The presentation in March provided other useful information including an update on efforts to reduce mortality, and how the Trust was working hard to develop its culture and encourage staff to incorporate its values (including an open and honest reporting culture) into everything they did. Other developments such as the award of the Information Standard quality mark and the use of an internal peer review process to look at services against CQC fundamental standards

and then triangulate findings with staff and patient interviews were also commended by Members for "making improvement real" for staff.

In terms of patient experience, Members were impressed with work to renovate Ward 26 for dementia patients and also with the Trust's commitment to encouraging inpatient participation, for example through the use of a new patient safety film.

Members noted the statistics regarding learning from complaints and were pleased to hear the example of "Lily" where learning from a complaint resulted in a clear presentation of the changes made and their impact on a new member of staff. This style of reporting complaints is particularly powerful and Members would be interested to learn of more examples of how complaints have tangibly changed practice.

In terms of priorities for 2015/16, Members agreed that the "Sign up to Safety" diagram gave a clear representation of what the Trust wanted to achieve. They also welcomed early sight of the draft Quality Priorities (ie Sepsis, Surgical Safety checklists, simple discharge planning/transitions, reducing hospital acquired pressure ulcers and implementing various IT systems in support of patient safety), and appreciated the opportunity to comment and give feedback on them. They felt that the above list reflected the Trust's ambitions and ongoing commitment to focus on the patient's experience / feedback and the need for culture change.

In summary, therefore, we would wish to state that Members are extremely pleased to learn of the Trust's many successes and developments; whilst there are still some areas of performance which require further improvement, it is clear that over the past year the Trust has put significant effort and thought into making improvements that bring real change to the quality of patients' experiences as well as clinical outcomes. This has been recognised both by CQC and by individual staff and patients as part of the overall drive to embed culture change in the organisation.

Thank you for the opportunity to comment on performance - we look forward to reading the published version of your Quality Account but please take this letter as Borough of Poole's response to that document based on performance reported to Members in early March 2015. We are particularly grateful to Paula Shobbrook (Director of Nursing), Jo Sims (Assistant Director of Governance) and Nikki Greenall (Project Manager) for going out of your way to help us understand key issues and successes.

We would welcome the opportunity for a follow up visit in the autumn. I am sure Gabrielle Longdin will let you know the name of the 'new' Chairman of HASCOSC.

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

Bournemouth BOROUGH COUNCIL

Building a Better Bournemouth

Bournemouth Borough Council Health and Adult Social Care Overview and Scrutiny Panel

I am able to confirm that in respect of the Quality Account for 2014/15, representatives from the Bournemouth Health and Adult Social Care Overview and Scrutiny Panel met with the Trust and colleagues from the Borough of Poole on two occasions 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 meetings. I understand that a number of verbal comments made by Members were also acknowledged by the Trust.

Matthew Wisdom
Democratic and Overview and Scrutiny Officer

Statement from Healthwatch Dorset
7 May 2015

In the past year Healthwatch Dorset has received feedback about the Trust's services from patients, relatives, carers and professionals. We've worked with the Trust throughout the year, holding Healthwatch information stands in Bournemouth Hospital, making our leaflets available to patients, visitors and staff and working with the hospital's public governors to gather feedback from inpatients for the Healthwatch England special inquiry project.

Our 2014 report "Every One Matters" highlighted the wide variation in the standard of care received at hospitals in Dorset. We will be monitoring the outcomes from the Trust's response to our report in 2015/16.

The positive feedback we gather often relates to staff attitudes and the high quality of care and compassion patients receive.

However, we are still receiving concerns about lack of communication especially regarding discharge (unsure of times, waiting for paperwork and medication, not being kept informed of what's happening, feelings of being discharged too early and discharged without appropriate support in place) so we are pleased to note that this area is being recognised as a priority for 2015/16.

The 2014 Emergency Department National Patient Survey highlighted 12 areas for improvement. The Trust has stated that an action plan is in place to address the key findings. It would be useful to have sight of the plan and details of the actions and timescales. Feedback received by Healthwatch Dorset relating to the Emergency Department has improved over the past year but we still receive comments about long waiting times and poor communication.

We are pleased to note that the Trust continues to prioritise issues regarding dementia and dementia awareness/staff training. We have received feedback from carers and relatives highlighting concerns about perceived staff lack of awareness of the needs of someone with dementia and their unwillingness to listen to the carer who knows them best. This is an issue especially when dementia patients are brought in as an emergency.

Our Community Investment Projects have gathered feedback from people and communities whose views might otherwise be under-represented when it comes to matters of health and social care. We'll be producing a report of these projects in 2015 and there will be opportunities for the Trust to respond to issues raised.

We note that issues about infection control are being picked up with daily checks on hand gel dispensers. We welcome this initiative as a number of patients have informed us of empty dispensers around the hospital.

We would like to acknowledge the work being undertaken to encourage patient feedback through a variety of methods but it would be useful to have further information about how patient feedback contributes to affecting change. The "My Dignity Pledge" is also an area where information about how it has worked and how it is monitored would be appreciated.

We acknowledge and welcome the Trust's openness in discussing with us our findings - both from our report "Every One Matters" and from the feedback patients and visitors shared with us at our information stands in the hospital - and the very full responses they have given, together with their action plans to address areas of concern. We look forward to continuing to work with the Trust to ensure that people's feedback on the Trust's services, both good and bad, is welcomed, listened to, learned from and drives forward improvements.

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust Council of Governors

The Council of Governors welcomes the opportunity to make a meaningful contribution through the consultation process on the quality priorities for the Trust in 2015/16 and to express its views on the Quality Report for 2014/15.

This process has been supported by a consultation seeking the Governors' views on the 2014/15 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 2015/16 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 is concerned at the ongoing under-performance in the treatment of stroke and has asked the external auditors to review the data in relation to stroke as part of their assurance on the Trust's quality indicators. The external auditors will carry out sample testing of the 2014/15 stroke data to provide additional assurance on the data and report to the Council of Governors.

The Council of Governors continues to monitor and provide challenge to the Board of Directors on the delivery of care in line with the targets set by Monitor, particularly around four hour waits in the Emergency Department and the completion of treatment within 18 weeks of referral.

The Council of Governors continues 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.

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.

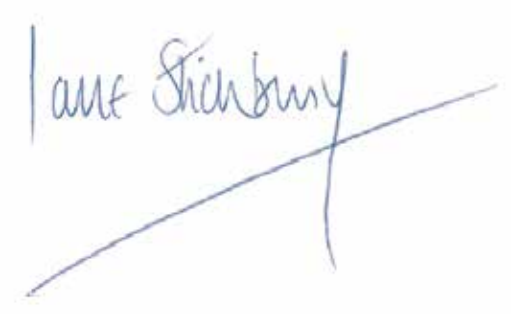
Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the Quality Report.

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

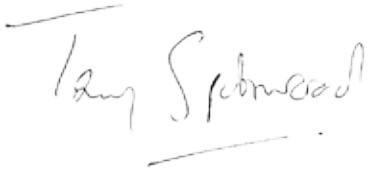
- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2014/15 and supporting guidance
- the content of the quality report is not inconsistent with internal and external sources of information including -
  - board minutes and papers for the period April 2014 to May 2015
  - papers relating to quality reported to the Board over the period April 2014 to May 2015
  - feedback from commissioners dated 7 May 2015 and 14 May 2015
  - feedback from governors dated 6 May 2015
  - feedback from Local Healthwatch organisations dated 7 May 2015
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2014
  - the latest national in patient survey dated May 2015
  - the latest national staff survey dated February 2015
  - the Head of Internal Audit annual opinion over the Trusts control environment dated April 2015
  - Care Quality Commission Intelligent Monitoring Report dated July 2014 and December 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
- the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Account regulations) (published at **www.monitor.gov.uk/annualreportingmanual**) as well as the standards to support data quality for the preparation of the Quality Report (available at **www.monitor.gov.uk/annualreportingmanual**)

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

By order of the Board



Jane Stichbury
Chairman
28 May 2015



Mr A Spotswood
Chief Executive
28 May 2015

Annex C

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 2015 (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 2015, 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 2015 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- 18 week referral to treatment waiting times - patients on an incomplete pathway
- maximum waiting time of 62 days from urgent referral to treatment for all cancers

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 detailed guidance provided by Monitor
- 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 2014 to the date of signing the limited assurance opinion
- papers relating to quality reported to the board over the period 1 April 2014 to the date of signing of the limited assurance opinion
- feedback from commissioners
- feedback from governors
- feedback from local Healthwatch organisations dated 7 May 2015
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2015
- the 2014 National Patient Survey
- the 2014 National Staff Survey
- Care Quality Commission Intelligent Monitoring Report dated December 2014
- the Head of Internal Audit's annual opinion over the Trust's control environment dated April 2015
- 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 testing of indicators other than the two selected mandated indicators, or consideration of quality governance.

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 2015:

- 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 2014/15
- 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
28 May 2015

Glossary of Terms

CA UTI
Catheter Associated Urinary Tract Infections

CPA
Clinical Pathology Accreditation

CPE
Carbapenemase-producing Enterobacteriaceae

eNA
Electronic nurse assessments

EPIC3 Guidelines
National Evidence Based Guidelines for preventing healthcare associated infections in NHS Hospitals in England. These Department of Health guidelines provide comprehensive recommendations for preventing healthcare infections in hospital and other acute care settings based on best available evidence.

ESD
Early supported Discharge

Harm Free Care
Developed for the NHS by the NHS as a point of care survey instrument, the NHS Safety Thermometer provides a 'temperature check' on harm that can be used alongside other measures of harm to measure local and system improvement. The NHS Safety Thermometer allows teams to measure harm and the proportion of patients that are 'harm free' on the day of data collection. Further details are available at **http://harmfreecare.org/measurement/nhs-safety-thermometer/**

Healthcare Resource Group (HRG)
A HRG is a coding grouping consisting of patient events that have been judged to consume a similar level of NHS resource. For example, there are different knee related procedures that all require a similar level of resource; they are therefore assigned to one HRG. HRG codes are set out by the National Case Mix Office which is part of the NHS Health and Social Care Information Centre.

Healthcare Quality Improvement Partnership (HQIP)
was established in April 2008 to promote quality in UK health services, by increasing the impact that clinical audit has on healthcare quality in England and Wales.

Finished Consultant Episode (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.

JACIE
Joint Accreditation Committee ISCT EBMT (haematopoietic stem cell transplant assessor)

MRSA
meticillin-resistant staphylococcus aureusis. MRSA is a type of bacterial infection that is resistant to a number of widely used antibiotics. This means it can be more difficult to treat than other bacterial infections.

MUST
Malnutritional Universal Screening Tool

National Institute for Health and Care Excellence (NICE)
NICE is sponsored by the Department of Health to provide national guidance and advice to improve health and social care. NICE produce evidence based guidance and advice and develop quality standards and performance metrics for organisations providing and commissioning health, public health and social care services.

NHS Safety Thermometer

The NHS Safety Thermometer is an improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care.

Never Event

Never Events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers. Each Never Event type has the potential to cause serious patient harm or death. However, serious harm or death is not required to have happened as a result of a specific incident occurrence for that incident to be categorised as a Never Event. Never Events include incidents such as wrong site surgery, retained instrument post operation and wrong route administration of chemotherapy. The full list of Never Events is available on the NHS England website.

NCEPOD

National Confidential Enquiry into Patient Outcome and Death

NICE

National Institute for Health and Care Excellence

Patient Reported Outcome Measure Scores

Patient reported outcome measures (PROMS) are recorded for groin hernia, varicose vein, hip replacement and knee replacement surgery.

National data (HSCIS) compares the post-operative (Q2) values, data collected from the patients at 6 months post-operatively by an external company. The data is not case mix adjusted and includes all NHS Trusts, Foundation Trusts, PCT and NHS Treatment Centre data. Private hospital data is omitted.

EQ-VAS is a 0-100 scale measuring patients' pain, with scores closest to 0 representing least pain experienced by the patient.

EQ-5D is a scale of 0-1 measuring a patient's general health level and takes into account anxiety/depression, pain/discomfort, mobility, self-care and usual activities. The closer the score is to 1.0 the healthier the patient believes themselves to be.

The Oxford Hip and Oxford Knee Score measures of a patient's experience of their functional ability specific to patients who experience osteoarthritis. The measure is a scale of 0-48 and records the patient ability to perform tasks such as kneeling, limping, shopping and stair climbing. The closer the score is to 48 the more functionally able the patient perceives themselves to be.

Point Prevalence

A point prevalence survey or audit gives a figure for a factor at a single point in time only.

SALT

Speech and Language Therapy

SAS

Staff Grade and Associate Specialist

Serious Incident

In broad terms, serious incidents are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response. In general terms, a serious incident must be declared for where acts and/or omissions occurring as part of NHS-funded healthcare (including in the community) result in:

- Unexpected or avoidable death of one or more people.
- Unexpected or avoidable injury to one or more people that has resulted in serious harm;
- A Never Event

Full details of the NHS England Serious Incident Reporting Framework can be found on the NHS England website.

Sign up to Safety campaign

The NHS England Sign up to Safety campaign was launched in June 2014. It is designed to help realise the aim of making the NHS the safest healthcare system in the world by creating a system devoted to continuous improvement. The NHS England campaign has a 3 year objective to reduce avoidable harm by 50% and save 6000 lives. Healthcare organisations have been encouraged to sign up to five pledges and create a three-five year plan for safety. To find out more about the Trust's pledge go to: **www.rbch.nhs.uk**

US

Ultrasound

Venous Thromboembolism (VTE)

VTE is the collective name for:

- deep vein thrombosis (DVT) - a blood clot in in one of the deep veins in the body, usually in one of the legs
- pulmonary embolism - a blood clot in the blood vessel that carries blood from the heart to the lungs

Waterlow Score

The Waterlow pressure ulcer risk assessment/ prevention policy tool is the most frequently used system in the UK for estimating the risk for the development of a pressure sore in a given patient. The tool was developed in 1985 by Judy Waterlow.

Directors' Report

Annual Governance Statement

Scope of Responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust's policies, aims and objectives, while safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of The Royal Bournemouth 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 2015 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 a structured 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 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 (CCG) 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, directorate 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 submits the clinical audit plan to the Trust Management Board and the Board of Directors for approval. Directorates review their progress against the audit plan on a quarterly basis and provide a report for the Clinical Audit and Effectiveness Group. 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 Clinical Audit and Effectiveness Group is chaired by the consultant lead for clinical audit and membership includes the directorate clinical audit leads. The group collectively reviews the results of national and Trust clinical audits and will consider any Trust-wide actions required for quality improvement. The group also monitors implementation of the action plans and re-audit as required to ensure required improvements have been achieved consistently across all relevant areas.

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 Foundation Trust's strategic objectives and to the regulatory requirements of the independent regulator and the Care Quality Commission (CQC). Within the Assurance Framework, principal risks are identified and key risk controls in place to provide necessary assurances on identified gaps in control systems and action

plans to further reduce risk are mapped out against identified objectives. The Assurance Framework is populated from the Foundation Trust Risk Register with risk reduction being achieved through a continuous cycle of the identification, assessment, control, and review of risk.

Risks may be entered onto the Foundation Trust Risk Register as a result of risk issues being raised or identified by: employees, directorates, external or internal reviews, internal or external audits, incident investigations, complaints reviews and comments from public stakeholders and/or service developments. Risks may also be raised by the Board's sub-committees and/or by specialist sub-committees of these. These include the Healthcare Assurance Committee, Finance Committee, Information Governance Committee, Infection Prevention and Control Committee, Quality and Risk Committee and Health and 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 and 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 significant clinical risks monthly providing feedback to directorates as appropriate. The Assurance Framework dashboard "Heat Map" is reviewed monthly by the Healthcare Assurance Committee and Board of Directors. The full Assurance Framework is reviewed at least annually. An annual review is also incorporated within the Internal Audit programme and approved by the Audit Committee. The current significant risks are reported to the Board of Directors each month, identifying changes to those risks.

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

Current risks

- Risk and potential for care to be compromised due to delays in the emergency care pathway. The Trust has agreed specific actions internally and with local partners to increase capacity and improve flow. New pathways have been introduced to strengthen ambulatory care, seven day working and improve responsiveness.
- 18 weeks referral to treatment times (RTT) performance including non admitted patients. Action plans to bring the Trust back into line with the target include implementation of increased theatre capacity, combined with other additional capacity and improved Patient Treatment Lists (PTL).
- Risk of not maintaining above threshold performance of the two week, 31 and 62 day from referral to treatment targets as required by Monitor. The Trust continues to undertake a full review of the service with production of action plans to bring the position back into line with the target.
- Risk of poor patient care due to reliance on locum consultant cover in elderly care and stroke. Actions continue to mitigate the risk including advertising nationally, use of general medical consultant cover, covering on-call internally and the redistribution of workload across the current consultant base.

Future risks

- Risk of not delivering the requirements of the Dorset Clinical Commisioning Group's Clinical Services Review (CSR) impacting on longer term sustainability of RBCH current model. The CCG is leading the work across Dorset and the Trust is actively contributing to the clinical working groups.
- The financial stability of the Trust is reliant on delivering cost improvement each year. The Trust has appointed an advisor to support the Trust during 2015/16 to deliver the required level of cost improvement.

- The Trust has experienced difficulty in recruiting and retaining trained staff to fulfil templates and agreed levels of staffing posing a risk to patient care. The Trust has developed initiatives and plans that will help to attract new staff and supporting actions to help retain staff and encourage talent management.

The principal risks to compliance with the Condition 4 of the NHS Foundation Trust condition set out in the Trust's provider licence are:

- compliance with the two week, 31 and 62-day wait for treatment from urgent GP referral for suspected cancer access target, due to ongoing risks
- the maximum waiting time of four hours from admission to Accident and Emergency due to the continued high level of ambulance conveyances, attendances and admissions, though noting a strong performance in March above 95%
- 18 weeks referral to treatment times (RTT) performance and risk of breaching the relevant thresholds. Current risk areas also include non admitted patients. Action plans to bring the Trust back into line with the target include implementation of increased theatre capacity, combined with other additional capacity and enhanced PTL management

These risks have been notified to the Board and also to Monitor as part of the annual planning and regular reporting processes. The statements made to Monitor are reviewed by the Board in advance of submission and have been highlighted to the Board in advance of this through the regular performance reporting to the Board at its monthly meetings. The Trust has submitted its action plan to return to compliance.

More generally the Board conducts its own reviews of its governance structures including reviews of performance by its sub-committees to ensure that information provided to the Board identifies the key performance risks and the risk to compliance with the Trust's provider licence, other local and national performance targets, including its own performance objectives. These include indicators and measures relating to quality, 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 Trust is required to register with the CQC and its current registration status is unconditional. The CQC has not taken any enforcement action against the Trust during 2014/15. The CQC inspected the Royal Bournemouth Hospital on 13, 14 and 18 August 2014 as a follow up to the full inspection undertaken in October 2013. During the inspection in October 2013 the CQC highlighted three specific compliance breaches in relation 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.

At the follow up inspection in August 2014, the CQC found that "significant improvement had been made" and all the required actions had been implemented. The Foundation Trust is fully compliant with registration requirements of the CQC.

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 fundamental standards. The Trust has 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 actively 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.

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 (EIAs) 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 EIAs 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.

The Foundation Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources

The Foundation Trust employs a number of internal mechanisms and external agencies to ensure the best use of resources.

Executive and senior managers in the organisation have responsibility for the effective management and deployment of their staff and other resources to maximise the efficiency of their directorates or departments.

The Board of Directors considers the Trust to be fully compliant with the principles of The NHS Foundation Trust Code of Governance as well as with the provisions of the Code in all respects, save as to paragraphs A.4.2, B.1.2, B.7.1 and E.1.3 where there are other arrangements in place.

The Foundation Trust monitoring mechanism for finance using the Continuity of Services risk (with a range from one (high risk) to four (low risk)) recorded a rating of three demonstrating a lower level of financial risk. The Trust however, recorded a deficit for the first time in its history. The Trust had set a budgeted deficit of £1.9m, however due to a continuing increase in emergency pressures of 15% experienced during the year, combined with the requirement to cover vacant posts with high cost agency staff the deficit increased

to £5.2m. The Trust will need to manage the cash balance over the next two years to ensure the rating is maintained. In terms of longer-term financial planning, the Trust is working in partnership with other trusts in Dorset with the Dorset Clinical Commissioning Group as part of the Clinical Services Review.

Information governance

In line with Monitor's guidance, risks to data security are being managed and controlled through the Information Governance infrastructure established by the Foundation Trust's Information Governance Strategy. The Information Governance (IG) Toolkit is used to assess how well the Foundation Trust complies with the relevant legal and regulatory requirements and guidance. The Trust has assessed itself as level one for 10 of the 45 standards on the IG Toolkit, which means that the Trust failed the toolkit as level two must be obtained for each standard. This is because the Trust is aiming for best practice evidence rather than sufficient evidence of compliance and for the five standards reviewed in detail there were cases where the evidence was over and above the toolkit requirement. Further improvement is planned for 2015/16. There were no Serious Incident Requiring Investigation (SIRI) in 2014/15.

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 two indicators, one of which relates to elective waiting data. 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.

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 13 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 CQC.

A non-executive director chairs the Finance Committee. The committee met 14 times during the year and reviewed the Trust's business plans, budgets, cash flow, treasury management, reporting arrangements and efficiency savings programme.

The Board of Directors received performance and financial reports during the year at its meetings and received the minutes of the following sub committees to which it has delegated powers and responsibilities:

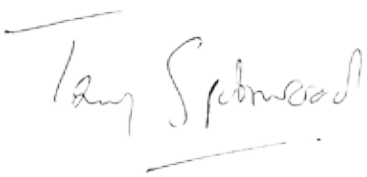
- Audit Committee
- Trust Management Board
- Healthcare Assurance Committee
- Infection Prevention and Control Committee
- Finance Committee
- Patient Experience and Communications Committee
- Workforce Strategy and Development Committee

The effectiveness of the system of the internal control has been reviewed by the Audit Committee and further work to refine and develop our assurance processes is in progress and will be reviewed and evaluated on an ongoing basis.

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 indicates that improvement is required. The opinion is based on all audits undertaken during the year including key themes arising from the value enhancement reviews that are not risk rated. Overall there were four high risk findings from the seventy three audits undertaken. The first three high risk findings relate to clinical data quality within the Stroke Unit. The unit has since appointed an administrative post to avoid future concerns. The final high risk is within the information governance area and is described under the section above. The Trust is aiming for best practice evidence rather than sufficient evidence of compliance will improve compliance during 2015/16.

Conclusion

The Head of Internal Audit has rated the Trust as 'Improvement Required' which is the second rating of four ranging from 'Adequate and Effective' to 'Unsatisfactory'. The basis of this opinion is formed from 73 findings from 13 audits during the year. Within these audits there were four high risk findings and these are detailed above. Actions have been implemented to reduce or avoid the risk in 2015/16. Although the Trust's Continuity of Services risk rating remains at three, the Trust did deliver a deficit during 2014/15 and will need to manage its cash over the next two years in the lead up to the Clinical Services Review implementation.



Mr A Spotswood
Chief Executive
28 May 2015

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 and its committees receive sufficient information to gain understanding of the issue and take decisions on an informed basis. Where required the Board of Directors and individual members can access independent advice as necessary to discharge their responsibilities as directors. The Board of Directors also works closely with the Council of Governors to ensure that the public interests of patients and the local community are represented. Both the Council of Governors and the Board of Directors have duties defined within the Trust's constitution.

During 2014/15, 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 Executive Chairman of Neom Organic, London and a Non-Executive Director of Simply Health. She was formally Global Vice President of Unilever and former Marketing Director of Fitness First. Alex joined the Trust as a non-executive director in June 2006 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.

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

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 holds the Chartered Institute of Management Accountants qualification and chairs the Finance Committee.

Bill Yardley, Non-Executive Director

Bill was appointed a non-executive director of the Trust in April 2014. He started his career as a Chartered Surveyor in the property and construction industry and has led major business change and operational delivery programmes andprojects. More recently he has held a number of high profile positions in Whitehall, including membership of the government's Construction Board and as a crown representative.

He has extensive non-executive experience in the education and housing sectors and is a public member of Network Rail. Bill is Chairman of the Charitable Funds Committee and the Christchurch Fairmile Vilage LLP.

Derek Dundas, Non-Executive Director

Derek was a Consultant Radiologist in a London teaching hospital for 25 years. Alongside his clinical responsibilities, he was Consultant in Charge of Radiology, Clinical Director for Diagnostic Services and then a Medical Director. He was a governor for five years at The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust and has now taken on the role of clinical non-executive director. Derek is the Chairman of the Workforce Strategy and Development Committee.

Executive Directors

Tony Spotswood, Chief Executive

Tony has been Chief Executive of the Trust since 2000. He was previously Chief Executive of Leicester General Hospital between 1998 and 2000 and a director for over 20 years. Tony has extensive experience of leading organisations through strategic change including service reconfiguration and merger.

Helen Lingham, Chief Operating Officer (until September 2014)

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 (until September 2014), Chief Operating Officer (from September 2014)

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.

As the Chief Operating Officer, Richard is responsible for the three clinical care groups who in turn provide the clinical services within the Trust. He also has estates, facilities, emergency and business planning within his portfolio.

Karen Allman, Director of Human Resources

Karen was appointed Director of Human Resources in 2007. She joined the NHS in 2003 from the Audit Commission where she was HR Director for District Audit. Her early career was spent in the private sector in retail with Marks & Spencer plc and Fenwick Limited before working in the city at the London Stock Exchange plc. Karen is also responsible for communications.

Stuart Hunter, Director of Finance

Appointed in February 2007, Stuart has over 30 years of NHS experience, combined with being a qualified member of the Chartered Institute of Management Accountants. Stuart brings a commercial outlook to the Trust while understanding the fundamental complexities of the health service. Stuart is responsible for Commercial Services and Business Intelligence.

Basil Fozard, Medical Director

Basil Fozard was appointed as Medical Director in September 2013. Basil 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 10 years, Paula's NHS career includes working as a ward sister in acute medicine, cardiac and respiratory specialties. She also spent some time working in primary care before moving back in to a hospital setting.

Peter Gill, Interim Director of Informatics (from February 2015)

Peter has been Director of Informatics since 2012 and is responsible for the shared informatics service which also serves Poole Hospital NHS Foundation Trust. He has held two previous Informatics Director roles for a total of eight years in London and Head of Informatics at Salisbury NHS Foundation Trust for two years. He has been working in the NHS continuously from 1991, where he joined as a general management trainee. Peter is responsible for delivering the Informatics strategy which aims to improve patient safety by implementing paperless healthcare.

Paragraph B.1.2 of the Code of Governance provides that at least half the board of directors, excluding the chairperson, should comprise non-executive directors determined by the board to be independent. The Trust is non-compliant with this paragraph and its constitution provides for equal numbers between the executive and non-executive directors. The quorum for meetings of the Board of Directors requires that six directors are present including not less than two executive directors and two non-executive directors, one of whom must be the 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.

The Chairman was determined to be independent upon appointment and all of the other non-executive directors are considered to be independent. This included Alex Pike who has served on the Board of Directors for more than six years from the date of her first appointment and was reappointed by the Council of Governors for a further period of one year, which commenced during 2014, to provide stability and continuity to the Board of Directors following the failed merger proposal and the appointment of two new non-executive directors.

All of the directors of the Trust meet the "fit and proper" persons test described in the Trust's provider licence issued by Monitor, the terms of which are reflected in the eligibility requirements for directors in the Trust's constitution. In addition, all directors meet the requirements of the Care Quality Commission's Fit and Proper Person Requirement which came into force in November 2014.

Board's responsibility for Annual Report and Accounts

The directors are required by the National Health Service Act 2006 (as amended):

- to prepare, in respect of each financial year, annual accounts in such form as Monitor may, with the approval of the Secretary of State, direct
- 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 2014/15. 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
- prepare the annual report and accounts on the going concern basis, unless it is inappropriate to do so

The Board has reviewed the Annual Report and Accounts, having taken into account all the matters considered by the Board and brought to the attention of the Board during the financial year. The Board consider that taken as a whole the Annual Report and Accounts, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS Foundation Trust's performance, business model and strategy.

In the case of persons who are directors as at the date when this report is approved:

- so far as each of the directors is aware, there is no relevant audit information of which the Trust's auditors are unaware
- each of the directors has taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the Trust's auditors are aware of that information

This confirmation is given and should be interpreted in accordance with section 418 of the Companies Act 2006.

Board meetings

The Board of Directors meets on the last Friday of every month, except August, and at other times as necessary. The first part of the meeting is open to the public. Against each name in the table [below] is shown the number of meetings at which the director was present and in brackets the number of meetings that the director was eligible to attend. The number of meetings includes both scheduled and special/extraordinary meetings. The discussions and decisions relating to all items on the agenda of the Board of Directors meetings are recorded in the minutes of the meeting.

Where appropriate, and as required, the Chairman and the non-executive directors meet without the executive directors present. Paragraph B.7.1 of the Foundation Trust Code of Governance specifies that any term of appointment beyond six years (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 of Directors. It also sets out that non-executive directors may serve longer than six years (e.g. two three-year terms following authorisation of the NHS Foundation Trust) but subject to annual re-appointment. Serving more than six years could be relevant to the determination of a non-executive director's independence.

Attendance at Meetings of the Board of Directors

Name	Title	Attendance
Karen Allman	Director of Human Resources	12 (12)
David Bennett	Non-Executive Director	7 (12)
Derek Dundas	Non-Executive Director	11 (12)
Basil Fozard	Medical Director	9 (12)
Peter Gill	Interim Director of Informatics (from February 2015)	2 (2)
Stuart Hunter	Director of Finance	12 (12)
Helen Lingham	Chief Operating Officer (until September 2014)	6 (6)
Ian Metcalfe	Non-Executive Director	12 (12)
Steven Peacock	Non-Executive Director	11 (12)
Alexandra Pike	Non-Executive Director (Deputy Chairman and Senior Independent Director)	11 (12)
Richard Renaut	Director of Service Development (until September 2014)	6 (6)
Richard Renaut	Chief Operating Officer (from September 2014)	6 (6)
Paula Shobbrook	Director of Nursing and Midwifery	12 (12)
Anthony Spotswood	Chief Executive	12 (12)
Jane Stichbury	Chairman	12 (12)
Bill Yardley	Non-Executive Director	10 (12)

Non-executive directors are appointed by the Council of Governors following a selection process through its Non-Executive Director Nomination Committee for specified terms. Historically within the Trust, the initial term of appointment has been four years and the original letter of appointment for some serving non-executive directors created an expectation that any re-appointment following the initial term would be for a term of three years. With the approval of the Council of Governors, and following particularly rigorous review, these commitments have been honoured with the result that some non-executive directors will serve two terms totalling seven years. Dave Bennett, Steven Peacock and Jane Stichbury will all serve over six years.

In determining their independence, the Board of Directors considered whether their previous tenure as non-executive directors of the Trust might affect their independence. The Board concluded based on a number of factors, including their experience and knowledge from other senior executive and non-executive roles and the fact that they have always exercised a strongly independent judgment during the preceding period of tenure as non-executive directors, that the independence of their character and judgement was not compromised.

All new appointments of non-executive directors provide for an initial term of three years and any subsequent re-appointment, subject to approval by the Council of Governors, for a maximum term of three years.

The terms of office and the period of appointment of the non-executive directors is set out in the table (on the next page). These appointments and reappointments were approved by the Council of Governors. Should any non-executive appointment need to be terminated this will be subject to scrutiny and approval by the Council of Governors.

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. In line with the Trust's appraisal policy agreed by the Council of Governors, the Chairman's appraisal incorporated the views of the non-executive directors and the governors. No meeting was held as part of this process as specified in paragraph A.4.2 of the Code of Governance. A meeting of non-executive directors without the Chairman present will be incorporated into this process as part of the current year's appraisal of the Chairman.

Non-Executive Director	When appointed	Term of office
David Bennett	1 October 2009 (reappointed on 1 October 2013)	3 years
Derek Dundas	1 April 2014	3 years
Ian Metcalfe	2 May 2013 (reappointed on 1 November 2013 and 1 April 2014)	2 years, 1 month
Steven Peacock	1 October 2009 (reappointed on 1 October 2013)	3 years
Alexandra Pike	22 June 2006 (reappointed as a Non-Executive Director on 21 June 2014 and as Senior Independent Director on 10 October 2014)	1 year as non-executive director 8 months as senior independent director
Jane Stichbury	1 April 2010 (reappointed on 1 April 2014)	3 years
Bill Yardley	1 April 2014	3 years

Governors agreed the evaluation processes for appraising the Chairman and non-executive directors and the outcome of both processes was shared with the Council of Governors.

The Chief Executive undertook performance appraisals of the executive directors and the chief executive's performance was appraised by the Chairman.

The performance evaluations were used as a basis to determine individual and collective professional development programmes for board members, which will enable them to discharge their duties more effectively.

The Board of Directors, and each of its committees, evaluate its own performance annually and undertake a more formal evaluation every three years. The process includes a review against the committee's terms of reference. A full evaluation of the Board of Directors was undertaken in 2013/14 as part of the action plan in relation to the Care Quality Commission's report. No external evaluation has been undertaken and none is planned in 2015/16.

Each director has declared their interests at public meetings. The register of interests is held by the Trust Secretary and is available for inspection by arrangement by contacting the Trust Secretary on **01202 704777**. This includes the other significant commitments of the Chairman.

The Board of Directors has worked with Monitor, its regulator, and the Council of Governors to draw attention to the specific challenges around finance and performance faced by the Trust during the year under report.

The Chairman acts as the link between the Board of Directors and the Council of Governors and ensures that the views of the governors and members are communicated to the Board of Directors as a whole.

Governance requirements

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012. The Board of Directors considers the Trust to be fully compliant with the principles of the NHS Foundation Trust Code of Governance as well as with the provisions of the Code in all respects, save as to paragraphs B.1.2 and B.7.1, A.4.2, and E.1.3 where there are other arrangements in place. Details of compliance or an explanation are provided in this report.

The Scheme of Delegation and Reservation of Powers was reviewed in the year under report and will be reviewed at the commencement of each financial year.

Audit Committee

The Trust's Audit Committee meets at least quarterly and representatives of external audit, internal audit and the counter fraud service attend these meetings. The Director of Finance, Director of Nursing and Midwifery, Chief Operating Officer and representatives from the risk management and clinical audit teams also regularly attend meetings at the request of the chairman. The Audit Committee met five times during the year. The committee members are all independent non-executive directors and during 2014/15 were:

Meetings of the Audit Committee	
Name	**Meetings attended**
Steven Peacock (Chairman)	5 (5)
David Bennett	3 (5)
Ian Metcalfe	5 (5)

The Audit Committee's duties cover the following areas:

Internal control, risk management and corporate governance

The committee reviews the establishment and maintenance of an effective system of internal control, risk management and corporate governance, with particular reference to the Trust's Assurance Framework.

In particular, the committee reviews the adequacy of:

- all risks and control related disclosure statements, together with any accompanying Head of Internal Audit statement, prior to endorsement by the Board
- the structure, processes and responsibilities for identifying and managing key risks facing the organisation
- the operational effectiveness of relevant policies and procedures including those related to fraud and corruption and economy, efficiency and effectiveness in the use of resources
- the scope, maintenance and use of the Assurance Framework
- the Trust's clinical audit programme

Internal audit

The committee:

- appoints the internal auditors, sets the audit fee and resolves any questions of resignation and dismissal
- ensures that the internal audit function is adequately resourced and has appropriate standing within the organisation
- reviews the internal audit programme, considers major findings of internal audit investigations (and management's response), and ensures co-ordination between the internal and external auditors
- reports non-compliance with, or inadequate responses to, internal audit reports to the Board of Directors
- utilises internal audit reports to provide assurance to the Board of Directors on the governance of the Trust's Healthcare Assurance Committee. The Healthcare Assurance Committee provides assurance to the Board of Directors on the quality and safety of services which the Trust provides

The Trust does not have an internal audit function but these services are provided by a third party provider of internal audit services which reports to the Audit Committee. The internal auditors, working with staff at the Trust and the Audit Committee, develop an audit plan each year based on the level of inherent risk and the strength of the control environment across the Trust. Depending on changes in the risk profile of certain areas, all areas of the Trust should be covered during the internal audit cycle of three years. The Audit Committee approves the final plan ensuring that the budget is available to meet the costs of delivering the plan. Internal audit is performed in accordance with NHS Internal Audit Standards which must be followed for the NHS.

External audit

The committee:

- considers the appointment of the external auditors, the audit fee and any questions of resignation and dismissal before making a recommendation to the Council of Governors
- discusses with the external auditors, before the audit commences, the nature and scope of the audit, and ensures co-ordination, as appropriate, with internal audit and the representative from the counter fraud service
- reviews external audit reports, together with the management response
- reports non-compliance with, or inadequate responses to, external audit reports to the Board of Directors
- determines the policy on which the external auditors may provide non-audit services to the Trust

The Audit Committee formally reviews the work of the external auditor each year and communicates this to the Council of Governors to ensure that it is aware of the Trust's satisfaction with its auditors. In addition, the Audit Committee reviews the auditors' work plan for each year in advance. Deloitte LLP are the appointed auditors and 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 12 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. The Council of Governors determined not to extend Deloitte LLP's appointment and initiated a tender for external audit services in January 2015. A new auditor will be appointed for 2015/16.

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 significant issues that the committee considered were:

- progress of the clinical audit plan to ensure that the Trust was provided with a comprehensive plan across the organisation focused on national and local priorities, compliance with relevant 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 and care groups which is being monitored by the Finance Committee of the Board of Directors. Management teams from individual directorates and care groups attend meetings of the Finance Committee to update on progress where any slippage is identified
- the monitoring of clinical governance and performance 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. In order to address these issues, the committee sought and received detailed briefings and explanations from the Director of Finance and the Director of Nursing and Midwifery. The chairmen of the Healthcare Assurance Committee and the Finance Committee are members of the Audit Committee and are able to provide details of scrutiny undertaken in these committees where it is appropriate. In carrying out its review of the Annual Report and Accounts, the Audit Committee provides assurance to the Board of Directors, which supports the statement made by the Board that, taken as a whole the annual report and accounts, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS Foundation Trust's performance, business model and strategy.

Non-audit services

The Audit Committee has approved a policy which governs the provision of non-audit services by the external auditors. The policy sets out limits on the services which may be provided by the external auditors so as not to impair their objectivity or independence when reviewing the Trust's financial statements but does not restrict the Trust from purchasing other services from the external auditors where this is in the best interest of the Trust. Any non-audit services provided by the external auditors are reported to the Audit Committee which is responsible for reviewing the objectivity and independence of the external auditors.

Nomination committees

Non-Executive Director Nomination Committee

The Non-Executive Director 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 director at the conclusion of their specified term of appointment

The Non-Executive Director Nomination Committee met twice in 2014/15: once to consider the re-appointment of one non-executive director. The second time was to consider the recruitment of a new non-executive director. The appointment process followed the policy agreed with the Council of Governors. This considered the Board of Directors' view of the skills, qualifications and experience of its members and any gaps required to be filled. Candidates were identified using an external search agency. The shortlisted candidates will meet with stakeholder groups, undertake psychometric testing and attend a formal interview panel, which will include an independent adviser, before the appointment is made in early 2015/16.

The following table shows who attended the meeting of the committee during 2014/15. Against each name is shown the number of meetings of the committee at which the governor was present and in brackets the number of meetings that the governor was eligible to attend.

Meetings of the Non-Executive Nomination Committee

Name	Meetings attended
Jane Stichbury (Chairman)	2 (2)
Judith Adda (until September 2014)	1 (1)
Sue Bungey (until September 2014)	1 (1)
Glenys Brown (from January 2015)	0 (1)
Alf Hall (until September 2014)	0 (1)
Graham Swetman (from January 2015)	1 (1)
David Triplow (from January 2015)	1 (1)

Executive Director Nomination Committee

The Board of Directors takes on the role of a Nomination Committee as the need arises. In 2014/15 the Board of Directors agreed to expand its Remuneration Committee to become a Nomination and Remuneration Committee in 2015/16. The Chairman will be the chairman of this committee, which will enable a more impartial review of the structure, size and composition of the Board of Directors to be considered.

Two executive appointments were made in the year under report. The role of Chief Operating Officer was filled under open competition and with the help of a recruitment search. An interim appointment was made to the temporary role of Executive Director of Informatics. The requirement for this post will be reviewed in 2015/16. This role or any other substantive appointment will be filled following an open competition process.

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. Each committee is advised by the Director of Human Resources.

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 who are not on Agenda for Change contracts. Details of the membership, number of meetings and attendance at meetings of the Remuneration Committee are shown in the table on page 157.

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, including the Chairman, 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 157.

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 trusts of a similar size and nature, taking account of overall and individual performance, with the aim of ensuring that directors' remuneration is fair and appropriate. Once every three years external consultants undertake a benchmarking exercise and, in the intervening years, less formal reviews are conducted using data collated by NHS Providers (formerly 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, who materially assisted the committees in their consideration of any matter, were engaged to provide advice or services to the Remuneration Committee or the Non-Executive Director Remuneration Committee during the year under report. The Trust Secretary attends meetings of both committees to record the proceedings.

Directors' and governors' expenses

The expenses of directors and staff governors are reimbursed in accordance with the Trust's policy on expenses applicable to all staff. Travel and other costs and expenses for all other governors are reimbursed in accordance with a separate policy approved by the Remuneration Committee, which is comprised of non-executive directors. Governors are volunteers and do not receive any remuneration for their role.

Attendance at meetings

Against each name is shown the number of meetings of the committees at which the non-executive director or governor was present and in brackets the number of meetings that the non-executive director or governor was eligible to attend as a member of the committee during 2014/15.

Meetings of the Remuneration Committee	
Name	**Meetings attended**
Jane Stichbury (Chair)	7 (7)
David Bennett	7 (7)
Derek Dundas	7 (7)
Ian Metcalfe	5 (7)
Steven Peacock	6 (7)
Alexandra Pike	2 (7)
Bill Yardley	6 (7)

Meetings of the Non-Executive Director Remuneration Committee	
Name	**Meetings attended**
Eric Fisher (Chair)	3 (3)
Judith Adda (until September 2014)	2 (2)
Glenys Brown (from January 2015)	1 (1)
Sue Bungey (until September 2014)	2 (2)
Alf Hall (until September 2014)	1 (2)
Graham Swetman (from January 2015)	0 (1)
David Triplow (from January 2015)	1 (1)

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

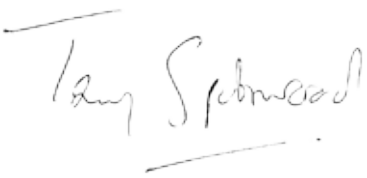
Executive directors

All executive directors are required to give/receive six months' notice of termination. In appropriate cases this can be varied by mutual agreement. All contracts are permanent (i.e. not fixed term). All senior managers who are appointed on permanent contracts are required to give/receive three months' notice of termination.

There are no provisions in place for termination payments, other than through legal compromise agreements.

Non-executive directors

Arrangements for the termination of the appointment of a non-executive director are set out in the Trust's constitution and a period of one month's notice is required.



Mr A Spotswood
Chief Executive
28 May 2015

Senior manager remuneration

Senior manager remuneration											
Name	Title	2014/15					2013/14				
		Salary and Fees	Other Remu-neration	Total Salary and Fees	Pension Related Benefits	Total	Salary and Fees	Other Remu-neration	Total	Pension Related Benefits	Total
		(bands of £5000) £'000	(bands of £5000) £'000	(bands of £5000) £'000	(bands of £2,500) £'000	(bands of £5,000)	(bands of £5,000) £'000	(bands of £5000) £'000	(bands of £5000) £'000	(bands of £2,500) £'000	(bands of £5,000) £'000
Executive Members											
Mr A Spotswood	Chief Executive	190-195	0	190-195	0	190-195	190-195	0	190-195	0	190-195
Mrs M Armitage	Medical Director (see note 1)	0	0	0	0	0	50-55	35-40	90-95	Not applicable	90-95
Mr B Fozard	Medical Director (see note 2)	130-135	85-90	220-225	107.5-110	330-335	70-75	45-50	120-125	100-102.5	220-225
Mrs H Lingham	Chief Operating Officer (see note 3)	60-65	0	60-65	Not applicable	60-65	130-135	0	130-135	0-2.5	135-140
Mr R Renaut	Chief Operating Officer (see note 4)	120-125	0-5	125-130	42.5-45	170-175	110-115	0	110-115	15-17.5	130-135
Mr S Hunter	Director of Finance	130-135	0	130-135	0	130-135	130-135	0	130-135	0	130-135
Mrs P Shobbrook	Director of Nursing and Midwifery	110-115	0	110-115	0	110-115	110-115	1-5	110-115	57.5-60	170-175
Mrs K Allman	Director of Human Resources	110-115	0	110-115	5-7.5	120-125	110-115	0	110-115	10-12.5	125-130
Mr P Gill	Director of Informatics (see note 5)	5-10	0	5-10	Not applicable	5-10	0	0	0	Not applicable	0
Board Member											
Mr P Gill	Director of Informatics (see note 5)	40-45	0	40-45	Not applicable	40-45	45-50	0	45-50	Not applicable	45-50
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
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	15-20	0	10-15	Not applicable	15-20	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 I Metcalfe	Non Executive Director (see note 6)	15-20	0	10-15	Not applicable	15-20	10-15	0	10-15	Not applicable	10-15
Mr W Yardley	Non Executive Director (see note 7)	10-15	0	10-15	Not applicable	10-15	0	0	0	Not applicable	0
Mr D Dundas	Non Executive Director (see note 7)	10-15	0	10-15	Not applicable	10-15	0	0	0	Not applicable	0
Mr B Ford	Non Executive Director (see note 8)	0	0	15-20	Not applicable	0	15-20	0	15-20	Not applicable	15-20
Mr K Tullett	Non Executive Director (see note 8)	0	0	10-15	Not applicable	0	10-15	0	10-15	Not applicable	10-15
Band of highest paid director		220-225					210-215				
Median Total Remuneration		24,702					25,157				
Ratio		8.9					8.5				

Notes:

1. Mrs M Armitage retired from her post as Medical Director on 6 September 2013. The salary shown for 2013/14 represents her Medical Director post for the Trust; the 'Other Remuneration' represents her post as a medical consultant.
2. The salary shown against Mr B Fozard represents his Medical Director post for the Trust; the 'Other Remuneration' represents his post as a medical consultant. He commenced his post as Medical Director on 7 September 2013.
3. Mrs H Lingham resigned from her post as Chief Operating Officer with effect from 30 September 2014.
4. Mr R Renaut commenced his role as Chief Operating Officer on 15 September 2014. Previously he was Director of Service Development.
5. Mr P Gill holds a joint Director of Informatics post with Poole Hospital NHS Foundation Trust and was recharged on a half-time basis. He became an interim Executive Director 1 February 2015.
6. Mr I Metcalfe commenced his post as non executive director on 2 May 2013.
7. Mr W Yardley and Mr D Dundas commenced in their non executive director posts on 1 April 2014.
8. Mr B Ford and Mr K Tullett retired from their posts as non executive directors on 31 March 2014.
9. Senior manager remuneration does not include any 'annual performance-related bonuses' or 'long-term performance-related bonuses'.
10. No individual named above received any benefit in kind during the financial year ended 31 March 2014 or financial year ended 31 March 2013.

11. No other categories in the proforma single figure table disclosure are relevant to the Trust.
12. Of the 15 executive/non executive directors employed during 2014/15, 10 received expenses during the year amounting to a total of £7,573.
13. There are 23 governors (excluding staff governors), of which nine received expenses during the year amounting to a total of £4,000.
14. Mr B Fozard will retire in June 2015 and will draw his pension. He will rejoin the Trust as Medical Director and will be paid a salary for this role.

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.

Senior manager pension entitlements

Senior manager pension entitlements (subject to audit)

Name	Title (as at 31 March 2015)	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	0-2.5	310-315	1,536	1,491	45	23
Mrs P Shobbrook	Director of Nursing and Midwifery	0	140-145	560	582	(22)	(11)
Mr S Hunter	Director of Finance	0-2.5	210-215	1,056	1,021	35	18
Mr R Renaut	Chief Operating Officer	10-12.5	105-110	371	324	47	24
Mrs K Allman	Director of Human Resources	2.5-5	60-65	321	292	29	15
Mr B Fozard	Medical Director	12.5-15	320-325	1,866	1,679	187	96
Mr P Gill	Director of Informatics	Not applicable	100-105	420	Not applicable	Not applicable	Not applicable

Notes:

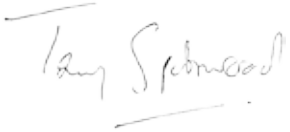
1. Non executive directors do not receive pensionable remuneration, and as such, there are no entries in respect of pensions for non executive directors.
2. Mr P Gill holds a joint Director of Informatics post with Poole Hospital NHS Foundation Trust. He was employed by Poole Hospital NHS Foundation Trust during 2013/14 meaning that only limited pensions information is available.

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.



Mr A Spotswood, Chief Executive, 28 May 2015

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 are set out in the NHS Act 2006 and were extended under the Health and Social Care Act 2012.

During 2014/15, the Trust worked with the Council of Governors to consult with the Trust's membership and the public specifically on its forward plans. The forward plan included its financial, quality and operating objectives and a review of outcomes to evaluate its performance.

In 2014/15, the Council of Governors was made up as follows:

Public governors - Bournemouth and Poole constituency (elected)
Judith Adda (until September 2014)
Jayne Baker (until September 2014)
David Bellamy (re-elected from September 2014)
Glenys Brown
Sharon Carr-Brown (until September 2014)
Carole Deas (re-elected from September 2014)
Paul Higgs (from September 2014)
Keith Mitchell (re-elected from September 2014)
Roger Parsons (from September 2014)
Colin Pipe (from September 2014)
David Triplow (re-elected from September 2014)
Monika Whitmarsh (from September 2014)

Public governors - Christchurch and Dorset County constituency (elected)
Chris Archibold
Sue Bungey (until September 2014)
Derek Chaffey (re-elected from September 2014)
Eric Fisher (Deputy Chairman of the Council of Governors and Lead Governor until 28 April 2015) (re-elected from September 2014)
Alf Hall (until September 2014)
Doreen Holford (re-elected from September 2014)
Brian Young (from September 2014)
Paul McMillan (from September 2014)

Public governors - New Forest, Hampshire and Salisbury constituency (elected)
Mike Allen (re-elected from September 2014)
Bob Gee (re-elected from September 2014)
Graham Swetman (re-elected from September 2014)

Staff governors (elected)
Dean Feegrade
Ian Knox (re-elected from September 2014)
Richard Owen (re-elected from September 2014)
Dexter Perry (until January 2015)
Emma Willett (until September 2014)

Appointed governors (appointed by their respective organisation)
John Adams Bournemouth Borough Council
Phil Goodall Poole Borough Council
Colin Jamieson Dorset Borough Council
Tom Knight Dorset Clinical Commissioning Group
Gail Thomas Bournemouth University
Vacant The Royal Bournemouth and Christchurch Hospitals Volunteers Group

All of the governors meet the "fit and proper" persons test described in the Trust's provider licence issued by Monitor, the terms of which are reflected in the eligibility requirements for governors in the Trust's Constitution.

Each governor has declared their interests at public meetings. The register of interests is held by the Trust Secretary and is available for inspection by arrangement by contacting the Trust Secretary on **01202 704777**.

There are the following vacancies on the Council of Governors at the end of the year under report:

Staff Governor	Medical and Dentistry (filled from April 2015)
Staff Governor	Nursing, Midwifery and Healthcare Assistants (filled from April 2015)
Appointed Governor	Internal Hospital Volunteers (filled from April 2015)

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.

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.

The nominated Lead Governor for the Trust is Eric Fisher.

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.

In order to discharge its duties, the Council of Governors met five times in 2014/15. It received and considered all appropriate information required to discharge its duties. The Council of Governors periodically assesses its performance. In addition, individual and collective development needs are considered and included in a training programme.

Attendance at Council of Governor meetings is set out in the table (on the next page). 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 2014/15. 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		5 (5)
John Adams	Appointed Governor	Bournemouth Borough Council	3 (5)
Judith Adda (until September 2014)	Public Governor	Bournemouth and Poole	2 (2)
Mike Allen (re-elected from September 2014)	Public Governor	New Forest, Hampshire and Salisbury	5 (5)
Chris Archibold	Public Governor	Christchurch and Dorset County	3 (5)
Jayne Baker (until September 2014)	Public Governor	Bournemouth and Poole	2 (2)
David Bellamy (re-elected from September 2014)	Public Governor	Bournemouth and Poole	5 (5)
Glenys Brown	Public Governor	Bournemouth and Poole	4 (5)
Sue Bungey (until September 2014)	Public Governor	Christchurch and Dorset County	2 (2)
Sharon Carr-Brown (until September 2014)	Public Governor	Bournemouth and Poole	2 (2)
Derek Chaffey (re-elected from September 2014)	Public Governor	Christchurch and Dorset County	5 (5)
Carole Deas (re-elected from September 2014)	Public Governor	Bournemouth and Poole	4 (5)
Dean Feegrade	Staff Governor	Administrative and Clerical/Management	4 (5)
Eric Fisher (re-elected from September 2014)	Public Governor	Christchurch and Dorset County	5 (5)
Bob Gee (re-elected from September 2014)	Public Governor	New Forest, Hampshire and Salisbury	5 (5)
Phil Goodall	Appointed Governor	Poole Borough Council	4 (5)
Alf Hall (until September 2014)	Public Governor	Christchurch and Dorset County	2 (2)
Paul Higgs (from September 2014)	Public Governor	Bournemouth and Poole	3 (3)

Doreen Holford (re-elected from September 2014)	Public Governor	Christchurch and Dorset County	4 (5)
Colin Jamieson	Appointed Governor	Dorset County Council	4 (5)
Tom Knight	Appointed Governor	Dorset Clinical Commissioning Group	3 (5)
Ian Knox (re-elected from September 2014)	Staff Governor	Allied Health Professionals, Scientific and Technical	4 (5)
Paul McMillan (from September 2014)	Public Governor	Christchurch and Dorset County	3 (3)
Keith Mitchell (re-elected from September 2014)	Public Governor	Bournemouth and Poole	4 (5)
Richard Owen (re-elected from September 2014)	Staff Governor	Estates and Ancillary Services	4 (5)
Roger Parsons	Public Governor	Bournemouth and Poole	3 (3)
Dexter Perry (until January 2015)	Staff Governor	Medical and Dental	1 (4)
Colin Pipe	Public Governor	Bournemouth and Poole	3 (3)
Graham Swetman (from September 2014)	Public Governor	New Forest, Hampshire and Salisbury	4 (5)
Gail Thomas	Appointed Governor	Bournemouth University	4 (5)
David Triplow (re-elected from September 2014)	Public Governor	Bournemouth and Poole	5 (5)
Monika Whitmarsh (from September 2014)	Public Governor	Bournemouth and Poole	0 (3)
Emma Willett (until September 2014)	Staff Governor	Nursing, Midwifery and Healthcare Assistants	2 (2)
Brian Young	Public Governor	Christchurch and Dorset County	3 (3)

Directors:			
Karen Allman	Director of Human Resources		4 (4)
David Bennett	Non-Executive Directors		1 (4)
Derek Dundas	Non-Executive Director		2 (4)
Basil Fozard	Medical Director		0 (4)
Stuart Hunter	Director of Finance		2 (4)
Helen Lingham	Chief Operating Officer		1 (2)
Ian Metcalfe	Non-Executive Director		4 (4)
Steven Peacock	Non-Executive Director		1 (4)
Alexandra Pike	Non-Executive Director/Deputy Chairman/Senior Independent Director		0 (4)
Richard Renaut	Director of Service Development		0 (2)
Richard Renaut	Chief Operating Officer		2 (2)
Paula Shobbrook	Director of Nursing and Midwifery		2 (4)
Tony Spotswood	Chief Executive		0 (4)
Bill Yardley	Non-Executive Director		1 (4)

The Council of Governors has a policy for addressing any consistent and unjustifiable failures to attend its meetings. This policy covers the actions required to address any actual or potential conflict of interest which may prevent a governor exercising their duties properly.

The Council of Governors engages with the Board of Directors through the Chairman and Senior Independent Director. Any concerns would be raised with them.

Paragraph E.1.3 of the Code of Governance specifies that the Senior Independent Director should attend sufficient meetings with governors to listen to their views in order to help develop a balanced understanding of the issues and concerns of governors.

The Senior Independent Director has not attended any of the five formal meetings of the Council of Governors during 2014/15. However, the Senior Independent Director is a member of a number of committees where the attendees 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 three 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. Two of the public constituency elections were contested. All staff class elections were uncontested. The elections to the Council of Governors were held in accordance with the Constitution. Nursing, Midwifery and Healthcare Assistants and Medical and Dentistry staff governors will take up post in April 2015.

Date of election	Constituency / Staff Class	Number of members in constituency	Number of seats contested	Number of contestants	Election turnout (%)
June 2014	Bournemouth and Poole Constituency	8,782	8	12	27.6%
June 2014	Christchurch and Dorset County Constituency	1,877	5	6	32.7%
June 2014	New Forest, Hampshire and Salisbury Constituency	Uncontested			Uncontested
June 2014	Allied Health Professional, Scientific and Technical	Uncontested			Uncontested
June 2014	Estates and Ancillary Services	Uncontested			Uncontested
June 2014	Nursing, Midwifery and Healthcare Assistants	No election			No election
August 2014	Nursing, Midwifery and Healthcare Assistants	No election			No election
March 2015	Nursing, Midwifery and Healthcare Assistants	Uncontested			Uncontested
March 2015	Medical and Dentistry	Uncontested			Uncontested

Membership

During 2014/15, the Council of Governors has continued to develop on its existing membership strategy using health talks, constituency events, monthly emails and the quarterly membership newsletter to engage with existing members and recruit new members. The strategy has also been developed to focus on recruitment of members from groups which have historically been under-represented in the Trust membership: younger people and minority ethnic groups. Through presentations and attendance at careers events at local schools the Trust 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 350 new public members for 2014/15 and the performance against that target is shown in the table on page 166.

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 'Careers in the NHS' events for students in Year 12 at local schools
- provide more information in the FT Focus member magazine and in regular emails to members who have provided their email address about governors' activities

- develop the governor and member pages on the Trust's website to provide more information to members and the public
- try to increase the awareness and understanding of members and the local community of the NHS and foundation trusts and the benefits of foundation trust membership

As at 31 March 2015, there were 14,964 members in the following constituencies:

Public constituency	Last year (2014/15)	Next year (2015/16) (estimated)
At year start (1 April)	11,295	11,284
New members	544	350
Members leaving	555	500
At year end (31 March)	11,284	11,134

Staff constituency	Last year (2014/15)	Next year (2015/16) (estimated)
At year start (1 April)	1,345	3,680
New members	3,003	500
Members leaving	668	500
At year end (31 March)	3,680	3,680

Analysis of membership in constituencies (as at 31 March 2015)

Public		Staff	
Bournemouth and Poole	8,597	Medical and Dentistry	320
Christchurch and Dorset County	1,961	Allied Healthcare Professionals, Scientific and Technical	654
New Forest, Hampshire and Salisbury	726	Nursing Midwifery and Healthcare Assistants	1,534
		Administrative and Clerical Management	850
		Estates and Ancillary Services	322

Notes

- The constitution was amended to include all staff unless they opt out, as members during 2014/15.
- In addition to staff on permanent contacts members of staff on fixed term or temporary contracts who have been continuously employed by the Trust for at least 12 months are eligible to become members of the staff constituency although this does not include bank staff.

Analysis of current public membership (as at 31 March 2015)

As at 31 March 2015, there were 11,284 public members in the following demographic groups:

Public constituency	Number of members	Eligible membership
Age (years):		
0-16	195	254,651
17-21	624	90,702
22+	9,018	1,065,042
Ethnicity:		
White	10,660	1,304,608
Mixed	73	19,674
Asian or Asian British	122	41,943
Black or Black British	29	9,842
Other	21	6,561
Socio-economic groupings*:		
AB	3,635	95,655
C1	3,343	131,260
C2	2,162	92,209
DE	2,100	92,037
Gender		
Male	4,605	694,597
Female	6,679	715,797

Notes

- The analysis above excludes 1,447 public members with no stated date of birth, 379 members with no stated ethnicity and zero members with no stated gender.
- Socio-economic data should be completed using profiling techniques (e.g. postcode) or other recognised methods. To the extent socio-economic data is not already collected from members, it is not anticipated that NHS foundation trusts will make a direct approach to members to collect this information.
- The population data used to calculate "Eligible membership" in the table above may differ as a result of using the most reliable source for this data. This may lead to variations in the total of eligible members provided under each section of the table, primarily due to the currency of the data.

Members who wish to communicate with their governors should contact:

Governor Co-ordinator (B28)
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
Castle Lane East
Bournemouth
BH7 7DW

or email: **ftmembers@rbch.nhs.uk**

Consolidated Financial Statements

For the year ended 31 March 2015

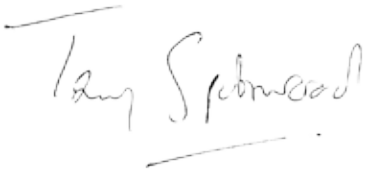
Contents

The Foundation Trust

NHS Foundation Trust Code:	**RDZ**	
Registered Office:	**The Royal Bournemouth Hospital** Castle Lane East Bournemouth BH7 7DW	
Executive Directors:	**Mr A Spotswood**	Chief Executive
	Mrs P Shobbrook	Director of Nursing and Midwifery
	Mr S Hunter	Director of Finance
	Mr R Renaut	Chief Operating Officer
	Mrs K Allman	Director of Human Resources
	Mr B Fozard	Medical Director
	Mr Peter Gill	Director of Informatics (Interim Executive)
Non-Executive Directors:	**Mrs J Stichbury**	Chairman
	Mr I Metcalfe	Non Executive Director
	Mrs A Pike	Non Executive Director
	Mr B Yardley	Non Executive Director
	Mr S Peacock	Non Executive Director
	Mr D Bennett	Non Executive Director
	Mr D Dundas	Non Executive Director
Trust Secretary:	**Mrs S Anderson**	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 2015 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
28 May 2015

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.

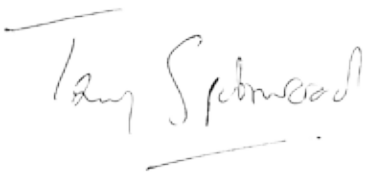
Under the National Health Service Act 2006, Monitor has directed The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis 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
- 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
28 May 2015

Auditors' Report

Independent Auditor's Report to the Council of Governors and Board of Directors of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

Opinion on the financial statements of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

In our opinion the financial statements:

- **give a true and fair view of the state of the Group and Trust's affairs as at 31 March 2015 and of the Group's and Trust's income and expenditure for the year then ended**
- **have been properly prepared in accordance with the accounting policies directed by Monitor**
- **have been prepared in accordance with the requirements of the National Health Service Act 2006**

The financial statements comprise the Consolidated and Trust Statements of Comprehensive Income, the Group and Trust Statements of Financial Position, the Group and Trust Statements of Changes in Taxpayers Equity and the Group and Trust Statements of Cashflows and the related notes 1 to 33. The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by Monitor.

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.

Going concern

We have reviewed the Accounting Officer's statement on page 5 that the Group is a going concern. We confirm that:

- we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate
- we have not identified any material uncertainties that may cast significant doubt on the Group's ability to continue as a going concern

However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the Group's ability to continue as a going concern.

Our assessment of risks of material misstatement

The assessed risks of material misstatement described below are those that had the greatest effect on our audit strategy, the allocation of resources in the audit and directing the efforts of the engagement team.

Risk	How the scope of our audit responded to the risk
NHS revenue Revenue for the year was £267m (2013: £260m). There are significant judgments in recognition of revenue from contracts for delivering care to NHS patients and service users and in provisioning for disputes with commissioners due to: • the complexity of the Payment by Results regime, in particular in determining the level of over performance and Commissioning for Quality and Innovation (CQUIN) revenue to recognise • the judgemental nature of provisions for disputes, including in respect of performance income. There is minimal risk of overperformance on the basis that the majority contracts are managed contracts	We evaluated the design and implementation of controls over recognition of Payment by Results income. We performed detailed substantive testing of the recoverability of over performance income and the adequacy of the provision for underperformance through the year, and evaluated the results of the agreement of balances exercise. We tested the historical accuracy of provisions made for disputes with commissioners, and considered this in evaluating bad debt provisions and other provisions in respect of NHS income at 31 March 2015. We challenged key judgements around specific areas of dispute and actual or potential challenge from commissioners and the rationale for the accounting treatments adopted.
Property valuations The Trust holds property assets within Property, Plant and Equipment that are initially measured at cost and subsequently measured at fair value. This has resulted in an increase of £3.9m to the fair value of the property held by the Trust. The valuations are by nature significant estimates which are based on specialist and management assumptions and which can be subject to material changes in value.	We evaluated the design and implementation of controls over property valuations, and tested the accuracy and completeness of data provided by the Trust to the valuer. We used internal valuation specialists to review and challenge the appropriateness of the key assumptions used in the valuation of the Trust's properties through discussion with the district valuer. We assessed whether the valuation and its accounting treatment were compliant with the relevant accounting standards and in particular whether impairments should be recognised within the deficit for the year or in Other Comprehensive Income.

Accounting for Capital Expenditure

The Trust has an extensive capital programme and additions in 2014/15 amounted to more than £17m.

Determining whether expenditure should be capitalised can involve significant judgement as to whether the costs meet the accounting standards criteria for capitalisation.

In addition, accounting adjustments may be required to the carrying values of assets that are being replaced or refurbished.

We tested the design and implementation of controls around the capitalisation of costs and tested individual transactions on a sample basis to assess compliance with relevant accounting requirements. We have also considered whether any impairment arises in respect of newly capitalised expenditure.

We obtained an understanding of key projects and challenged the appropriateness of accounting for significant transactions in connection with the project. We have also considered the increase in value of adjustments of old assets were dealt with as part of the revaluation process.

Going Concern Assessment

The Directors' Going Concern statement is set out on page 38 of the Annual Report, and the Trust's principal risks and uncertainties on page 138 of the Annual Governance Statement.

The going concern assessment became an area of significant audit focus because the final deficit of £5.2m for the year ended 31 March 2015 was higher than had been previously forecast by the Trust and the uncertainties detailed in the Directors' statement.

We evaluated management's going concern assessment by challenging the key judgements within the Trust's forecasts through to the end of 2016/17 financial year, including assumptions over activity levels, cost improvement programme savings, and cost of agency staff requirements.

We examined the Trust's funding agreements that are in place, reviewed the operational plan and considered how projections compare with other trusts and the headroom available.

The description of risks above should be read in conjunction with the significant issues considered by the Audit Committee discussed on page 151 of the Directors Report.

Our audit procedures relating to these matters were designed in the context of our audit of the financial statements as a whole, and not to express an opinion on individual accounts or disclosures. Our opinion on the financial statements is not modified with respect to any of the risks described above, and we do not express an opinion on these individual matters.

Our application of materiality

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality both in planning the scope of our audit work and in evaluating the results of our work.

We determined materiality for the Group to be £2.6m, which is below 1% of Operating Income and below 2% of Total Taxpayers Equity.

We agreed with the Audit Committee that we would report to the Committee all audit differences in excess of £129,000, as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds. We also report to the Audit Committee on disclosure matters that we identified when assessing the overall presentation of the financial statements.

An overview of the scope of our audit

Our group audit was scoped by obtaining an understanding of the Group and its environment, including internal controls, and assessing the risks of material misstatement at the Group level.

The focus of our audit work was on the Trust, with work performed at the Trust's head offices in Bournemouth directly by the audit engagement team, led by the audit partner. We also performed substantive analytical procedures on The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust's Charitable Funds trial balance based on component materiality for the purposes of consolidation.

At the Group level, we also tested the consolidation process and carried out analytical procedures to confirm our conclusion that there were no significant risks of material misstatement of the aggregated financial information of the remaining components not subject to audit or audit of specified account balances.

The audit team included integrated Deloitte specialists bringing specific skills and experience in property valuations and information technology systems.

All testing was performed by the main audit engagement team, led by the audit partner.

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
- 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

Under the Audit Code for NHS Foundation Trusts, we are required 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 is inconsistent with information of which we are aware from our audit
- the NHS Foundation Trust has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources
- proper practices have not been observed in the compilation of the financial statements

Annual Governance Statement, use of resources, and compilation of financial statements

We have nothing to report in respect of these matters.

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.

Annual Governance Statement, use of resources, and compilation of financial statements

Opinion on other matters prescribed by the National Health Service Act 2006

Under International Standards on Auditing (UK and Ireland), we are required to report to you if, in our opinion, information in the Annual Report is:

- materially inconsistent with the information in the audited financial statements
- apparently materially incorrect based on, or materially inconsistent with, our knowledge of the Group acquired in the course of performing our audit
- otherwise misleading

In particular, we have considered whether we have identified any inconsistencies between our knowledge acquired during the audit and the directors' statement that they consider the Annual Report is fair, balanced and understandable and whether the Annual Report appropriately discloses those matters that we communicated to the audit committee which we consider should have been disclosed. We confirm that we have not identified any such inconsistencies or misleading statements.

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. We also comply with International Standard on Quality Control 1 (UK and Ireland). Our audit methodology and tools aim to ensure that our quality control procedures are effective, understood and applied. Our quality controls and systems include our dedicated professional standards review team and independent partner reviews.

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.

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.

Susan Barratt, BA, ACA
(Senior Statutory Auditor)
for and on behalf of Deloitte LLP
Chartered Accountants and Statutory Auditor
Reading
28 May 2015

Statement of Comprehensive Income

		Group		Trust	
	Notes	**2014/15**	2013/14	**2014/15**	2013/14
		£'000	£'000	**£'000**	£'000
Operating income from continuing operations	4	**266,539**	260,323	**266,232**	259,654
Operating expenses of continuing operations	7	**(267,555)**	(255,856)	**(266,870)**	(254,861)
OPERATING (DEFICIT)/SURPLUS		**(1,016)**	4,467	**(638)**	4,793
FINANCE COSTS					
Finance income: interest receivable	12	**154**	169	**149**	148
Finance expense: Finance lease/loan interest	13	**(247)**	(48)	**(247)**	(48)
Finance expense: Unwinding of discount on provisions	23	**(12)**	(11)	**(12)**	(11)
Public Dividend Capital: Dividends payable		**(4,485)**	(4,324)	**(4,485)**	(4,324)
Movement in fair value of investment property and other investments		**286**	210	**0**	0
(DEFICIT)/SURPLUS FOR THE YEAR		**(5,320)**	463	**(5,233)**	558
Other comprehensive income					
Impairment (chargeable to revaluation reserve)		**(3,197)**	(238)	**(3,197)**	(238)
Revaluation (credited to revaluation reserve)		**7,219**	11,296	**7,219**	11,296
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		**(1,298)**	11,521	**(1,211)**	11,616

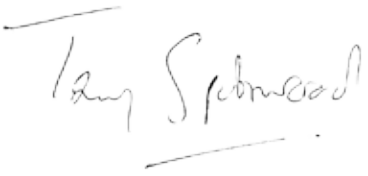
The notes on pages 16 to 49 form part of these accounts.

Statement of Financial Position

	Notes	Group		Trust	
		31 March 2015	31 March 2014	**31 March 2015**	31 March 2014
		£'000	£'000	**£'000**	£'000
Non-current assets					
Intangible assets	14	**2,007**	1,133	**2,007**	1,133
Property, plant and equipment	14	**171,018**	158,242	**171,018**	158,242
Other investments	12.1	**3,453**	3,167	**0**	0
Total non-current assets		**176,478**	162,542	**173,025**	159,375
Current assets					
Inventories	17	**6,615**	5,120	**6,615**	5,120
Trade and other receivables	18	**10,182**	12,182	**10,279**	12,114
Other financial assets	12.2	**73**	77	**0**	0
Cash and cash equivalents	19	**50,774**	54,899	**48,316**	52,098
Total current assets		**67,644**	72,278	**65,210**	69,332
Current liabilities					
Trade and other payables	20	**(27,233)**	(29,322)	**(26,853)**	(28,803)
Borrowings	21	**(746)**	(389)	**(746)**	(389)
Provisions	23	**(229)**	(1,356)	**(229)**	(1,356)
Total current liabilities		**(28,208)**	(31,067)	**(27,828)**	(30,548)
Total assets less current liabilities		**215,914**	203,753	**210,407**	198,159
Non-current liabilities					
Trade and other payables	20	**(1,048)**	(1,062)	**(1,048)**	(1,062)
Borrowings	21	**(13,883)**	(1,409)	**(13,883)**	(1,409)
Provisions	23	**(519)**	(511)	**(519)**	(511)
Total non-current liabilities		**(15,450)**	(2,982)	**(15,450)**	(2,982)
Total Assets Employed:		**200,464**	200,771	**194,957**	195,177
Taxpayers' Equity					
Public Dividend Capital		**79,665**	78,674	**79,665**	78,674
Revaluation reserve		**74,612**	73,002	**74,612**	73,002
Income and expenditure reserve		**40,680**	43,501	**40,680**	43,501
Charitable Fund Reserve	33	**5,507**	5,594	**0**	0
Total Taxpayers' Equity:		**200,464**	200,771	**194,957**	195,177

The notes on pages 16 to 49 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 28 May 2015 and signed on its behalf by:



Mr A Spotswood, Chief Executive 28 May 2015

Statement of Changes in Taxpayers' Equity

	Trust				Charity	Group
	Public Dividend Capital	Revaluation Reserve	Income and Expenditure Reserve	TOTAL Reserves	Charitable Fund Reserve	TOTAL Reserves
	£'000	£'000	£'000	£'000	£'000	£'000
Current Year						
Taxpayers' Equity at 1 April 2014	**78,674**	**73,002**	**43,501**	**195,177**	**5,594**	**200,771**
Surplus/(Deficit) for the year	0	0	(5,233)	(5,233)	(87)	(5,320)
Transfer of the excess of current cost depreciation over historical cost depreciation to the Income and Expenditure Reserve	0	(2,412)	2,412	0	0	**0**
Impairments	0	(3,197)	0	(3,197)	0	**(3,197)**
Revaluations	0	7,219	0	7,219	0	**7,219**
Public Dividend Capital received	602	0	0	602	0	**602**
Other Public Dividend Capital received	389	0	0	389	0	**389**
Taxpayers' Equity at 31 March 2015	**79,665**	**74,612**	**40,680**	**194,957**	**5,507**	**200,464**
Prior Year						
Taxpayers' Equity at 1 April 2013	**78,674**	**64,488**	**40,399**	**183,561**	**5,689**	**189,250**
Surplus/(Deficit) 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**
Impairments	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**

The notes on pages 16 to 49 form part of these accounts.

Statement of Cash Flows

	Notes	Group				Trust			
		2014/15		2013/14		**2014/15**		2013/14	
		£'000		£'000		**£'000**		£'000	
Cash flows from operating activities									
Operating (Deficit)/Surplus			**(1,016)**		4,467		**(638)**		4,793
Non-cash income and expense									
Depreciation and amortisation	14	**8,067**		7,458		**8,067**		7,458	
Impairments/Reversal of Impairments	14	**121**		(290)		**121**		(290)	
Loss on disposal		**0**		258		**0**		258	
Non-cash donations/grants credited to income		**0**		(332)		**0**		(332)	
(Increase)/Decrease in Trade and Other Receivables		**1,849**		(1,170)		**1,849**		(1,170)	
Increase in Inventories		**(1,495)**		(1,014)		**(1,495)**		(1,014)	
Increase/(Decrease) in Trade and Other Payables		**(2,994)**		3,746		**(2,994)**		3,746	
Decrease in provisions		**(1,131)**		(858)		**(1,131)**		(858)	
NHS Charitable funds - net adjustments for working capital movements and non-cash transactions		**30**		(81)		**0**		0	
Other movements in operating cash flows - PDC Adjustment		**389**		0		**389**		0	
			4,836		7,717		**4,806**		7,798
Net cash generated from operations			**3,820**		12,184		**4,168**		12,591
Cash flow from investing activities									
Interest received		**149**		148		**149**		148	
Purchase of intangible assets	14	**(1,189)**		(851)		**(1,189)**		(851)	
Purchase of Property, Plant and Equipment		**(15,601)**		(9,087)		**(15,601)**		(9,087)	
NHS Charitable funds - net cash flow from investing activities		**5**		12		**0**		0	
Net cash flow from investing activities			**(16,636)**		(9,778)		**(16,641)**		(9,790)
Cash flow from financing activities									
Public dividend capital received		**602**		0		**602**		0	
Loans received		**13,221**		0		**13,221**		0	
Capital element of finance lease rental payments		**(391)**		(418)		**(391)**		(418)	
Loans interest		**(181)**		0		**(181)**		0	
Interest element of finance lease	13	**(51)**		(48)		**(51)**		(48)	
PDC Dividend paid		**(4,561)**		(4,437)		**(4,561)**		(4,437)	
Cash flows from (used in) other financing activities		**52**		0		**52**		0	
Net cash flow used in financing activities			**8,691**		(4,903)		**8,691**		(4,903)
Net increase in cash and cash equivalents			**(4,125)**		(2,497)		**(3,782)**		(2,102)
Cash and cash equivalents at beginning of year			**54,899**		57,396		**52,098**		54,200
Cash and cash equivalents at end of year	19		**50,774**		54,899		**48,316**		52,098

The notes on pages 16 to 49 form part of these accounts.

Notes to the accounts

1 Accounting policies

1.1 Accounting policies and other information

Monitor has directed that the financial statements of the NHS Foundation Trust shall meet the accounting requirements of the NHS Foundation Trust Annual Reporting Manual which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the 2014/15 NHS Foundation Trust Annual Reporting Manual issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual to the extent that they are meaningful and appropriate to the Foundation Trust. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These financial statements have been prepared under the 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 30 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 19 Employee Benefits (amendment)
- IAS 36 Impairment of Assets (amendment)
- IFRS 9 Financial Instruments
- IFRS 13 Fair Value Measurement
- IFRIC 21 Levies

The directors do not expect that the adoption of these standards and interpretations will have a material impact on the financial statements in future periods. All other revised and new standards have not been listed here as they are not considered to have an impact on the Foundation Trust.

Prior year restatements

Each year, the reporting requirements of foundation trusts are refreshed, and as a result, some income and expenditure classifications may be updated to improve transparency. In these instances, both the current year and the prior year disclosures are updated. In addition, if in preparing the accounts, corrections are identified to prior year classifications, these will be updated and clearly marked as "restated".

Consolidation

The NHS Foundation Trust is the corporate trustee to The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust Charitable Fund (Charity Registration number 1057366). The Foundation Trust has assessed its relationship to the Charitable Fund and determined it to be a subsidary because the Foundation Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the Charitable Fund and has the ability to affect those returns and other benefits through its power over the fund.

The Charitable Fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice, which is based on UK 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 policies
- 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 patient spell). This revenue estimate is based on the level of treatment provided to date.

Education and training

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

Non patient care services

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

Interest

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

Catering services

The Foundation Trust operates canteen services for employees and patients. Revenue is recognised when the Foundation Trust sells to the employees and the public. Canteen sales are usually by cash or by debit card.

Rental income

The Foundation Trust owns some residential properties which are let out to members of staff and related parties. Rental income is recognised on a straight-line basis over the term of the lease. Car park fees are recognised when the public have used the Foundation Trust's facilities and are usually received in cash.

Income from the sale of non-current assets

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

1.3 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. 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 are accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability, as at 31 March 2015, is based on valuation data as 31 March 2014, updated to 31 March 2015 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts, published annually. These accounts can be viewed on the NHS Pensions website. Copies can also be obtained from The Stationery Office.

Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account its recent demographic experience), and to recommend the contribution rates.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012.

The Scheme Regulations 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.

Scheme provisions

The NHS Pension Scheme provided 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 services
- 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 12 months ending 30 September in the previous calendar year. From 2011-12 the Consumer Price Index (CPI) has been used and replaced 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 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 the carrying value may not be recoverable. The costs arising from the financing of the construction of fixed assets are not capitalised but are charged to the Statement of Comprehensive Income in the year to which they relate.

All land and buildings are revalued using professional valuations in accordance with International Accounting Standard 16 every five years. A three yearly interim valuation is also carried out.

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 2015; and this value 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:

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 arise from a clear consumption of economic benefits or service potential in the assets are charged to operating expenses. A compensating transfer is made from

	Minimum Life (years)	Maximum Life (years)
Buildings and dwellings	8	100
Furniture / fittings	5	20
Set-up costs	5	15
Medical and other equipment	5	15
Vehicles	7	15
Radiology equipment	5	7
IT equipment	3	5

the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales
- the sale must be highly probable, for example:
  - management are committed to a plan to sell the asset
  - an active programme has begun to find a buyer and complete the sale
  - the asset is being actively marketed at a reasonable price
  - the sale is expected to be completed within twelve months of the date of the classification as 'held for sale'
  - 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
- 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. Revaluations 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 live 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 primary care trusts or NHS trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

1.8 Inventories

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

1.9 Financial instruments and financial liabilities

Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Foundation Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

Financial assets and financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

All other financial assets and financial liabilities are recognised when the Foundation Trust becomes a party to the contractual provisions of the instrument.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Foundation Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and Measurement

Financial assets are categorised as 'loans and receivables'. Financial liabilities are classified as 'other financial liabilities'.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The Foundation Trust's loans and receivables comprise current investments, cash and cash equivalents, NHS receivables, accrued income and other receivables.

Loans and receivables are recognised initially at fair value, net of transaction costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

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

Other financial liabilities

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and are measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as non-current liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to the Statement of Comprehensive Income. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Impairment of financial assets

At the Statement of Financial Position date, the Foundation Trust assesses whether any financial assets, other than those held at 'fair value through income and expenditure' are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cashflows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cashflows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced directly.

1.10 Leases

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Foundation Trust, the asset is recorded as Property, Plant and Equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property, plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability is de-recognised when the liability is discharged, cancelled or expires.

Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately. Leased land is treated as an operating lease.

1.11 Provisions

The Foundation Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs

The NHS Litigation Authority (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 23 but is not recognised in the Foundation Trust's accounts.

Non-clinical risk pooling

The Foundation Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Foundation Trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

1.12 Contingencies

Contingent assets (that is assets, arising from past events whose existence will only be confirmed by one or more future events not wholly within the Foundation Trust's control) are not recognised as assets, but are disclosed by note where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed by note unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the Foundation Trust's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability

1.13 Public Dividend Capital (PDC) and PDC Dividend

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

A charge, reflecting the cost of capital utilised by the Foundation Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Foundation Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loan Fund (NFL) deposits, excluding cash balances held in GBS accounts that relate to short-term working capital facility, and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

1.14 Value added tax

Most of the activities of the Foundation Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.15 Corporation tax

Under current legislation, foundation trusts are not liable for corporation tax.

1.16 Foreign exchange

The functional and presentation currency of the Foundation Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

1.17 Third party assets

Assets belonging to third parties, such as money held on behalf of patients, are not recognised in the accounts since the Foundation Trust has no beneficial interest in them. However, they are disclosed within Note 19 to the accounts in accordance with the requirements of HM Treasury's FReM.

1.18 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature, they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Foundation Trust not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

However, the losses and special payments note is compiled directly from the losses and compensations register which reports on an accruals basis with the exception of provisions for future losses.

1.19 Going concern

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

1.20 Investments

The Foundation Trust does not have any investments and cash is held primarily with the Government Banking Service.

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust Charitable Fund does hold investments, both Fixed Asset Investments and Short Term Investments:

Charitable Fund Fixed Asset Investments

Investment Fixed Assets are shown at Market Value, as detailed in the Statement of Financial Position.

The Trustee policy is to invest charitable funds with investments that maximise capital and are the most suitable investment type. The long-term objective is to invest capital that will give the maximum growth on income with minimal risk. The investment held as at the Statement of Financial Position date are units within a Restricted Investment Portfolio and are included in the Statement of Financial Position at the closing price at 31 March 2015. Investments comprise equities, gilts, other fixed interest investments and pooled funds, the majority of which are quoted investments.

All gains and losses are taken to the Statement of Comprehensive Income as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (or date of purchase if later).

Charitable Fund Short Term Investments

Short Term Investments include Stocks and Equities that have been received as part of Legacy distributions given to the Charitable Funds. These are revalued at the year-end and any gain or loss on revaluation of the investment asset is shown in the Statement of Comprehensive Income.

1.21 Joint venture

The Foundation Trust is a voting member of the joint venture, Christchurch Fairmile Village LLP, which was incorporated on 19 September 2014. The joint venture has not been consolidated in these accounts on the grounds that it is not material to the Foundation Trust in this financial year.

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 2015 is as follows:

	Group		Trust	
	Healthcare 2014/15	Healthcare 2013/14	**Healthcare 2014/15**	Healthcare 2013/14
	£'000	£'000	**£'000**	£'000
Segment revenue	**266,539**	260,323	**266,232**	259,654
Patient and other income	**266,539**	260,323	**266,232**	259,654

It is appropriate to aggregate the Trust's activities as, in accordance with IFRS 8: Operating Segments, they are similar in each of the following respects:

- the nature of the products and services
- the nature of the production processes
- the type of class of customer for their products and services
- the methods used to distribute their products or provide their services
- 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 2014/15	Continuing Operations 2013/14
	£'000	£'000
Foundation Trusts	**3,056**	4,845
CCGs and NHS England	**234,725**	227,802
Local authorities	**2,558**	2,365
Non NHS:		
- private patients	**3,591**	3,284
- overseas patients (non-reciprocal)	**78**	54
- NHS Injury Scheme income	**487**	467
- other	**242**	157
	244,737	238,974

The NHS Injury Scheme Income above is reported net of an 18.9% impairment of receivables (2013/14 12.6%).

4.2 Other operating income

	Group		Trust	
	Continuing Operations 2014/15	Continuing Operations 2013/14	**Continuing Operations 2014/15**	Continuing Operations 2013/14
	£'000	£'000	**£'000**	£'000
Research and development	**1,861**	1,989	**1,861**	1,989
Education and training	**5,675**	5,431	**5,675**	5,431
NHS Charities - capital acquisitions (donated assets)	**0**	0	**580**	253
NHS Charities - other contributions to expenditure	**0**	0	**99**	0
Non-NHS Charities - capital acquisitions (donated assets)	**0**	0	**0**	80
Received from other bodies: Other charitable and other contributions to expenditure	**1,572**	1,446	**1,572**	1,446
Non-patient care services to other bodies	**7,130**	7,024	**7,130**	7,024
NHS Charitable Funds: incoming resources excluding investment income	**1,232**	1,159	**0**	0
Other:				
- NHS drug sales	**214**	39	**214**	39
- car parking	**1,305**	1,325	**1,305**	1,325
- catering services	**1,055**	999	**1,055**	999
- miscellaneous other	**802**	1,151	**1,048**	1,308
Income from operating leases	**956**	786	**956**	786
	21,802	21,349	**21,495**	20,680
Total	**266,539**	260,323	**266,232**	259,654

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	
	2014/15	2013/14	**2014/15**	2013/14
	£'000	£'000	**£'000**	£'000
Commissioner requested services	250,412	244,405	**250,412**	244,405
Non Commissioner requested services	16,127	15,918	**15,820**	15,249
	266,539	260,323	**266,232**	259,654

7 Operating expenses

	Group		Trust	
	Continuing Operations		Continuing Operations	
	2014/15	2013/14	**2014/15**	2013/14
	£'000	£'000	**£'000**	£'000
Services from NHS foundation trusts	**2,922**	3,199	**2,922**	3,199
Services from other NHS bodies	**1,337**	1,405	**1,337**	1,405
Purchase of healthcare from non NHS bodies	**2,555**	267	**2,555**	267
Employee expenses - Executive directors	**1,114**	1,181	**1,114**	1,181
Employee expenses - non-executive directors	**157**	157	**157**	157
Employee expenses - staff	**162,406**	153,485	**162,406**	153,485
Employee expenses - redundancy	**646**	98	**646**	98
Employee expenses - research and development	**1,611**	1,735	**1,611**	1,735
Supplies and services - clinical (excluding drug costs)	**32,535**	33,617	**32,381**	33,260
Supplies and services - general	**3,708**	3,608	**3,708**	3,608
Establishment	**2,008**	1,989	**2,008**	1,989
Research and development (excluding employee expenses)	**222**	292	**222**	292
Transport (staff travel)	**494**	516	**494**	516
Transport (patient transport services)	**166**	442	**166**	442
Premises	**10,932**	11,185	**10,932**	11,022
Increase (decrease) in bad debt provision	**472**	487	**472**	487
Increases in other provisions	**18**	58	**18**	58
Inventories written down	**64**	115	**64**	115
Drugs inventories consumed	**29,061**	25,934	**29,061**	25,934
Operating lease payments	**132**	143	**132**	143
Depreciation on property, plant and equipment	**7,735**	7,112	**7,735**	7,112
Amortisation on intangible assets	**332**	346	**332**	346
Impairments of property, plant and equipment	**121**	(290)	**121**	(290)

Operating expenses continued				
External audit services - statutory audit	**63**	62	**63**	62
External audit services - audit-related assurance services	**16**	13	**16**	13
External audit services - charitable fund accounts	**5**	5	**5**	0
Clinical negligence premium	**2,321**	2,543	**2,321**	2,543
Loss on disposal of land and buildings	**0**	251	**0**	251
Loss on disposal of other property, plant and equipment	**0**	7	**0**	7
Legal fees	**115**	186	**115**	186
Consultancy costs (including internal audit services)	**525**	621	**525**	621
Training, courses and conferences	**743**	733	**672**	641
Insurance - other NHSLA	**215**	170	**215**	170
Other services, e.g. external payroll	**532**	509	**532**	509
Losses, ex gratia and special payments	**26**	23	**26**	23
NHS charitable funds: Other resources expended (balance not analysed above)	**460**	383	**0**	0
Other	**1,786**	3,269	**1,786**	3,274
Total	**267,555**	255,856	**266,870**	254,861

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 three to five 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	
	2014/15	2013/14
	£'000	£'000
Total operating leases	**132**	143
The future aggregate minimum lease payments under non-cancellable operating leases are as follows:		
No later than one year	**132**	90
Between one and five years	**0**	90
Over five years	**0**	0
Total	**132**	180

8.2 Operating leases as lessor

The Foundation Trust owns some properties from which rental income is derived. These are properties that are leased out to members of staff and the contracts are normally one year. The Foundation Trust also leases some office spaces to some contractors and service providers at the hospital sites. None of the leases include contingent rents and there are no onerous restrictions. The income recognised through the Statement of Comprehensive Income during the year is disclosed as:

	Group / Trust	
	2014/15	2013/14
	£'000	£'000
Accommodation operating leases	**956**	786
The future aggregate minimum lease payments under non-cancellable operating leases are as follow:		
No later than one year	**965**	792
Between one and five years	**282**	347
Over five years	**15**	45
Total	**1,262**	1,184

9 Staff costs and numbers

9.1 Staff costs

	Group / Trust	
	2014/15	2013/14
	£'000	£'000
Salaries and wages	**128,080**	125,353
Social security costs	**9,538**	9,312
Employer's contributions to NHS Pensions	**14,761**	14,076
Termination benefits	**646**	98
Agency/contract staff	**12,752**	7,660
Total	**165,777**	156,499

This note excludes non-executive directors, in line with national guidance.

9.2 Average number of persons employed

	Group / Trust	
	2014/15	2013/14
	Number	Number
Medical and dental	**423**	438
Administration and estates	**1,204**	1,181
Healthcare assistants and other support staff	**806**	704
Nursing, midwifery and health visiting staff	**1,042**	1,040
Scientific, therapeutic and technical staff	**393**	403
Agency/contract staff	**153**	95
Total	**4,021**	3,861

This note excludes non-executive directors, in line with national guidance.

9.3 Staff exit packages

	Group / Trust		Group / Trust	
	2014/15	**2014/15**	2013/14	2013/14
	Number	**£' 000**	Number	£' 000
Less than £10,000	**2**	**14**	2	12
£10,001 - £25,000	**0**	**0**	0	0
£25,001 - £50,000	**1**	**41**	2	86
Over £50,000	**3**	**591**	0	0
Total	**6**	**646**	4	98

Each of the above exit packages is in relation to compulsory redundancy.

10 Retirements due to ill-health

There were nine early retirements from the Foundation Trust agreed on the grounds of ill-health (2013/14: three). The estimated additional pension liabilities of these ill-health retirements will be £715,000 (2013/14: £280,000). 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	
	2014/15	2013/14	**2014/15**	2013/14
	£'000	£'000	**£'000**	£'000
Interest on bank accounts	**148**	140	**148**	140
Interest on loans and receivables	**1**	8	**1**	8
NHS charitable funds: investment income	**5**	21	**0**	0
Total	**154**	169	**149**	148

12.1 Investments

	Group		Trust	
	31 March 2015	31 March 2014	**31 March 2015**	31 March 2014
	£'000	£'000	**£'000**	£'000
Opening balance	**3,167**	2,957	**0**	0
Movement in fair value	**286**	210	**0**	0
Closing balance	**3,453**	3,167	**0**	0

12.2 Other financial assets

	Group		Trust	
	31 March 2015	31 March 2014	**31 March 2015**	31 March 2014
	£'000	£'000	**£'000**	£'000
Stocks and equities	**73**	77	**0**	0
Total	**73**	77	**0**	0

13 Finance costs

	Group / Trust	
	2014/15	2013/14
	£'000	£'000
Loans from the Independant Trust Financing Facility	**196**	0
Finance leases	**51**	48
Total	**247**	48

14 Intangible assets, property, plant and equipment - 2014/15

	Group / Trust									
	Intangible	Tangible								TOTAL
	Software Licences (incl Work in progess)	Land (Freehold)	Buildings excluding dwellings (Freehold)	Dwellings (Freehold)	Assets Under Construction / Work In Progress	Plant and Machinery	Transport Equipment	Information Technology	Furniture and fittings	Non Current Assets
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Gross cost at 1 April 2014 as previously stated	5,400	25,291	119,135	5,241	3,515	34,633	344	3,178	802	197,539
Additions - purchased	1,189	400	4,654	1,052	7,270	1,529	8	1,084	54	17,240
Additions - donated of assets (non-cash)	0	0	0	0	0	502	0	78	0	580
Impairments - Revaluation reserve	0	0	(2,345)	(852)	0	0	0	0	0	(3,197)
Reversal of impairments credited to operating income	0	0	155	0	0	0	0	0	0	155
Reclassifications	21	0	1,320	35	(2,573)	0	0	1,197	0	0
Revaluations	0	4,029	(6,428)	(287)	0	0	0	0	0	(2,686)
Disposals	(21)	0	0	0	0	(450)	(44)	0	0	(515)
Cost or valuation at 31 March 2015	**6,589**	**29,720**	**116,491**	**5,189**	**8,212**	**36,214**	**308**	**5,537**	**856**	**209,116**
Accumulated depreciation at 1 April 2014 as previously stated	4,267	0	4,492	118	0	26,164	105	2,613	405	38,164
Provided during the year	332	0	4,869	169	0	2,336	29	278	54	8,067
Impairments - Operating expenses	0	0	121	0	0	0	0	0	0	121
Reversal of impairments credited to operating income	0	0	155	0	0	0	0	0	0	155
Revaluations	0	0	(9,618)	(287)	0	0	0	0	0	(9,905)
Disposals	(17)	0	0	0	0	(450)	(44)	0	0	(511)
Accumulated depreciation at 31 March 2015	**4,582**	**0**	**19**	**0**	**0**	**28,050**	**90**	**2,891**	**459**	**36,091**
Net book value										
Owned	1,133	25,291	109,792	5,123	3,515	4,815	224	481	392	150,766
Finance lease	0	0	0	0	0	1,828	0	0	0	1,828
Donated	0	0	4,851	0	0	1,826	15	84	5	6,781
NBV total at 31 March 2014	**1,133**	**25,291**	**114,643**	**5,123**	**3,515**	**8,469**	**239**	**565**	**397**	**159,375**
Owned	2,007	29,720	111,646	5,189	8,212	4,875	205	2,516	393	164,763
Finance lease	0	0	0	0	0	1,428	0	0	0	1,428
Donated	0	0	4,826	0	0	1,861	13	130	4	6,834
NBV total at 31 March 2015	**2,007**	**29,720**	**116,472**	**5,189**	**8,212**	**8,164**	**218**	**2,646**	**397**	**173,025**
The asset classifications are as follows:										
- protected	0	25,830	109,836	0	0	0	0	0	0	135,666
- unprotected	2,007	3,890	6,636	5,189	8,212	8,164	218	2,646	397	37,359
	2,007	**29,720**	**116,472**	**5,189**	**8,212**	**8,164**	**218**	**2,646**	**397**	**173,025**

The above includes £925,000 of restricted use assets, in relation to the Heart Club; which is leased to the Bournemouth Heart Club until the year 2046.

Plant and equipment include the following amounts where the Foundation Trust is lessee under finance leases.

	2014/15	2013/14
	£'000	£'000
Cost	**3,942**	3,942
Accumulated depreciation	**2,514**	2,114
Net book value	**1,428**	1,828

The Foundation Trust leases various medical equipment/ IT under non cancellable finance lease agreements. The lease terms are between five and seven years.

14 Intangible assets, property, plant and equipment - 2013/14

	Group / Trust									
	Intangible	Tangible								TOTAL
	Software Licences (incl Work in progess)	Land (Freehold)	Buildings excluding dwellings (Freehold)	Dwellings (Freehold)	Assets Under Construction / Work In Progress	Plant and Machinery	Transport Equipment	Information Technology	Furniture and fittings	Non Current Assets
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Gross cost at 1 April 2013 as previously stated	4,565	25,542	105,217	4,201	269	34,240	196	3,289	742	178,261
Additions - purchased	851	0	2,705	583	3,402	1,639	148	348	60	9,736
Additions - leased	0	0	0	0	0	1,082	0	0	0	1,082
Additions - donated of assets (non-cash)	0	0	0	0	0	332	0	0	0	332
Impairments - Revaluation reserve	0	0	(238)	0	0	0	0	0	0	(238)
Reversal of impairments credited to operating income	0	0	433	0	0	0	0	0	0	433
Reclassifications	0	0	179	0	(179)	0	0	0	0	0
Revaluations	0	0	10,839	457	0	0	0	0	0	11,296
Disposals	(16)	(251)	0	0	23	(2,660)	0	(459)	0	(3,363)
Cost or valuation at 31 March 2014	**5,400**	**25,291**	**119,135**	**5,241**	**3,515**	**34,633**	**344**	**3,178**	**802**	**197,539**
Accumulated depreciation at 1 April 2013 as previously stated	3,937	0	29	0	0	25,859	88	2,945	351	33,209
Provided during the year	346	0	4,320	118	0	2,476	17	127	54	7,458
Impairments - Operating expenses	0	0	143	0	0	0	0	0	0	143
Disposals	(16)	0	0	0	0	(2,171)	0	(459)	0	(2,646)
Accumulated depreciation at 31 March 2014	**4,267**	**0**	**4,492**	**118**	**0**	**26,164**	**105**	**2,613**	**405**	**38,164**
Net book value										
Owned	628	25,542	100,618	4,201	269	4,643	91	236	383	136,611
Finance lease	0	0	0	0	0	1,672	0	0	0	1,672
Donated	0	0	4,570	0	0	2,066	17	108	8	6,769
NBV total at 31 March 2013	**628**	**25,542**	**105,188**	**4,201**	**269**	**8,381**	**108**	**344**	**391**	**145,052**
Owned	1,133	25,291	109,792	5,123	3,515	4,815	224	481	392	150,766
Finance lease	0	0	0	0	0	1,828	0	0	0	1,828
Donated	0	0	4,851	0	0	1,826	15	84	5	6,781
NBV total at 31 March 2014	**1,133**	**25,291**	**114,643**	**5,123**	**3,515**	**8,469**	**239**	**565**	**397**	**159,375**
The asset classifications are as follows:										
- protected	0	21,949	108,438	0	0	0	0	0	0	130,387
- unprotected	1,133	3,342	6,205	5,123	3,515	8,469	239	565	397	28,988
	1,133	**25,291**	**114,643**	**5,123**	**3,515**	**8,469**	**239**	**565**	**397**	**159,375**

The above includes £905,000 of restricted use assets, in relation to the Heart Club; which is leased to the Bournemouth Heart Club until the year 2046.
Plant and equipment include the following amounts where the Foundation Trust is lessee under finance leases.

	2012/13	2011/12
	£'000	£'000
Cost	**3,942**	4,490
Accumulated depreciation	**2,114**	2,818
Net book value	**1,828**	1,672

The Foundation Trust leases various medical equipment/ IT under non-cancellable finance lease agreements. The lease terms are between five and seven years.

The above includes £905,000 of restricted use assets, in relation to the Heart Club, which is leased to the Bournemouth Heart Club until 2046.

15 Impairment of property, plant and equipment

	Group / Trust	
	31 March 2015	31 March 2014
	£'000	£'000
Changes in market price (as advised by the District Valuer)	**121**	143
Total	**121**	143

16 Capital commitments

	Group / Trust	
	31 March 2015	31 March 2014
	£'000	£'000
Property, plant and equipment	**8,890**	8,937
Intangible assets	**258**	430
Total	**9,148**	9,367

17 Inventories

	Group / Trust	
	31 March 2015	31 March 2014
	£'000	£'000
Drugs	**1,364**	1,460
Consumables	**5,251**	3,660
Total	**6,615**	5,120

17.1 Inventories recognised in expenses

	Group / Trust	
	31 March 2015	31 March 2014
	£'000	£'000
Inventories recognised as an expense in the period	**37,398**	35,467
Write-down of inventories (including losses)	**64**	115
Total	**37,462**	35,582

18 Trade and other receivables

18.1 Amounts falling due within one year:

	Group		Trust	
	31 March 2015	31 March 2014	**31 March 2015**	31 March 2014
	£'000	£'000	**£'000**	£'000
NHS receivables - revenue	**5,060**	7,923	**5,060**	7,923
Provision for impaired receivables	**(942)**	(701)	**(942)**	(701)
Prepayments	**1,561**	2,082	**1,561**	2,082
Accrued income	**1,524**	1,207	**1,524**	1,207
PDC dividend receivable	**202**	126	**202**	126
VAT receivable	**314**	140	**314**	140
Other receivables - revenue	**2,449**	1,275	**2,560**	1,337
NHS charitable funds: Trade and other receivables	**14**	130	**0**	0
Total	**10,182**	12,182	**10,279**	12,114

18.2 Age analysis of trade and other receivables

	Group		Trust	
	31 March 2015	31 March 2014	**31 March 2015**	31 March 2014
	£'000	£'000	**£'000**	£'000
Age of impaired receivables:				
0 - 30 days	**102**	481	**102**	481
31 - 60 days	**282**	0	**282**	0
61 - 90 days	**6**	1	**6**	1
91 - 180 days	**103**	96	**103**	96
over 180 days	**449**	123	**449**	123
Sub total	**942**	701	**942**	701
Age of non-impaired receivables:				
0 - 30 days	**7,175**	10,110	**7,272**	10,042
31 - 60 days	**643**	362	**643**	362
61 - 90 days	**713**	169	**713**	169
91 - 180 days	**473**	622	**473**	622
over 180 days	**236**	218	**236**	218
Sub total	**9,240**	11,481	**9,337**	11,413
Total	**10,182**	12,182	**10,279**	12,114

18.3 Provision for impairment of receivables

	Group / Trust	
	31 March 2015	31 March 2014
	£'000	£'000
At 1 April	**701**	819
Increase in provision	**472**	487
Amounts utilised	**(231)**	(605)
At 31 March	**942**	701

19 Cash and cash equivalents

	Group		Trust	
	31 March 2015	31 March 2014	**31 March 2015**	31 March 2014
	£'000	£'000	**£'000**	£'000
Balance 1 April	**54,899**	57,396	**52,098**	54,200
Net movement in year	**(4,125)**	(2,497)	**(3,782)**	(2,102)
Balance at 31 March	**50,774**	54,899	**48,316**	52,098
Made up of:				
Cash at commercial banks and in hand	**2,302**	3,033	**(156)**	232
Cash with the Government Banking Service	**48,472**	51,866	**48,472**	51,866
Cash and cash equivalents	**50,774**	54,899	**48,316**	52,098

The patient monies amount held on trust was £1,339 (2013/14 £2,192) which is not included in the above figures.

20 Trade and other payables

	Group		Trust	
	31 March 2015	31 March 2014	**31 March 2015**	31 March 2014
	£'000	£'000	**£'000**	£'000
Amounts falling due within one year:				
NHS payables - revenue	**2,738**	3,308	**2,738**	3,308
Other trade payables - capital	**1,642**	612	**1,642**	612
Other trade payables - revenue	**10,849**	13,022	**10,849**	13,022
Accruals	**11,624**	11,861	**11,624**	11,861
NHS charitable funds: Trade and other payables	**380**	519	**0**	0
Total	**27,233**	29,322	**26,853**	28,803
Amounts falling due over one year:				
Other trade payables	**1,048**	1,062	**1,048**	1,062
Total	**28,281**	30,384	**27,901**	29,865

This includes outstanding pensions contributions at 31 March 2015 of £2,080,760 (2013/14 £2,010,078).

21 Borrowings

	Group	
	31 March 2015	31 March 2014
Finance lease liabilities	**£'000**	£'000
- Current	**389**	389
- Non current	**1,019**	1,409
Total	**1,408**	1,798
Independent Trust Financing Facility (ITFF) Loan		
- Current	**357**	0
- Non current	**12,864**	0
Total	**13,221**	0

22 Finance lease obligations

The Foundation Trust operates as lessee on a number of medical equipment leases. These leases generally run for between five to seven years with options to extend the terms at the expiry of the initial period. None of the leases include contingent rents or onerous restrictions on the Foundation Trust's use of assets concerned.

	Group	
	Gross lease payments	
Amounts payable under finance leases	**31 March 2015**	31 March 2014
	£'000	£'000
Within one year	**428**	441
Between one and five years	**983**	1,275
After five years	**102**	237
Less future finance charges	**(105)**	(155)
Total	**1,408**	1,798

23 Provisions for liabilities and charges

	Group / Trust				
	£'000	£'000	£'000	£'000	**£'000**
	Early Retirement	Legal claims	Re-structuring	Other	**Total**
At 1 April 2014	154	471	1,242	0	**1,867**
Arising during the year	12	6	0	135	**153**
Utilised during the year - accruals	(5)	(5)	0	0	**(10)**
Utilised during the year - cash	(14)	(18)	(811)	0	**(843)**
Reversed unused	0	0	(431)	0	**(431)**
Unwinding of discount	3	9	0	0	**12**
At 31 March 2015	150	463	0	135	**748**
Expected timing of cashflows:					
Within one year	18	76	0	135	**229**
Between one and five years	73	67	0	0	**140**
After five years	59	320	0	0	**379**
	150	463	0	135	**748**

Legal claims

Liability to Third Party and Property Expense Schemes:

The Foundation Trust has liability for the excess of each claim.

The calculation is based on estimated claim values and probability of settlement.

Injury Benefit

The provision for permanent injury benefit has been created as at 31/03/04 and is calculated using the award value and life tables discounted over the period.

£17,651k is included in the provisions of the NHS Litigation Authority at 31 March 2015 in respect of clinical negligence liabilities of the Foundation Trust (£10,805k at 31 March 2014).

24 Related party transactions

The Foundation Trust is a body corporate established by order of the Secretary of State for Health.

During the year none of the Board members or parties related to them has undertaken any material transactions with the Foundation Trust.

During the year the Foundation Trust has had a number of material transactions with public organisations together with other government bodies that fall within the whole of the government accounts boundary. Entities are listed below where the transaction total (excluding recharges) exceeds £500,000:

	Group / Trust			
	£'000	£'000	£'000	£'000
	Income	Expenditure	Receivables	Payables
NHS Dorset CCG	**166,564**	**156**	**1,316**	**902**
NHS West Hampshire CCG	**24,080**	**0**	**181**	**0**
NHS Wiltshire CCG	**810**	**0**	**31**	**0**
Bournemouth Borough Council	**0**	**1,642**	**0**	**0**
Dorset County Council	**2,427**	**0**	**254**	**0**
Wessex Area Team	**43,661**	**0**	**1,476**	**0**
Poole Hospital NHS FT	**5,234**	**5,175**	**840**	**1,150**
University Hospitals Southampton NHS FT	**1,134**	**59**	**339**	**42**
Health Education England	**5,680**	**112**	**2**	**0**
Dorset Healthcare NHS FT	**883**	**599**	**264**	**134**
Portsmouth Hospitals NHS Trust	**23**	**473**	**0**	**19**
NHS Litigation Authority	**0**	**2,536**	**0**	**0**
National Insurance Fund	**0**	**9,538**	**0**	**0**
NHS Pension Scheme	**0**	**14,761**	**0**	**0**
Department of Health	**133**	**5**	**0**	**0**
Other transactions less than £500,000	**3,299**	**3,338**	**1,247**	**514**
	253,928	**38,394**	**5,950**	**2,761**

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**	**9,985**	**0**	**836**
HM Revenue and Customs	**0**	**18,783**	**0**	**1,556**
National Insurance Fund	**0**	**8,072**	**0**	**675**
	0	**36,840**	**0**	**3,067**

25 Post statement of financial position events

There are no post Statement of Financial Position events to report within these accounts.

26 Financial risk management

Financial instruments are held for the sole purpose of managing the cash flow of the Foundation Trust on a day to day basis or arise from the operating activities of the Foundation Trust. The management of risks around these financial instruments therefore relates primarily to the Foundation Trust's overall arrangements for managing risks in relation to its financial position.

Market risk

Interest rate risk

The Foundation Trust has a fixed rate loan from the Independant Trust Financing Facility; plus capitalised finance lease obligations which each have fixed interest rates. As a result of these fixed rates, any interest rate fluctuations will only affect our ability to earn additional interest on our short-term investments.

The Foundation Trust earned interest of £148,000 during 2014/15; therefore, a change in the interest rate would have minimal affect the amount earned.

Currency risk

The Foundation Trust has minimal risk of currency fluctuations. Most transactions are in sterling, although there are some purchases of goods from Ireland where prices are based on the Euro, all payments are made in sterling.

Other risk

The inflation rate on NHS service level agreements is based on the NHS funded inflation and therefore there is a small risk of budgetary financial pressure.

The majority of pay award inflation is based on the nationally agreed Agenda for Change pay scale, and although funding through the Payment by Results (PbR) tariff does not cover the entire cost (there is an assumed efficiency requirement within the tariff), this represents a small risk.

Credit risk

Receivable control

The Foundation Trust has a receivable treasury function which includes a credit controller. The Foundation Trust actively pursues and use an external company to support specific aged receivables.

The majority of the Foundation Trust's payables are short term and the Foundation Trust participates in the national NHS payables reconciliations at 31 December and 31 March each year. This helps to identify any significant NHS receivable queries.

Provision for impaired receivables

The Foundation Trust reviews non-NHS receivables that are in excess of three months old as at 31 March and as a result of this review, has provided £258,379 in relation to impaired receivables. A further £100,600 has been provided for in relation to the Injury Scheme, in accordance with scheme guidance.

The Foundation Trust has also reviewed any significant NHS receivables and has provided for impaired receivables amounting to a total of £583,142. This represents either the maximum or probable risk in specific areas and reflects the uncertainty of the financial climate within the healthcare market.

Liquidity risk

Loans

The Foundation Trust has a fixed rate loan from the Independent Trust Financing Facility. Repayments commence in March 2016 after the full loan has been received.

Payables

While the Foundation Trust has reported a deficit in the current financial year, it continues to have a surplus on the retained earnings reserve. In addition, the Foundation Trust has a cash and investment balance of £48.3m. As such, the Trust is a minimal risk to its payables.

27 Financial instruments

27.1 Financial assets

	Group				Trust	
	31 March 2015		31 March 2014		**31 March 2015**	31 March 2014
	£'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**	Loans and receivables
Assets as per the Statement of Financial Position						
Trade and other receivables excluding non financial assets	**9,959**	**0**	11,926	0	**9,959**	11,926
Cash and cash equivalents at bank and in hand	**48,316**	**0**	52,098	0	**48,316**	52,098
NHS charitable funds: financial assets as at 31 March	**2,469**	**3,526**	2,931	3,244	**0**	0
Total	**60,744**	**3,526**	66,955	3,244	**58,275**	64,024
Assets held in £ sterling		**64,270**		70,199	**58,275**	64,024

The above amount excludes PDC receivables of £202,000 (2013/14 £126,000).

27.2 Financial liabilities

	Group		Trust	
	31 March 2015	31 March 2014	**31 March 2015**	31 March 2014
	£'000	£'000	**£'000**	£'000
	Other financial liabilities	Other financial liabilities	**Other financial liabilities**	Other financial liabilities
Liabilities as per the Statement of Financial Position				
Borrowings excluding finance lease and PFI liabilities	**13,221**	0	**13,221**	0
Obligations under finance leases	**1,408**	1,798	**1,408**	1,798
Trade and other payables excluding non financial assets	**22,831**	24,878	**22,831**	24,878
Provisions under contract	**748**	1,867	**748**	1,867
NHS charitable funds: financial liabilities as at 31 March	**373**	519	**0**	0
Total	**38,581**	29,062	**38,208**	28,543
Liabilities held in £ sterling	**38,581**	29,062	**38,208**	28,543

The above figures excludes statutory/non contracted payables of £5,070,000 (2013/14 £4,987,000).

27.3 Financial assets / liabilities - fair values

	Group		Trust	
	31 March 2015		**31 March 2015**	
	£'000	**£'000**	**£'000**	**£'000**
	Book Value	**Fair Value**	**Book Value**	**Fair Value**
Financial assets				
Receivables over one year				
NHS charitable funds: non-current financial assets	**3,453**	**3,453**	**0**	**0**
Total	**3,453**	**3,453**	**0**	**0**
Financial liabilities				
Non-current trade and other payables excluding non financial liabilities	**1,048**	**1,048**	**1,048**	**1,048**
Provisions under contract	**748**	**748**	**748**	**748**
Total	**1,796**	**1,796**	**1,796**	**1,796**

28 Intra-Government and NHS balances

	Group / Trust	
	Receivables: amounts falling due within one year	**Payables: amounts falling due within one year**
	31 March 2015	
	£'000	**£'000**
Foundation Trusts	**1,552**	**1,707**
NHS and Department of Health	**3,710**	**1,031**
Local Government	**374**	**0**
Central Government	**314**	**23**
Total	**5,950**	**2,761**

	31 March 2014	
Foundation Trusts	3,204	2,257
NHS and Department of Health	4,845	1,051
Local Government	0	0
Central Government	140	33
Total	8,189	3,341

29 Losses and special payments

	Group / Trust			
	31 March 2015	**31 March 2015**	31 March 2014	31 March 2014
	Number	**£'000**	Number	£'000
Losses				
Losses of cash due to:				
overpayment of salaries	**45**	**9**	19	(23)
bad debts and claims abandoned	**43**	**242**	40	196
damage to buildings, property and equipment	**6**	**(1)**	1	0
Total losses	**94**	**250**	60	173
Special Payments				
Ex gratia payments in respect of:				
loss of personal effects	**63**	**19**	37	16
other negligence and injury	**0**	**0**	1	1
other employment payments	**0**	**0**	2	3
miscellaneous other	**15**	**8**	13	5
Total special payments	**78**	**27**	53	25
Total	**172**	**277**	113	198

There were no cases where the net payment exceeded £10,000.

Note: The total costs in this note are compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

30 Judgement and estimations

Key sources of estimation uncertainty and judgements

In the application of the Foundation Trust's accounting policies, the Trust has made estimates and assumptions in a number of areas, as the actual value is not known with certainty at the Statement of Financial Position date. By definition, these estimations are subject to some degree of uncertainty; however in each case the Foundation Trust has taken all reasonable steps to assure itself that these items do not create a significant risk of material uncertainty. Key areas of estimation include:

- expenditure 'accruals' are included within the total expenditure reported with these financial statements. These accruals represent estimated costs for specific items of committed expenditure for which actual invoices have yet to be received, together with the estimated value of capital works completed, but not formally valued as at 31 March 2015. Estimates are based on the Foundation Trust's current understanding of the actual committed expenditure
- an estimate of £1.3m is made in relation to the income due from incomplete patient spells as at 31 March 2015 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 £0.9m 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 2015. 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 £0.5m is made in relation to the value of unpaid annual leave outstanding as at 31 March 2015 for which the Foundation Trust has a current liability. This estimate is based on records on the Electronic Staff Record system, together with a detailed review undertaken by Human Resources and Finance teams
- an estimate is made for depreciation and amortisation of £8m. Each capital or donated asset is added to the asset register and given a unique identifier. The value and an estimated life is assigned (depending on the type of asset) and value divided by the asset life (on a straight line basis) is used to calculate an annual depreciation charge
- a revaluation of land and buildings of £1.8m and £0.1m has been included in operating expenses. This was advised by the District Valuation Office
- an estimate is made for provision for doubtful receivables of £0.9m. 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

31 Senior manager remuneration

Directors' remuneration totalled £1,271,000 in 2014/15 (2013/14: £1,338,000). Full details are provided within the Remuneration Report on page 156.

32 Senior manager pension entitlements

There were benefits accruing to seven of the Foundation Trust's executive directors under the NHS Pension Scheme in 2014/15. Full details are provided within the Remuneration Report.

33 Charitable Fund Reserve

The Charitable Fund Reserve comprises.

	31 March 2015	31 March 2014
	£'000	£'000
Restricted funds	**2,282**	2,249
Unrestricted funds	**3,225**	3,345
Total	**5,507**	5,594

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

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