



Annual Report and Accounts *2016/17*

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

Annual Report and Accounts 2016/17

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David Moss introduction

I took over as Chair of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust from Monday 13 March 2017. This is my first post at the Trust, but I know the Trust very well from two previous roles as Chief Executive Officer of both Poole Hospital and then University Hospital Southampton.

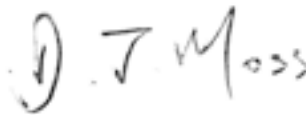
I am aware from this background that the Trust has a very high reputation in terms of the quality of services and the quality of leadership. That's one of the things that attracted me to the job and I will do everything I can to promote that.

I am joining the Trust at a time of potential changes to services with NHS Dorset Clinical Commissioning Group's preferred option that the Royal Bournemouth Hospital becomes the major emergency hospital for east Dorset. Whilst I appreciate no decisions have been made whilst a public consultation process is still ongoing, I know that there will be major changes required across Dorset if we are to be able to provide high standards of care in the future.

One of my ambitions is to help the Trust with the challenges it faces with the proposed major redesign of services in Dorset over the coming years. I am hoping that my experience of leading change in the past with the reconfiguration of the acute services over 10 hospitals and the creation of University Hospital Southampton will be helpful in my role.

This Annual Report looks back at some of the successes of the last year before I joined the Trust and the one thing that is clear to me reading through is how this Trust is continuing to develop and improve. In the short time that I have been at the Trust, I have been struck by the dedication and commitment of all staff to do all they can to provide the best levels of care. This is not just confined to our staff, but our many volunteers, including our governors, who also provide countless hours of time to support staff and our patients. Thanks to all of them for all they do for the Trust and for our region.

Finally I want to take this opportunity to recognise all that my predecessor Jane Stichbury achieved over her seven years working here as Chair. She has been very generous to me with her time and support as I started my role and I thank her for her kindness, and I know how well valued and appreciated Jane was by all she worked with at the Trust.



David Moss
Chairperson
23 May 2017



Jane Stichbury farewell and look back

It has been my great privilege to chair The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust for the last seven years. As I hand over to the new Chair, David Moss, the Annual Report provides an opportunity to reflect on the challenges, and importantly, progress made during those years.

No-one can fail to appreciate the demands on the NHS, both nationally and locally, which have increased significantly during that period. This is due to many and varied factors, and predominantly to the demographic profile, particularly in Dorset and West Hampshire. The changes in demand are also accompanied by changes in expectation on the part of the patients our hospitals are here to serve. In those years there has been a marked shift: people expect first class clinical service, and also quite rightly want to be treated with compassion, respect and as human beings who often need reassurance, and never as numbers in a pathway. I believe that this has been recognised in our hospitals and that there has been a transformation in the way services are provided and patients are supported. This is evident from excellent performance in our Emergency Department for, example, through to individual recognition for outstanding and innovative work. Not forgetting new facilities designed with, and for, patients.

Quality is everyone's business

In 2010 this organisation was recognised as successful in terms of the performance and services offered: it was particularly noted for prudent financial management. There was however, an early recognition that the overall model would not prove the optimum for providing health services within east Dorset in the longer term. Significant work and prolonged effort was then undertaken during 2011/12, with support, to seek a merger with

Poole Hospital. Meanwhile within the Trust the foundations for the new and innovative "health village" at Christchurch hospital were laid, and work also began subsequently on the fantastic Jigsaw Building which opened in March 2016.

While innovation continued within the Trust, much energy was focussed on the wider health economy. Regrettably at that time the proposed merger was assessed as reducing patient choice, and was not allowed to go forward. The organisation then experienced a very challenging time in responding to a critical CQC report, which highlighted a theme of lack of consistent excellent services.

Looking back, this proved to be a defining moment in the history of our hospitals and the services available to patients. There was an absolute determination to use this as a springboard for transformation and quality improvement. Over the last three years, the Board has led a major change approach which focussed on staff, changing culture and above all the provision of a quality service. It was therefore very gratifying to read the recent well-led assessment by independent assessors who commented "The Board responded extremely effectively to the failed merger and subsequent CQC report, leading to wholesale change in the organisation".

One team

Many aspects of the wide-ranging cultural change programme will shine out from the pages of this year's Annual Report. The headlines make for good reading. The Trust has performed at the very top nationally across a number of areas. Examples include delivering most of the nationally determined performance targets and most recently during winter pressures, the successful achievement of the four hour target in the Emergency Department. During the last year

the Stroke Unit proved to be one of the best in terms of results, and thus patient safety and responsiveness, as measured by the Sentinel Stroke National Audit Programme (SSNAP). Our Christchurch Day Hospital received many accolades in the latest CQC report and has also achieved practice development unit accreditation with Bournemouth University. There are many other examples of team and individual successes throughout this Annual Report.

These outcomes this year have not happened by chance. There has been a structured programme of quality improvement and emphasis on better resource use and appreciation, following very significant investments in quality over the last three years. Above all these achievements have their origins in the staff of our hospitals, supported by committed and dedicated volunteers. The work in support of cultural change has often been “staff-led” in terms of inspiration. Examples include the formulation of values and a clear mission “excellent care we would expect for our own families”. The well-known phrase “an idea doesn’t care who has it” is central to the approach pursued. The recent national staff survey has shown our hospitals to be in the top two in the country across a wide range of metrics, including such issues as regular values-based appraisal; recommending the organisation as a good place to work; and staff satisfaction with the quality of work and care they are able to deliver. Patient feedback has also been excellent.

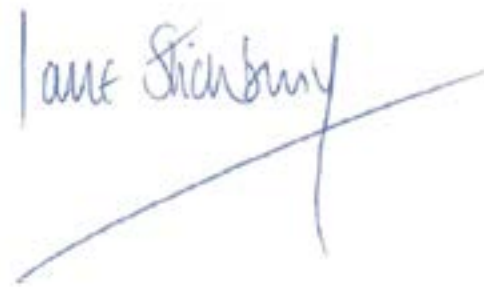
Looking to the future

As I sign off, the future of clinical services in Dorset is still waiting for the results of the NHS Dorset Clinical Commissioning Group’s Clinical Services Review. There has been a remarkable shift in collaborative working between organisations and agencies locally in the last few years. It is vital that this trend continues. I feel confident that very firm, and indeed profound, foundations have been laid for whatever the future holds.

Above all the staff within our organisations are now confident and ready to embrace change. Their voice is being heard, and they know that they do have the ability to influence

and suggest improvements, and also to raise concerns. This is fundamental for radical changes in approach which are indicated for the future, with the Royal Bournemouth Hospital poised to be the major emergency hospital in the east of the county.

I will close by emphasising my thanks to all who work in, and support, patient care in Bournemouth and Christchurch. Each and every person has a contribution to make to sustaining safe, quality patient care, and ensuring that current and future generations may benefit from first class services at their time of need. I salute our staff. I extend warm gratitude to all volunteers, including the chaplaincy team and our governors. It has been a privilege.



Jane Stichbury
CBE, QPM, DL

Performance Report

Overview

The purpose of this overview is to provide a short summary of the Trust, its purpose, the key risks to the achievement of its objectives and how it has performed during the year.

The NHS is under a high level of pressure with demand growing due in particular to demographic changes, whilst financial pressures persist and have been supplemented by significant manpower and staffing issues. The latter affect all professions and all sectors, but a specific area of concern is the difficulties experienced with the recruitment and retention of GPs in primary care.

By way of response to this and in an effort to improve coordination and integration of services and increase efficiency, the NHS introduced system-wide plans for the first time during 2016. These Sustainability and Transformation Plans (STPs) were developed by all statutory agencies in the health system. The full STP document can be found at www.rbch.nhs.uk/about_the_trust/priorities/our-plans.php, but the principal components are:

- One Acute Network - the reconfiguration of acute hospital services, essentially the conclusion and implementation of the Clinical Services Review (CSR)
- Integrated Community and Primary Care Services - with the intention being to provide a more consistent and coherent service across community and GP services and with the acute hospitals
- Prevention at Scale - the need to take a more intensive approach toward preventative services and programmes and to ensure these permeate all part of the health system and beyond

There are also two enabling programmes within the STP - Leading and Working Differently and Digitally Enabled Dorset.

Although the Clinical Services Review and the future roles of the acute hospitals in Dorset is of particular interest to our Trust, all of the above are critical in making sure that our health system delivers the best possible services within the constraints and pressures indicated earlier.

The Dorset STP was well received nationally, principally because of the early engagement work with clinicians on CSR, but we also have the advantage of having one Clinical Commissioning Group for the whole county. The future reorganisation of the various council authorities into fewer authorities, should also simplify the local system both at operational level and at the strategic level of the STP.

There has been progress across all the strands of the STP, but in particular there have been developments within the Acute Vanguard programme as part of the One Acute Network, incorporating the specialities of maternity, paediatrics, stroke, cardiology, imaging, ophthalmology and diabetes. Another example of the development of a more collaborative approach has been the development of the Dorset and Wiltshire Vascular Surgery Network and the associated centralisation of the complex vascular surgery work at the Royal Bournemouth Hospital, which has now taken place.

As part of the increasing integration of local health services into one system, the Trust is increasingly engaging with the other sectors and undertaking projects and initiatives with community services and primary care. There are likely to be many areas where collaboration with other parts of the health system will bring gains in quality and access for patients and allow us to offer enhanced roles for staff that will help recruitment and retention. This is one of the areas where we believe we can help with some of the issues in primary care.

In line with previous years the Trust also produced an annual plan relating to our own services for 2017/18, but also related to the system-wide STP. An important development this year has been the introduction of a staff-led approach to the development of Trust objectives for 2017/18. This has enabled the development of a simpler set of objectives that will be easier to translate for the wider community of staff we have working across the Trust. Making this more meaningful will support some of the successful initiatives we have in organisation development, for example in the further embedding of the appraisal process.

Chief Executive's Statement

Thank you for taking the time to read our Annual Report. It provides an opportunity to share examples of our work to ensure patients have access to safe, high quality care across a broad range of specialties and disciplines.

I wanted to use this opportunity to personally thank all of our staff for their hard work and commitment in ensuring that our patients receive compassionate care and for the continued focus on how we can further improve the experience of patients using our services. The skills, passion, energy and drive that our staff continually demonstrate lies at the heart of doing the very best we can for all of our patients. I also want to thank the many patients who have provided feedback about their experiences and local partners for their support in providing ongoing care to our patients.

The pressures facing the NHS are well recognised and never far from the headlines of various media; local conversations also capture how people feel about their experiences. Hospitals such as those in Christchurch and Bournemouth are at the very heart of the community; it is within this context that we should all feel rightly proud of the care and services provided by the Trust. This year the quality of our services and the accomplishments of staff have featured highly in national news stories. Be they stories about the care provided to Victor Marston, the oldest patient in the UK at 100 to successfully

undergo surgery for his cancer, and the excellent coverage we received from Sky News about the work of staff within the hospital to ensure that local access times for treatment within our Emergency Department were amongst the very best in England.

A major element of our endeavours over the last year has been the use of improvement science and methodologies to improve care and patient outcomes. This has been evident in our work to reduce the risk of death for patients who have undergone major emergency abdominal surgery where it is clear that the Trust has amongst the best outcomes in England from these complex procedures. Similarly, the work of our Older People's Medicine team has been an outstanding success, leading to many elderly patients leaving hospital who are medically fit and thus not suffering from the impact of physically decompensating whilst waiting in hospital for rehabilitation support. The drive and desire to improve services can be found in all areas of the hospitals; from the Christchurch Day Hospital through to our gastroenterology team who have worked hard to significantly reduce the time patients wait for a range of gastroenterology investigations. Through the hard work and effort of our clinical teams we have been able to ensure that patients requiring cancer treatment receive their care within the national standards. These achievements often reflect the work of a far wider team, be they clinical support teams such as radiology and pathology, or staff within our outpatient, day surgical or acute medical settings, all of whom contribute to ensuring that patients have the best possible care and that their safety and welfare guides all of our efforts and activities.

One of the key measures of whether our hospitals are working effectively to provide care is how staff, themselves, regard working within the Trust. This year the Trust had the second best staff survey results for acute trusts in England in terms of how staff feel about the leadership and culture of their hospitals and this is a credit to the leadership provided in all areas of the hospital. It gives me, personally, a real sense of pride to hear staff talk with passion and enthusiasm about how they

lead and motivate teams and about how they support and nurture the talent that we possess to ensure that colleagues can give of their best in serving our patients.

The past year has also marked a major consultation on proposals to change the way in which hospitals and community services will be provided in the future. Set against the background of financial austerity and workforce shortages it is important that we continue to evolve and change how we provide services so that they become even safer and more responsive to patient needs. This will mean that a number of our emergency services will be concentrated on fewer sites throughout Dorset, but as a consequence more patients will have access to consultant delivered care, seven days a week, 24 hours a day. In turn, there is compelling evidence that as a consequence of this patients will enjoy better outcomes and recover more effectively from complex interventions.



Wherever we can, we will ensure that patients continue to have access to local outpatient services, diagnostic tests and investigations. NHS Dorset Clinical Commissioning Group has set out a preferred option to see the Royal Bournemouth Hospital develop as the main emergency site for residents of east Dorset including west Hampshire and the New Forest; we very much support this proposal and believe that developing the site in this way will be complementary to the strengthening of elective, planned care at Poole Hospital and the continued expansion of Christchurch Hospital as a local community hub providing a range of primary, outpatient, diagnostic, Day Hospital and Palliative Care services.

I would also like to take this opportunity to express my thanks to three colleagues who I have worked closely with and have contributed extensively to the Trust. Firstly, Derek Dundas who has completed his time as a Non-Executive Director offering his support to services such as Stroke and the Day Hospital. Secondly, to Basil Fozard who retired earlier in the year as Medical Director. Basil had previously been an outstanding colorectal surgeon and his contribution is much missed. Finally, I wanted to say thank you to Jane Stichbury for all of her hard work and unstinting contribution as Chairman of the Trust and to use this opportunity of welcoming David Moss to the Trust as our new Chairman. This is not to detract from the contribution of or my appreciation for the other Non-Executive Directors who have left the Trust during the past year who I would also like to thank.

In concluding, there is much to be proud of in the way we provide care and services to our patients. I wanted to say thank you both to our staff and to our patients.

Tony Spotswood
Chief Executive
23 May 2017

Our response to the CCG's consultation proposals to improve Dorset's healthcare

NHS Dorset Clinical Commissioning Group organised a three month consultation process during the Clinical Services Review (CSR). The Trust encouraged all staff, patients and local residents to take part in the consultation process as we felt it was important that the benefits of the Clinical Services Review for local residents are fully realised and we will do all we can to support the CCG to ensure this occurs. We published this summary of our response to the CSR online and shared with local media, as well as publishing our full response which is available online at www.rbch.nhs.uk/assets/templates/rbch/documents/about_the_trust/public_consultations/RBCH_response_to_CSR.pdf.

Improving care for Dorset and West Hampshire residents

The case for change to our health services across Dorset has been outlined by NHS Dorset Clinical Commissioning Group (CCG). Factors such as the ageing population, patients with more complex needs, advancing technology and workforce constraints will all place extra strain on resources.

Doing nothing is not a feasible option

We support the CCG's proposed models of care which will lead to an increase in specialisation of services.

The development of a main emergency hospital will strengthen emergency care, with consultant teams continuing to offer seven day consultant-led care over a longer working day and in some instances 24/7. There is clear evidence that patient outcomes are improved by increased specialisation, particularly from more complex interventions.

From a patient perspective there are advantages to the development of a planned care site. The ability to provide care without

the potential distractions caused by emergency admissions will offer patients greater certainty and reassurance that their procedures will go ahead as planned. Current winter pressures reinforce the advantages of this model for patients awaiting surgery.

Preferred option

We fully support the CCG's preferred option of:

- **developing the Royal Bournemouth Hospital (RBH) as the main emergency hospital for the east of our county**
- **developing Poole Hospital as the major planned care site**

The reasons for this include:

- i More of Dorset and West Hampshire's population will have rapid access to emergency services at RBH. Poole has 149,010 residents in contrast to Bournemouth and Christchurch's 237,100 residents.
- ii All Dorset and West Hampshire residents should have rapid access to emergency services. The most acute emergency conditions (heart attack and emergency aneurisms) already travel to RBH from across the whole of Dorset, West Hampshire and South Wiltshire.
- iii The layout and design of RBH means it will be easier to expand as the main emergency hospital site. This is backed up by the cost analysis which shows the site to be less complex to develop.
- iv RBH is better value to develop as the main emergency site. The CCG's analysis shows that developing RBH as the major emergency hospital will be £42 million cheaper than developing Poole Hospital as the main emergency site.
- v Access to RBH is being improved with plans to expand and redevelop the road infrastructure in and around our site.

We believe the proposals to develop not only acute care, but also primary and community services, will improve outcomes for our patients and contribute to overall patient experience across Dorset and West Hampshire.

However, **it is extremely important that we continue to work closely with Poole Hospital**, as we will not realise the outlined benefits unless we all work together.

For the proposals to work, **it is also essential for NHS England to support these changes by allocating the capital funding needed**. We believe that the proposed emergency and planned model can only be realised if the full relocation of services occurs. **For emergency services, there is no partial solution, the clinical interdependencies mean that all of the services highlighted in the consultation material need to be aligned on the major emergency site.**

About the Trust

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

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

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

and wider infrastructure to provide safe and effective patient care.

We monitor our performance against a range of performance objectives and targets, some of which are set by us but others reflect national targets and those set by commissioners. Details of the performance on key performance, safety and quality objectives is set out in the Performance analysis, starting on page 14.

We provide a wide range of hospital and community-based care and at the end of 2016/17 we employed 4,411 members of staff, both clinical and non-clinical.

Over the year we cared for and treated:

- 259,047 outpatients (follow up) appointments
- 122,533 new outpatients
- 114,906 inpatients
- 93,761 attendances in the Emergency Department

The Royal Bournemouth Hospital

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

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

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

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

Our Jigsaw Building was official opened by Her Royal Highness, The Princess Royal on Monday 21 March 2016. The multi-million pound centre houses state-of-the-art facilities

for the treatment of cancer and blood disorders on the ground floor and in the new Women's Health Unit on the first floor.

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 has completed 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 facilities have been improved, including a new entrance, new X-ray Department, GP surgery and pharmacy. Further community clinics will also be brought on site. A quality nursing home and senior living accommodation have also been built as part of the project.

How we are run

As a foundation trust, we are accountable to Monitor which operates under the name, NHS Improvement. As the regulator for health services in England it oversees the governance and performance of the organisation, providing support where required, and ensures the Trust operates 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 other regulatory bodies, including the Care Quality Commission (CQC). The CQC last inspected RBCH in 2015.

The Council of Governors, which represents around 10,000 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 of 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 172.

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. The executive directors work closely with the clinical leaders and managers throughout the hospitals in running the hospitals and the Board also works closely with the Council of Governors.

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

You can read more about the Board of Directors in the Directors' Report from page 153.

Performance analysis

Performance review

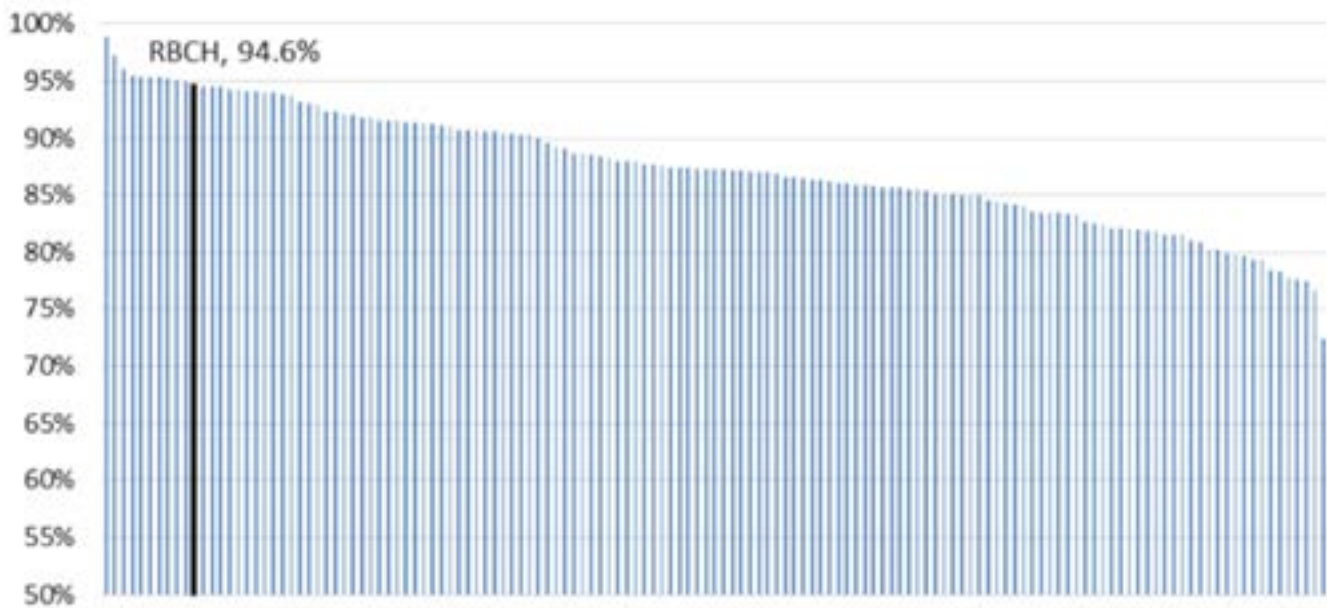
STF and 4 key National targets

The national focus for 16/17 has been on 4 key targets related to the national and local Sustainability and Transformation plans and delivery funds. Overall, the Trust performed well against the agreed performance trajectories and secured all available funds, despite increases in demand.

A&E and Urgent Care

Compared to other hospitals the Royal Bournemouth Hospital has performed well against the four hour A&E target, achieving top decile performance through the year for reporting Emergency Departments.

A&E Benchmarking Report - April 2016 - March 2017 Performance for Trusts with a main A&E Dept (excludes MIUs)



This demonstrated the whole Trust’s continued drive to provide quality services for our patients despite a further 6.4% increase in attendances to the Emergency Department.

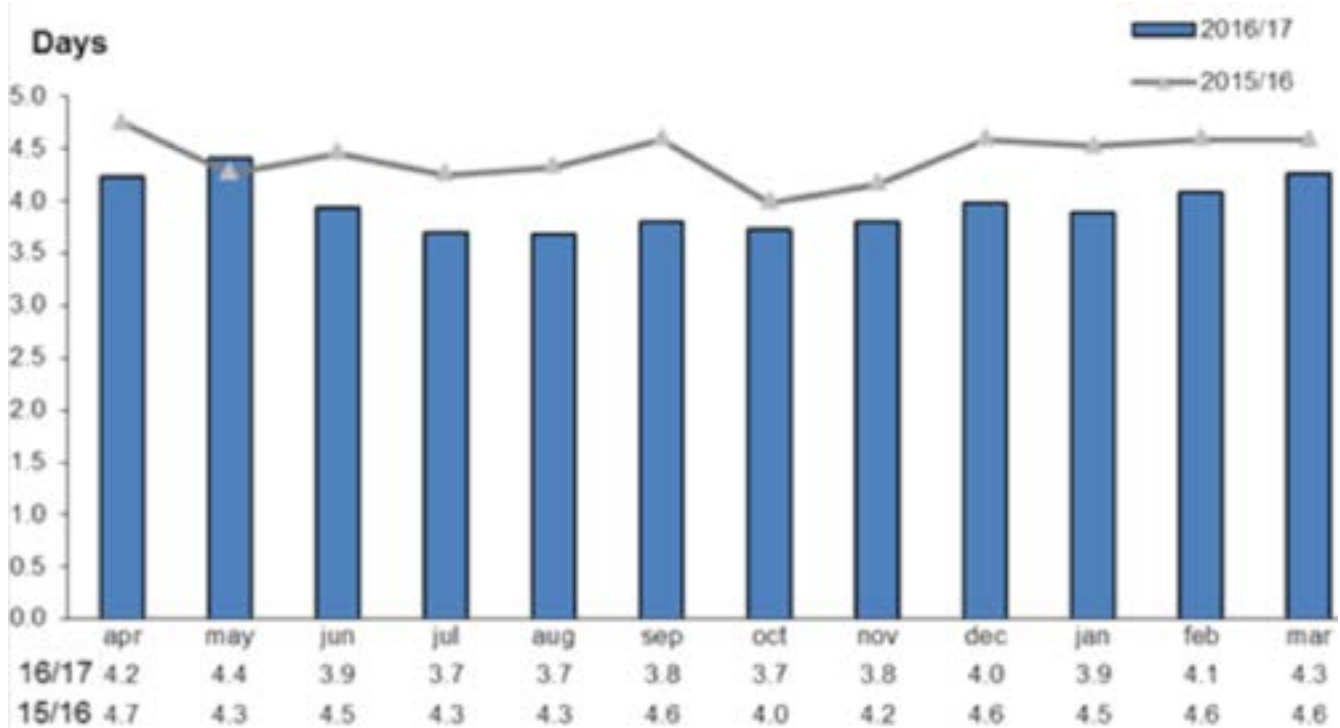
The hospital also saw an increase in urgent care admissions of 8.3% which mirrors the pressures faced by trusts across the country, particularly over the winter. Our ability to cope with this demand was, however, supported by ongoing implementation of our Urgent Care Quality Improvement (QI) Programme.

% of A&E patients seen within 4 hours



This work meant we saw, treated and discharged 15% more patients in under 24 hours through our ambulatory and other short stay services, getting them back to their own homes and avoiding unnecessary admission. This together with improvement to inpatient pathways, particularly in the Frailty Service and interim care discharge services, supported a consistent reduction in the time patients spent in hospital, and improved quality outcomes such as lower mortality, more harm-free care and better Friends and Family Test results.

Average length of stay

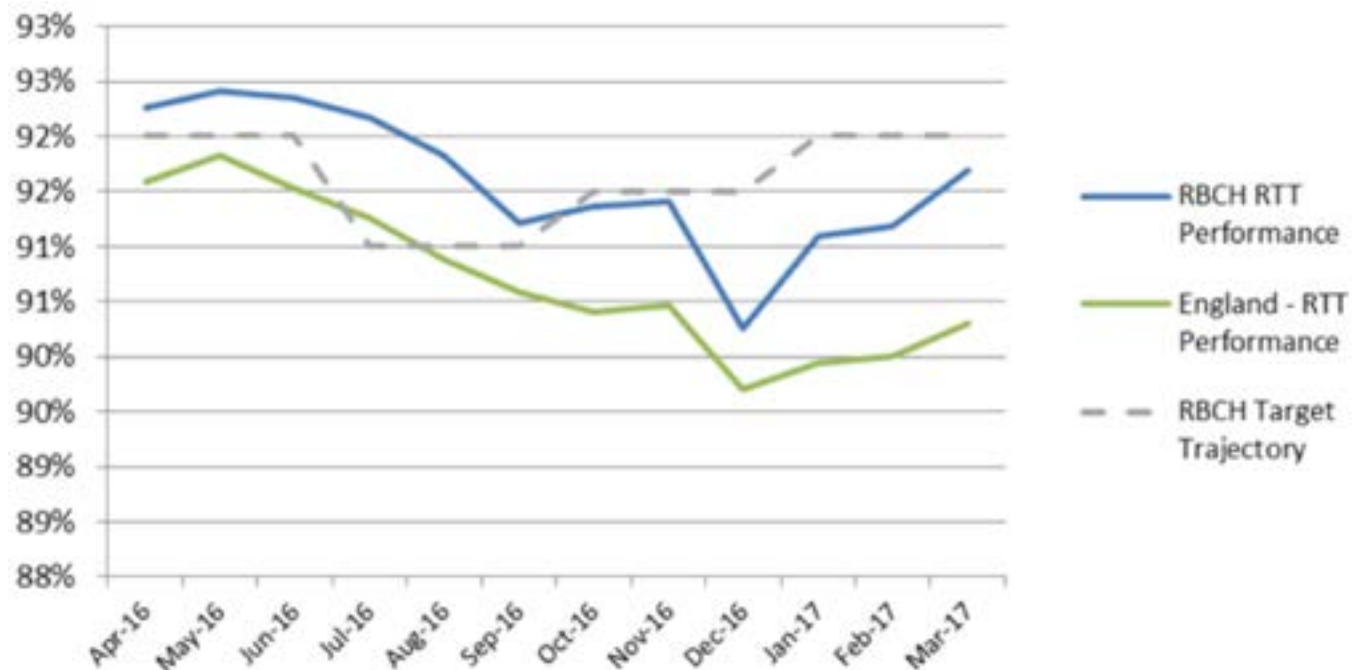


We did however, continue to have a number of patients who remained in hospital awaiting community and social care capacity and this remains an ongoing area for improvement across Dorset.

Referral to Treatment 18 week target

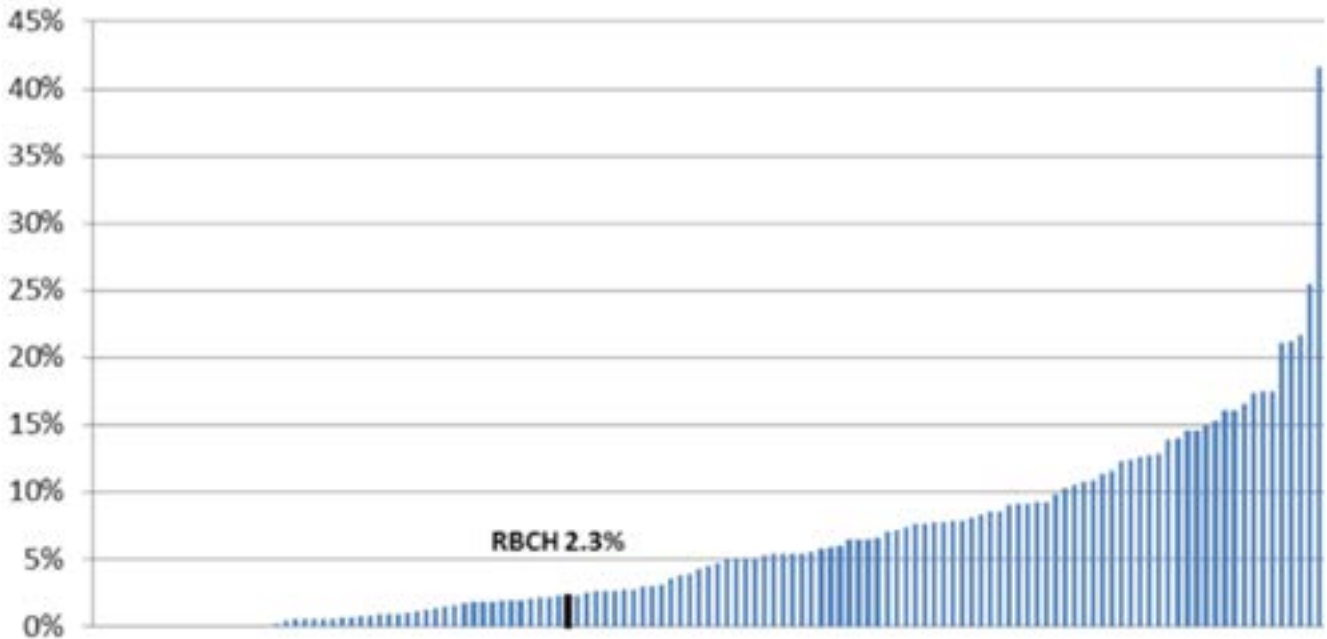
The Trust performed well in the first half of 2016/17, achieving the 18 Weeks Incomplete Pathways Referral to Treatment (RTT) target for each quarter. During the year we experienced a 5.7% increase in referrals which, in conjunction with significant pressures on emergency services, limited the Trust’s ability to react to the increase in the latter half of the year. The Trust’s performance in quarters 3 and 4, whilst not achieving the target, as still above the England average performance.

RTT 18 week performance against Trajectory and England average



Reflecting the national picture, the Trust is no exception with Orthopaedics, Ophthalmology, Gastroenterology and Dermatology being under particular demand and/or capacity pressures at times through the year. We did however maintain a low level of cancelled operations that were not rebooked in 28 days compared with other trusts (see graph below).

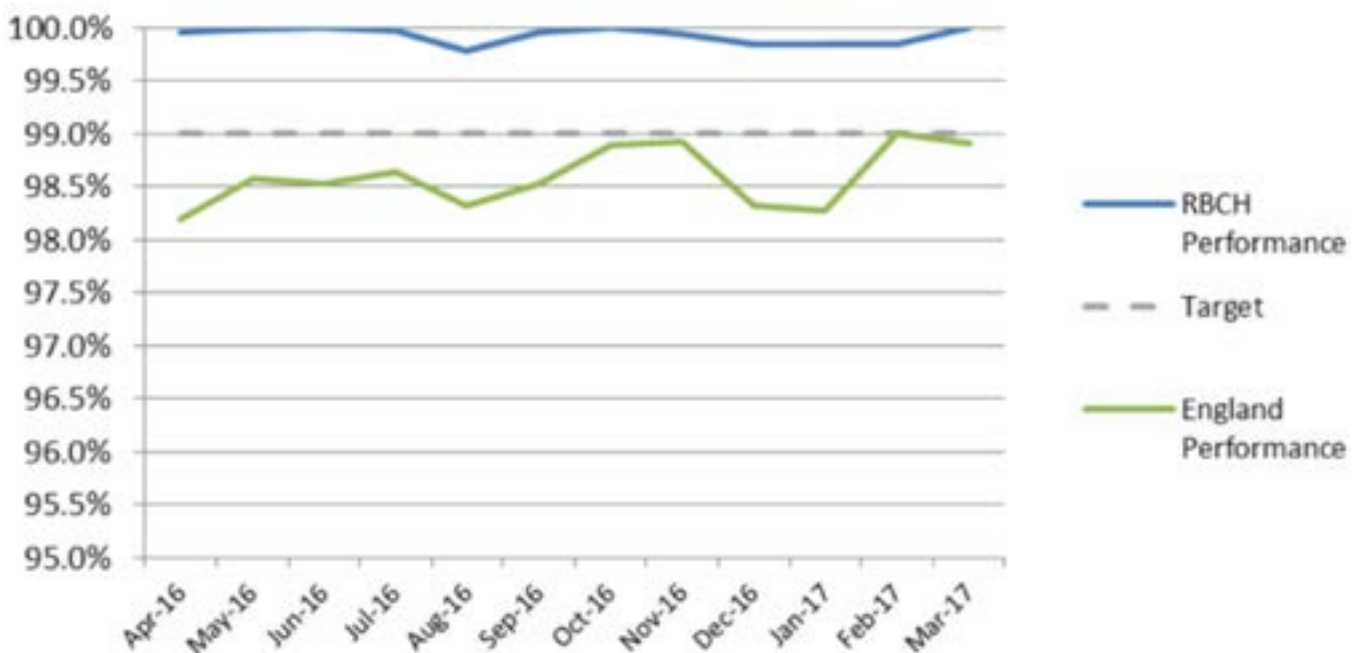
**Cancelled Operations benchmark against other providers
- % not rebooked within 28 Day Target (Apr 16 - Mar 17)**



Diagnostic 6 week target

The Trust has continued with the improvement work started in 2015/16 and delivered excellent performance against the 6 week target throughout 2016/17. This performance is significantly better than the England average performance as shown by the graph below. This is despite increasing demand on services, particularly to support suspected cancer referral pathways and emergency admissions.

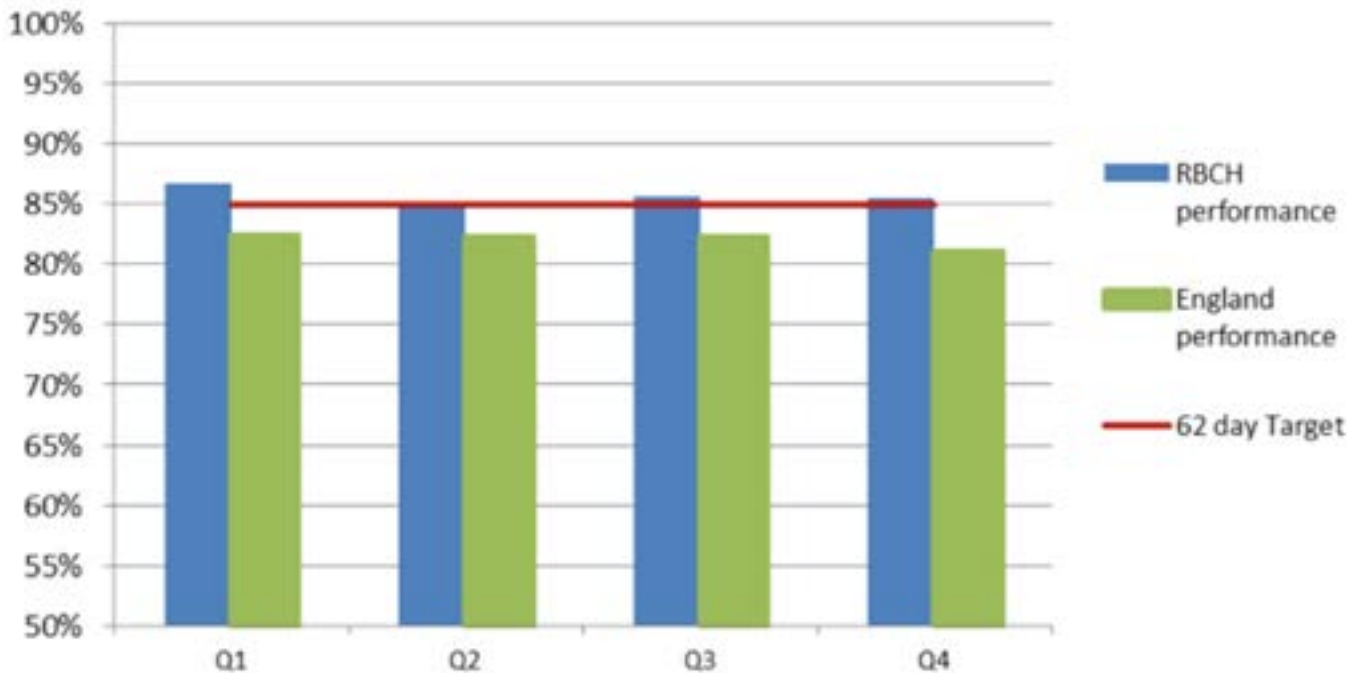
Diagnostic 6 week performance against trajectory and England average



Cancer 62 day target

The Trust has performed well against the 62 day standard achieving our trajectory in all four quarters in 2016/17. This is despite another year of significant increase in fast track referrals in 2016/17.

Cancer 62 day performance against Target and England average



Other Quality Indicators

Other Cancer Targets

Despite the year on year growth in fast track referrals, we maintained strong compliance with the Two Week Wait target for the remainder of the year following some challenges experienced in April 2016. The Trust achieved the 31 day from decision to treatment standard in all four quarters. The Trust also performs very strongly in treating more cancer in the early stages (I&II), indeed performance already exceeds the 2020 national stretch target.

Stroke

The Trust's Stroke Services continued to provide excellent care overall for patients as measured in the Sentinel Stroke National Audit Programme (SSNAP), achieving Level A (the highest) in the reported quarters. It is anticipated that this will have been maintained in the remaining quarters of the year, though published final data is awaited.

Infection Control

Despite the pressures on the Trust, overall we continued to perform well against the national infection control standards, achieving the national MRSA objective and being well below the Monitor 'deminimis' target of six. The Trust's Clostridium Difficile target for this year remained at a stretch target of 14 (lower than for similar sized trusts). Compliance for this indicator for this financial year was just missed, with 17 cases being reported, however, when benchmarked using casemix and bed numbers, the Trust remains a very low level of infection risk for Clostridium Difficile.

Going concern and principal risks and end of year financial position

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

Principal risks and uncertainties for the future

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

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

Trends and factors affecting the future

- an ageing 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, reducing GP specialist consultant and junior doctor numbers
- involvement of the Competition and Markets Authority in all service reconfiguration

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

End of year financial position

NHS Improvement assign a Use of Resources Risk Rating to each NHS foundation trust.

The financial element of the use of resources risk rating is calculated on the basis of a liquidity measure, a capital servicing capacity measure, an income and expenditure margin measure and variance to plan measure, and an agency expenditure measure. These are all indicators of financial robustness. The risk rating is the rounded average of the five indicators and is measured on a scale of one (best) to four (worst).

Following a consistent rating of two throughout the year, the Trust's financial risk rating increased to one in March. This reflects the move back into surplus resulting from the additional income through the Sustainability and Transformation Incentive Fund. The financial risk rating is forecast to reduce to three during 2017/18 as the Trust's planned financial position moves into deficit.

Business continuity and resilience planning

The Trust continues to have responsibilities under the Civil Contingencies Act 2004; the following plans are in place to ensure we remain resilient to any emergency situation:

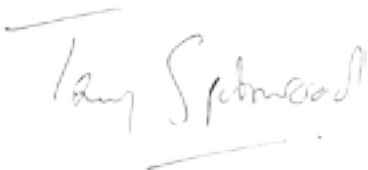
- Major Incident Plan
- Business Continuity Plan
- Chemical, Biological, Radiological, Nuclear and explosive (CBRNe) Plan
- Pandemic Influenza Plan (including for Ebola virus disease and Middle East Respiratory Syndrome (MERs))
- Mass Prophylaxis Plan

The Emergency Planning Sub Group (EPSG) meets quarterly to review current and new guidance from NHS England and Dorset Local Health Resilience Partnership (LHRP), including identifying national and local community risks as detailed in the national and local community registers.

There has been an increased emphasis on maintaining and improving the training compliance for those staff that have a leading role in either a major incident or business continuity issue. Excellent progress has been made through formal training and on-site exercises including Operation Velocity. In the past year the Trust has successfully completed assurance processes on Emergency Preparedness, HazMat and Business Continuity.

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

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



Tony Spotswood
Chief Executive
23 May 2017

Review of the year 2016/17

There have been many examples throughout the year where our staff have been living our values and supporting our mission of “providing the excellent care we would expect for our own families”.

Trust signs up to ‘John’s Campaign’ to support carers of patients with dementia

Our Trust officially signed up to a national campaign to improve hospital support for carers of dementia patients.

‘John’s Campaign’ was founded by carer Nicci Gerrard after the death of her father, Dr John Gerrard. Dr Gerrard had been living with dementia and declined rapidly after a stay in a hospital where visiting times for carers were restricted.

Carers of dementia patients at the Royal Bournemouth Hospital are now invited to ask ward staff for a ‘Carer’s Passport’ entitling them to visit outside of normal visiting hours, and to discuss their individual needs.

Nurse invited to Buckingham Palace

Karen Bowers, Clinical Site Matron at the Royal Bournemouth Hospital, was selected from hundreds of hopefuls to attend the Queen’s Royal Garden Party in 2016.

She received the invitation after officials at the Royal College of Nursing, of which Her Majesty the Queen is patron, recognised her contributions to nursing.

National Stroke Audit puts stroke services in top 5%

Our Stroke team saw their services given a Level A rating by the Sentinel Stroke National Audit Programme (SSNAP).

The rating saw the Trust’s services placed in the top 5% in England, Wales and Northern Ireland, and in the top 11 trusts overall.

Trust first in UK to receive Green Flag Award

Our Trust became the first hospital trust in the UK to receive a Green Flag Award for maintaining its green spaces to the highest possible standard.

The Green Flag Awards, which are run by government charitable organisation ‘Keep Britain Tidy’, recognises and rewards the best parks and green spaces across the UK. A Green Flag flying overhead shows a public green space boasts the highest possible standards, is beautifully maintained and has excellent facilities.

Trust Estates Manager Martin Lovell said:

“We were so pleased to receive this award, which recognises the hard work of our staff to provide colleagues and patients a sanctuary for rest and recuperation. We want to continue raise the awareness of the link between green spaces and their positive benefits for mental health and wellbeing.”

‘Humanising care’ toolkit unveiled

We launched a ‘humanising care’ toolkit to improve communications between patients and clinical staff in order to improve the quality of care provided.

Elaine Webster, a patient involved with the toolkit’s development, said:

“When you come into hospital, the clinical teams work hard to fix the physical aspects of illness, but there is a human involved and this project really drives home the importance of seeing the person.”

The toolkit was the result of a research collaboration between the Trust and Bournemouth University and consists of tactile materials to prompt discussion, as well as activity cards and a DVD featuring stories from staff and patients.

Christchurch Day Hospital opens with award in excellent practice from Bournemouth University

Partners from across Dorset's health community gathered to witness the Mayor of Christchurch officially open Christchurch Day Hospital in September.

The Day Hospital provides a range of services for older people with frailty and long-term conditions, such as Parkinson's disease, stroke and dementia. With this in mind, it boasts dementia friendly, colour coordinated treatment zones, a garden with different surfaces for patients to practice walking on, and a fully equipped, brand new rehabilitation gym.

The Day Hospital Team also achieved Practice Development Accreditation, an award in excellence bestowed by consultants in healthcare working in Bournemouth University's specialist healthcare improvement programmes.

Patient Janice Gibbs said:

“There is always a smiling face here; the staff at the Day Hospital are genuinely committed to their patients. They listen to us.”

Leading the way with world first diabetes education portal

Our Diabetes Team launched its unique web portal for structured education incorporating new modules specifically for young people.

Bertie Online helps those living with type 1 diabetes manage their condition in a way that best suits their lifestyle, regardless of where they are in the country.

Medical unit specialising in streamlined care for older people opens

We opened a new medical unit dedicated to faster, more effective care for older patients in October in official celebration of 'Older People's Day', an international day of appreciation for older people.

When older patients are admitted to the Royal Bournemouth Hospital, they are taken directly to the new Older Persons' Assessment Unit where their needs can be assessed within two hours and an individual plan of care that caters for underlying conditions can be developed.

The early development of such specialised care plans means patients are placed in the right area for treatment at the right times, streamlining care and increasing its effectiveness by avoiding unnecessary bed moves and supporting patients to be medically ready for discharge sooner.



Michelle Richards, Senior Nurse Lead for the Older Persons' Assessment Unit (OPAU) and Terry Aldridge, volunteer with Beryl Morrow, patient on OPAU.

Hospital food receives Silver Standard

Our staff and patients were assured the food they are served is top notch after the Catering Team scooped a Silver Standard from the Soil Association in its first entry to the Food for Life Award.

The Soil Association encourages responsible farming and healthy eating in balance with the environment and has recognised the hospital's efforts to ensure the food served in the Shelley Restaurant is healthy, ethical and uses local ingredients.

In order to achieve the Silver Standard, the team met a number of criteria, including preparing 75% of food freshly on site, ensuring all food is free from controversial additives like colouring and artificial trans fats, as well as purchasing farm-assured, sustainable, free range and organic products from local sources, where possible.



Estates Team scoops two national awards

Our Estates Team won two national awards for its innovative environment work and facilities services.

The Best External Environment Award focused on the lakeside environment, sustainability plans, and the development of the gardens by the Jigsaw Building.

The Estates Team of the Year Award reflected the delivery of the Jigsaw Building itself and the developments at Christchurch Hospital. This included the work with the GP and pharmacy, to provide their new facilities, and the partnership development of the health hub.

EU scientist awarded for contribution to the NHS

One of our specialist biomedical scientists was presented with an EU Staff Award from the prestigious Health Service Journal (HSJ).

Luminita Georgescu was praised for her tireless innovative thinking and morale-boosting enthusiasm at the HSJ Awards. She was recognised in a new category, looking to recognise and celebrate the contribution of staff from the European Union (EU) working in the NHS.

Originally from Romania, Luminita has worked in the Trust's Immunology Department for 15 years. She said:

"I dedicate my award to all the hardworking and caring staff in healthcare, whether they are from EU or not."

Funding award for Orthopaedics Outpatient Department

Led by staff nurse Lisa Hacker, our Orthopaedics Team applied for funding from the Burdett Trust to make improvements to the patients' experience.

Lisa and the team recognised that many patients had forgotten or not been aware of important information relating to their surgery. As a result, they identified several ways the patient pathway could be improved, including patient workshops ahead of surgery to offer information and guidance and pre-operation phone calls to reduce cancellations.

The team were awarded a £5,000 bursary and a number of improvements are already in place, resulting in a 93% reduction in cancelled operations.

Nurse recognised in 2016 Ophthalmology Honours

Nurse practitioner Anne-Marie Lacey was named Outstanding Ophthalmology Nurse at the Bayer Ophthalmology Honours ceremony, held at the Royal College of Surgeons. She was recognised for the critical role she plays in ophthalmic care and for making an outstanding contribution to patient experience.

Anne-Marie has worked in the RBH Eye Unit for 12 years and looks after patients who are losing their vision. She said:

“It’s one of the nicest things to have ever happened to me and I’m so proud. Being able to support patients through their whole journey with us is what I love about my job.”

G4 surprise staff and colleagues with Valentine’s visit

Popular vocal group, G4, surprised staff and patients on Valentine’s Day with a spontaneous visit to perform songs from their new album, Love Songs.

They visited wards 23, 24, our Stroke Unit as well as our busy Atrium to serenade staff and patients with a rendition of Elvis Presley’s Can’t Help Falling In Love, Nessun Dorma and Elton John’s Your Song.

Margaret Carr, a patient at the Royal Bournemouth Hospital, said:

“Seeing G4 was just lovely - it’s made my day. I’d seen them on TV and it was great to have them at my bedside - they were true gentlemen.”

First baby born at the Royal Bournemouth Hospital turns 25

In February we put our nostalgia hats on and celebrated the 25th birthday of the first baby to be born in our Maternity Unit.

Hannah Currie’s birth on 16 February 1992 made front-page news in the Bournemouth Echo after the mayor, his wife and photographers paid her a visit.

Carmen Cross, Head of Midwifery said:

“To think it’s 25 years since the very first birth at our hospital is incredible and having Hannah get in touch was a lovely way to commemorate the occasion.”

“Maternity and midwifery services have developed a lot over the last 25 years, but ultimately we are still doing the same thing - working hard to bring babies into the world healthily and safely.”



The NHS heroes who saved Victor

The story of the Royal Bournemouth Hospital and Victor Marston, Britain's oldest patient to survive major cancer surgery

Victor Marston, a then 99 year old great-grandfather of five living in Ringwood, Hampshire, was rushed to the Royal Bournemouth Hospital in the morning of Sunday 8 May 2016 with acute stomach pain and vomiting.

Scans showed a blockage in the bowel which was confirmed to be a cancerous tumour later that afternoon.

Surgery was performed that evening by consultant surgeon Mr Sanjaya Wijeyekoon to successfully remove the tumour. Eleven days later Mr Marston was given the all clear by his clinical team at the Royal Bournemouth Hospital.

He is thought to be Britain's oldest patient to survive major cancer surgery.

This story was picked up by both national and international media and was featured on the BBC and in the Daily Telegraph, the Independent, the Huffington Post the Express and as far afield as Italy, Russia and Australia. Victor's treatment at the hospital was also featured as a centrespread in the Daily Mail, under the headline "The NHS heroes who saved Victor". This article focussed on the many members of staff involved in Victor's care, with a profile of 19 staff.

The feature caught the eye of Jeremy Hunt, the Secretary of State for Health, who sent a tweet with a link to the article saying:

"Wonder story on the army of staff @RBCH_NHS who made Victor Britain's oldest surviving cancer patient #NHSheroes"

All the extensive coverage reflected the Trust's core values of Teamwork and Pride. Our strapline is "providing the excellent care we would expect for our own families" and from Mr Marston's quotes to the media, we certainly fulfilled that.



Events of the year

A number of events were held for staff, patients and the public throughout the year, giving an insight into our hospitals, opportunities for feedback and inspiration for how we can improve our services.

Hundreds attend hospital Open Day

Our Open Day attracted hundreds of people in September. More than 160 children learned bandaging skills at the Teddy Bear Clinic and over 300 people enjoyed a tour of the hospital's theatres.

Numerous activities ran throughout the day including health talks, health checks and tours of the physiotherapy gym. Visitors were able to put their knowledge to the test at the maternity stand and choose to have their blood sugar levels tested. The event also combined with the Trust's Annual Members' Meeting which was well attended.

Over 40 stands and exhibitors showcased numerous hospital services and partner organisations including Maternity, Dietetics, Bournemouth Hospital Charity, the Emergency Department, plus many more.



Governor listening events

Our Trust governors took to the main atrium of the Royal Bournemouth Hospital on several occasions throughout the year to listen to the experiences of those who have used hospital services or visited patients. Feedback gained was used to contribute to improvements at the Trust.

Nursing, Midwifery and AHPST conference

May saw our first Nursing, Midwifery and Allied Health Professionals, and Scientific and Technical Staff (AHPST) conference which was held on International Nurses Day to celebrate the work our nurses, midwives, allied health professional and scientific and technical staff undertake at the Trust and beyond.

Visiting speakers included Professor Jane Reid, Clinical Lead, Wessex Patient Safety Collaborative; Suzanne Rastrick, Chief Allied Health Professions Officer, NHS England and Sally Shead, Director of Quality, NHS Dorset CCG.

Research Day

A special event was held in May to celebrate International Clinical Trials Day. Free talks ran throughout the day on a variety of topics, including the self-management of diabetes and tai chi for people with dementia, while the Research Department ran a mock clinical trial.

Leadership Summit

Professor Michael West was the keynote speaker at our first Leadership Summit in autumn. Michael is Head of Thought Leadership at The King's Fund and Professor of Organisational Psychology from Lancaster University Management School. He based his talk on what we as an organisation can do to respond to the challenges that face the NHS and challenged us as individuals to make a difference.

Over 200 members of staff attended and discussed the importance of teamwork and a culture where staff are proud to work here.

Safety and Quality Conference

Our second Safety and Quality Conference took place in September and was attended by over 300 members of staff. There were case studies about open reporting and how this has led to improvement and presentations from staff about their own experiences of quality improvement and the impact this has had on our patients and colleagues.

Recruitment events

A number of recruitment events were held throughout the year covering a range of roles, including healthcare assistants, newly qualified nurses, and opportunities within our older people's medicine wards.

Potential members of staff were given the chance to find out what it's like to work at the Trust, have a tour of the hospital and meet the teams in the areas they'd like to work in, and for some events, to be interviewed on the day.

Tea dance

Staff at Christchurch Day Hospital brought cheer to patients in December by hosting a Christmas tea dance.

Patients enjoyed carols sung by hospital staff and festive songs played by volunteers from the Bournemouth Symphony Orchestra (BSO). The event supported the Day Hospital Team's holistic approach to patient health and wellbeing. Staff were on hand to help patients vulnerable to falls so they could dance safely, as well as partnering those more steady on their feet.

Clinical Lead for the Christchurch Day Hospital, Lisa Pigott, said:

“Taking part in recreational activities, socialising and dancing to familiar songs in a safe environment is really good therapy for our patients.”

Sixth formers attend careers day

Eighty year 12 students from Bournemouth and the surrounding area attended a Careers in the NHS Day in January to discover more about the options open to them.

From lectures about life as a junior doctor to hands-on sessions with the Trust's patient robot, Sim Man, pupils were given an insight into the broad range of careers on offer in the NHS.

Jasmine Collins, a student at Twynham Vocational Sixth Form, said:

“This event has helped me decide that I want to do a healthcare apprenticeship. I wanted to be a midwife but today's session has made me realise an apprenticeship will be a better route for me and my skill set.”

Dorset Clinical Services Review events

We held a series of events as part of the public consultation into the Clinical Services Review - being led by NHS Dorset Clinical Commissioning Group and proposing changes to the organisation of healthcare in our region. Events for members and the public were held in various locations in the community, including outside shopping centres, while staff were given the opportunity to come to sessions across the Trust's three sites and find out more about the proposed changes.

Understanding Health Talks

Three free health talks on a range of topics, including asthma and cancers of the blood, were held throughout the year. The talks were led by consultants from our hospitals and gave members of the public an opportunity to find out more about certain conditions and to ask questions in an open forum.



Highlights of the year



1



2



9



8

I #fightflu for pregnant mums

10 "Flu is such a nasty thing to get and can be particularly serious for our pregnant mums. They have an increased risk of developing complications from flu and so having the jab helps me to protect them and their unborn babies."



Julie-Anne Kearn
maternity care
assistant

The Royal Bournemouth and
Christchurch Hospital
NHS Foundation Trust

Who will you #fightflu for?



11



12



18



17



19



16



- 1 Christchurch Day Hospital opens its new doors
- 2 Catering Department wins Soil Association Silver Standard
- 3 Staff cure Britain's oldest cancer patient, Victor Marston
- 4 Trust awarded Green Flag Award
- 5 Winter care ward opens to meet increased demand
- 6 Acute pain team launch new pain management programme
- 7 Jigsaw Garden opens
- 8 Look Good Feel Better comes to the Jigsaw Building
- 9 Maternity staff sign up to charter

- 10 RBCH staff flu figures increase dramatically - third best Trust in the UK
- 11 Trust recruits newly qualified nurses
- 12 RBH's Dementia volunteer team grows
- 13 Christchurch Hospital's Annual Christmas Tea Party another festive delight
- 14 Orthopaedics team at RBH wins Foundation of Nursing Studies funding
- 15 Open Day's Teddy Bear Clinic a great success
- 16 Fairmile Grange Care home opens its doors at the Christchurch site
- 17 Bertie online relaunches
- 18 Trust takes on its 100th work experience student
- 19 Staff from across the Trust volunteer at patient meal times

Campaigns of the year

At our Trust, we are constantly seeking to improve services, engage with our staff and ensure our care is of the highest possible quality.

Over the past year we have been looking to improve the culture at our Trust, moving towards a culture of compassionate, collective leadership. Our campaigns have supported this ambition by being largely staff-led, encouraging open communication, and championing new ideas.

Moving into 2017, we have taken a more strategic approach to campaigns, focussing on one or two key campaigns each month to ensure staff don't feel overwhelmed by a multitude of messaging.

Think Meds



Making sure our patients have the right medication, in the right place, at the right time is one of the many challenges we face when busy caring for patients.

Noticing the impact of medication delays and 'missed doses', our Pharmacy Team launched the 'Think Meds' campaign, designed to help keep medication on the list of priorities for staff.

The campaign launched in January 2017 and the team placed stickers and signs on medication lockers, fridges, and cages, to prompt staff to check medication before re-ordering medication or transferring patients.

Staff were offered tours of Pharmacy, with 29 staff members signing up in the first week. The team also raised awareness about the cost of drugs to try and encourage less waste, as well as highlighting the importance of ordering drugs during the week to reduce discharge delays.



Share to Care

Looking to change the culture around event reporting in the Trust, our Quality and Risk Team, along with the Quality and Risk Committee (QARC) leads, designed new 'Learning Event Report Notification' (LERN) forms and launched them under the campaign 'Share to Care', reminding staff that the very reason for sharing events is to improve care for our patients.

Event reporting had previously been done using 'Adverse Incident Reports' and these had started to be viewed negatively, associated with more of a 'blame culture'. The new forms look to shift that culture and staff can now share when things go well, and when they have ideas for improving things.

Flu

We went into the flu campaign with renewed energy, completely changing tack with our campaign messages. Using internal motivators as our focus, we asked staff to think about the reasons for fighting flu and encouraged participation with the hashtag '#fightfluor', asking staff who they were fighting flu for and why.

Staff could access the vaccination by visiting one of our pop-up clinics, by booking in at Occupational Health, or by stopping our roaming flu trolley as it went round our hospital sites. Provision was also made for staff working different shifts, with early morning and weekend clinics available.

Over the course of our campaign we saw our percentage of vaccinated staff rise from 38% to 70% and we are extremely grateful to our staff for their engagement with the campaign.



NHS Pound

This year, we have launched a campaign focusing on creating a social movement of waste reduction in our hospitals. The campaign was taken up by our Quality Improvement (QI) Team after one of our consultant anaesthetists asked for support with a money-saving initiative.

The campaign is ongoing and centres around staff taking ownership and coming up with ideas for saving 'an NHS Pound', rather than it being something imposed by management. Our QI Team actively manage the campaign, supporting staff with any cost-saving ideas they have and helping them implement new ways of doing things.

The hashtag #NHSpound has been used on social media to encourage the spread of the campaign locally and to further engage with staff.

Action Learning Weeks

To continue our focus on patient flow, we've run a number of 'Action Learning Weeks'. The weeks focus on how patients move through our hospitals and look at ways to improve the discharge process.

During one of these weeks we looked at how discharge planning could be supported by using an estimated date of discharge. We saw some fantastic work, including great use of 'board rounds', where large noticeboards were used to map out patient pathways and identify any problems. For the board rounds, the Emergency Care Improvement Programme (ECIP) guidance on 'red and green bed days' and the 'SAFER patient flow bundle' were used to help with productivity.

Understanding the challenges and identifying ways to get support was particularly useful and 'communications boards' were used to make sure ward staff could access useful information such as the hospital bed state and discharge planning contact details with ease.

Lots of suggestions and ideas have been generated as a result of the weeks. Some of these include:

- being clear and consistent about what estimated dates of discharge are and how they should be used
- making sure there is access to support and information about discharge planning
- providing easy access to training
- making sure our processes are simple and easy to use.

Team RBCH

Over the year we have worked hard to create a sense of 'Team RBCH', bringing all our staff together under one inclusive banner.

Historically teams have operated in siloes and while staff reported pride in their individual teams, the sense of belonging to the Trust as a whole was lacking.

The campaign has meant changing the language we use around success and while we still celebrate individual team successes, we now focus on being proud that they are part of Team RBCH.

This campaign links together all of our channels of communication, including social media, where the hashtag #TeamRBCH is used to reference our staff.

Sepsis

Our sepsis campaign is constantly adapting to national guidelines and is one of the longest standing campaigns at the Trust. The campaign still has a very visible presence throughout our Bournemouth site and the education and awareness training continues to be delivered to staff.

The project team still meet regularly, assessing how they can continue to support staff with recognising and treating this potentially deadly infection.

You can read more about our continuing work on managing sepsis as part of our Quality Objectives for 2017/18 on page 55 of the Quality Report.

Report from the Lead Governor on the Council of Governors

I took over as Lead Governor of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust from April 2017. I have been a governor for the past five years and I am proud to be elected by my governor colleagues.

The 29 governors are all volunteers and give freely of their time. As well as attending council of governors meetings many of us regularly attend the monthly meetings of the board of directors as well as other meetings throughout the Trust. We are particularly pleased that a governor representative sits on the main Board committees, which ensures we are fully able to monitor the performance and progress of the Trust.

Three of us have been part of the appointment process for the Non-Executive Directors during the year, which is described in more detail from page 166 to 167. The standard of applicants has been excellent and an indication of the high regard for the hospitals locally.

We are supporters and proud of the NHS, but realise that with limited resources change is inevitable. You can be assured that we will carefully monitor these changes ensuring that they will benefit all patients in Dorset and West Hampshire.

We must thank the staff for getting behind the move of the Open Day to a Saturday. This allowed working families and children to attend. This is an excellent way to find out about the work of the hospital and meet some of the staff. We also held the Annual Members' Meeting on the same day to make it easier for more people to attend and hear about how the Trust is performing and its future plans.

We are proud of the staff. Without their dedication the hospitals could not have had such a successful year. We would particularly like to thank staff for their support of the Council of Governors in its role by providing training, welcoming and spending time with

us when we are visiting different areas of the hospitals, keeping Governors updated on the performance of the Trust and responding to questions and concerns raised by Governors on behalf of members and the public.

We would also like to thank members of the Trust and patients, visitors and the public who have taken time to speak to us about the hospital services in person or through questionnaires, including the public consultation on the Clinical Services Review. Getting to know what you think about the hospitals is fundamental to our role as Governors.

Finally we would like to thank three people. Firstly Jane Stichbury, our superb chairperson who left in March, Derek Dundas, the Non-Executive Director who was the Senior Independent Director providing an important link to the board of directors for Governors who also left at the end of March and Bob Gee who for the past two years has been Lead Governor. We wish them well for the future.

David Triplow
Lead Governor

Support from our charities and volunteers

Charities

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

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

Bournemouth Hospital Charity

Bournemouth Hospital Charity raises funds to enhance the care and treatment of patients accessing NHS services at the Royal Bournemouth and Christchurch Hospitals by fundraising to provide additional facilities, state of the art equipment and supporting NHS staff development to enable the Trust to provide the excellent care we would expect for our own families.

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

The primary objective of the Charity during 2016-17 was to ensure that the operational implementation of its new 5 year strategy is delivered, and that charitable income increases in line with the agreed trajectory. In order to achieve this, the Charity has developed and expanded its fundraising team to increase charitable funds from all available income streams.

Alongside developing its strategy the Charity also had a number of additional objectives to

support the services at the Royal Bournemouth and Christchurch Hospitals. During 2016-17 the charity spent £2.64mn on the added extras to improve patient care which included staff development.

The local community and local business has helped to generate £736,000 in 2016-17 to support this spend through a number of different ways including:

Charity Shop

donating and purchasing goods raising £20,500

Twilight Walk for Women

raising £13,000 for women's health services

Sky Dive

raising £3,000 for the whole hospital use

Wing Walk

raising £22,500 for the whole hospital use

March for Men

raising £22,000 for the Urology department

Many people have also organised their own events and completed their own challenges to raise funds for the Hospital charity, including in memory events, garden parties and coffee mornings, to name but a few.

Through supporting the charity you can help your local hospitals invest in key areas such as providing state of the art medical equipment, providing patient and family support and helping to transform our hospitals into more comfortable, practical and welcoming environments.

To find out how to get involved in any of our fundraising projects log on to www.BHcharity.org.uk.

Friends of the Eye Unit

Between April and December 2016 the "Friends" purchased several items of medical equipment, totalling £44,817.00.

At our January 2017 Committee Meeting we pledged a further £40,000 towards a Stereo Camera, for use in the Outpatients Department, a Super Quad Lens and 2 Exophthalmometers.

All these are bought with the intention of helping our Consultants and Medical staff to further improve patient experience.

Our AGM in 2016 was well attended and interesting talks given by Consultants Mrs Non Matthews and Mr Ben Parkin.

In December, a Ward and Day room visit was made to distribute diaries, Christmas cards and good wishes to patients. This is always a worthwhile event and much appreciated.

League of Friends Bournemouth

During the year the league has continued to raise valuable funds to benefit the hospital, staff and patients.

2016 started off very well by moving to our new shop in the main atrium of the Royal Bournemouth Hospital. Since opening the new shop our funds and donations have gone from strength to strength with many talented people donating their lovely craft work.

We funded much needed medical equipment totalling £137,218.87 in the past 12 months and hope to exceed this by funding as many requests as possible in the coming year.

Our patient bus brings in many thanks by the way of donations. This is the second bus we have donated; all this is made possible by our wonderful volunteers.

League of Friends Christchurch

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

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

- dermoscopes for Dermatology Department
- two new x-ray machines
- ultrasound machine for the X-ray department

Macmillan Caring Locally

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

Due to an increase in referrals to the Macmillan Unit the charity agreed to fund an increase in staff levels in the Macmillan Unit Day Centre and to fund the salary of an additional Consultant.

Positive discussions have continued regarding the design and structure of the rebuild of the Macmillan Unit at Christchurch Hospital. The charity has committed £5m for this £9m project, and appointed a Capital Appeal Director to assist in raising the £4m needed to start the build. It is hoped the project will start in 2017.

Tulip Appeal

The Women's Breast Care Fund (WBCF) Tulip Appeal raises money for the Breast Care Unit at the Royal Bournemouth Hospital.

WBCF funds the 'little extras' needed to maintain a friendly, homely environment for the care of breast cancer patients within this exceptional care centre, the Jigsaw Building.

The charity's main activity in the last year has been to take over supporting the Headstrong service since the withdrawal of funds by a national breast cancer charity which originally set up this service. The service offers cancer patients who have lost or will lose their hair practical advice regarding scarf tying, hats, scalp care etc. The patients are also offered a 'starter' complimentary head scarf. This service is carried out by trained volunteers who have personal experience of hair loss.

The Tulip Appeal has, this year, also provided some equipment, such as storage cabinets, a coffee trolley etc. as identified by the consultants and nursing staff.

It is hoped that the charity will continue to support the Headstrong service at the Royal Bournemouth Hospital and to provide the 'little extras' for the foreseeable future.

The Friends of Bournemouth Leukaemia Fund

The Friends of Bournemouth Leukaemia Fund play an important role in ensuring that the charity continues its life-saving work by raising funds towards equipment, salaries and other running costs not funded by the National Health Service. The state of the

art piece of equipment, a Next Generation Sequencer, which the Friends donated to the Charity late in 2015 is proving invaluable by expanding Bournemouth Leukaemia Fund's field of research and increasing the range of diagnostic tests available to RBH cancer patients including those with solid tumours. The Sequencer's contribution to the work of the charity and the annual cost to maintain it which is over £20,000. per annum has spurred the Friends Committee to arrange even more fund-raising events. All eleven members are active, have their own strengths and collectively endeavour to get support from the local community and businesses. One member demonstrates her individual skills by designing, printing and selling Christmas Cards personalised to the charity and another bakes a vast quantity of cakes for coffee mornings.

Chaplaincy, Pastoral and Spiritual Care

The Chaplaincy Department continues to be thankful to be able to serve the community of the Trust in a variety of ways. To be able to travel alongside people as they encounter challenges of different kinds is a huge privilege and we are appreciative of the support that we receive from the Trust to be able to serve in this way.

We are pleased to report that the referrals from staff, families, and Faith groups and by patients themselves continue to come through to our office, by phone, pager message and by personal request at the Chaplaincy office. A number of requests for prayer are left in our prayer message in the Chapel and on our prayer tree. It is always good to see that the Chapel is well used for personal prayer and reflection.

The Chaplaincy Team continues to grow. Our Volunteer Team particularly has an increasingly number of people who visit on all the inpatient areas in the Hospital as well as other places where people are. We know that their support is valued by patients and families alike. During the past year, we have met to update our skills in Pastoral and Spiritual Care,

and gathered for our Annual Hospital Sunday Service when the Team take the opportunity to recommit themselves to the work in the Trust. This year we were thankful that the Archdeacon of Bournemouth was able to be with us.

The work of Spiritual Care in this Trust as across the NHS is to provide support to people of all Faith and Belief. We commenced a group in 2016 that starting looking at wider issues of Spirituality. This has now become a focussed group for the practice of Mindfulness. A small group meets every Wednesday at 12 noon. Recently, we have been thrilled that we are now led by Revd. Gary Pulman, an InterFaith Minister and Mindfulness Practitioner.

Following on from the most recent CQC inspection, it became clear that the Chapel/ Prayer Rooms at Bournemouth and Christchurch needed some updating of the fabric. We greatly appreciate the support of the League of Friends group at Bournemouth for funding new curtains for the Chapel/ Prayer Room at Bournemouth. We have also recovered many of the chairs with an easy-clean cover, and had the carpet renewed. The paintwork of the Chapels on both sites has been refreshed too. Thank you to the Estates Team for this, and also for their sensitivity in working around our service times and when visitors have come to our Sacred Spaces.

In conclusion, the Chaplains endeavour to give support to staff working across the Trust, and supporting them in ways that are appropriate to their personal situation. Over the past year we have opened a Book of Condolence for colleagues that have died. We have also hosted Memorial Services in the Chapel.

It is a privilege to serve this community. We hope to continue to do so.

Revd. David Flower
Lead Chaplain

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. With a national shift that recognises improving patient experience exponentially improves patient safety and patient outcomes.

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

Our activities over the year included:

Volunteers

- Arrange training of staff to become meal time companion and hydration volunteers and co-ordinate on wards.
- We have become actively involved in the Healthcare Support Worker (HCSW) training.
- Commencement of PAT (Pets as Therapy) dogs on the Stoke Unit.
- Supporting full day recruitment sessions led by leads from Stoma, Implantable Cardioverter Defibrillator (ICD) buddies and Heart Club volunteers, with volunteer recruitment presentation and checks.
- Introduction of security and monitoring of Trust CCTV system volunteers to assist Local Security Management Specialist (LSMS) and Resilience Planning manager.
- Introduction of group volunteer inductions
- Dementia training for volunteers to support patients and carers working closely with the dementia nurse specialist to make sure our volunteers have a good understanding and they are allocated to the appropriate patients.
- Assist the Patient Advice and Liaison Service (PALS) by supplying volunteers as chaperones.
- Respond to requests from wards for 'one off' companion volunteer visit or continued visit whilst patient is in hospital i.e. relatives unable to visit.
- Consolidation of End of Life volunteer training, to be launched alongside 'Dying Matters' week in May 2017.
- First aid training for young volunteers.
- PLACE (Patient-led Assessments of the Case Environment) audit volunteers.
- Attending 6th form college and university recruitment events to increase our number of younger volunteers.

Patient Experience

- Lesbian, gay, bisexual and transgender (LGBT) work continues to make sure the Trust is accessible to all. Working with the Gypsy and travelling community and Black and Minority ethnic community (BME).
- Name above the bed initiative quality improvement project concluded. Standard operating procedure written and added to bay based nursing procedure. All wards have boards and a template for completing them.
- Call bell audit took place in March 2017 to look at patient's real-time experience and staff views.
- Green awards, received the most improved department, innovation for engagement and a silver and gold award. Engaging with the volunteer to take the green approach to the wards.
- Noise @ Night quality improvement project, working alongside the governors to collect data.
- Work with Informatics department to triangulate the patient experience data, giving the wards automated feedback monthly instead of quarterly. Went live in April 2017. Freeing up time to work alongside wards to increase the use of the data collected.
- HCSW training now includes Friends and Family Test (FFT) and Care Campaign Audit (CCA), rationale, process and results. Also including key quality indicators reflected by patient experience and the roles and responsibilities of staff to improve the patient experience.

- QR code trials for outpatients, eye A&E, Physiotherapy and main A&E.
- Dorset carers officer representation and membership to the steering group to work toward a carer friendly trust.
- Patient Experience Cards - more than 40,000 cards were completed over the year and in excess of 22,000 comments left.
- Monitoring of the patient experience through implementation of the Friends and Family Test has fallen over the last 12 months and work is already underway to make sure that patient feedback and patient voices are heard across the trust.
- Additional volunteers role to support the patient experience include, End of Life companions and Dementia Companions. Existing staff have also signed up to be meal time companions and this has help greatly through winter pressure and we hope that staff will continue to support us through the summer months.
- Automated ward score cards will now be available monthly and the patient experience team will be working with individual areas on trends in data.

A review of the Care campaign Audit questions has taken place alongside the trust QI projects, these questions now reflect the ongoing work to improve patient experience.

Results from Picker Inpatient survey 2016

This survey is part of a series of annual surveys required by the Care Quality Commission for all NHS Acute trusts in England.

Picker was commissioned by 83 UK trusts to undertake the Inpatient Survey 2016. The survey is based on a sample of consecutively discharged inpatients who attended the Trust in July 2016.

A total of 1,250 patients from the Trust were sent a questionnaire. 1,186 were eligible for the survey, of which 633 returned a completed questionnaire, giving a response rate of 53%. The response rate for the Inpatient Survey in 2015 was 57%.

Key facts about the 633 inpatients who responded to the survey:

- 39% of patients were on a waiting list/ planned in advance and 58% came as an emergency or urgent case.
- 66% had an operation or procedure during the stay.
- 51% were male; 49% were female.
- 3% were aged 16-39; 13% were aged 40-59; 23% were aged 60-69 and 61% were aged 70+.

The results:

- This survey has highlighted the many positive aspects of the patient experience.
- Overall: 89% rated care 7+ out of 10.
- Overall: treated with respect and dignity 90%.
- Doctors: always had confidence and trust 85%.
- Hospital: room or ward was very/fairly clean 97%.
- Hospital: toilets and bathrooms were very/fairly clean 96%.
- Care: always enough privacy when being examined or treated 94%.

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

Lower scores are better

Category	Question	Our trust	All Trusts
A&E Department	Not enough/too much information about condition or treatment	17%	23%
Planned admission	Admission date changed by hospital	15%	20%
Admission	Had to wait long time to get to bed on ward	25%	36%
Hospital	Patients in more than one ward, sharing sleeping area with opposite sex	3%	5%
Hospital	Toilets not very or not at all clean	4%	5%
Hospital	Food was fair or poor	34 %	39 %
Nurses	Did not always have confidence and trust	16 %	21 %
Nurses	Sometimes, rarely or never enough on duty	33 %	40 %
Care	Staff did not always work well together	18 %	22 %
Care	Wanted to be more involved in decisions	39 %	44 %
Care	Did not always have confidence in the decisions made	23 %	27 %
Care	Not always enough privacy when discussing condition or treatment	20 %	24 %
Care	Not always enough privacy when being examined or treated	6%	9%
Care	More than 5 minutes to answer call button	14%	18%
Discharge	Did always get enough support from health or social care professionals	37 %	46 %
Discharge	Did not always know what would happen next with care after leaving hospital	42 %	48 %
Discharge	Not given any written/printed information about what they should or should not do after leaving hospital	27 %	36 %
Discharge	Not fully told of danger signals to look for	46 %	57 %
Discharge	Family or home situation not considered	31 %	37 %
Discharge	Not told who to contact if worried	13 %	20 %
Discharge	Staff did not discuss need for additional equipment or home adaptation	14 %	19 %
Overall	Not treated with respect or dignity	10%	16%
Overall	Did not always feel well looked after by staff	16%	20%
Overall	Rated experience as less than 7/10	11%	15%

Complaint handling

Formal complaints letters 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 person who raised it through explanation and discussion, and share what we have learnt from the complaint to improve our care.

Everyone who complains is sent a letter (by post or email) on receipt of their complaint. Some people who have complained are also telephoned, to clarify the main points to be investigated, or to resolve certain aspects of the complaint that are deemed possible to resolve over the telephone. The letter that is sent explains the proposals for investigation, stating who will be leading the investigation and providing their contact number, and inviting the complainant to contact the lead investigator to discuss their complaint if this has not already happened. The letter sets out the timescales for a written response. Complainants are also advised about clinical confidentiality and the support available to them from Dorset Advocacy and the Parliamentary and Health Service Ombudsman (PHSO), whose contact details appear in the response letter.

Each complaint letter is investigated by the directorates concerned led by the lead investigator and, where appropriate, the advice of a clinician from another area is obtained. This evidence forms the basis for a response letter to the person who raised the complaint from the Chief Executive.

Further details of the complaints we received can be found in the Quality Report, page 93.



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If you require any further information about the **2016/17 Quality Account** please contact: **Joanne Sims** (Associate Director Quality and Risk) at Joanne.Sims@rbch.nhs.uk

Part 1

Statement on quality from the Chief Executive

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

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

This year we have been able to report a number of improvements in patient safety, outcomes and experience. We have continued to further develop and implement a more open and honest culture to ensure we use information from incident investigations, complaint reviews and patient and staff feedback, to continually learn, innovate and improve. We have encouraged staff to speak out, to raise issues and concerns, to share good practice, to celebrate success stories and share learning and/or quality improvement ideas. A particular success was our second annual Patient Safety and Quality Conference held in September 2016 where over 500 staff shared patient safety and quality improvement stories, projects, case studies and innovations.

This year the overarching objectives agreed by the Board aim to provide a central framework and 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 valuing our staff, improving quality and reducing harm, strengthening team working and listening to patients.

There is an important balance to be struck when considering the objectives we set for the Trust between the need for these to be clear and measurable against the importance of not over-specifying to the point that they fail

to be relevant to staff or lack ownership and connectivity due to their relevance to small defined areas of the Trust. We have sought to establish the balance necessary between the two positions. In summary our work and focus for our quality objectives for 2017/2018 will be on improving patient flow, ensuring appropriate review, treatment and escalation of deteriorating patients and enabling patients with sepsis to receive the right care as early as possible.

The views of our various stakeholders including patients, governors, staff and the wider public have been very important to the development of our specific objectives and priorities for 2017/2018. We have engaged with staff through workshops, Trust and team briefing sessions, clinical governance meetings and Grand Round presentations.

We have listened to patients and carers through our ongoing programme of patient surveys, focus groups, internal reviews and open days. We have also invited clinical teams, patients and relatives to attend our monthly Board of Directors' meeting to present patient stories. 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, Governors and the public on a wide range of patient experience and patient safety initiatives.

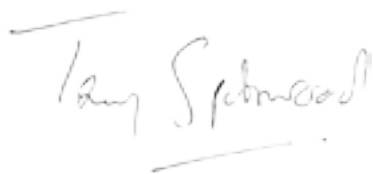
At our last inspection in October 2015 of the Royal Bournemouth Hospital, we were rated by the CQC as "good" for five services: critical care; surgery; outpatient and diagnostic services; end of life care; and children's and young people's services. Three services were rated "requiring improvement": urgent and emergency services; medical care; and maternity and gynaecology. The care of children and young people was rated as "outstanding". We are currently awaiting our next follow up inspection (anticipated late summer 2017) where we hope the improvements that we have made in year will be recognised by the CQC. The CQC recently held a number of focus groups with staff (March 2017) and it was pleasing to hear that the CQC were positive about the progress being made and were impressed with

the commitment, enthusiasm and leadership demonstrated by staff at all levels of the organisation.

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

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

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



Tony Spotswood
Chief Executive
23 May 2017

Part 2

Progress against quality priorities set out in last year's quality account for 2016/2017

In the 2015/16 Quality Account the Trust identified the following key areas for improvement during 2016/2017.

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

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

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

Reducing Serious Incidents and Never Events

In broad terms, and in accordance with the NHS England Serious Incident Framework (2015), serious incidents are events in healthcare 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 comprehensive investigation and review.

There is no definitive list of events/incidents that constitute a serious incident, however the NHS England framework does set out a number of circumstances in which a serious incident must be declared.

Serious Incidents in the NHS include:

- Acts and/or omissions occurring as part of NHS-funded healthcare (including in the community) that 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;
 - Unexpected or avoidable injury to one or more people that requires further treatment by a healthcare professional in order to prevent the death of the service user or serious harm;
 - Actual or alleged abuse; where healthcare did not take appropriate action/intervention to safeguard against

such abuse occurring; or where abuse occurred during the provision of NHS-funded care

- A Never Event. The NHS England has defined a list of specific events that are considered unacceptable and eminently preventable. These are called "Never Events".

In 2016/17 the Trust reported zero Never Events.

- An incident (or series of incidents) that prevents, or threatens to prevent, an organisation's ability to continue to deliver an acceptable quality of healthcare services, including (but not limited to) the following:
 - Failures in the security, integrity, accuracy or availability of information often described as data loss and/or information governance related issues;
 - Property damage;
 - Security breach/concern;
 - Incidents in population-wide healthcare activities like screening and immunization programmes where the potential for harm may extend to a large population;
 - Inappropriate enforcement/care under the Mental Health Act (1983) and the Mental Capacity Act (2005) including Mental Capacity Act, Deprivation of Liberty Safeguards (MCA DOLS);
 - Systematic failure to provide an acceptable standard of safe care (this may include incidents, or series of incidents, which necessitate ward/ unit closure or suspension of services); or
 - Activation of Major Incident Plans

The Trust has reviewed and updated policies and procedures for the investigation learning from incidents in 2016/17. Improvements have included:

- Implementation of a new Root Cause Analysis (RCA) and Serious Incident (SI) reporting "Toolkit"
- Scoping, mid-point and formal SI/ RCA panel meetings for all serious and potentially serious incidents

- External training for all senior clinicians and Heads of Nursing and Quality on how to chair a formal panel meeting to ensure learning points are identified and agreed
- External training for consultants, senior nurses and managers on Root Cause Analysis investigation procedures
- New templates for RCA investigations, panel meetings and final reports. The templates ensure that vital steps such as involving the patient and their families, documenting Duty of Candour, supporting staff and considering requirements for specialist opinion and/or external review are routinely adopted
- The production and dissemination of twice weekly investigation update summaries
- Circulation of a monthly Top 10 “learning report”

The Trust reported and investigated 25 serious incidents in 2016/17. This compares with 32 in 2015/16, 46 in 2014/15 and 66 in 2013/14.

The reduction in 2016/17 (22%) therefore represents a continued annual trend of improvement in patient safety.

The most significant reductions (over 50%) were seen in the reduction of serious incidents relating to patient falls and hospital acquired pressure ulcers.

Category of Serious Incident Reported	2013/14	2014/15	2015/16	2016/17
Patient Fall	14	15	13	3
Hospital Acquired Pressure Ulcer	30	20	6	3

Promoting a Safety Culture - Share to Care

At the Trust we celebrate what we can achieve when we share the things we have learnt from each other. Sharing our learning can help us make changes for the better - for our staff and our patients. To promote open and honest reporting we launched a new Share to Care initiative in February 2017.



Share to Care launched the implementation of four new ways of reporting a learning event. New Learning Event Report Notification (LERN) forms replaced the previous Adverse Incident Reporting (AIRs) forms. The new forms have a renewed focus on learning from the things that go well, as well as when things do not go according to plan.

The new LERN forms are to:

- report an incident has occurred and someone has, or could have, come to harm
- celebrate something has been done really well
- raise an issue or concern
- suggest an improvement idea



During the launch events we asked staff why they would report a LERN form. Here are just some of the things staff told us:

I #Sharetocare because I have ideas that can improve our service.

“Here at Christchurch Day Hospital we take ownership of the service we offer so when we spot something that needs improving, we speak up and make the improvement. We’ve worked together as a team to work through all of our ideas to improve our services and as a result, we feel a huge sense of ownership over our service. I encourage anyone to share their improvements to make their service better for their patients and their colleagues too.”

I #Sharetocare to recognise my team and their hard work.

“Whether they boost team morale, go above and beyond or bring positive innovations, it’s important to stop and say ‘you’re doing a good job - thank you’. Our Emergency Department shares positive feedback with each other via our ‘Excellent Event Reporting Form’ for a few months now and we’re already seeing positive benefits - there’s a real sense of camaraderie in the department and a positive team culture.”

I #Sharetocare so that mistakes aren't repeated.

“We have first-hand experience of sharing our learnings from a safety incident. As a result of our reporting, the WHO safety checklist was rolled out across our trust to prevent similar incidents occurring again. We're really proud of the fact that we took ownership of the incident and learnt from it - we acknowledged what happened, talked through the process as a team and empowered ourselves to take action so that we couldn't repeat the same incident. Knowing the WHO checklist has been rolled out shows the value of sharing our learnings as a wider team - #teamRBCH!”

I #Sharetocare to ensure we learn from incidents - as a department and a trust.

“As the governance lead for my directorate, I see the incidents that are reported and how we learn from them. We can almost always alter our process to significantly reduce the chance of it happening again. Whether an error occurs or we have a near miss, we don't look to point fingers but learn from what went wrong and support our staff to learn from the event. Incidents or problems in one area are rarely isolated - by sharing what went wrong and reviewing it as a team, we improve and develop our practice trust-wide.”

I #Sharetocare to help mitigate risk.

“It's always helpful when staff report concerns as this alerts us to a potential issue and enables us to put in place measures to help us keep our patients and staff safe. I welcome any report that can help us prevent a safety incident. We encourage every member of staff to take the initiative when they see a problem waiting to happen and report it. Any concerns reported will be reviewed and actions taken to try to prevent a safety incident occurring. We sometimes focus on things that have gone wrong, but reporting when things have gone well is a great encouragement and sharing new initiatives enables other departments to develop their systems.”

Learning from Mortality reviews

In 2014/15 the Trust introduced a new electronic process (e-Mortality) to ensure all inpatient deaths had a full case note review.

The Trust has a multi-disciplinary Mortality Surveillance Group (MSG), chaired by the Medical Director, to review the Trust’s Hospital Standardised Mortality Ratio (HSMR) and internal and external mortality risk reports. 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. e-Mortality reviews are discussed at specialty Mortality and Morbidity meetings and the chairs of these meetings attend the Trust Mortality Surveillance Group. This ensures that the review of all deaths within the hospital are discussed centrally and ensures actions for improvement are identified.

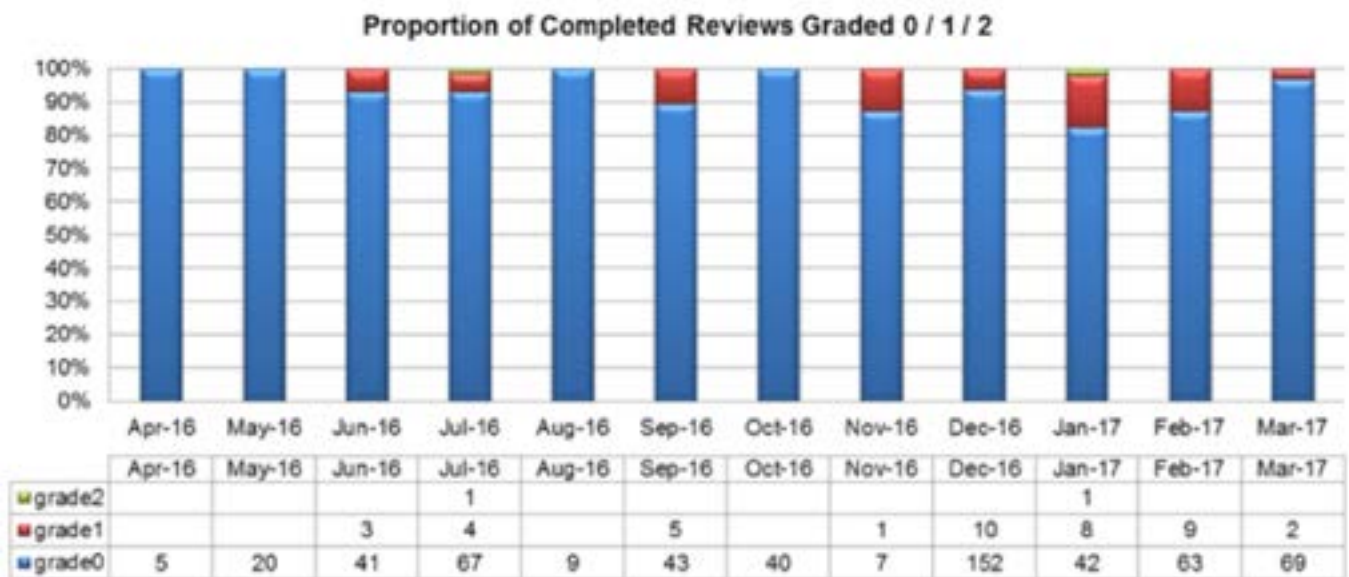
This year the Trust has made significant improvements and changes to the e-Mortality pro forma so that avoidable mortality is constantly categorised. We are now using a new nationally recognised grading system. The Confidential Enquiry into Stillbirths in Infancy (CESDI) categorises mortality as follows:

- Grade 0-Unavoidable Death, No Suboptimal Care.
- Grade 1-Unavoidable Death, Suboptimal care, but different management would not have made a difference to the outcome.
- Grade 2-Possibly Avoidable Death, Suboptimal care, but different care might have affected the outcome.
- Grade 3-Probable Avoidable Death, Suboptimal care, different care would reasonably be expected to have affected the outcome.

Once any death is categorised as grade 2 or 3, an automatic link allows completion of a LERN form, linking with risk governance processes.

The mortality review process has also been updated recently to include the requirements of the National learning disabilities Mortality Review (LDMR) programme

The MSG undertakes a monthly review of all e-Mortality data and any learning points are disseminated through Directorate Mortality and Clinical Governance meetings. The table below shows the proportion of completed reviews and how they were graded using the national grading system. The blue represents the reviews graded as 0, red represents reviews graded as 1 and the green represents those graded as 2.



A newsletter is produced every two months. The newsletter is an opportunity for wider dissemination of the learning captured through mortality reviews.

Specialties featured in recent newsletters include:

- Acute Kidney Injury (AKI)
- Patients with a learning disability
- Oncology
- Intensive Care medicine
- Respiratory
- Stroke
- Cardiology
- Gastroenterology

Themes for learning include:

- Improving communication opportunities with patients and relatives/carers
- Requirement for accurate and fully completed documentation
- Management of Sepsis
- Timely requesting of appropriate clinical tests

Improving flow of patients and reducing non-clinical patient moves

During 2016/17 the Trust has participated in a West Hampshire Clinical Commissioning Group (CCG) collaborative project to agree a consensus definition for a clinical and non-clinical patient move. At present there is neither a national or local definition. The Trust is working with the CCG and other key stakeholders to agree a standard definition and share models of best practice. This work will continue for 2017/18.

The decision to move a patient is always carefully considered to minimise disruption to patients and ensure patient safety.

The Trust's transfer policy outlines the requirement for safe transfer and ensuring that the accepting ward has the appropriate skills, staff and equipment to meet patient needs.

It is hoped that the current work to improve the discharge process for patients will have a positive impact on patient moves during 2017/2018 as the review of the 2016/2017 data found that the majority of non-clinical moves were for those patients with protracted discharge arrangements.

In addition to support data accuracy, a new electronic bed management system has been introduced which includes a mandatory field for the reason for moving a patient.

Supporting End of Life Care (EoLC)

As part of delivering the Trusts quality objectives a key action has been to ensure provision of outstanding end of life care to all those who come into contact with the Royal Bournemouth and Christchurch hospitals. There is only one chance to get it right. The Trust has an End of Life Care Steering Group. The group is chaired by the Associate Medical Director and is a sub-committee of the Quality and Risk Committee (QARC). It is attended by representation from Chaplaincy, Hospital Palliative Care, Consultants in Palliative Medicine, Senior Nurses and Nurse Practitioners and Governors.

This year the Group has led on the development of a new End of Life Steering strategy. Key goals included within the strategy include:

Recognition - The possibility that a person may die within the coming days and hours is recognised and communicated clearly. Decisions about the person's care are made in accordance with their needs and wishes, and these are reviewed regularly and revised whenever appropriate

Communication - Sensitive communication takes place between staff and the person who is dying and those important to them. The patient and those close to them are listened to, their needs are respected and they are involved in decisions about treatment and care

Compassionate care - Care is tailored to the individual and delivered with compassion - with an individual care plan in place. Staff providing this care are supported and trained to achieve these goals

Specific innovations undertaken within End of Life Care this year to help patients and their families have been:

- Access to Changing facilities for relatives. Relatives told us that they would like somewhere to shower, wash and freshen up when they stayed on site overnight to spend time with a loved one at the end of

their life. In association with the Village Hotel, the Trust can now issue a special pass to friends and families. This pass will enable the relatives of patients who are on the end of life personalised care plan to use the leisure club facilities. This enables relatives to shower in comfort and to be near their relatives during this difficult time.



- The use of private ambulances to facilitate more timely discharge. Private ambulances are now available and being used to move patients at the end of their life. This can help to get a patient home if desired, or to another care provider of the patient's choice
- Collaborative working with Willow Tree Care Agency. A pilot has begun with the Royal Bournemouth and Christchurch hospitals to incorporate the care for end of life, palliative patients. A specialist end of life team are available to provide care from 7am to 10pm to allow an alternative opportunity for patients to pass away outside of a hospital or nursing home.
- Post Bereavement questionnaire. A new post bereavement questionnaire (based on the Marie Curie Care of the Dying Evaluation Form) has been introduced. The feedback provided from the questionnaire is used by the Trust End of Life Steering Group to inform best practice.
- End of Life Care Companions. The Trust has trained 14 volunteers to become EoLC Companions.

Key priorities for improving End of Life Care during 2017/18 include:

- Working with partners to discharge patients who are dying to a more appropriate place in keeping with their wishes. This involves working with external agencies to facilitate early, safe discharge home if desired, and also to prevent inappropriate readmission to hospital of patients who are at the end of their lives.
- The input of the palliative medicine consultants to mortality meetings and help in supporting the process to ensure it is standardised and robust.
- Electronic documentation across sites and within primary and secondary care to promote clear communication of End of Life Care (EoLC) and Advanced Care Planning (ACP) decisions. This builds on the use of Poole Hospital's Electronic Patient Record (EPR) and is now available in Royal Bournemouth and Christchurch hospitals.
- Continuous improvement in the education of staff to understand end of life care issues and support patients and relatives.
- Specialist communication skills training will build on the work already done and the electronic learning programme End of Life Care for All (ELCA) will include essential core skills training. This can encompass opportunities for staff to expand their roles into prescribing and Allow a Natural Death (AAND) decisions and discussions.
- Continued review, revision and improvement of the Personal Care Plan for the last days of life (PCPLDL).

Infection Control

Clostridium Difficile

There were 22 cases of clostridium difficile reported from the Trust in 2016/17. 17 of these cases were attributed to 'lapses in care', against an NHS England target of no more than 14. This represents an increase from last year in terms of the percentage of total late cases (>72 hours from admission to hospital).

A 'lapse in care' is determined through a process of review with the Acute, Community and Clinical Commissioning Group (CCG) infection prevention and control teams. Importantly, this has determined that all cases were community acquired and not caused by being in the hospital.

Lessons learnt from the cases where there were lapses in care included: ensuring that specimens are sent as soon as possible which will support the timeliness of isolation and to continue the focus on accurate documentation and hand hygiene.

When compared nationally, the Trust has low rates of clostridium difficile and we will continue to strive for further improvements.

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

Methicillin-Resistant Staphylococcus Aureus (MRSA)

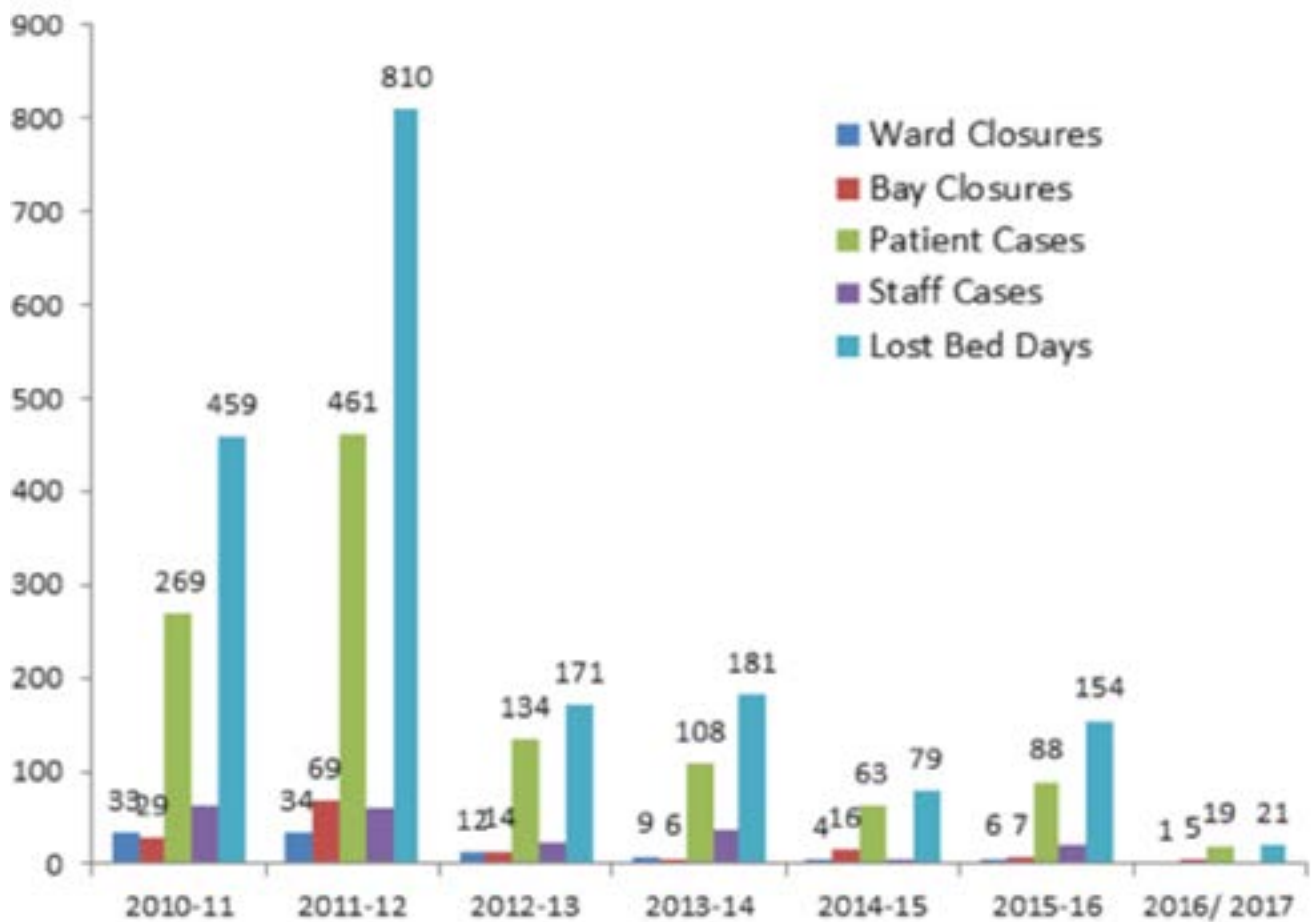
No hospital acquired MRSA bacteraemias were recorded at the Trust during 2016/2017. The Trust supported the investigation of 2 community acquired cases both of which were assigned as third party cases.

Methicillin-Sensitive Staphylococcus Aureus (MSSA)

Reporting of MSSA bacteraemia is in line with other local acute trusts. Each case is assessed by the team and any lapses in care are followed up with a root cause analysis. Findings from these are discussed and learning points shared through Directorate infection control meetings.

Norovirus

Outbreaks of Norovirus were confirmed within the Trust during January 2017. Whilst every effort is made to prevent the spread of this virus it is difficult to prevent it from coming into the Trust. Media messages and communications are currently our best defence against this.



The number of ward closures and patient cases has remained low in the past 5 years. This matches with the numbers of cases reported at a local and national level. There are many reasons for this drop in numbers since 2012 however the actions carried out by staff in promptly isolating and sampling patients who present with signs of viral gastroenteritis must be praised.

Catheter associated urinary tract infections (CA UTIs)

The mean numbers of new CA UTIs (from NHS Safety Thermometer data) for the Trust in 2016/17 was 0.25% compared to 0.2% in 2015/16. This is slightly lower than the national mean score of 0.3% but represents a slight increase on previous years.

Resistant Organisms

The Infection Control team now has access to a tool that highlights all patients admitted to the Trust with a previous positive test for *Clostridium difficile* and known resistant organisms. This has enabled us to improve the timeliness of isolation, provision of samples for analysis and to ensure that patients are treated with the correct antibiotics.

Improvement priorities for 2017/18 include:

- Participation in World Hand Hygiene day in May 2017
- Join in the activities held for International Infection Prevention week
- Continue infection control audit programme, including routine hand hygiene audits
- Review of new and novel methods to improve infection control within the Trust.
- Quality Improvement (QI) project for early isolation of patients with loose stools
- QI project for information given to patients placed under isolation precautions.

Our quality priorities for 2017/18

In order to identify priorities for quality improvement in 2017/18, we have used a wide range of information sources to help determine our approach. These include:

- gathering the views of patients, public and carers using real-time feedback and patient surveys
- collating information from claims, complaints and incident reports
- using the results of clinical audits, external reviews and inspections 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 interviews and focus groups.
- Canvassing the views of patients and staff through our internal peer review programme.

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

The Trust has consulted with key stakeholders (general public, staff, patients, governors and commissioners) to help identify quality improvement priorities for 2017/18. Priorities have been discussed with clinical staff through the Trust's Quality and Risk Committee, Improvement Board and Trust Management Board.

We have considered any current action plans in place, for example those forming our Quality strategy (including sign up to safety), and our responses to other national reports issued on patient safety and quality.

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

Following consultation the Trust's Quality priorities for 2017/18 are:

- 1) Managing Sepsis
- 2) Identification and escalation of the Deteriorating Patient
- 3) Improving Hospital (Patient) Flow

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

Sepsis

Sepsis is a life-threatening condition that arises when the body's response to infection injures its own tissues and organs.

Sepsis affects a huge number of people - In December 2015 NHS England publication 'Improving outcomes for patients with sepsis' highlighted that in 2015 over 123,000 people in England suffered from sepsis. The same publication estimates that there are around 37,000 deaths per year associated with sepsis. To put this into context, sepsis now claims more lives than lung cancer, the second biggest cause of death after cardiovascular disease. Failure of healthcare staff to detect or act on the patients who have the signs and symptoms of sepsis can lead to delays in treatment that lead to further patient harm.

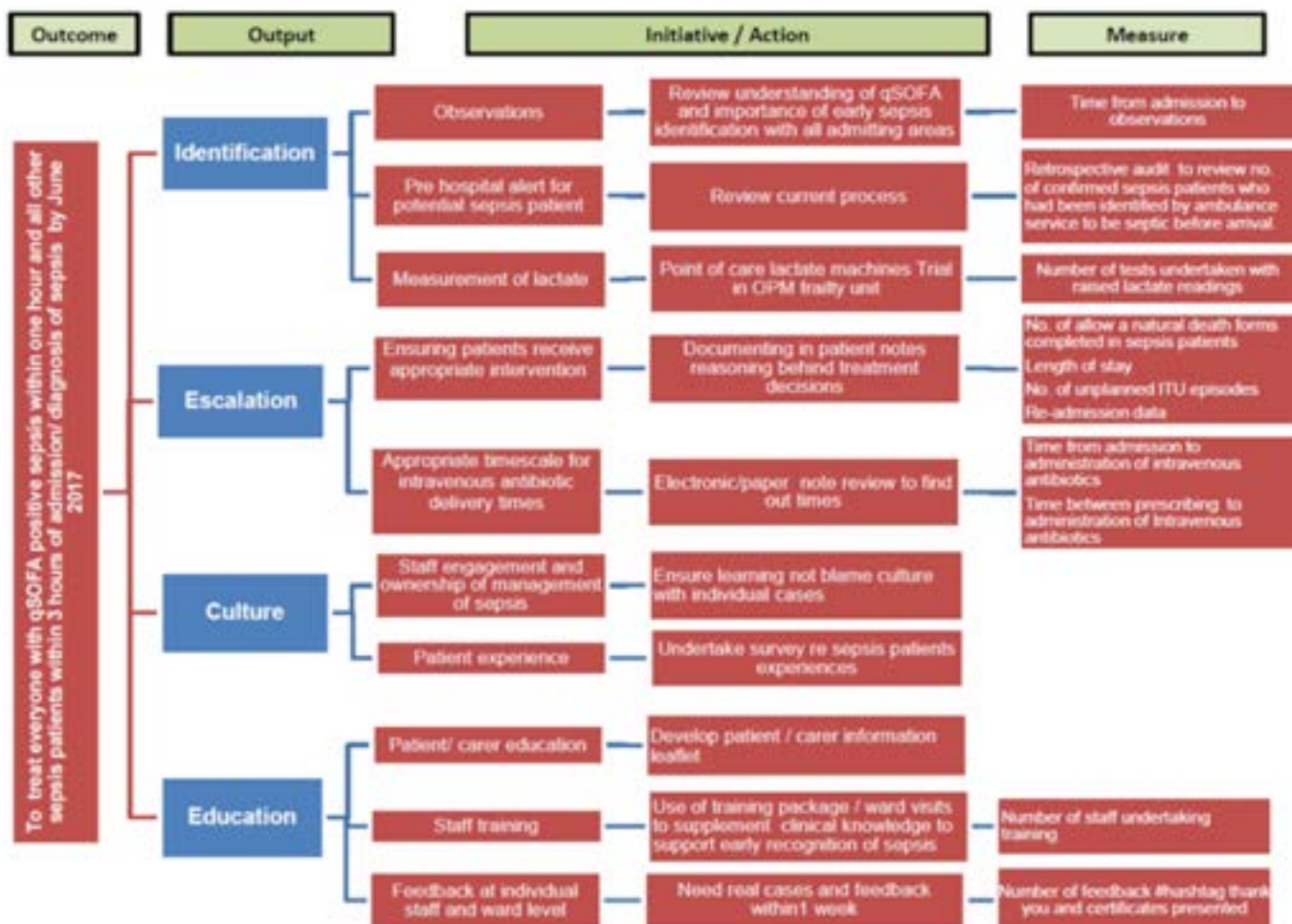
Our Sepsis Quality Priority Aim for 2017/2018 is:

To treat everyone with quick Sepsis-related Organ Failure Assessment (qSOFA) positive sepsis within one hour and all other sepsis patients within 3 hours of admission or diagnosis of sepsis,

We will aim to ensure:

- appropriate observation through a) early identification in all admitting areas b) pre-hospital ambulance alerts and c) measurement of lactate;
- appropriate escalation and intervention through a) the monitoring of intravenous antibiotic delivery times and b) documentation of treatment decisions in patient notes.

The project will look at the management of patients who develop sepsis whilst in our inpatient areas as well continuing to support the work already in place in our emergency admitting areas



Escalation of the Deteriorating Patient

Failure of healthcare staff to detect or act on the deteriorating patient can lead to delays in treatment that lead to further patient harm.

The Hogan study on preventable deaths (2012)¹ found 26% of preventable deaths, using a very broad definition, related to failures in clinical monitoring. These included failure to set up systems, failure to respond to deterioration, and failure to act on test results. Together the two data sources suggest failures in monitoring and failure to act on test results are a major source of serious harm and preventable deaths in hospital.

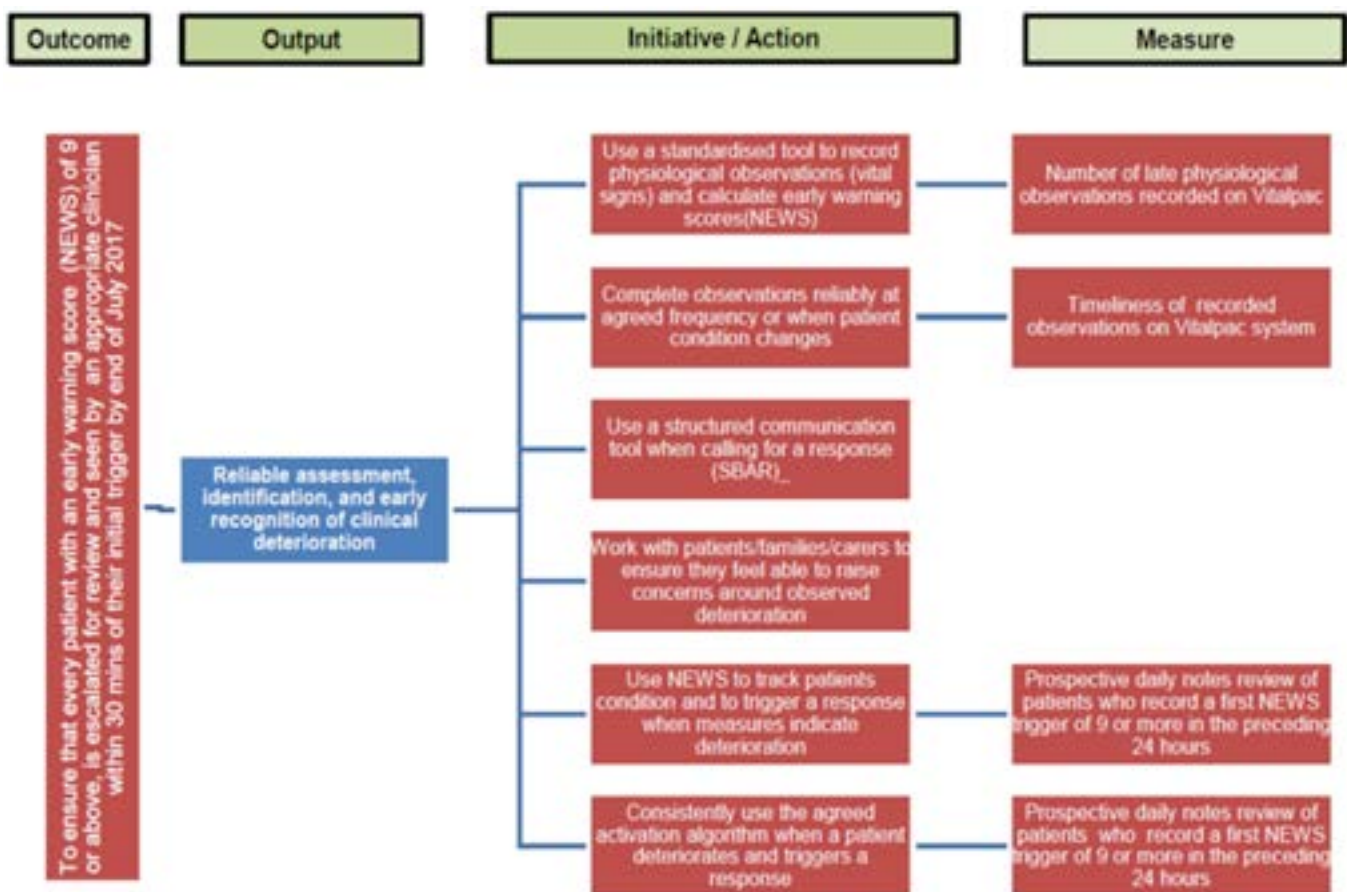
Our escalation of the deteriorating patient quality priority aim for 2017/2018 is:

To ensure that every patient with an early warning score (NEWS) of 9 or above is escalated for prompt review and then seen by an appropriate clinician within 30 minutes of their initial trigger.

We will aim to ensure:

- reliable assessment, identification and early recognition of clinical deterioration;
- reliable therapeutic response and escalation using structured protocols;
- a reliable activation system and tools (including electronic) are in place when calling for a response.

The project will be phased and the first stage focuses on establishing a process to ensure appropriate clinical review within the target 30 minutes. This will apply to all areas where NEWS scores are recorded both in and out of hours. Further stages will cover the delivery of therapy and extend the model to those patients who trigger with NEWS scores less than 9.



1 Hogan H et al. Preventable deaths due to problems in English acute hospitals: a retrospective case record review study. *BMJ Qual Saf* 2012; 21:737-45

Improving Hospital Flow

The Trust continues to face rising demand on services. Attendances to our emergency department continue to rise - by over 7% in the past year - and emergency admissions have risen by over 9%. ED performance indicators have not been achieved for two quarters in the past year and bed occupancy is higher than required for good flow. This is compounded with significant financial pressures and the ongoing requirement for efficiency savings.

The Trust has an excellent track record of significant improvements in hospital flow, notably with ambulatory care, frailty pathways and reducing length of stay. However, we still need to do more if we are to meet the challenges we currently face and ensure high quality of care for our patients.

Our Hospital Flow Quality Priority Aim for 2017/2018 is:

To improve emergency hospital flow to deliver ‘the right patient, at the right time, to the right place’.

Improvement and success will be demonstrated through agreed high level work stream key performance indicators.

We will aim to ensure:

- 95% of patients are admitted, transferred or discharged from the Emergency Department within 4 hours;
- all inpatients have a senior review before midday;
- 90% of new patients will be given an estimated date of discharge (EDD) within 24 hours of admission;
- 33% of patients discharged from our inpatient wards are discharged before midday;
- 100% of inpatients with a length of stay in excess of 7 days will be systematically reviewed with clear management plans in place;
- outliers and cancelled operations are reduced as a result of a lack of bed available.

Statements of Assurance from the Board

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

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

1. Review of services

During 2016/17 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 these eight relevant health services. This has included data available from the Care Quality Commission, external reviews, participation in National Clinical Audits and National Confidential Enquiries and internal peer reviews

The income generated by the relevant health services reviewed in 2016/17 represents 100% of all the total income generated from the provision of relevant health services by the Trust for 2016/17.

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, 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. Many of the reports are also reported monthly and/or quarterly to our commissioners as part of our requirement to provide assurance on contract and quality performance compliance.

2. Participation in clinical audit

During 2016/17, there were 33 national clinical audits and 4 national confidential enquiries which covered relevant health services that The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust provides.

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

The national clinical audits and national confidential enquiries that The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust participated in during 2016/2017 are set out as follows.

The national clinical audits and national confidential enquiries that The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust participated in, and for which

data collection was completed during 2016/2017 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Clinical Audits for Inclusion in Quality Report 2016/17	Eligible to Participate	Participated in 2016/17	% of required cases submitted
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	Y	Y	100%
Adult Asthma	Y	Y	100%
Adult Cardiac Surgery	N	N/A	-
Asthma (Paediatric and Adult) Care in Emergency Departments	Y	Y	
Bowel cancer (NBOCAP)	Y	Y	121%
Cardiac Rhythm Management	Y	Y	
Case Mix Programme	Y	Y	100%
Child Health Clinical Outcome Review Programme	Y	Y	100%
Chronic Kidney Disease in Primary Care	N	N/A	-
Congenital Heart Disease	N	N/A	-
Coronary Angioplasty / National Audit of Percutaneous Interventions (PCI)	Y	Y	100%
Diabetes (Paediatric) (NPDA)	N	N/A	-
Elective Surgery (National PROMS Programme)	Y	Y	100%
Falls and Fragility Fractures Audit Programme	Y	Y	N/A
Head and Neck Cancer Audit	N	N/A	-
Inflammatory Bowel Disease (IBD) Programme	Y	Y	100%
Learning Disability Mortality Review Programme (LeDeR Programme)	Y	Y	N/A
Major Trauma Audit	N	N/A	-
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	Y	Y	100%
Medical and Surgical Clinical Outcome Review Programme (NCEPOD)	Y	Y	100%
Mental Health Outcome Review Programme (NCISH)	N	N/A	-
National Audit of Dementia	Y	Y	100%
National Audit of Pulmonary Hypertension	N	N/A	-
National Cardiac Arrest Audit (NCAA)	Y	Y	100%
National Chronic Obstructive Pulmonary Disease (COPD) audit programme	Y	Y	100%
National Comparative Audit of Blood Transfusion - Audit of Patient Blood Management in Scheduled Surgery	Y	Y	100%

National Diabetes Inpatient Audit	Y	Y	100%
National Pregnancy in Diabetes Audit	Y	Y	69%
National Diabetes Transition Audit	Y	Y	N/A
National Diabetes Core Audit	Y	Y	100%
National Emergency Laparotomy Audit (NELA)	Y	Y	100%
National Heart Failure Audit	Y	Y	
National Joint Registry (NJR)	Y	Y	100%
National Lung Cancer Audit (NLCA)	Y	Y	No number specified - all known cases submitted
National Neurosurgery Audit Programme	N	N/A	-
National Ophthalmology Audit	Y	Y	100%
National Prostate Cancer Audit	Y	Y	100%
National Vascular Registry	Y	Y	Expected to achieve 100%
Neonatal Intensive Care and Special Care (NNAP)	N	N/A	-
Nephrectomy Audit	Y	Y	90%
Oesophago-gastric Cancer (NAOGC)	Y	Y	90%
Paediatric Intensive Care	N	N/A	-
Percutaneous Nephrolithotomy	Y	Y	100%
Prescribing Observatory for Mental Health (POMH-UK)	N	N/A	-
Radical Prostatectomy Audit	Y	Y	100%
Rheumatoid and Early Inflammatory Arthritis	Y	Y	
Sentinel Stroke National Audit Programme (SSNAP)	Y	Y	100%
Severe Sepsis and Septic Shock - care in Emergency Departments	Y	Y	
Specialist rehabilitation for patients with complex needs	N	N/A	-
Stress Urinary Incontinence	N	N/A	-
UK Cystic Fibrosis Registry	N	N/A	-

National Confidential Enquiries for Inclusion in Quality Report 2016/17	Eligible to Participate	Participated in 2016/17	% of required cases submitted
Acute Non-Invasive Ventilation	Y	Y	100%
Cancer in Children, Teens and Young Adults	Y	Y	Organisational data only required
Chronic Neurodisability	Y	Y	Organisational data only required
Young People's Mental Health	Y	Y	100%

The reports of 32 national clinical audits were reviewed by The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust in 2016/17 and the Trust intends to take the following actions to improve the quality of healthcare provided:

- Share nationally (via submission to the British Society of Rheumatology) a description of how we run the Helpline and Education Programme as this was cited as an example of good practice in the national audit.
- The Diabetic foot service in Dorset is under review as part of new Dorset Diabetes Model. Self-referral into the specialist service to be considered as part of this review.
- Appointment of a Heart Failure Data Manager to be responsible for data input to NICOR and other QI projects.
- All Parkinson disease patients to have initial and end of treatment outcome measures documented.
- Incorporate the Acute Abdomen Pathway into the generic admission booklet.
- Local hospital guidelines to state how to manage transfusions in patients at high risk of Transfusion Associated Circulatory Overload (TACO). TACO Risk assessments to be used and the guidelines to state how to manage patients at risk of TACO. Transfusion threshold and reason for transfusion to be clearly recorded in the patient's case notes. Post transfusion increments should be measured for both red cell and platelet transfusions.
- Offer all clinic attendees HIV testing and record why if the test is not done. (Department of Sexual Health)

The reports of 195 local clinical audits (including patient surveys) were reviewed by the Trust in 2016/2017 and the Trust intends to take the following actions to improve the quality of healthcare provided:

- Additional screening installed between Male and Female waiting areas to reduce visibility of opposite sex patients whilst waiting prior to surgery. Further screening planned for Day Surgery.
- Checklist for commencing Mycophenolate developed and included in the Dermatology resource folders used in outpatient clinics. A designated nurse to co-ordinate the monitoring of patients taking Mycophenolate may help to increase adherence with blood test monitoring guidelines.
- Step up and Down approach to be utilised within the Paediatric Clinic for children with Atopic Eczema. Written Management Plans to be given to all children/families. Reduction in long-term facial topical steroids by use of alternative where possible.
- Work with GPs to achieve better use of the referral pro forma and the importance of early referral so that patients suspected with early arthritis are referred within 3 days.
- To continue with stroke awareness promotion activities particularly for GPs and paramedics. To introduce more specific breach analysis in order to understand "what we could have done better" and target improvement.
- Development of a pan-Dorset Urogynaecology referral pathway for initial investigation and management of incontinence.

- Review of availability of consultant on call surgeon to be more available for surgical opinions.
- Stroke team to carry out a patient and carer forum to understand issues around discharge planning and information giving in greater detail.
- Introduction of smoke stop midwife.
- Develop and agree on evidence-based indications for Abdominal x-ray in Emergency Department with Radiologists and Surgeons.
- To set up group sessions for adults with a new diagnosis of coeliac disease. To aim for patients with a probable diagnosis of coeliac disease to be referred to the dietitian at the point of referral to endoscopy to cut down waiting time.
- Signage to Macmillan Unit has been improved.
- All patients to be offered next appointment at the end of every visit to the Dorset Prosthetic Centre. All patients to be recalled within 18 months of last visit if they have chosen not to arrange their next appointment at the end of each visit.
- Standardisation of information given to patients before they undergo Total Knee Replacement. Patient information booklets and consent forms revised to include details of all treatment complications.
- Introduce guidance on which patients are not appropriate for the First Seizure Clinic and recommend where and how they should be referred instead.
- Develop and implement a Nutritional Care Booklet. Agree and implement a Nutritional Care Bundle for Stroke.
- To introduce screening for cognitive and depression/anxiety as a formal assessment.
- Stop midway CT scans on patients treated with first line immune-chemotherapy for lymphoma.
- Develop a thyroid nodule patient information leaflet.
- Making sure that every patient has cholesterol levels checked before discharge from Stroke Unit. Making sure a follow-up plan is mentioned in discharge summary and clinic letter for GPs.

- Use a new mouthwash for chemotherapy patients to reduce the rate and intensity of Oral infections.

3. Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by the Trust in 2016/17 that were recruited during that period to participate in research approved by a research ethics committee and NIHR portfolio was 1480 (April 2016 - March 2017). This compares to 1305 for 2015/16 and 1658 in 2014/15.

Research Success Stories during 2016/2017

- The Trust was the first European site to recruit to: The RADIANCE-HTN study; a study of the ReCor Medical Paradise System in Clinical Hypertension which investigates how safe and effective renal denervation is in patients with hypertension (2 patients were recruited on the same day, meaning we recruited the first two European patients) The study is open in Europe and the US.
- The Trust was the first European site to recruit to: The RADIANCE-HTN study; a study of the ReCor Medical Paradise System in Clinical Hypertension which investigates how safe and effective renal denervation is in patients with hypertension (2 patients were recruited on the same day, meaning we recruited the first two European patients) The study is open in Europe and the US.
- The Trust was the first Global site to recruit to: The ELIMINATE-AF study; a study comparing Edoxaban with Vitamin K antagonists (Warfarin) in patients undergoing catheter ablation to investigate how safe and effective anti-coagulant agents are to reduce the risk of thromboembolic complication in patients with non-valvular atrial fibrillation undergoing catheter ablation.

- The Trust is the highest recruiter to the: INCA study; a study for patients with diffuse large B cell lymphoma which compares one group of patients receiving the existing treatment (Gemcitabine plus rituximab and CVP) with another group receiving a potential new treatment (Inotuzumab Ozogamicin plus Rituximab and CVP)
- The Trust is also the highest recruiter for the REDDS study and the first site to recruit a patient in 2017 in addition to the lead recruiting site. REDDS is a study which looks at whether patients with blood disorders (Myelodysplastic syndromes) can have an improved quality of life if their haemoglobin count is maintained at a higher level than current clinical practice can achieve.
- The Trust is the second highest recruiter to the ROSCO study; a study for patients with breast cancer aiming to find out whether two new tests that are performed on cancer tissue will help refine the selection of chemotherapy drugs to treat breast cancers before surgery and to find out if a well-established surgical procedure called sentinel lymph node biopsy is a reliable test to show that chemotherapy given before surgery has eliminated all the cancer cells under the arm.
- Research has expanded into further clinical specialities within the Trust this year including respiratory, an increasing number of studies in the surgical setting, anaesthetics and our first Emergency Department study. Division 6 which covers a number of clinical specialities has recruited more than double its target for the year, recruiting 540 patients with a target of 230.

- Following the closure of another participating site and the confidence in our team having exceeded our original target and providing high quality data, The Trust has just been asked to recruit 10 additional patients to the REACT 2 study; a study for patients with Crohn's disease in which the treating clinician decides whether to combine the drug adalimumab with other drugs to help control Crohn's disease earlier on in the treatment pathway.
- Collaborative working with Bournemouth University saw Research at RBCH becoming a placement for student nurses in its own right. There is now a five week placement in Research available for student nurses. Two students have finished their placements now with another starting in May 2017. Feedback so far has been very positive and both Salisbury and Dorset County Hospitals are now looking to emulate this model.
- The Research Directorate now has a comprehensive and consistent induction package and a competency and training framework is in place for all research staff across the Trust. Training and good practice sharing sessions are being held by experienced research staff identified at appraisal as being keen to present and teach others as part of their ongoing personal development.
- Clinical Research Network (CRN): Wessex held its inaugural awards ceremony this year, celebrating researchers in the Wessex region. Three nominations were shortlisted from the Trust. We were delighted that one of our team won the award for Outstanding Clinical Trials Assistant.
- Research is active on Twitter with 323 followers and publication of the newsletter Clinical Research Today continues. Three issues have been published in the last year.

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

The Trust's income in 2016/17 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) payment framework because of the agreement reached with the Clinical Commissioning Group (CCG) to use the CQUIN payment to source a fund available non recurrently to protect the quality of care and safety of the service with a particular focus on areas that are giving rise to the CQUIN areas. The Trust agreed use of this fund directly with the CCG.

5. Statements from the Care Quality Commission (CQC)

The Trust is required to register with the Care Quality Commission (CQC) and its current registration status is unconditional. This means that the Trust does not have any current restrictions on its practice or services. The Care Quality Commission has not taken enforcement action against the Trust during 2016/17.

The Trust has not participated in special reviews or investigation by the CQC during 2016/17.

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

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

Overview of ratings

Our ratings for Christchurch Hospitals are:

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

Our ratings for The Royal Bournemouth Hospital

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

Since the last inspection, the Trust has been undertaking regular engagement meetings with the CQC in order to continue to develop our relationship and provide opportunities for our teams to present on their ongoing progress. This has included presentations from the teams in Maternity, Gynaecology, Emergency Department, Older Person's Medicine, Stroke Services and the Acute Medical Unit.

These engagement meetings also allow us to make a copy of our Trust action plan available to the CQC, thus enabling us to demonstrate our continued developments and providing assurance.

The Trust is anticipating the next CQC Inspection later in 2017 and, in preparation for this; we have facilitated a number of staff/governor focus groups with some members of the CQC Inspection team. The groups were well attended and feedback was very positive from both staff/governors and the CQC. There will be further focus groups and forums for other staff groups in the near future.

6. Data Quality

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust submitted records during 2016/17 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 99.0% for admitted patient care; 99.9% for outpatient care; and 97.8% for accident and emergency care. The percentage of records in the published data which included the valid General Medical Practice code was 100.0% for admitted patient care; 100.0% for outpatient care; and 99.9% for accident and emergency care.

Collecting the correct NHS number and supplying correct information to the Secondary Uses 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 and capture of NHS numbers. The wider data quality measures and assurance on information governance are covered next.

7. Information Governance toolkit attainment levels

All NHS trusts are required to complete an annual information governance assessment via the information governance toolkit. The self-assessment must be submitted to NHS Digital, with all evidence uploaded by 31 March 2017.

The Trust's Information Governance Assessment Report overall score for 2016/17 was 74% (2015/16 was recorded as 67% with an Improvement Plan) and was graded as "Satisfactory".

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

During 2016/17, the Trust has continued with its comprehensive and holistic approach to the completion of its IG Toolkit submission, undertaking closer scrutiny of all of the requirements in order to give a higher quality of assurance. The further increase in percentage score for 2016/17 is indicative of an extensive amount of work that has been undertaken within the year to document and provide assurance in relation to the Trust's Information Governance compliance across the whole organisation, in the manner required by the IG Toolkit.

In 2017/18, work will continue to establish and firmly embed the principles of information risk management and IG throughout the organisation. It is widely recognised that good information governance can be built around the tenets of the IG Toolkit; key to this is the engagement and continued co-operation of subject matter experts and Information Asset Owners (IAOs), who provide assurance of their practices across the organisation. The Trust will work to maintain the traction that it has gathered on this work in order to firmly imbed the concepts as "business as usual", and enable the submission of a compliant IG Toolkit for 2017/18.

There has been a sharp increase in reported breaches of Information Governance during 2016/17. During 2015/16, 81 breaches and no Serious Incidents Requiring Investigation (SIRIs) were reported, whereas 2016/17 has seen 134 breaches and six SIRIs reported.

Whilst seemingly a negative point, this is not necessarily indicative of a decline in standards within the Trust, but rather is likely to be as a result of increased levels of incident reporting following the introduction of DatixWeb electronic incident reporting, and greater awareness of IG issues due to the significant increase in training uptake (from 57% at April 2015 to 95% at March 2017).

Each of the six SIRIs were reported to the Information Commissioner's Office as required. Of these, one remains under investigation internally and five have been closed. There is no evidence of harm coming to any of those affected by these breaches, or the information involved being disseminated further, and the Information Commissioner's Office confirmed no enforcement action was warranted on any of these.

Work will continue during 2017/18 to ensure improvement and learning from any incidents raised.

8. Coding Error Rate

The Trust was subject to the Payment by Results (PbR) clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period of diagnosis and treatment coding (clinical coding) were Primary Diagnosis 90%, Secondary Diagnosis 93.20%, Primary Procedure 93.02% and Secondary Procedure 88.94%. (*These figures relate to the period January - June 2016)

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

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 2017/18:

- Ensure coders adhere to standards when sequencing codes
- Ensure the standard for Chronic Obstructive Pulmonary Disease/Chronic Obstructive Airways Disease (COPD/COAD) is adhered to
- Revisit FCE (Finished Consultant Episode) when histopathology is available
- Work with Evolve to initiate modifications for efficient access.

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 2015 - September 2016 0.929	1.003	1.164	0.688
		October 2014 - September 2015 1.020	1.00	1.177	0.652
		October 2013 - September 2014 1.009	1.00	1.198	0.597

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust considers that this data is as described for the following reasons. The source data for this indicator is routinely validated and audited prior to submission to HSCIS. The data has been extracted from available Department of Health information sources. The SHMI data is taken from <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 specialty 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 specialty level for the Trust	HSCIC	October 2015 - September 2016 46.8%	30.0%	56.3%	0.4%
		October 2014 - September 2015 49.0%	26.6%	53.5%	0.2%
		October 2013 - September 2014 44.0%	24.2%	49.4%	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. Publication of data is found here <https://indicators.ic.nhs.uk/webview/>. Figures reported are 'diagnosis rate' figures and the published value for England (ENG) 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
Patient Reported Outcome measures (PROMS) - Case mix adjusted average health gains i) groin hernia ii) varicose vein iii) hip replacement iv) knee replacement	April16-Sep16 (provisional, published Feb 2017)	(i) NA (ii) No data (iii) 0.419 (iv) 0.320	(i) 0.089 (ii) 0.099 (iii) 0.449 (iv) 0.337	(i) 0.162 (ii) 0.152 (iii) 0.525 (iv) 0.430	(i) 0.016 (ii) 0.016 (iii) 0.329 (iv) 0.260
	April15-Mar16 (provisional, published Feb 2017)	(i) NA (ii) NA (iii) 0.452 (iv) 0.329	(i) -0.805 (ii) -0.452 (iii) 0.438 (iv) 0.320	(i) 0.157 (ii) 0.145 (iii) 0.510 (iv) 0.398	(i) 0.021 (ii) 0.018 (iii) 0.320 (iv) 0.198
	April14-Mar15 (published Aug 2016)	(i) 0.084 (ii) NA (iii) 0.447 (iv) 0.319	(i) 0.084 (ii) 0.094 (iii) 0.436 (iv) 0.315	(i) 0.154 (ii) 0.154 (iii) 0.524 (iv) 0.418	(i) 0.000 (ii) -0.009 (iii) 0.331 (iv) 0.204

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 readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period (i) aged 0 to 15 (ii) aged 16 or over	HSCIC	2016/17 (i) = 0 (ii) = 4456 (11.1%) 2015/16 (i) = 0 (ii) = 3973 (10.9%) 2014/15 (i) = 0 (ii) = 3670 (10.4%)	Not available	Not available	Not available

The Trust considers that this data is as described for the following reasons. The source data for this indicator is routinely audited prior to submission.

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by routine monitoring of performance data and root cause analysis investigations where appropriate.

Quality Indicator	Data Source	Trust rate for noted reporting period	National average value	Highest value	Lowest value
Responsiveness to the personal needs of patients	National Inpatient Survey - NHS Digital	2016/17 - Not available	-	-	-
		2015/16 - 73.4%	69.6%	86.2%	58.9%
		2014/15 - 72.4%	68.9%	86.1%	59.1%
		2013/14 - 69.0%	68.7%	84.2%	54.4%

The Trust considers that this data is as described for the following reason. The data source is produced by the Care Quality Commission.

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust intends to take the following actions to improve this rate, and so the quality of its services. An action plan that addresses the issues raised in the report has been developed and will be overseen by Healthcare Assurance Committee, which is a 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 Staff Survey	2016 - 77.50%	69.85%	84.77%	48.86%
		2015 - 75.49%	69.17%	88.98%	45.73%
		2014 - 70.79%	67.45%	89.27%	38.17%

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/Caches/Files/NHS%20Staff%20Survey%202015%20organisation_sheet8_mean-1.xls

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 Strategy and Development 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)	Jan 2017	99%	96%	100%	80%
		Dec 2016	98%	96%	100%	76%
		Nov 2016	99%	96%	100%	75%
	(ii)	Jan 2017	96%	88%	100%	45%
		Dec 2016	93%	87%	100%	58%
		Nov 2016	94%	88%	100%	49%

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/ourwork/pe/fft/friends-and-family-test-data/

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 promotion of improvements made from patient feedback.

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	2016/17 = 95.8% 2015/16 = 96.13% 2014/15 = 95.2% 2013/14 = 93.9%	Not available	Not available	Not available

The Trust considers that this data is as described for the following reason. The VTE Score is based on the Department of Health definition and agreed by the local commissioners for CQUIN purposes. The source data for this indicator is routinely audited prior to submission.

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by the implementation of an IT application to support easier data collection and compliance.

Quality Indicator	Data Source	Trust rate for noted reporting period	National average value	Highest value	Lowest value
The rate per 100,000 bed days of cases of C difficile infection reported within the trust during the reporting period.	HSCIC	2016/17 8.80/100,000 bed days (17 confirmed cases) 2015/16 12.89/100,000 bed days (26 confirmed cases) 2014/15 10.44/100,000 bed days (21 confirmed) 2013/14 6.92/100,000 bed days (14 confirmed)	Not available	Not available	Not available

The Trust considers that this data is as described for the following reasons. The source data for this indicator is routinely validated and audited prior to submission. All cases of Clostridium difficile infection at the Trust are reported and investigated by the Infection Control Team and reported monthly to the Board of Directors. Reporting is in line with the requirements of the Health Protection Agency (HPA) and NHS Improvement (NHSI).

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by ensuring high standards of infection prevention and control are implemented, monitored and maintained.

Quality Indicator	Data Source	Trust rate for noted reporting period	National average value	Highest value	Lowest value
Number of patient safety incidents reported during the reporting period	NRLS	3945 April 16-Sept 16	Not available	Not available	Not Available
		4133 (Oct 15-Mar 16)	4818	11989	1499
		3832 (April 15-Sept 15)	Not available	12080	1559
Rate of patient safety incidents reported during the reporting period	NRLS	41.11 per 1000 bed days (April - Sept 16)	40.02 per 1000 bed days	Not Available	Not Available
		40.3 per 1000 bed days (Oct 15-Mar 16)	39.31 per 1000 bed days	75.91	14.77
		38.89 per 1000 bed days (April 15-Sept 15)	38.25 per 1000 bed days	74.67	18.07
Number of patient safety incidents reported during the reporting period that resulted in severe harm or death	NRLS	19 (April - Sept 16)	Not Available	Not Available	Not Available
		21 (Oct 15-Mar 16)	19	94	0
		16 (April 15 - Sept 15)	Not available	89	1
% of total number of patient safety incidents reported during the reporting period that resulted in severe harm or death	NRLS	0.5% (April - Sept 16)	0.4%	Not Available	Not Available
		0.5% (Oct 15 - Mar 16)	0.4%	2.0%	0%
		0.4% (April 15 - Sept 15)	0.4%	2.9%	0.1%

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 issued.

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has taken the following actions to improve this indicator, and so the quality of its services, supporting an open culture for incident reporting and investigation and has embedded new incident reporting system in 2016/17 to increase opportunities for reporting and further improve feedback and learning pathways.

Part 3

Review of quality performance in 2016/17

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

The Quality Strategy sets out the strategic quality goals of the Trust in relation to clinical priorities set against the previous year's risk profiles, patient outcomes and new clinically based evidence or published guidance. Each of the three sections has distinct quality patient focussed goals to achieve to deliver the strategic aim, and sets out how this will be monitored and the governance framework within which it will be monitored against. This is developed with key internal and external stakeholders and is approved and monitored by the Healthcare Assurance Committee (HAC) as a sub-committee of the Board of Directors. The HAC scrutinises the plans and approves them, monitoring monthly the quality performance, together with the risk profiles and the Trust Assurance Framework.

The following section provides an overview of the performance in 2016/17 against some of the quality indicators selected by the Board of Directors for the year. The indicators have been selected to demonstrate our commitment to patient safety, clinical effectiveness and enhancing the patient experience. The indicators provide continuity to data presented in the 2015/16 Quality Report and have also been selected on the basis of data collection, accuracy and clarity.

Patient safety

Reducing adverse events

The Trust has seen a slight decrease in the number of major and severe harm patient safety incidents reported during 2016/2017 and uploaded to the national reporting and learning system.

Table: Patient safety incidents reported during April 2015 to March 2017 and uploaded via the national reporting and learning system (NRLS)

	Total number reported 2015-2016	% of incidents reported 2015-2016	Total number reported 2016-2017	% of incidents reported 2016-2017
No Harm	5290	64.70%	5099	63.80%
Minor Harm	2707	33.11%	2684	33.58%
Moderate Harm	136	1.66%	171	2.14%
Major/Severe Harm	43	0.53%	38	0.48%
Total	8176		7992	

Duty of Candour

The Duty of Candour requires healthcare providers to respond to safety incidents that result in moderate or severe harm or death in line with Statutory Duty of Candour as detailed in The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Any patient safety incident meeting the criteria must be notified to the patient or the 'relevant person', as soon as the organisation is aware. Organisations have a duty to:

- apologise
- inform patients that an investigation will be undertaken
- provide the opportunity for them to be involved in that investigation
- provide patients and their families with the opportunity, and support, to receive and discuss the outcomes of the investigation

Duty of Candour is managed within the structure of the Trust's web-based risk management reporting system and is an integral part of the reporting and subsequent incident investigation process. All investigation processes require consideration and undertaking of the Duty of Candour as per national legislation

To support staff with Duty of Candour process.

The Trust has provided external training on Duty of Candour for members of staff across the Trust. We are committed to continuing to provide ongoing training to ensure consistency.

The Risk Management team are currently in the process of developing a toolkit to use as an aid to following the Duty of Candour process correctly.

Harm free care

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

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

In 2016/2017, based on a survey of 5418 inpatients over a 12month period April 2016 to March 2017, we achieved an average of 97.45% new harm free care (97.5% in 2015/16 and 97.2% in 2014/15). This compares to a national average of 97.72%.

Reducing Hospital Acquired Pressure Ulcers

On average less than 1.81% of the hospital inpatients surveyed in 2016/2017 using the National NHS Safety Thermometer tool had a reported hospital acquired pressure ulcer. This compared to 1.73% in 2015/16, 2.00% in 2014/15 and 2.20% in 2013/14.

The result is slightly higher than the national average of 0.91%.

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

All incidents of pressure damage (internally or externally acquired) are reported as a Safety Incidents via the Learning Event Report Notification (LERN) system. Each incident is investigated and in cases of significant pressure damage (a category three or four pressure ulcer) a ward review is completed. This identifies the incidents that require a

more formal investigation leading to a case review/panel meeting. The aim of the panel meeting is to identify any gaps in care and/or opportunities for learning.

In 2013/14 we reported 30 serious incidents of avoidable category three and four hospital acquired pressure ulcers. In 2014/15 this figure reduced by 33% to only 20 cases. In 2015/16 this reduced further to only 6 cases being reported as Serious Incidents. Our improvement aim this year was to reduce this number by a further 10% to no more than 5 incidents. During 2016/17 we reported a total number of 3 Serious Incidents realising a reduction of 50%.

Quality improvements implemented in 2016/17

- Implemented a competency framework and supporting toolkit for qualified and non-qualified staff focussing on pressure ulcer prevention and management
- Continue to work towards 100% bed base coverage of hybrid mattresses (inpatient areas)
- Continue working with our NHS England and commissioning colleagues to establish a core training standard across the area for all care providers
- A pressure ulcer session is included in the newly qualified doctors induction programme
- Directorate specific pressure ulcer workshops have been delivered, receiving very positive feedback
- All educational, training and resource material including patient information has been reviewed and refreshed in-line with the most up to date guidance

Improvement priorities for 2017/18

- A Band 5/PhD research post (clinical academic career pathway) in collaboration with Southampton University to examine human factors and barriers experienced when delivering best practice pressure area care has been established
- Continue to focus on increasing the Trust-wide training compliance
- Deliver a study day for hospital staff

- Continue to work closely with our commissioning and community partners.

Reducing harm from Inpatient Falls

All inpatient falls regardless of severity of harm, are recorded via the Trust online reporting system 'Datix'. Falls are investigated locally if classed as minor or no harm, and if classed as moderate or above, then a root cause analysis (RCA) is required. This will enable the investigators to identify good practice or to highlight any gaps to enable the learning to be focussed. This will also help to identify any trends that can be incorporated within the core and mandatory training.

In 2015/16 there were 1,722 reported falls in the Trust, 41 of which were classed as Moderate harm or above in severity. A Quality priority set for 2016/17 was to continue to work to reduce this number. The data show that the total number of falls in 2016/17 was 1600, with 37 classed as Moderate or above in severity. This equates to an overall 7% reduction in total falls from 2015/16 to 2016/17. The percentage of falls classified as Moderate or above remains the same at 2.3% for both years.

On average 0.42% of the hospital inpatients surveyed in 2016/17 using the national NHS Safety Thermometer tool had reported a patient fall resulting in harm. This compared to 0.43% in 2015/16 and a national average of 0.55% in 2016/17.

Our patient demographic includes a very high proportion of elderly frail people who often have multiple complex long-term conditions which may contribute to a higher risk of falls. In view of this, we make falls prevention a priority in the Trust and have developed a Falls Prevention plan to reflect this.

A key element of falls prevention is education. Falls prevention training and education is provided in three main streams:

- Essential core steps training: This is currently provided in a face-to-face manner. This training is mandated every two years for all clinical staff. Bespoke sessions are also provided for specific staff groups including overseas nurses and newly qualified Staff Nurses in their preceptorship

programme. This training focusses particularly around accuracy of mobility and falls risk assessment completion.

- Responsive focussed learning: This is provided face to face in the clinical area/ department as a result of a request from the Ward. Sessions are practical in nature and enable scenario based training.
- Manual Handling and Falls Champions Training. This initiative was reinvigorated in 2016/2017 with an aim to enable the wards and departments to have a person with enhanced knowledge as a local resource for keeping the staff up to date with national guidelines, and changes in practice. Becoming a champion involves the nominated member of staff to attend an initial two day training session and yearly updates. Champions are also encouraged to attend the Falls Steering Group in order to disseminate any feedback to their own areas. We have currently recruited and trained approximately 70 staff as champions.

Falls Steering Group

Another important component of falls prevention is the Falls Steering Group. This is chaired by the Head of Nursing and Quality for the Medical Care Group and attended by representatives from pharmacy, outpatients, wards, physiotherapy and occupational therapy, Christchurch day hospital and the Information Department. The group meets at least every two months and reviews information on NICE guidance, RCA case studies and any trends in Incident reporting.

National Falls Audit

Following the publication of the results from the last National Falls Audit in 2015, there has been a drive across the Trust in the areas that were highlighted for improvement. These were lying and standing blood pressure recordings as part of the falls risk assessment process and provision of walking aids out of hours. There has been a targeted approach to these items in any training delivery and champions are promoting this in their departments. The next audit is due to take place in May 2017 which will provide some assurance and further focus for next year.

Quality priorities for 2017/18

- Developing an e-Learning package for Falls Prevention training as part of our Blended Education and Training (BEAT) software
- Participation in the National Falls Audit
- A small pilot of a quality improvement idea is ongoing on an Older Person's Medicine ward. This involves each bay having a stock of two walking frames to enable easy access out of hours. Feedback is positive so far and formal evaluation will take place later this year.
- Increasing the number of Manual Handling/ Falls Champions in each area

National Staff Survey

The National Staff Survey was undertaken on behalf of the Trust by the Picker Institute. The staff survey questionnaire content is agreed nationally.


All staff employed by the Trust on 1 September 2016 were sent a survey questionnaire. Survey letters were sent directly to all staff via a mixed mode i.e. staff with an active email address received the survey by email, others by the internal postal system.

Staff completing the survey questionnaire returned it to the Picker Institute. Non-responders who received a paper questionnaire were sent two reminders, non-responders who were sent an electronic questionnaire received six reminders. Information regarding the survey was distributed in the weekly staff bulletin, on screensavers, on posters sent to each department and in the staff restaurant, by twitter messages and at a Health and Wellbeing event.

This year 44.9% of staff returned their survey questionnaire, a total of 1,968 staff. This is an improvement on the 37% response rate for the 2015 survey.

Full details of the staff survey results are included in the Trust Annual Report 2016/17.

In summary, overall the Trust has achieved a significant improvement on the results of the 2015 survey on 10 questions:

		Higher scores are better 	
		2015	2016
5b	Satisfied with support from immediate manager	69%	73%
7f	Immediate manager takes a positive interest in my health and wellbeing	66%	70%
8c	Senior managers try to involve staff in important decisions	32%	36%
9e	Not felt pressure from manager to come to work when not feeling well enough	71%	77%
15c	Not experienced harassment, bullying or abuse from other colleagues	80%	83%
15d+	Last experience of harassment/bullying/abuse reported	35%	46%
19+	Had mandatory training in the last 12 months	92%	96%
20a+	Had appraisal/KSF review in last 12 months	79%	95%
21a	Care of patients/service users is organisation's top priority	76%	80%
21b	Organisation acts on concerns raised by patients/service users	74%	77%

The top five ranking scores for the Trust were in relation to:

- Percentage of staff able to contribute towards improvements at work (RBCH score 76%, national average for acute Trusts (70%).
- Effective team working (RBCH score 3.86%, national average for acute trusts 3.75%).
- Percentage of staff appraised in the last 12 months (RBCH score 95%, national average for acute trusts 87%).
- Staff satisfaction with the level of responsibility and involvement (RBCH score 4.01%, national average for acute trusts 3.92%)
- Recognition and value of staff by managers in the organisation (RBCH score 3.57%, national average for acute trusts 3.45%).

The specific results for indicators KF26 and KF21 are as follows:

		RBCH score 2016	National average for acute trusts - 2016
KF26	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	23%	25%
KF21	Percentage believing that the Trust provides equal opportunities for career progression or promotion	89%	87%

Staff throughout the Trust were invited to participate in Cultural Feedback sessions to gain a greater depth of understanding of the results and to participate in developing a new Trust Vision. Care Group/Directorate action plans are under development and will be reported at half-yearly reviews and to the Workforce Committee.

The full report, together with Directorate results, has been made available to staff on the intranet and the key findings have been communicated via Core Brief and the Trust's Facebook page.

Workforce Race and Equality Standard

The National Staff Survey report also provides this data split to show separate results for White and Black Minority Ethnic (BME) employees. This split data forms part of the Trust's Workforce Race and Equality Standard (WRES) submission. The WRES is a set of 9 metrics (indicators) selected to identify 'gaps' between the experience that White and BME staff have in the workplace.

The Equality, Diversity and Inclusion Committee has developed an action plan with actions designed to improve experiences for all staff and narrow the gaps between the experience of White and BME staff. We now have 3 sets of data from the Employee Surveys conducted in 2014, 2015 and 2016. This data is presented below and demonstrates the following results on a year on year basis:

Indicator	Employee Survey Results					
	2014		2015		2016	
	White	BME	White	BME	White	BME
KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	25	33	26	28	22	27
KF21. Percentage believing that trust provides equal opportunities for career progression or promotion	91	65	90	75	90	77

KF26: Fewer staff are experiencing harassment, bullying or abuse from staff and more staff: For white staff a small increase in 2015, then a significant drop in 2016. For BME staff a significant drop in 2015 followed by a small drop in 2016. However, there still remains a significant gap between the experiences reported by White and BME staff.

KF21: Percentage believing that trust provides equal opportunities for career progression or promotion: For White staff a small decrease in 2015, and the same result for 2016. For BME staff a significant increase in 2015 followed by a small increase in 2016.

While there still remains a gap between the experiences reported by White and BME staff, there is evidence of this becoming significantly narrower.

Improving Staff Health and Wellbeing

The Trust recognises that the health and wellbeing of staff is not only important to individuals but also a key enabler to providing excellent care to patients. The health, safety and wellbeing of staff directly contribute to organisational success and poor workforce health has a potentially high cost.

The Trust's health and wellbeing strategy has been designed to embrace the whole person - physical and mental health both inside and outside of the workplace, acknowledging that a person's wellbeing is greater than simply the absence of ill health and disease, it is a feeling

of physical, emotional and psychological wellness.

The Trust has in place a multi-disciplinary Valuing Staff and Wellbeing Group, which includes management, staff, staff side representatives and governor representatives and who work together to promote a range of initiatives for the health and wellbeing of staff. They also receive regular reports on overall sickness absence for the Trust, with specific attention being paid to musculo-skeletal and mental health issues.

In summary, the strategy promotes:

- Physical health and wellbeing - corporate gym membership, in-house exercise programs, such as pilates, zumba, circuits and a running club, an on-site weight management club, smoking cessation promotions, fast track physiotherapy for staff
- Mental and emotional wellbeing - promotion of the Employee Assistance Programme, stress management workshops, managing mental health issues, resilient mind training and mindfulness sessions
- Health promotion - health checks/ assessments, linking to national campaigns (e.g. alcohol and drugs, change for life), vaccines, health and wellbeing staff wellness days
- Advice and signposting - policy advice, employment law, communication e.g. intranet, corporate induction (drawing attention to principles and policies)
- Organisational wellbeing and people management - leadership and management training so that managers are confident in supporting health and wellbeing, for example; in managing change, workplace stressors - recognising that effective leadership is vital to building and sustaining an organisational culture where staff can thrive
- Economic wellbeing - promoting opportunities to have fun and save money; with a staff benefits and offers page on the intranet
- HR intervention - identify trends in sickness and develop appropriate interventions, with managers, as informed by our workforce information and surveys, e.g. fast track services, stress hotspots (stress management workshops)

Schwartz Rounds

In 2016, The Trust introduced Schwartz rounds as an opportunity for staff to get together to discuss the social and emotional issues we face in caring for patients and their families.

Schwartz rounds are used in over 120 trusts in the UK currently, as a forum to share thoughts and feelings on topics drawn from patient and colleague experiences and have been successfully proven to reduce stress in staff who attend them, and also improve our capacity to manage the psychological aspects of patient care.

The Trust's first Schwartz round took place in September 2016 and are now held monthly. Each round includes three or four short presentations from our staff based on a particular theme. There is then a confidential discussion which is open to all present.

The topics of the Schwartz rounds are put forward by our staff and we have found this to positively aid engagement. The premise is that by engaging in Schwartz rounds, we are better able to make personal connections with patients and colleagues when we have greater insight into our own responses and feelings.

Four Schwartz rounds have been held so far since September. Topics have been A Colleague I'll never forget, Why I'm Proud to work at Royal Bournemouth Hospital, A patient I'll never forget and In the Deep Mid-Winter.

174 staff, from a wide range of staff groups, have attended to date. Formal feedback from the sessions has been very positive.

- "Good to talk about emotions not benchmarks"
- "It was a wonderful being part of such a positive experience- thank you"
- "I thought it was well facilitated- I'm leaving feeling very grateful for my colleagues across the hospital"
- "Great to share our experiences this way. Should be a regular part of practice"

Topics and Sessions for 2017/2018 have been developed.

Displaying Quality Data on our Wards



As part of our Quality Strategy, during 2016/2017 we have improved our quality reporting and provided ward areas with new display boards (HOTBOARDS) to display their quality/safety and peer review information.

It is also an opportunity for the wards to provide welcoming and helpful messages to patients and visitors attending the ward.

Annual Safety and Quality Conference

The Trust held the second annual Safety and Quality Conference on Friday 16 September 2016. This follows the success of the first which was launched to help ensure our patient care is as safe as possible.

Preventable errors can and do happen, and we need to be able to learn from these events, and this is only possible if we are able to talk about them in an open and non-judgemental way. This year there were a range of very frank and honest talks from a range of clinicians on what happened when things did go wrong and what was learnt from these events.

The conference included presentations on what we have learnt from SI and never events, details of our growing number of Quality Improvement (QI) programme and an update on our Cultural Audit by our Change Champions.

Over 350 staff attended and the event was positively evaluated.

“We’re really proud to be able to say we acknowledge our mistakes and try to learn and improve from them. It was also an opportunity to look at what we’re doing as a Trust to work towards positive change.”

“Today was about honesty and it demonstrates that it’s not about attributing blame to an individual. There’s nothing more powerful than those individual stories that put a name and a person to something and we learn from that sort of thing much better than what a text book says about something.”



Clinical effectiveness

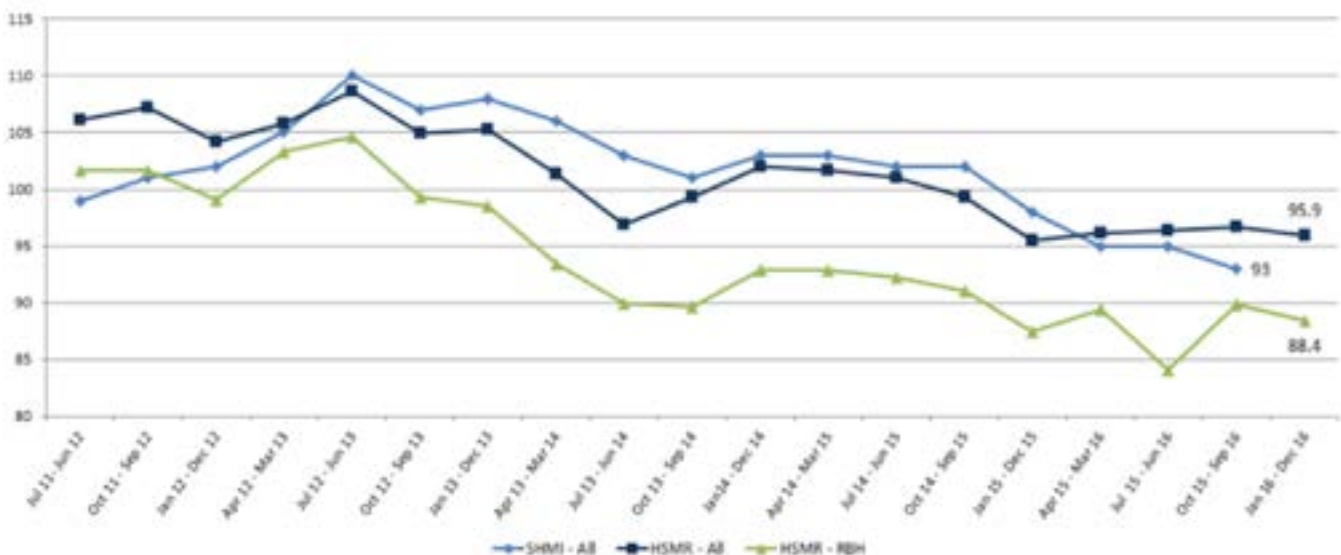
Reducing Mortality

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

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

As previously highlighted, the Trust has a multi-disciplinary Mortality Surveillance Group, chaired by the Medical Director, to review the Trust’s HSMR (Hospital Standardised Mortality Ratio) and Dr Foster Intelligence Unit mortality risk reports on a monthly basis

SHMI and HSMR, July 2011 to December 2016



Trust HSMR has significantly improved (reduced) over last 3 years compared to the national average (100). The Trust HSMR for the financial year 2015/16 was 96.7 which is a significant achievement as we are also one of only a few Acute Care Trusts to have (and as a result include in our mortality figures) an on-site ‘specialist palliative care’ unit.

Current HSMR for this financial year (April to December 2016) is 92.6 which is better (lower) than ‘national average’ and puts our Trust in top 5% nationally.

NHS Digital statistics indicator for SHMI shows a lower reported rate. The improvement is in parallel with HSMR and confirms significant improvement in mortality ratios and our determination to improve quality of care for our patients.

Improving care for Stroke patients

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust 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. The purpose-built 36 bedded stroke unit includes hyper-acute, acute and rehabilitation beds, neurogym, patients dining and activity room and a therapeutic garden. There is a very close working relationship between colleagues in emergency and radiology departments who support the provision of the 24/7 thrombolysis (blood clot-busting treatment) service and initiatives such as the direct door to CT pathway.

In 2015/16 the Trust established a Stroke Outreach service. The service enables patients with suspected stroke to be seen by Stroke Specialist Practitioners in the Emergency Department immediately on their arrival to hospital and ensures that patients consistently receive early stroke specialist assessments, CT scans and timely access to the unit.

During 2016/17 the Stroke team has continued to make further improvements without additional resourcing to streamline patient care. Simple changes to multidisciplinary working practices have been implemented, including the introduction of a single multi-disciplinary team (MDT) assessment for all new admissions, creation of a 6 week MDT Stroke follow up clinic, and re-design of MDT meetings. This has resulted in less duplication for patients and a reduction in the time taken for patients to be seen.

In 2016, the new Ambulatory Care Clinic for patients with milder severity stroke symptoms was established. This weekday clinic ensures daily review of any weekend admissions, stroke mimics and stroke patients requiring early follow up. Working with Radiology colleagues has also improved fast access to specialist assessments and investigations. The Ambulatory Care Clinic has thereby had a significant impact on reducing unnecessarily prolonged hospital stays for many of our patients.

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

Sentinel Stroke National Audit Programme Results

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

Over the past two years we have seen our performance improve from a consistent SSNAP Level D prior to Q3 of 2014/15 to a sustained SSNAP Level A from Q4 2015/16 to date. The table below provides a summary of our most recent reported SSNAP performance.

Quarter	Oct-Dec 2015	Jan-March 2016	Apr-July 2016	Aug-Nov 2016	National Average
SSNAP level	B	A	A	A	
SSNAP score (team-centred)	80	88	86	86	
Case ascertainment band	A	A	A	A	A
Audit compliance band	A	A	A	A	A
1. Scanning	C	B	C	C	B
2. Stroke unit	C	C	C	C	C
3. Thrombolysis	C	B	C	C	C
4. Specialist Assessments	C	B	B	B	B
5. Occupational therapy	A	A	A	A	A
6. Physiotherapy	B	B	A	A	B
7. Speech and Language therapy	A	A	A	A	C
8. MDT working	B	A	A	A	C
9. Standards by discharge	A	A	A	A	B
10. Discharge processes	A	A	A	A	B

For the last SSNAP report the Trust achieved a score of 86 which is a SSNAP Level A. (A score of 80.1 or more achieves a SSNAP Level A) Nationally for T2 (August -November 2016), only 19% of Trusts achieved a SSNAP Level A (41 Trusts out of 228). From a local and regional perspective, RBCH is the only Trust to have achieved SSNAP A within Dorset, Wessex and the South West of England.

Morwenna Gower, Stroke Services Manager, said: ***“We are extremely proud of our continued SSNAP Level A rating which reflects the commitment of our whole team, and the wider hospital teams, to deliver an excellent standard of care for our patients and their families. The stroke team members work so closely with each other and this is a real joint effort!”***

In 2016/17 there has been sustained performance with the proportion of patients having a CT brain scan within 12 hours of arrival at hospital. This is a result of a new Stroke Outreach Team and Acute CT request for stroke protocol.

Proportion of patients scanned within 12 hours	Q1	Q2	Q3	Q4
2015/16	88.2% (N.A. 90.1%)	91.9% (N.A. 91%)	87.8% (N.A. 91.8%)	90.8% (N.A. 92.6%)
	T1	T2	T3	
2016/17	91.3% (N.A. 93.2%)	92% (N.A. 93.5%)	Not yet complete	

N.A. is national average

T refers to Tertile reporting introduced by SSNAP in April 16 (T1 Apr-July, T2, Aug-Nov, T3 Dec-March)

All people with suspected stroke should be admitted directly to a specialist acute stroke unit. Throughout 2016/17 we have maintained our performance and continue to perform above national average for the proportion of patients directly admitted to a stroke unit within four hours of arrival at hospital (or of stroke if a patient has a stroke whilst an inpatient). The implementation of Quality Improvement initiatives have improved access to the unit.

Proportion of patients directly admitted to the stroke unit within 4 hours	Q1	Q2	Q3	Q4
2015/16	65.7% (N.A. 58.7%)	75.9% (N.A. 61.8%)	68.6% (N.A. 59.8%)	71.7% (N.A. - 54%)
	T1	T2	T3	
2016/17	72.1% (N.A. 59.3%)	68.7% (N.A. 58.5%)	Not yet complete	

N.A. is national average

T refers to Tertile reporting introduced by SSNAP in April 2016 (T1 Apr-July, T2, Aug-Nov, T3 Dec-March)

Patient feedback:

“You should be proud of who you are and what you do”

“The important thing is I was never left unobserved all the time I was there and felt very safe in the hands of Dr’s, nurses and carers”

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. The stroke ESD service continues to support higher number of patients than the national average.

Proportion of patients supported by stroke ESD on discharge from hospital	Q1	Q2	Q3	Q4
2015/16	49.6% (N.A. 31.7%)	41.1% (N.A. 31.8%)	46.5% (N.A. 33.7%)	36.7% (N.A. 34.3%)
	T1	T2	T3	
2016/17	38.9% (N.A. 33.7%)	44.7% (N.A. 34.5%)	Not yet complete	

N.A. is national average

T refers to Tertile reporting introduced by SSNAP in April 16 (T1 Apr-July, T2, Aug-Nov, T3 Dec-March)

Improving Patient Flow in Urgent care

A large scale quality improvement project has been underway across the Trust this year (2016/2017) to improve the flow through the hospital.

This large scale Quality Improvement project began in 2014/15 and some of the early achievements from the first phase included the expansion of ambulatory care in acute medicine, improved specialty in-reach provision from ‘front door’ areas and reduced waiting times for clerking new admissions. These delivered improvements in quality of care, performance and financial savings equivalent to around £3 million. The project team were shortlisted for a Health Service Journal award in recognition of their achievements.

However, as with other trusts, we continue to face significant pressures in our unscheduled care pathways due to the rise in demand for acute care.

The second phase of the project in 2016/17 aimed to make further improvements in patient pathways to accommodate the growing demand for services and ensure a high quality, responsive service for our patients.

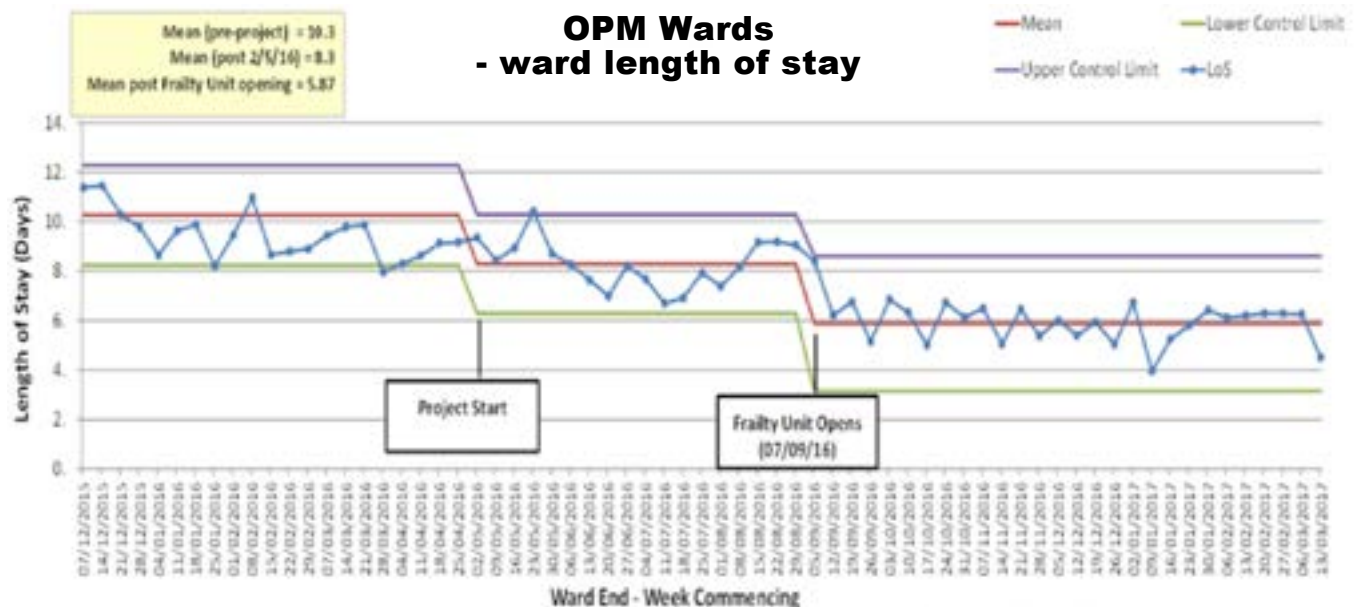
Specific aims included:

- To implement a frailty pathway with direct admissions to Older Person’s Medicine
- To provide rapid access Cardiology input for admissions and admission avoidance

- To provide early access to Rapid Access Chest Pain Clinic for chest pain of recent onset
- To ensure early access to investigations
- To develop an integrated Acute Medical admissions unit and ambulatory care service with 7 day specialty in-reach
- Increased Consultant review of inpatients
- Increased ambulatory care access within Treatment Investigation Unit

What did we achieve?

- Implementation of acute frailty unit and frailty pathway in September 2016. The new Unit and pathway enables a streamlined service for Older People to access a Comprehensive Geriatric Assessment within two hours of decision to admit to hospital. Through changing our pathway, the overall length of stay and number of patients who are medical fit and unable to be discharged have reduced and successful discharges have increased.
- There is now a dedicated space for an ambulatory Cardiac Clinic provided on Ward 21. This facilitates early access to specialist assessment.
- Implementation of daily (including weekends) Respiratory Consultant ward rounds for patients that are unwell, and new or potential discharges on Wards 2 and 3.
- Reduction in Length of Stay (LOS) from 10.3 days to 5.87 days for patients within the Older Person’s Medicine directorate



Emergency Laparotomy Surgery - Improving patient outcomes through Quality Improvement

The National Emergency Laparotomy Audit (NELA) November 2014 results indicated that the Trust performance for mortality associated with Emergency Laparotomy was ranked as average. The crude mortality rate was 11.9% and high-achieving centres had a much lower rate of around 5%.

As a result a Quality Improvement project was commenced in December 2014 with a clear aim to 'reduce mortality rate from emergency laparotomy surgery from 11.4% to 9% by the end of 2015/2016'.

Following introduction of a new Emergency Laparotomy Pathway the project achieved its initial aim of reducing the mortality rate from 11.9% to below 9% by March 2016.

The project is still going strong and over the past year there have been a number of key achievements:

- Sustained low mortality rates
- Introduction of an acute abdomen pathway
- Now an active member of the Wessex collaborative for emergency laparotomy
- Commencement of joint mortality review meeting with Surgery and Anaesthetics teams
- Introduced new surgical and anaesthetics charts
- Overall increased awareness across the Trust especially within surgery regarding the care of this patient group

Currently the mortality rate for Emergency Laparotomy in the Trust continues to be under the target of 9%.

Quality Improvement 'next steps' for 2017/2018

- continue participation with the Wessex Collaborative
- incorporate acute abdomen pathway into the generic admission booklet

HSJ Award nominations

The Trust was delighted that two of our teams have been shortlisted for the 2017 HSJ Value in Healthcare Awards, due to be presented in May 2017. These prestigious, national awards recognise outstanding practice and cutting-edge innovations in healthcare.

Our Christchurch Day Hospital Team has been recognised in the category 'Improving Value In The Care Of Frail Older Patients.' Recognising the need for change, our Day Hospital Team worked with Bournemouth University to achieve Practice Development Unit Accreditation, identifying ways to improve and taking ownership of their own 'light bulb moments'. The team achieved huge changes, from financial savings, to reducing waiting times from 12 to five weeks.

The team has also worked to involve patients when making improvements and found new ways to liaise with the wider healthcare community, attending virtual ward rounds with local GPs to identify frail older people earlier.

The second shortlisting is for the category 'Improving the Value of Surgical Services'. Working closely with our vascular consultants, Marcus Blake and Tim Randell from our orthopaedic and physiotherapy teams developed a soft cast protector for amputee patients. The new soft cast protector has been designed to be lightweight and comfortable, aiming to reduce the risk of falls related to badly fitting post-operative casts. Their entry outlined that: "for the small cost of fitting a soft cast amputee protector, we are potentially saving hundreds of pounds in reduced length of stay, reliance on pain killers, reliance on carers and thousands of pounds if someone needed revision surgery".

The Nursing, Allied Health Professional (AHP) and Biomedical Science Staff Conference

This conference was held on 11 May 2017 to celebrate the respective international midwives and nurses day with our staff and also to embrace our AHP and biomedical science colleagues. The conference was attended by over 100 members of staff from different staff groups. National keynote speakers included Dame Donna Kinnair, Director of Nursing, Policy and Practice at the RCN, and Shelagh Morris, Deputy Chief Allied Health Professionals Officer, NHS England. The afternoon was a celebration of practice improvement as staff presented the work they were doing in their own areas.

Bournemouth Diabetes and Endocrine Centre (BDEC) celebrate National Standards

BDEC has recently been awarded three national quality standards by the Quality Institute for Self-Management Education and Training (QISMET), an independent body, for its structured education programmes, BERTIE, Pumps and LWD (Living with Diabetes).

Gaining QISMET certification is true marker of excellence and an effective way to demonstrate the management and delivery of programmes is of high quality.

***“Once again the Diabetes Team has demonstrated its commitment to provide the highest quality assured education and service to our patients. They are a truly remarkable team of which I am very, very proud. We are delighted to be recognised for this and it is very timely in that the BERTIE education programme is about to be rolled out across Dorset as part of the Dorset Diabetes Service.*”**

Dr Helen Partridge,
Consultant and Clinical Lead Diabetes and Endocrinology

Information Standard Quality Mark

Patients coming to the Royal Bournemouth and Christchurch hospitals can be assured the information they are receiving is of the highest quality thanks to the Information Standard quality mark.

A selection of the Trust’s patient information leaflets were assessed by the Royal Society for Public Health before being awarded the mark.

The Information Standard is a certification scheme commissioned by NHS England which assesses whether the information an organisation produces is clear, concise, evidence-based and current. It also aims to ensure that a robust system is in place for the approval and recording of medical information.

The Trust produces a wide range of patient information including advice on preparing for a clinical procedure, details and guidance on specific diets, and advice following surgery. Achieving the accreditation means all of our patient information leaflets can continue to carry the official Information Standard quality mark - a clear indication that it is accurate and reliable.

***“It is essential that our patients get accurate written information about their condition, treatment, operation or procedure in a format they can understand. Our leaflets are important for patient carers and families, as the information we provide keeps them well informed, helping to allay any fears or concerns they may have.”*”**

Joanne Sims,
Associate Director of Quality and Risk

The Trust has more than 1,200 patient information leaflets currently in circulation which have gone through a detailed approval process. Information is reviewed on a monthly basis and also includes website content and patient films. In 2016, more than 100 new leaflets for patients were produced.

Improving accessibility for website users

The Trust has installed the reading and translation support tool Browsealoud, to ensure its website content is accessible to all.

The tool, available from any page of the RBCH website, is able to read aloud in 78 languages including English, Afrikaans, Polish, Turkish and many more.

Users simply select the orange headphone logo, highlight the text they'd like read aloud, select their preferred language and press play.



The tool offers a diverse range of reading and translation support. The primary function is turning text into speech, allowing users to click on any text to hear it read aloud while being highlighted for visual guidance. Visual guidance offers magnification of the highlighted text.

The tool also allows users to download and store content as an MP3 file.

The software, which works best on Firefox and Google Chrome, is designed to block screen distractions using a tinted mask, simplify the website and allows users to customise options to suit their individual needs.

All the features are accessed from an easy-to-use, floating toolbar - allowing the user to drag and drop it anywhere on screen. The Trust website also includes additional guidance, including a user friendly video, on how to maximise use the tool.

For more details go to Accessibility page on the Trust website www.rbch.nhs.uk/about_the_trust/accessibility.php

Patient experience

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

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

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

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

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

(National FFT Question)

The national directive to implement the Friends and Family Test question has been cascaded throughout the Trust.

The results are reviewed through the Healthcare Assurance Committee and action taken 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.

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

FFT April 13 - March 14 (all areas)		FFT April 14 - March 15 (all areas)		FFT April 15 - March 16 (all areas)		FFT April 15 - March 16 (all areas)	
Extremely likely responses	16626	Extremely likely responses	25711	Extremely likely responses	34089	Extremely likely responses	34065
Likely	3466	Likely	5013	Likely	6289	Likely	5264
Neither likely/nor unlikely	437	Neither likely/nor unlikely	569	Neither likely/nor unlikely	569	Neither likely/nor unlikely	498
Unlikely	208	Unlikely	246	Unlikely	232	Unlikely	215
Extremely unlikely	287	Extremely unlikely	380	Extremely unlikely	391	Extremely unlikely	358
Total	21024	Total	31919	Total	41570	Total	40400

FFT April 13 - March 14 (all areas)		FFT April 14 - March 15 (all areas)		FFT April 15 - March 16 (all areas)		FFT April 15 - March 16 (all areas)	
Extremely likely responses	79.1%	Extremely likely responses	80.6%	Extremely likely responses	82.0%	Extremely likely responses	84.3%
Likely	16.5%	Likely	15.7%	Likely	15.1%	Likely	13.0%
Neither likely/nor unlikely	2.0%	Neither likely/nor unlikely	1.8%	Neither likely/nor unlikely	1.4%	Neither likely/nor unlikely	1.2%
Unlikely	1.0%	Unlikely	0.8%	Unlikely	0.6%	Unlikely	0.5%
Extremely unlikely	1.4%	Extremely unlikely	1.1%	Extremely unlikely	0.9%	Extremely unlikely	0.9%

Inpatient returns have remained above the 15% compliance target and the percentage of patient to recommend has remained around 98% and consistently in the higher end of the top quartile for trusts.

Emergency Department returns have been below the 15% compliance target but work is ongoing to try to improve uptake and ensure patient engagement in the FFT return. The good news is that the percentage of patient to recommend is predominantly in the top quartile of trusts in the country with occasional dips into the second quartile. This may be indicative of an increased service demand at these times but the return data is too low to accurately assess this.

While there is no national compliance target for Outpatient Departments, the number of returns when shown against the number of patients eligible to respond each month is around 6%. Patient recommendations remain fairly consistent at around 96% and at the lower end of the second quartile with occasional dips into the third quartile.

Working with our volunteers to support patient experience

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

- Royal Voluntary Services
- Chaplains
- League of Friends Christchurch
- League of Friends Bournemouth
- Friends of the Bournemouth Eye Unit
- Hospital Radio Bedside
- Macmillan Caring Locally
- Healthwatch
- The Patients Association
- Bournemouth Leukemia Fund

Bluecoat volunteers duties are extensive, including:

- reception areas meet and greet
- ward support including tea and coffees
- patient companions, who have dementia awareness training
- administration support throughout the Trust
- driving the indoor bus to help patients and visitors around the hospital
- surveying patients for real time patient feedback
- meal time companions and meal time assistants
- pharmacy robot
- medical photography escort
- End of Life Companions
- Pets As Therapy (PAT) dogs



- Stroke unit- Speech and Language therapy (SALT) volunteers assist with conversations
- Physiotherapy volunteers
- One off requests to escort patients
- Patient-Led Assessments of the Care environment (PLACE) visits
- Heart Club volunteers
- Security/CCTV volunteers
- Young volunteers
- Internal Cardiac Defibrillator (ICD) Buddies
- Stoma Buddies
- Breast Care Headstrong volunteers



Our Bluecoat Volunteers



Mealtime Companions



Young Persons event and Student Volunteer Patient Experience Award

We have continued to work with our younger volunteers too. This year we have held a First Aid training course for our young volunteers and future Young Person's Stakeholder events are being planned for 2017/18 to ensure we understand what would attract younger people into volunteering and how we can make it as enjoyable and worthwhile for them as we can.

In year the Trust has started to present and celebrate longstanding contributions from our volunteers with Length of Service awards for 5, 10, 15, 20 and 25 years' service to the Trust.



One of our volunteers receiving their 15 year service award

We continue to recruit volunteers who are happy to provide support during the day (especially afternoons) or at evenings or weekends.

The Board of Directors are very grateful for all the excellent work the volunteers provide and would like to publicly thank them all for their continued support to our patients and the organisation.

To show their appreciation this year the Trust hosted the annual afternoon tea in a marquee by the lake.



Anne Alcock has been volunteering in the Oncology Department at RBH for seven years. She said:

“I’ve been to a few tea parties now and I always enjoy them. Being together with the other volunteers - whose names I only usually see written in the diary - was a real highlight for me. We share a goal so it was nice to all get together. The atmosphere was great and it meant a lot to be recognised by the senior team.”

Jean Cargill volunteers for four shifts each week and has been with us for just over a year. She said:

“I didn’t realise how many of us there were until we all got together for the tea party. It was a lovely reception - a real treat.”

Quality Improvement plans for Patient Experience 2017/2018

- A series of focus groups are arranged for the coming year including a week-long event focusing around Carers Week and supported by a number of local care support groups and short talks
- Lesbian, gay, bisexual and transgender (LGB&T) work continues to make sure the Trust is accessible to all. The Vox Pop video completed and used on several occasions and well received at Trust Board the Wessex Quality and Improvement Conference
- Work continues with the Informatics department to triangulate the patient experience data, giving the wards automated feedback monthly instead of quarterly.

Care Campaign Audit

One of the main patient feedback audits this year has been the Care Campaign Audit. In partnership with The Patients 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 nutrition.

A review of the questions has been carried out by the senior nurse group. The audit questions have been reviewed and refined to respond to common themes across the Trust with minor alterations made to some questions to drill down to more specific responses.

The table below indicates some of the scores for annual comparison.

Care Campaign Question	March 2015 Score	March 2016 Score	March 2017 Score
Section 1 Communicate with care and compassion (total of all questions) e.g.	90%	91% ↑	93% ↑
Did staff ask you what name you preferred to be known by/ called	92%	91% ↓	93% ↑
Do staff use your preferred name when they speak to you	95%	98% ↑	99% ↑
Section 2 Assistance and ensuring dignity (total of all questions)	94%	95% ↑	95% ↔
Section 3 Relieve pain effectively (total of all questions) e.g.	84%	87% ↑	92% ↑
Do staff use other methods to relieve your pain?	83%	79% ↓	94% ↑
Section 4 Ensuring adequate nutrition (total of all questions)	94%	93% ↓	94% ↑
Are the meals provided enough for you?	87%	95% ↑	95% ↔
If you are unable to eat a full meal were you offered regular snacks and drinks?	89%	90% ↑	95% ↑
Are you supported to eat your meals without interruption?	93%	94% ↑	92% ↓
Section 5 - Managing expectations (total of all questions)	91%	94% ↑	91% ↓

The results of the Care Campaign Audit (CCA) have been used to identify four main themes for action. Working groups led by Matrons have been set up to look at Quality Improvement opportunities for pain management, food and drink, response to call bells and noise at night

Learning from complaints and concerns

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

There were 293 formal complaints received by the Trust for 2016/17, which is a reduction on the previous year (313 complaints received in 2015/16) complaints.

In year the Complaints Team has been reviewed with new work patterns and procedures introduced. A new Complaints Performance meeting has been initiated and this has resulted in high engagement within directorates and improved turnaround in complaint response times.

The focus of the Patient Advice and Liaison Service in resolving concerns informally with front line staff has been constructive and has supported early discussion and resolution with complainants. The Trust has introduced Customer Care training, which details how to respond to an arising concern and how the PALS team can support staff to manage and resolve concerns. More meetings have been offered to resolve concerns and a sustained focus on closing complaints, and ensuring outcome actions and learning has taken place.

Complaint outcomes

There were 293 formal complaints reported into the Trust with appropriate apologies offered in the letter of response from the Chief Executive. Directorates are required to follow through changes resulting from upheld complaints within their own risk and governance meetings, recording these and reporting them into their governance meetings. A focus on ensuring outcomes are systematically recorded and learning is disseminated remains the focus for the 2017/18 year plan.

Subjects of complaints

The main categories of complaint were as follows:

Subject	Formal Complaints 2016/17		Formal Complaints 2015/16	
	Number	Proportion	Number	Proportion
Implementation of care	135	46%	112	36%
Admission, transfer and discharge	52	18%	61	20%
Diagnostic tests (not pathology)	25	8%	58	19%
Communication and consent	61	21%	55	18%
Medication	1	0%	9	3%
Security	2	1%	3	1%
Equipment, resources and staffing	5	2%	2	1%
Food Safety and Service	0	0	1	0%
Visitor incidents/accidents	1	0%	1	0%
Treatment, procedure, care	0	0%	1	0%
Staff incident	0	0%	1	0%
Patient incidents (including falls, other accidents and self-harm)	5	2%	7	2%
Environment	3	1%		
Infection Control	2	1%		

Changes resulting from Complaints

One of the main purposes in investigating complaints is to identify opportunities for learning and change in practice to improve services for patients. Examples of changes brought about through complaints are as follows and have been reported on the Trust website in year.

Problem	We did
“My husband was told at 13.30 he could go home but we had to wait until 5pm for his medications and letter”.	<ul style="list-style-type: none"> ● Inform our patients’ and relatives about how long it will take to obtain medications from pharmacy. ● Weekend extended pharmacy services to be continued Summer 2017.
“The waiting area is dark and some of the chairs are worn”.	<ul style="list-style-type: none"> ● We have decorated the waiting area and are in the process of raising funds to refurbish the chairs.
“A delay in organising my medication for discharge resulted in me having to wait longer than anticipated on the ward.”	<ul style="list-style-type: none"> ● Ward staff have been reminded to use the Pharmacy drug tracking system so that they can monitor the progress of patients’ medications. The pharmacy weekend service is currently being reviewed.
“I was not kept informed about delays in clinic”	<ul style="list-style-type: none"> ● Reminded staff of the importance of informing patients of any delays in clinic and also making sure this has been done electronically so patients can see on the screens in the waiting area.
“Someone tried to call me to ask me to come in to hospital later, but it was a withheld number, so I didn’t answer”	<ul style="list-style-type: none"> ● We now have a telephone number that comes up when we ring you, so you can identify who is calling enabling you to call us back or answer the next call.
“I am worried that my belongings will get lost in transit if I have to move wards. This happened to one of my neighbours”	<ul style="list-style-type: none"> ● We have organised training for our volunteers to assist in packing up patient belongings to make sure they are appropriately transferred should you have to move wards.
“I live a long way away and I’m worried my mum, who has dementia, has no one to keep her company on the ward when I’m not there”	<ul style="list-style-type: none"> ● Our ward volunteers have comprehensive training as dementia companions, and often play cards; dominos and share memory books. We are starting some art groups and music too.
“The pre-operation patient information wasn’t clear.”	<ul style="list-style-type: none"> ● Staff are in the process of reviewing all pre-assessment patient information literature.
“It would have been helpful to have a toilet roll holder fixed to the wall in bathroom”	<ul style="list-style-type: none"> ● We have had attached all toilet roll holders to the walls and fixed any that needed repair.
“The tea/ coffee bar shut early so no refreshments available”	<ul style="list-style-type: none"> ● We do have a cold water dispenser in the department for everyone to use, also there are now two vending machines in the corridor between main outpatients and eye outpatients for use when the coffee bar is closed. ● We are looking into extending the tea bar opening hours and have ordered a vending machine for the department.

Problem	We did
“There is a lack of appointment information and waiting time expectation within my letter”	<ul style="list-style-type: none"> • Reviewed and updated patient appointment letters.
“I think it would be nice to have some background music. The waiting area feels quite awkward”	<ul style="list-style-type: none"> • A television is now fitted in the waiting room to make the environment more patient friendly.
“Because he suffered from MS and was unable to press the hand held alarm bell he felt a little isolated sometimes”	<ul style="list-style-type: none"> • Staff have been reminded that chin bells are available and to offer extra attention to patients who are unable to press call bells themselves.

Referrals to the Parliamentary and Health Service Ombudsman

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

In 2016/17 11 cases were investigated by the Parliamentary and Health Service Ombudsman (PHSO) compared to 12 in 2015/16. The PHSO fully or partially upheld two cases, three were not upheld and six cases are still in progress. This is in line with previous years.

Other patient experience news

Flying the Green Flag

In August 2016 the Trust was the first in the UK to ever fly the Green Flag, awarded to our Sustainability Team for maintaining our lakeside and green spaces to the highest possible standard. This allows patients, their families and our staff to use these beautiful grounds year round



Jigsaw ‘Orchard Garden’

A patient’s environment is a vital element to treatment and can have a really positive impact on their experience at what is a very frightening and difficult time of their lives. Patients often have to wait an hour or more for blood results in order that the correct amount of chemotherapy can be given, so to have a dedicated garden area where they can wait and relax gives a far more relaxing experience.



Research has shown therapeutic gardens could help to lower blood pressure, alleviate stress and reduce depression as well as reduce the requests for pain relief.

The Trust has been fortunate enough to get further support from Charity to develop the outside space in order to improve the experience for patients and visitors.

Over 1000 cancer patients per month access the unit and will benefit from this new facility.

This project will enhance the experience of patients using the Jigsaw building by providing a dedicated garden area accessible to patients before, during and after procedures.

It will additionally provide a much better outlook for our many patients receiving renal dialysis on a regular basis.

Flowers and plants have a well-known link with joyous occasions and new beginnings. Their natural beauty is simple and yet can help lift a person's mood which is why many will consider giving flowers to cheer someone up or help them feel better.

The gardens will benefit the hundreds of patients, relatives, friends and staff who will use the Jigsaw Building each year.



Increasing Dementia Awareness 'Tommy on Tour' March 2017

The Trust was fortunate enough to receive a visit from Tommy Whitelaw, who was a full time carer for his late mum who was living with vascular dementia. Tommy is now travelling around the UK raising awareness of dementia as part of the 'The Dementia Carers Voices Project with the Health and Social Care Alliance'. Tommy's experience highlights the impact on families and carers and he hopes to engage with health and social care professionals by sharing his story. Tommy's session was attended by over 200 Trust staff and was found to be very emotive.



To watch the video of Tommy's trip to our hospital, go to <https://www.youtube.com/watch?v=HWR8-2SOX9A&feature=youtu.be> and to watch Tommy's moving video, go to www.youtube.com/watch?v=ag8qwLmW5s4

Alzheimer's Society Dementia Bus



The Trust received a visit from the Alzheimer's Society Dementia Bus earlier this year as part of its four day national tour of the UK. The bus was staffed by Dementia volunteers including a lady who is living with Dementia and a gentleman who has been a carer for a loved one with Dementia.

This visit gave staff, patients and visitors an opportunity to come and talk about Dementia and get advice and signposting.

The volunteers said there was great engagement by our staff and they were delighted with the numbers of people visiting and getting involved.



Petal Garden

A new The 'Petal Garden' is being designed between Wards 4 and 5. The garden will be a sensory garden for use by patients living with Dementia. Charity donations were secured to fund this garden and it is planned to commence work after Easter with the aim to have this completed by end of the summer.

As this garden will be used by all of the Older Person's Medicine Wards 24, 25, 26, 4 and 5, each ward will have a 'petal' section of their own design to plant and maintain. Each petal will be a flowing and continuous curved feature, so patients can freely wander safely and return to the centre of the petal design. The garden will be a sensory garden with careful planting of scented, colourful and tactile plants aiming to provide calming and comforting influences for patients during their stay.



Other Dementia Friendly improvements

In early 2013, we started thinking about the design of the existing wards and how the environment affects patients with dementia. Following on from the principles learnt from The King's Fund Enhancing the Healing Environment, Ward 26 was the first ward to have some improvements. These included renewing the floor covering, fitting dimmable LED lighting, improving wayfinding by colour coordinating the bays, colour coordinating the WC doors with pictorial signage, introducing nursing pods into the bays, forming a patient seating area, removing the barrier of the nurse station and forming a new reception. Since then other wards have seen these improvements, adjusting the design of the wards as we learn what works well. This year other wards are planned to be improved.



New orientation boards for all wards have been installed.

Performance against national priorities 2016/17

National Priority	2012/13	2013/14	2014/15	2015/16	2016/17 Target	2016/17 Actual
18 week referral to treatment waiting times - admitted	94.5%	90.8%	88.9%	84.5%	90.0%	81.0%
18 week referral to treatment waiting times - non admitted	98.9%	98.4%	95.6%	94.4%	95.0%	89.0%
18 week referral to treatment waiting times - patients on an incomplete pathway	97.1%	96.2%	94.3%	93.7%	92.0%	91.5%
Maximum waiting time of four hours in the Emergency Department from arrival to admission, transfer or discharge	97.2%	95.5%	93.3%	93.37%	95.0%	94.6%
Maximum waiting time of 62 days from urgent referral to treatment for all cancers	88.6%	80.3%	84.5%	85.9%	85%	85.7%
Maximum waiting time of 62 days following referral from an NHS Cancer Screening Service	98.6%	93.4%	93.1%	76.0%	90%	96.9%
Maximum cancer waiting time of 31 days from decision to treat to start of treatment	96.4%	95.7%	95.8%	95.7%	96%	98.3%
Maximum cancer waiting time of 31 days from decision to treat to start of subsequent treatment: Surgery	98.8%	95.1%	92.5%	94.1%	94%	96.3%
Maximum waiting time of 31 days from decision to treat to start of subsequent treatment: Anti cancer drug treatment	100%	100%	100%	100%	98%	100%
Maximum waiting time of two weeks from urgent GP referral to first outpatient appointment for all urgent suspect cancer referrals	93.6%	93.8%	87.1%	96.1%	93%	96.1%
Two Week Wait for Breast Symptoms (where cancer was not initially suspected)	97.0%	98.0%	91.1%	99.4%	93%	98.8%
Clostridium difficile year on year reduction	31	14	21	14	14	17
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	Compliance certified

Annex A

Statements from commissioners, local Healthwatch organisations, Scrutiny Committees and Council of Governors

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

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

Comments received were as follows:

Statement from NHS Dorset Clinical Commissioning Group (CCG)

Dorset Clinical Commissioning Group welcomes the opportunity to provide this statement on Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust's Quality Account. We have reviewed the information contained within the Account and can confirm that the information is accurate where available to us as part of existing contract/performance monitoring discussions.

During the year Commissioners have seen progress in a number of areas including a reduction in avoidable pressure ulcers and learning from mortality reviews. An area worthy of particular mention is the excellent progress made in stroke performance reflecting a recognised, valuable service for the patients it serves.

In addition to the above we commend the Trust for its continuing ambition to develop a more open and honest culture supporting staff to deliver safe, high quality care.

The CCG is supportive of the quality priorities for 2017/18. As Commissioners we look forward to the Trust demonstrating the improvements in patient care they will be applying over the coming year and we commend the fact that there is a willingness to work collaboratively to improve the experience for the population it serves.

Statement from People (Health and Social Care) Overview and Scrutiny Committee P(HSC)OSC

Members of Borough of Poole's P(HSC)OSC would like to thank the Trust for enabling representatives from the committee, Cllrs Malcolm Farrell and Russell Trent to meet with yourselves to discuss quality issues over the last year and also to comment on the Quality Account for 2016/17.

The presentation about the account delivered on 23rd March gave a clear outline of how the Trust is endeavouring to deliver high quality care and the activities undertaken during the financial year to improve services. This is commendable especially in a period of unprecedented organisational change through the work of the vanguard programme and the awaited outcome of the Clinical Services Review.

Representatives from the committee were also enthused by the passion and commitment shown by staff during the presentation. It was refreshing to hear about innovations within particular specialist areas such as stroke and

older persons medicine which gave much clarity and insight into the complexities of working in a hospital and working with partner agencies to deliver a quality service to the patient.

With regard to the priority areas for improvement for 2016/17 representatives from the committee would like to commend the Trust in achieving the majority of what it had planned in relation to:

Improvement in providing harm free care by reducing serious incidents - it is encouraging to note that performance has been maintained in this area over the last two years and that the Trust has maintained a score that is above the England average.

Reducing the numbers of hospital acquired pressure ulcers - again it is encouraging to note that performance has been maintained in this area over the last two years. What is particularly pleasing is the significant year on year reduction in numbers of grade 3 hospital acquired pressure ulcers since 2013. We welcome an update in this area during our next mid year visit .

Inpatient falls - members note that inpatient falls resulting in harm have reduced slightly compared to 2015/16 and that the Trust is performing above the national average in this area. What is most encouraging to note is that falls resulting in serious harm have reduced significantly since 2015/16.

Ensuring patients are cared for in the most appropriate setting - representatives of the committee note good progress made on reducing the numbers of bed moves during an inpatient stay and that measures have been taken to improve end of life care choices and facilities for patients and their loved ones. Infection control- We note that the Trust had no MRSA bacteraemia cases but did not achieve its target of no more than 14 Clostridium Difficile cases as set by NHS England. It was useful to understand that steps are being taken in an attempt to address this issue including education sessions for staff about ensuring sampling is timely and that isolation of the patient is not delayed and that issues regarding labelling samples is also being addressed. We

welcome an update on this area during our next mid year visit.

Actions arising from the Care Quality Commission Inspection-members were interested to understand the progress made by the Trust following on from the 2016 inspection. They were pleased to note that 29 of the 30 must do actions from the inspection had been fully completed by the Trust. It will be interesting for the committee to understand the outcome of the further inspection anticipated at the latter part of this summer. The committee also note that the Trust have performed well in regards to patient satisfaction for the Friends and Family Test.

The committee will be interested in understanding progress against the priority improvement areas set for next year which include the management of sepsis, identification and escalation of the deteriorating patient and improving hospital flow. We look forward to receiving these updates and meeting with staff to gain further insights into the work of the hospital over the coming year

Statement from Bournemouth Health Scrutiny Panel

This quality account is encouraging in that in difficult times, with greater pressure on both finances and services, the hospital has managed to maintain clear focus on what they want and to make a difference. The first CQC report gave several areas to address and the hospital has engaged widely and sought to make the changes necessary to improve as the new inspection system beds in.

Their desire for openness and candour is to be applauded as is the falling in the number of serious incidents. It will be interesting to see if the Share to Care initiative can improve these results still further.

It is encouraging to see some innovative initiatives being used to support relatives and patients at the most difficult time with end of life care. As the account says, there is only one chance to get it right.

Fighting infection, particularly brought in from outside, continues to need addressing though with such a busy hospital and so many people coming and going figures are generally about the “norm”, whilst the hospital are not complacent and seeking to excel.

I would also add that it was a pleasure to read the report and find the acronyms and abbreviations explained in so many places. This really does make this document so much more accessible to the public.

Statement from Healthwatch Dorset

As the independent voice for patients and the public, Healthwatch Dorset is committed to ensuring local people are involved in the improvement and development of health and social care services.

For several years now, local Healthwatch across the country have been asked to read, digest and comment on the Quality Accounts, which are produced by every NHS Provider (excluding primary care and Continuing Healthcare providers). In Dorset, this translates to Quality Accounts from five NHS Trusts.

Each document is lengthy and each year we spend many hours reading the draft Accounts and giving suggestions on how they could be improved to make them meaningful for the public. Each year we comment on what each Trust is doing to involve patients and the public and how it might improve the ways in which it engages and listens to all the communities it serves. But continually and continuously through the year we are already, in our day-to-day work, monitoring and commenting on the quality of services of our local NHS providers.

This year we have decided not to spend the hours necessary to read each Quality Account and compose a special commentary on it. Whilst we appreciate that the process of Quality Accounts is imposed on the Trusts, we do not believe it is a process that is accessible to patients or their families, friends or carers, in its current format. We have limited resources and we want to focus them on standing up for and promoting the rights of patients and the public and on supporting and holding Trusts

to account for the ways in which they involve patients and the public.

We will continue to provide feedback to the Trust, as appropriate, throughout the year through a variety of channels to improve the quality, experience and safety of its patients, their families and the wider population of Dorset.

Response from the Council of Governors to the Quality Report

Bournemouth Health and Adult Social Care Governors have been actively involved in the quality improvement program of the Trust throughout the year.

Governors have had the opportunity to review and comment on the Quality Report through their Strategy Committee, which was established in January 2016 to ensure that the information in the Quality Report provides wide-ranging, clear and meaningful messages about the quality of care provided to patients.

The Quality Report acknowledges the pressures faced by acute hospitals in terms of increasing demand, staff shortages in some specialities and funding among others but also shows the ongoing continuous improvements happening on the ground in our hospitals in terms of waiting times, the learning and open culture and the standards of care provided to patients.

Each year, the Governors make a tangible contribution to the quality improvement program of the Trust by selecting a quality indicator for external audit. In 2016/17, they were selected the number and types of complaints received by the Trust, whilst recognising the significant improvement the Trust has made in responding to complaints and encouraging patients and their relatives/ carers to raise any concerns at the time so that action can be taken immediately.

The Governors have been encouraged by the progress made in reducing the number of non-clinical patient moves since they selected this indicator as the quality indicator for external audit in the Quality Report for 2015/16.

As well as the reduction in the number of patients affected by moves for non-clinical reasons, there has also been an improvement in developing models of best practice and systems to monitor this.

Governors support the quality priorities that have selected for 2017/18 to improve the quality and safety of care for patients in our hospitals and will continue to be involved in a range of activities to help and support the Trust in delivering these priorities. Through this involvement, Governors get an insight into how the Trust's quality processes are working, opportunities to hear from staff how they are able to be effective and an appreciation of where improvements are being delivered or needed. The activities include the following:

- involvement in public, patient and carer experience and listening events;
- receiving and questioning reports from the Director of Nursing and Midwifery on the quality performance and risk management of the Trust at its quarterly Council of Governors meetings (which are held in public);
- supporting executives, clinicians and other staff on ward based audits;
- visiting different areas of the Trust;
- governor representation at key Trust committees including the Healthcare Assurance Committee, End of Life Care Steering Group, Mortality Group and Workforce Strategy and Development Committee.

Governors have taken part in focus groups with the Care Quality Commission ahead of its next inspection later in 2017 to give their views on the progress against the action plan following the last inspection and on the work of the Trust overall to improve the consistency in the delivery of high quality care and a positive experience for patients.

Statement from NHS West Hampshire Clinical Commissioning Group (CCG)

West Hampshire Clinical Commissioning Group (CCG) would like to thank The Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust (RBCHFT) for the opportunity to review and provide a statement response to the 2016/17 Quality Account.

It is clear from the report that the Trust places a high value on providing quality care throughout all areas and this is evident from the wide range and large number of patient safety initiatives which have taken place over the last 12 months. It is particularly encouraging to see the focus on developing an open and honest culture, including the reporting and management of incidents. At the same time as doing this the Trust has also demonstrated a significant reduction in the number of serious incidents reported and zero Never Events reported, which is a particularly reassuring achievement. The introduction of the new LERN (Learning Event Report Notification) form also places the focus firmly on learning from things that don't go according to plan as well as things that go well or could be done better.

Although the CCG notes that the Trust breached the NHS England set target of 14 cases of Clostridium Difficile infection (CDI), it is encouraging to know that when compared nationally the Trust still has comparatively low rates, and that the Trust continue to ensure that any learning from identified "lapses in care" is captured and embedded into practice.

The Trust has maintained its focus on the important area of reducing the number of patient falls, and this has been shown by an overall 7% reduction in falls from 2015/16 to 2016/17. Attendance by the CCG quality team at their falls steering group provided a helpful insight into the commitment that all members of the multidisciplinary team have to continue to reduce the number and severity of patient falls in the hospital.

It is right to congratulate the Trust on their continued progress with improving the management of patients being admitted with a stroke, reflected in their ongoing achievement of the Sentinel Stroke National Audit Programme (SSNAP) level A since Q4 2015/16. This is particularly commendable in light of their previous ratings of level D reported during 2014/15. A clinical presentation from the Stroke team followed by a clinical visit by the CCG has demonstrated that the stroke team are not just content to maintain the current level of stroke care but are focusing and targeting their efforts on those elements of stroke care where further improvements can be made to achieve the highest standard possible.

West Hampshire Clinical Commissioning Group colleagues were pleased to attend the Trust's second annual Safety and Quality conference, along with a large number of Trust staff, held in September 2016 and it was encouraging to hear about the comprehensive learning that had taken place following serious incidents as well as a selection of presentations highlighting a number of Quality Improvement initiatives that are being progressed.

The Trust has acknowledged that their income was not dependent on achieving quality improvement and innovation goals through the Commissioning for Quality and Improvement (CQUIN) payment framework. However the CCG has monitored the Trust's progress against the National CQUIN requirements and has identified that they have only partially achieved the targets as set out in the National CQUIN guidance.

- The Trust has shown a significant commitment to improving the health and well-being of their staff and have fully achieved the requirements of this CQUIN
- It is clear that the Trust are committed to "Managing Sepsis" and have identified this as one of their quality objectives for 2017/18. However, due to adopting an alternative method of auditing their progress in improving the identification and treatment of patients with Sepsis mid-year, the CCG are not able to confirm that they have achieved the specific requirements as set out in the CQUIN guidance

- The Trust has made progress with regards to Antimicrobial resistance and stewardship and has demonstrated a significant reduction in usage of antibiotics over recent years. The National guidance measures this achievement against the baseline reported in 2013/14 and the Trust has not achieved the 1% reduction required in all required areas.

The Clinical Commissioning Groups note that during 2016/17 The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has been an active participant in the Clinical Commissioning Group led Wessex Patient Moves Pilot. We are pleased that they will continue to be involved during 2017/18 with the aim of reducing patient moves that take place 'out of hours'. This will support the Trust's quality object for 2017/18 which is focused on "Improving Hospital (patient) flow"

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.

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.

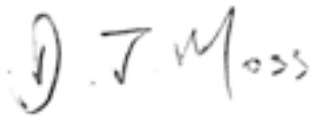
NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the Quality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

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

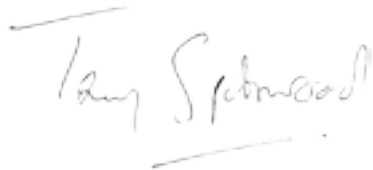
- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2016/17 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2016 to March 2017
 - papers relating to quality reported to the Board over the period April 2016 to March 2017
 - feedback from commissioners dated 10th May 2017 and 16th May 2017
 - feedback from governors dated 15th May 2017
 - feedback from Local Healthwatch organisations dated 28th April 2017
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, dated May 2017
- the latest national inpatient survey (awaiting publication)
- the latest national staff survey dated February 2017
- the Head of Internal Audit's annual opinion over the Trust's control environment dated May 2017
- Care Quality Commission Inspection Report dated February 2016
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Account regulations) as well as the standards to support data quality for the preparation of the Quality Report

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

By order of the Board

A handwritten signature in black ink that reads "D. J. Moss". The signature is written in a cursive style with a large initial 'D'.

David Moss
Chairperson
23 May 2017

A handwritten signature in black ink that reads "Tony Spotswood". The signature is written in a cursive style with a large initial 'T'.

Tony Spotswood
Chief Executive
23 May 2017

Annex C

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

We have been engaged by the Council of Governors of Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust to perform an independent assurance engagement in respect of Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust's Quality Report for the year ended 31 March 2017 (the 'Quality Report') and certain performance indicators contained therein..

Scope and subject matter

The indicators for the year ended 31 March 2017 subject to limited assurance consist of the following two national priority indicators (the indicators):

- percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period;
- A&E: maximum waiting time of four hours from arrival to admission, transfer or discharge.

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 NHS Improvement.

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 and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the Detailed requirements for quality reports for foundation trusts 2016/17 ('the Guidance'); and
- 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 Requirements for external assurance for quality reports for foundation trusts 2016/17.

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

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

- Board minutes and papers for the period April 2016 to May 2017;
- papers relating to quality reported to the board over the period April 2016 to May 2017;
- feedback from commissioners, dated 10 May 2017;
- feedback from the Council of Governors;
- feedback from Healthwatch Dorset;
- feedback from People (Health and Social Care) Overview and Scrutiny Committee P(HSC)OSC, dated 26 April 2017;
- Feedback from the Bournemouth Health and Adult Social Care Panel, dated 2 May 2017;
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;
- the latest national inpatient survey, dated January 2017;
- the 2016 national staff survey;
- Care Quality Commission Inspection, dated 25 February 2016;
- the 2016/17 Head of Internal Audit's annual opinion over the trust's control environment, dated May 2017; and

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics.

Our team comprised assurance practitioners and relevant subject matter experts. This report, including the conclusion, has been prepared solely for the Council of Governors of Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust as a body, to assist the Council of Governors in reporting the NHS Foundation Trust's quality

agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2017, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicator. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and 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.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) - 'Assurance Engagements other than Audits or Reviews of Historical Financial Information', issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicator;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

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 and supporting guidance.

The scope of our assurance work has not included governance over quality or the non-mandated indicator, which was determined locally by Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust.

Basis for qualified conclusion

As a result of the procedures performed in relation to the referral to treatment within 18 weeks for patients on incomplete pathways indicator, we have not been able to gain assurance over the six dimensions of data quality as required by NHS Improvements, with issues identified in relation to the operating effectiveness of the control environment.

Qualified conclusion

Based on the results of our procedures, except for the effects of the matters described in the 'Basis for qualified conclusion' section above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2017:

- 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 Guidance; and
- the remaining indicator in the Quality Report subject to limited assurance (A&E: maximum waiting time of four hours from admission to admission, transfer or discharge) has not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

KPMG LLP

KPMG LLP
Chartered Accountants
68 Queen Square
Bristol
BS1 4BE
25 May 2017

Glossary of Terms

ADD

Actual date of discharge

AEC

Ambulatory Emergency Care

BERTIE

BERTIE Type 1 Diabetes Education Program

CA UTI

Catheter Associated Urinary Tract Infections

CDD

Clinical Criteria for Discharge - This is the minimum physiological, therapeutic and functional status the patient needs to achieve before discharge. It should be agreed with the patient and carers where necessary

Clostridium difficile

also known as *C. difficile*, or *C. diff*, is a bacterium which infects humans, and other animals. Symptoms can range from diarrhoea to serious and potentially fatal inflammation of the colon. ... *C. difficile* is generally treated with antibiotics

COPD/COAD

Chronic Obstructive Pulmonary Disease/
Chronic Obstructive Airways Disease

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

ECIP

Emergency Care Improvement Pathway

EDD

Estimated Date of Discharge

eNA

Electronic nurse assessments

eMortality

Electronic Mortality capture form

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

The name of the Trust patient electronic document management system

EVOLVE

Early supported Discharge

FCE

Finished Consultant Episode - An NHS Term used for a consultant episode (period of care) that has ended e.g. patient has been discharged or transferred from the consultants care.

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 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.

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.

HSJ

Health Service Journal

Lapse in care

A lapse in care would be indicated by evidence that policies and procedures consistent with local guidance, written in line with national guidance and standards, were not followed by the relevant provider.

MRFD

Medically ready for discharge

MRSA

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

MUST

Malnutrition Universal Screening Tool

NEWS

National Early Warning Score - An early warning score (EWS) is a guide used by medical services to quickly determine the degree of illness of a patient. It is based on the six cardinal vital signs (Respiratory rate, Oxygen saturations, Temperature, Blood pressure, Heart rate, Alert/Voice/Pain/Unresponsive scale). This gives a numerical score.

National Institute for Health and Care Excellence (NICE)

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

Never Event

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

NCEPOD

National Confidential Enquiry into Patient Outcome and Death

NICE

National Institute for Health and Care Excellence

NIHR

National Institute for Health Research (NIHR)

Patient Reported Outcome Measure Scores

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

QELCA

Quality End of Life Care for All. An end of life care focussed education programme.

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.

q-SOFA

quick Sepsis-related Organ Failure Assessment

SALT

Speech and Language Therapy

SAS

Staff Grade and Associate Specialist

Serious Incident

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

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

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

Sign up to Safety campaign

The NHS England Sign up to Safety campaign was launched in June 2014. It is designed to help realise the aim of making the NHS the safest healthcare system in the world by creating a system devoted to continuous improvement. The NHS England campaign has a 3 year objective to reduce avoidable harm by 50% and save 6000 lives. Healthcare organisations have been encouraged to sign up to 5 pledges and create a 3-5 year plan for safety. To find out more about the Trust's pledge go to:

www.rbch.nhs.uk

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.

WHO

World Health organisation.

Accountability Report

Staff Report

Informing and consulting with our staff

Consultation	Number of staff affected	Date
Cardiology Reduce bed base and change in function of CCU	1.2WTE	Presented to Partnership April 2016 Consultation concluded in June
Operating Theatres - change from standby shift to night shift	101 WTE	January 2017
Surgical Admissions - Restructure and reduction	16 WTE	March 2017
Fundraising - restructure and expansion	7 WTE	April 2016
Orthopaedics - changes to ward 9 and Derwent	70	Completed May 2016
Human Resources - restructure of Strategic and Operational HR teams	10	Launch August 2016 Completed November 2016
Macmillan Unit changing shifts from short (earlies/lates) to long days	All Band 5 Staff Nurses and Band 2 HCA's Approximately 35 staff	Launch August 2016; implementation January 2017
Eye Unit reduction in Theatre on-call service provision	17	Launched circa August 2016; implementation October 2016
Pharmacy Stores consultation to work weekends and bank holidays	8	Launch October 2016 and implementation 7th January 2017
Main Theatres	79	Launch 13 January 2017
Radiology X-Ray - To increase the number of Radiographers working Sunday to Thursday to cover scans of CT Heads	24	Launch February 2017
CT - adjust the CT working shifts to increase the department standard opening hours from 7am -11pm and to provide an on-site service 24/7 for CT head scans	22	Both consultations have been withdrawn to number of concerns raised by staff

Partnership Forum has been informed and updated in regard to the Clinical Services Review (CSR) and Vanguard, specifically the Integrated Pathology project.

Informed quarterly of Trust financial position; staff turnover and sickness; workforce transformation; Sustainability and Transportation Plans (STPs) and CQC inspections.

Cultural audit of staff featured on page 133.

Health and wellbeing

This year has been a busy year for the Valuing Staff and Wellbeing group who continued to meet on a quarterly basis throughout 2016/17 to discuss ways of improving the wellbeing of staff working at the Trust; also, to monitor sickness absence and recommend ways of improving attendance. The group has focused on providing:

- Health and wellbeing information for staff via the intranet and other communications
- Quarterly health and wellbeing awareness sessions
- A health and wellbeing event at the annual leadership event in September
- Fitness sessions both onsite and via the Zest (Employee Assistance Programme) internet site
- Corporate membership of local providers of fitness and leisure facilities
- A stop smoking event
- Mental health awareness sessions for managers
- Mindfulness sessions for staff
- Healthy eating options in the staff restaurant
- Promotion of the Employee Assistance Programme
- A flu vaccination programme

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

A new Staff Physiotherapist has been recruited and the service has been transferred into the Occupational Health Department, which will enable a seamless referral for staff requiring support.

A successful business case has allowed for the recruitment of a Health and Wellbeing Advisor, who is due to commence in April 2017.

This year a health and wellbeing event took place as part of the leadership event. The event was open to all staff and received

excellent feedback from staff who attended. Staff were able to book onto taster sessions such as reflexology, mindfulness, mental health awareness, yoga and pilates. There were also many information stands in the marquee, in the education centre and restaurant, including Quorn recipe tasting, BHLive, the Village leisure centre, dietetics, Slimming World, Diversity, Mindfulness, Simply Health, Employee Assistance Programme, LiveWell Dorset, Sustainability, sexual health, Boots, Chique discounts and Charity events. Many stands hosted competitions or had free samples to give away.

On-site fitness sessions continue to be popular and well attended, with weekly sessions of 'Fit to work', Circuits, Zumba and Pilates. For those who prefer to exercise in the privacy of their own home, staff have free access to the Employee Assistance Programme's 'Zest portal', which now has 959 staff registered as users.

Corporate membership of local fitness and leisure centres is offered to all staff, with over 1024 staff taking advantage of the four BHLive clubs.

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

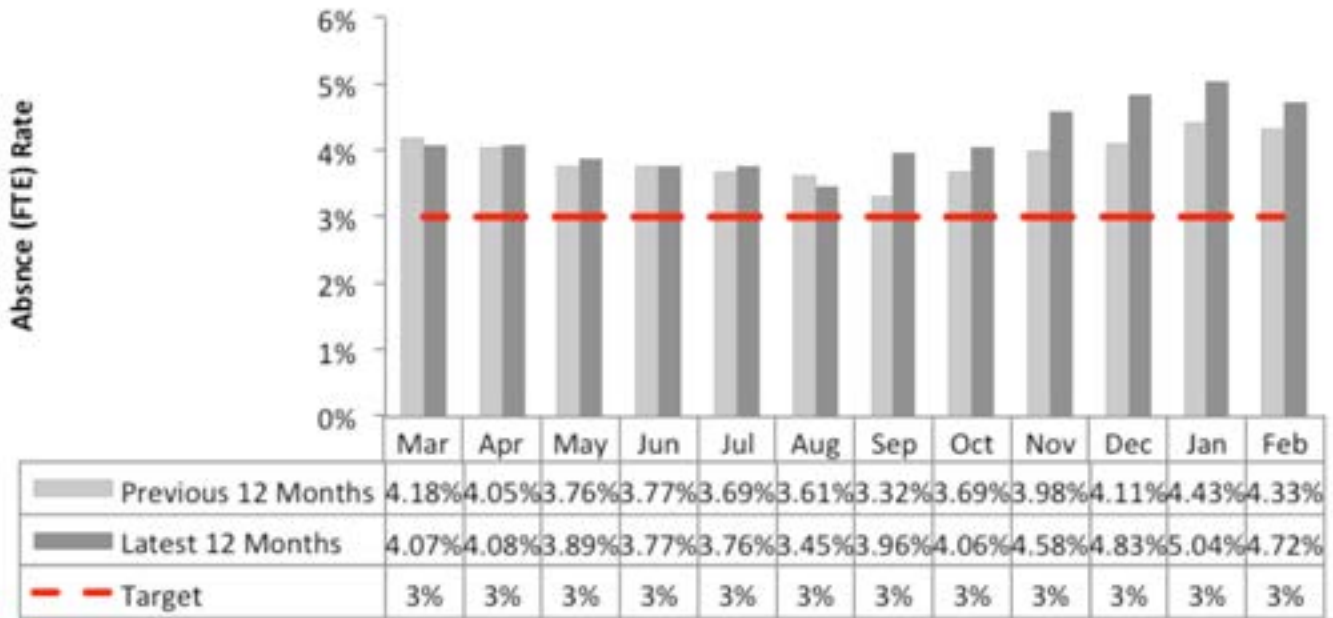
At a recent Dorset wide health and wellbeing meeting the following developments were discussed for the future:

- A Dorset wide H & W strategy with supporting benchmarks/ measures (national and local drivers)
- Improved health and wellbeing branding and communications
- Funding bids to secure digital technology and access to sports
- Guidance and training for the health and wellbeing champion role
- Guidance for running classes and wellbeing initiatives on and off premises

Sickness

Staff wellbeing and management of sickness absence remain a top priority for Trust managers, with research showing that happy and healthy staff have a positive impact on patient outcomes. The Trust in-month sickness has varied from 3.45% to 5.04% as shown in the chart below:

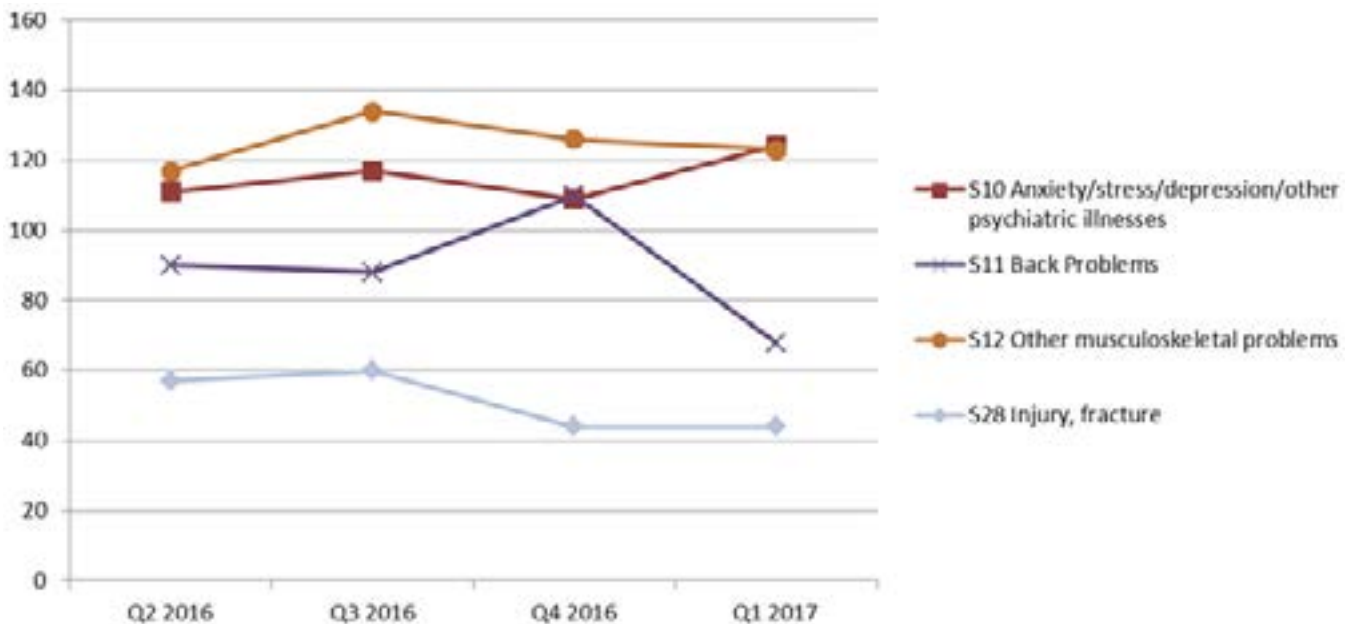
In month Sickness Absence (FTE) year on year for all care groups, all directorates, all staff groups



The average sickness absence over the last 13 months is 4.2% - as at February 2017.

The Trust is similar to many large organisations, with the main reasons for sickness absence being musculoskeletal and mental health issues. Sickness for these reasons is well supported by the staff physiotherapy service and the Employee Assistance Programme, with both self-referrals and management referrals being available to all staff.

Number of sickness episodes by reason, by quarter



The Employee Assistance Programme continues to provide support and advice for staff, with 154 new contacts during the year and a total of 401 contacts. The wellbeing portal has 959 members of staff signed up to use the fitness programme and other wellbeing advice, a number which has increased year on year. A full report is included elsewhere in this annual report.

The staff physiotherapy service continues to be used well with an average of 49 new cases per month. Most referrals will be seen within 18 days or less, urgent cases are seen within an average of 4 days. Physiotherapy staff shortages have impacted slightly, increasing the routine waiting time by 4 days, although new staff are now in place and it is expected that waiting times will improve again. The waiting time remains considerably shorter than if staff went to their GP. Referral to the physiotherapy service has meant that many staff were able to continue working, rather than taking time off sick with their condition.

Staff wellbeing is also supported by various other initiatives, as outlined in the Health and wellbeing section of this report.

Staff Survey

The National Staff Survey was undertaken on behalf of the Trust by the Picker Institute, with survey letters being sent directly to all staff via a mixed mode i.e. staff with an active email address received the survey by email, others by the internal postal system. All staff employed by the Trust on 1 September 2016 were sent a survey questionnaire. This year the Picker Institute were commissioned by a total of 45 acute trusts.

Staff completing the survey questionnaire returned it to the Picker Institute. Non-responders who received a paper questionnaire were sent two reminders, non-responders who were sent an electronic questionnaire received six reminders. Information regarding the survey was distributed in the weekly staff bulletin, in the monthly Core Brief publication, on a screensaver, on posters sent to each department and in the staff restaurant, by Twitter messages and at a health and wellbeing event.

This year 44.9% of staff returned their survey questionnaire, a total of 1,968 staff. This is an improvement on the 37% response rate for the 2015 survey.

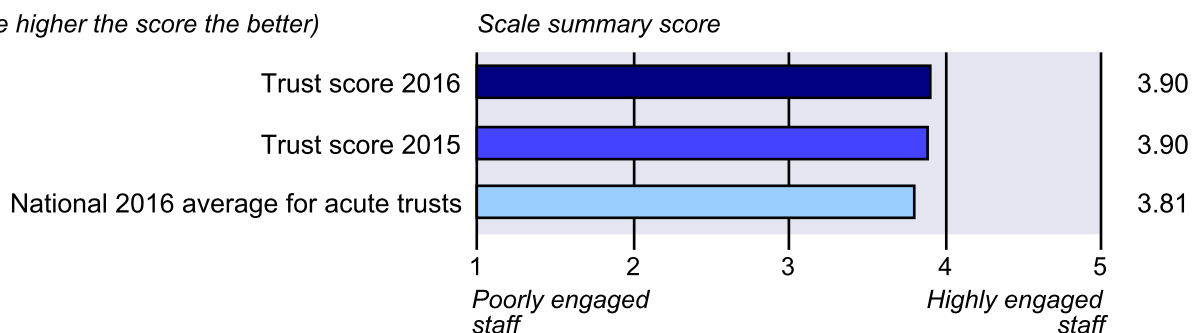
The staff survey questionnaire content is agreed nationally. The Trust used the core questions for acute trusts. The Key Findings were grouped into the following nine themes:

- Appraisals and support for development
- Equality and diversity
- Errors and incidents
- Managers
- Health, and wellbeing
- Working patterns
- Job satisfaction
- Patient care and experience
- Violence, harassment and bullying

Staff engagement

The overall staff engagement score for the Trust remained at 3.90, which is higher than the national average of 3.81 for acute trusts. The staff engagement finding relates to perceived ability to contribute to improvements at work; willingness to recommend the Trust as a place to work and the extent to which respondents feel motivated at work.


(the higher the score the better)



Overall Results


Significantly Improved Since 2015

Overall the Trust achieved a significant improvement on the 2015 staff survey in respect of 10 questions:

		Higher scores are better 	
		2015	2016
5b	Satisfied with support from immediate manager	69%	73%
7f	Immediate manager takes a positive interest in my health and wellbeing	66%	70%
8c	Senior managers try to involve staff in important decisions	32%	36%
9e	Not felt pressure from manager to come to work when not feeling well enough	71%	77%
15c	Not experienced harassment, bullying or abuse from other colleagues	80%	83%
15d+	Last experience of harassment/bullying/abuse reported	35%	46%
19+	Had mandatory training in the last 12 months	92%	96%
20a+	Had appraisal/KSF review in last 12 months	79%	95%
21a	Care of patients/service users is organisation's top priority	76%	80%
21b	Organisation acts on concerns raised by patients/service users	74%	77%

Significantly worsened since 2015

And was significantly worse result on 2 questions:

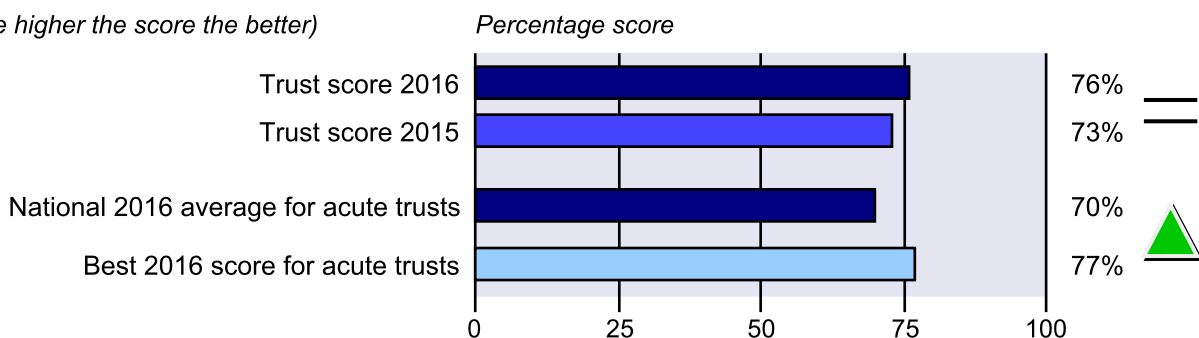
		Higher scores are better 	
		2015	2016
9g	Not put myself under pressure to come to work when not feeling well enough	11%	8%
17a	Not experienced discrimination from patients/service users, their relatives or other members of the public	95%	93%

Top five ranking scores

The top five ranking scores for the Trust were as follows:

KEY FINDING 7. Percentage of staff able to contribute towards improvements at work

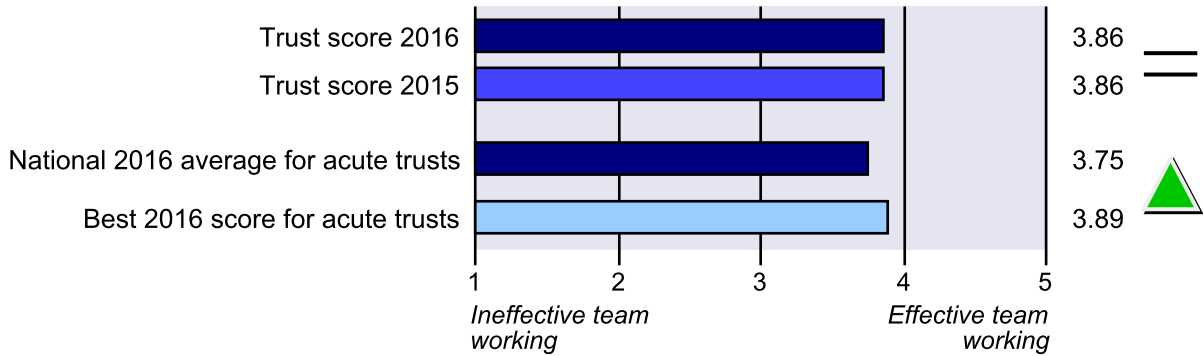
(the higher the score the better)



KEY FINDING 9. Effective team working

(the higher the score the better)

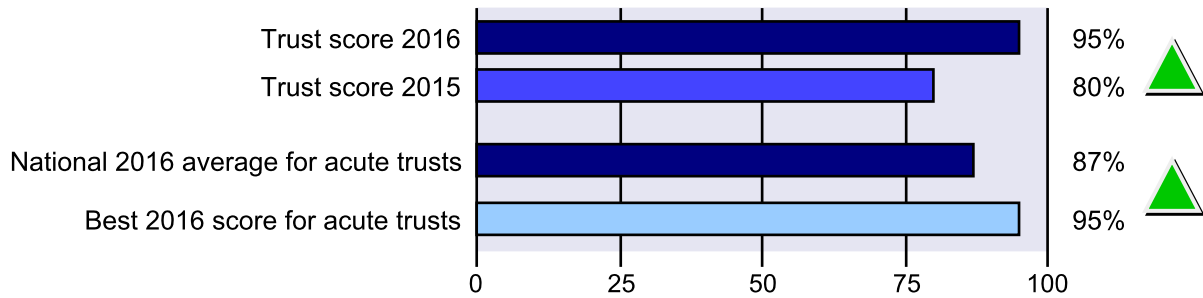
Scale summary score



KEY FINDING 11. Percentage of staff appraised in last 12 months

(the higher the score the better)

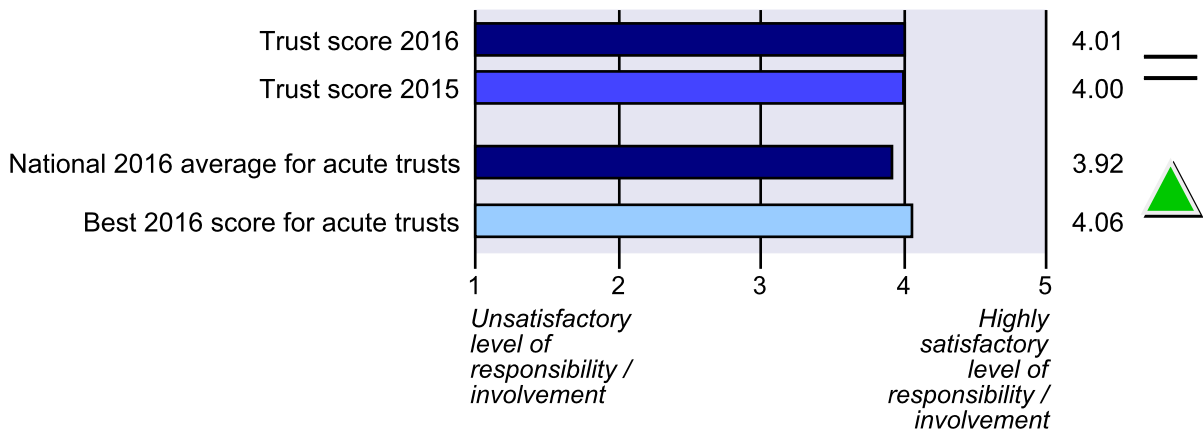
Percentage score



KEY FINDING 8. Staff satisfaction with level of responsibility and involvement

(the higher the score the better)

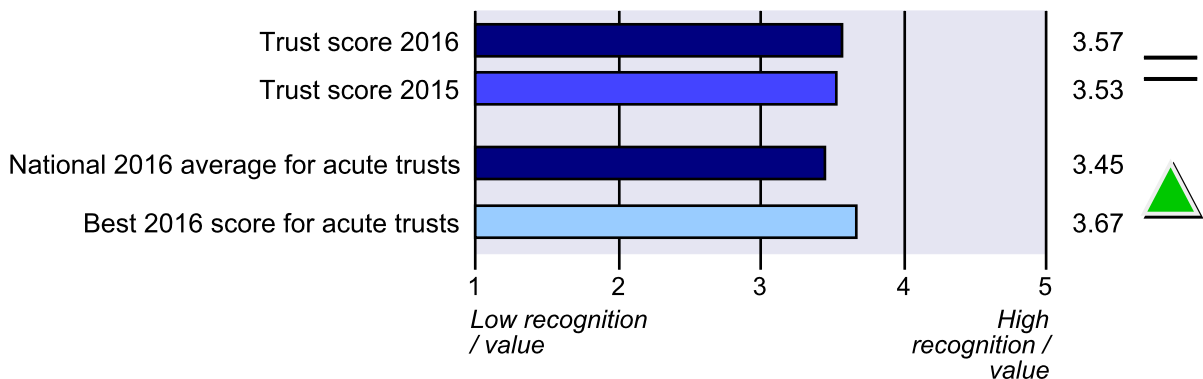
Scale summary score



KEY FINDING 5. Recognition and value of staff by managers and the organisation

(the higher the score the better)

Scale summary score

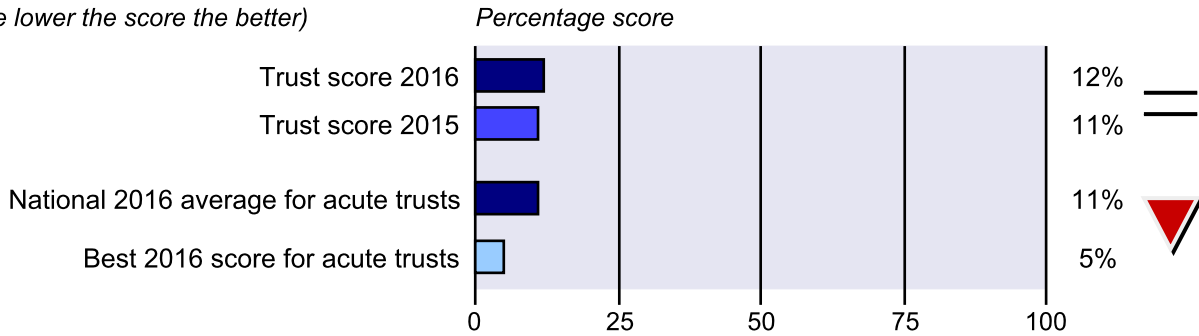


Bottom Five Ranking Scores

The bottom five ranking scores for the Trust were:

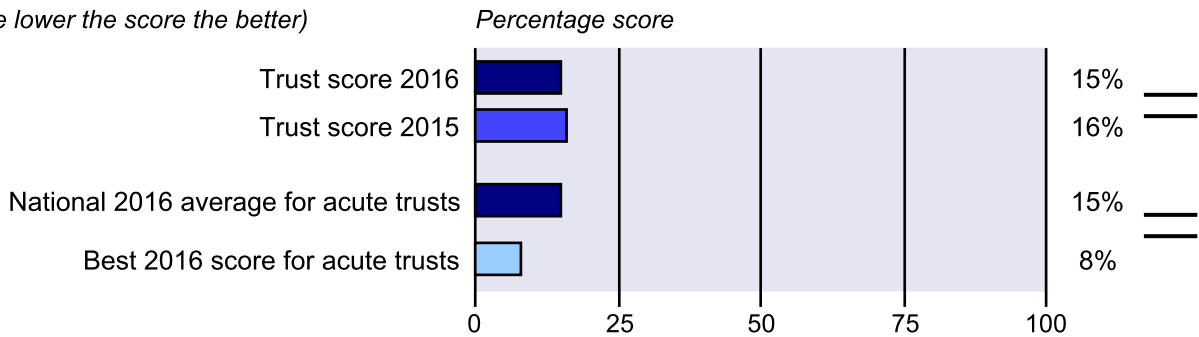
KEY FINDING 20. Percentage of staff experiencing discrimination at work in the last 12 months

(the lower the score the better)



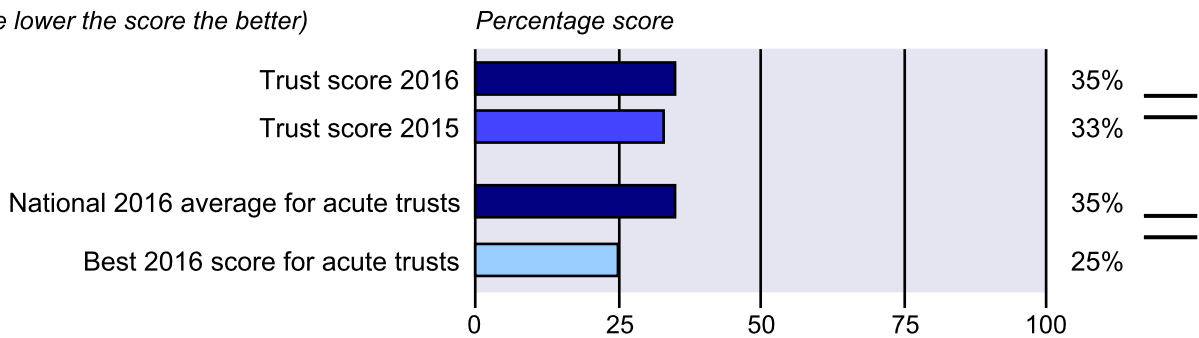
KEY FINDING 22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)



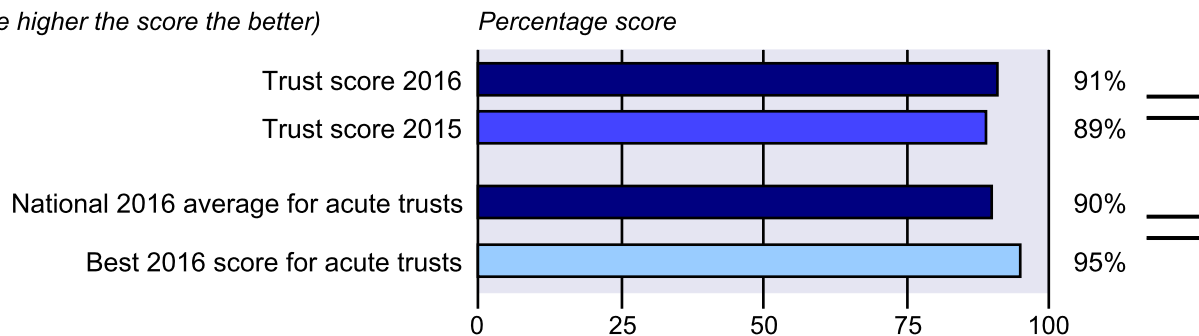
KEY FINDING 17. Percentage of staff feeling unwell due to work related stress in the last 12 months

(the lower the score the better)



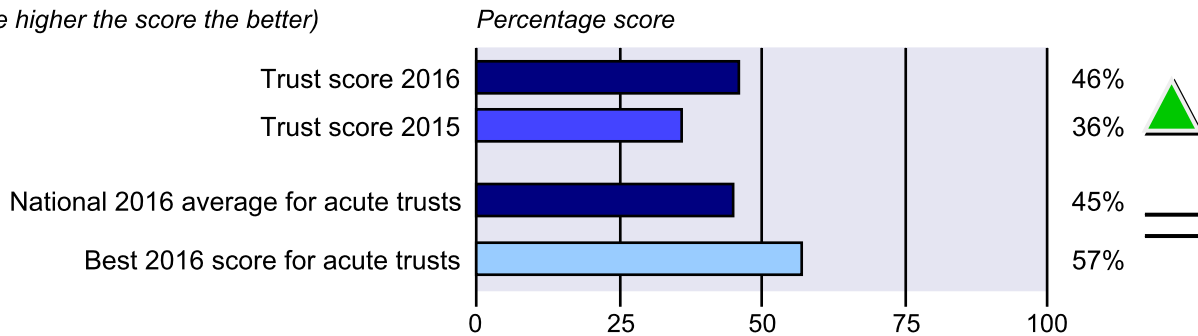
KEY FINDING 29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month

(the higher the score the better)



KEY FINDING 27. Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse

(the higher the score the better)



Comparison to Other Acute Trusts

Of the 97 acute trusts that participated in the national staff survey based on how staff have rated the leadership and culture of the Trust, RBCH is the second best performing acute trust in England.

Even in relation to its bottom five ranking scores the Trust was at or above the national average for acute trusts.

In respect of the nine themes the Trust's position is as follows:

	Change since 2015 survey	Ranking, compared with all acute trusts in 2016
Appraisals & support for development		
KF11. % appraised in last 12 mths	✓ Increase (better than 15)	✓ Highest (best) 20%
KF12. Quality of appraisals	• No change	✓ Highest (best) 20%
KF13. Quality of non-mandatory training, learning or development	• No change	✓ Above (better than) average
Equality & diversity		
* KF20. % experiencing discrimination at work in last 12 mths	• No change	! Above (worse than) average
KF21. % believing the organisation provides equal opportunities for career progression / promotion	• No change	✓ Above (better than) average
Errors & incidents		
* KF28. % witnessing potentially harmful errors, near misses or incidents in last mth	• No change	✓ Below (better than) average
KF29. % reporting errors, near misses or incidents witnessed in last mth	• No change	• Average
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	• No change	✓ Above (better than) average
KF31. Staff confidence and security in reporting unsafe clinical practice	• No change	✓ Above (better than) average
Managers		
KF5. Recognition and value of staff by managers and the organisation	• No change	✓ Highest (best) 20%
KF6. % reporting good communication between senior management and staff	• No change	✓ Above (better than) average
KF10. Support from immediate managers	• No change	✓ Highest (best) 20%

Health and wellbeing		
* KF17. % feeling unwell due to work related stress in last 12 mths	• No change	• Average
* KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure	• No change	✓ Below (better than) average
KF19. Org and mgmt interest in and action on health and wellbeing	✓ Increase (better than 15)	✓ Highest (best) 20%
Working patterns		
KF15. % satisfied with the opportunities for flexible working patterns	• No change	✓ Above (better than) average
* KF16. % working extra hours	• No change	✓ Lowest (best) 20%
Job satisfaction		
KF1. Staff recommendation of the organisation as a place to work or receive treatment	• No change	✓ Above (better than) average
KF4. Staff motivation at work	• No change	✓ Highest (best) 20%
KF7. % able to contribute towards improvements at work	• No change	✓ Highest (best) 20%
KF8. Staff satisfaction with level of responsibility and involvement	• No change	✓ Highest (best) 20%
KF9. Effective team working	• No change	✓ Highest (best) 20%
KF14. Staff satisfaction with resourcing and support	• No change	✓ Highest (best) 20%
Patient care & experience		
KF2. Staff satisfaction with the quality of work and care they are able to deliver	• No change	✓ Above (better than) average
KF3. % agreeing that their role makes a difference to patients / service users	• No change	✓ Above (better than) average
KF32. Effective use of patient / service user feedback	• No change	✓ Highest (best) 20%
Violence, harassment & bullying		
* KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths	• No change	• Average
* KF23. % experiencing physical violence from staff in last 12 mths	• No change	✓ Below (better than) average
KF24. % reporting most recent experience of violence	• No change	✓ Above (better than) average
* KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths	• No change	✓ Lowest (best) 20%
* KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths	• No change	✓ Below (better than) average
KF27. % reporting most recent experience of harassment, bullying or abuse	✓ Increase (better than 15)	• Average

Next Steps

The full report, together with Directorate results, has been made available to staff on the intranet and the key findings have been communicated via Core Brief and the Trust's Facebook page.

Staff throughout the Trust have been invited to participate in Cultural Feedback sessions to gain a greater depth of understanding of the results and to participate in developing a new Trust Vision.

In addition, Care Groups/Directorates are producing individual action plans to respond to the results in their areas.

Progress in responding to the issues raised by staff will be kept under review at half-yearly Care Group review meetings and via the Workforce Strategy and Development Committee.

Employee Assistance Programme

Each year the Trust's Employee Assistance Programme (EAP) provider Care First produces a summary of how often the service has been used by staff and the main issues presented. Our EAP includes a comprehensive set of services designed to help us provide a balanced and healthy working environment. These include help and advice on work-related issues and personal issues, as well as providing legal information. Here are details from Care First's report on how staff accessed the service and for what reasons over the course of the year.

	2013/14	2014/15	2015/16	2016/17
Total number of new callers to help line	150	170	167	154
Total number of repeat callers to help line	216	371	262	247
	366	541	429	401

Gender of caller				
Female	80%	85%	83%	81%
Male	20%	15%	17%	19%

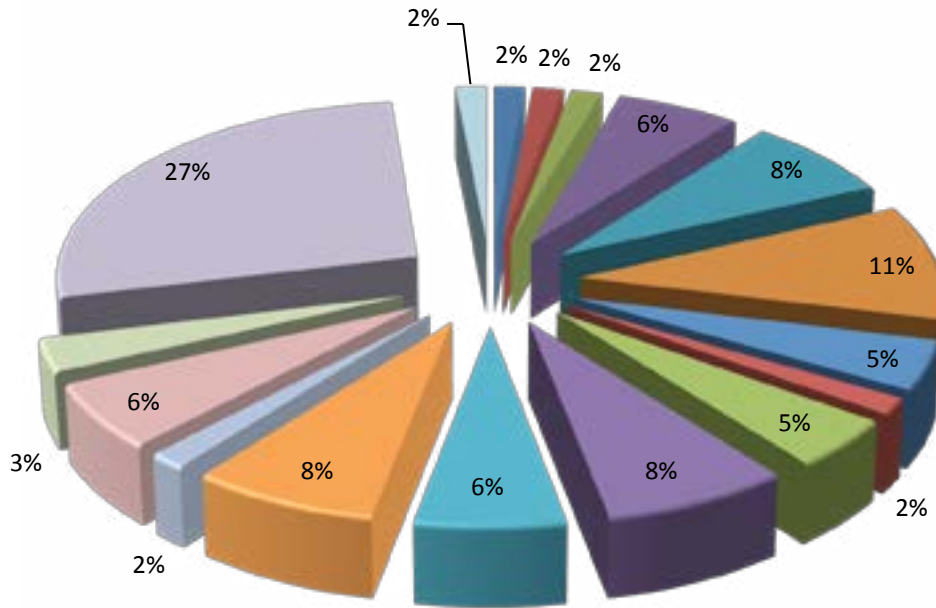
Types of contact

The chart below shows a quarterly breakdown of the type of contacts made to the EAP.

All Contacts by Type	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	YTD	
Telephone Information	14	25	13	8	60	15%
Telephone Counselling	53	82	46	53	234	58%
Face to Face Counselling	22	46	30	9	107	27%
Online Counselling	-	-	-	-	-	- %
Total	89	153	89	70	401	

Work-related issues

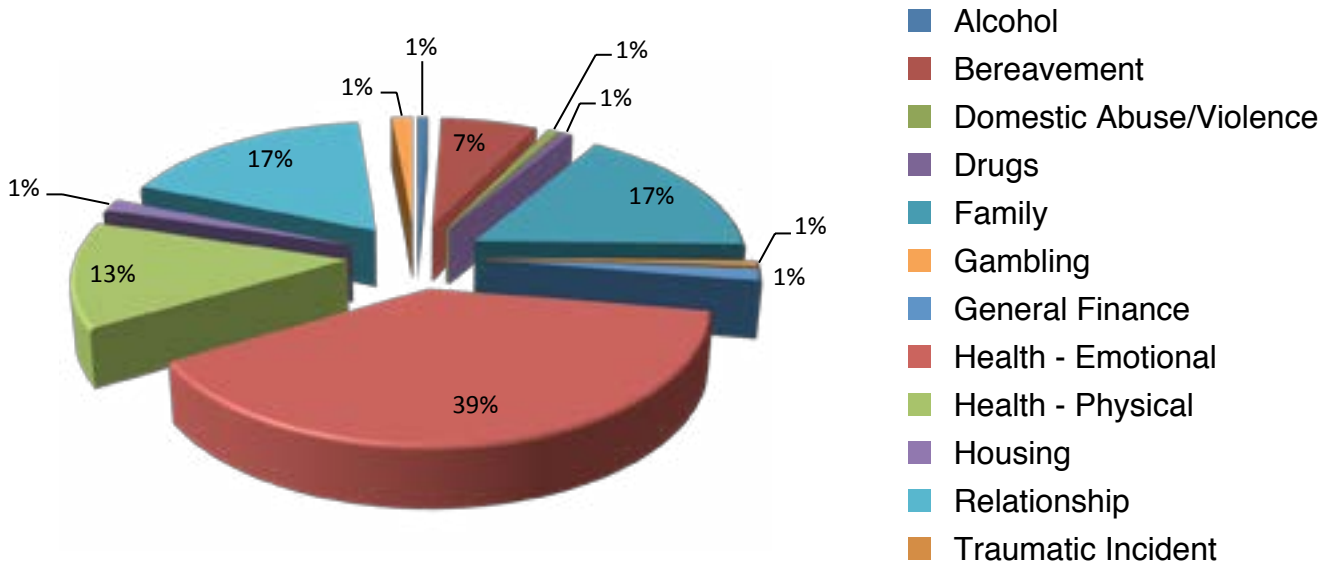
Emotional wellbeing at work is the highest issue, closely followed by disciplinary issues, changes at work and relationships at work.



- Absence/Attendance
- Bullying and Harassment by Colleagues
- Changes at work
- Grievance
- Performance - General
- Relationships at work with manager
- Work Control
- Work Overload
- Work Related Health - Physical
- Abuse/Violence by Members of Public
- Bullying and Harassment by Managers
- Disciplinary
- Information
- Relationships at work with colleague
- Traumatic Incident
- Work Life Balance
- Work Related Health - Emotional

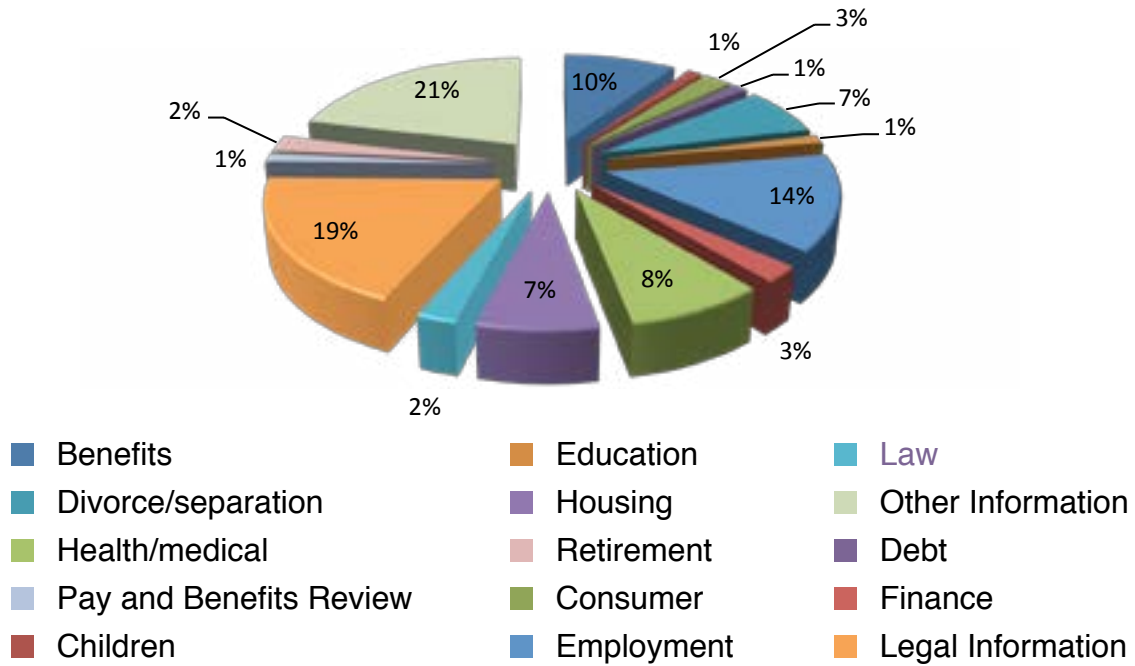
Work related Issues	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Total	
Absence/Attendance	-	1	-	-	1	2%
Abuse/Violence by Colleagues	-	-	-	-	-	- %
Abuse/Violence by Members of Public	-	-	-	1	1	2%
Bullying & Harassment by Colleagues	1	-	-	-	1	2%
Bullying & Harassment by Managers	1	-	1	2	4	6%
Bullying & Harassment by Members of Public	-	-	-	-	-	- %
Changes at work	1	-	2	2	5	8%
Critical Incident (attendance offered)	-	-	-	-	-	- %
Disciplinary	2	4	-	1	7	11%
Grievance	1	2	-	-	3	5%
Industrial Injury	-	-	-	-	-	- %
Information	-	1	-	-	1	2%
Mediation	-	-	-	-	-	- %
Media Attention	-	-	-	-	-	- %
Performance - General	-	1	1	1	3	5%
Performance - Target Related	-	-	-	-	-	- %
Racist Incident	-	-	-	-	-	- %
Redundancy	-	-	-	-	-	- %
Relationships at work with colleague	-	4	1	-	5	8%
Relationships at work with manager	1	1	1	1	4	6%
Retirement	-	-	-	-	-	- %
Role Ambiguity	-	-	-	-	-	- %
Traumatic Incident	1	2	-	2	5	8%
Work Control	-	-	1	-	1	2%
Work Life Balance	-	1	3	-	4	6%
Work Overload	-	-	2	-	2	3%
Work Related Health - Emotional	3	7	4	4	18	27%
Work Related Health - Physical	-	-	-	1	1	2%
Work Underload	-	-	-	-	-	- %
Workplace Environmental Conditions	-	-	-	-	-	- %
TOTAL	11	24	16	15	66	

Personal issues



Personal Issues	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Total	
Alcohol	-	1	-	-	1	1%
Bereavement	-	7	-	2	9	7%
Debt	-	-	-	-	-	- %
Domestic Abuse/Violence	1	-	-	-	1	1%
Drugs	1	-	-	-	1	1%
Family	5	9	2	7	23	17%
Gambling	-	1	-	-	1	1%
General Finance	-	1	-	1	2	1%
Health - Emotional	15	22	6	11	54	39%
Health - Physical	4	7	2	5	18	13%
Housing	1	1	-	-	2	1%
Relationship	6	12	2	4	24	17%
Retirement	-	-	-	-	-	- %
Traumatic Incident	-	1	-	1	2	1%
TOTAL	33	62	12	31	138	

Information specialist



Information Specialist	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Total	
Benefits	-	4	3	1	8	9%
Childcare Information	-	-	-	-	-	- %
Children	-	-	1	-	1	1%
Consumer	1	1	-	-	2	2%
Debt	-	-	-	1	1	1%
Divorce/separation	1	3	2	-	6	7%
Education	-	1	-	-	1	1%
Eldercare Information	-	-	-	-	-	- %
Employment	2	3	3	4	12	14%
Finance	1	-	1	-	2	2%
Health/medical	1	1	1	4	7	8%
Housing	-	4	2	-	6	7%
Immigration	-	-	-	-	-	- %
Law	-	-	-	2	2	2%
Legal Information	3	6	3	4	16	19%
Pay & Benefits Review	-	1	-	-	1	1%
Retirement	-	-	1	1	2	2%
Substance abuse (incl. alcohol)	-	-	-	-	-	- %
Tax queries	-	-	-	-	-	- %
Other Information	2	7	4	5	18	21%
TOTAL	11	31	21	22	85	

Staff seem to be generally using the Information Specialist for employment and legal purposes, specifically divorce, benefit claims and employment issues. This is well used service and feedback has been positive.

Referrals

Generally staff are self-referring, which may demonstrate that advertising and promotion of the service has been successful. Occupational Health, Human Resources and management referrals account for around 12% of referrals.

Staff are aware of the service mainly through knowledge and marketing, personal recommendation, leaflets and management interventions.

Zest portal

The zest wellbeing portal is accessible for all staff from home and provides access to information including healthy lifestyles exercises, diet, sleeping, stress management, mental wellbeing etc. The Trust currently has 959 signed up to the zest portal.

Zest has ongoing promotion through advertising of the service and will be further promoted by the new Health and Wellbeing advisor and we hope of over the next 12 months the EAP data will help formulate a strategy at the wider pan-Dorset Health and Wellbeing group.

Equality and diversity

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

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

The Equality Act 2010 brought together several pieces of anti-discrimination legislation and requires equal treatment for all in access to: employment, private, and public services regardless of the nine characteristics the Act protects. Decisions made in relation to these characteristics must be made in a fair and transparent way. As a public sector organisation, there are also some additional equality duties which we are committed to achieving, meaning we must have due regard of 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

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

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

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

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

In addition to meeting legislative requirements and public sector duties the Trust also takes a proactive approach to highlighting and promoting the advantages of its diverse

workforce. In September 2016 the Equality, Diversity and Inclusion Committee presented a ‘Proud to be Me’ initiative during Quality and Leadership week. Staff were encouraged to geographical celebrate diversity by sticking a pin in a giant world map to mark where they were born and to share something interesting about their place of birth, or something special about themselves. This was a well received and engaging exercise and all the comments shared were captured for a collage. A diversity quiz also proved popular and the winner was presented with a ‘Foods of the World’ hamper.

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 table below sets out the gender breakdown of the Trust’s employees as at 31 March 2017:

Paygrade	Male						Female					
	White		BME		Unknown		White		BME		Unknown	
AfC Band 1-7	570	77%	138	19%	30	4%	2589	86%	368	12%	60	2%
AfC Band 8-9	50	94%	<10	*	<10	*	101	96%	<10	*	<10	*
Medical	164	62%	70	27%	29	11%	139	64%	48	22%	29	13%
VSM	<10	*	<10	*	<10	*	<10	*	<10	*	<10	*
Directors	9	100%		0%		0%	<10	100%		0%		0%
Total	793	75%	208	20%	59	6%	2829	85%	416	12%	89	3%

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

Note: Unknown incorporates those who have declined to provide the information and those that have not been recorded in the HR computer system

Recruitment overview

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

Events - key successes:

- The Trust was represented at Southampton University Health Science Careers Fair 15 November 2016. Details of newly qualified nurses and therapists were taken and the Trust hosted an open day for all those potential employees that were interested in working for RBCH.
- An OPM recruitment day was held in February 2017 to attract both staff nurses and HCAs. This was well attended and as a result, 2 newly qualified staff nurses and 17 HCAs are in the recruitment process. A video was produced covering the work of Older Person's Medicine which was posted on social media prior to the event.
- HCA open days which started in 2014 have continued for both bank and substantive staff with 111 substantive HCA's and 153 bank HCA's having been recruited in 2016/17.
- Continued promotion during the year of the Trust's Temporary Staff Bank has resulted in over 2500 employees registered.
- 580 bank staff are working each week reducing our agency usage to a minimum

Key future plans

- Greater focus on the use of social media to target those potential employees who are most likely to want to work at RBCH.
- Currently updating the recruitment pages of the RBCH internet website.
- Introduction of Values Based Recruitment.
- To create a compelling Employer brand and Marketing Strategy for Trust posts

Advertising campaigns

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

- Recruitment banners - outside both Bournemouth and Christchurch Hospitals highlighting specific events and a general banner that has remained outside of RBH throughout the year.
- Twitter - We proactively use Twitter to promote a "job of the week" and to showcase the variety of roles available within the Trust.

- Facebook - the use of Facebook to advertise jobs and 'boosting' difficult to recruit to posts

Overseas nurses

Position to date:

EU Nurses

Since April 2016 the recruitment of overseas nurses has been ongoing. This has, this year, been more challenging due to the language requirement by the Nursing and Midwifery Council (NMC) which has probably contributed to the reduction in numbers of available nurses:

The numbers of overseas nurses recruited:

Started:	27
Due to start in Feb-April 2017:	7

Filipino Nurses

The recruitment of these nurses commenced in March 2015 resulting in 16 initially offered for posts in Theatres, with 10 having commenced this year. There have not been any problems with obtaining Certificates of Sponsorship for these nurses but it has been a lengthy process.

3 of these nurses have passed their objective structured clinical examination (OSCE) and are now NMC registered. 1 is awaiting a potential re-sit, 3 have their exam scheduled for April 2017 and 3 are currently undergoing the preparation stage. In addition there are 2 staff that have been recruited in country and have self-funded their OSCE (1st attempt).

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

Future Plans:

Overseas recruitment will continue, with numbers determined by Care Group trajectories. However, there is likely to be a continued reduction in EU nurses due to the introduction of the English Language test (IELTS) by the NMC.

Staff costs

	Group			
			2016/17	2015/16
	Permanent	Other	Total	Total
	£'000	£'000	£'000	£'000
Salaries and wages	137,976	-	137,976	133,712
Social security costs	12,936	-	12,936	9,741
Employer's contributions to NHS Pensions	16,268	-	16,268	15,720
Termination benefits	1,864	-	1,864	1,789
Agency/contract staff		5,589	5,589	8,591
Total staff costs	169,044	5,589	174,633	169,553

Average number of employees (WTE basis)

	Group			
			2016/17	2015/16
	Permanent	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	431	-	431	428
Administration and estates	824	-	824	838
Healthcare assistants and other support staff	870	-	870	881
Nursing, midwifery and health visiting staff	1,096	-	1,096	1,061
Scientific, therapeutic and technical staff	386	-	386	413
Healthcare science staff	174	-	174	174
Agency/contract staff	-	42	42	77
Bank Staff	230	-	230	182
Other	4	-	4	-
Total	4,015	42	4,057	4,053

Reporting of compensation schemes - exit packages 2016/17

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	2	4	6
£10,001 - £25,000	-	7	7
£25,001 - 50,000	-	2	2
Total number of exit packages by type	2	13	15
Total resource cost (£000)	6	231	£237

Reporting of compensation schemes - exit packages 2015/16

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	4	-	4
£10,001 - £25,000	2	-	2
£50,001 - £100,000	1	-	1
Total number of exit packages by type	7	-	7
Total resource cost (£000)	110	-	£110

Exit packages: other (non-compulsory) departure payments

	2016/17		2015/16	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£'000	Number	£'000
Mutually agreed resignations (MARS) contractual costs	13	225	-	-
Early retirements in the efficiency of the service contractual costs	2	6	-	-
Total	15	231	-	-

Technology

The new electronic recruitment system TRAC was introduced in May 2016; this system fully replaced NHS Jobs for recruiting managers. This system already used in 60 other trusts nationally is a fully-fledged recruitment tracker, which successfully links to NHS Jobs, (where vacancies will still be advertised) and ESR, the employee staff record system at the Trust. The Recruitment team attended training at TRAC headquarters in Derby, which allowed them to undertake a programme of manager training before, during and after implementation.

Expected benefits of the new system

- Streamlined processes to reduce recruitment timeframes.
- Improved communication for managers and applicants.
- Fully auditable vacancy and applicant process from approval to appointment.
- Effective reporting tool to highlight unexpected recruitment delays.
- Applicants in post faster.

Improvements in shortlisting specifically include:

- One single log-in for recruiting managers shortlisting / interviews / and pre-employment status checks.
- Integrated reference process.
- No session time-outs (NHS Jobs times out after 45 minutes of inactivity).
- Rigid person specification based scoring system ensuring the best candidate for the post and a record to show how selection for interview is justified.
- Simplified finalise shortlist function.
- Automatically generated email notifications of process of vacancies and preferred candidates.
- Optional weekly email updates to manager.

Recruitment initiatives

- 2% Older Person's Medicine incentive payment - this ceased between June and October 2016 then re-instated in November 2016 at the request of the Care Group. The period of cessation saw a reduction in the number of applications and a slight reduction in the number of successful outcomes.
- Relocation Expenses - Our package of up to £13,000 is well above what neighbouring Trusts are offering. There has been an increase in the number of relocation expenses claimed this year.
- Refer a Friend - There is one application awaiting conclusion of the 12 month service requirement.

Careers and work experience

The work experience lead, initially recruited on a temporary basis has been extended and funding agreed until September 2018. This year has seen the following activities:

- A career in the NHS Day was held on 17 January 2017. Again we had 80 students from local 6th form colleges and schools attend and it was very well received. We opened up the Simulation Suite and had assistance from the Education Centre with guest speakers from many areas throughout the hospital.
- 8 Careers Fairs have been attended at local schools/6th form Colleges.
- Approximately 125 students completed work experience in 2016. This included 1 or 2-day placements, 1 or 2 week placements and some 1 day a week for 3 month placements. We mainly had 16-19 year olds, but also had mature students doing placements. We have had 9 Bournemouth and Poole College students on 1 day a week placements. We had 3 therapy days during the year and 20 students attended these.
- There are approximately 35 students on planned placements in the next few months.
- We have attended careers fairs jointly on two occasions with Poole Hospital.

Future plans:

Other information

November 2016 saw the introduction of re-charging employees for their DBS check.

This was introduced to seek a cost saving for the Trust in the region of £40,000 per annum and to encourage NHS employees to subscribe to the DBS update service.

Countering fraud and corruption

The Trust has a local counter fraud specialist provided by tiaa, who regularly reports on risks and activities to the Audit Committee.

The Trust operates a multi-dimensional programme of awareness raising across all staff and engages with stakeholders within and external to the organisation. The Trust has a code of conduct and anti-fraud policy, the effectiveness and awareness of which are measured through surveys, audit and monitoring activities.

The Trust aims to "fraud proof" policies and procedures and evaluate effectiveness. The Trust proactively uses local and national intelligence and alerts to identify and mitigate fraud risk. The Trust has effective systems in place to mitigate fraud risk for pre-employment, procurement and invoice fraud.

The Trust ensures that all referrals and investigations are progressed in accordance with good practice and national standards. The Trust seeks to recover lost monies following an assessment of likelihood and recovery and publicises successful cases.

Developing our organisation

Discover

- Undertake a cultural audit

Design

- Develop a clear and unique leadership strategy to deliver the Trust priorities for next 3-5 years and develop an inclusive, compassionate culture

Deliver

- The way we do things around here:
- Supported staff
- Safe care
- Continual improvement

Trust culture change programme

This year the Trust has made significant progress with our cultural change programme, moving from the Discovery to Design Phase. This is to support our commitment to create a culture of compassion and continuous improvement. Based on a model developed by The King's Fund, our work has focused on engaging with staff to find out what it is like to work in our Trust. The work has been led by our team of Change Champions - a group of 15 members of staff from across the Trust representing a wide range of grades, skills and experience.



Having sought the views of over 900 staff through a combination of focus groups, staff surveys and interviews, the Change Champions collated the themes from the Discovery Phase into a findings and recommendations report. In June 2016 they presented this to Board members and other senior leaders at a dedicated development workshop. These were fully accepted and endorsed and the Change Champions were tasked with translating them into actions and taking the work forward into the Design Phase. Our Change Champion approach and Discovery Phase work has been referenced as a case study within the recently published NHS Improvement Culture Change toolkit.

During the Discovery Phase, our staff told us that they did not always feel valued and recognised and that opportunities for development were not consistent across the Trust. They also felt that poor performance and behaviour was not always addressed, and for there to be consistency in terms of managing behaviour and identifying opportunities for development. We recognise that happier more engaged staff results in excellent care for our patients.

We held our first Leadership Summit in September, at which Professor Michael West talked about the importance of collective leadership, and we were able to give 200 of our leaders an impactful leadership development experience. We held our second Patient Safety and Quality Conference at which we actively shared learning from mistakes and quality improvement initiatives and we have also launched our Schwartz Rounds programme, which encourages our staff to share feelings, experiences and learning in a confidential and supportive environment.

We have recruited an additional cohort of Change Champions who were nominated and supported by their managers, based on their enthusiasm, skills and varied experience. Again, they are representatives from across our directorates and staff groups.

We are very pleased to have made significant improvements in the number of values based appraisals completed this year, and we have also recruited Appraisal Champions to help us to focus on the quality of these appraisal discussions. We have appointed a Freedom to Speak Up Guardian for the Trust this year and we have trained over 200 members of staff in personal resilience skills.

We have launched the Trust leadership model and behaviours framework and this will underpin all our leadership development work. It will also be used when recruiting managers and leaders to the Trust. We have begun bespoke leadership development interventions with our Care Group leadership teams, including medical, nursing and support function representatives. We have launched a leadership development programme for our Matrons which will run for a year.

We have trained 16 Team Coaches in the AstonOD team journey tool and this will support our focus on developing real effective team working. This toolkit helps our new and existing team leaders to assess and develop their teams to improve performance using a 10 stage structured programme of detailed work-based activities. The Senior Leadership Team is one of the first to engage with the team effectiveness tool which includes the facility to measure and re-measure team effectiveness and to track progress.

As a result of findings from the cultural audit, we have launched training for our leaders in having “difficult conversations” and “customer care” training for all staff focusing on the importance of being compassionate towards each other as well as our patients and relatives.

A further 700 **#Thankyou!** nominations have been received and published, and we have held focus groups with our staff to determine how they would like to be recognised going forward. One focus for the year ahead is to develop an inclusive approach to recognition. We have made significant progress in the national NHS Staff Survey results, with our highest completion rate ever and respondents reporting being satisfied with the support from their immediate manager and that their line manager takes a positive interest in their health and well-being. In our quarter 4 Staff Impressions survey, 73% of respondents would recommend the Trust as a place to work.

Our New Trust Objectives 2017/18

Our mission

Providing the excellent care we would expect for our own families

Our values



We do this through delivering

Our vision

To be the most improved Trust by 2017

In 2017/18 our priority is to support continuous improvement for patients - we aim to do this by:



1. Valuing our staff

Recognising the contribution of our staff and helping them develop and achieve their potential



2. Improving quality and reducing harm

Focusing on continuous improvement and reduction of waste



3. Strengthening team working

Developing and strengthening to develop safe and compassionate care for our patients and shaping future health care across Dorset



4. Listening to patients

Ensuring meaningful engagement to improve patient experience

Looking ahead, the Board and our Change and Appraisal Champions worked together with the feedback from our staff to develop new simple, but challenging and stretching objectives for 2017/18. These will be shared through the appraisal process and will enable staff to see how their role contributes to the strategic aims of the Trust.

These objectives are:

1. Valuing our staff

Recognising the contribution of our staff and helping them develop and achieve their potential.

2. Improving quality and reducing harm

Focusing on continuous improvement and reduction of waste.

3. Strengthening team working

Developing and strengthening Team RBCH to deliver safe and compassionate care for our patients and shaping future health care across Dorset.

4. Listening to patients

Ensuring meaningful engagement to improve patient experience.

Our ongoing focus for next year will be to enable and empower our leaders at all levels to value their staff and role model the leadership behaviours outlined in our Leadership strategy.

Sustainability Report

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

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

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

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

The key areas for action are:

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

The Trust regularly reviews and reports on progress against the Good Corporate Citizenship (GCC) Assessment Model and key actions within an accompanying Sustainability Management Action Plan.

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

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

Celebrating our successes in 2016/17

Energy, water and carbon management

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

In 2016/17 the Trust continues in their partnership with ADSM through AquaFund. AquaFund is ADSM's multi-million pound grant fund which enables UK organisations to make financial and water savings through the installation of water saving equipment. Each year a percentage of AquaFund revenue goes directly to WaterAid, contributing to the charity's important work in the world's poorest countries - transforming lives by improving access to clean, safe water.

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

In 2017 an Estates Energy Strategy was drafted looking at energy use over the next 5 years within the hospitals and identifying projects which would help the Trust achieve adopted energy reduction targets.

Sustainable procurement and food

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. In such, the catering department successfully achieved the Silver Award in Food for Life Accreditation. This catering mark provides an independent endorsement that the food served at the hospital is prepared on site using fresh ingredients which are free from undesirable additives and trans fats, are better for animal welfare, and comply with national nutrition standards.

The catering department also installed 'healthy vending machines' in 2016 to provide healthy food options to all staff at the hospital, 24 hours a day.

In 2016 the Trust invited the Sustainable Food City Partnership to hold a monthly staff and visitor fresh fruit and vegetable market stall at Bournemouth Hospital which has been deemed a great success. This monthly stall provides people with the chance to buy local, seasonal fruit and vegetables, grown without the use of fertilisers or pesticides, whilst supporting several organisations work within the community. Sustainable Food City Partnership work closely with Holton Lee (providing horticultural therapy opportunities for people with learning difficulties and overcoming addiction) and Grounded Enterprises (providing a range of volunteering and training opportunities to the local community) to provide the fresh produce to the hospital.

The Trust acknowledges 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, which is supported by the Trust's Sustainable Procurement Policy.

Low carbon travel, transport and access

We can improve local air quality and improve the health of our community by promoting active travel to our staff and to the patients and public who use our services. Every action counts and we are a lean organisation trying to realise efficiencies across the board for cost and carbon (CO₂e) reductions. We support a culture for active travel to improve staff wellbeing and reduce sickness.

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

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

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

The Trust was also successful in securing a travel grant from Bournemouth Borough Council in March 2017, choosing to invest this in the set-up of a staff pool-bike scheme. This will support the use of 3 electric bicycles being made available for staff on business related travel.

Waste reduction and recycling

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

In 2016 all key staff and members of the Waste Management Group were invited to attend a 1 day training event on waste management within a hospital setting, providing staff with an overview of the importance of waste compliance and practical solutions to common issues across the Trust. As a result of this training a Waste Strategy Action Plan was developed to ensure compliance and embedding of good practice across the Trust through the work of the Waste Management Group.

Buildings and site design

In developing its services and facilities, the Trust will aim to meet the BREEAM performance benchmarks in respect of the specification, design, construction and use of our buildings. The BREEAM measures include aspects related to energy and water use, the internal environment (health and wellbeing), pollution, transport, materials, waste, ecology and management processes.

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

Green spaces

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



In July 2016 the Trust became the first hospital in the UK to receive a Green Flag Award for maintaining its green spaces to the highest possible standard. This award recognises the efforts of the Estates Team at Royal Bournemouth Hospital, who have produced and implemented a detailed Biodiversity Management Plan. This plan will help to ensure that the Trust continues to provide a quality greenspace that provides staff and patients a sanctuary for rest and recuperation.

The Estates Department have adopted sympathetic and sustainable approaches to their management of the hospital grounds, including log piles to encourage biodiversity and wildlife, introduction of wildflower meadows, installation of bird boxes and duck houses, limited use of pesticides, green pest control in the form of a Harris Hawk, recycling of waste plant material, and an interpretive board was erected by the lakeside to communicate the wildlife present on site.

In 2016 the Orchard Garden Project delivered a new therapeutic courtyard garden situated directly outside the chemotherapy suite and next to the pathology department. A sensory walkway was also established to link the courtyard to the lakeside, and a new garden decking area designed so patients who need

medical equipment like drips etc. can also benefit from the gardens and give them a retreat from their treatment.

Staff engagement and communications

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

The Trust was the second NHS organisation to take part in the Green Impact Scheme, an environmental accreditation and awareness scheme run by the National Union of Students. The Trust has now been running this scheme for over 4 years. During 2016, 24 teams from across the organisation took part in the scheme, and it is estimated to have reached out to over 732 staff contacts, with 913 'greening' actions completed. In addition to this the staff behaviour change scheme saved over £15,000 in 2016 through sustainable actions implemented- this is equivalent to 123 blood bags. Alongside this the Trust has also seen the launch of the SustainRBCH Campaign- an energy awareness and switch off campaign which works to promote the links between energy savings and more comfortable patient environments.

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 their work on page 114.

Partnership and planning

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

Governance

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

IT and finance

The Trust has introduced sustainability criteria for completion as part of all business cases. The IT department has also developed a Green ICT Plan and rolled out a number of energy and waste reduction projects. These include PC power management software, aimed at reducing energy consumption through computers being left on unnecessarily, introduction of iPads within the Pharmacy department to reduce paper-rounds, and the roll out of central Multi-Function Device (MFD) printers alongside the removal of personal desktop printers.

Future priorities and targets for 2017/18

- Update and redraft of the RBCH Sustainable Management plan, to include realistic CO2 targets to 2020 and inclusion of climate change adaptation aspects
- Conduct annual staff and patient travel survey
- Expansion of Green Impact Scheme and SustainRBCH energy awareness raising schemes

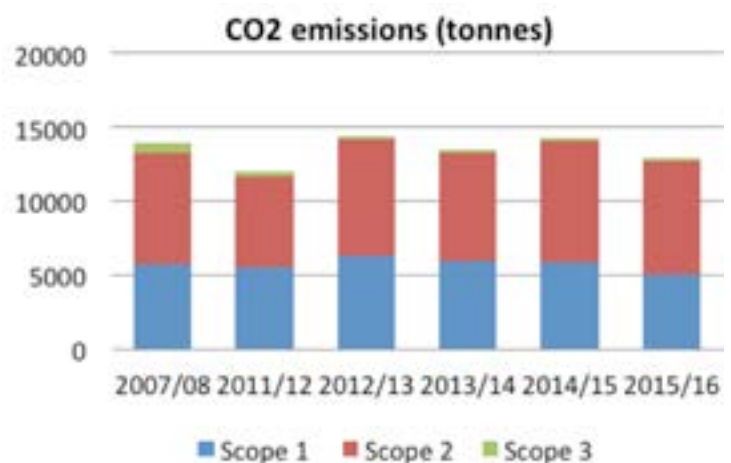
Performance data

Greenhouse gas emissions and energy use:		2012-13	2013-14	2014-15	2015-16	2016-17
Non-financial indicators (tonnes CO2e)	Total gross emissions:	14,352	13,506	14,223	12,918	12,749
	Gross emissions scope 1 (Gas/oil/fleet vehicles/refrigerant losses)	6,283	5,893	5,774	5,040	5,566
	Gross emissions scope 2 (Electricity)	7,819	7,374	8,198	7,618	6,897
	Gross emissions scope 3 (Waste/water)	250	239	252	260	286
Related energy consumption (MWh)	Electricity: non-renewable	9,986	13,170	13,237	13,250	13,346
	Electricity: renewable	3,713	114	113	109	108
	Gas	20,250	18,271	16,739	14,884	16,310
	Oil	278	118	798	819	1,435
	LPHW	6,820	6,827	6,925	6,422	7,143
Financial indicators (£1,000's)	Expenditure on energy	2,325	2,268	2,312	2,494	2,383
	CRC gross expenditure	149	147	331	194	141
Energy consumption (MWh) per GIA floor area:		0.38	0.36	0.36	0.31	0.33
Carbon emissions (Kg CO2e) per patient:		19.0	17.2	18.2	16.6	16.1

Performance commentary:

Energy costs reduced in 2016/17, this is due in main to a decrease in costs per unit of gas and electricity.

The overall gross carbon emissions for RBCH have reduced by 1.3% in 2016/17 compared to carbon emissions the previous year, and have reduced by 11.2% from the baseline year (2012/13). The reduction in carbon emissions in 2016/17 compared to the 2015/16 is however due to a reduction in the carbon conversion factor for electricity rather than a reduction in utility consumption.



Relative carbon emissions per patient can be seen to have decreased by 3.2% in 2016/17 compared to the previous year and reduced by 15.7% since the baseline year (2012/13).

Utility consumption was shown to have overall increased in 2016/17 compared to 2015/16. This can be attributed to a 1% increase in electricity consumption, 10% increase in gas consumption, 11% increase in LPHW and a 79% increase in oil consumption. The significant increase in oil consumption is due to the Trust participation in the Demand Side Response programme and reducing the hospitals load from the national grid at peak times by running off backup oil generators. This has delivered significant cost savings for the Trust.

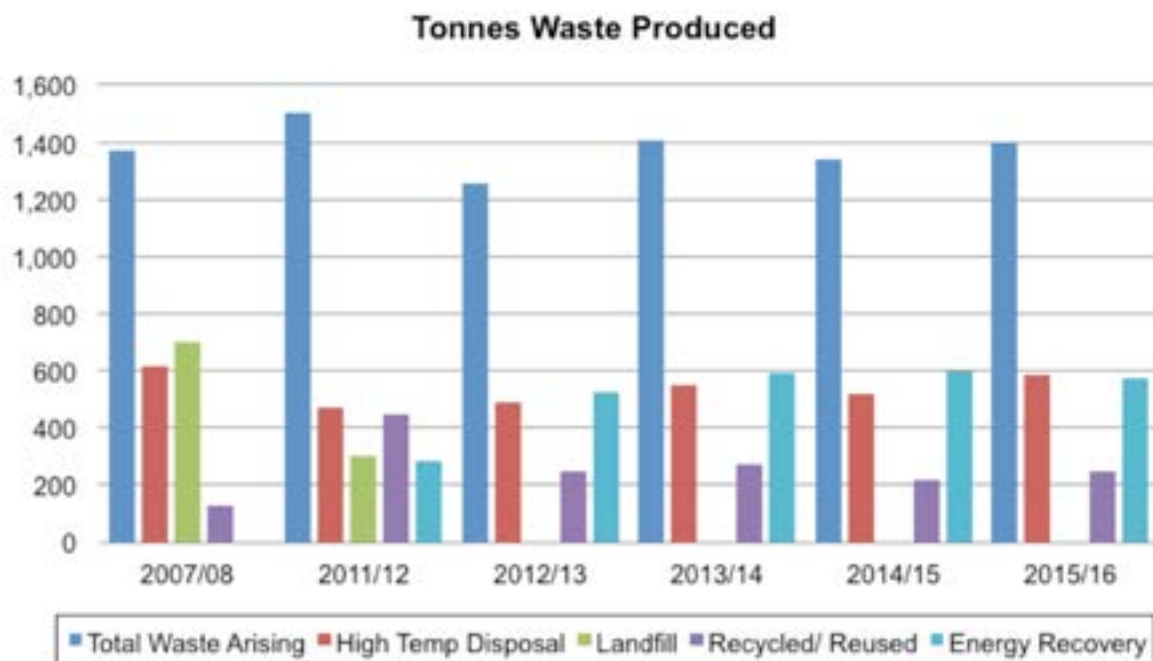
Relative energy consumption can be seen to have increased in 2016/17 compared to the previous year by 8% but has overall reduced by 14.8% since the baseline year (2012/13).

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

Waste:		2012-13	2013-14	2014-15	2015-16	2016-17
Non-financial indicators (tonnes)	Total waste	1,258	1,407	1,338	1,401	1,557
	High temp disposal waste	486	549	521	586	692
	Landfill	0	0	0	0	0
	Recycled/ reused	247	269	218	245	302
	Energy recovery	526	589	599	570	567
Financial indicators (£1,000's)	Total waste cost	320	287	293	321	342
	High temp disposal waste	237	200	194	232	253
	Landfill	0	0	0	0	0
	Recycled/ reused	13	16	21	16	18
	Energy recovery	65	71	78	72	71

Performance commentary:

In 2016/17 our preferred waste contractor collected a total of 865 tonnes of non-hazardous waste. Of this, 567 tonnes went to an energy recovery facility and 302 tonnes recycled, which included mixed recycling (49 tonnes); baled cardboard (104 tonnes) and separate food waste collections (95 tonnes). The Trust has chosen to send all waste to energy recovery as opposed to landfill as of financial year 2012/13.

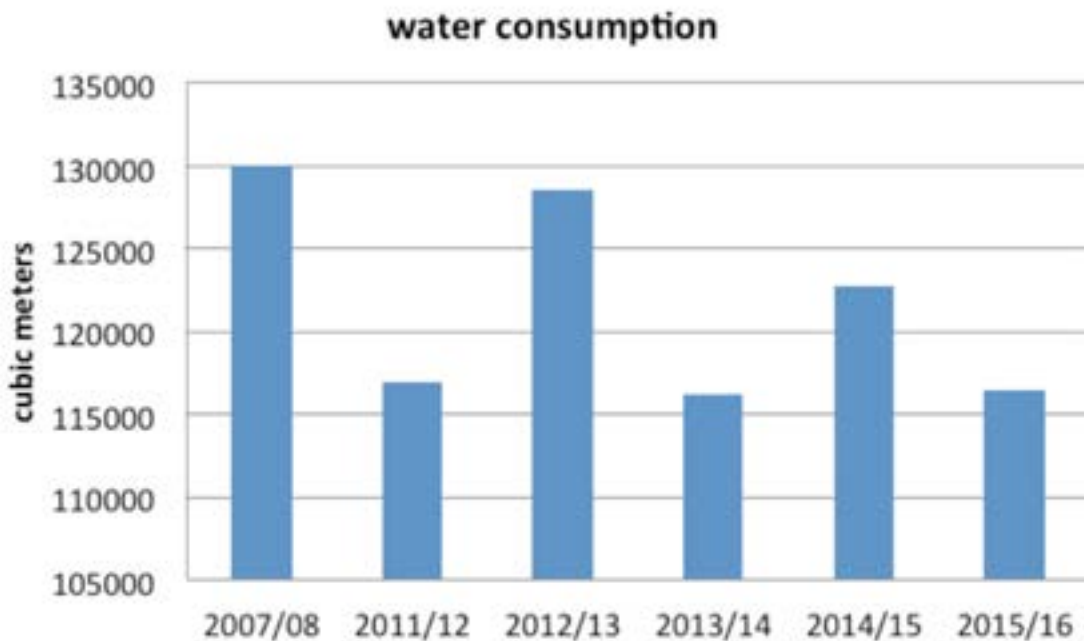


Water:		2012-13	2013-14	2014-15	2015-16	2016-17
Non-financial indicators (000's m ³)	Water consumption	129	116	123	116	120
	Sewerage	116	100	109	104	106
Financial indicators (£1,000's)	Water supply costs	139	149	140	114	127
	Sewerage costs	170	171	159	146	166
Water usage per GIA (floor area)		1.21	1.10	1.16	1.00	1.03

Performance commentary:

Water consumption at RBCH increased by 2.7% in 2016/17 compared to the year previously. This is due to a 2.7% increase in consumption at RBH, 9.8% increase at the Sterile Services Department, Alderney and an 8.2% increase at Abbotsbury House residential property. There was however a 23.3% decrease in water consumption seen at Christchurch Hospital in 2016/17 compared to the previous year.

Water consumption per square meter of gross internal floor area has shown an overall increase in water usage in the hospital, with an increase of 2.7% in 2016/17 compared to the previous year. However relative water consumption per square meter of floor area has shown to have reduced by 15.2% from the baseline year (2012/13).



Estates - Improving the Patient and Staff environment - 2016/17

1. Estates Team of the Year	Building Better Health Award - national award presented annually. The Estates Team were presented with this prestigious award in recognition of the environment and service they deliver above and beyond the normally expected provision of estates services.
2. External Spaces award	Building Better Health Award - national award presented annually. The Estates Team were presented with this prestigious award in recognition of the fantastic grounds and gardens that are available to patients and staff. Much of this work carried out voluntarily by Estates staff in their own time.
3. Green Flag award and Sustainability	Royal Bournemouth Hospital became the first acute hospital to be awarded Green Flag status in recognition of the external facilities it offers staff and patients. The Trust has been nominated for the NHS Sustainability Award in 2017 - one of four nominations. This is in recognition of staff engagement and behaviour change.
4. Care Home at Christchurch	The care home opened its doors for the first resident at Christmas 2016. The occupation rate is growing higher than expected and this is testament to the quality of the service being delivered there.
5. Senior living apartments at Christchurch	The 35 apartments are due for completion in June/July and are going to be marketed with a shared ownership option. This allows occupants to move in without having to find the whole capital cost of the property. This model is optional and will allow more people the opportunity to live in this development.
6. Christchurch GP, Radiology, Day Hospital and Outpatients	These are all now complete and staff have moved in to their new departments. The PLACE audit in April 2017 has found the changes to be very successful and feedback from users is very positive. The Christchurch developments have been very successful and the project team and staff working in the affected areas have worked very hard to ensure services have continued with the minimum of interruptions. The Official opening is in June.
7. A338 Spur Road Junction	Bournemouth Council is preparing to submit a planning application for the whole split level junction. A programme for highways improvements has been published and these include the first phase of the A338 on / off junction. A communications plan is in place and staff, visitors and patients will be kept informed of developments not only on the A338 but also in respect of the other planned road improvement schemes being proposed by the local authority.
8. Residences	The upgrading and refurbishment of the residences has carried on throughout 2016 with more works planned for this year.

9. A338 reconstruction	The planned reconstruction of the A338 Spur Road was completed on time and with well-managed communications the impact on RBCH services was minimised. Our thanks go to the Bournemouth Borough Council and Dorset County Council.
10. CSR	Plans for delivering the outcome of the CSR for Dorset are being developed to allow works to proceed once the outcome is known. The decision by the CCG is due in October this year with service changes being explored to accommodate whichever option is chosen.
11. Private Patients Unit	The Private Patients Unit opened officially in March 2017 and is well placed to deliver services in great surroundings. Income from the unit will help support the Trust's finances.

Annual Governance Statement

Scope of Responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an 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 2017 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 there is an effective risk management system in place within the foundation trust and for meeting all statutory responsibilities and adhering to guidance issued by the independent regulator in respect of governance. The executive with specific responsibility for risk is the Director of Nursing and Midwifery. However, the requirement to manage risk more effectively is a responsibility affecting all staff in every part of the foundation trust; from the control of finance, through all the disciplines supporting and delivering the environment of care, to the direct delivery of clinical care itself, risk management is everyone's responsibility. The foundation trust's Risk Management Strategy clearly defines these responsibilities and provides guidance for the fulfilment of these roles.

Risk management and health and safety training is included on induction and mandatory training programmes for all staff. Additional Risk Assessment and Root Cause Analysis training sessions are also provided for clinical leads, heads of department and ward leaders. Formal training is then supported by a variety of other resources that seek to promote and facilitate individual, departmental, directorate and organisational discussion and learning. The Quality and Risk Committee routinely receive and review quarterly directorate and specialist clinical subcommittee reports which highlights patient safety, patient experience and patient outcome risks, trends or improvements for the period. The reports include the results of complaints, adverse incident investigations, clinical audits and/or external reports or peer reviews and highlight examples of, and recommendations for, quality improvement and safe practice. Recommendations and learning from complaints, audits, peer reviews and incidents are also discussed locally at directorate clinical governance groups, senior nurses and ward sister meetings, Medical Grand Round meetings and department/ward team briefings. Actions and learning points are also shared with other stakeholders through Clinical Commissioning Group meetings and clinical network groups and patient safety forums.

The risk and control framework

In compliance with statutory controls, the foundation trust has developed a standard matrix for measuring risk and determining the level of risk that can be accepted at the key management levels within the organisation. Detailed guidance and advice on assessing, quantifying and managing risk is contained within the foundation trust's Risk Management Strategy (and associated Risk Assessment Policy and Procedures). As part of the Strategy, Care Group and Directorate leads are responsible for maintaining Directorate Risk Registers and for bringing significant risks to the attention of the Quality and Risk Committee, the Healthcare Assurance Committee or another relevant sub-committee of the foundation trust's Board of Directors. In turn the sub-committees will bring important matters to the attention of the Board of Directors. The foundation trust continuously monitors risk appetite and risk control systems in place and utilises the assurance framework process to monitor, develop, implement, demonstrate and promote continuous improvement and learning. The effectiveness of the assurance framework and its application has been reviewed by the Healthcare Assurance Committee and verified by the internal auditors and the Audit Committee.

There is a strategic co-ordinated approach to the Trust's clinical audit activities to ensure that the clinical audit cycle is complete and therefore leads to improvement in patient care. There is a Consultant lead for Clinical Audit, a Clinical Effectiveness Manager who is part of the Clinical Governance Team, and consultant leads for Clinical Audit in each directorate. An annual audit plan is developed within each directorate with audits prioritised in relation to national requirements, Trust objectives, contractual and statutory duties and local requirements. To provide focus on the audit priorities and completion of the plan the directorates have identified a clinical audit lead consultant, which has a role profile. This approach has been approved by the Trust Management Board. The committee for coordinating the Trust strategy for clinical effectiveness and clinical audit is the Clinical Audit and Effectiveness Group (CAEG).

The CAEG is a formal sub group of the Quality and Risk Committee and is chaired by the Consultant lead for clinical audit and membership includes the directorate clinical audit leads. The group meets monthly and collectively reviews the results of National and Trust clinical audits and considers any actions required for quality improvement. The group also monitors implementation of the action plans and re-audit as required to ensure required improvements have been achieved consistently across all relevant areas. The Quality and Risk Committee formally reports to the Healthcare Assurance Committee and recommends approval of the Clinical Audit Programme prior to submission to the Trust Management Board and the Board of Directors. Directorates review their progress against the audit plan on a quarterly basis and provide a report for the Quality and Risk Committee. Progress against the annual audit plan is reviewed quarterly and a clinical audit report presented to the Healthcare Assurance Committee, and Trust Board as part of the Quality and Risk quarterly report. A quarterly report is also provided to the Audit Committee.

In line with statutory requirements, the Board of Directors has reviewed the foundation trust's principal corporate and strategic objectives and identified mitigating strategies for any risks to the delivery of those objectives using the Assurance Framework process. The development of the Assurance Framework has involved consideration of all objectives (strategic, quality, financial, corporate, business, clinical, human resources etc.) and all risks. In addition, a comprehensive review has taken place of the Trust's committee structure and its ability to provide the necessary assurance to the Board in support of the Assurance Framework. The framework is specifically linked to the trust's strategic objectives and to the regulatory requirements of the independent regulator and the Care Quality Commission. Within the Assurance Framework, principal risks are identified and key risk controls in place to provide necessary assurances on identified gaps in control systems and action plans to further reduce risk are mapped out against identified objectives. The Assurance Framework is populated from

the Foundation Trust Risk Register with risk reduction being achieved through a continuous cycle of the identification, assessment, control, and review of risk.

Risks may be entered onto the Foundation Trust Risk Register as a result of risk issues being raised or identified by: employees, directorates, external or internal reviews, internal or external audits, incident investigations, complaints reviews and comments from public stakeholders and/or service developments. Risks may also be raised by the Board's sub-committees and/or by specialist sub-committees of these. These include the Healthcare Assurance Committee, Finance and Regulatory Performance Committee, Infection Prevention and Control Committee, Medicines Governance Committee, Information Governance Committee, Quality and Risk Committee and Health & Safety Committee. All risks entered onto the risk register are categorised according to the Trust risk management strategy using a standard risk matrix. The risk rating value is a combination of likelihood and consequence. All risks are assigned a current risk score and a target risk score following implementation of action plans and mitigation. All action plans have a responsible lead and timeframe noted. All significant and corporate level risks are also assigned an executive director lead.

Significant risks on the Foundation Trust Risk Register are routinely reviewed by the Healthcare Assurance Committee, which meets every other month. The Healthcare Assurance Committee is chaired by a Non-Executive Director and membership includes representation from the Board of Directors and the Council of Governors. The Healthcare Assurance Group, chaired by the Director of Nursing and Midwifery, provides oversight in order to maintain monthly review of significant risks. The Quality and Risk Committee also reviews all new clinical risks monthly ensuring escalation to the Healthcare Assurance Committee and Trust Management Board as appropriate. The full Assurance Framework is reviewed at least 6 monthly. An annual review of risk management processes is 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 any changes to those risks.

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

Current risks:

- The ED middle grade budget is 12.41 whole time equivalents (WTE) which would allow for 24/7 cover within the agreed 1 in 4 weekends. Actual staffing however is only 9.46WTE with 2 WTE opting not to work overnight. This level of cover means reliance on locum at above cap rate to fill shifts. This also has an impact on staffing costs and on arrangements for the supervision of junior doctors.
- A number of recent incident investigations have identified an increased risk relating to the review and action of diagnostic results. If significant diagnostic results are missed then there is a risk that this can cause potential harm to patients. A full review is currently being led by the Trust Medical Director.
- The demand for outpatient services in Gastroenterology and Hepatology exceeds the available demand which has resulted in an increasing backlog of patients awaiting new and follow up appointments within the recommended timescales. This presents a potential clinical risk to the patients and threatens achievement of referral to treatment time (RTT) performance.

Future risks:

- There is risk that demand management initiatives will not be fully supported and/or implemented effectively out of hospital which could impact on the elective services at The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust. This could result in capacity issues and therefore, delays to patient pathways, waiting list performance failure and financial imbalance.
- With the recent cyber attacks to two NHS trusts, it is recognised that the risks to data security and business processes (including patient care) is on the increase. Whilst the IT security function within the Informatics Department works to capacity,

current resource levels do mean that the surveillance of the risks is limited and is reactive more than proactive.

- The increased number of IT services for end users will inevitably cause an increased burden on the ageing IT infrastructure (in particular the data networks and their associated intersite links). The failure of a key component of the Infrastructure can cause IT service outages which will have impact on the continuity of clinical and operational services with potential for delays to patient treatment.

The principal risks to compliance with the Condition 4 of the NHS foundation trust condition set out in the Trust's provider licence are:

- Compliance with the 31 and 62-day wait for treatment from urgent GP referral for suspected cancer access target, due to ongoing risks.
- The maximum waiting time of four hours for admission to Accident and Emergency due to the continued high level of ambulance conveyances, attendances and admissions, though noting a strong performance in March above 95%.
- 18 weeks referral to treatment times (RTT) performance and risk of breaching 90% contracted required per speciality. Current risk areas also include non admitted patients. Action plans to bring the trust back into line with the target include implementation of increased theatre capacity, combined with other additional capacity.

These risks have been notified to the Board and also to NHS Improvement as part of the annual planning and regular reporting processes. The statements made to NHS Improvement are reviewed by the Board in advance of submission and have been highlighted to the Board in advance of this through the regular performance reporting to the Board at its monthly meetings. The trust has submitted its action plan to return to compliance.

More generally the Board conducts its own reviews of its governance structures including reviews of performance by its sub-committees

to ensure that information provided to the Board identifies the key performance risks and the risk to compliance with the Trust's provider licence, other local and national performance targets, including its own performance objectives. These include indicators and measures relating to quality, safety, performance, clinical outcomes, productivity, workforce, activity and finance. Appraisals of both Non-Executive Directors and Executive Directors take place annually with objectives and development plans identified. This is supported by the work of the internal auditors.

An external review of the Board was carried out in 2016/17 using Monitor's well-led framework. The trust received a very positive report on the effectiveness of its governance arrangements which rated the Trust in the highest 'Green' category in seven out of the 10 domains and Amber-Green, the second highest rating in the remaining three domains.

The Care Quality Commission (CQC) carried out a full inspection at the Royal Bournemouth Hospital and Christchurch Hospital on the 20-22 and 26th October 2015 and 4th and 9th November 2015. The CQC inspection report (published on the 26/02/2016) rated the Trust overall as "requires improvement" with Christchurch Hospital rated as Good. The trust has not been reinspected by the Care Quality Commission in 2016/17.

During 2016/2017 the trust has held regular engagement meetings with local CQC inspectors. The meetings have given the Trust the opportunity to share with the CQC progress against the Trust's internal CQC action plan. Progress has also been monitored by the Healthcare Assurance Committee as a sub committee of the Board of Directors. An external review of implementation processes has been incorporated within the Internal Audit programme for 2016/17. The trust also has an established a programme of internal quality inspections to monitor and ensure compliance.

The trust is in dialogue to actively manage risks with public stakeholders. Examples of this dialogue include the Chief Operating Officer attending the local health economy urgent care board to ensure stakeholders are involved in managing the risks of rising emergency

activity at the trust. The Director of Nursing and Midwifery also presents to the Council of Governors the quarterly significant risks and discusses mitigating actions. The Trust also undertakes monthly contract monitoring meetings with the Clinical Commissioning Groups where quality, activity, performance, finance, patient safety and risk management reports are presented and discussed.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments in to the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Foundation Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources

The Foundation Trust employs a number of internal mechanisms and external agencies to ensure the best use of resources.

Executive and senior managers in the organisation have responsibility for the effective management and deployment of their staff and other resources to maximise the efficiency of their directorates or departments.

The Board of Directors considers the Trust to be fully compliant with the principles of The NHS Foundation Trust Code of Governance as well as with the provisions of the Code in all

respects, save as to paragraphs A.4.2, B.1.2 and B.7.1 where there are other arrangements in place.

The Foundation Trust monitoring mechanism for finance using the Use of Resources rating within the Single Oversight Framework (with a range from 1 (low risk) to 4 (high risk)) recorded a rating of 1 demonstrating a lower level of financial risk. This strong performance was supported by the additional, non-recurrent income received in March through the Sustainability and Transformation Fund, and will not be maintained. The Trust's financial plan for 2017/18 will see a move back into deficit with a corresponding reduction in the use of resources rating, and as a result, the Trust will need to carefully manage its cash balance to remain financially sustainable over the medium term. In terms of longer-term financial planning, the trust is working in partnership with other trusts in Dorset with the Clinical Commissioning Group as part of the Clinical Services Review.

Information Governance

In line with Monitor's guidance, risks to data security are being managed and controlled through the Information Governance infrastructure established by the Foundation Trust's Information Governance Strategy. The Information Governance (IG) Toolkit is used to assess how well the Foundation Trust complies with the relevant legal and regulatory requirements and guidance. For 2016/17, the Trust achieved Level 2 on 34 of the 45 IG Toolkit standards, and Level 3 on the remaining 11, which resulted in an overall Information Governance Assessment Report score of 74%. The Trust was graded by NHS Digital as "Satisfactory", which is the highest possible rating.

During 2016/17, 6 Level 2 Information Governance breaches were reported. To date, 1 remains open and under investigation, and 5 have been closed by the ICO. There is no evidence of serious harm coming to any of those affected by these breaches or of the information involved being disseminated further, and as such the ICO has confirmed that no enforcement action against the Trust was warranted on any of these incidents.

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. NHS improvement (in exercise of the powers conferred on 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 Quality and Risk. This team leads on all regulatory quality assessments for the Trust and is experienced in this type of work. To ensure a balanced approach, input to the report is obtained from a wide range of sources within the organisation through the governance infrastructure and staff engagement forums. External opinion has been sought from the Trust's lead commissioners, local health scrutiny panels, Healthwatch and the foundation trust's Council of Governors. The production processes have mirrored those used for all quality assessments and aspects of these have been regularly audited. External Audit only perform limited assurance and only publically on 2 indicators. Although a qualified conclusion has been reached in respect of the limited assurance review of the indicator the referral to treatment within 18 weeks for patients on incomplete pathways, validation by the Trust of the data for waits of 12 weeks or more has mitigated the risk identified and this has not affected the Trust's reporting against 18 weeks referral to treatment waiting times. The Internal Audit programme has provided assurance to the Board that the controls and procedures upon which the organisation relies to manage these areas are effective. Data to support the Quality Report is largely handled by the Trust's Information Department, Risk Management Department and the Clinical Effectiveness Department, all of which are subject to internal and external quality checking and control.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and the Healthcare Assurance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

A non-executive director chairs the Audit Committee. It met five times during the year. Representatives of external audit and internal audit attended. The committee reviewed and accepted the audit plans of both internal and external audit. The plans specifically include economy, efficiency and effectiveness reviews. The committee received regular updates on counter fraud matters from representatives from the Local Counter Fraud Service. The Audit Committee also met separately with representatives of external audit and internal audit without any executive management present.

A non-executive director chairs the Healthcare Assurance Committee. The Committee met eight times during the year and received reports related to internal control, risk management and assurance and ensured that action plans, where remedial action was required, were implemented including the action plan relating to the compliance actions identified by the Care Quality Commission.

A non-executive director chairs the Finance and Regulatory Performance Committee. The Committee met 13 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
- Healthcare Assurance Committee
- Charitable Funds Committee
- Finance and Regulatory Performance 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.

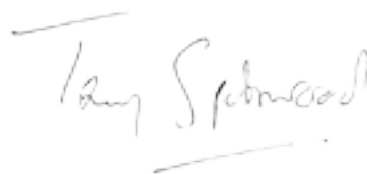
The role of internal audit is to provide an opinion to the Board, through the Audit Committee, on the adequacy and effectiveness of the internal control system to ensure the achievement of the organisation's objectives in the areas reviewed. The annual report from internal audit provides an overall opinion on the adequacy and effectiveness of the organisation's risk management, control and governance processes, within the scope of work undertaken. Overall, the Head of Internal Audit's opinion provides moderate assurance, that there is a sound system of internal control, designed to meet the Trust's objectives and that controls are being applied consistently. This opinion is formed taking into account the achievement of the financial control total, the trust's record in implementing audit recommendations and that the majority of audits provided moderate assurance or better. In total there were seven high risk findings within a total of fifty-five findings overall. Three of the high rated risks related to the Cardiology Inventory management audit, which the Trust requested the internal auditors, BDO, to

investigate in year. The agreed actions include monthly stock checks for high value items, the production of a process flowchart to ensure all staff are aware of their responsibilities and the completion of a formal action plan. Three of the high rated risks related to medicines management and specifically compliance with the current processes and controls in relation to controlled drugs in limited areas. The actions to improve awareness of the processes and controls and ensure greater consistency of compliance are being taking forward jointly by the pharmacy and nursing teams. A further high rated risk was identified in the safeguarding adults audit relating to how the Social Services team capture the incidents in Datix and the importance of communicating to all staff about logging safeguarding concerns which has been actioned.

As part of their role, the external auditor reviews the work of the internal auditor in order to determine what reliance can be placed on the internal audits carried out during the year. The external auditor will conclude their overall work through their annual report and present this to the Audit Committee for recommendation to the Board of Directors.

Conclusion

The Head of Internal Audit provided the Trust with moderate assurance in his opinion, in that there is a sound system of internal control, designed to meet the trust's objectives and that controls are being applied consistently. The basis of opinion is from the nine audits conducted and fifty individual findings. The four risks rated as high are described above under the review of effectiveness and actions have been implemented to reduce or avoid the risk in 2017/18.



Tony Spotswood
Chief Executive
23 May 2017

Single Oversight Framework

NHS Improvement’s Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well-led)

Based on information from these themes, providers are segmented from 1 to 4, where ‘4’ reflects providers receiving the most support, and ‘1’ reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

The Single Oversight Framework applied from

Quarter 3 of 2016/17. Prior to this, Monitor’s Risk Assessment Framework (RAF) was in place. Information for the prior year and first two quarters relating to the RAF has not been presented as the basis of accountability was different. This is in line with NHS Improvement’s guidance for annual reports.

Segmentation

The Trust has been included in segment 2, the second highest. This segmentation information is the Trust’s position as at 7 April 2017. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

Finance and use of resources

The finance and use of resources theme is based on the scoring of five measures from ‘1’ to ‘4’, where ‘1’ reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the Trust disclosed above might not be the same as the overall finance score here.

Area	Metric	2016/17 Q3 Score	2016/17 Q4 Score
Financial sustainability	Capital service capacity	3	2
	Liquidity	1	1
Financial efficiency	I&E margin	3	2
Financial controls	Distance from financial plan	1	1
	Agency spend	1	1
Overall scoring		2	1

Directors' Report

Board of Directors

The Board of Directors is made up of seven Executive Directors and seven Non-Executive Directors, including the Chairperson. In addition, the Executive Director of Organisational Development and Leadership attends meetings of the Board of Directors in a non-voting capacity and is not a member of the Board of Directors. The general duty of the Board of Directors and of each Director individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public. The Board of Directors is responsible for the day-to-day running of the Trust and the delivery of the Trust's objectives and wider strategy. Its role is to determine the overall corporate goals for the Trust and it is responsible for ensuring they are delivered. Much of this work is done by the Executive Directors who work closely with the clinical directors, senior nurses, ward sisters/charge nurses and managers throughout the organisation.

The Board of Directors clearly sets out its financial, quality and operating objectives for the Trust. It also publishes sufficient information of its operations to allow the public, members and governors to evaluate its performance.

The Board of Directors and its committees receive sufficient information to gain understanding of the issues 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 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.

The current members of the Board of Directors are:

Non-Executive Directors

David Moss, Chairperson (from March 2017)



David was appointed as Chairperson of the Trust on 13 March 2017. David has extensive experience of working within the NHS and the local region, having previously been Chief Executive Officer of both Poole Hospital and then University Hospital Southampton. While at Southampton, David led the reconfiguration of the acute services over 10 hospitals and the creation of University Hospital Southampton. Southampton became a three star status trust under his leadership. Other roles he has held include Director of Finance for East Dorset Health Authority, Deputy Director of Human Resources for the NHS and Chief Executive of the Royal College of Physicians.

David has also been a non-executive director of the Audit Commission and Chair of the Board of Governors at Ferndown Upper School.

David chairs both Nomination and Remuneration Committees at the Trust and is a member of the Healthcare Assurance Committee.

Tea Colaianni, Non-Executive Director (from November 2016)



Tea joined the Board on 1 November 2016. Tea is also a non-executive director and chair of the remuneration committee at Mothercare plc and a non-executive director of SD Worx, a Belgian company.

A keen advocate for diversity, Tea also sits on the Board of Women 1st and is a Founding Member of the Prince's Trust 'Women Supporting Women' initiative.

Tea was until recently a non-executive director and chair of the remuneration committee at Poundland plc. During her tenure the organisation went through an initial public

offering of its shares (IPO) (early 2014) and was acquired by the Steinhoff group in late 2016. Tea's executive career spans different industries and countries. Her most recent executive role was Group HR Director at FTSE100 Merlin Entertainments plc until March 2016. During her six years' tenure, Tea was part of the leadership team that led the business through one of the most successful IPOs in 2013. At Merlin, Tea transformed the HR function and achieved industry leading engagement scores that attracted many external awards.

Tea's previous roles include Vice President of Human Resources for Europe for Hilton Worldwide Inc, with KPNQwest/GTS/Ebone in London and Amsterdam, and Global One (a joint venture between Deutsche Telekom, France Telecom and Sprint) in Brussels. Tea began her career in Brussels as a lawyer advising multinational companies on EU related affairs, particularly social affairs and employment law.

Tea is a passionate fundraiser for disadvantaged young women and seriously ill, disabled and disadvantaged children, and is a mentor for the Aspire Foundation. Tea also chairs the Women in Hospitality 2020 review.

Tea chairs the Workforce Strategy and Development Committee and is a member of the Charitable Funds Committee.

Christine Hallett, Non-Executive Director



Christine Hallett worked at the Department of Health for four years before moving into academia. She taught and researched in social policy at the universities of Oxford, Keele, Western Australia and

Leicester. She served as Principal and Vice-Chancellor at the University of Stirling from 2003-2010. She has also served as a Civil Service Commissioner, as a Trustee of the National Centre for Social Research, as Chair of the Board of Trustees of the U.K. Council for International Student Affairs and as a member of the Board of Governors at Bournemouth University.

Christine joined the Board of Directors in June 2015. Christine chairs the Healthcare Assurance Committee and is a member of the Audit Committee.

Christine was appointed as the Senior Independent Director in April 2017.

Alex Jablonowski, Non-Executive Director (from June 2016)



Alex has 25 years' board level experience within Barclays and government, including the Supreme Court, House of Commons, Ministry of Defence, Department for Transport, Government Actuary's Department, Companies House and the Office for National

Statistics. He is a seasoned full-time UK independent government director with extensive Chair, Board and Audit Committee experience and currently chairs the Defence Electronics and Components Agency and is a non-executive director on the Board of the Maritime Coastguard Agency. Alex has an MA (Hons) in Modern Russian Studies and is an Associate of the Chartered Institute of Bankers.

Alex joined the Trust's Board of Directors as a Non-Executive Director on 20 June 2016. Alex chairs the Charitable Funds Committee and is a member of the Audit Committee and the Finance and Regulatory Performance Committee.

John Lelliott, Non-Executive Director (from June 2016)



John had a long career in public service retiring from The Crown Estate in September 2016 after over 30 years where he held the position of Finance Director. John is a Non-Executive Director of the Covent Garden Market Authority. John is also a

Trustee and Vice Chair of Asthma UK.

In July 2016, John became Chairman of the Natural Capital Coalition and is the Chair of the ACCA Global Sustainability Forum, member

of HRH The Prince of Wales Accounting for Sustainability Project (A4S) Advisory Council and is an International Integrated Reporting Council (IIRC) ambassador.

John is a qualified Chartered Certified Accountant and a member of the Chartered Association of Certified Accountants. John was awarded an OBE in this year's New Year's Honours for services to The Crown Estate and the Voluntary Sector.

John joined the Trust's Board of Directors as a Non-Executive Director on 1 June 2016. John chairs the Finance and Regulatory Performance Committee at the Trust and is a member of the Audit Committee and the Charitable Funds Committee. John is also Chairperson of the Christchurch Fairmile LLP, as a representative of the Trust.

Steven Peacock, Non-Executive Director



Steve was appointed as a Non-Executive Director in October 2009. He is a Chartered Accountant and has worked in retail and fast moving consumer goods for the last 17 years, most recently as Financial Services Group Director and Strategic

Programme Director for The Estee Lauder Companies. Steve has a wide range of financial and commercial experience.

Steve chairs the Audit Committee and became the Vice-Chairperson in June 2015. Steve is also a member of the Finance and Regulatory Performance Committee.

Cliff Shearman, Non-Executive Director (from April 2017)



Cliff Shearman was appointed as a Non-Executive Director on 1 April 2017. Cliff Shearman lives in West Hampshire and was a Professor of Vascular Surgery/Consultant Vascular Surgeon at University Hospital Southampton NHS Foundation Trust until 2016, where he was also Associate Medical Director. He was Head

of the Wessex Postgraduate School of Surgery from 2007-2012.

Cliff has been heavily engaged in quality improvement work relating people with diabetes to improve the quality of care and reduce vascular complications which can result in foot and leg amputations. He has also maintained an active research programme throughout his career leading various studies and publishing national and international guidelines, books, papers and articles.

Cliff is a member of the Healthcare Assurance Committee and 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.

Tony is Chairman of Wessex National Institute for Health Research.

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.

Peter Gill, Director of Informatics



Peter has been Director of Informatics since 2012 and is responsible for the shared informatics service which also serves Poole Hospital NHS Foundation Trust. He has held two previous Informatics Directors roles for a total of eight years in London and

Head of Informatics at Salisbury Foundation Trust for two years. He has been working in the NHS continuously from 1991 where he joined as a general management trainee. Peter is responsible for delivering the Informatics Strategy which aims to improve patient safety by implementing paperless healthcare.

Peter's had been appointed as Interim Director of Informatics until 1 June 2016 when he was appointed as Director of Informatics.

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.

Alyson O'Donnell, Medical Director (from November 2016)



Alyson was a Consultant Neonatologist in Southampton from 2000 until joining the Trust as Medical Director on 7 November 2016. She was the Clinical Director for Family Health and Supporting Services from 2009-16 where she led Southampton Children's

Hospital, Princess Anne Hospital (Maternity and Women's Health Services) as well as

clinical and non-clinical support. During this time she was a member of the Trust Executive Committee and supported the Medical Director in a number of roles.

In addition, Alyson has held a number of strategic roles. She was the Clinical Lead for the Wessex Neonatal Network from its origins in 2003 until 2009 where she supported the implementation of the revised standards for neonatal care. More recently she has held the position of Clinical Director of the Wessex Maternity, Children's and Young People's strategic clinical network from 2013 until taking up her appointment with the Trust.

Paula Shobbrook, Director of Nursing and Midwifery



Paula joined the Trust as Director of Nursing and Midwifery in September 2011. Previously Director of Nursing at Winchester Hospital where she worked for ten years, Paula's NHS career includes working as a ward sister in

acute medicine, cardiac and respiratory specialties. She also spent some time working in primary care before moving back in to a hospital setting.

Richard Renaut, Chief Operating Officer



Richard has been Chief Operating Officer since September 2014. He is responsible for the three clinical care groups who provide the clinical services across the Trust. He is also executive lead for estates, facilities, emergency and business planning.

From 2006-2014 Richard was on the Board as Executive Director of Service Development, covering strategy, communications, estates, contracting and information. He joined the NHS through the NHS management training scheme and has worked in both primary care and tertiary hospital settings. Prior to his joining the Board Richard was General Manager of the Orthopaedic Directorate.

During 2016/17, the following individuals were also members of the Board of Directors.

Non-Executive Directors

Jane Stichbury, Chairperson (until March 2017)



Jane has a long career in public service with 32 years spent in policing. She held a number of high profile positions including Deputy Assistant Commissioner of the Metropolitan Police and Chief Constable of Dorset. Jane

spent five years as Her Majesty's Inspector of Constabulary for the south of England before her appointment as Chairperson at the Foundation Trust from 1 April, 2010. Jane resigned from the Board of Directors on 12 March 2017, having been Chairperson of the Trust for almost seven years. Jane is also a Board Member of the England and Wales Cricket Board and a school governor.

David Bennett, Non-Executive Director (until September 2016)



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 resigned on 30 September 2016, having been a member of the Board of Directors for eight years.

Derek Dundas, Non-Executive Director (until March 2017)



Derek was a Consultant Radiologist in a London teaching hospital for 25 years. Alongside his clinical responsibilities he was Consultant in Charge of Radiology, Clinical Director for

Diagnostic Services and then a Medical Director. He was a Governor for 5 years at the Trust before becoming a Non-Executive

Director in April 2014. Derek resigned as a Non-Executive Director on 31 March 2017 after three years as a Non-Executive Director. Derek was also the Senior Independent Director from June 2015 until he stood down from the Board of Directors.

Ian Metcalfe, Non-Executive Director (until May 2016)



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 was previously a Non-Executive Director of the Trust from 2006 until 2010. Ian resigned from the Board of Directors on 31 May 2016.

Ian has a financial and regulatory background, working mainly in the social housing, financial services and not-for-profit sectors, and as an interim senior finance professional. Ian holds the Chartered Institute of Management Accountants qualification.

Bill Yardley, Non-Executive Director (until June 2016)



Bill was appointed a Non-Executive Director of the Trust in April 2014. He started his career as a Chartered Surveyor in the property and construction industry and has led major business change, operational delivery business and high profile programmes and

projects. More recently he has held a number of high profile positions in Whitehall, including membership of the Government's Construction Board and as a Crown Representative. He has experience in the education and housing sectors. Bill resigned from the Board of Directors, effective from 14 June 2016.

Executive Directors

Basil Fozard, Medical Director (until September 2016)



Basil Fozard was appointed as Medical Director in September 2013. Basil was a Consultant Colorectal Surgeon and has worked for the Trust since 1992. Basil resigned as a director of the Trust on 30 September 2016.

Ruth Williamson and Mark Sopher acted as interim Medical Director for the period from 1 October to 6 November 2016 (inclusive).

Structure of the Board

Paragraph B.1.2 of the Code of Governance provides that at least half the Board of Directors, excluding the Chairperson, should comprise Non-Executive Directors determined by the board to be independent. The Trust is non-compliant with this paragraph and its constitution provides for equal numbers between the Executive and Non-Executive Directors. The quorum for meetings of the Board of Directors requires that six directors are present including not less than two executive directors and two Non-Executive Directors, one of whom must be the Chairperson or the Vice-Chairperson of the Board. In addition, the Chairperson has a second or casting vote in the case of an equality of votes and no resolution of the Board of Directors may be passed if it is opposed by all of the Non-Executive Directors present at the meeting.

The Chairperson was determined to be independent upon appointment and all of the other Non-Executive Directors are considered to be independent.

All of the directors of the Trust meet the “fit and proper” persons test described in the Trust’s provider licence issued by Monitor, the terms of which are reflected in the eligibility requirements for directors in the Trust’s constitution. In addition, all directors meet the requirements of the Care Quality Commission’s Fit and Proper Person Requirement which came into force in November 2014.

Board’s Responsibility for Annual Report and Accounts

The directors are required by the National Health Service Act 2006 (as amended):

- to prepare, in respect of each financial year, annual accounts in such form as Monitor, now part of NHS Improvement, may, with the approval of the Secretary of State, direct; and
- to comply with any directions given by Monitor with the approval of the Secretary of State as to the methods and principles according to which the accounts are prepared and the content and form to be given in the accounts.

The accounts must provide a true and fair view and comply with International Financial Reporting Standards and the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2016/17. In preparing the annual report and accounts, the Directors are required to:

- select suitable accounting policies and apply them consistently;
- make judgements and estimates that are reasonable and prudent; and
- prepare the annual report and accounts on the going concern basis, unless it is inappropriate to do so.

The Board 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 auditor is unaware
- each of the Directors has taken all the steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the Trust’s auditor is 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 usually meets on the last Friday of every month, except August, and at other times as necessary. The first part of the meeting is open to the public.

Against each name in the table is shown the number of meetings at which the Director was present and in brackets the number of meetings that the Director was eligible to attend. The number of meetings includes both scheduled and special/extraordinary meetings. The discussions and decisions relating to all items on the agenda of the Board of Directors meetings are recorded in the minutes of the meeting.

Attendance at Meetings of the Board of Directors		
Name	Title	Attendance
Karen Allman	Director of Human Resources	10 (12)
David Bennett (until September 2016)	Non-Executive Director	4 (6)
Tea Colaianni (from November 2016)	Non-Executive Director	5 (5)
Derek Dundas (until March 2017)	Non-Executive Director (Senior Independent Director from June 2015)	11 (12)
Basil Fozard (until September 2016)	Medical Director	6 (6)
Peter Gill	Director of Informatics	12 (12)
Christine Hallett	Non-Executive Director (Senior Independent Director from April 2017)	12 (12)
Stuart Hunter	Director of Finance	12 (12)
Alex Jablonowski (from June 2016)	Non-Executive Director	9 (9)
John Lelliott (from June 2016)	Non-Executive Director	8 (9)
Ian Metcalfe (until May 2016)	Non-Executive Director	3 (3)
David Moss (from March 2017)	Chairperson	1 (1)
Alyson O'Donnell (from November 2016)	Medical Director	5 (5)
Steven Peacock	Non-Executive Director (Vice Chairperson from June 2015)	9 (12)
Richard Renaut	Chief Operating Officer	11 (12)
Paula Shobbrook	Director of Nursing and Midwifery	11 (12)
Tony Spotswood	Chief Executive	12 (12)
Jane Stichbury (until March 2017)	Chairperson	11 (11)
Ruth Williamson / Mark Sopher (1 October - 6 November 2016)	Interim Medical Director	0 (1)
Bill Yardley (until June 2016)	Non-Executive Director	0 (3)

Where appropriate, and as required, the Chairperson and the Non-Executive Directors meet without the executive directors present.

Paragraph B.7.1 of the Foundation Trust Code of Governance specifies that any term of appointment beyond six years (eg two three-year terms) for a Non-Executive Director should be subject to particularly rigorous review, and should take into account the need for progressive refreshing of the Board of Directors. It also sets out that Non-Executive Directors may serve longer than six years (e.g. two three-year terms following authorisation of the NHS foundation trust) but subject to annual re-appointment. Serving more than six years could be relevant to the determination of a non-executive director's independence.

Non-Executive Directors are appointed by the Council of Governors following a selection process through its Non-Executive Director Nomination and Remuneration Committee for specified terms. Historically within the Trust, the initial term of appointment has been four years and the original letter of appointment for some serving Non-Executive Directors created an expectation that any re-appointment following the initial term would be for a term of three years. With the approval of the Council of Governors, and following particularly rigorous review, these commitments have been honoured with the result that some Non-Executive Directors will serve two terms totalling seven years. Ian Metcalfe, David Bennett, Steven Peacock and Jane Stichbury will all have served 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 opposite. 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 Chairperson was evaluated during the year. The Chairperson led the process of evaluation of the Non-Executive Directors and the Senior Independent Director undertook the evaluation of the performance of the Chairperson. In line with the Trust's appraisal policy agreed by the Council of Governors, the Chairperson's appraisal incorporated the views of the Non-Executive Directors and the governors. No meeting was held as part of this process as specified in paragraph A.4.2 of the Code of Governance. A meeting of Non-Executive Directors without the Chairperson present will be incorporated into this process as part of the current year's appraisal of the Chairperson.

Governors agreed the evaluation processes for appraising the Chairperson and Non-Executive Directors and the outcome of both processes was shared with the Council of Governors.

The chief executive undertook performance appraisals of the executive directors and the chief executive's performance was appraised by the Chairperson.

The performance evaluations were used as a basis to determine individual and collective professional development programmes for board members, which will enable them to discharge their duties more effectively.

Non-Executive Director	When appointed	Term of office
David Bennett (until September 2016)	1 October 2009 (reappointed on 1 October 2013)	3 years
Tea Colaianni	1 November 2016	3 years
Derek Dundas	1 April 2014. Appointed as Senior Independent Director on 22 June 2015	3 years 1 year 9 months as Senior Independent Director
Christine Hallett	29 June 2015. Appointed as Senior Independent Director on 28 April 2017	3 years
Alex Jablonowski	20 June 2016	3 years
John Lelliott	1 June 2016	3 years
David Moss	13 March 2017	3 years
Ian Metcalfe (until May 2016)	3 May 2013 (reappointed on 1 November 2013, 1 April 2014 and 1 May 2016)	1 month
Steven Peacock	1 October 2009 (reappointed on 1 October 2013 and 1 October 2016) Appointed as Vice Chairperson on 22 June 2015	1 year 2 year 3 months as Vice Chairperson
Jane Stichbury (until March 2017)	1 April 2010 (reappointed on 1 April 2014)	3 years
Bill Yardley (until June 2016)	1 April 2014	3 years

The Board of Directors, and each of its committees, evaluates its own performance annually and undertakes a more formal evaluation every three years. The process includes a review against the committee's terms of reference. An external evaluation of the Board of Directors under the Monitor Well-led framework for governance reviews was undertaken in 2016/17. The review was undertaken by GE Healthcare Finnamore which met the independence requirements for this review, having not carried out any audit or governance - related work for the Trust during the previous three years.

The Board's business cycle ensures adequate systems and processes are in place to measure and monitor the Trust's effectiveness, efficiency, economy and quality of healthcare delivery. Relevant metrics have been developed to assess progress and delivery of performance.

Each director has declared their interests at public meetings. The register of interests is held by the Trust Secretary and is available

for inspection by arrangement by contacting the Trust Secretary on 01202 704777. This includes the other significant commitments of the Chairperson.

The Board of Directors has worked with Monitor, its regulator and now part of NHS Improvement, and the Council of Governors to draw attention to the specific challenges around finance and performance faced by the Trust during the year under report.

The Chairperson acts as the link between the Board of Directors and the Council of Governors and ensures that the views of the governors and members are communicated to the Board of Directors as a whole.

Code of governance disclosure statement

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 A.4.2, B.1.2 and B.7.1, where there are other arrangements in place. Details of compliance or an explanation are provided in this report.

The Scheme of Delegation and Reservation of Powers was reviewed in the year under report and will be reviewed at the commencement of each financial year.

Quality governance arrangements

The Annual Governance Statement on pages 145 to 151 provides an overview of the arrangements in place to govern service quality including the positive results of the independent external review of Board governance arrangements under Monitor's well-led framework. The Quality Report provides more detail on how these arrangements are reflected in the quality of care and services provided to patients.

Private patient income

The 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.

Better Payment Practice Code

In accordance with the Better Payment Practice Code, the Trust aims to pay all valid invoices by their due date or within 30 days of receipt, whichever is the later. Performance currently benchmarks well with more than 80% of all non-NHS invoices being paid within the agreed times.

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 Chair of the Committee. The Audit Committee met five times during the year. The Committee members are all independent Non-Executive Directors and during 2016/17 were:

Meetings of the Audit Committee	
Name	Meetings attended
Steven Peacock (Chair)	5 (5)
David Bennett (until September 2016)	2 (3)
Christine Hallett (from October 2016)	1 (2)
John Lelliott (from June 2016)	3 (3)
Ian Metcalfe (until May 2016)	2 (2)

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 risk and control related disclosure statements, including the annual governance statement, 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 access to information to perform its function effectively and is free from management or other restrictions.
- 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 key areas of risk within 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.

The internal auditors were able to provide a moderate level of assurance, the second highest level, that there was a sound system of internal control, designed to meet the Trust's objectives and that controls are being applied consistently.

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, and monitors the progress of implementation of any recommendations.
- reports non-compliance with, or inadequate responses to, external audit reports to the Board of Directors.
- considers the provision of any non-audit services to the Trust by the external auditors.

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 auditor's work plan for each year in advance. The current external auditor, KPMG LLP, was appointed by the Council of Governors for a term of three years from October 2015 with the option to offer up to two extensions, each of twelve months' duration. This was the first time KPMG LLP was appointed as external auditor to the Trust and the appointment was made following a tender process involving the Chair

of the Audit Committee and Governors of the Trust, and a recommendation from the Audit Committee to the Council of Governors.

The Committee approved their remuneration and terms of engagement and considered in detail the results of the audit for 2016/17, KPMG LLP's performance and independence and the effectiveness of the overall audit process.

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 report, annual governance statement and 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 and explanations of estimates or provisions having a material effect.
- significant adjustments resulting from the audit and any reservations or recommendations which have not been satisfactorily resolved.
- the clarity and completeness of disclosure in the Foundation Trust's financial reports and the context in which statements are made.

Whistleblowing

The Committee reviews arrangements by which staff of the Trust may raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters to ensure that arrangements are in place for the proportionate and independent investigation of such matters and for appropriate follow-up action. This work will be supported by the appointment by the Trust of the Freedom to Speak Up Guardian in 2016/17.

General

In carrying out its duties the Committee is authorised by the Board to:

- recommend actions to the Board;
- oversee the investigation of any activities within its terms of reference;
- seek any information it requires from any employee of the Trust which may include requiring attendance at its Committee meetings and all employees have been directed to cooperate with any requests; and
- obtain outside legal or other professional advice on any matter within its terms of reference.

Significant issues

During the year under report the significant issues that the Committee considered were:

- the enhancement of the Trust's risk management strategy including clearer articulation of the Trust's risk appetite in a statement in its risk management strategy and an increase in the oversight of significant risks by the Board in a seminar setting;
- improving the recording of patient moves between different areas of the hospitals, the definition of when these moves were clinically necessary and the supporting risk assessment processes, following the selection of patient moves by the Council of Governors as the quality indicator for external audit in the 2015/16 Quality Account;

- improving the quality and completeness of consultant job planning to enable better use of data in the context of a predicted growth in services, the use of agency staff and improving waiting times for planned procedures;
- improving the processes and controls around stock/inventory management including the better use of different systems for reconciliation, with a view also to improving the associated costs of stock/inventory;
- the process for reporting and reviewing any divergence from NICE guidance to ensure that this was in the best interests of patients;
- the delivery of the Trust's improvement programme and the management and control of these plans by care groups which is monitored by the Finance and Regulatory Performance Committee of the Board of Directors, with management teams from care groups attending meetings of the Finance and Regulatory Performance Committee to update on progress and address any shortfalls against the plans.

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, the recognition of NHS and non-NHS income 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 chairpersons of the Healthcare Assurance Committee and the Finance and Regulatory Performance Committee are members of the Audit Committee and are able to provide details of scrutiny undertaken in these committees where it is appropriate. Regular reports are also received relating to clinical audit activities including compliance with national audits. The Audit Committee also receives assurance from external sources including the internal auditors, external auditor and counter fraud specialist.

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 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. The value of non-audit services is set out in Note 7 to the financial statements. The nature of the non-audit services provided did not present any potential issues in terms of the external auditors' objectivity and independence.

Remuneration Report

Non-Executive Director Nomination and Remuneration Committee

The Non-Executive Director Nomination and Remuneration Committee was constituted in 2015/16 following the dissolution of the two separate committees considering nominations and remuneration. It is a committee of the Council of Governors with responsibility for:

- reviewing the number of and skills required for the Non-Executive Directors in the context of the overall Board composition and making recommendations to the Council of Governors on any changes;
- developing succession plans for Non-Executive Directors, taking into account the challenges and opportunities facing the Trust;

- selecting candidates to fill vacancies among the Non-Executive Directors and recommending them to the Council of Governors for appointment;
- making recommendations to the Council of Governors concerning the re-appointment of any non-executive director at the conclusion of their specified term of appointment; and
- reviewing non-executive director terms and conditions and pay.

The committee comprises two governors who have been elected by the Council of Governors and the Lead Governor under the chairmanship of the Trust Chairperson. Advice is received from the Director of Human Resources.

The Non-Executive Director Nomination and Remuneration Committee met in 2016/17 to consider the appointment of five non-executive directors. 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 in a number of ways including advertisements in national and local press and using an external search agency. The shortlisted candidates met with stakeholder groups, undertook psychometric testing and attended a formal interview panel, which included an independent adviser, before the appointments were made.

The Non-Executive Director Nomination and Remuneration Committee monitors the performance of the Non-Executive Directors, including the Chairperson, and makes recommendations to the Council of Governors on the total level of remuneration to be paid to Non-Executive Directors. The Committee is advised by the Director of Human Resources on market rates and relativities (based on research commissioned by the Trust and carried out and reported upon by NHS partners).

After other means of engagement have been exhausted, in exceptional circumstances of poor performance, or other areas of concern relating to Non-Executive Directors or the

Chairperson, the Non-Executive Director Nomination and Remuneration Committee will recommend to the Council of Governors that the Non-Executive Director or Chairperson be removed.

Details of the membership, number of meetings and attendance at meetings of the Non-Executive Director Nomination and Remuneration Committee are shown in the table on page 168.

Executive Director Nomination and Remuneration Committee

The Executive Director Nomination and Remuneration Committee was constituted in 2015/16. Previously the Board of Directors had taken on the role of a Nomination and Remuneration Committee as the need arose. The Committee enables a more impartial review of the structure, size and composition of the Board of Directors to be considered.

The Chairperson is the chairman of this committee and its members are the remaining Non-Executive Directors and the Chief Executive for any decisions relating to the appointment or removal of the executive directors. The Committee is also advised by the Chief Executive on performance aspects, by the Director of Finance on the financial implications of remuneration or other proposals and by the Director of Human Resources on personnel and remuneration policy.

The interim appointment to the temporary role of Executive Director of Informatics ended on 1 June 2016 when Peter Gill was appointed as Director of Informatics through a process of open competition. Alyson O'Donnell was appointed as Medical Director, on 7 November 2016 following an open competition process. The Deputy Medical Director and the Clinical Director for Cardiology were jointly appointed to the role of Medical Director on an interim basis prior to Alyson O'Donnell's appointment.

The remuneration of executive directors is considered by a committee to determine the final salaries of the executive directors and make recommendations to the Board of Directors on annual pay awards and remuneration policies for other staff who are not on Agenda for Change contracts. Details of the membership, number of meetings and

attendance at meetings of the Nomination and Remuneration Committee are shown in the table on page 168.

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 Nomination and 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. The Committee determined that a 1% pay increase from 1 April 2016 was to be made to director pay during the year.

Through this process any salary above the threshold of £142,500 used by the Civil Service is considered and approved by the Non-Executive Directors with a view to attracting and retaining individuals to support the Trust in delivering its vision and meeting its objectives

No independent consultants, who materially assisted the committees in their consideration of any matter, were engaged to provide advice or services to the Nomination and Remuneration Committee or the Non-Executive Director Nomination and Remuneration Committee during the year under report. The Trust Secretary attends meetings of both committees to record the proceedings.

Directors' and Governors' expenses

The expenses of Directors and staff governors are reimbursed in accordance with the Trust's policy on expenses applicable to all staff. Travel and other costs and expenses for all other governors are reimbursed in accordance with a separate policy approved by the Executive Director Nomination and Remuneration Committee, which is comprised of Non-Executive Directors. Governors are volunteers and do not receive any remuneration for their role.

Attendance at meetings

Against each name is shown the number of meetings of the Committees at which the Director or Governor was present and in brackets the number of meetings that the Director or Governor was eligible to attend as a member of the committee during 2016/17.

Meetings of the Executive Director Nomination and Remuneration Committee	
Name	Meetings attended
Jane Stichbury (Chair) (until March 2017)	7 (7)
David Bennett (until September 2016)	2 (6)
Tea Colaianni (from November 2016)	0 (0)
Derek Dundas	6 (7)
Christine Hallett	5 (7)
Alex Jablonowski (from June 2016)	2 (6)
John Lelliott (from June 2016)	3 (6)
Ian Metcalfe (until May 2016)	0 (1)
Steven Peacock	3 (7)
Tony Spotswood*	6 (7)
Bill Yardley (until June 2016)	0 (1)

* The Chief Executive is a member of the Committee for decisions relating to the appointment or removal of executive directors

Meetings of the Non-Executive Director Nomination and Remuneration Committee	
Name	Meetings attended
Jane Stichbury (Chair) (until March 2017)	6 (7)
Steven Peacock (as chair when considering the appointment of the Chair)	1 (1)
Bob Gee (Lead Governor)	9 (10)
Graham Swetman	10 (10)
David Triplow	10 (10)

Senior manager remuneration

Senior manager remuneration											
Name	Title	2016/17					2015/16				
		Salary and Fees	Other Remuneration	Total Salary and Fees	Pension Related Benefits	Total	Salary and Fees	Other Remuneration	Total Salary and Fees	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) £'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	195-200	0	195-200	50-52.5	245-250	190-195	0	190-195	5-7.5	200-205
Mrs P Shobbrook	Director of Nursing and Midwifery	120-125	0-5	120-125	17.5-20	140-145	115-120	0-5	115-120	50-52.5	170-175
Mr S Hunter	Director of Finance	130-135	0	130-135	30-32.5	165-170	130-135	0	130-135	2.5-5	135-140
Mr R Renaut	Chief Operating Officer	130-135	0	130-135	72.5-75	205-210	125-130	0	125-130	0	125-130
Mrs K Allman	Director of Human Resources	115-120	0	115-120	20-22.5	135-140	110-115	0	110-115	10-12.5	125-130
Mr B Fozard	Medical Director (see note 1)	75-80	0-5	75-80	Not applicable	75-80	135-140	10-15	150-155	Not applicable	150-155
Dr A O'Donnell	Medical Director (see note 2)	70-75	0	70-75	87.5-90	160-165	0	0	0	0	0
Dr R Williamson	Interim Medical Director (see note 3)	10-15	10-15	25-30	Not applicable	25-30	0	0	0	0	0
Dr M Sopher	Interim Medical Director (see note 3)	0-5	10-15	15-20	Not applicable	15-20	0	0	0	0	0
Mr P Gill	Director of Informatics	50-55	0	50-55	20-22.5	70-75	55-60	0	55-60	17.5-20	75-80
Board Member											
Ms N Hartley	Director of Organisational Development and Leadership	75-80	0	75-80	Not applicable	75-80	70-75	0	70-75	Not applicable	70-75
Non-Executive Members											
Mr D Moss	Chairperson (see Note 5)	0-5	0	0-5	Not applicable	0-5	0	0	0	0	0
Mrs J Stichbury	Chairperson (see Note 6)	50-55	0	50-55	Not applicable	50-55	50-55	0	50-55	Not applicable	50-55
Mr D Bennett	Non-Executive Director (see Note 7)	5-10	0	5-10	Not applicable	5-10	15-20	0	15-20	Not applicable	15-20
Mr S Peacock	Non-Executive Director	15-20	0	15-20	Not applicable	15-20	10-15	0	10-15	Not applicable	10-15
Mr I Metcalfe	Non-Executive Director (see Note 8)	0-5	0	0-5	Not applicable	0-5	15-20	0	15-20	Not applicable	15-20
Mr W Yardley	Non-Executive Director (see Note 9)	0-5	0	0-5	Not applicable	0-5	10-15	0	10-15	Not applicable	10-15
Mr D Dundas	Non-Executive Director (see Note 10)	15-20	0	15-20	Not applicable	15-20	10-15	0	10-15	Not applicable	15-20
Mrs C Hallett	Non-Executive Director	10-15	0	10-15	Not applicable	10-15	10-15	0	10-15	Not applicable	10-15
Mr J Lelliott	Non-Executive Director (see Note 11)	10-15	0	10-15	Not applicable	10-15	0	0	0	Not applicable	0
Mr A Jablonowski	Non-Executive Director (see Note 12)	10-15	0	10-15	Not applicable	10-15	0	0	0	Not applicable	0
Mrs T Colaanni	Non-Executive Director (see Note 13)	5-10	0	5-10	Not applicable	5-10	0	0	0	Not applicable	0
Band of highest paid director		195-200					190-195				
Median Total Remuneration		26,621					26,661				
Ratio		7.4					7.2				

Notes:

1. 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 concluded his post as Medical Director on 30 September 2016.
2. Dr A O'Donnell commenced her post as Medical Director on 7 November 2016.
3. Dr R Williamson and Dr M Sopher jointly provided interim cover for the post of Medical Director from 1 October 2016 to 6 November 2016 while retaining responsibility for their consultant duties. The salary shown against both represents the reimbursement of duties performed in the capacity of Medical Director while the 'Other Remuneration' represents reimbursement for duties performed in capacity of consultant.
4. Mr P Gill holds a joint Director of Informatics post with Poole Hospital NHS Foundation Trust and was recharged to Poole Hospital NHS Foundation Trust on a half-time basis.

5. Mr D Moss commenced his post as Chairperson on 13 March 2017.
6. Mrs J Stitchbury concluded her post as Chairperson on 12 March 2017.
7. Mr D Bennett concluded his post as Non-Executive Director on 30 September 2016.
8. Mr I Metcalfe concluded his post as Non-Executive Director on 31 May 2016.
9. Mr W Yardley concluded his post as Non-Executive Director on 14 June 2016.
10. Mr D Dundas concluded his post as Non-Executive Director on 31 March 2017.
11. Mr J Lelliott commenced his post as Non-Executive Director on 1 June 2016.
12. Mr A Jablonowski commenced his post as Non-Executive Director on 20 June 2016.
13. Mrs T Colaianni commenced her post as Non-Executive Director on 1 November 2016.
14. Senior managers do not receive any annual performance-related bonuses or long-term performance-related bonuses or other allowances. The salary and fees set out in the table above are the maximum amounts payable to senior managers.
15. No individual named above received any benefit in kind during either financial year.
16. No other categories in the proforma single figure table disclosure are relevant to the Trust.
17. Of the 22 senior managers in the table above, 13 received expenses during the year amounting to a total of £8,108.
18. There are 24 governors (excluding staff governors), of which seven received expenses during the year amounting to a total of £2,232. In 2015/16, there were 20 governors (excluding staff governors), of which eight received expenses during the year amounting to £4,226.

Summary of policy in relation to duration of contracts, notice periods; and termination payments:

- All Executive Directors are required to provide six months' written notice, however in appropriate circumstances this could be varied by mutual agreement
- All senior manager contracts are permanent (excluding interim Medical Director posts)
- All senior managers appointed on a permanent contract are required to provide three months' written notice.
- There are no payments for loss of office other than standard NHS redundancy provisions.

Median Total Remuneration

The NHS Improvement Foundation Trust Annual Reporting Manual 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 as at the reporting period end date on an annualised basis.

The March payments have been annualised and adjustments made for any outliers that would distort the results. Agency costs have been excluded from the calculation.

The increase in the banding of the highest paid director is in line with the disclosure within the Remuneration Report.

Senior manager pension entitlements

Senior manager pension entitlements (subject to audit)							
Name	Title (as at 31 March 2017)	Real Increase in Pension and Related Lump Sum at retirement age	Total accrued Pension and Related Lump Sum at retirement age at 31 March 2017	Cash Equivalent Transfer Value at 31 March 2017	Cash Equivalent Transfer Value at 31 March 2016 (Inflated)	Real Increase in Cash Equivalent Transfer Value	Employer- Funded contribution to growth in CETV for the year
		(Bands of £2,500)	(Bands of £5,000)	£'000	£'000	£'000	£'000
Mr A Spotswood	Chief Executive	12.5-15	336-340	1,713	1,597	116	60
Mrs P Shobbrook	Director of Nursing and Midwifery	5-7.5	161-165	660	617	43	22
Mr S Hunter	Director of Finance	7.5-10	231-235	1,173	1,097	77	39
Mr R Renaut	Chief Operating Officer	2.5-5	116-120	437	406	32	16
Mrs K Allman	Director of Human Resources	5-7.5	76-80	396	352	44	23
Mr P Gill	Director of Informatics	2.5-5	111-115	502	457	45	23
Dr A O'Donnell	Medical Director	15-17.5	176-180	861	654	207	106

Notes:

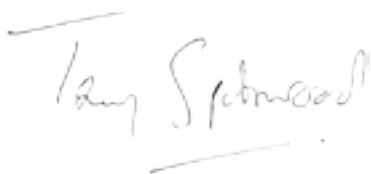
Non-Executive Directors do not receive pensionable remuneration, and as such, there are no entries in respect of pensions for Non-Executive Directors.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004/05 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated as prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV

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.



Tony Spotswood
Chief Executive
23 May 2017

Council of Governors

There are 29 members of the Council of Governors. The Council of Governors' principal duties are:

- to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors, and
- to represent the interests of the members of the Trust as a whole and the interests of the public

The role and responsibilities of the Council of Governors are set out in the National Health Service Act 2006 and were extended under the Health and Social Care Act 2012. These have been incorporated into the Trust's constitution and standards of conduct.

During 2016-17 the Trust worked with the Council of Governors to consult with the Trust's membership on its forward plans. The Trust and the Council of Governors also supported the consultation with the public on the Clinical Services Review for Dorset by NHS Dorset Clinical Commissioning Group. This is a critical component of the wider Sustainability and Transformation Plan for Dorset and the Trust's forward plans. The forward plan reflected the Governors' views on the forward plan and included the Trust's financial, quality and operating objectives and a review of outcomes to evaluate its performance.

In 2016-17, the Council of Governors was made up as follows:

Public governors - Bournemouth and Poole constituency (elected)

David Bellamy

Carole Deas

Paul Higgs (until September 2016)

Keith Mitchell

Roger Parsons

Sue Parsons (from September 2016)

Alan Radley

Guy Rouquette (until September 2016 and then from December 2016)

Maureen Todd

David Triplow
(Lead Governor from 12 April 2017)

Public governors - Christchurch and Dorset County constituency (elected)

Chris Archibold

Derek Chaffey

Eric Fisher

Doreen Holford

Paul McMillan

Brian Young

Public governors - New Forest and Rest Of England constituency (elected)

David Brown

Bob Gee (Lead Governor until 12 April 2017)

Graham Swetman

Staff governors (elected)

Sarah Berridge

Ian Knox

Richard Owen

Petrina Taylor

Kim Waterman

Appointed governors
John Challinor (Borough of Poole) (until April 2016)
Graham Wilson (Borough of Poole) (from October 2016)
Philip Copson (Hospital Volunteers) (until September 2016)
Paul Higgs (Hospital Volunteers) (from October 2016)
Colin Jamieson (Dorset County Council)
Tom Knight (Clinical Commissioning Group) (until November 2016)
Mufeed Ni'man (Clinical Commissioning Group) (from December 2016)
Rae Stollard (Bournemouth Borough Council)
Stephen Tee (Bournemouth University)

All of the governors meet the “fit and proper” persons test described in the Trust’s provider licence issued by Monitor, the terms of which are reflected in the eligibility requirements for governors in the Trust’s Constitution.

Each governor has declared their interests at public meetings. The register of interests is held by the Trust Secretary and is available for inspection by arrangement by contacting the Trust Secretary on 01202 704777.

There are no vacancies on the Council of Governors at the end of the year.

Public and staff governors are elected by secret ballot of the relevant public constituency or staff class using the first past the post system. Each governor is usually elected for a term of three years.

The nominated Lead Governor for the Trust was Bob Gee up to 12 April 2017 when David Triplow took on the role of Lead Governor.

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 these meetings. A further way in which the Council of Governors and Board of Directors to ensure appropriate and effective relationship is by having 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 2016/17. It received and considered all appropriate information required to discharge its duties. The Council of Governors periodically assesses its performance and details how it has discharged its responsibilities to members and the public. In addition, individual and collective development needs are considered and included in a training programme.

Attendance at Council of Governor meetings is set out in the table overleaf. Against each name is shown the number of meetings of the Council of Governors at which the governor or director was present and in brackets the number of meetings that the governor or director was eligible to attend during 2016/17. 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 (until March 2017)	Chairperson		5 (5)
David Moss (from March 2017)	Chairperson		0 (0)
Chris Archibold	Public Governor	Christchurch and Dorset County	2 (5)
David Bellamy	Public Governor	Bournemouth and Poole	4 (5)
Sarah Berridge	Staff Governor	Medical and Dental	0 (5)
David Brown	Public Governor	New Forest and Rest of England	4 (5)
Derek Chaffey	Public Governor	Christchurch and Dorset County	5 (5)
John Challinor (until April 2016)	Appointed Governor	Borough of Poole Council	0 (0)
Philip Copson (until September 2016)	Appointed Governor	Hospital Volunteers	2 (2)
Carole Deas	Public Governor	Bournemouth and Poole	4 (5)
Eric Fisher	Public Governor	Christchurch and Dorset County	5 (5)
Bob Gee	Public Governor	New Forest and Rest of England	5 (5)
Paul Higgs	Public Governor (until September 2016)	Bournemouth and Poole	2 (2)
	Appointed Governor (from October 2016)	Hospital Volunteers	3 (3)
Doreen Holford	Public Governor	Christchurch and Dorset County	5 (5)
Colin Jamieson	Appointed Governor	Dorset County Council	0 (5)
Tom Knight (until November 2016)	Appointed Governor	Dorset Clinical Commissioning Group	0 (3)
Ian Knox	Staff Governor	Allied Health Professions, Scientific and Technical	3 (5)
Paul McMillan	Public Governor	Christchurch and Dorset County	3 (5)
Keith Mitchell	Public Governor	Bournemouth and Poole	3 (5)
Mufeed Ni'man (from December 2016)	Appointed Governor	Dorset Clinical Commissioning Group	0 (1)
Richard Owen	Staff Governor	Estates and Ancillary Services	4 (5)
Roger Parsons	Public Governor	Bournemouth and Poole	5 (5)
Sue Parsons (from September 2016)	Public Governor	Bournemouth and Poole	2 (3)
Alan Radley	Public Governor	Bournemouth and Poole	5 (5)

Guy Rouquette (until September 2016 and then from December 2016)	Public Governor	Bournemouth and Poole	3 (3)
Rae Stollard	Appointed Governor	Bournemouth Borough Council	5 (5)
Graham Swetman	Public Governor	New Forest and Rest of England	4 (5)
Petrina Taylor	Staff Governor	Nursing, Midwifery and Healthcare Assistants	3 (5)
Stephen Tee	Appointed Governor	Bournemouth University	3 (5)
Maureen Todd	Public Governor	Bournemouth and Poole	4 (5)
David Triplow	Public Governor	Bournemouth and Poole	5 (5)
Kim Waterman	Staff Governor	Administrative, Clerical and Management	3 (5)
Graham Wilson	Appointed Governor	Borough of Poole	1 (3)
Brian Young	Public Governor	Christchurch and Dorset County	1 (5)
Directors:			
Karen Allman	Director of Human Resources		2 (5)
David Bennett (until September 2016)	Non-Executive Director		0 (3)
Tea Colaianni (from November 2016)	Non-Executive Director		0 (1)
Derek Dundas	Non-Executive Director/Senior Independent Director		3 (4)
Basil Fozard (until September 2016)	Medical Director		2 (2)
Peter Gill	Director of Informatics		0 (4)
Christine Hallett	Non-Executive Director		0 (4)
Stuart Hunter	Director of Finance		2 (4)
Alex Jablownowski (from June 2016)	Non-Executive Director		1 (4)
John Lelliott (from June 2016)	Non-Executive Director		1 (4)
Ian Metcalfe (until May 2016)	Non-Executive Director		0 (1)
Alyson O'Donnell (from November 2016)	Medical Director		1 (1)

Steven Peacock	Non-Executive Director / Vice Chairperson		0 (4)
Richard Renaut	Chief Operating Officer		2 (4)
Paula Shobbrook	Director of Nursing and Midwifery		4 (4)
Tony Spotswood	Chief Executive		5 (5)
Ruth Williamson / Mark Sopher (1 October - 6 November 2016)	Interim Medical Director		0 (1)
Bill Yardley (until June 2016)	Non-Executive Director		0 (1)

The Council of Governors has a policy for addressing any consistent and unjustifiable failures to attend its meetings. This policy covers the actions required to address any actual or potential conflict of interest which may prevent a governor exercising their duties properly.

The Council of Governors engages with the Board of Directors through the Chairperson and Senior Independent Director. Any concerns would be raised with them.

Paragraph E.1.3 of the Code of Governance specifies that the Senior Independent Director should attend sufficient meetings with governors to listen to their views in order to help develop a balanced understanding of the issues and concerns of governors.

The Senior Independent Director has attended three meetings of the Council of Governors during 2016/17. The Senior Independent Director also attends a number of committees where he can be approached by governors and governors also attend meetings of the Board of Directors with an opportunity to comment and ask questions of the Directors at the end of the meeting. There are also joint seminars of the directors and governors and less formal meetings between the Non-Executive Directors and governors which provide opportunities for governors to express their views and highlight any issues or concerns.

Elections

Elections were held in two public constituencies and two 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. One of the public constituency elections was contested. One of the staff class elections was contested. The elections to the Council of Governors were held in accordance with the Constitution.

Date of election	Constituency / Staff Class	Number of members in constituency	Number of seats contested	Number of contestants	Election turnout (%)
June 2016	Medical and Dental	-	1	1	No election held
June 2016	Christchurch and Dorset County	-	1	1	No election held
August 2016	Bournemouth and Poole	8,392	2	4	23.7%
August 2016	Nursing, Midwifery and Healthcare Assistants	1,593	1	3	25.1%

Membership

During 2016/17 the Governors have continued to develop on its existing membership strategy using health talks, constituency events, 'listening' events at the hospital site, emails and the quarterly membership newsletter to engage with existing members and recruit new members. The strategy has also been developed to focus on recruitment of members from groups which have historically been under-represented in the Trust membership: younger people and minority ethnic groups. Through presentations and attendance at careers events at local schools the Trust recruits younger members and is seeking to engage with local authorities in its public constituencies and local Healthwatch to reach minority ethnic groups. The Membership Engagement Strategy set a recruitment target of 350 new public members for 2016/17 and the performance against that target is shown in the table below.

Over the next 12 months the governors will:

- continue local constituency meetings whether these are to provide information, engage with members or for consultation;
- continue to hold 'listening events' on the hospital site and out in the community;
- continue the work with local schools including governors attending local schools careers events and identifying students to participate in the formation of a youth council of governors;
- provide more information in the FT Focus and in regular emails to members who have provided their email address about governors' activities;
- develop the governor and member pages on the Trust's website to provide more information to members and the public; and
- 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 2017 there were 10,494 members in the following constituencies:

Public constituency	Last year (2016/17)	Next year (2018/19) (estimated)
At year start (1 April)	11,086	10,494
New members	224	350
Members leaving	816	500
At year end (31 March)	10,494	10,344

Staff constituency	Last year (2016/17)	Next year (2018/19) (estimated)
At year start (1 April)	3,758	3,873
New members	472	300
Members leaving	357	300
At year end (31 March)	3,873	3,873

Analysis of membership in constituencies (as at 31 March 2017)

Public		Staff	
Bournemouth and Poole	7,710	Medical and Dental	329
Christchurch and Dorset County	1,985	Allied Healthcare Professions, Scientific and Technical	668
New Forest and Rest of England	799	Nursing, Midwifery and Healthcare Assistants	1640
		Administrative, Clerical and Management	871
		Estates and Ancillary Services	365

Notes

Members of staff on fixed term or temporary contracts who have been continuously employed by the Trust for at least twelve months are eligible to become members of the staff constituency.

Analysis of current public membership (as at 31 March 2017)

As at 31 March 2017, there were 10,494 public members in the following demographic groups:

Public constituency	Number of members	Eligible membership
Age (years):		
0-16	39	134,285
17-21	784	42,819
22+	8,348	591,087
Ethnicity:		
White	9,859	714,637
Mixed	70	9,507
Asian or Asian British	1133	14,175
Black or Black British	25	3,208
Other	20	2,514
Socio-economic groupings*:		
AB	3,389	49,486
C1	3,116	69,577
C2	2,013	50,690
DE	1,965	47,778
Gender		
Male	4,228	378,568
Female	6,252	389,621

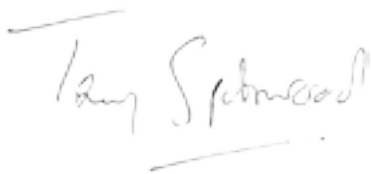
Notes

- The analysis above excludes 1,323 public members with no stated date of birth, 387 members with no stated ethnicity and 14 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 and Membership Manager (B28)
The Royal Bournemouth and Christchurch
Hospitals NHS Foundation Trust
Castle Lane East
Bournemouth
BH7 7DW

or email: ftmembers@rbch.nhs.uk



Tony Spotswood
Chief Executive
23 May 2017



Consolidated financial statements

*For the year ended
31 March 2017*

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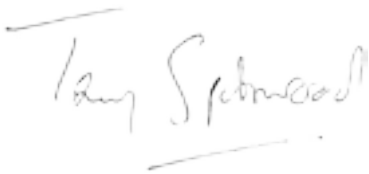
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The Foundation Trust

NHS Foundation Trust Code:	RDZ														
Registered Office:	The Royal Bournemouth Hospital Castle Lane East Bournemouth BH7 7DW														
Executive Directors:	<table> <tr> <td>Mr A Spotswood</td> <td>Chief Executive</td> </tr> <tr> <td>Mrs P Shobbrook</td> <td>Director of Nursing and Midwifery</td> </tr> <tr> <td>Mr S Hunter</td> <td>Director of Finance</td> </tr> <tr> <td>Mr R Renaut</td> <td>Chief Operating Officer</td> </tr> <tr> <td>Mrs K Allman</td> <td>Director of Human Resources</td> </tr> <tr> <td>Dr A O'Donnell</td> <td>Medical Director</td> </tr> <tr> <td>Mr P Gill</td> <td>Director of Informatics</td> </tr> </table>	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	Dr A O'Donnell	Medical Director	Mr P Gill	Director of Informatics
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														
Dr A O'Donnell	Medical Director														
Mr P Gill	Director of Informatics														
Non-Executive Directors:	<table> <tr> <td>Mr D Moss</td> <td>Chairman</td> </tr> <tr> <td>Mr S Peacock</td> <td>Non Executive Director</td> </tr> <tr> <td>Mrs C Hallett</td> <td>Non Executive Director</td> </tr> <tr> <td>Mr D Dundas</td> <td>Non Executive Director</td> </tr> <tr> <td>Mr A Jablonowski</td> <td>Non Executive Director</td> </tr> <tr> <td>Mrs T Colaianni</td> <td>Non Executive Director</td> </tr> <tr> <td>Mr J Lelliott</td> <td>Non Executive Director</td> </tr> </table>	Mr D Moss	Chairman	Mr S Peacock	Non Executive Director	Mrs C Hallett	Non Executive Director	Mr D Dundas	Non Executive Director	Mr A Jablonowski	Non Executive Director	Mrs T Colaianni	Non Executive Director	Mr J Lelliott	Non Executive Director
Mr D Moss	Chairman														
Mr S Peacock	Non Executive Director														
Mrs C Hallett	Non Executive Director														
Mr D Dundas	Non Executive Director														
Mr A Jablonowski	Non Executive Director														
Mrs T Colaianni	Non Executive Director														
Mr J Lelliott	Non Executive Director														
Trust Secretary:	Ms K Flaherty														
Bankers:	Barclays PLC London														
Solicitors:	DAC Beachcroft LLP Winchester														
Internal Auditors:	BDO Southampton														
External Auditors:	KPMG Southampton														

Foreword to the accounts

These accounts for the year ended 31 March 2017 for The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (the “Foundation Trust”) have been prepared in accordance with paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006, and are presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006.



Tony Spotswood
Chief Executive
23 May 2017

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 (NHS) 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 NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require 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 required by those Directions. 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.

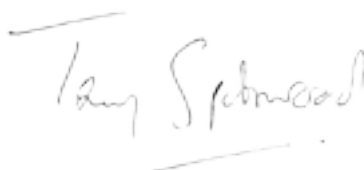
In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health's Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;

- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements;
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance; and
- prepare the financial statements on a going concern basis.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable him to ensure that the accounts comply with the requirements outlined in the above-mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.



Tony Spotswood
Chief Executive
23 May 2017



Independent auditor's report

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

Opinions and conclusions arising from our audit

1. Our opinion on the financial statements is unmodified

We have audited the financial statements of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust for the year ended 31 March 2017 set out on pages 11 to 48. 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 2017 and of the Group and Trust's income and expenditure for the year then ended; and
- the Group and the Trust's financial statements have been properly prepared in accordance with the Department of Health's Group Accounting Manual 2016/17.

Overview

Materiality: Group and Trust's financial statements as a whole £5.8m (2015/16:£5.3m) 2% (2015/16: 2%) of total income from operations

Risks of material misstatement		vs 2015/16
Recurring risks	Valuation of land and buildings	◀▶
	Recognition of NHS and non-NHS income	◀▶

Key

◀▶ Risk level unchanged from prior year

2. Our assessment of risks of material misstatement

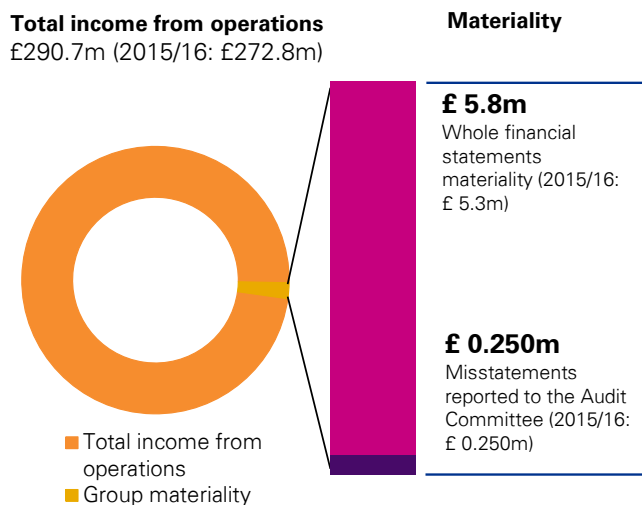
In arriving at our audit opinion above on the financial statements, the risks of material misstatement that had the greatest effect on our audit, in decreasing order of audit significance, were as follows (unchanged from 2015/16).

The risk		Our response
<p>Land and buildings</p> <p>(£161.5 million; 2015/16: £159.2 million)</p> <p><i>Refer to page 165 (Audit Committee Report), page 19 (accounting policy) and page 35 (financial disclosures).</i></p>	<p>Valuation of land and buildings:</p> <p>Land and buildings are required to be held at fair value. As hospital buildings are specialised assets and there is not an active market for them they are usually valued on the basis of the cost to replace them with an equivalent asset. For non specialised assets, where there is generally an active market, these are usually valued at open market value.</p> <p>When considering the cost to build a replacement asset the Group may consider whether the asset would be built to the same specification or in the same location. Assumptions about changes to the asset must be realistic.</p> <p>Valuation is completed by Cushman and Wakefield, an external expert engaged by the Group, using construction indices and so accurate records of the current estate are required. Full valuations are completed every five years, with interim desktop valuations completed in interim periods. Valuations are inherently judgmental, therefore our work focused on whether the valuer's methodology, assumptions and underlying data, are appropriate and correctly applied.</p> <p>The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust last completed a full valuation as at 31 March 2016. The Trust considered the possible impact of movement in underlying indices to 31 March 2017 on the valuation and considered the impact to be immaterial.</p>	<p>Our procedures included:</p> <ul style="list-style-type: none"> — Consideration of relevant valuation assumptions: We critically assessed the impact of valuation assumptions in order to assess the impact of the Trust not revaluing its assets in 2016-17; — Impairment review: We considered how management had assessed the need for an impairment across its asset base either due to a loss of value or reduction in future service potential; — Additions to assets: For a sample of assets added during the year we agreed that an appropriate valuation basis had been adopted when they became operational and that the Trust would benefit from future service potential;
<p>NHS and non-NHS income</p> <p>Income: (£290.7 million; 2015/16: £272.8 million)</p> <p><i>Refer to page 165 (Audit Committee Report), page 17 (accounting policy) and page 28 (financial disclosures).</i></p>	<p>Recognition of NHS and non-NHS income:</p> <p>Of the Group's reported total income, £251.3 million (2015/16, £243.5m) came from commissioners (Clinical Commissioning Groups (CCG) and NHS England). Income from CCGs and NHS England make up 86.4% of the Group's income. The majority of this income is contracted on an annual basis, however actual achievement is based on completing the planned level of activity and achieving key performance indicators (KPIs). If the Trust does not meet its contracted KPIs then commissioners are able to impose fines, reducing the level of income achievement.</p> <p>In 2016/17, the Trust received transformation funding from NHS Improvement. This is received subject to achieving defined financial and operational targets on a quarterly basis. The Trust was allocated £7.6 million of transformation funding. Additional funding is available at year end if targets are exceeded. This resulted in a total allocation of £10 million.</p> <p>An agreement of balances exercise is undertaken between all NHS bodies to agree the value of transactions during the year and the amounts owed at the year end. 'Mismatch' reports are available setting out discrepancies between the submitted balances from each party in transactions and variances over £250,000 are required to be reported to the National Audit Office to inform the audit of the Department of Health consolidated accounts.</p> <p>The Group reported total income of £33.4m (2015/16: £22.6 million) from other activities. Much of this income is related to Education or Research and Development and is therefore provided by the Department of Health or Health Education England. Some sources of income require independent confirmations which can impact the amount of the income the Group will actually receive.</p>	<p>Our procedures included:</p> <ul style="list-style-type: none"> — Contract agreement: For the five largest commissioners of the Trust's activity we confirmed that signed contracts were in place. — Income Billing: We agreed that invoices had been issued in line with the contracts signed with the three largest commissioners. — Agreement of balances: We confirmed the outcome of the agreement of balances exercise with CCGs and other NHS providers. Where there were mismatches over £250k we challenged management's assessment of the level of income they were entitled to and the receipts that could be collected; — Transformation funding: We agreed the transformation funding due at the year end to the confirmation received from NHSI; — Credit notes: We obtained a listing of credit notes raised post year end and confirmed that there were no material credit notes in relation to 2016-17 income. — Other income: We tested other income balances by agreeing a sample of income transactions through to supporting documentation and bank statements.

3. Our application of materiality and an overview of the scope of our audit

The materiality for the Group financial statements was set at £5.8 million (2015/16: £5.3 million), determined with reference to a benchmark of income from operations (of which it represents approximately 2%). We consider income from operations to be more stable than a surplus-related benchmark. We report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £250,000 (2015/16: £250,000), in addition to other identified misstatements that warrant reporting on qualitative grounds.

The Group financial statements comprise the parent The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust and its subsidiaries, The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust Charitable Fund, The Bournemouth Healthcare Trust, Christchurch Fairmile Village Limited Liability Partnership, and the Dorset Heart Clinic Limited Liability Partnership. The Group team performed the audit of the Group as if it was a single aggregated set of financial information. The audit was performed using the materiality levels set out above and covered 100% of total Group income from operations, Group surplus and Group assets



4. Our opinion on other matters prescribed by the Code of Audit Practice is unmodified

In our opinion:

- the part of the Directors' Remuneration Report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2016/17; and
- the information given in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

5. We have nothing to report in respect of the matters on which we are required to report by exception

We are required to report to you if, based on the knowledge we acquired during our audit, we have identified other information in the Annual Report that contains a material inconsistency with either that knowledge or the financial statements, a material misstatement of fact, or that is otherwise misleading.

In particular, we are required to report to you if:

- we have identified material inconsistencies between the knowledge we acquired during our audit and the directors' statement that they consider that the Annual Report and financial statements taken as a whole is fair, balanced and understandable; or
- the Audit Committee's commentary on page 164 of the Annual Report does not appropriately address matters communicated by us to the Audit Committee.

Under the Code of Audit Practice we are required to report to you if, in our opinion:

- the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2016/17, is misleading or is not consistent with our knowledge of the Group and Trust and other information of which we are aware from our audit of the financial statements.
- the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in its use of resources.

In addition we are required to report to you if:

- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006.
- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit.

We have nothing to report in respect of the above responsibilities.

6. Certificate of audit completion

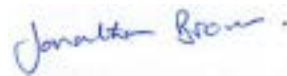
We certify that we have completed the audit of the accounts of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office.

Scope and responsibilities

As described more fully in the Statement of Accounting Officer's Responsibilities on page 5 the accounting officer is responsible for the preparation of financial statements which give a true and fair view. Our responsibility is to audit, and express an opinion on, the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the UK Ethical Standards for Auditors. A description of the scope of an audit of financial statements is provided on our website at www.kpmg.co.uk/auditscopeother2014. This report is made subject to important explanations regarding our responsibilities, as published on that website, which are incorporated into this report as if set out in full and should be read to provide an understanding of the purpose of this report, the work we have undertaken and the basis of our opinions.

The Trust is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources. Under Section 62(1) and Schedule 10 paragraph 1(d), of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively. We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General, as to whether the Trust has proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary.

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust as a body, for our audit work, for this report or for the opinions we have formed.



Jonathan Brown

for and on behalf of KPMG LLP, Statutory Auditor

Chartered Accountants

66 Queen Square, Bristol, BS1 4BE

25 May 2017

Statement of Comprehensive Income

	Notes	Group		Trust	
		2016/17	2015/16	2016/17	2015/16
		£'000	£'000	£'000	£'000
Operating income from continuing operations	4	291,228	273,390	290,665	272,822
Operating expenses of continuing operations	7	(285,572)	(280,725)	(283,329)	(279,851)
OPERATING DEFICIT		5,656	(7,335)	7,335	(7,029)
FINANCE COSTS					
Finance income: interest receivable	12	85	176	81	167
Finance expense: interest payable	13	(593)	(588)	(593)	(588)
Finance expense: Unwinding of discount on provisions	23	(12)	(12)	(12)	(12)
Public Dividend Capital: Dividends payable		(4,500)	(4,043)	(4,500)	(4,043)
Movement in fair value of investment property and other investments		659	(110)	0	0
Deficit from joint venture		(215)	(61)	(215)	(61)
SURPLUS / (DEFICIT) FOR THE YEAR		1,080	(11,973)	2,096	(11,566)
Other comprehensive income					
Impairment (chargeable to revaluation reserve)		0	(8,694)	0	(8,694)
Revaluation (credited to revaluation reserve)		0	7,641	0	7,641
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		1,080	(13,026)	2,096	(12,619)

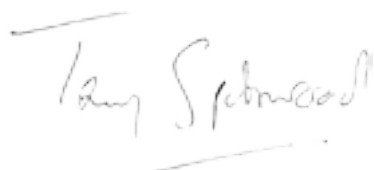
The notes on pages 15 to 48 form part of these accounts.

Statement of Financial Position

	Notes	Group		Trust	
		31 March 2017	31 March 2016	31 March 2017	31 March 2016
		£'000	£'000	£'000	£'000
Non-current assets					
Intangible assets	14	4,254	3,395	4,254	3,395
Property, plant and equipment	14	177,343	176,509	176,853	175,846
Investments in LLP Joint Venture		6,361	3,000	6,361	3,000
Other investments	12.1	4,002	3,343	0	0
Total non-current assets		191,960	186,247	187,468	182,241
Current assets					
Inventories	17	4,840	6,394	4,840	6,394
Trade and other receivables	18	12,679	10,493	12,593	10,276
Other financial assets		62	62	0	0
Cash and cash equivalents	19	40,202	43,091	36,321	39,256
Total current assets		57,783	60,040	53,754	55,926
Current liabilities					
Trade and other payables	20	(37,622)	(33,912)	(35,479)	(33,186)
Borrowings	21	(1,408)	(1,409)	(1,408)	(1,409)
Provisions	23	(201)	(154)	(201)	(154)
Total current liabilities		(39,231)	(35,475)	(37,088)	(34,749)
Total assets less current liabilities		210,512	210,812	204,134	203,418
Non-current liabilities					
Trade and other payables	20	(983)	(1,015)	(983)	(1,015)
Borrowings	21	(18,052)	(19,461)	(18,052)	(19,461)
Provisions	23	(649)	(588)	(649)	(588)
Total non-current liabilities		(19,684)	(21,064)	(19,684)	(21,064)
Total Assets Employed:		190,828	189,748	184,450	182,354
Taxpayers' Equity					
Public Dividend Capital		79,681	79,681	79,681	79,681
Revaluation reserve		71,612	72,573	71,612	72,573
BHT Charitable Fund Reserve		2,249	2,520	0	0
Income and expenditure reserve		33,157	30,100	33,157	30,100
NHS Charitable Fund Reserve	33	4,129	4,874	0	0
Total Taxpayers' Equity:		190,828	189,748	184,450	182,354

The notes on pages 15 to 48 form part of these accounts.

The financial statements comprising the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers' Equity, and Statement of Cash Flows were approved by the Foundation Trust Board on 23 May 2017 and signed on its behalf by:



Tony Spotswood, Chief Executive 23 May 2017

Statement of Changes in Taxpayers' Equity

	Trust				BHT Charity	RBH Charity	Group
	Public Dividend Capital	Revaluation Reserve	Income and Expenditure Reserve	Trust Reserves	Charitable Fund Reserve	Charitable Fund Reserve	Total Reserves
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Current Year							
Taxpayers' Equity at 1 April 2016	79,681	72,573	30,100	182,354	2,520	4,874	189,748
Surplus/(deficit) for the year	0	0	2,096	2,096	(271)	(745)	1,080
Transfer of the excess of current cost depreciation over historical cost depreciation to the Income and Expenditure Reserve	0	(961)	961	0	0	0	0
Taxpayers' Equity at 31 March 2017	79,681	71,612	33,157	184,450	2,249	4,129	190,828
Prior Year							
Taxpayers' Equity at 1 April 2015	79,665	74,612	40,680	194,957	0	5,507	200,464
Surplus/(deficit) for the year	0	0	(11,566)	(11,566)	226	(633)	(11,973)
Transfer of the excess of current cost depreciation over historical cost depreciation to the Income and Expenditure Reserve	0	(986)	986	0	0	0	0
BHT Charity	0	0	0	0	2,294	0	2,294
Impairment losses on property, plant and equipment	0	(8,694)	0	(8,694)	0	0	(8,694)
Revaluations on property, plant and equipment	0	7,641	0	7,641	0	0	7,641
Public Dividend Capital received	16	0	0	16	0	0	16
Taxpayers' Equity at 31 March 2016	79,681	72,573	30,100	182,354	2,520	4,874	189,748

The notes on pages 15 to 48 form part of these accounts.

Statement of Cash Flows

	Notes	Group		Trust	
		2016/17	2015/16	2016/17	2015/16
		£'000	£'000	£'000	£'000
Cash flows from operating activities					
Operating surplus/(Deficit)		5,656	(7,335)	7,335	(7,029)
Non-cash income and expense					
Depreciation and amortisation	14	6,844	5,918	6,671	5,889
Impairments/Reversal of Impairments	14	0	1,863	0	2,081
Increase in Trade and Other Receivables		(1,274)	(231)	(1,567)	(52)
Decrease in Inventories		1,554	221	1,554	221
Increase in Trade and Other Payables		4,545	3,271	3,857	3,252
BHT Consolidation		0	2,520	0	0
(Increase)/Decrease in provisions		96	(18)	96	(18)
NHS Charitable funds - net adjustments for working capital movements and non-cash transactions		564	248	0	0
		12,329	13,792	10,611	11,373
Net cash generated from operations		17,985	6,457	17,946	4,344
Cash flow from investing activities					
Interest received		85	176	81	167
Purchase of intangible assets	14	(1,416)	(1,820)	(1,416)	(1,820)
Purchase of Property, Plant and Equipment		(8,126)	(12,248)	(8,126)	(11,313)
Sales of Property, Plant and Equipment		0	770	0	770
Investment in LLP Joint Venture		(4,207)	(2,550)	(4,207)	(2,550)
NHS Charitable funds - net cash flow from investing activities		(8)	0	0	0
Net cash flow from investing activities		(13,672)	(15,672)	(13,668)	(14,746)
Cash flow from financing activities					
Public dividend capital received		0	16	0	16
Loans received		0	7,180	0	7,180
Loans repaid		(1,102)	(551)	(1,102)	(551)
Capital element of finance lease rental payments		(307)	(385)	(307)	(385)
Interest paid on ITFF Loan		(569)	(543)	(569)	(543)
Interest element of finance lease	13	(28)	(39)	(28)	(39)
PDC Dividend paid		(5,243)	(4,098)	(5,243)	(4,098)
Cash flows from (used in) other financing activities		47	(48)	36	(238)
Net cash flow used in financing activities		(7,702)	1,532	(7,213)	1,342
Net increase in cash and cash equivalents		(2,889)	(7,683)	(2,935)	(9,060)
Cash and cash equivalents at beginning of year		43,091	50,774	39,256	48,316
Cash and cash equivalents at end of year	19	40,202	43,091	36,321	39,256

The notes on pages 15 to 48 form part of these accounts.

Notes to the accounts

1 Accounting policies

1.1 Accounting policies and other information

NHS Improvement, in exercising the statutory functions conferred on Monitor, is responsible for issuing an accounts direction to NHS Foundation Trusts under the NHS Act 2006. NHS Improvement has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the Department of Health Group Accounting Manual (DH GAM) which shall be agreed with the Secretary of State. Consequently, the following financial statements have been prepared in accordance with the DH GAM 2016/17 issued by the Department of Health. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual (FRoM) to the extent that they are meaningful and appropriate to the Foundation Trust. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These financial statements have been prepared under historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and certain financial assets and financial liabilities.

Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken from outside the public sector. Activities are considered 'discontinued' if they transfer from one public body to another. The Foundation Trust has no acquisitions or discontinued operations to report within these accounts.

Critical accounting judgements and key sources of estimation uncertainty

In the application of the Foundation Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually revised.

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.

Accounting standards that have been issued but have not yet been adopted

The DH GAM does not require the following Standards and Interpretations to be applied in 2016/17. These standards are still subject to HM Treasury FRoM adoption, with IFRS 9 and IFRS 15 being for implementation in 2018/19, and the government implementation date for IFRS 16 still subject to HM Treasury consideration.

- IFRS 9 Financial Instruments: Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FRoM: early adoption is not therefore permitted.

- IFRS 15 Revenue from Contracts with Customers: Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRS 16 Leases: Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRIC 22 Foreign Currency Transactions and Advance Consideration: Application required for accounting periods beginning on or after 1 January 2018.

The directors do not expect that the adoption of these standards and interpretations will have a material impact on the financial statements in future periods. All other revised and new standards have not been listed here as they are not considered to have an impact on the Foundation Trust.

Prior year restatements

Each year, the reporting requirements of Foundation Trusts are refreshed, and as a result, some income and expenditure classifications may be updated to improve transparency. In these instances, both the current year and the prior year disclosures are updated. In addition, if in preparing the accounts, corrections are identified to prior year classifications, these will be updated and clearly marked as “restated”.

Consolidation

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust Charitable Fund

The NHS Foundation Trust is the corporate trustee of 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 subsidiary because the Foundation Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The charitable fund’s statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice, which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the charity’s assets, liabilities and transactions to:

- recognise and measure them in accordance with the Foundation Trust’s accounting policies; and
- eliminate intra-group transactions, balances, gains and losses.

The Bournemouth Healthcare Trust

Private Patient services within the NHS Foundation Trust are delivered through The Bournemouth Private Clinic Limited (BPC), which is a trading subsidiary of the registered charity, The Bournemouth Healthcare Trust (BHT) (Charity Registration number 1122497). With effect from 1 February 2016, a number of the NHS Foundation Trust directors were appointed as directors on the BPC Board and as Trustees of BHT. This secured a more integrated and robust approach to private patient provision and governance.

As a result of this, the NHS Foundation Trust has reassessed its relationship to BHT (including its trading subsidiary BPC), and determined it to be a subsidiary because the Foundation Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charity and has the ability to affect those returns and other benefits through its power over the charity.

The charity’s statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice, which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the charity’s assets, liabilities and transactions to:

- recognise and measure them in accordance with the Foundation Trust’s accounting policies; and
- eliminate intra-group transactions, balances, gains and losses.

This resulted in a net income and expenditure deficit of £271,000 being consolidated into the Foundation Trust's accounts together with a number of Statement of Financial Position balances, most notably the introduction of the BHT Charitable Fund Reserve, with a closing balance of £2.249 million.

Christchurch Fairmile Village Limited Liability Partnership

The Foundation Trust is a voting member of the joint venture, Christchurch Fairmile Village Limited Liability Partnership, which was incorporated on 19 September 2014. The joint venture has been consolidated within these accounts.

Dorset Heart Clinic Limited Liability Partnership

The Foundation Trust is a voting member of the joint venture, Dorset Heart Clinic Limited Liability Partnership, which was incorporated on 21 November 2016. The joint venture has been consolidated within these accounts.

1.2 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Foundation Trust is contracts with commissioners in respect of healthcare services.

Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

Charitable funds

Income is received from donations, legacies, fund raising events and from other charitable bodies.

Patient related revenue

Revenue is recognised when the service has been delivered, that is, in the period when the services were provided. At the end of the financial year, a revenue estimate is recognised for patients who are in hospital and have not completed their period of treatment (an incomplete patient spell). This revenue estimate is based on the level of treatment provided to date.

Education and training

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

Non patient care services

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

Interest

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

Catering services

The Foundation Trust operates canteen services for employees and patients. Revenue is recognised when the Foundation Trust sells to the employees and the public. Canteen sales are usually by cash or by debit card.

Rental income

The Foundation Trust owns some residential properties which are let out to members of staff and related parties. Rental income is recognised on a straight-line basis over the term of the lease. Car park fees are recognised when the public and staff have used the Foundation Trust's facilities.

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 two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health in England and Wales. They are 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, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that 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 scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of scheme liabilities as at 31 March 2017, is based on valuation data as at 31 March 2016, updated to 31 March 2017 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. These accounts can be viewed on the NHS Pensions website and are published annually. 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 schemes (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pensions Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this ‘employer cost cap’ assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

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
- it forms part of the initial equipping and setting-up cost of a new building, refurbishment of a ward or unit irrespective of its individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. They are measured subsequently at valuation.

Non-current assets are stated at the lower of replacement cost and recoverable amount. The carrying values of property, plant and equipment are reviewed for impairment in periods if events or changes in circumstances indicate the carrying value may not be recoverable. The costs arising from the financing of the construction of fixed assets are not capitalised but are charged to the Statement of Comprehensive Income in the year to which they relate.

All land and buildings are revalued using professional valuations in accordance with International Accounting Standard 16 every five years. A three yearly interim valuation is also carried out. Additional valuations are carried out as appropriate.

Professional valuations are carried out by the Foundation Trust's appointed external Valuer (Cushman & Wakefield). The valuations are carried out in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual. A full asset valuation (excluding Assets Under Construction/ Work In Progress) was undertaken as at 1 April 2015; and this value, together with indexation applied to buildings in line with the Valuer's advice has been included in the closing Statement of Financial Position.

The valuations are carried out primarily on the basis of Modern Equivalent for specialised operational property and Existing Use Value for non-specialised operational property. The value of land for existing use purposes is assessed at Existing Use Value. For non-operational properties including surplus land, the valuations are carried out at Open Market Value.

Assets in the course of construction are valued at current cost. Larger schemes are valued by the district valuer on completion or when brought into use, and all schemes are valued as part of the three/ five yearly revaluation.

Operational equipment is valued at net current replacement cost.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably.

Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is derecognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated. The estimated useful lives of assets are summarised below:

Property, plant and equipment which has been reclassified as 'Held for Sale' ceases to be depreciated upon this reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

As at 31 March 2017, there were no assets classified as 'Held for Sale'.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the Foundation Trust Annual Reporting Manual, impairments that arise from a clear consumption of economic benefits or service potential in the assets are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

	Minimum Life (years)	Maximum Life (years)
Buildings and dwellings	8	100
Furniture / fittings	5	20
Set-up costs	5	15
Medical and other equipment	5	15
Vehicles	7	15
Radiology equipment	5	10
IT equipment	3	7

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 expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable, for example:
 - management are committed to a plan to sell the asset;
 - an active programme has begun to find a buyer and complete the sale;
 - the asset is being actively marketed at a reasonable price;
 - the sale is expected to be completed within twelve months of the date of the classification as 'Held for Sale'; and
 - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated, government grant and other grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/ grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/ grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

1.6 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Foundation Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Foundation Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the product is technically feasible to the point of completion and will result in an intangible asset for sale or use;

- the Foundation Trust intends to complete the asset and sell or use it;
- the Foundation Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits;
- adequate financial, technical and other resources are available to the Foundation Trust to complete the development and sell or use the asset; and
- the Foundation Trust can measure reliably the expenses attributable to the asset during development.

Software

Software which is integral to the operation of hardware (for example, an operating system) is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware (for example, application software) is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently, intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 or IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or 'fair value less costs to sell'.

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. The estimated useful life of assets are summarised below:

	Minimum Life (years)	Maximum Life (years)
Software	3	7

1.7 Revenue government and other grants

Government grants are grants from Government bodies other than income from Clinical Commissioning Groups (CCG), Specialist Commissioners, NHS Foundation Trusts or NHS Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

1.8 Inventories

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

1.9 Financial instruments and financial liabilities

Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Foundation Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

Financial assets and financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

All other financial assets and financial liabilities are recognised when the Foundation Trust becomes a party to the contractual provisions

of the instrument.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Foundation Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and Measurement

Financial assets are categorised as 'Loans and receivables'. Financial liabilities are classified as 'Other financial liabilities'.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The Foundation Trust's loans and receivables comprise current investments, cash and cash equivalents, NHS receivables, accrued income and other receivables.

Loans and receivables are recognised initially at fair value, net of transaction costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income. Loans from the Department of Health are not held for trading and are measured at historic cost with any unpaid interest accrued separately.

Other financial liabilities

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and are measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the

financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as non-current liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to the Statement of Comprehensive Income. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Impairment of financial assets

At the Statement of Financial Position date, the Foundation Trust assesses whether any financial assets, other than those held at 'fair value through income and expenditure' are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows 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 cash flows 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 (NLF) 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 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.20 Going concern

In the preparation of the year end accounts the Board is required to undertake an assessment confirming the Trust will continue as a going concern (i.e. that it will continue in the business of healthcare provision for the foreseeable future).

The Trust has prepared its financial plans and cash flow forecasts on the assumption that funding will be received from the Department of Health. Discussions to date indicate this funding will be forthcoming. These funds are expected to be sufficient to enable the Trust to meet its obligations as they fall due. These funds will be accessed through the nationally agreed process published by NHS Improvement and the Department of Health.

The NHS Improvement Foundation Trust Annual Reporting Manual 2016/17 states that financial statements should be prepared on a going concern basis unless management either intends to apply to the Secretary of State for the dissolution of the NHS foundation trust without the transfer of the services to another entity, or has no realistic alternative but to do so.

There has been no application to the Secretary of State for the dissolution of the Trust and financial plans have been developed and published for future years. However, the Trust plans to operate with a financial deficit in 2017/18 and therefore the Board has considered the principle of going concern.

The Directors have concluded that there is a reasonable expectation that the Trust will have access to adequate resources to continue in operational existence for the next 12 months.

1.21 Investments

The Foundation Trust does not have any investments and the cash is held primarily in the Government Banking Service.

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust Charitable Fund does hold investments, both Fixed Asset Investments and Short-Term Investments:

Charitable Fund Fixed Asset Investments

Investment Fixed Assets are shown at Market Value, as detailed in the Statement of Financial Position.

The Trustee's 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 2017. 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 Fund. These are revalued at the year-end and any gain or loss on revaluation of the investment asset is shown in the Statement of Comprehensive Income.

2 Operating segments

The Foundation Trust has determined the operating segments based on the reports reviewed by the Finance Committee that are used to make strategic decisions. The Finance Committee considers the Foundation Trust's business from a services perspective as "Healthcare" and only one segment is therefore reported.

The segment information provided to the Finance Committee for the reportable segments for the year ended 31 March 2017 is as follows:

	Group		Trust	
	Healthcare 2016/17	Healthcare 2015/16	Healthcare 2016/17	Healthcare 2015/16
	£'000	£'000	£'000	£'000
Segment revenue	291,228	273,390	290,665	272,822
Patient and other income	291,228	273,390	290,665	272,822

It is appropriate to aggregate the Foundation Trust's activities as, in accordance with IFRS 8: Operating Segments, they are similar in each of the following respects:

- the nature of the products and services;
- the nature of the production processes;
- the type of class of customer for their products and services;
- the methods used to distribute their products or provide their services; and
- the nature of the regulatory environment.

3 Income generation activities

The Foundation Trust has not materially undertaken any other income generation activities with an aim of achieving profit.

The Foundation Trust is working as part of a joint venture to develop a Nursing Home and Senior Living as part of the Christchurch Fairmile Village LLP as disclosed in Note 1.1.

4 Operating income

4.1 Income from patient related activities

	Group		Trust	
	Continuing Operations 2016/17	Restated Continuing Operations 2015/16	Continuing Operations 2016/17	Restated Continuing Operations 2015/16
	£'000	£'000	£'000	£'000
Foundation Trusts	989	910	989	910
CCGs and NHS England	251,261	243,504	251,261	243,504
Local authorities	2,509	2,706	2,509	2,706
NHS Other	122	120	122	120
Non NHS:				
- Private Patients	2,352	3,006	2,085	2,966
- Overseas Patients (non-reciprocal)	72	124	72	108
- NHS Injury Scheme Income	507	428	507	428
- Other	0	0	0	0
	257,812	250,798	257,545	250,742

The NHS Injury Scheme Income above is reported gross and a 22.94% doubtful debt provision (2015/16 21.99%) included in expenditure, which represents expected recovery rates.

4.2 Other operating income

	Group		Trust	
	Continuing Operations 2016/17	Restated Continuing Operations 2015/16	Continuing Operations 2016/17	Restated Continuing Operations 2015/16
	£'000	£'000	£'000	£'000
Research and development	2,286	2,059	2,286	2,059
Education and training	6,204	5,740	6,204	5,740
NHS Charities - capital acquisitions (donated assets)	0	0	561	466
NHS Charities - contributions to expenditure	0	0	397	289
Received from other bodies: Other charitable and other contributions to expenditure	1,828	1,182	1,828	1,182
Non-patient care services to other bodies	6,079	7,311	6,079	7,311
Sustainability and Transformation Fund	10,010	0	10,010	0
NHS Charitable Funds: incoming resources excluding investment income	1,641	1,507	0	0
Other:				
- NHS drug sales	647	247	647	247
- car parking	1,749	1,431	1,749	1,431
- catering services	999	1,098	999	1,098
- miscellaneous other	688	888	1,075	1,128
Income from operating leases	1,285	1,129	1,285	1,129
	33,416	22,592	33,120	22,080
Total	291,228	273,390	290,665	272,822

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	
	2016/17	Restated 2015/16	2016/17	Restated 2015/16
	£'000	£'000	£'000	£'000
Commissioner requested services	264,016	256,538	264,016	256,538
Non Commissioner requested services	27,212	16,852	26,649	16,284
	291,228	273,390	290,665	272,822

7 Operating expenses

	Group		Trust	
	Continuing Operations		Continuing Operations	
	2016/17	2015/16	2016/17	2015/16
	£'000	£'000	£'000	£'000
Services from NHS Foundation Trusts	2,824	2,911	2,824	2,911
Services from other NHS Bodies	1,019	1,110	1,019	1,110
Purchase of healthcare from non NHS Bodies	869	1,017	869	1,017
Employee Expenses - Executive directors	1,151	1,121	1,151	1,121
Employee Expenses - Non-executive directors	157	157	157	157
Employee Expenses - Staff	171,387	166,533	171,294	166,533
Employee Expenses - Redundancy	231	110	231	110
Employee Expenses - Research and development	1,864	1,789	1,864	1,789
Supplies and services - clinical (excluding drug costs)	34,461	33,232	34,310	33,232
Supplies and services - general	3,991	4,252	3,870	4,252
Establishment	2,372	2,422	2,372	2,422
Research and development (excluding Employee Expenses)	279	306	279	306
Transport (staff travel)	488	489	488	489
Transport (patient transport services)	171	131	171	131
Premises - Rates	1,648	1,665	1,648	1,665
Premises	11,363	11,713	11,363	11,713
Increase/ (Decrease) in bad debt provision	506	157	506	157
Increases in other provisions	(153)	163	(153)	163
Change in provisions discount rate(s)	180	0	180	0
Inventories written down	90	170	90	170
Drugs Inventories consumed	31,955	33,351	31,955	33,351
Operating lease payments	103	81	103	81
Depreciation on property, plant and equipment	6,287	5,486	6,114	5,486

Operating expenses continued				
Amortisation on intangible assets	557	432	557	432
Impairments of property, plant and equipment	0	1,863	0	2,081
Audit fees:				
External audit services - financial statement audit	62	62	62	62
External audit services - charitable fund accounts	5	5	0	0
External audit services - other non-audit services	13	12	13	12
Internal Audit and Counter Fraud	120	179	120	179
Clinical negligence premium	4,129	3,598	4,129	3,598
Legal fees	120	350	120	350
Consultancy costs	292	718	292	718
Training, courses and conferences	884	603	884	603
Insurance	255	236	255	236
Other services, e.g. external payroll	538	540	538	540
Losses, ex gratia and special payments	27	27	27	27
NHS Charitable funds: Other resources expended (balance not analysed above)	1,704	1,043	0	0
Other	3,623	2,691	3,628	2,647
Total	285,572	280,725	283,329	279,851

The Trust has made no donation/contribution to any political party.

8 Operating leases

8.1 Operating leases as lessee

The Foundation Trust leases some medical equipment and vehicles under non-cancellable operating leases. The leases are between 3-5 years. None of the leases include contingent rents or onerous restrictions on the Foundation Trust's use of the assets concerned. The expenditure charged to the Statement of Comprehensive Income during the year is disclosed below:

	Group / Trust	
	2016/17	2015/16
	£'000	£'000
Total operating leases	103	81
The future aggregate minimum lease payments under non-cancellable operating leases are as follows:		
No later than one year	103	81
Between 1 and 5 years	0	0
Over 5 years	0	0
Total	103	81

8.2 Operating leases as lessor

The Foundation Trust owns some properties from which rental income is derived. These are properties which 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	
	2016/17	2015/16
	£'000	£'000
Accommodation operating leases	1,285	1,129
The future aggregate minimum lease payments under non-cancellable operating leases are as follows:		
No later than one year	1,316	1,084
Between one and five years	883	468
Over five years	3,101	0
Total	5,300	1,552

9 Staff costs and numbers

9.1 Staff costs

	Group		Trust	
	2016/17	2015/16	2016/17	2015/16
	£'000	£'000	£'000	£'000
Salaries and wages	137,976	133,712	137,883	133,712
Social security costs	12,936	9,741	12,936	9,741
Employer's contributions to NHS Pensions	16,268	15,720	16,268	15,720
Termination benefits	1,864	1,789	1,864	1,789
Agency/contract staff	5,589	8,591	5,589	8,591
Total	174,633	169,553	174,540	169,553

This note excludes Non-Executive Directors, in line with national guidance.

9.2 Average number of persons employed

	Group / Trust	
	2016/17	Restated 2015/16
	Number	Number
Medical and dental	431	428
Administration and estates	824	838
Healthcare assistants and other support staff	870	881
Nursing, midwifery and health visiting staff	1,096	1,061
Scientific, therapeutic and technical staff	386	413
Healthcare science staff	174	174
Agency/contract staff	42	77
Bank	230	182
Other	4	0
Total	4,057	4,053

This note excludes Non-Executive Directors, in line with national guidance.

9.3 Staff exit packages

	Group / Trust		Group / Trust	
	2016/17	2016/17	2015/16	2015/16
	Number	£' 000	Number	£' 000
Less than £10,000	6	36	4	15
£10,001 - £25,000	7	125	2	44
£25,001 - £50,000	2	76	0	0
£50,001 - £100,000	0	0	1	51
Total	15	237	7	110

Each of the above exit packages were in relation to two compulsory redundancies and 13 agreed departures.

10 Retirements due to ill-health

There were seven early retirements from the Foundation Trust agreed on the grounds of ill-health (2015/16: one). The estimated additional pension liabilities of these ill-health retirements will be £392,000 (2015/16: £60,067). 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	
	2016/17	2015/16	2016/17	2015/16
	£'000	£'000	£'000	£'000
Interest on bank accounts	81	167	81	167
NHS charitable funds: investment income	4	9	0	0
Total	85	176	81	167

12.1 Investments

	Group		Trust	
	31 March 2017	31 March 2016	31 March 2017	31 March 2016
	£'000	£'000	£'000	£'000
Opening Balance	3,343	3,453	0	0
Movement in fair value	659	(110)	0	0
Closing balance	4,002	3,343	0	0

12.2 Other financial assets

	Group		Trust	
	31 March 2017	31 March 2016	31 March 2017	31 March 2016
	£'000	£'000	£'000	£'000
Stocks and equities	62	62	0	0
Total	62	62	0	0

13 Finance costs

	Group / Trust	
	2016/17	2015/16
	£'000	£'000
Loans from the Independent Trust Financing Facility	565	549
Finance leases	28	39
Total	593	588

14 Intangible assets, property, plant and equipment

	Group													Trust	
	Intangible	Tangible											TOTAL		
		Software Licences (incl Work in progress)	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	Less Non-Trust Assets			
£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Gross cost at 1 April 2016 as previously stated	8,409	23,285	131,212	7,328	4,187	38,723	324	7,097	945	221,510	(692)	220,818			
Additions	1,416	0	1,201	115	2,592	2,272	0	928	13	8,537		8,537			
Reclassifications	0	0	4,126	0	(4,126)	0	0	0	0	0	0	0			
Disposals	0	0	0	0	0	(225)	0	0	0	(225)	0	0			
Cost or valuation at 31 March 2017	9,825	23,285	136,539	7,443	2,653	40,770	324	8,025	958	229,822	(692)	229,130			
Accumulated depreciation at 1 April 2016 as previously stated	5,014	0	2,524	115	0	29,846	119	3,476	512	41,606	(29)	41,577			
Provided during the year	557	0	3,015	122	0	2,295	32	773	50	6,844	(173)	6,671			
Disposals	0	0	0	0	0	(225)	0	0	0	(225)		(225)			
Accumulated depreciation at 31 March 2017	5,571	0	5,539	237	0	31,916	151	4,249	562	48,225	(202)	48,023			
Net book value															
Owned	3,395	23,285	123,761	7,213	4,187	5,999	194	3,531	430	171,995	(663)	171,332			
Finance lease	0	0	0	0	0	1,135	0	0	0	1,135		1,135			
Donated - Restated	0	0	4,826	0	0	1,743	11	90	3	6,774		6,774			
NBV total at 31 March 2016	3,395	23,285	128,688	7,213	4,187	8,877	205	3,621	433	179,904	(663)	179,241			
Net book value															
Owned	4,254	23,285	126,170	7,206	2,653	6,355	164	3,725	394	174,206	(489)	173,717			
Finance lease	0	0	0	0	0	714	0	0	0	714		714			
Donated	0	0	4,830	0	0	1,785	9	51	2	6,677		6,677			
NBV total at 31 March 2017	4,254	23,285	131,000	7,206	2,653	8,854	173	3,776	394	181,597	(490)	181,107			
The asset classifications are as follows:															
- protected	0	19,946	124,463	0	0	0	0	0	0	144,409		144,409			
- unprotected	4,254	3,339	6,537	7,206	2,653	8,854	173	3,776	396	37,188	(489)	36,699			
Total	4,254	23,285	131,000	7,206	2,653	8,854	173	3,776	396	181,597	(490)	181,107			
The buildings above includes £721,000 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.															
		2016/17	2015/16												
Cost		£'000	£'000												
Accumulated depreciation		3,942	3,942												
Net book value		3,228	2,807												
		714	1,135												

The Foundation Trust leases various medical equipment/ IT under non cancellable finance lease agreements. The lease terms are between five and seven years.

15 Impairment of property, plant and equipment

	Group		Trust	
	31 March 2017	31 March 2016	31 March 2017	31 March 2016
	£'000	£'000	£'000	£'000
Changes in market price (as advised by the Trust's external Valuer)	0	1,863	0	2,081
Total	0	1,863	0	2,081

16 Capital commitments

	Group	
	31 March 2017	31 March 2016
	£'000	£'000
Property, plant and equipment	2,114	754
Intangible assets	2,435	588
Total	4,549	1,342

17 Inventories

	Group / Trust	
	31 March 2017	31 March 2016
	£'000	£'000
Drugs	1,480	2,078
Consumables	3,360	4,316
Total	4,840	6,394

17.1 Inventories recognised in expenses

	Group	
	31 March 2017	31 March 2016
	£'000	£'000
Inventories recognised as an expense in the period	50,728	43,208
Write-down of inventories (including losses)	90	170
Total	50,818	43,378

18 Trade and other receivables

18.1 Amounts falling due within one year:

	Group		Trust	
	31 March 2017	31 March 2016	31 March 2017	31 March 2016
	£'000	£'000	£'000	£'000
NHS receivables - revenue	7,377	6,251	7,377	6,251
Provision for impaired receivables	(994)	(723)	(994)	(717)
Prepayments	1,006	1,436	1,006	1,450
Accrued income	1,098	1,302	1,098	1,302
PDC dividend receivable	1,000	257	1,000	257
VAT receivable	171	110	171	110
Other receivables - revenue	2,813	1,821	2,935	1,623
NHS charitable funds: Trade and other receivables	208	39	0	0
Total	12,679	10,493	12,593	10,276

18.2 Age analysis of trade and other receivables

	Group		Trust	
	31 March 2017	31 March 2016	31 March 2017	31 March 2016
	£'000	£'000	£'000	£'000
Age of impaired receivables:				
0 - 30 days	138	110	138	104
31 - 60 days	27	71	27	71
61 - 90 days	15	49	15	49
91 - 180 days	131	20	131	20
over 180 days	683	473	683	473
Sub total	994	723	994	717
Age of non-impaired receivables:				
0 - 30 days	9,125	6,129	9,039	5,918
31 - 60 days	681	818	681	818
61 - 90 days	285	684	285	684
91 - 180 days	229	537	229	537
over 180 days	359	166	359	166
Sub total	10,679	8,334	10,593	8,123
Prepayments	1,006	1,436	1,006	1,450
Total	12,679	10,493	12,593	10,290

18.3 Provision for impairment of receivables

	Group		Trust	
	31 March 2017	31 March 2016	31 March 2017	31 March 2016
	£'000	£'000	£'000	£'000
At 1 April	723	942	717	942
Increase in provision	506	157	512	151
Amounts utilised	(235)	(376)	(235)	(376)
Unused amounts reversed	0	0	0	0
At 31 March	994	723	994	717

19 Cash and cash equivalents

	Group		Trust	
	31 March 2017	31 March 2016	31 March 2017	31 March 2016
	£'000	£'000	£'000	£'000
Balance 1 April	43,091	50,774	41,035	48,591
Net movement in year	(2,889)	(7,683)	(4,714)	(9,335)
Balance at 31 March	40,202	43,091	36,321	39,256
Made up of:				
Cash at commercial banks and in hand	2,793	4,203	(1,088)	368
Cash with the Government Banking Service	37,409	38,888	37,409	38,888
Cash and cash equivalents	40,202	43,091	36,321	39,256

The patient monies amount held on trust was £52,725 (2015/16 £3,092) which is not included in the above figures.

20 Trade and other payables

	Group		Trust	
	31 March 2017	31 March 2016	31 March 2017	31 March 2016
	£'000	£'000	£'000	£'000
Amounts falling due within one year:				
NHS payables - revenue	3,134	3,042	3,134	3,042
Other trade payables - capital	3,052	4,057	3,052	4,057
Other trade payables - revenue	12,268	11,132	12,268	11,141
Accruals	17,690	14,972	17,026	14,946
NHS charitable funds: trade and other payables	1,478	709	0	0
Total	37,622	33,912	35,480	33,186
Amounts falling due over one year:				
Amounts due to other related parties	983	1,015	983	1,015
Total	38,605	34,927	36,463	34,201

This includes outstanding pensions contributions at 31 March 2017 of £2,304,208 (2015/16 £2,180,728).

21 Borrowings

	Group / Trust	
	31 March 2017	31 March 2016
	£'000	£'000
Finance lease liabilities		
- Current	306	307
- Non current	406	713
Total	712	1,020
Independent Trust Financing Facility (ITFF) Loan		
- Current	1,102	1,102
- Non current	17,646	18,748
Total	18,748	19,850

The Trusts ITFF loan relates to the Christchurch Development. It is repayable over 20 years and has a fixed annual interest rate of 2.89%.

22 Finance lease obligations

The Foundation Trust operates as lessee on a number of medical equipment leases. These leases generally run for between 5 - 7 years with options to extend the terms at the expiry of the initial period. None of the leases include contingent rents or onerous restrictions on the Foundation Trust's use of assets concerned.

	Group / Trust	
	Gross lease payments	
	31 March 2017	31 March 2016
	£'000	£'000
Amounts payable under finance leases		
Within one year	335	335
Between one and five years	414	750
After five years	0	0
Less future finance charges	(37)	(65)
Total	712	1,020

23 Provisions for liabilities and charges

	Group / Trust			
	£'000	£'000	£'000	£'000
	Early Retirement	Legal claims	Other	Total
At 1 April 2016	144	513	85	742
Change in the discount rate	0	180	0	180
Arising during the year	16	24	0	40
Utilised during the year - accruals	(5)	(4)	0	(9)
Utilised during the year - cash	(14)	(16)	0	(30)
Reversed unused	0	0	(85)	(85)
Unwinding of discount	3	9	0	12
At 31 March 2017	144	706	0	850
Expected timing of cashflows:				
Within one year	16	185	0	201
Between one and five years	64	76	0	140
After five years	64	445	0	509
	144	706	0	850

Legal Claims

Liability to Third Party and Property Expense Schemes:

The Foundation Trust has liability for the excess of each claim.

The calculation is based on estimated claim values and probability of settlement.

Injury Benefit

The provision for permanent injury benefit has been created as at 31 March 2004 and is calculated using the award value and life tables discounted over the period.

£23,051,000 is included in the provisions of the NHS Litigation Authority at 31 March 2017 in respect of clinical negligence liabilities of the Foundation Trust (£27,279,000 at 31 March 2016).

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	176,584	347	157	1,181
NHS West Hampshire CCG	24,655	0	165	0
NHS Wiltshire CCG	897	0	0	0
Health Education England	6,354	0	15	0
NHS Litigation Authority	0	4,389	0	0
Department of Health	0	0	1,000	0
NHS England - Core	10,010	0	4,310	0
NHS England - Wessex Local Office	2,077	0	0	0
NHS Wessex Specialised Commissioning	44,313	0	157	0
Dorset County Council	2,461	0	146	0
Dorset Healthcare University NHS FT	861	548	369	153
Poole Hospital NHS FT	3,580	4,734	1,120	1,201
University Hospitals Southampton NHS FT	1,056	193	264	84
NHS Blood and Transplant Agency	0	1,019	0	0
NHS Pensions Agency	0	12,936	0	1,109
NHS Pension Scheme	0	16,268	0	1,387
Other transactions less than £500,000	4,003	2,268	1,128	515
	276,851	42,702	8,831	5,630

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	10,868	0	917
HM Revenue and Customs	0	19,015	0	1,624
National Insurance Fund	0	9,858	0	836
	0	39,741	0	3,377

25 Post statement of financial position events

There are no post Statement of Financial Position events to report within these accounts.

26 Financial risk management

Financial instruments are held for the sole purpose of managing the cash flow of the Foundation Trust on a day-to-day basis or arise from the operating activities of the Foundation Trust. The management of risks around these financial instruments therefore relates primarily to the Foundation Trust's overall arrangements for managing risks in relation to its financial position.

Market risk

Interest rate risk

The Foundation Trust has a fixed rate loan from the Independent Trust Financing Facility; plus capitalised finance lease obligations which each have fixed interest rates. As a result of these fixed rates; any interest rate fluctuations will only affect our ability to earn additional interest on our short-term investments.

The Foundation Trust earned interest of £80,996 during 2016/17, therefore a change in the interest rate would have minimal effect on the amount earned.

Currency risk

The Foundation Trust has minimal risk of currency fluctuations. Most transactions are in sterling. Although there are some purchases of goods from Ireland, where prices are based on the Euro, all payments are made in sterling.

Other risk

The inflation rate on NHS service level agreements is based on the NHS funded inflation and therefore there is a small risk of budgetary financial pressure.

The majority of pay award inflation is based on the nationally agreed Agenda for Change pay scale, and although funding through the Payment by Results (PbR) tariff does not cover the entire cost (there is an assumed efficiency requirement within the tariff), this represents a small risk.

Credit risk

Debtor control

The Foundation Trust has a treasury function which includes a credit controller. The Foundation Trust actively pursues debts and use an external company to support specific aged debts.

The majority of the Foundation 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 doubtful debts

The Foundation Trust reviews non NHS receivables as at 31 March and as a result of this review, has provided £254,500 in relation to doubtful debts. A further £128,870 has been provided for in relation to the Injury Scheme, in accordance with scheme guidance.

The Foundation Trust has also reviewed any significant NHS receivables and has provided for doubtful debts amounting to a total of £511,040. 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 and will finish in March 2034.

Creditors

Whilst the Foundation Trust has reported a surplus in the current financial year and continues to have a surplus on the retained earnings reserve. In addition, the Foundation Trust has a cash and investment balance of £36.3 million. As such, the Trust is a minimal risk to its creditors.

27 Financial instruments

27.1 Financial assets

	Group				Trust	
	31 March 2017		31 March 2016		31 March 2017	31 March 2016
	£'000	£'000	£'000	£'000	£'000	£'000
	Loans and receivables	Assets at fair value through Income & Expenditure	Loans and receivables	Assets at fair value through Income and Expenditure	Loans and receivables	Loans and receivables
Assets as per the Statement of Financial Position						
Trade and other receivables excluding non financial assets	11,471	0	10,197	0	10,835	10,019
Cash and cash equivalents at bank and in hand	38,377	0	40,908	0	36,321	39,256
NHS charitable funds: financial assets as at 31 March	2,033	4,063	2,222	3,413	0	0
Total	51,881	4,063	53,327	3,413	47,156	49,275
Assets held in £ sterling		55,944		56,740	47,156	49,275

The above amount excludes PDC receivables of £1,000,000 (2015/16 £257,000).

27.2 Financial liabilities

	Group		Trust	
	31 March 2017	31 March 2016	31 March 2017	31 March 2016
	£'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	18,748	19,850	18,748	19,850
Obligations under finance leases	712	1,020	712	1,020
Trade and other payables excluding non financial assets	31,253	28,957	28,597	28,913
Provisions under contract	850	742	850	742
NHS charitable funds: financial liabilities as at 31 March	1,478	709	0	0
Total	53,041	51,278	48,907	50,525
Liabilities held in £ sterling	53,041	51,278	48,907	50,525

The above figures excludes statutory/ non contracted payables of £5,874,000 (2015/16 £5,261,000).

27.3 Financial assets / liabilities - fair values

	Group		Trust	
	31 March 2017		31 March 2017	
	£'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	4,002	4,002	0	0
Total	4,002	4,002	0	0
Financial liabilities				
Non-current trade and other payables excluding non financial liabilities	983	983	983	983
Provisions under contract	850	850	850	850
Total	1,833	1,833	1,833	1,833

28 Intra-Government and NHS balances

	Group / Trust	
	31 March 2017	
	Receivables: amounts falling due within one year £'000	Payables: amounts falling due within one year £'000
Foundation Trusts	1,810	1,818
NHS and Department of Health	6,567	1,316
Local Government	212	0
Central Government	242	2,496
Total	8,831	5,630
	31 March 2016	
Foundation Trusts	2,265	1,840
NHS and Department of Health	4,243	1,202
Local Government	343	0
Central Government	110	2,154
Total	6,961	5,196

29 Losses and special payments

	Group / Trust			
	31 March 2017	31 March 2017	31 March 2016	31 March 2016
	Number	£'000	Number	£'000
Losses				
Losses of cash due to:				
Theft / Fraud	3	0	1	0
Overpayment of salaries	0	0	23	1
Other causes	0	0	5	(1)
bad debts and claims abandoned	27	200	54	167
damage to buildings, property and equipment	0	0	3	0
Total losses	30	200	86	167
Special Payments				
Extra contractual to contractors	0	0	1	12
Ex gratia payments in respect of:				
Loss of personal effects	60	25	56	13
Other negligence and injury	0	0	2	1
Miscellaneous other	5	2	6	2
Total special payments	66	27	64	28
Total	96	227	150	195

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 2017. Estimates are based on the Foundation Trust's current understanding of the actual committed expenditure.
- An estimate of £1.3 million is made in relation to the income due from incomplete patient spells as at 31 March 2017 as the true income in relation to these episodes of care will not be known with certainty until the patient is discharged. This estimate is based on historic trend analysis, together with other relevant factors.
- An estimate is made for depreciation and amortisation of £6.8 million. Each capital or donated asset is added to the asset register and given a unique identifier. The value and an estimated life is assigned (depending on the type of asset) and value divided by the asset life (on a straight-line basis) is used to calculate an annual depreciation charge.
- The Foundation Trust has not revalued or indexed the Non-Current PPE assets at the year end. This is consistent with the accounting policies and NHS guidance.

31 Senior manager remuneration

Directors' remuneration totalled £1,308,000 in 2016/17 (2015/16: £1,278,000). Full details are provided within the Remuneration Report.

32 Senior manager pension entitlements

There were benefits accruing to seven of the Foundation Trust's Executive Directors under the NHS Pension Scheme in 2016/17. Full details are provided within the Remuneration Report.

33 Charitable Fund Reserve

The Charitable Fund Reserve comprises:

	31 March 2017	31 March 2016
	£'000	£'000
Restricted funds	1,722	2,146
Unrestricted funds	2,407	2,728
Total	4,129	4,874

