

# Annual Report and Accounts 2018/19





# The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

## Annual Report and Accounts 2018/19

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





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# Review of the year

## Joint Chief Executive's and Chairperson's introduction

Welcome to our annual report for 2018/19. It has been a very eventful year, not least because a new senior management structure was recently agreed for both The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCH) and Poole Hospital NHS Foundation Trust.

The decision to create an interim joint Chief Executive and an interim joint Chair of both organisations was made to assist in the creation of the major planned and the major emergency hospitals for east Dorset, as part of the Dorset Clinical Services Review (CSR), and to assist in the transition towards potential merger. The appointments were supported by both NHS Improvement and the Competition and Markets Authority and, after a formal, rigorous and independently-led selection process, we were both delighted to be appointed to these roles.

We would like to take this opportunity to thank Tony Spotswood, the outgoing Chief Executive of RBCH, and Steve Erskine, the outgoing Chair of Poole Hospital, for their enormous contribution within each respective organisation, and for the part they played in the lead up to these changes. Both worked tirelessly to connect with staff and patients during this period, ensuring that the transition to the new arrangements went smoothly.

2018/19 was a momentous year for the Trust, which began with the Trust being rated as 'Outstanding' for well-led and use of resources and 'Good' overall including for being safe, effective, caring and responsive to people's needs by the Care Quality Commission in its report published in June 2018. The results of the inspection were a reflection of the hard work of staff over a number of years and their continued commitment to improve the care that we provide for our patients.

We were also highly commended as the runner-up in the Trust of the Year category of the Health Service Journal Awards 2018. The award is designed to recognise those trusts which are offering excellent, patient-centric care built on strong engagement between clinicians within and beyond the organisation. The award recognised the strong focus on the safety and quality of the care provided to patients and provides a solid foundation as we continue with the work to implement the changes to acute hospital services in east Dorset with the Royal Bournemouth Hospital as the major emergency hospital. There are many other examples throughout this report of the awards for our teams, staff and volunteers at both a national and local level, reflecting their amazing skills, innovation and commitment to continually seek to improve services for patients.

Ongoing demand for our services remained high and our Emergency Department and teams across all areas of the hospitals continued to respond well. The Emergency Department ended the year rated as third best in the south and fifth nationally, compared to other acute trusts, with 96.36% of patients coming into the hospital through the Emergency Department (ED) being treated, admitted or discharged within the four hour standard set by the government. This was compared to the national average of 86.6%. However, levels of demand and activity have at times impacted on waiting times for some our services. This year's Quality

Report highlights how we have made great progress throughout 2018/19 in improving services in a number of identified priority areas, achieving better outcomes and a more positive patient experience. Most importantly, the Trust continues to receive very positive feedback from patients through surveys and when speaking to our staff, volunteers and governors.

We had the opportunity during the year to celebrate the 70th anniversary of the NHS. This was a great chance to say thank you to all the staff at our hospitals and pay tribute to their high degree of skill and talent, and years of service. The NHS Long Term Plan was also published earlier this year and set out how the NHS will save almost half a million more lives with practical action on major killer conditions and investment in world class, cutting edge treatments. The work already underway to transform healthcare in Dorset, including the implementation of the Clinical Services Review, is well aligned with the priorities in the NHS Long Term Plan.

Again this year, the Trust achieved some of the best results nationally for its leadership and safety culture in this year's NHS Staff Survey, with the highest scores nationally for acute trusts in six areas. These results demonstrate that we have a very engaged workforce, committed to working effectively together to deliver high quality and safe care.

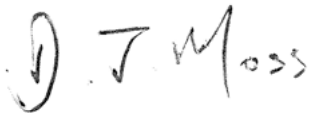
The Trust has delivered a surplus at the end of the financial year after starting the year with a small planned deficit. This financial surplus has been achieved through a small number of material, one-off financial improvements together with the associated incentive payment through the NHS Provider Sustainability Fund. This was part of an overall agreed financial position with the other healthcare providers in Dorset as part of the broader integrated care system. This will be used to support further development of services in east Dorset through the Clinical Services Review. However, like much of the NHS, the Trust continues to face financial pressures, mainly associated with challenges associated with increasing activity and demand, delivering savings and expenditure on high cost agency staff.

At the end of March, we reached a hugely important milestone in terms of the Clinical Services Review. We completed the work associated with developing the Outline Business Case (OBC) for our major capital programme, showing how we're going to redevelop our sites to benefit patients and spend the £147 million that has been allocated to us. The OBC was approved by the Boards of Directors of both organisations and was submitted to NHS Improvement in accordance with the agreed timetable, which is a very significant achievement indeed. Clearly, there is still a lot of work to do, as establishing a major emergency hospital and a major planned care facility will involve significant change. However, our clinical teams are excited by this programme and the benefits that this will mean for our patients, and we are looking forward to advancing this work at pace over the next few months and years.

Our thoughts are now turning to the potential merger of both organisations. As things stand, we are expecting the Competition and Markets Authority to review our Patient Benefits Case in the first half of 2019/20, and given that we believe we have constructed a compelling case, we are expecting to be given permission to proceed. We will then go on to submit our formal merger application to NHS Improvement, with a view to establishing our newly merged organisation from April 2020. As we are on the brink of coming together, we are about to start a significant listening and engagement programme with our staff and stakeholders across both trusts. We hope that you will also play your part in this exercise as we want to hear your hopes and ambitions for the future, and look forward to working with you to create our new organisation.

Both the Trust and its neighbour Poole Hospital NHS Foundation Trust are good organisations, but our ambition is to create a new organisation that will be even better. Our overarching objective is to work with partners to transform our services, to bring teams together and to change how we deliver care in a way that will improve services and deliver better outcomes. The merger of the two organisations is essential, but this is just an enabler that will assist us to create the basis for these changes.

We would like to conclude by thanking our staff, governors, volunteers, fundraisers and members for all they do every day to make our hospitals places where we can be exceptionally proud of the outstanding care provided to patients and their families. Our hospitals have an exciting, positive future and will continue to be a place that patients want to come for treatment and where staff want to work, for many years to come.



**David Moss,**  
Chairperson



**Debbie Fleming,**  
Chief Executive





## News roundup 2018-2019

### Trust gets vote of confidence from staff

We begin this year as we finished the last, with excellent staff survey results. Last year we were the top performing trust and this year we're top for leadership and safety culture - areas we've invested a great deal of time and effort.

This year 77% of staff said they'd recommend the Trust as a place to work against an acute trust average of 63%. Staff also gave a vote of confidence to standards of care here, with 84% recommending RBCH as a place to receive treatment against an acute trust average of 71%.

### Our fantastic Maternity Team awarded three national awards

Our midwives scooped Royal College of Midwives (RCM) awards in bereavement care, the Caring for You campaign and partnership working. Sera Bailey won the Bereavement Care Award. Sera delivers a bespoke postnatal bereavement service - Sera offers personalised postnatal care and is the only of its kind in Dorset. The Maternity Leadership Team brought home the Caring For You Award for their work in supporting and engaging their staff with initiatives including Caring for You drop-ins, staff forums and away days. The Dorset Maternity System - a collaboration between local healthcare organisations and the Dorset Clinical Commissioning Group - also received the award for partnership working. The collaborative working has enabled a standardised Dorset-wide approach to the postnatal maternity pathway.

### Innovative approach improves waiting times in our Emergency Department



The introduction of streaming nurses in our Emergency Department has helped us to cut waiting times for our patients. Patients are seen by a senior clinical practitioner on arrival and directed to the correct service. Patients with non-emergency needs are referred to our on-site GP-led Urgent Treatment Centre, or their own GP practice, based on their individual healthcare needs. Identifying our patients' needs quickly allows us to ensure each patient is given the most suitable clinical pathway as quickly and efficiently as possible.

### Support group for patients by patients set up

Patients with claudication - narrowing of the arteries - have set up a support group. The group, self-named the Artery Army, meets every month to exercise together, support each other and share hints and tips, to enable them to better cope with the symptoms of claudication. The group is open to patients diagnosed with claudication who have attended the hospital's supported exercise program. To come along to the group or to find out more, email [claire.thomson@rbch.nhs.uk](mailto:claire.thomson@rbch.nhs.uk).

## Big news for our Trust

Debbie Fleming has been appointed as interim joint Chief Executive of both Poole Hospital and our Trust. And our current Chair, David Moss, has been appointed interim joint Chair of both RBCH and Poole Hospital.

The appointments have been made after an independently led selection process and have been approved by both trusts. The decision to create both posts was made to assist in the creation of the major planned and a major emergency hospital site for east Dorset and to assist in the transition towards potential merger. The appointments have been supported by both NHS Improvement (NHSI) and the Competition and Markets Authority (CMA).

## We said farewell to Tony Spotswood

Tony Spotswood, our Chief Executive for 19 years and the longest serving CEO working in a hospital trust in the UK, said farewell at the end of December. Tony achieved so much in his time with us - as our services expanded he oversaw many advances in the care we provide. His strong leadership helped improve the quality and safety of everything we do for our patients and we're proud of all that we've achieved during his time in charge; Tony has been an inspirational leader.

## Dr Raza awarded Queen's honour

Dr Tanzeem Raza was presented with the Officer of the Order of the British Empire (OBE) by Her Majesty at the Investiture ceremony held at Windsor Castle. Dr Raza has been working at RBCH for over twenty years, during which time he has set up the Acute Medical Unit, and has been involved in training over two dozen refugee doctors who now work in the NHS. Speaking after the ceremony, Dr Raza said: "I feel humbled to be recognised at this level and it was a special honour to be decorated by Her Majesty at the magnificent Windsor Castle. I owe this honour to all the support and backing that I've received from the Trust, as well as my colleagues and friends, over the last 21 years."

## Patients at the heart of everything we do

We've been on the lookout for current and former patients to help shape the services of the future. Our patient voice volunteers will work alongside clinicians at the hospitals to make decisions on how services are designed. They will sit on committees, work with project teams and share ideas and opinions to ensure services are the best they can be for the patients going into the hospitals. If you'd like to be a patient voice volunteer, email [proudto.volunteer@rbch.nhs.uk](mailto:proudto.volunteer@rbch.nhs.uk) to find out more.

## Best employer for staff recognition

Back in October we were awarded 'Best employer for staff recognition' at the Nursing Times Workforce Summit and Awards 2018. Following a rigorous judging process, RBCH emerged the winner of Best Employer for Staff Recognition for their work on Valuing You. The judges felt that RBCH showed inclusivity, used a wide range of ways to reach staff, and focussed on "the little things" to show appreciation. This win reinforces how important it is to recognise the hard work of all our staff. During our cultural change journey, we've listened to our staff who told us that they wanted a simple, genuine thank you. We wanted to reach as many staff as possible, and this year there have been more than 1,500 thank you messages submitted via our dedicated 'ThankYou!' recognition webpage. It's our privilege to read and share these messages with our staff, and ensure they receive the appreciation and respect they deserve.

## Volunteers awarded



### Bournemouth hospital team wins national end of life gong

THE team of end-of-life companion volunteers from the Royal Bournemouth Hospital (RBH) have received a Kate Granger Compassionate Care Award.

The awards, announced at the 2018 Health and Innovation Expo at Manchester Central, were given to individuals, teams and organisations who demonstrate outstanding care for their patients.

Winners were selected from more than 100 entries across several categories, and the accolades were presented by Chris Houston, husband of the late Dr Kate Granger (pictured right) and co-founder of #HelloMyNote, a campaign instigated to encourage person-centred, compassionate care.

The Rev. David Flower, head chaplain for RBH, said: "It has been a privilege for me to be involved with the end-of-life companions. The impact the group has had on patients and their families



has been incredibly heart-warming. "They come from a range of backgrounds and beliefs

and each volunteer makes a wonderful contribution to the team." The service was established

at RBH in 2017 during Dying Matters Week. With the ethos that no-one should die alone, the volunteer companions are there to support patients in the last days of their life, especially those who may have no relatives or visitors able to be by their side.

Already long-serving volunteers at RBH, they also provide support for patients' families and loved ones, offering comfort, reassurance and a listening ear to those in need.

Companion Stephen Fritham said: "Several other trusts have visited Bournemouth to learn about our service. The end-of-life team and the chaplaincy is about compassion, healing and nurturing our patients and their families' wellbeing."

Christine Ashdown, also a companion, said: "It's been a pleasurable and emotional day receiving this award and being recognised at national level. I feel honoured to be a part of this service."

Our team of End of Life Companion Volunteers received a Kate Granger Compassionate Care Award. The awards, announced at the 2018 Health and Innovation Expo at Manchester Central, were given to individuals, teams and organisations who demonstrate outstanding care for their patients. The End of Life Companion service was established at RBCH in 2017 during Dying Matters Week. With the ethos that no one should die alone, the volunteer companions are there to support patients in the last days of their life, especially those who may have no relatives or visitors able to be by their side. The companions, already long-serving volunteers at RBCH, also provide support for patients' families and loved ones, offering comfort, reassurance and a listening ear to those in need. We're so lucky to have such a dedicated team of volunteers.

## Macmillan Caring Locally receive Queen's award

Macmillan Caring Locally's dedicated team of volunteers has received The Queen's Award for Voluntary Service. The award, presented by the Lord Lieutenant of Dorset, Angus

Campbell, the Queen's local representative for Dorset, recognises the volunteers' contribution to the community. Many of the 150 volunteers gathered to receive the award at the Macmillan Unit's garden - itself the work of the volunteers - along with patients and staff from the Unit. The volunteers work collaboratively with the Macmillan Unit staff carrying out roles which directly enhance patient care such as including community visitors, end of life companionship, help with meals and patient transport. This close work between staff and volunteers ensures that the Macmillan Unit is able to provide high quality care to patients nearing the end of their lives.

## British Medical Journal award winners

Our Acute Pain Team has been named Anaesthesia and Perioperative Medicine Team of the Year at the British Medical Journal Awards. The team was nominated for its work in managing complex surgical pain. The initiative, which has been running for over a year, provides psychological support to help patients manage their pain after hip and knee replacement surgery. It involves up to three sessions with a psychologist to also address concerns and anxieties relating to the procedure.

## Leading the way for cancer diagnosis standards

We've been working with NHS England and four other trusts across the country on a trial to progress patient waiting times from initial referral to cancer diagnosis in 28 days. A diagnosis can involve a number of tests - in some cases more than ten tests need to be carried out to get the required information. The Cancer Information Team involved in the Faster Diagnosis Standard ran the initial trial on lung, urology and colorectal cancers. The team now has the job of rolling out the same standard to all other cancer disciplines and is one of two trusts nationally to do so. The Cancer Information Team at RBCH is also training other trusts in Wessex and as far afield as Newcastle on the logistics of the new target that will eventually become the national target.



# Press highlights

## National BBC coverage

With winter pressures comes an increased media interest. As ever, our Communications Team was on the case when BBC journalist, Hugh Pym, and his camera crew came into the hospital in January. The team spent two days filming in areas including the Emergency Department, Acute Medical Unit and Clinical Site Team. Thanks to everyone who took the time to talk with Hugh on and off camera. The footage made the national six and ten o'clock news, highlighting how we pull together as a team and with our partners to get the best outcomes for our patients.

## Radio 4's Today Programme celebrates NHS at 70 with us

The avid Radio 4 listeners among you will have heard Justin Webb broadcasting live from our atrium. The presenters took time to interview staff from across the Trust, including in our Acute Medical Unit, the Emergency Department, and Clinical Site Team. The programme featured staff from across the region and highlighted the spectrum of roles required to run our hospitals.

Later that same day, South Today reported from the Royal Bournemouth Hospital. David Fenton, former Health Reporter for South Today, came and took part in the celebrations - demonstrating just how much our local NHS has changed in 70 years.

## Sepsis in the Echo

# Trust proud of its super sepsis stats

ROYAL Bournemouth Hospital has welcomed a new rapid test for sepsis - despite having one of the UK's best records on tackling the deadly disease.

Medical director Alyson O'Donnell said: "Our emergency department benefits from a point of care testing machine, which allows us to receive blood results within around 20 minutes - quicker than sending it to the laboratory and awaiting the results, which supports us to diagnose sepsis and other conditions quickly and efficiently."

The hospital has one of the UK's best records on the deadly condition, which kills 52,000 people in the UK every year, more than bowel, breast and prostate cancer combined.

Two years ago it recorded 126 sepsis deaths over three years, 37 per cent lower than the ex-

Faith Eckersall



pected figure of 202 and twice as low as Tameside, one of the worst-recording areas.

Sepsis, which used to be known as blood poisoning, occurs when there is a serious complication of an infection. It requires fast treatment to avoid organ failure and death. Being aware of the symptoms of septic shock - when blood pressure drops to a dangerously low level - can help victims access the healthcare they need quickly. Sepsis symptoms in adults include slurred speech, extreme shivering, passing no urine, severe breathlessness, and mottled skin.

Ms O'Donnell said: "Managing and treating sepsis is one

of our main priorities and for a number of years we've led a high profile Think Sepsis campaign, aiming to keep sepsis at front of mind for all staff."

She said the highly visible campaign had raised awareness of sepsis and promoted amongst staff the importance of spotting the signs early and treating immediately to avoid unnecessary deaths.

"We're incredibly proud of our record on sepsis. We continually improve our training - last year we introduced new e-training, which was completed by 98 per cent of staff within 10 months. Training for sepsis will never stop but as a trust we know we're improving."

The new sepsis test, developed by Strathclyde University, is expected to be available within the next three years.

More recently, the Echo reported on our work to reduce sepsis deaths. We've done a great deal of work on Sepsis education and are incredibly proud of our record on sepsis so we were thrilled with this press coverage.

## New junction news

# New junction on A338 to go ahead

Jane Reader



A NEW road and junction directly linking the A338 Spur Road with the Royal Bournemouth Hospital and the Wessex Fields Business Park can now be built.

Bournemouth East MP Tobias Ellwood had urged Secretary of State James Brokenshire to call in the decision, claiming Bournemouth council was biased as applicant, land-owner and decision-maker.

But the Secretary of State has declined to intervene, a decision welcomed by Bournemouth council leader John Beesley.

Mr Beesley said: "We are delighted that the Secretary of State has concluded that he need not intervene in this important local issue and we thank him for that."

"Our plans to build a new link road and junction connecting the A338 with the Wessex Fields Business Park and the hospital are already supported by central government funding, and will provide a much-needed second access to the hospital, unlock a major economic development site, as well as ease congestion in the future. We can now finally get on with building this much-needed scheme providing a major boost to the local economy."

PLANS: The Royal Bournemouth Hospital and Wessex Fields sites by the A338. Picture: Bliss Aviation

Earlier this month a number of local residents contacted the Daily Echo to say that a large amount of earth was being shifted in the area.

They were under the impression work had commenced on the road and junction before permission had been granted.

But project manager Ian Price said the work was part of ongoing A338 roadworks. Cllr Philip Broadhead, portfolio holder for the economy, added: "To get the final go-ahead is fantastic news. The investment will support the creation of around 2,000 new jobs at Wessex Fields Business Park, safeguard the existing 10,000 jobs in the area, as well as provide a much needed second access to the Royal Bournemouth Hospital site."

The application has already been subject to public consultation and was approved by Bournemouth council's planning board in January.

It has been backed by both the Royal Bournemouth Hospital and the Local Enterprise Partnership, amid claims it will alleviate congestion at the hospital and enable the area to reach its full economic potential.

There's been a lot of news about the new junction on the A338, providing additional access to the Royal Bournemouth Hospital site. We fully supported the new access route and were pleased when it got the go-ahead.

## Merger benefits



The proposed merger between Poole Hospital and RBCH has been in the papers regularly. The Bournemouth Daily Echo reported the benefits of the reconfiguration, which include reduced pressure on beds. Concern has also been shared in the paper; concern we've tried to address, reassuring the local community that dedicated services such as stroke and cardiac treatment are already specialised in the east of the county.

## Streaming nurses attract media attention

The fantastic initiative that introduced streaming nurses into our Emergency Department (ED) was covered by the BBC and Daily Mirror alike. The nurses, who are positioned in the reception of the ED, are able to signpost our patients to the most appropriate care for them - it may be the ED itself, our Urgent Treatment Centre or the patient's own GP, as well as local pharmacies.

## End of Life Companions award in the New Milton Advertiser

Our prized End of Life Companions were awarded a Kate Granger Compassionate Care Award last summer. The news was picked up by the New Milton Advertiser and they also featured in a piece on BBC South Today about the difference they make to our patients and their loved ones during their last days.

## Events of the year

Over 1,000 visitors stepped through the doors of the Royal Bournemouth Hospital for our annual Open Day in September, double the number that attended last year! A wide range of departments and organisations had stands allowing visitors to ask questions about different procedures, conditions, treatments and what it's like to work for the NHS. The free event included many department tours and health checks and the ever popular teddy bear clinic. Partner organisations also attended and the children loved having their photos taken in the police car and fire engine.

The feedback about the event was extremely positive and gives a great benchmark to use for the 2019 event.

## NHS 70 Celebrations



The summer brought us some fantastic NHS70 celebrations and showed just how valued the NHS and its staff really are. Past and present staff shared their stories about their memories and experiences. Interviews with retired staff were shared on the Trust website as well as with the local media and a children's competition was run locally to get the younger generation sharing why they are grateful to have the NHS.

Thursday 5 July marked the NHS' 70th birthday, and we celebrated this very special milestone in style! A picnic by the lake with music and plenty of birthday cake in the glorious sunshine was enjoyed by hundreds of staff that popped along for their sweet treat when they could during the day.



A similar event ran simultaneously at Christchurch Hospital and current and retired staff united to sing Happy Birthday to the NHS with a picnic in the Day Hospital garden. There was a nostalgic feel to the event, with colleagues reminiscing about how services and the site itself have changed over the years.

Staff who couldn't get to the events weren't forgotten as the 'NHS70 Team' visited all staff areas during the day and night, to make sure no one missed out on being part of the celebrations.



## Understanding Health Events

Free Understanding Health talks took place last year covering the topics of IBD, IBS and coeliac disease and skin conditions. A third talk on how to stay well and out of hospital during the winter was combined with the Annual Members' Meeting in the autumn. The consultant led talks were as popular as ever and gave valuable information about the conditions as well as an opportunity to ask questions of the experts. New topics that haven't been covered before are planned for 2019.

Trust governors took the concept of these health events into their constituencies with their Understanding Health in the community events. Topics for these events covered diabetes, sepsis, dementia and a talk on how to stay fit as you get older. All the talks took place at smaller venues like village halls making it easier for those unable to get to Bournemouth to benefit from the talks.

## Nursing, Midwifery and AHP Conference

Our third Nursing, Midwifery and Allied Health Professionals, Scientific and Technical Staff Conference was extremely well attended. We had multiple guest speakers, each bringing something different to day. Chris Pointon from the inspirational #hellomynameis campaign, Shelagh Morris from NHS England and Katherine Timms from The Health and Care Professions Council all spoke during the day. One of the special highlights was retired nurse Patricia Kerfoot who gave an exceptional speech about her career in the NHS, starting in 1945. Patricia shared her memories of the NHS in the early days, as well as her hopes for our National Health Service moving forward.

## Annual Volunteers Tea Party



The Trusts Annual Volunteers Tea Party launched the Valuing You week, a week made up of staff and volunteer events. The tea party had a nostalgic 1948-theme in the marquee by the lake. Our volunteers were treated to a post-war buffet before taking to the dance floor while Retro Rita performed. There was a fantastic atmosphere and everyone loved how it helped celebrate the 70th anniversary.





## Leadership Summit 2018



At the third RBCH Leadership Summit; Leading Through Change, we were joined by keynote speaker, Peter Homa, Chair of the national NHS Leadership Academy who shared his experiences of being a leader in the NHS through times of uncertainty and change. We were also joined by Hayley Barnard, Co-Founder of MIX Diversity Developers. Hayley shared her experiences of diversity and inclusion and introduced the delegates to the subject of unconscious bias through interactive exercises and examples. 300 members of staff attended the sessions to discuss the importance of how we can all lead and support our staff in leading through times of change and uncertainty.



## #ThankYou! Day 2018



The second RBCH #ThankYou! Day took place in September in the marquee by the lake at RBH. There was a party and celebratory atmosphere, recognising all the achievements, awards and messages of thanks that our staff had received over the previous year. As part of 'Valuing You' week, the marquee was filled with over 2,000 #ThankYou!s - these covered the entire marquee! Small tokens of appreciation were given to those who attended the event by senior members of the Trust and there were activities such as a Photo-booth for team photos and dance instructors to get staff moving! Health and wellbeing activities including mindfulness and yoga sessions were also available for staff to attend. Over 1,600 members of staff were involved in the day in some way, whether this was attending the event or being visited on the wards by the roaming trolley.



## Patient Safety and Quality Improvement Conference 2018



Our fourth Safety and Quality Improvement Conference took place in September with over 390 members of staff in attendance. Over 60 posters were submitted by staff showcasing their improvement work and celebrating their achievements to date. Staff had the opportunity to listen to their colleagues present case studies where things have gone wrong as well as the subsequent learning resulting from these incidents, in an open and blame-free way. The day also included interactive activities and masterclasses.



## Tea dance



The annual Christmas Tea Dance at Christchurch Day Hospital is one of the highlights of our calendar and around 100 patients and staff took part in the event. The Mayor of Christchurch drew winners of the raffle and joined in the dancing and carols with the Day Hospital Team.

## Social media roundup

### RBCH social media

RBCH's Twitter, Facebook and YouTube accounts serve to inform, inspire and engage followers with the latest news and developments of the Trust, acting as the frontline of contemporary communication.

With social media representing a universal shift in how healthcare organisations, stakeholders, and the public communicate, the NHS must keep up with this shift or face problems getting the right information to the right audience, at the right time. Twitter in particular offers the opportunity for professional bodies and individuals to listen and have conversations with the people they wish to.

The Trust's Twitter account, **@RBCH\_NHS**, now has more than 5,000 followers and since July 2018, the Communications Team has provided regular Twitter training workshops for staff to learn the basics of Twitter, reputation management and guidance on appropriate use of social media within the workplace. Uptake on the sessions has been impressive, with staff from a wide cross-section of the Trust attending, and future workshops are planned to encourage even more of Team RBCH to embrace and participate in social media for professional use.

### RBCH Trends...

One of the simplest yet most effective ways to display your tweet to a wider audience is the hashtag. Here are some of the Trust's more frequently used hashtags:

**#TeamRBCH** - encapsulates the spirit of the Trust and is arguably the most used tweet by the Trust and individuals alike. Tweets sharing positive feedback, good news or sharing best practice across the Trust will almost always feature **#TeamRBCH**.

**#ThankYou** - an opportunity for patients and staff alike to publicly thank someone who has made a difference to them.

**#RBCHinclusion** - used to celebrate the diversity of Team RBCH and emphasise the importance of inclusion within the Trust.



**#RBCHPride** - for staff or the organisation wishing to share good news across the Trust such as award wins.

## Team RBCH social media highlights

### 2018

#### April

##### #EndPJParalysis

RBCH took part in the national **#EndPJparalysis** 70 day challenge which started on 17 April and ran until 26 June to tie in with the 70th anniversary of the NHS. The initiative aimed to get patients up, dressed and moving while in hospital, enhancing their dignity, autonomy and in many instances, shortening their length of stay. Some of Team RBCH even wore their pyjamas to work to raise awareness of the campaign, and the Trust welcomed speaker and creator of the **#last1000days** campaign Brian Dowlan to RBH in June to discuss the importance of valuing a patient's dignity and time.

#### May

##### #RBCHConf

The RBCH Conference was an opportunity for staff to reflect and celebrate on the impact they make within the NHS. Guest speakers included Patricia Kelsott, who started her nursing career even before the foundation of the NHS, and the inspirational co-founder of the **#hellomynameis** campaign, Chris Pointon.

#### June

##### #HumansofHospitals

The Humans of our Hospitals campaign launched on the Trust website and social media channels to explore what makes staff members unique, and what unites them as members of Team RBCH. The campaign features interviews and photos of staff from across the Trust with articles shared more widely on Twitter using the dedicated hashtag **#HumansofHospitals**.

### July

##### #NHS70

A pinnacle year for the NHS, its 70th anniversary was honoured by RBCH with various events at both Royal Bournemouth and Christchurch Hospitals. BBC Radio 4's Today Programme broadcast live from Royal Bournemouth Hospital looking at the future of hospital services. A series of interviews with NHS staff past and present was featured by local press, and BBC South Today broadcast live on the 5 July at RBH, capturing the Trust's celebrations. RBCH created its own hashtag **#LovedSince1948**, to encourage staff and the public to share their memories and experiences of the NHS.

### August

##### #JoinusbytheSea

A recruitment drive took place at the Bournemouth Air Festival that saw members of Team RBCH engaging with members of the public, discussing what our hospitals have to offer for career opportunities and a healthy work/lifestyle balance using the hashtag **#JoinusbytheSea**.

### September

##### #OpenRBCH

The Trust celebrated a record-breaking open day with more than 1,000 members of the public visiting RBH. Over 50 exhibitor stands provided activities and information for all the family, and visitors were encouraged to share their photos throughout the day on Twitter using the hashtag **#OpenRBCH**.

### October

##### #AHPsDay

The Trust honoured the first ever Allied Health Professionals (AHPs) Day with various events at Royal Bournemouth Hospital hosted by a cross-section of AHPs. It was an opportunity to celebrate the fundamental role AHPs have in the delivery of healthcare, and showcase the amount of different AHPs working at the Trust.

## November

### #OurDorset

Over 100 clinical staff from Royal Bournemouth and Poole Hospitals gathered to plan the reconfiguration of hospitals in east Dorset following the results of the Clinical Services Review. The #OurDorset hashtag is used across both hospitals Twitter accounts to convey the partnership of health and social care organisations working together to deliver integrated care systems.

## December

### #RBCHristmas

The Trust Advent calendar campaign started on 1 December and ran through until Christmas Day, celebrating the many teams and departments working throughout the festive period to look after patients with a series of good-humoured videos shared on social media.

## 2019

## January

### #Winterpressures

BBC Health Editor Hugh Pym spent several days at Royal Bournemouth talking to teams across the Emergency Department, Acute Medical Unit and Clinical Site Team, exploring how the Trust handles winter pressures to provide the very best care for patients both in the hospital as well as working with healthcare partners within the community. The two reports aired on the national BBC News and were well received across the Trust and by the public with very positive feedback.

## February

### #WorkingTogether

With joint staff briefings taking place at Royal Bournemouth, Christchurch and Poole hospitals to update colleagues on the merger and transformation work, staff have been sharing their experiences of teams working together across sites and looking ahead to joined up care between both Trusts.

## March

### #ChooseNursing

The Registered Nurse Degree Apprenticeship Open Evening took place at the Royal Bournemouth Education Centre and was live-streamed to the Trust's YouTube channel, providing an engaging and interactive experience. The video was later shared on Trust social media channels, giving viewers the opportunity to find out how the Join Our Dorset initiative will see nurses combine university study alongside working as an apprentice on the wards.

## Looking ahead

Of course with social media moving at such a fast pace it's important for the Trust to stay ahead of all the latest developments and networks available. Instagram, blogs and podcasts are areas of social media which the Trust is yet to explore, each with the potential to reach new audiences through fresh, appealing content.

Social media in the NHS has evolved from communications teams tweeting latest news, to staff and leaders across organisations participating in online conversations. Whilst social media does not exceed or replace traditional channels, RBCH is proud to run successful social media accounts which complement existing forms of communication.



# 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
- SUSTAIN
- League of Friends of the Royal Bournemouth Hospital
- Christchurch Hospital League of Friends
- Macmillan Caring Locally
- Tulip Appeal
- Hospital Radio Bedside
- Bournemouth Leukaemia Fund
- Royal Voluntary Service

## 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 overarching objective of the Bournemouth Hospital Charity is to raise as much money as possible to continue to support the welfare of hospital patients and staff.

The primary objective of the charity during 2018-19 was to ensure that the operational implementation of its fundraising strategy was delivered, and that charitable income increased in line with the agreed plans. The fundraising team has worked on many initiatives during

the year to increase charitable funds from all available income streams.

Alongside delivering the financial targets the charity also had a number of additional objectives to support the services at the Royal Bournemouth and Christchurch Hospitals. During 2018-19 the charity has spent over £1.5 million on the added extras to improve patient care.

The local community, individuals and local business have helped to generate over £1.8 million in 2018-19 to support the Bournemouth Hospital Charity in a range of ways including:

- Charity Shop - sale of donated goods - raised £30,000
- Twilight Walk for Women - raised £18,000 for women's health services
- Welsh 3 Peaks challenge - raised £11,000
- Walk for Wards - raised £35,000 for use across the hospitals
- March for Men - raised £19,000 for the Urology department

Many people have also organised their own events and completed their own challenges to raise funds for the Bournemouth Hospital Charity, including golf days, afternoon teas, garden parties, kayak challenges and nearly naked calendars, to name but a few. Support from community groups has increased with a number of groups supporting the purchase of pieces of medical equipment.

The charity continues to receive a number of legacies each year which are key to supporting future development of the hospital and providing extra facilities and resources, including a legacy from a local lady which enabled the purchase of an electrophysiology monitoring system for the Cardiology department.

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 visit [www.BHcharity.org.uk](http://www.BHcharity.org.uk).

## Friends of the Eye Unit

In 2018/19 The Friends of the Bournemouth Eye Unit purchased several items of medical equipment totalling £28,428.98. These included two portable slit lamps, a specular microscope and a variety of forceps. All these were bought to assist consultants and medical staff to further improve patient experience.

£6,000 was given to the RNIB to enable the invaluable services of the Eye Clinic Liaison Officer in outpatients to continue.

In Summer 2018 £5,000 was donated to enable one consultant and a senior orthoptist to attend a conference at the University of Nairobi in Kenya to provide a paediatric training course for students and doctors from a variety of African countries.

Monies have been raised from investments, some fundraising and donations, including substantial amounts from Barton-on-Sea golf club and Burley Art Club, both of whom chose The Friends of the Bournemouth Eye Unit as their charity of the year.

### SUSTAIN

Providing the highest standards of care to people who have experienced a stroke, and their families, is important to us. SUSTAIN supports this ambition through funding training, equipment and other quality improvement initiatives within stroke services at the Royal Bournemouth and Christchurch Hospitals.

Throughout the past year, SUSTAIN has supported a number of initiatives that enhance the care and rehabilitation delivered on the Stroke Unit. This includes funding a weekly visit from an aromatherapist, supplies for the gardening and smoothie groups and daily newspapers for the Stroke Unit. New garden seating was also purchased, to maximise the opportunity for patients and their families to use the two garden spaces available to the Unit.

SUSTAIN also supports training and development initiatives for staff working within stroke services. Six members of nursing and therapy staff attended the UK Stroke Forum Conference in Telford in December 2018, and other members of staff have been supported to undertake relevant training opportunities through personal education bursaries. In addition, the team arranged two successful study days for nursing teams, with SUSTAIN providing funding for the venue and refreshments. Two further study days are planned in 2019.

## League of Friends of the Royal Bournemouth Hospital

The League of Friends of the Royal Bournemouth Hospital closed its shop and office at the Royal Bournemouth Hospital during the year. The charity, which had been running for 64 years and raised hundreds of thousands of pounds for the hospital, officially closed in December 2018. During its last year of raising funds the League very generously donated over £219,000 towards various initiatives at the Trust and to ensure future funding of certain items which have always been supported by the League of Friends- including the hospital bus.

## Christchurch Hospital League of Friends

The League of Friends at Christchurch Hospital raises money by holding fayres and running a tea bar and mobile library service. The League of Friends has a continued commitment to support services for staff, patients and hospital care. It continues to support a number of projects for both staff and patients at Christchurch Hospital, including over the last year:

- Activity equipment for the physiotherapy department
- New chairs and artwork for the Parkin Suite
- Children's play area in outpatients
- BAD tool and Otago training for frail, older patients

## 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, the aromatherapy team and welfare benefits advice. The charity continued its support of the multi award-winning Grove Hotel in Bournemouth, the UK's only holiday hotel for people with life limiting illnesses.

Macmillan Caring Locally, working with the team of professionals and volunteers at the Macmillan Unit, has established a comprehensive and varied education programme to ensure the spread of knowledge and expertise in the community. The programme can be seen [www.macmillanlocal.org/education.php](http://www.macmillanlocal.org/education.php).

During the year the Macmillan Unit volunteer service has continued to develop and now includes support for patients at home. A total of over 130 volunteers contributed nearly 22,800 hours of their time with an estimated value of in excess of £200,000. Their hard work and dedication to our patients was rewarded with the Queen's Award for Volunteering, which is the equivalent of an MBE.

At the end of 2018 Macmillan Caring Locally signed off the designs for the new hospice to be built at Christchurch Hospital. The charity has committed £5 million for this £10 million project and has launched 'Brick by Brick', the capital appeal to raise the funds needed to start the build. It is hoped that, subject to planning consent, the 18 month building project will begin in early 2020.

## 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 supports the Headstrong service, which 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.

It is hoped that the charity will also be able to work with the recently appointed Metastatic Breast Cancer Nurse Specialist to specifically fund the 'little extras' for those patients with Secondary Breast Cancer.

## Hospital Radio Bedside

Recent changes to the operating procedure for Hospital Radio Bedside have resulted in the manner of raising funds for the organisation. A 'Friends of Bedside' scheme has been introduced where members and the public pledge a monthly fee of £2. This gives a regular income and replaces the member's annual subscription. All members contribute and we have a fair number of the public who also contribute.

The other main fundraising is a Musical Quiz run by our President Alan Dediccoat, which invariably raises about £3,000 and this is doubled by matching fund payments from one of the banks. Some additional contributions are made by various organisations for talks about Hospital Radio Bedside activities.

Our major expenses are in maintaining the studio equipment and upkeep to the building. This year it consisted of replacing the front door and enlargement of the front signage.

We continue to run a seven day, 24 hour service and live broadcasting from 7-11am during weekdays and 7am-11pm at the weekend. There are plans to introduce more live programmes during the day, but this depends on personnel becoming available to make it happen on a regular basis. There is a regular request programme from 8am on weekdays and 1pm on Sundays. Requests may also be played at special asking at other live broadcast times. Particular attention is also given to younger listeners on Saturday. The number of requests played has broken all records over recent years, particularly since introducing the 'iKids' service.

## Bournemouth Leukaemia Fund

Bournemouth Leukaemia Fund has been honoured to be the sole mayoral charity in 2018/19. We are also hoping to take over The Mayor of Bournemouth's Charity Shop in Boscombe's Sovereign Centre to increase our fundraising by accessing a reliable income stream to support our doctors and scientists. We are also grateful for the legacy we have received, which helps to ensure the continuity of research and better diagnoses and treatments.

For more information please contact Estelle Wilson **07772 860268**  
**estellemwilson@gmail.com**.

## Royal Voluntary Service

The Royal Voluntary Service has made a great effort to recruit new volunteers this year, in particular people to take our trolley out to the wards. The staff and patients really do appreciate the service we provide. We are aiming to build on the number of times the trolley goes out in the coming months.

The Royal Voluntary Service was happy to open up the café area for the annual carol service as this is always a very enjoyable occasion for staff, patients, visitors and our volunteers.

We also give our staff area to the Hospital Chaplaincy should it be needed as a quiet haven for grieving relatives to receive counselling.

We are happy to offer support to the Trust in whatever way we can.

## Trust Blue Coat Volunteers

These are some of the highlights involving our volunteers and Voluntary Services department over the past year.

Our awards:

- Winner of the Mayor or Bournemouth Group award 2018 - End of Life Companions
- Shortlisted for NHS Unsung Hero award 2018 - Dementia Companions
- Shortlisted for Bournemouth Daily Echo Care award 2018 - Dementia Companions
- Winner of NHS England Kate Granger Compassionate Team Award 2018 - End of Life Companions

Our continuing work:

- Liaison with other NHS hospitals trusts regarding End of Life Companion volunteer role.
- Worked with Bournemouth Council for Volunteer Services Youth Co-ordinator to look at ways to develop youth volunteering and record the hours the youth volunteers undertake to be included as part of the Voluntary Youth Project (VYP) 2019-2021.
- Part of the Dorset Education Alliance Group for Youth Volunteering.
- Working with NHS Dorset Clinical Commissioning Group, Poole Hospital and Dorset County Hospital regarding Dorset Volunteer digital platform.
- Successful bid with Pears Foundation '#iwill' for funding for a Youth Volunteer Development Officer and apprentice. This is to develop youth volunteering at the Trust.
- Increased the number of 'Down to the Lounge' volunteers.
- Development of the role for students undertaking hydration rounds on wards in the afternoons.
- Attended schools and sixth form colleges to give talks on volunteering and recruitment events to increase awareness of volunteering at the Trust and the number of students volunteering.
- Arranged training and refresher training for staff to become mealtime companion and hydration volunteers and co-ordinated their contribution on the wards.



- Working with a multidisciplinary team which included physiotherapists and occupational therapists to develop a new volunteer role of 'Staying Active' volunteers.
- Working with a multidisciplinary team including matrons, the Patient Affairs team, ward clerks, managers and IT to develop a new IT system for recording lost and found property, with volunteers assisting with this in a new role.
- Introduction of Communication volunteers.
- Introduction of End of Life Companion volunteers presenting at Quality End of Life Care for All (QUELCA) training.
- Expansion of Pets As Therapy (PAT) dogs from the Stoke Unit to include Ward 9 (Fayrewood Ward) and visiting patients with dementia.
- Continued development of dementia companion role for volunteers to support patients and carers, working closely with the dementia nurse specialists to ensure our volunteers have a good understanding of the role and are allocated to the appropriate patients.
- Expansion of the role to assist the Patient Advice and Liaison Service (PALS) by supplying volunteers as chaperones, particularly to support social services.
- Responding to requests from wards for one-off companion volunteer visits or continued visits whilst patient is in hospital, for example where their relatives are unable to visit.
- Providing volunteers for Patient-Led Assessments of the Care Environment (PLACE).
- Reprinting a volunteer magazine to enhance recruitment and raise awareness of volunteering at the Trust.
- Provided major incident training for volunteers including:
  - joint Emergency Services Interoperability Awareness package; and
  - bed, trolley and wheelchair training.
- Training sessions incorporating the major incident volunteers to be on standby for winter pressures.
- Introduced 'Patient Voice' volunteers.

## The work of the Council of Governors

The Council of Governors is made up of 18 public governors, five staff governors and five governors appointed by our other key stakeholders.

One of main roles is to communicate with members of our local community about what is happening at your local hospitals and to share your feedback and views with the board of directors. We do this by holding a series of events in the local area and at Royal Bournemouth and Christchurch Hospitals. This year we have had listening events in Ferndown, New Milton and three at the hospitals, hearing from lots of people about their experiences as patients or visitors in our hospitals. Staff governors have also visited many different areas at both hospitals to speak to staff and understand how they are feel about working at the Trust and the care we provide to patients.

We have also organised some extremely popular Understanding Health talks covering areas including sepsis, dementia and diabetes, providing useful and practical information from the doctors and nurses at our hospitals. We also held an event in Verwood to provide more information about the changes to local hospital services as part of Dorset's Clinical Services Review. We are planning more of these events in 2019 working with NHS Dorset Clinical Commissioning Group and the governors at Poole Hospital NHS Foundation Trust.

Governors are also involved in some of the many events and activities organised by the Trust including the Open Day, the Patient Safety and Quality Improvement Conference and the Patient-Led Assessments of the Care Environment.

We were delighted that the Trust was rated as 'Good' overall and 'Outstanding' for well-led in the latest Care Quality Commission (CQC) report published in June 2018. The governors met with the CQC as part of its inspection and the CQC also observed governors' attendance at the public board meeting in March. The CQC

report mentions that governors had 'raised valid and pertinent challenges to the board on behalf of the public. These challenges were accepted and actioned by relevant board members as appropriate' and that 'Governors played an important role in engaging with patients and the public'.

The Council of Governors also developed a charter, setting out how we work together, reflecting the values of the Trust. You can see this on dedicated noticeboards around the hospitals.

Governors are all volunteers and we can only perform our role fully with the feedback you provide so please come along to our future meetings and events to learn more about the hospitals and to share your views on the services provided. You can find the dates and more information about these events at [www.rbch.nhs.uk](http://www.rbch.nhs.uk) or in a regular member newsletter if you become a member of the Trust.

## Thinking about becoming a member...

As a member you will receive regular updates from the Trust including invitations to events. Most importantly, you will have a greater say in helping to shape the future of your local hospitals. If you are interested in becoming a member of the Trust, it is free, although you must be 12 or older. The easiest way to join is to complete the form online at [www.rbch.nhs.uk/membership](http://www.rbch.nhs.uk/membership).

## Chaplaincy, Pastoral and Spiritual Care Review

Within the life of the Chaplaincy Department we continue to be thankful that we have the opportunity to deliver spiritual care to patients, staff and families, often at a time of personal challenge and adversity.

There continues to be a regular call from people looking for support of varying need and complexity. Referrals come through from families, staff and friends in the community, asking for visits, prayers and for chaplains to use their skills of listening and spiritual care. We count it a privilege to support our staff too, especially at times of stress and personal difficulty.

The Chaplaincy team grows in strength and in developing skills for all the Chaplaincy team. The part-time chaplains have enabled the chaplains to continue to provide a full 24/7 service. The volunteer team has also grown in the last year, which helps us to increase our presence on the wards and so provide greater support to the maximum number of people who are looking for our help. The volunteer team are also focussing on particular clinical areas as well as general support for our Trust. We offer reflective practice and training meetings for all Chaplains. This year we have had training sessions in the community and with our chaplaincy colleagues at Poole Hospital, Dorset County Hospital, Dorset Healthcare University NHS Foundation Trust, the hospices and community establishments.

The End of Life Companion volunteers initiative within the Trust continues to be effective in supporting patients and families. The Chaplaincy team plays a full part in the training, support and care of these volunteers. We also take part in providing reflective practice for the companions.

The Trust's 'Sacred Spaces' continue to be well used by the hospital community. We hold services of worship for the Christian and Muslim communities, and are glad to see daily visitors to the Chapels both at Royal Bournemouth and Christchurch Hospitals. In such busy hospitals, many appreciate the resource of a quiet place to pray or reflect. We continue to hold a weekly mindfulness session, which is appreciated by the staff who attend. We know that the provision of Sacred Space within the Trust is appreciated by the folks who use it, and for others just to 'know it is there'. We are keen to be in line with the best practice for Sacred Space in the NHS, and are therefore seeing how best to provide such a facility in Royal Bournemouth and Christchurch Hospitals to the benefit of all people of faith and belief.

We continue to value the input of our inter-faith representatives who come to the Trust at our request and those who want to visit members of their community. We were glad again to welcome the Menorah 'candle' in the atrium at the Royal Bournemouth Hospital as we celebrated Chanukah with the Jewish community. We are also working with friends from the Jehovah's Witness congregations as they seek to assist us in the training of our staff in their concern for use of blood products for their congregants. In this coming year, we are hoping to have a renewed partnership with The Gideons International in the provision of bibles for our patients. We have recently refurbished the Mortuary viewing room with help from the Bournemouth Hospital Charity for the benefit of bereaved families.

During Christmas 2018 we celebrated the season with carol services at Royal Bournemouth and Christchurch Hospitals. We continue to work with Bournemouth Hospital Charity in hosting a Carol Service at Christchurch Priory. Over 800 people attended and over £2,000 was raised for the charity this year.

We are looking forward to a bright future for our Trust and community. With this thought in mind, the Lead Chaplains from the Trust and Poole Hospital NHS Foundation Trust now meet monthly. We look forward to having meetings with both teams over the coming months to share our hopes and aspirations. In conclusion, we are very thankful to the Trust for the support we receive at all levels with the organisation. It is a privilege to serve in this way. We hope to continue to do so for the benefit of patients, staff, their families and all service users.



# 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.

In line with previous years the Trust has produced an annual plan relating to our own services and has also contributed to Dorset's Sustainability and Transformation Plan (STP) through the first operational plan for the Our Dorset integrated care system. The Trust continued with a staff-led approach to the development of Trust objectives for 2018/19. This process has led to the development of a simpler set of objectives that are easier to translate into team and individual objectives for staff working across the Trust, supporting the appraisal process.

## Chief Executive's Statement

The Trust has continued to provide a high standard of care to patients, performing well against national performance standards as well as benchmarking well against other trusts nationally in the context of increasing activity and demand for services. 18 week referral to treatment times remain an area of focus, with individual specialities faced with particularly high levels of demand introducing new models of care and identifying ways to create additional capacity in response.

Through our quality improvement initiatives and in response to feedback from patients and staff, the services and care we provide and the patient experience continues to improve. In the Trust's staff survey in 2018, our staff rated us as the best trust for safety culture and the Care Quality Commission also used the Trust as a positive example in its review of learning from deaths following the introduction of the medical examiner process.

The Trust also performed well in other areas of the staff survey results, ranking third nationally in terms of how staff rated the leadership and culture at their trust. These results underscore our work over a number of years to create a culture in our organisation where staff feel valued and are developed and supported to deliver excellent care to our patients. The quality of our services is a reflection of the skills, abilities and efforts of our staff and I would like to thank all our staff for their selfless service and commitment to patients, their teams and the Trust. We continue to be able to successfully recruit and retain staff with 77% of staff saying they would recommend the Trust as a place to work against an acute trust average of 63%. Staff also gave a vote of confidence to standards of care at the Trust, with 84% recommending the Trust as a place to receive treatment.

Alongside the care we provide to our patients every day, we have carried on our collaborative work with our health and social care partner organisations in Dorset as part of an integrated care system to provide better services and outcomes to local people. We are working particularly closely with colleagues at Poole Hospital NHS Foundation Trust, to transform hospital services in east Dorset through the creation of a major emergency hospital at the Royal Bournemouth Hospital and a major planned care hospital at Poole Hospital.

This will involve additional investment of £147 million in our local hospitals and a major expansion of services with a new state-of-the-art theatre complex at Poole Hospital, along with a range of outpatient, cancer and diagnostic services. This means that patient waiting times will be shorter and operations will not be cancelled or postponed because of pressures on emergency services. At the Royal Bournemouth Hospital the Emergency Department will become three times bigger than it is now, providing consultant-led care, 24 hours a day, seven days a week, improving

patient outcomes for serious conditions. Poole Hospital's Emergency Department will become an Urgent Treatment Centre treating most of the patients who currently use its Emergency Department.

In March 2019, we reached a significant milestone in this work when the board of directors of each trust approved the outline business case to secure the capital investment required to deliver these changes. As with the Clinical Services Review, this work has been led by local clinical teams and designed to ensure local people have access to the very best services and facilities within the NHS. The changes are due to be implemented during 2023/24.

The trusts also appointed a joint Chair and Chief Executive with effect from the beginning of 2019. Ahead of merger and, with the agreement of the Competition and Markets Authority, the trusts have also implemented joint leadership of four services that have been prioritised for integration:

- Emergency Department/Accident & Emergency
- Theatres, including Anaesthetics
- Trauma and Orthopaedics
- Elderly Medicine

Not only do we have outstanding feedback from our patients and staff, but the latest national data shows the Trust offering excellent value for the local taxpayers. We are one of the most efficient acute trusts in England, achieving NHS Improvement's highest rating for finance and use of resources.

You will read elsewhere in the annual report about the work of governors, volunteers and charities in our hospitals. We would also like to thank them and local residents for their continued support for your local hospitals.



**Debbie Fleming**  
Chief Executive  
23 May 2019

## About our 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 Services 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 (now part of NHS Improvement) 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 nearly 1 million. 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 34.

We provide a wide range of hospital and community-based care and at the end of 2018/19 we employed 4,718 members of staff, both clinical and non-clinical.

Over the year we cared for and treated the following patients:

- Number of outpatient attendances (follow ups) 251,987
- Number of new outpatient attendances 116,472
- Number of admissions 114,236
- Number of attendances to Emergency Department 99,345

## The Royal Bournemouth Hospital

The Royal Bournemouth Hospital is an acute hospital, which fully 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 and the award-winning orthopaedic service providing hip and knee replacements (the Derwent Unit).

The Royal Bournemouth Hospital also provides district-wide services for cardiac interventions, vascular surgery and urology. Outpatient clinics are provided for oral surgery, paediatrics, plastic surgery, ENT (ear, nose and throat), cardiothoracic and neurology.

## Christchurch Hospital

Christchurch Hospital provides a pleasant environment for rehabilitation and a range of outpatient services. An all-age rehabilitation service has been developed, particularly in the award-winning and newly refurbished 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 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).

## How we are run

As a foundation trust, we are accountable to 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 which govern the activities of the Trust, including the Care Quality Commission (CQC). The CQC last inspected the Trust in March and April 2018. The report was published in June 2018 and the Trust was rated as 'Good' overall and 'Outstanding' for well-led and use of resources.

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 on page 23 and from page 140.

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.

You can read more about the Board of Directors in the Directors' Report from page 129.

The Trust is organised under three clinical care groups and a number of departments providing support services. We also work closely with a range of key health and social care partners to develop and deliver our services, such as clinical commissioning groups and social services.

## Estates overview

### Carbon Reduction and Sustainability

We have been progressing with reducing our impact on the environment and embedding sustainability into the Trust over the last couple of years.

The Trust has retained the Green Flag Award, for exceptional high quality open spaces, for the third year in a row, acknowledging the importance of green spaces and their positive benefits for mental health and wellbeing.

The Trust has also continued to support a culture of active travel amongst staff through the provision of cycling facilities, discounted bus passes, an electric pool bike scheme and most recently the provision of new teleconferencing equipment to reduce unnecessary business travel.

More information about the sustainability successes of the Trust in 2018/19 and carbon reduction can be found in the Sustainability Report on pages 43 to 49.

### Estates investment

#### Royal Bournemouth Hospital

This year, capital investments have included:

- The replacement of four catheterisation laboratories. The work has taken over a year on site and involved the replacement of each machine in a live environment and to the value of £4.9 million.
- Installation of the new MRI 4 scanner; this is a limb (not whole body) MRI scanner.
- The refurbishment of three operating theatres was undertaken in phases to minimise disruption. This included decoration, flooring, cabinetry and door works.
- Backlog maintenance continues on a rolling programme. This year's works have included coating part of the existing roofing above Outpatients and Day Theatres; upgrading fuse board, call bell, and fire alarm system, replacement of flooring in various locations and upgrading the catering lifts.

#### Christchurch Hospital

Design of the new Macmillan Unit continues; we are now working on the detailed design of the proposed development. A planning application for the whole site will be submitted in the summer of 2019.

Backlog maintenance works have also been ongoing with the replacement of the boilers and hot water system to Forest Dene. This took place over the summer months to minimise disruption to the Day Hospital, Dermatology Department and the occupants of Forest Dene.

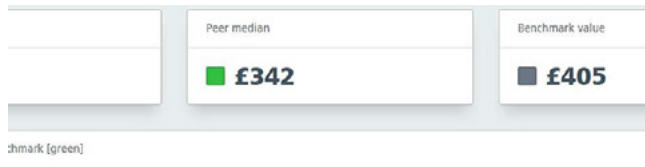
The Estates team has also been supporting the works on the development of the estates' proposals to deliver the Clinical Services Review, working with the project team to produce the drawings and designs for the outline business case (OBC) for the capital investment, supporting reconfiguration. The submission of the OBC was a key milestone in year and achieving this, in such a short timescale, required the combined efforts of the whole team and the many clinicians and others whose contributions have allowed the designers to create the concept drawings that accompany the OBC.

#### Compliance

The Premises Assurance Model, 'PAM' is now mandatory for trusts and a summary of the report is below. The PAM is a self-assessment tool that gives assurance that mandatory work is undertaken, that the plant and premises used by trusts is well maintained and that the staff and patient environments are safe and fit for purpose. In addition to PAM, the Estates team are implementing a system called SFG20, which ensures that changes in legislation are updated within the works management system, and tasks are carried out in a timely manner meeting the statutory requirements. The system links to HTM (Health Technical Memorandum) as well as national guidance. Any issues identified during the self-assessment will be reported through the Trust's Health and Safety Committee, or the Quality and Risk Committee if the issue is primarily patient related, such as medical equipment management.



The Model Hospital, created following the Carter and Naylor reports, shows that the Estates department remains in the lower quartile for costs, as shown on the chart.



There is a relatively modest value for backlog maintenance, indicating the Trust’s plant, machinery and premises are kept in a good state of repair. However as the Trust buildings and equipment age, the need to replace key plant and equipment and update buildings and infrastructure will increase, requiring additional funding.

Future works will centre on the reconfiguration of clinical services. In addition to the “Big Build” at the Royal Bournemouth Hospital and the new theatres at Poole Hospital, the Macmillan Unit at Christchurch will be replaced, with a purpose-built centre. Decanted services will be relocated either into community settings or to Christchurch Hospital. The start of work on site at Christchurch Hospital is likely to be in January 2020. There are several projects identified that relate to the reconfiguration of services that will act as enablers and it is possible that some of these will start on site in 2019.

## Trust Strategy

In 2019/20 the Trust updated its objectives based on feedback from its Appraisal Champions. This included a greater focus on listening to staff and on working collaboratively with colleagues at Poole Hospital NHS Foundation Trust on the transformation of services and the merger of the two trusts to enable this.

**Our vision is to work in partnership and continually improve our services. We aim to do this by:**

- Valuing our staff:** Recognising the contribution of our staff and helping them develop and achieve their potential
- Strengthening team working:** Developing and strengthening Team RBCH to deliver safe and compassionate care for our patients, and shaping future health care across Dorset
- Improving quality and reducing harm:** Focusing on continuous improvement and reduction of waste
- Listening to patients and staff:** Ensuring meaningful engagement to improve patient and staff experience

**Our Trust objectives 2019/2020**

Communicate - Say it, hear it, do it | Improve - Change it | Teamwork - Share it | Pride - Show it

## To Work in Partnership and Continually Improve our services

Our Trust’s Board of Directors has agreed the strategy pending merger of the Trust and Poole Hospital NHS Foundation Trust, a key stage in the implementation of the Clinical Services Review.

Our strategy is intended to ensure we support our staff to provide outstanding patient care. The key highlights are:

- Recognising the contribution of our staff and helping them develop and achieve their potential
- Focusing on continuous improvement and reduction of waste
- Developing and strengthening team working across RBCH and with colleagues at Poole Hospital to deliver safe and compassionate care for our patients and shaping future health care across Dorset
- Ensuring meaningful engagement to improve patient experience

## Trust Objectives

Supporting these broad objectives are a number of more detailed metrics that will be monitored by the Board of Directors and the Council of Governors in the coming year.

These include our quality priorities include the optimising of patient safety, clinical effectiveness and patient experience and each of these has an annualised set of metrics against which our improvements can be measured, including, for example, mortality rates, Friends and Family Test and others. In addition to this there are a key number of

themes and philosophies that support the development of the quality of the care we deliver, such as leadership, team development and patient engagement and these feature across all aspects of our strategy. More detail on how the Trust performed against its quality priorities for 2018/19 can be found in the Quality Report and this also includes the quality priorities for 2019/20.

## Our Dorset Sustainability and Transformation Plan

The Our Dorset Sustainability and Transformation Plan (STP) aims to support everyone to lead healthy and fulfilling lives. Working with people, families and communities to reduce the risk of developing ill health, to maintain wellbeing, rather than waiting until people are unwell to offer them support and advice. More of our public services will work closely together to tackle all of the factors affecting health and wellbeing, including employment, housing and transport. This means:

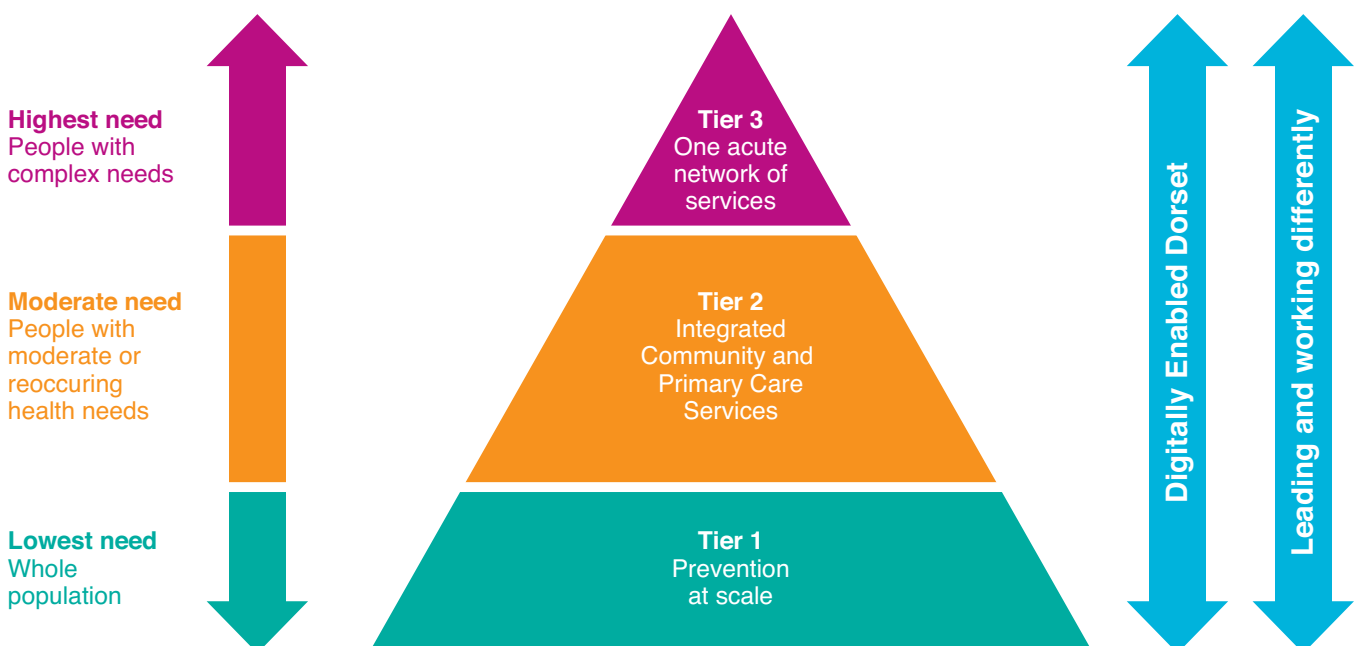
- supporting everyone to start life well, stay well and age well
- organising all health and care services to be more joined up and responsive to need
- reorganising hospital services to improve quality and provide more of those existing hospital services in the community and people's homes

- ensuring we invest our collective resources wisely for now and the future.

Dorset has already developed significantly as a health system and we are still shaping the future in conjunction with our partners, to continuously improve the health and care for local people.

Over the past 12 months we have worked collectively together to deliver the priorities set out in our STP, including:

- progressing the development of One Acute Network, including the appointment of a single Chair and Chief Executive for Poole Hospital NHS Foundation Trust and The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust;
- committing additional investment in community and primary care services to support delivery of care closer to home, the development of community hubs and teams and the development of primary care networks;
- improving access to mental health services for children and adults; and
- achieving improved CQC ratings for all providers in Dorset.



## Improving our clinical services

The Trust Improvement Programme was launched in May 2014. The programme objectives are designed to support the organisation's vision 'To work in partnership and continually improve our services'. We will do this by:

- delivering transformational change and quality improvement projects, resulting in a safer and more caring hospital for patients
- revolutionising our culture towards continuous quality improvement
- creating an environment where all staff have a sense of shared ownership and responsibility and feel enabled to help make our hospital one of the best
- capitalising on the energy and enthusiasm of staff by taking the best ideas for improving the quality and safety of patient care - and encouraging uptake throughout the hospital
- achieving top decile performance in a number of key performance and quality measures
- engaging and empowering staff to deliver and sustain the required change in their workplace
- harnessing individual and collective talent and supporting clinical leaders at every level within the hospital
- providing improvement and change expertise - to give skill and enable learning - for as many staff as possible through direct involvement in projects and sharing of best practice
- achieving a consistent message that improving quality eliminates waste, reduces variation and improves efficiency. All are of equal importance.

More specifically, the blueprint emphasises the need to ensure the way money and quality are put together is essentially the same agenda. This will ensure we do not let debates run that crystallise as 'keep control of money OR improve quality'.

## Developing our people and culture



We recognise that culture change is best not left to chance and is supporting a strategic approach to organisational development and the development of our workforce.

We need to build collaborative relationships and work collectively with our partners to drive through change and deliver new service models. Our staff will look to our leaders for direction and support during uncertain and challenging times.

While delivering complex change we will need to ensure we keep our eye on the daily business of running the hospitals and ensuring this remains a great place to work. We want our staff to enjoy coming to work and to feel motivated and involved in supporting an ambition for continuous improvement. We have established a range of joint leadership development programmes for clinical and management leaders across the Trust and Poole Hospital NHS Foundation Trust as well as using the Affina Team Journey to support the development of our teams.

## Stakeholder relations

A number of stakeholder engagement outcomes were identified by the Board of Directors and the Council of Governors in 2017 to implement the recommendations from its external well-led review. These outcomes support the delivery of the Trust's strategic



objectives and are in addition to existing contacts with social care and safeguarding teams in local authorities as part of the day-to-day operation of the hospitals and the participation of local authorities on the Council of Governors through their representatives.

Examples of stakeholder engagement include participation of the Chairperson and Chief Executive in the system leadership team for the Our Dorset integrated care system which includes local authorities, Executive Directors attending a range of boards and groups, which oversee the delivery of NHS England mandates, and the strategic intentions set out in the Dorset Sustainability and Transformation Plan. The Health and Social Care Overview and Scrutiny Committee for Borough of Poole and Bournemouth Borough Council's Health Overview and Scrutiny Committee have had sight of the Trust's Quality Report and have been offered the opportunity to comment as well as receiving an update during the year. The Trust's Chief Executive, Medical Director and other staff also attended meetings of local authority health overview and scrutiny committees and council meetings in Dorset to speak about the changes to local health services and the benefits for patients and the local population in Dorset.

The Trust was also part of a successful NHS bid, led by Dorset Healthcare University NHS Foundation Trust, to provide the Integrated Urgent Care Service for Dorset, together with Dorset County Hospital NHS Foundation Trust, Poole Hospital NHS Foundation Trust and South Western Ambulance Service NHS Foundation Trust. To support this, the Trust, in collaboration with local GPs, developed the Urgent Treatment Centre at the Royal Bournemouth Hospital. The service incorporates the Improved Access to GPs Service (IAGPS), meets the national criteria for an Urgent Treatment Centre and supports the streaming of patients away from the Emergency Department if their clinical condition does not require that type of treatment. From April 2019 the GP Out Of Hours (OOH) service was provided within the Urgent Treatment Centre.

## Patient engagement

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

We recognise that staff can provide the best care by stepping back and seeing the experiences through the patient's eyes and include this in our quality improvement projects. Point Of Care Foundation training has been undertaken by a group of staff at the Trust and Poole Hospital NHS Foundation Trust to expand our inclusion of patients through use of:

- filmed patient interviews
- emotional and process mapping
- patient shadowing
- patient stories

Positive feedback is also received and shared with other trusts to help improve services and care for other patients. It is also shared with staff through #ThankYou!, an initiative focussing on recognising the huge amount of positive feedback we receive about our staff. Staff who received positive feedback through this route were nominated by the Trust to attend garden parties at Buckingham Palace representing the NHS.

Various audits and surveys are undertaken throughout the year to review current practice and identify challenges and areas for improvement. Feedback has been obtained through the Friends and Family Test, Care Conversations (replacing the Care Campaign Audit) to obtain real-time patient feedback, local audits, national inpatient survey, national urgent and emergency care survey, national cancer care survey, Patient Advice and Liaison Service and complaints, LERN (Learning Event Report Notification) and other Share to Care forms, Freedom to Speak Up Guardian and Ambassadors, #ThankYou!, patient opinion and Healthwatch Dorset.

## Public engagement

The Trust and its healthcare partners have continued with engagement activity, led by NHS Dorset Clinical Commissioning Group, to explain the changes happening to healthcare services in Dorset.

Regular staff briefings take place at the Royal Bournemouth, Christchurch and Poole Hospitals led by our Joint Chief Executive and Joint Chair. These sessions provide a progress report on the implementation of the Clinical Services Review, the establishment of the planned and emergency hospital sites and the merger, as well as providing an opportunity for staff to ask questions. The Joint Chair also hosts smaller, more informal question and answer sessions for all staff.

Details of the engagement activities undertaken by the governors are set out in the Governors' Review of the Year and in the section about the Council of Governors in the Accountability Report under 'Membership and engagement'. The Trust also holds a number of Understanding Health talks during the year and an annual Trust Open Day, which are open to the public.

## Key issues and risks

The key issues and risks that could affect the Trust in delivering its objectives are set out in the Trust's Board Assurance Framework, as described in the Annual Governance Statement. These include:

- the ability to recruit and retain appropriately trained staff and the development of alternative roles to support the delivery of core services
- maintaining good patient flow through the hospital including the ability to discharge patients when they are medically ready to leave hospital
- ensuring the early identification and treatment of the sickest patients in our hospitals, including those with sepsis
- meeting national targets around patient waiting times for treatment
- delivering the financial control total agreed with NHS Improvement and receipt of the Provider Sustainability Fund income associated with this

- progressing implementation of the Clinical Services Review
- the implementation of the Dorset Care Record
- ensuring right referral and right care in four specialities in particular (Dermatology, Cardiology, Orthopaedics and Ophthalmology)

## Going concern

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

## Performance analysis

### 2018/19 National standards

The national planning guidance for 2018/19 focused on the delivery of four main standards:

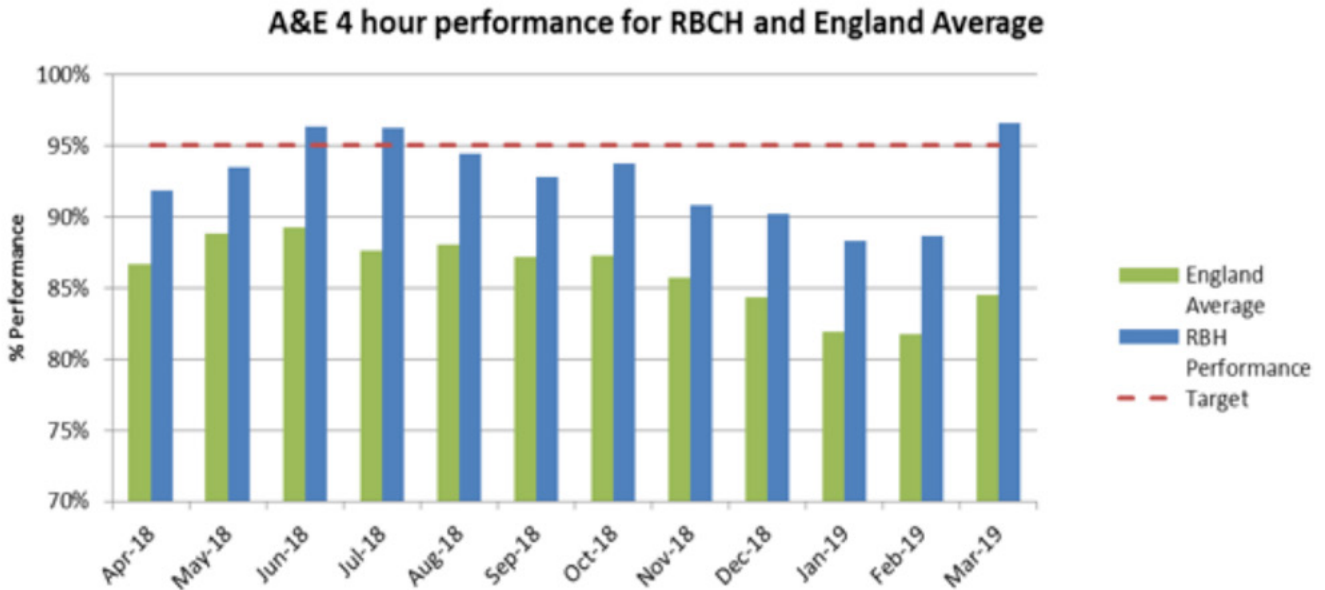
- a maximum four hour wait in A&E from arrival to admission, transfer or discharge;
- a maximum 62-day wait from referral/screening to first definitive treatment for cancer;
- a right to start consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions; and
- a wait of fewer than six weeks from referral for a diagnostic test.

Overall, the Trust performed well against the performance trajectories when benchmarked nationally, despite increases in demand, although it did face some challenges.

### A&E standard and Urgent Care

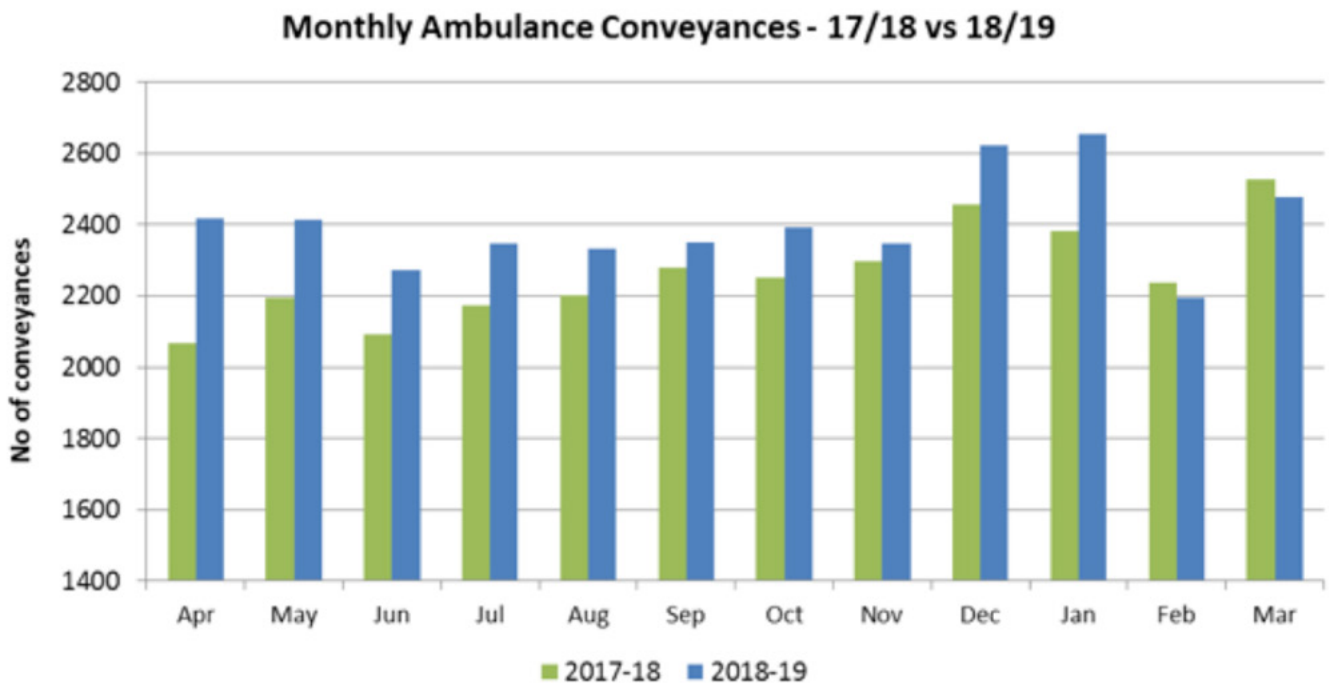
The Trust has performed well against the A&E standard compared to other hospitals with main Emergency Departments (see graphs below). The Trust achieved top quartile performance through the year and was above 95% in June 2018, July 2018 and March 2019, noting significant demand pressures through the year. It also delivered against its planned trajectory.

## 2018/19 monthly performance against A&E four hour target



During 2018/19 the Trust experienced a significant increase (6.1%) in the number of ambulance conveyances to the hospital compared with 2017/18 (see graph below). Correspondingly there was a 5.6% increase in attendances to the Emergency Department and a 4.3% increase in urgent care admissions to the hospital compared to 2017/18. In addition, the number of sick patients in the hospital (acuity) from December 2018 to February 2019 as well as increased incidence of influenza were major contributors to the increased pressure on urgent care services over the winter months.

## 2018/19 vs 2017/18 Ambulance Conveyances



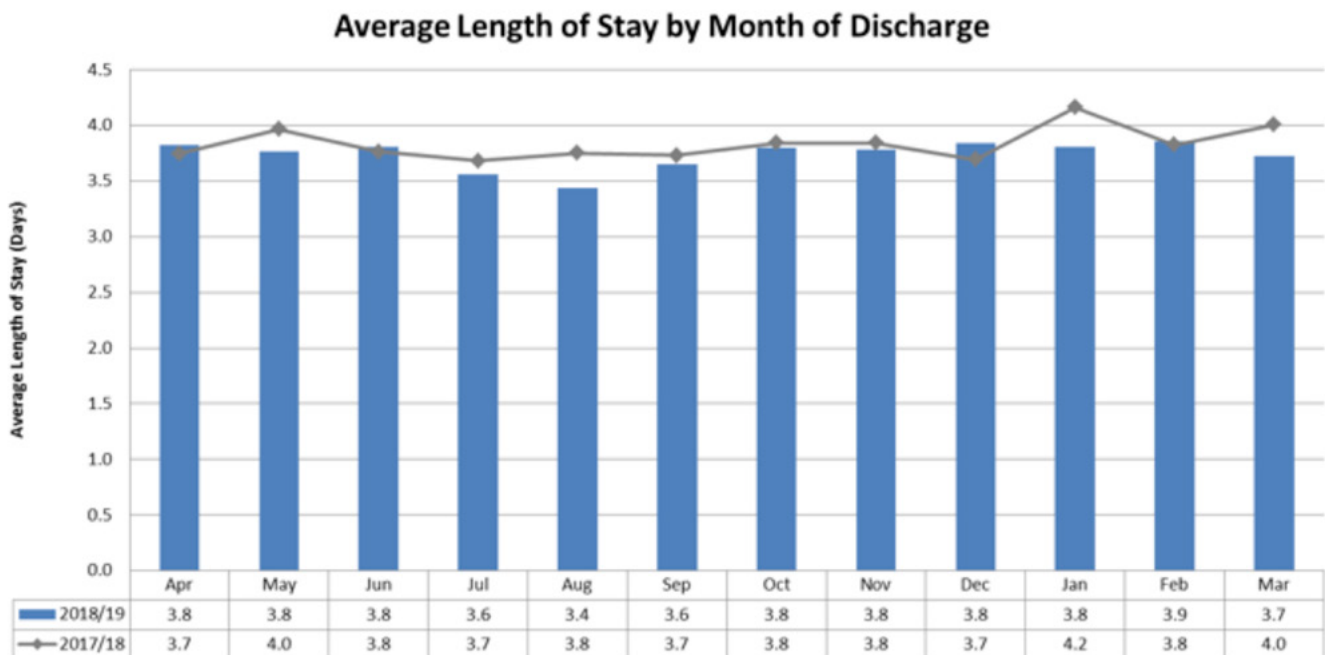
The Trust continued to strive to provide excellent care for our patients with a strong commitment to our quality improvement programme. This work focused on collaboration with ambulance, primary care and community care services, reducing unnecessary time in hospital and treating more patients in an ambulatory care setting. This helped us to achieve top quartile performance in the A&E four hour target despite the increases in demand.

The A&E four hour target is placed under particular risk over the winter period. Although the Trust started its planning for winter during the summer of 2018, plans were continually reviewed and updated to reflect modelling of bed capacity in light of demand trends. Overall, as a result, patient flow and occupancy of beds was better and the Trust experienced fewer days at high operational pressure levels (OPEL 3) over this winter period.

The Trust worked closely with its urgent care partners across Dorset and Hampshire as part of the winter plan developments. This included the implementation of Consultant Connect, a system which enables GPs to get urgent advice from specialist clinicians to assist with patient care. The Single Point of Access (SPOA) service links health professions to related services facilitating early enhanced clinical assessment. This also allows patients to be directly booked into Royal Bournemouth Hospital’s Urgent Treatment Centre avoiding unnecessary Emergency Department attendances.

We also focused, together with partners, on reducing the time in hospital for patients who no longer need acute hospital care. This was supported by our Action Learning Week in January 2019 aimed at improving patient pathways and capacity to support hospital discharges. Dedicated social workers have now been allocated to wards 5 and 26 to support patients and carers through these pathways. All this work meant that overall patients spent less unnecessary time in hospital despite continued demands on community and social care capacity.

### Year on year comparison of average length of stay by month



### Referral to Treatment (RTT) 18 week target

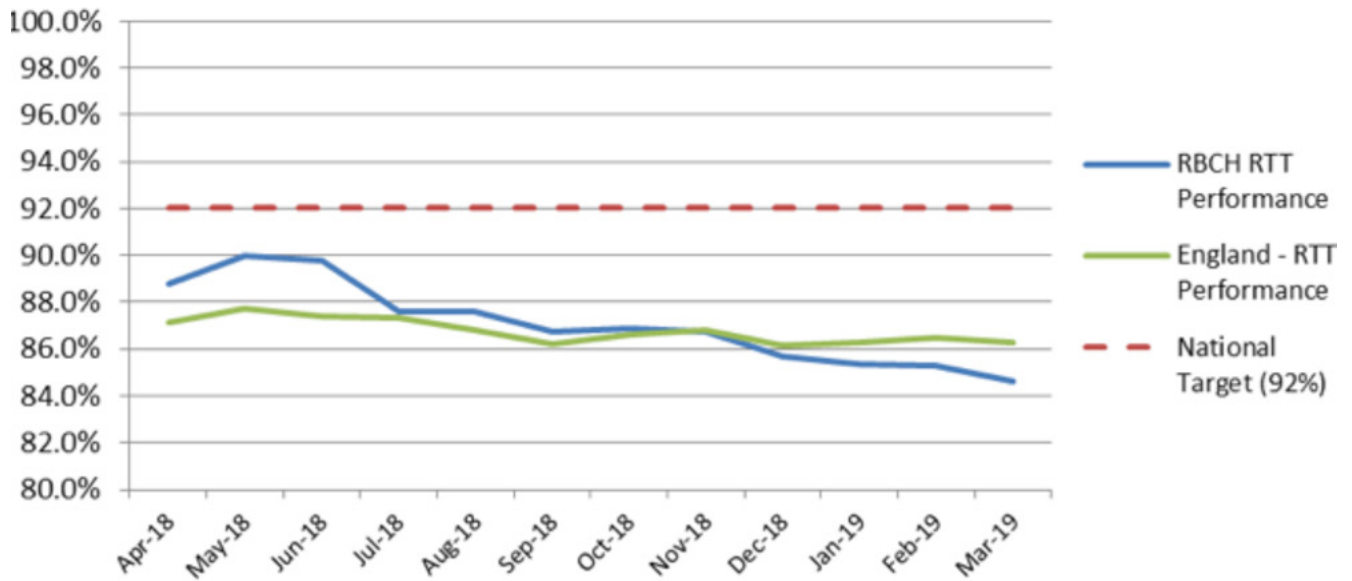
The Trust experienced an increase in elective demand across a range of services during 2018/19; despite this, no patients waited more than 52 weeks.

For the majority of 2018/19 the Trust has performed above the England average (see graph below). The drop in routine RTT performance reflects the 15% increase in cancer demand and the need to carve out capacity to treat these priority cases. Increased diagnostic times in Endoscopy and pressures on our Ophthalmology service also contributed. In addition to this, in the latter half of the year the Trust initiated its reduced elective activity plan to ensure capacity for urgent care over the winter period, in line with the national guidance.



## 2018/19 monthly performance against the 18 week RTT target

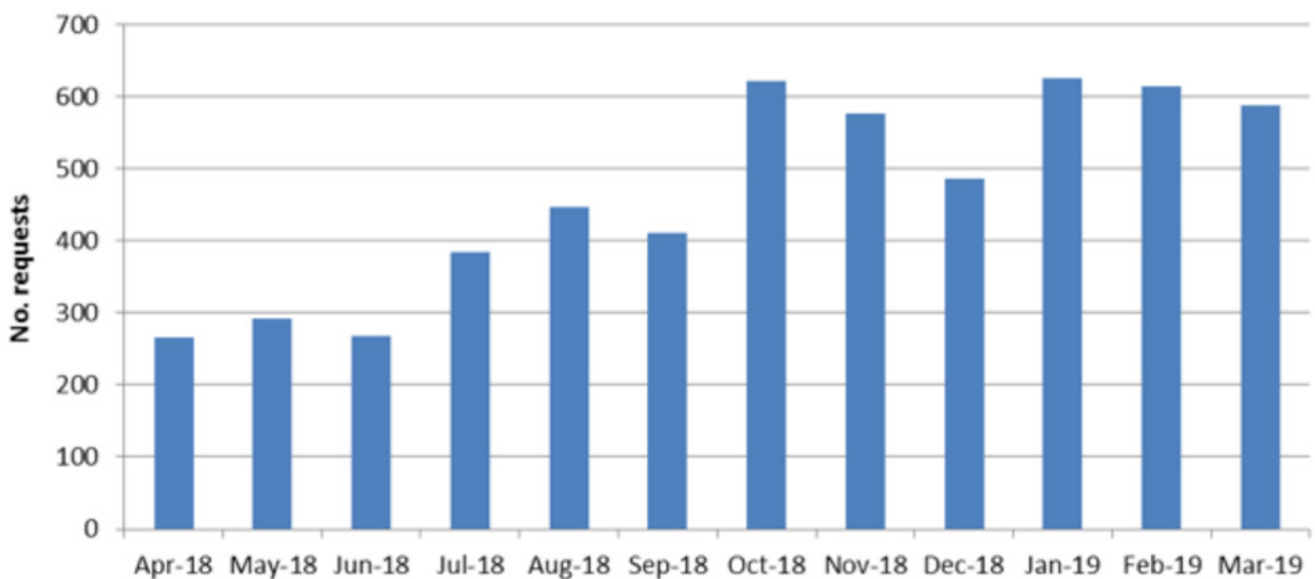
RTT 18 week performance against Trajectory and England average



During 2018/19 the Trust has continued to work closely with Dorset partner organisations to improve referral and elective pathways through our ‘Right Referral, Right Care’ programme. Joint work has supported shared learning and a number of new initiatives including rapid access/high volume clinics, skilled nurse/therapy supported pathways, photograph supported referrals and better access to specialist advice for GPs. The graph below highlights the increase in the number of GP requests for specialist advice during 2018/19.

## Monthly advice and guidance requests in 2018/19

Monthly advice & guidance requests - 2018/19



Whilst our overall waiting list grew compared to March 2018, the variance compared to the England average was much less through the year. Ophthalmology, Dermatology and Urology have been under particular demand and/or capacity pressures at times through the year.

## Percentage variance from 18 week RTT March 2018 waiting list target

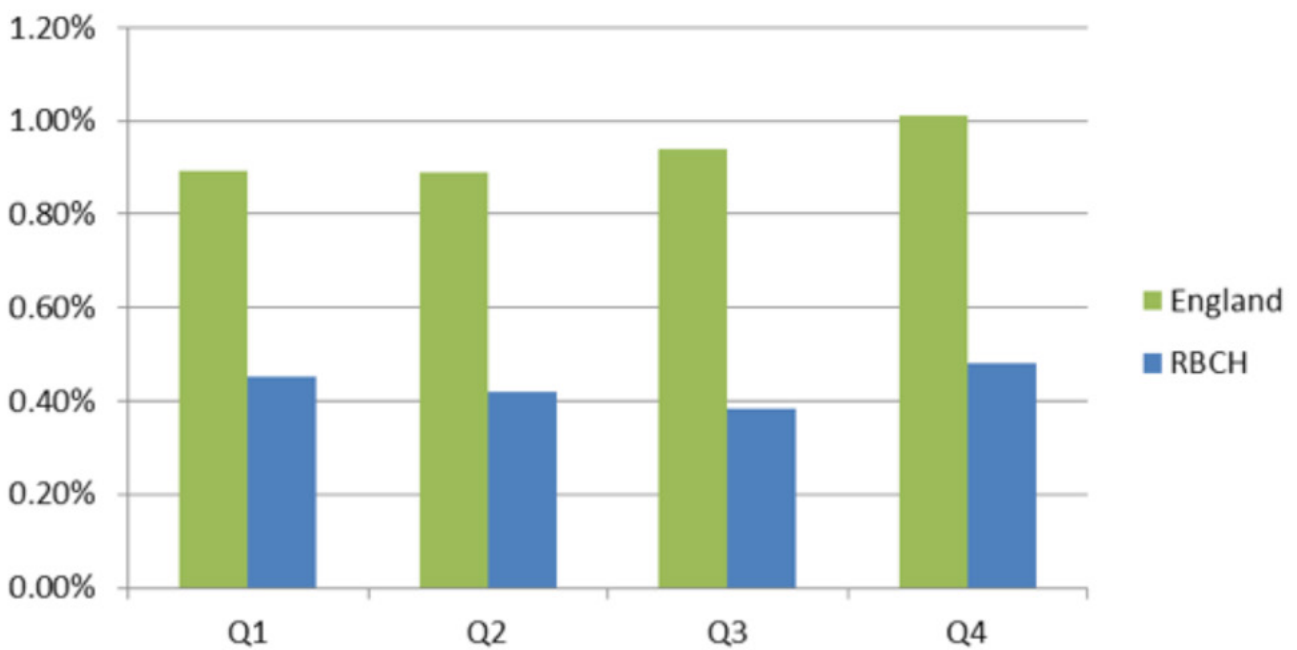
Variance from 18 week RTT total waiting list target



The Trust has made further improvements in 2018/19 to reduce the level of operations which were cancelled on the day of surgery as well as improving the proportion of these cancellations rebooked within 28 days. The proportion cancelled on the day and the number rebooked within 28 days is significantly better than the England average (see graphs below).

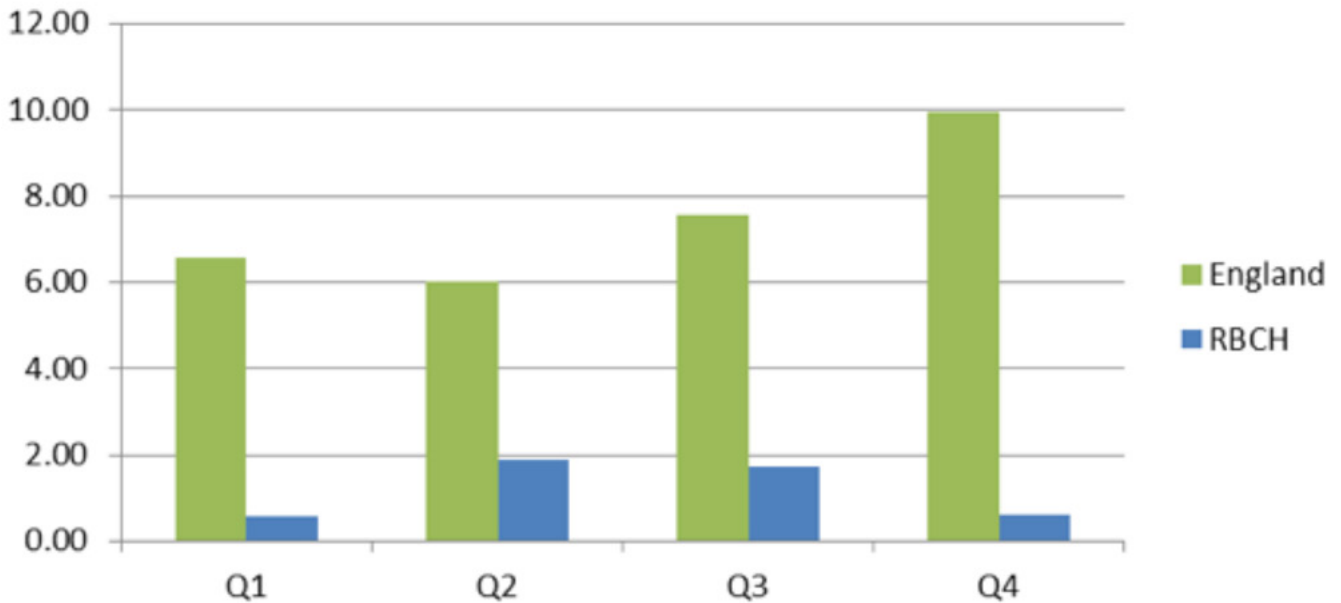
## 2018/19 quarterly performance of the percentage of elective patients cancelled on the day

% Elective patients cancelled on the day



## 2018/19 quarterly comparison of number 28 day breaches per 10,000 admissions

28 day breaches per 10,000 Elective admissions

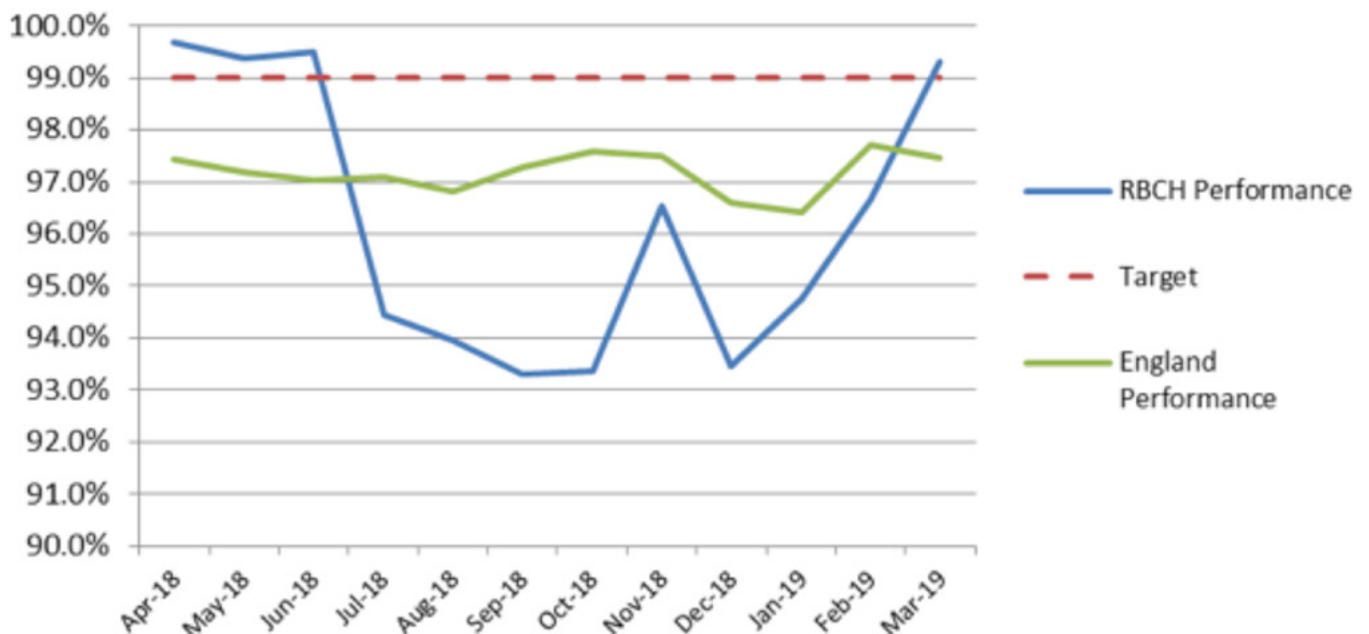


## Diagnostic six week target

Diagnostic services were impacted by increasing demand in 2018/19, particularly to support suspected cancer referral pathways and emergency admissions. In addition our Endoscopy service has experienced capacity challenges. However, the Trust's recovery program saw performance return to 99.3% in March 2019.

## 2018/19 monthly performance against the six week diagnostic target

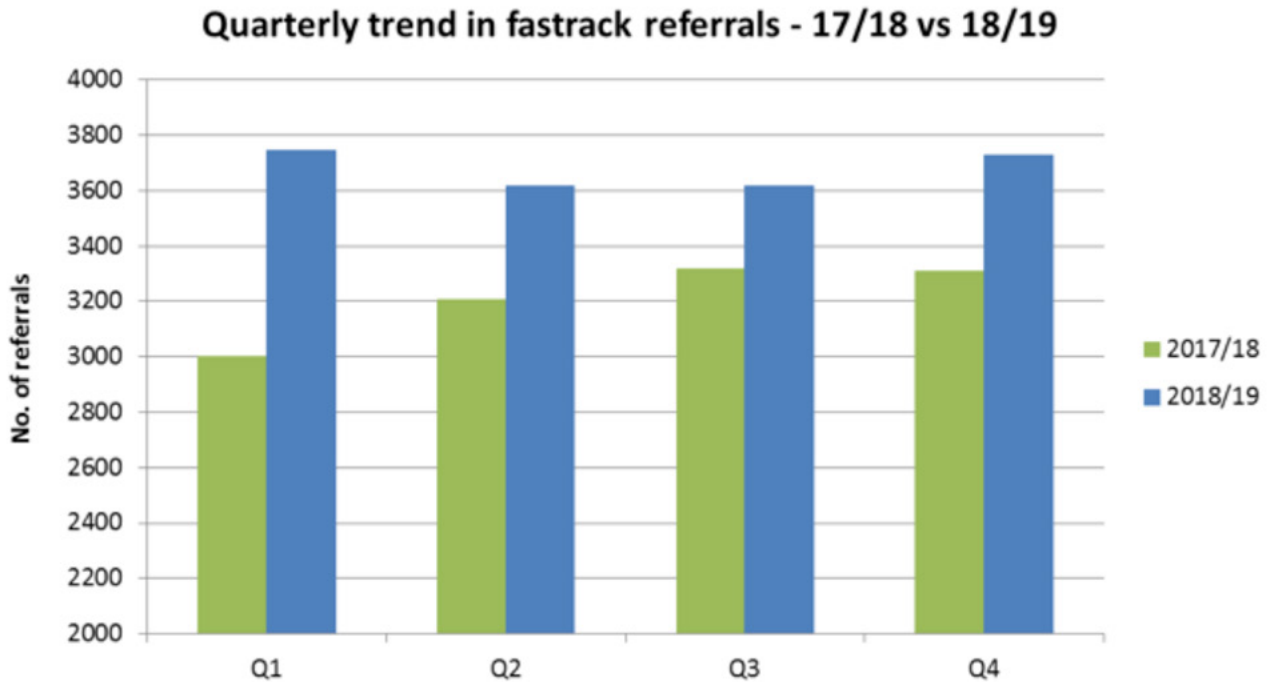
Diagnostic 6 week performance against Trajectory and England average



## Cancer standards

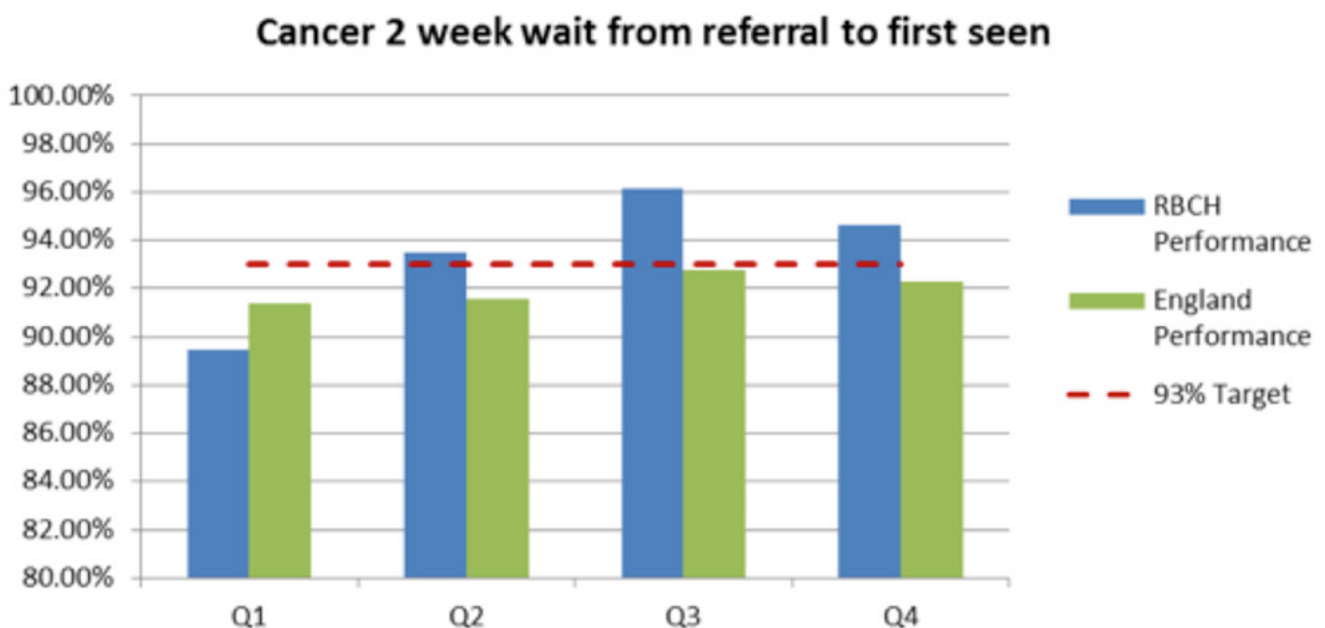
The Trust experienced a significant increase (14.6%) in the number of cancer fast-track referrals it received during 2018/19 compared with the previous year. These are urgent referrals from GPs where cancer is suspected. The increase in demand is in line with the increase seen nationally but locally it had an increased impact on the first quarter, particularly in Urology.

### Quarterly trend in fast-track referrals



The 25% uplift in demand in the first quarter of 2018/19 compared with the first quarter of 2017/18 had a significant impact on the Trust’s ability to achieve the two week wait target. However, the Trust was compliant with the two week wait standard for all remaining quarters in 2018/19, as shown by the graph below.

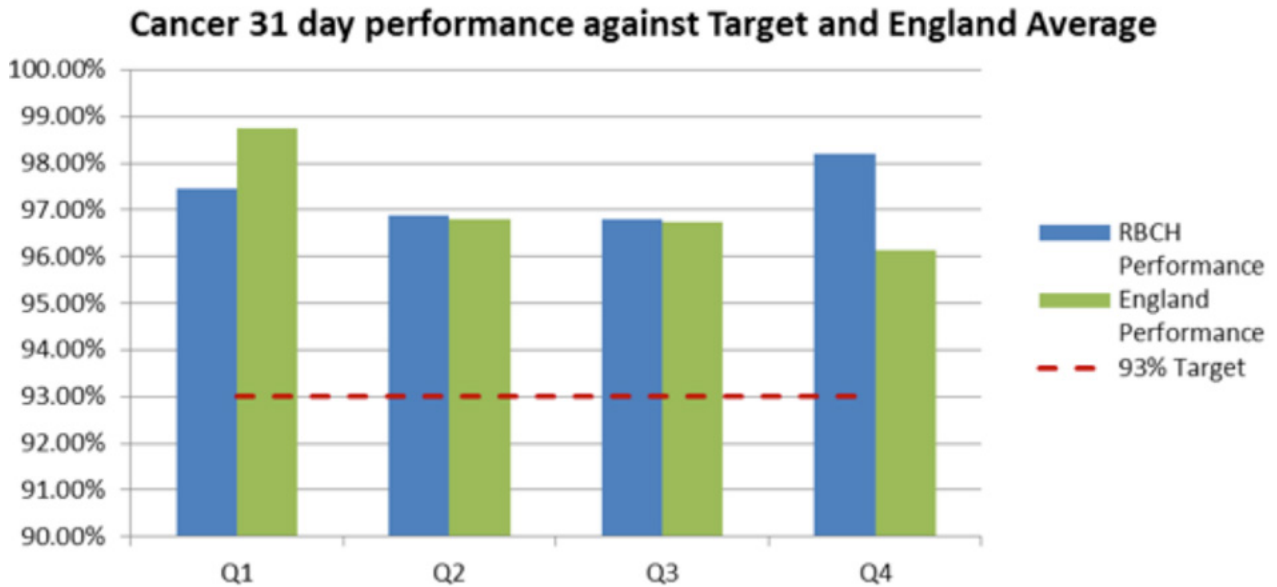
### 2018/19 monthly performance against the two week wait standard



Despite the pressures on cancer pathways, the Trust achieved the 31 day standard from diagnosis to treatment for all four quarters of 2018/19.

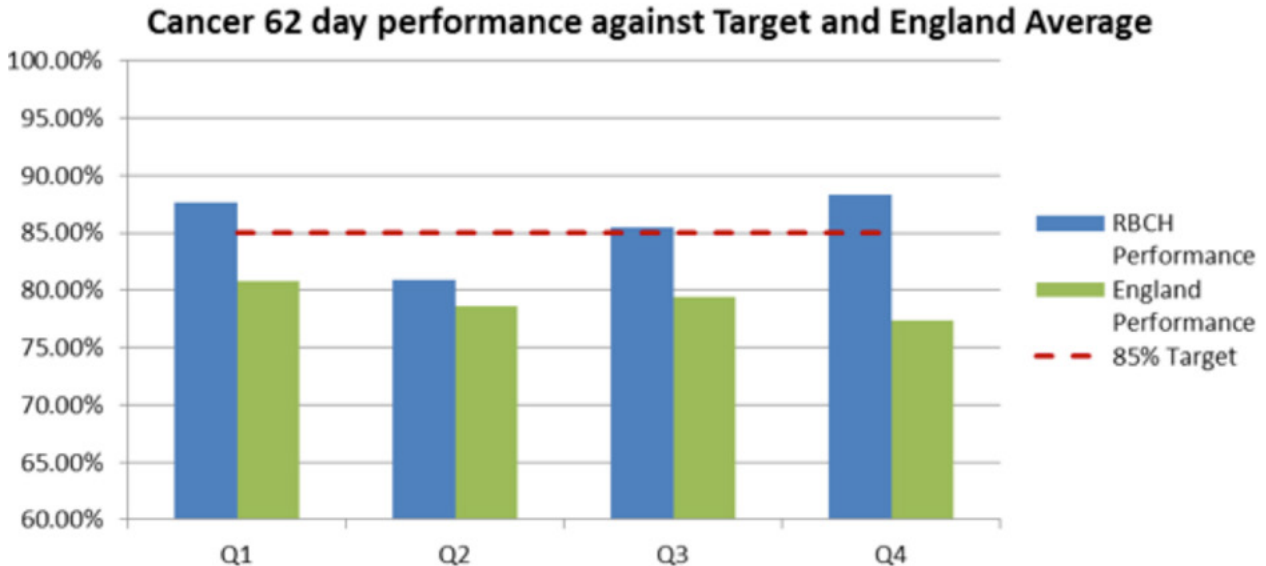


## 2018/19 monthly performance against the 31 day standard



The Trust has performed well against the 62 day standard achieving the target of 85% in three quarters in 2018/19. The increase in fast-track referrals (14.6%), particularly in Urology in the first and second quarters of 2018/19, made this a significant challenge to deliver in the second quarter.

## 2018/19 monthly performance against the 62 day standard in comparison with England average

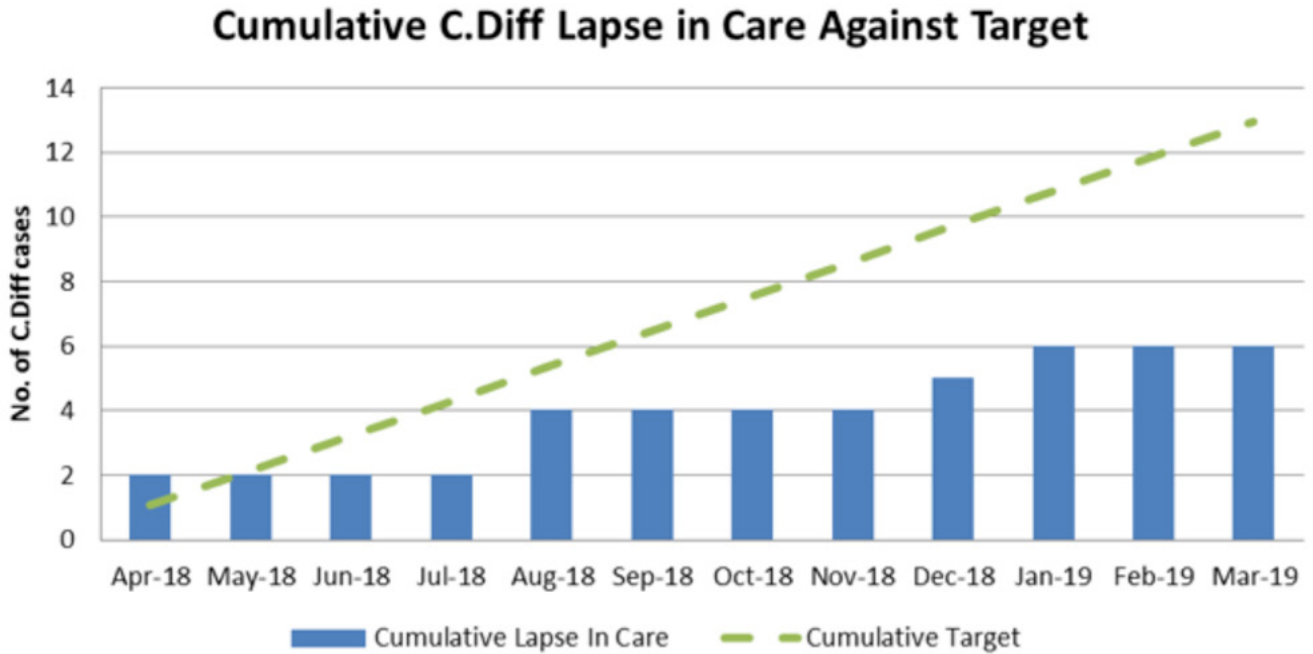


In 2018/19 the Trust has been fortunate enough to be one of the pilot sites for the new cancer 28 day standard, which will be shadow monitored across all trusts in 2019/20. This standard is designed to ensure that patients find out within 28 days whether or not they have cancer.

## Infection Control

There was one case of hospital acquired MRSA (meticillin-resistant Staphylococcus aureus bacteremia) at the Trust during 2018/19. There is more information about this case in the Quality Report. The Trust also achieved its Clostridium Difficile trajectory and an improvement on 2017/18 performance.

### Cumulative C.Difficile cases due to lapse in care against trajectory



# Sustainability Report

As an NHS organisation, and as a beneficiary of public funds, we have an obligation to work in a way that has a positive effect on the communities we serve. Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets we can improve health both in the immediate and long term, even within the context of rising costs of natural resources. Demonstrating that we consider the social and environmental impacts ensures that the legal requirements in the Public Services (Social Value) Act 2012 are met.

Sustainability continues to be one of the fundamental drivers of individual lifestyles and broader business strategy. To continue to live and operate sustainably the Trust must continue its transition into a low carbon enterprise and look to operate with a circular resource economy. We acknowledge this responsibility to our patients, local communities and the environment by working hard to minimise our carbon footprint.

It is our duty, as a part of the NHS, public health and the social care system, to contribute towards the level of ambition set in 2014 of reducing the carbon footprint of the NHS 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, to 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, reinforcing its commitments to both the United Nations Sustainable Development Framework 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 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
- buildings and site design
- green spaces
- staff engagement and communication
- organisational and workforce development
- partnership and planning
- governance
- IT and finance

The Trust regularly reviews and reports on progress against the Sustainable Development Assessment tool and implements 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 2018/19

### Energy, water and carbon management

In 2018 the Trust developed an Energy Strategy, which detailed the projects the Trust is seeking to implement in order to achieve our carbon reduction targets. This strategy is reviewed annually and will be critical in ensuring that the Trust remains aware of the investment required to achieve these reductions and the savings that these projects will achieve for the Trust over the long term.

The Trust has also participated in a demand side response project for a fourth year. 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.

The Trust continues to generate roughly 16% of our energy on site, through three solar photovoltaic (PV) installation and low pressure hot water which is a by-product of on-site

incineration and used to subsidise the Royal Bournemouth Hospital's heating systems.

In 2018/19 the Trust continued in its 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.

## **Sustainable procurement and food**

In 2018/19 the Trust has continued to 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. The Catering department successfully maintained the Silver Award in Food for Life Accreditation. This catering mark provides an independent endorsement that the food served at the hospitals is prepared on site using fresh ingredients which are free from undesirable additives and trans-fats, is better for animal welfare, and complies with national nutrition standards.

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 and associated action plan approved by the Procurement Steering Board.

## **Low carbon travel, transport and access**

The Trust understands that 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 that use our services. Every action counts and we are a lean organisation trying to realise efficiencies across the board for cost and carbon (CO<sub>2</sub>e) reductions. We support a culture for active travel to improve staff wellbeing and reduce sickness and have produced an Active Travel Plan.

The Trust has worked hard over the last ten years on introducing and supporting measures to ease traffic congestion around the hospitals 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, an electric pool bike scheme, locker and shower facilities, an organisational cycle to work scheme, free parking for motorcycles within the hospital grounds and access to Trust pool vehicles. In 2018 the Trust installed two cycle repair stands and cycle pumps at Royal Bournemouth Hospital to continue to encourage the active cycling community amongst the Trust staff.

The Trust has 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.

In 2019 the Trust was also successful in receiving a grant from Bournemouth Borough Council to invest in teleconferencing equipment with the aim of reducing unnecessary business miles and staff travel.

## **Waste reduction and recycling**

The Trust became 'zero waste to landfill' back in 2012/13, with all general non-recyclable waste being sent to an energy recovery facility, which in turns helps to supply energy to local homes. Recycling facilities continue to be rolled out across the Trust in clinical and office areas of the hospitals. The Trust has also continued to 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.

A food waste workshop facilitated by Food for Life and the Soil Association was carried out in 2019, looking at reducing the amount of food waste generated within the ward environments. Key members of clinical staff were invited to



the workshop from each of the clinical areas and an action plan produced and implemented.

## Buildings and site design

In 2017 the Department of Health and Social Care confirmed significant funding would be available to the Trust and Poole Hospital NHS Foundation Trust to create a major emergency hospital and major planned care hospital in east Dorset. As the main emergency hospital site, this will increase the size of the Royal Bournemouth Hospital to accommodate significantly more activity. Planning is underway to determine what services the hospital will provide and what the hospital site will look like once these developments are complete. The Trust is endeavouring to ensure that any new builds or extensions on the Royal Bournemouth Hospital site will work to improve the efficacy of our built environment.

The Trust has also begun to examine what changes are necessary to future-proof our site from the projected impact of anthropogenic climate change; these include building resilience against natural disasters and ensuring that our buildings are able to provide necessary cooling during prolonged periods of extreme heat. These and other initiatives will be defined in the Climate Change Adaptation Strategy to be published in 2019.

## 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.

The Trust has maintained its Green Flag Award for the third year running. This award recognises the efforts of the Estates team at the 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 quality green spaces that are a sanctuary for rest and recuperation for both staff and patients.

The Estates department have adopted sympathetic and sustainable approaches to

their management of the hospital grounds, including log piles to encourage biodiversity and wildlife, the introduction of wildflower meadows, the 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 the erection of an interpretive board by the lakeside to communicate the wildlife present on site.

Since receiving the Green Flag Award, several new gardens have been created in the external green spaces and in the internal courtyards. Staff have also been encouraged to make use of green and natural areas on our hospital sites even where space is constrained. The Pharmacy Department have created a very popular garden within one of the courtyards and staff feedback has been very positive about it providing a space in which they can retreat during their breaks.

2018 also saw the delivery of the Petal Garden - a dementia friendly garden - in a hospital courtyard at the Royal Bournemouth Hospital.

## Staff engagement and communications

As an organisation that acknowledges its responsibility towards creating a sustainable future, we help achieve that goal by running awareness campaigns that promote the benefits of sustainability to our staff.

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 6 years. During 2018, 15 teams from across the organisation took part in the scheme, and it is estimated to have reached out to over 553 staff contacts, with 593 'greening' actions completed. In addition to this the staff behaviour change scheme saved over £11,194 in 2018 through sustainable actions implemented. 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 and staff 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 170.

## 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 and Social Care Estates Returns Information Collection (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, the introduction of iPads within the Pharmacy department to reduce paper and the roll-out of central Multi-Function Device (MFD) printers alongside the removal of personal desktop printers.

## Awards and recognition

The Trust was one of only 97 healthcare organisations out of 432 in England to be recognised for excellent sustainability reporting as part of their annual report, receiving a certificate of excellence, awarded by the Sustainable Development Unit (SDU), NHS Improvement and the Healthcare Financial Management Association (HFMA) in February 2019. High quality reporting on sustainability is recognised as a fundamental way in which organisations can demonstrate their commitment to embedding environmental, social and financial sustainability.

The Trust was also successful in gaining the Green Flag Award for its third year running in 2018.

## Future priorities and targets for 2019/20

- Expansion of Green Impact Scheme and SustainRBCH energy awareness raising schemes.
- Produce an Energy and Water Policy as a guidance document to formalise the Trust's policy on energy and water use and to endorse the importance of reducing energy and water usage.
- Take part in the Greener Ward competition, a sustainability exercise looking at making clinical practices and pathways more efficient.
- Produce a sustainability and waste awareness e-learning resource module, which it is hoped will form part of staff mandatory annual training.
- Produce a Climate Change Adaptation Strategy.

## Performance data

Greenhouse gas emissions and energy use:		2012-13	2015-16	2016-17	2017-18	2018-19
Non-financial indicators (tonnes CO <sub>2</sub> e)	Total gross emissions:	14,351	12,921	12,754	12,023	10,956
	Gross emissions (Scope 1 in table below) (Gas/oil/fleet vehicles/refrigerant losses)	6,283	5,040	5,566	5,784	5,492
	Gross emissions (Scope 2 in table below) (Electricity)	7,819	7,618	6,897	5,959	5,190
	Gross emissions (Scope 3 in table below) (Waste/water)	249	263	291	281	274
Related energy consumption (MWh)	Electricity: non-renewable	9,986	13,250	13,346	13,396	14,712
	Electricity: renewable	3,713	109	108	107	98
	Gas	20,250	14,884	16,310	16,314	16,313
	Oil	278	819	1,435	1,522	738
	LPHW	6,820	6,422	7,143	7,939	7,898
Financial indicators (£1,000's)	Expenditure on energy	2,325	2,494	2,383	2,390	3,037
	CRC gross expenditure	149	194	141	96	99
Energy consumption (MWh) per GIA floor area:		0.38	0.31	0.33	0.34	0.34
Carbon emissions (Kg CO <sub>2</sub> e) per patient:		19.0	16.6	16.1	15.3	14.2

### Performance commentary:

Energy costs increased by 27% in 2018/19, this is due in main to an increase in cost per unit of utilities.

The consumption of gas within the Trust decreased very slightly (reduction of 0.01%) in 2018/19 compared to consumption the previous year. This is mainly due to the last 12 months were 9% warmer (heating degree days) than the previous 12 months.

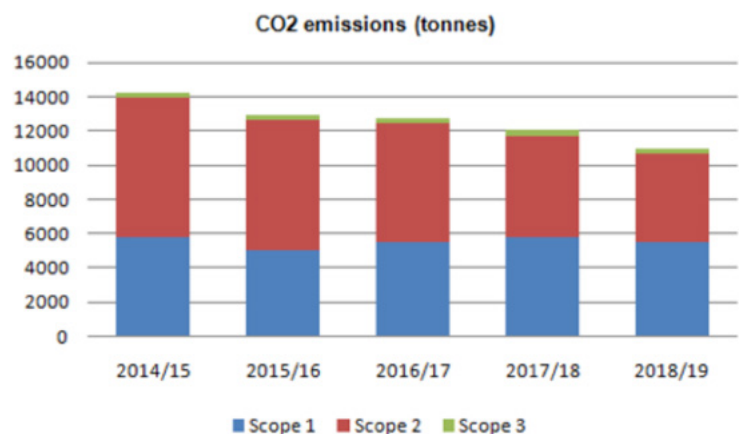
This is similar for LPHW, with a reduction in consumption of 0.5% seen in 2018/19 compared to the previous year.

Conversely, due to a warmer year in 2018/19, the Trust saw a 10% increase in electrical consumption in 2018/19. This is in part to running more cooling across the hospital.

The Trust has also seen a 51.5% reduction of oil use in 2018/19 compared to the previous year due to more efficient management of the boilers.

The gross carbon emissions for RBCH have reduced by 8.9% from the previous year and have decreased by 23.7% since the baseline year (2012/13).

Relative energy consumption can also be seen to have reduced by 11.7% since the baseline year for energy consumption per square meter of gross internal floor area, and reduced by 25.5% since the baseline year for carbon emissions per patient. Energy consumption against floor area has increased very slightly however (1.3%), when comparing 2018/19 against the previous year (2017/18).

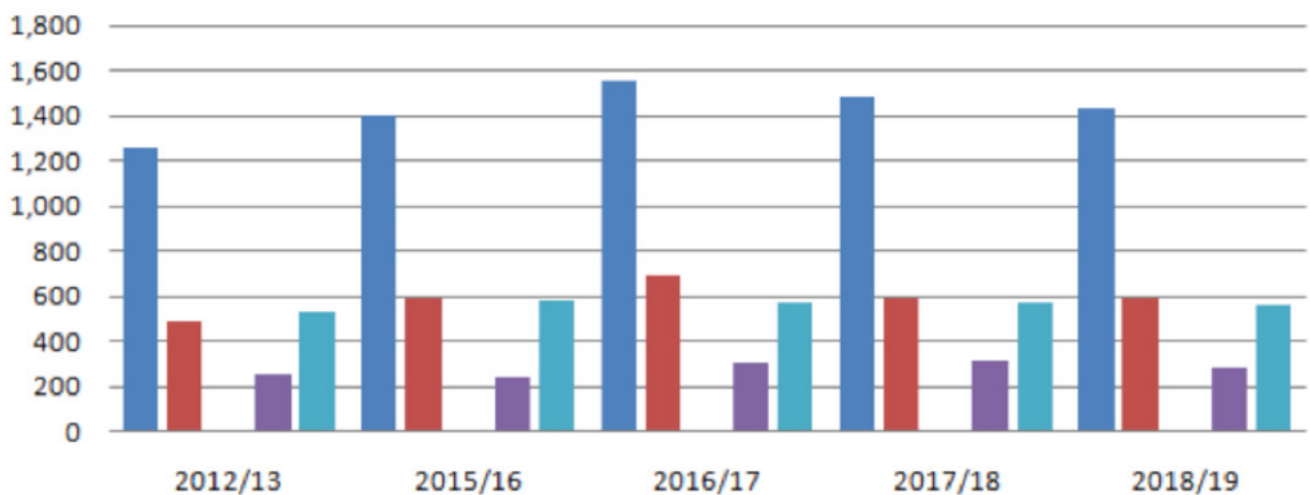


Waste:		2012-13	2015-16	2016-17	2017-18	2018-19
Non-financial indicators (tonnes)	Total waste	1,258	1,401	1,557	1,482	1,432
	High temp disposal waste	486	586	692	589	590
	Landfill	0	0	0	0	0
	Recycled/ reused	247	238	302	305	282
	Energy recovery	526	577	567	568	560
Financial indicators (£1,000's)	Total waste cost	320	321	342	320	341
	High temp disposal waste	237	232	253	230	234
	Landfill	0	0	0	0	0
	Recycled/reused	13	16	18	16	27
	Energy recovery	65	72	71	74	79

### Performance commentary:

In 2018/19 our preferred waste contractor collected a total of 842 tonnes of non-hazardous waste. Of this, 560 tonnes went to an energy recovery facility and 282 tonnes were recycled, which included mixed recycling (48 tonnes), baled cardboard (112 tonnes) and a separate food waste collection (84 tonnes). The Trust has chosen to send all waste to energy recovery as opposed to landfill as of financial year 2012/13.

## Tonnes Waste Produced



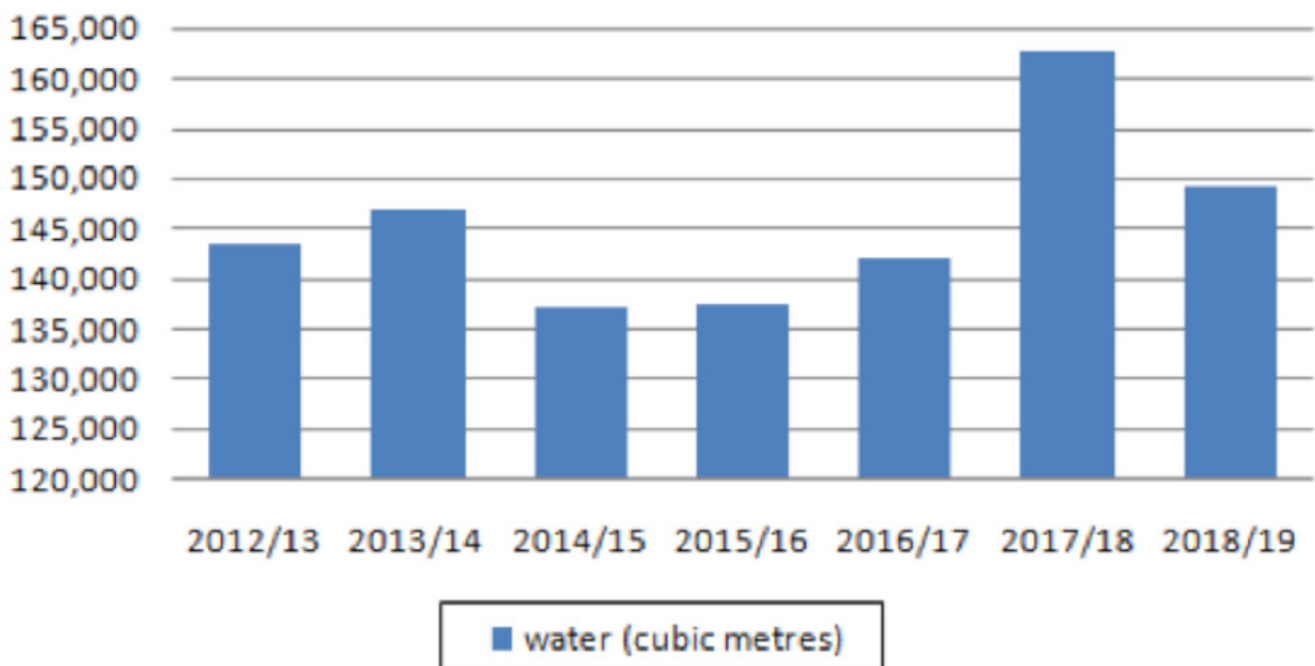
■ Total Waste Arising ■ High temp disposal waste ■ Landfill ■ Recycled/ Reused ■ Energy Recovery



Water:		2012-13	2015-16	2016-17	2017-18	2018-19
Non-financial indicators (000's m3)	Water consumption	144	137	142	1163	149
	Sewerage	108	99	101	108	106
Financial indicators (£1,000's)	Water supply costs	139	114	127	135	167
	Sewerage costs	170	146	166	140	184
Water usage per GIA (floor area)		1.35	1.18	1.22	1.40	1.28

### Commentary:

## Water Consumption



RBCH water consumption has decreased by 8.3% (13,554 cubic meters) in 2018/19 compared to the previous year, but has increased by 3.9% in 2018/19 compared to the baseline year (2012/13).

Water consumption per square meter of gross internal floor area has also shown an overall decrease of 5.2% in water usage within the hospitals in 2018/19 compared to the baseline year (2012/13).

In 2017/18 a leak was identified at our Sterile Services Department (SSD) which remained undetected for several months. The leak has been addressed and is now resolved and water consumption at the SSD has seen to be 36% lower in 2018/19 than the previous year.

## Social, community, anti-bribery and human rights issues

The Trust recognises its responsibilities under the European Convention on Human Rights (included in the Human Rights Act 1998 in the UK). These rights include:

- right to life
- right not to be subjected to inhuman or degrading treatment or punishment
- right to liberty and freedom
- right to respect for privacy and family life.

These are reflected in the duty, set out in the NHS Constitution, to each and every individual that the NHS serves, to respect their human rights and the individual's right to be treated with dignity and respect.

The Trust is committed to ensuring it fully takes into account all aspects of human rights in our work. The impact on individual human rights is assessed for each Trust policy and standard operating procedure as part of the overall equality impact assessment. For patients, the Trust's safeguarding policies protect and support the right to live in safety, free from abuse and neglect and the Trust has a Privacy and Dignity Policy designed to optimise privacy and dignity in all aspects of patient care. Feedback from patients and the review of complaints, concerns, claims, incidents and audit help to monitor that the Trust is achieving these objectives.

For the first time in 2019 the Board of Directors approved a statement prepared in conjunction with procurement, safeguarding and recruitment leads and recommended by the Trust's Equality, Diversity and Inclusion Committee setting out how the Trust is run in a socially responsible way. While there is no requirement for the Trust to publish a statement under the Modern Slavery Act 2015 on its website or in its annual report it was important for the Trust to set out the approach it takes to understand all potential modern slavery risks related to its business, and the actions undertaken to mitigate any such risks.

The Trust is also committed to maintaining honesty and integrity in all of its activities, including the prevention of fraud, bribery and corruption within the Trust and the rigorous investigation of any such allegations. The Trust has an Anti Fraud, Bribery and Corruption Policy in place which is endorsed by senior management and the Trust's Audit Committee. This is supported by a Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy and a Management of Conflicts of Interest Policy, internal processes and controls, the effectiveness of which is also monitored by the Audit Committee, as well as training and awareness for all staff. Anti-bribery is part of the Trust's work to counter fraud. This work is overseen by the Audit Committee, which receives regular reports from the local counter fraud specialist on the effectiveness of these policies through its monitoring and reviews, providing recommendations for improvement, as well as reports from the Freedom to Speak Up Guardian.



**Debbie Fleming**  
Chief Executive  
23 May 2019

# Quality Report

## 2018/19



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## What is a quality account?

All NHS hospitals or trusts have to publish their annual financial accounts. Since 2009, as part of the drive across the NHS to be open and honest about the quality of services provided to the public, all NHS hospitals have had to publish a quality account.

You can also find information on the quality of services across NHS organisations by viewing the quality accounts on the NHS Choices website at [www.nhs.uk](http://www.nhs.uk).

### The purpose of this quality account is to:

1. summarise our performance and improvements against the quality priorities and objectives we set ourselves for 2018/19; and
2. set out our quality priorities and objectives for 2019/20.



To begin with, we will give details of how we performed in 2018/2019 against the quality priorities and objectives we set ourselves under the categories of:

## Patient Safety

## Clinical Effectiveness

## Patient Experience

Where we have not met the priorities and objectives we set ourselves, we will explain why, and set out the plans we have to make sure improvements are made in the future.

Secondly, we will set out our quality priorities and objectives for 2019/2020, under these same categories. We will explain how we decided upon these priorities and objectives, and how we will aim to achieve these and measure performance.

Quality accounts are useful for our board, who are responsible for the quality of our services, as they can use them in their role of assessing and leading the Trust. We encourage frontline staff to use quality accounts both to compare their performance with other trusts and also to help improve their own service.

For patients, carers and the public, the quality account should highlight how we are concentrating on improvements we can make to patient care, safety and experience.

It is important to remember that some aspects of this quality account are compulsory. They are about significant areas, and are usually presented as numbers in a table. If there are any areas of the quality account that are difficult to read or understand, or you have any questions, please contact Joanne Sims, Associate Director of Quality and Risk at [Joanne.Sims@rbch.nhs.uk](mailto:Joanne.Sims@rbch.nhs.uk)

### **This Quality Account is divided into three sections.**

<b>Part 1</b>	Introduction to the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust and a statement on quality from the Chief Executive
<b>Part 2</b>	Performance against 2018/19 quality priorities
	Quality priorities for 2019/20
	Statements of assurance from the Board
	Reporting against core indicators
<b>Part 3</b>	Other information

# 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 on the progress of quality improvement work on front door and surgical flow, speciality pathways such as Dermatology and Ophthalmology and important aspects of the “Fundamentals of Care”. All of the quality and safety objectives set out are designed to support our vision to ‘work in partnership and continually improve our services’.

We were delighted that the Care Quality Commission rated the Trust as Good overall following their inspection in March and April 2018 and we were particularly pleased to achieve an “Outstanding” rating for Well led. These results reflected how hard everyone had worked to make improvements to benefit our patients. Building on our last set of CQC results has been a true team effort, with everyone bringing ideas to the table and embracing new ways to improve patient care.

I am also very proud that our Trust was Highly Commended in the Health Service Journal Award 2018 Trust of the Year category. The award is designed to recognise those trusts which are offering excellent patient centric care built on strong engagement between clinicians within and beyond the organisation. This result was a fantastic achievement and truly represents the commitment of all our staff to providing the best care for our patients, with a strong focus on safety and quality.

As we move forward with implementing the results of the Dorset Clinical Services Review it is vital that we ensure co-production with patients and the public is at the forefront of all our changes. We are working closely with colleagues across all the trusts in Dorset, with our Clinical Commissioning Group colleagues and with the One Acute Network to consider ways to better develop and improve services across Dorset. Further details of this work are included in the Annual Report.

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 2019/2020. We have engaged with staff through our cultural change programme, quality improvement workshops, focus groups, briefing sessions, Trust and directorate governance meetings.

We have talked 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 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.

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.



**Debbie Fleming,**  
Chief Executive



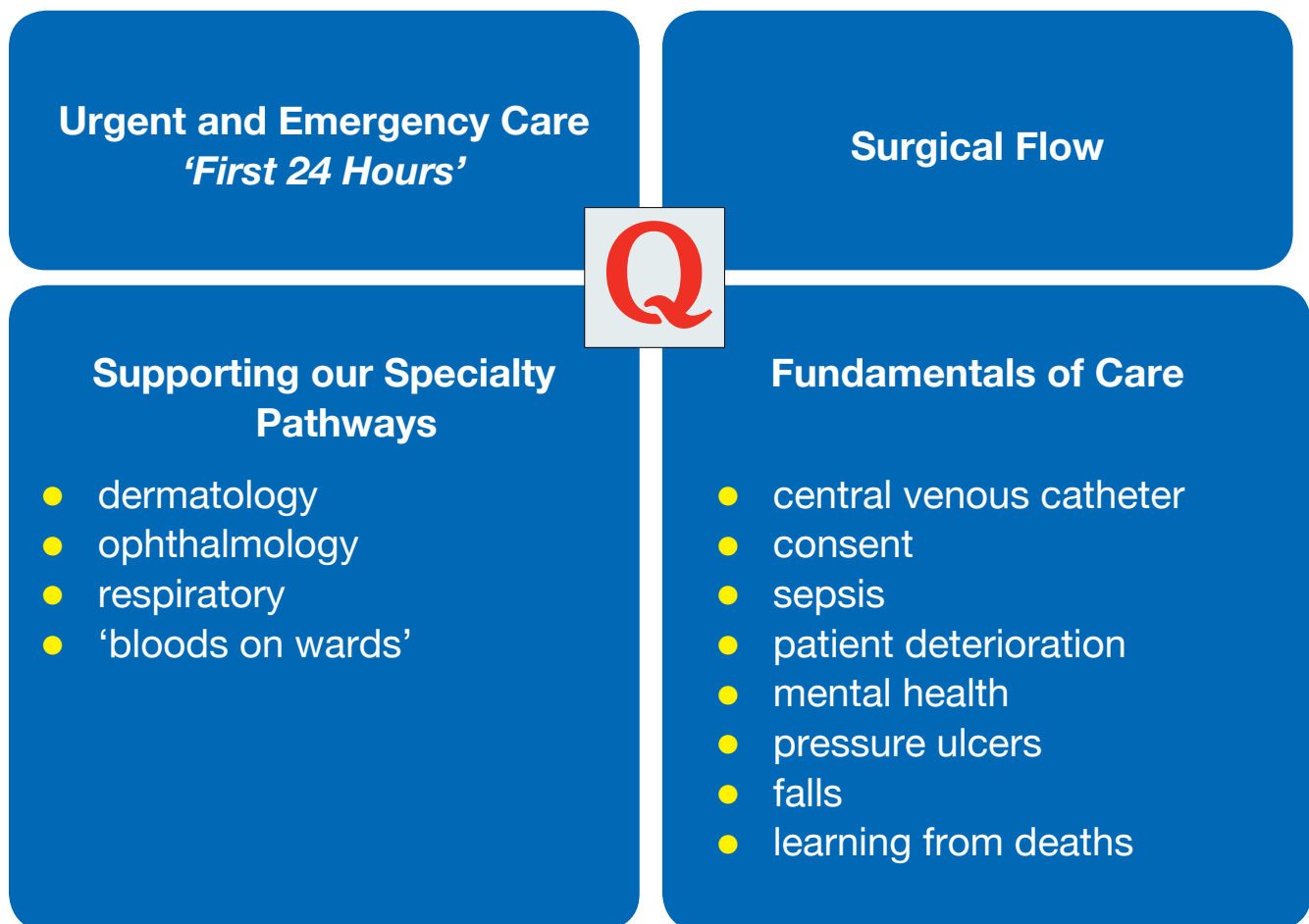
## Part 2

### Priorities for improvement and statements of assurance from the board

#### Progress against quality priorities set out in last year's quality account for 2018/2019

In the 2017/ 2018 Quality Account the Trust identified the following key areas for improvement during 2018/2019.

#### Quality Improvement Priorities 2018/19



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, Quality and Risk Committee and Improvement Programme Board. 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.

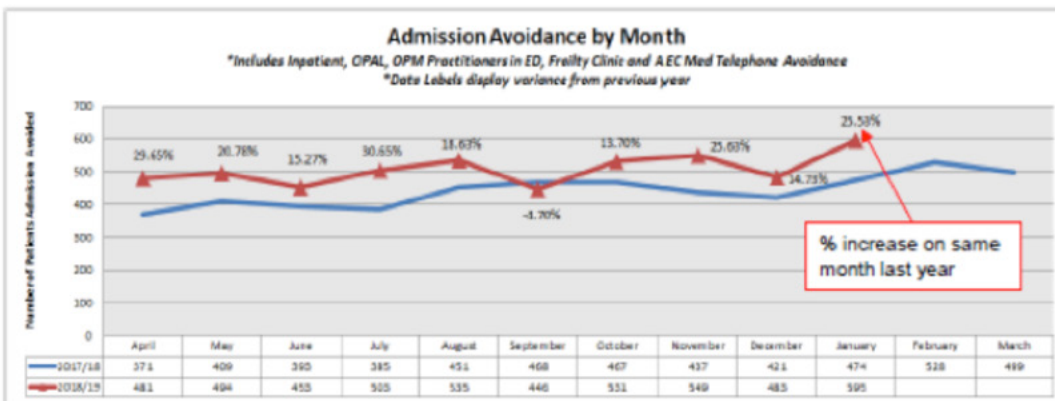
# Urgent and Emergency Care

## 1. First 24 Hours (F24H) Programme - Ambulatory Care

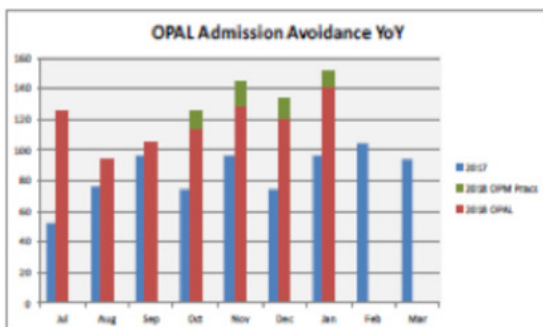
Reducing avoidable emergency admissions improves the quality of life for people with long term and acute conditions and their families, as well as reducing pressures upon the resources of local hospitals. The trust has undertaken a number of quality improvement projects in 2018/2019 with the aim of improving patient pathways and implementing new ways of working that support patient care and avoid unnecessary hospital admissions.

<b>Aim</b>	To increase by 50% the 2017/18 admission avoidance performance by 31 March 2019.
<b>Measure</b>	Length of Stay (LoS)
<b>Outcome</b>	An average increase of 19% avoided admissions per month has been achieved based on a comparison with 2017/2018 data

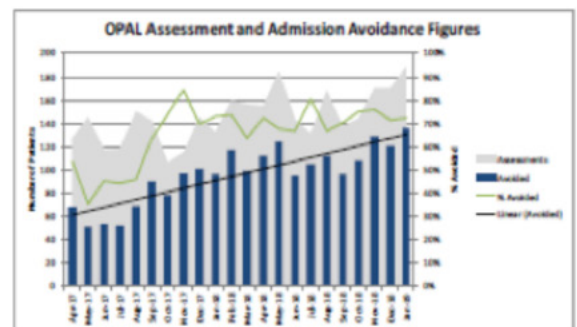
### Admission avoidance



An average increase of **+19%** per month avoided admissions (all specialties) has been achieved year-to-date based on direct comparison with corresponding months 2017/18



A key driver in the increase in avoided admissions has been the scale of improvement delivered by the work of the OPAL & Frailty ANP teams in ED



### How has the project been achieved?

Since October 2018, the Older Peoples Medicine (OPM) Advanced Nurse Practitioners (ANPs) have worked as part of the initial clerking and assessing team within the Emergency Department (ED). They have identified those patients that met the frailty pathway criteria on arrival, enabling their assessment, examination, diagnostic requirements, and treatment plan in accordance with best practice guidelines.

Earlier intervention by older peoples assessment (OPAL) and Frailty ANPs, working collaboratively with community colleagues in ED, has directly enabled the avoidance of significant numbers of unnecessary admissions.

## What improvements has the project seen?

In addition to the quantitative achievements a number of qualitative benefits have arisen from the work of the F24H Ambulatory Care Quality Improvement project:

- Improved working relationships between Trust clinicians and GPs
- 'SystemOne' rollout/training to nominated clinicians has enabled them to access the patient database currently used across GP practices, enabling more informed discussion/collaboration between primary and secondary care clinicians.
- Collaboration and shared learning/experience between clinical teams
- Consultant engagement with new ways of working - exemplified by the increasing level of participation with the 'Consultant Connect' system. Consultant Connect is a new IT application enabling GPs to contact Consultants to support appropriate referrals. The app was launched in December 2018 across a few pilot areas.

## Overall Summary

- Very successful - 19% increase in overall admission avoidance represents an excellent achievement.
- Seeking new working relationships with primary care and ambulance services has identified a significant area for growth, bolstered by proactive support of the local CCGs.

## Next Steps

- The work of the sub group will continue. Areas for potential improvement include the further expansion of the range of Trust services available to GPs for rapid telephone advice and guidance and, the further development of the Trust funded taxi conveyance (both into and out of hospital) to support admission avoidance and reduced length of stay.
- To continue working on collaborative improvement opportunities with primary care/ambulance services.

## 2. First 24 Hours (F24H) Programme - Combined Clerking

<b>Aim</b>	To reduce the overlap between Emergency Department (ED) and Acute Admission Unit (AMU) and Surgical Assessment Unit (SAU) clerking by 50% by March 2019 Outcome measures
<b>Measure</b>	Time to clerking after referral to specialty How long before the patient has their post take review following an acute admission to hospital
<b>Outcome</b>	49% reduction in the time from ED arrival to a patient being fully clerked

## How has the project been achieved?

A multidisciplinary team was established to review existing paperwork and what needed to be amended to streamline documentation and avoid duplication when obtaining a patient's history and examining the patient.

The new proforma was implemented at the end of October 2018 and has remained in place since this time, with further iterative improvements

## What improvements has the project seen?

- The time from ED arrival to being fully clerked has dropped from 5 hours and 10 minutes to 2 hours and 28 minutes. This is a 49% reduction (against the target of 50%). There has also been much less variation in clerking times.

- The time from ED arrival to post take ward round dropped from 11 hours and 2 minutes to 7 hours and 17 minutes (a reduction of 3 hours and 45 minutes improvement). There has also been less variation in this metric.
- The improvement is greatest in the evening, for example four hours less to post take ward round on average for patients arriving between 4pm and midnight.

## Overall Summary

- Very successful. The combined clerking project has met its main aim to reduce duplication of clerking by 50%
- There are important but unmeasurable safety benefits beyond the speed of clerking. We now know that the emergency departments clerking is more visible and readable. The proforma itself discourages unnecessary repetition.

## Next Steps

- A scoping meeting has been arranged to consider a potential Digital Clerking project as part of the quality improvement (QI) suite of projects for 2019-2020.

## Surgical Flow

Achieving good hospital flow remains fundamental to our success as a Trust. Surgical flow is complex and involves elective and emergency cases through our theatres, as well as availability of beds on wards or in ITU which sometimes delays theatres or blocks flow at the front door. The Model Hospital says we are fourth quartile for utilisation of theatres, and third quartile for available unused capacity. We know that we have room for improvement.

We also know that our ITU is at capacity and we will need to improve flow so it can continue to manage the growing demand for high acuity care. In addition, we need to optimise our clinical pathways as part of the Dorset Clinical Services Review.

<b>Aim</b>	To improve flow through our operating theatres and intensive care beds, so that we utilise these expensive resources more efficiently. We aim to achieve 85% utilisation for theatres and to reduce time delays out of ITU by 20%
<b>Measure</b>	Utilisation rates for theatres Compliance with safety and quality standards for emergency surgery Delays per month for patients awaiting a ward bed, for Intensive Care Unit
<b>Outcome</b>	Partially achieved

## What improvements has the project seen?

- We achieved 81.4% utilisation in theatres against a target of 85% - a rise of nearly 4% from three years ago. There is also now less variation which signifies the more stable processes and workforce.
- Achieved a 10% reduction (on average 40 minutes) in time delays out of ITU for patients against a target of 20%.
- Established a Surgical Frailty Service, based on a previous QI project which showed how Geriatric specialist input reduced the length of stay for over 85 year olds undergoing an emergency laparotomy. This has reduced Length of Stay by three days for older surgical patients on ward 14.
- Commissioned human factor observation and training from two senior airline pilots, bringing techniques from the aviation industry into healthcare on the Surgical Admissions Unit (SAU).



## Next Steps

- Rationalisation of the Orthopaedic extended day to the standard theatre day, bringing efficiencies and better resilience through cross-cover.
- Continue with the successful surgical flow meetings held by Head of Nursing and Quality to generate and test further quality improvement ideas.
- Based on evidenced current delivery, the Surgical Care Group proposes to release beds through proposed expansion of the Surgical Frailty team and the Urology Consultant of the Week and increased day cases.

# Supporting our Speciality Pathways

## 1. Dermatology

<b>Aim</b>	All surgical forms completed accurately by August 2018 and zero avoidable hospital reason cancellations by October 2018
<b>Measure</b>	Documentation standards
<b>Outcome</b>	Improved accuracy of form filling, e-form version now being developed

### What improvements has the project seen?

- Introduced an electronic system for booking appointments to replace the paper diary
- Created a surgical timings model to assist with slot time calculation when booking appointments. This model also provides a means of recording competencies for consultant, doctor and nurse surgeons.
- Introduced a nurse assessment clinic. This new service involves meeting with a nurse immediately following an outpatient appointment before patient leaves the department to:
  - ensure all elements of surgical form have been completed
  - further clarify the procedure with the patient, providing additional time to ask questions
  - arrange an appointment date for surgery
- Established a process for collating clinicians annual leave and ensuring clinics are scheduled to take into account all planned absence.
- Started work on the e-form to replace the paper surgical booking form.

### Next Steps

- Review the outstanding tasks from the project and set up teams or assign tasks as required.
- Update the department internet page.
- Carry out Experience Based Design questionnaires in outpatients.
- Continue to develop surgical e-form.
- Further review the surgical bookings administration process.

## 2. Ophthalmology

<b>Aim</b>	To improve patient safety and experience by reducing Referral to Treatment Time (RTT) waiting times in Ophthalmology to a maximum of 18 weeks and improving efficiency in eye theatres by March 2019
<b>Measure</b>	To improve patient safety and experience by reducing Referral to Treatment Time (RTT) waiting times in Ophthalmology to a maximum of 18 weeks and improving efficiency in eye theatres by March 2019
<b>Outcome</b>	Partially achieved

### How has the project been achieved?

A multi-disciplinary team was formed for the quality improvement project in autumn 2018. The team included consultants, technicians, the Matron, nurses, healthcare assistants (HCAs), the directorate manager and administration staff.

### What improvements has the project seen?

#### Eye Outpatients

- Positive changes to nurse clinics were made. Patients are now allocated to a named nurse. This means it is more equitable and patients are given longer appointments. This arrangement also provides better lunch cover and avoids peaks and troughs of work and activity.
- New morning and afternoon daily huddles introduced.
- Clinic templates have been changed for consistency of appointment slots and start/end times.

#### Eye Theatres

- Produced a scheduling tool showing a percentage for scheduling by surgeon by procedure to help the team book into lists.
- Conducted observations of theatre practice including staff and equipment movements.
- Set out the theatre opening times and displayed these outside each theatre.
- Set up time for the whole theatres team to receive quality improvement training and consider projects for 2018/19 and 2019/20.
- Established the INSIGHT theatre tool to identify and monitor opportunities for optimal use.

### Next Steps

- Ophthalmology has been relisted to continue as a project for 2019-20 to build upon the work started in 2018/19.

## Reducing Unnecessary Interventions on Wards (initial project title 'Bloods on Wards')

<b>Aim</b>	To reduce unnecessary diagnostics and/or nursing observations for patients who are medically ready for discharge by March 2019
<b>Measure</b>	Number of interventions out of hours
<b>Outcome</b>	Baseline assessment completed

### How has the project been achieved?

The overall project was extensive and consisted of a number of separate work streams and quality improvement ideas. All staff were asked to send in their ideas for improvements around three main themes:

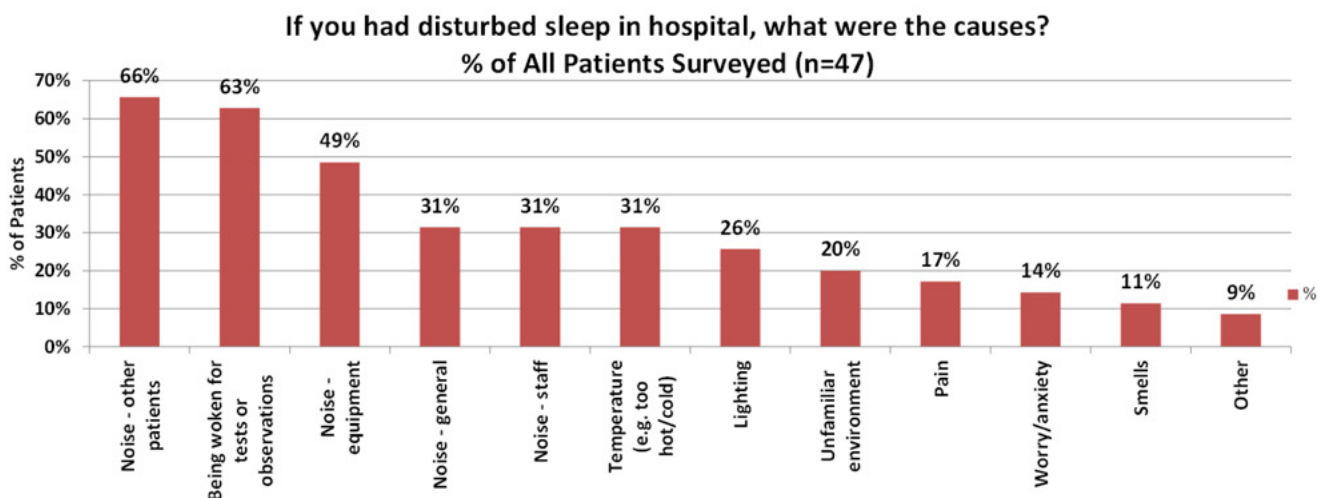
- How to reduce unnecessary tests for patients
- How to improve pain control for patients
- How to ensure patients get more sleep.

Multidisciplinary teams were then set up to consider and work through all of the ideas submitted. The specific aims of the Sleep Well project included:

- To draft a set of hospital standards promoting adequate rest and sleep for patients based on national best practice, staff and patient engagement.
- To reduce the number of overnight nursing observations for patients who are medically ready for discharge.
- To undertake awareness and education for nurses promoting the importance of using professional judgement when undertaking nursing observations.

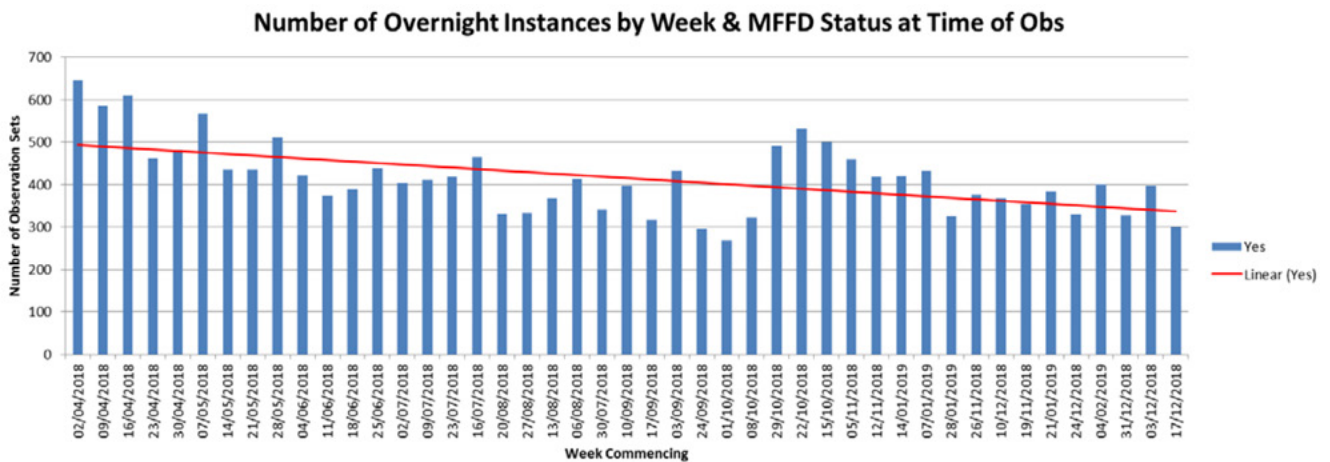
### What improvements has the project seen?

- We conducted a number of audits to understand what was causing sleep disturbance in hospital. The two main reasons were noise and being woken for tests and observations. Between April and October 2018 around 3500 observations were taken each week on patients who were medically ready for discharge.



- The project team drafted hospital standards promoting adequate rest and sleep for patients based on national best practice. These are aimed at improving the environment for sleep and reducing the number of routine observations for patients who are medically ready for discharge. The guidelines were formally launched with an action learning week in early 2019/20.

- The work to increase awareness has already shown some improvements (see table below)



### Next Steps

- Sleep well guidance for wards to be launched during an action learning week in the near future.

## Fundamentals of Care

### Patient Deterioration

The focus of the QI project for 2018/19 was on three key principles of physical deterioration for patients with an Early Warning Score (EWS) of  $\geq 9$ :

- **Recognition** - identification, monitoring and assessment
- **Response** - reliable and timely activation and communication, looking at Hospital at Night (H@N) data
- **Escalation** - clinical interventions. Are patients with a EWS  $\geq 9$  reviewed within our escalation parameter of 30 minutes?

<b>Aim</b>	For 65% of appropriate patients with an EWS $\geq 9$ to have a documented review by a competent practitioner within 30 minutes, and 100% within 60 minutes, by March 2019
<b>Measure</b>	Time
<b>Outcome</b>	38 % of patients (February 2019 data) seen within 30 minutes who have an EWS $\geq 9$ (against an aim of 65%) 57% of patients (February 2019 data) seen within 60 minutes who have an EWS $\geq 9$ (against an aim of 100%)

**Note:**\* We have identified that the time written in the patient’s records usually relates to the time of writing after the clinical assessment/review. Therefore it has been difficult to capture the actual time of review.

### How has the project been achieved?

A Deteriorating Patient QI team was established. Team meetings were arranged every two weeks. Initial meetings focused on designing a report that could show metrics easily and could eventually be understood and owned by wards/departments.



The group focused on developing four winter pressures quality improvement projects to support winter acuity pressures. These were:

- Development of the predictive high acuity reports.
- Streamlining communication between Clinical Site Team (CST) and senior medical staff out of hours specifically in relation to deteriorating patients.
- Additional shifts for senior doctor (ST3 and above) and either a CST or Critical Care Outreach Team (CCOT) member to work weekends. The purpose of these shifts is to focus on our sickest patients and support junior staff.
- Improving attendance of medical staff at the 13:30 weekend meeting in the CST office. The purpose is to bring medical/nursing teams to discuss issues/concerns around our sickest patients.

### What improvements has the project seen?

- Over 900 patients who had a EWS  $\geq 9$  have been audited by the Critical Care Outreach Team since April 2018.
- Successfully rolled out the Critical Notification Dashboard (CND) to most of our acute wards, the Acute Admissions Unit, the Surgical Assessment Unit, the Acute Stroke Units and wards 14, 15, 16, 17, 2 and 3.
- Development of ward-friendly metrics report which includes Hospital at Night (H@N) data. This report can be used by the wards to monitor their own escalation performance.
- 96.4% of our frontline staff (approximately 4000 staff) have completed the sepsis and deteriorating patient e learning module.
- The Trust has become an active member of the Wessex Academic Health Science Network (AHSN) Patient Safety Collaborative.

### Next Steps

- The Critical Care Outreach team has agreed to continue audit data collection after March 2019.
- Launching eNA Observations and implementing National Early Warning Score (NEWS)2 in all wards and departments across the Trust in line with national requirements.
- Continue involvement in the Wessex AHSN Patient Safety Collaborative.
- Finish rolling out the Critical Notification Dashboard to all wards that request it.
- Ensure patient engagement on future projects and education programmes regarding physical deterioration.
- Ensure the escalation quality improvement project includes human factors surrounding difficult conversations.
- Improving the quality of clinical documentation (separate project for 2019/20).

## Central Venous Access Device (CVAD)

<b>Aim</b>	To improve the co-ordination of all Central Venous Access Devices (CVADs), so that we know the status of every patient with a CVAD line inserted by the Royal Bournemouth Hospital by March 2019
<b>Measure</b>	Documentation
<b>Outcome</b>	Partially achieved

## What improvements has the project seen?

- Established a group with a high level of engagement.
- Rewritten the Standard Operating Procedures so staff have clear clinical guidelines.
- In January 2019 the Education Team launched the Central Venous Access Devices (CVAD) training as part of essential core skills training.
- Produced an outline design for a new electronic platform to record CVAD use.

## Next Steps

- The project has been extended until September 2019 with the support of its executive sponsor.
- Work with Interventional Radiology to develop a new electronic referral form.
- Implement a new line checklist including a CVAD checklist to go onto the electronic platform eNA.
- Work with the procurement team to have a single product for needle-free bungs.
- Introduce additional medical training regarding access and care of CVADs.

## Sepsis

<b>Aim</b>	To achieve and sustain that 95% of our patients with confirmed high risk sepsis in ED, AMU and SAU receive intravenous antibiotics within one hour by March 2019
<b>Measure</b>	Time to antibiotic administration
<b>Outcome</b>	Partially achieved

## What improvements has the project seen?

- 96.4% of frontline staff have completed the sepsis and deteriorating patient e-learning module launched on 27 March 2018.
- The project team submitted a paper to the Health Services Journal (HSJ) Patient Safety Education and Training Award in February 2019.
- Approximately 270 nurses and healthcare assistants have received bespoke ward based sepsis training designed and delivered by the Education team.
- In house monthly mortality review for sepsis by the Mortality Surveillance Group compared data between 2017 (42 deaths) and 2018 (19 deaths) and concluded that overall there was an improvement with the Trust now in line with the national average (15-20).
- A repeat of the 2015 pneumonia audit in September 2018 showed improvement in the delivery of first dose antibiotics within one hour from 33.3% to 61.8%.
- Improvement in daily consultant reviews from 27.8% to 76.5%.
- Completion of escalation documentation improved from 65% to 75%.
- Prototype development of an eNA sepsis application.
- 120 people attended a community health talk arranged by the Trust governors and presented by Dr David Martin in October 2018 in Wimborne.

## Achievements



"The training got me thinking, highlights how critical time is, to save lives, be aware and look for the early warning signs."

**Poster 2018/19**

**Could this be Sepsis?**

**Suspicion of Infection &  $\geq 3$  NEWS Score  $\geq 5$**

**+ 'Shock' Criteria**

- Hypotension (systolic BP < 90mmHg)
- Mottled/cyano-lipemic skin
- MAP < 65 or VOICE or PAIN or UNRESPONSIVE
- Reduced urine output (< 0.5ml/kg/hr over the past 18 hours)
- Lactate Above 2
- Respiratory Rate  $> 25$

**IV Antibiotics within ONE HOUR**  
Complete SEPSIS 6  
Escalate Care

**SE-PS-IS**



**96.4%** of our staff have completed their sepsis & deteriorating patient e-learning module within 10 months

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

**Understanding Health Talk in the community**

**SE-PS-IS**

**Dr David Martin**  
Consultant in Emergency Medicine

**Tuesday 16 October 2018**  
2.30pm (arrive from 2pm)

Allendale Community Centre  
Hambro Road  
Wimborne Minster  
BH21 1AS

Pay and Display Car Park adjacent to the centre

For more information and to book a FREE place email [members@rbch.nhs.uk](mailto:members@rbch.nhs.uk) or telephone: 01202 704246

Encourage to you by your front receptors

Over 120 members of the public attended the Health Talk in October 2018



## Next Steps

- Patient engagement. There has been interest from patients to be involved in future projects.
- Consider resource for continued data collection or an alternative approach. A Suspicion of Sepsis (SOS) Insights Dashboard has been developed through the AHSN.
- Ensure the sepsis e-learning module is kept relevant and up to date.
- Support the implementation of a "new" gentamicin calculator being developed by pharmacy.
- Continue to improve on the delivery of intravenous antibiotics especially for our high risk sepsis patient groups.
- Implementation of the sepsis eNA application.

## Falls Prevention

Falls in hospital are the most commonly reported safety incident in acute trusts (Royal College of Physicians 2015). Based on data submitted to the National Reporting and Learning System (NRLS), around 250,000 falls were reported in 2015/16 across acute, mental health and community hospital settings.

Falls are particularly common among older patients (aged 65 and above), with estimates suggesting this group accounts for approximately 80% of all falls in hospital. Falls in hospital can have a detrimental impact on confidence as well as health and can significantly increase risks of isolation, reduced independence and the need for residential care (Age UK).

In Bournemouth and Christchurch the patient demographic has a very high proportion of people aged 65 years and older attending our Trust with multiple, complex long-term conditions and already at a very high risk of falling on admission. Our primary focus has been recognising these high risk patients and their falls risk factors directly on admission; and even in some areas, prior to admission; and then developing an individualised plan to mitigate any risks.

Falls prevention has been a top “fundamentals of care” quality priority for the trust for a number of years and in previous quality accounts we have reported on how we have reduced the number of falls that that resulted in significant harm to patients. We are pleased to report that this has continued for 2018/19 with only three serious incidents reported in year (see section 3 for further details).

As part of our continuous improvement programme a specific aim for 2018/2019 was to look at ensuring all patients have their falls risk assessment identified and documented daily.

The project was started on one pilot ward in November 2018 following a review of comments, ideas, and issues raised during falls awareness week in October 2018. An aim was agreed and baseline data collection initiated.

### What improvements has the project seen?

The project is still ongoing but actions achieved to date include:

- Falls awareness stand and simulation training held as part of the Patient Safety and Quality Improvement Conference in 2018
- Falls awareness week held during the week commencing 29 October 2018. To raise staff awareness, this included a daily visit to all wards and a public stand in the atrium at the Royal Bournemouth Hospital to raise public awareness about falls prevention.
- Falls eLearning updated to highlight importance of lying and standing blood pressure
- New lanyard cards on lying and standing blood pressure developed
- New falls prevention posters developed and implemented



**REDUCING FALLS**

- R** Review medicines: Ask for a medication review specifically for falls. Consider bone health.
- E** Eyesight Check: Ensure all aids are within reach/working/clean/worn/labelled.
- D** Dementia / Delirium: Known diagnosis of dementia/delirium? Refer to Dementia/Delirium Team. Is your patient more confused today than they were yesterday?
- U** Under bed light / general lighting: All under bed lights must be on. Ensure adequate lighting at any other time.
- C** Call bell: Call bell MUST be within reach. Does your patient know how it works?
- I** Information: Offer an information leaflet on "Falls Prevention Whilst in Hospital".
- N** Nutrition and hydration: Ensure your patient has access to fresh drinking water and snacks.
- G** Get active: Encourage your patient to "Get up, get dressed, and keep moving!".
- F** Feet and footwear checks: Is their footwear appropriate? Offer non-slip red socks as a temporary measure.
- A** Aids and equipment: Ensure patients have their walking aids within reach. Where do you access walking aids out of hours?
- L** Lying and standing blood pressure: Do you know how to complete a lying and standing blood pressure? Do you know what makes a positive result and when to ask for a review?
- L** Location on ward: Is your patient in an appropriate bed space? Do they need enhanced observation? Have you orientated them to the ward?
- S** Safe environment: Check the environment. Is it safe? Remove/reduce hazards. Ask for excess belongings to be taken home.



## Pressure Ulcer Prevention

The patient profile of the trust means that we have a high proportion of very elderly frail inpatients with often complex and long-term health issues. Our patients are often admitted with existing pressure damage (community acquired cases are much higher than the national average) or at a high risk of early skin deterioration. We therefore have a detailed proactive pressure ulcer prevention strategy. This involves ensuring that all patients are placed immediately on a pressure relieving mattress on admission and also have a risk assessment (Waterlow) completed at regular points during their admission.

Our quality priority for 2018/19 aimed at looking at completing and documenting a full SKINS assessment (see below) of a patient within six hours of admission to hospital.



SKINS		
Preventing and treating pressure damage		
	<b>Skin inspection</b>	Complete and record daily skin inspections Provide PU prevention leaflet to patient/carer Complete Waterlow assessment on eNA
	<b>Keep moving</b>	Reposition regularly, document frequency and position Encourage independent movement Complete mobility and frailty assessment on eNA
	<b>Incontinence</b>	Keep dry and clean and monitor hygiene needs Complete continence trigger tool Refer to SOP for incontinent patients
	<b>Nutrition</b>	Weigh patients regularly Complete MUST assessment on eNA Commence intake charts if required
	<b>Surface</b>	Provide and document pressure relieving devices Reassess regularly

### What improvements has the project seen?

- No serious incidents involving hospital acquired pressure ulcers reported in 2018/2019
- Workshops held with all Acute Medical Unit staff and baseline assessment data collected in September 2018. Improvement plan identified.
- New pressure ulcer categorisation posters and lanyard cards produced for all areas.
- International STOP Pressure Ulcer Day celebrated across the Trust in November 2018.
- Trust wide wound care study day held on 14 February 2019.

### Next Steps

- Review progress of improvement plan.
- Develop new e-learning module for pressure ulcer prevention. The Trust has been asked to lead on development of a national e-learning module by NHS Improvement.

## Our quality priorities for 2019/20

In order to identify priorities for quality improvement in 2019/20, 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, including never events
- 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
- using the Getting it Right First Time (GIRFT) and Model Hospital analyses
- listening to staff feedback during Action Learning weeks
- 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.
- listening to what governors have told us following engagement with the public, patients and members
- canvassing the views of patients and staff through our internal peer review programme.

We have 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 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 2019/20. Priorities have been discussed with clinical staff through the Trust's Quality and Risk Committee, Improvement Programme 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.

To coordinate implementation, the Trust has developed a comprehensive quality strategy improvement plan. Progress against the plan will be monitored by the Board of Directors, Improvement Board, Senior Leadership Team and the Council of Governors.

### Following consultation the Trust's quality priorities for 2019/2020 are:

- **Urgent and Emergency Care** - to improve the first 24 hours of our urgent and emergency care pathway to deliver 'right patient, right time, right team right place' and adopting NHS Improvement Emergency Care Intensive Support Team (ECIST) recommendations.

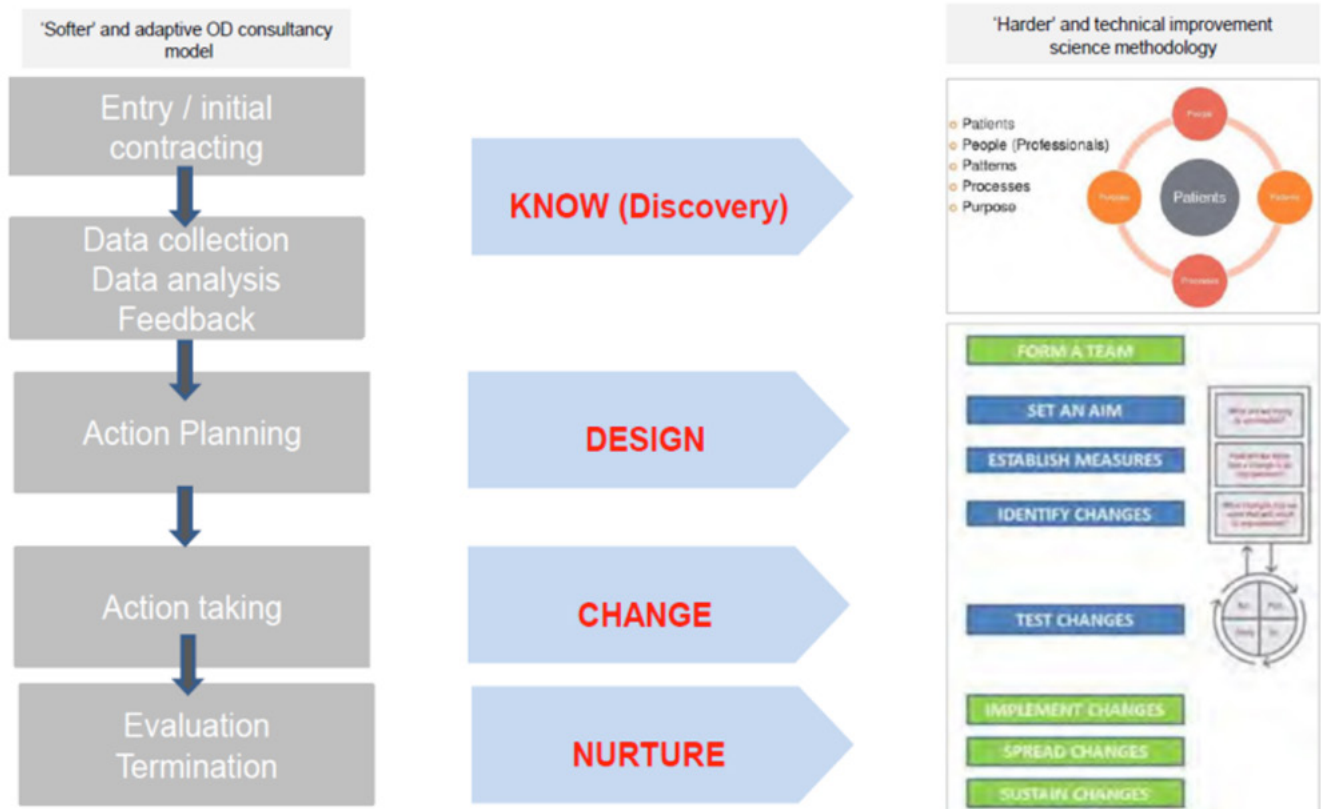
- **Improving hospital flow** - to optimise in-patient hospital flow reducing the number of stranded patients and ensuring patients have appropriate lengths of stay.
- **Ophthalmology** - to optimise the use of theatre resources in Ophthalmology and achieve Eye Theatre efficiency of 80% by March 2020.
- **Gastroenterology** - to analyse capacity and demand in Gastroenterology and improve throughput.
- **Orthopaedics** - to review the patient pathway in Orthopaedics, identify opportunities, improve the patient pathway and optimise the use of the specialty's theatre resource.
- **Outpatients** - to ensure there is effective use of outpatient services across all specialties centred on the needs of the patient. To redesign outpatient services to reduce the number of unnecessary visits for our patients, improve efficiency and free up time for our health care professionals.
- **Documentation** - to improve inter and intra team working including how patient notes are recorded and shared. To introduce new fundamental standards of record keeping within the Trust. To manage how health records are filed and to improve the consistency and accuracy of what is recorded in the health records. To improve communication between teams through digital innovation.
- **Medical Rotas** - to review and improve the medical rota processes reducing variation where appropriate. To optimise the use of medical manpower through the introduction of a consistent process for managing medical rosters, using the most effective digital solutions, and enabling a clear oversight of sickness absence, annual leave and study leave.

## 2019/20 Quality Improvement Priorities



Our programme of work this year will be split into four key workstreams. Each area will consist of a range of QI projects managed and supported according to their size, complexity and operational capacity. This will support a culture of continuous improvement and help spread and sustain improvement capability as part of standard work in our wards and departments

In 2019/20 the Improvement Programme Team (IPT) will also support the transformation and early integration of services as part of our East Dorset clinical reconfiguration programme. Working with our 'four early services', we will apply QI methodology to redesign patient pathways and develop new models of care to create a sustainable future – co-produced with staff, patients and service users and based on national best practice.



## 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 gives a local context to the information provided in the statutory statements.

### 1. Review of services

During 2018/19 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 services
- 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 2018/19 represents 100% of all the total income generated from the provision of relevant health services by the Trust for 2018/19.

## 2. Participation in clinical audit

During 2018/19, there were 45 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, and for which data collection was completed during 2018/2019, 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	Eligible	Participated in 2018/19	% of cases submitted	Purpose of audit
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	Y	Y	100%	To examine the quality of the management of heart attacks in hospital
Adult Cardiac Surgery	N	N		
British Association of Urological Surgeons (BAUS) Audit: Cystectomy	Y	Y	100%	To publish surgeon patient outcomes data to improve standards of surgery and help patients make informed decision about their care
BAUS Audit: Nephrectomy	Y	Y	100%	As above
BAUS Audit: Percutaneous nephrolithotomy	Y	Y	100%	As above
BAUS Audit: Radical prostatectomy	Y	Y	100%	As above
BAUS Urology Audits: Female stress urinary incontinence	N	N		
Bowel Cancer (NBOCAP)	Y	Y	100%	Measures the quality of care and survival rates of patients with bowel cancer in England and Wales
Cardiac Rhythm Management (CRM)	Y	Y	100%	Examines the implant rates and outcomes of all patients who have a pacemaker, defibrillators or cardiac resynchronisation therapy implanted in the UK

National Clinical Audits	Eligible	Participated in 2018/19	% of cases submitted	Purpose of audit
Case Mix Programme (CMP) - Intensive Care National Audit	Y	Y	100%	The CMP is an audit of patient outcomes from adult general critical care units
Child Health Clinical Outcome Review Programme	N	N		
Congenital Heart Disease (CHD)	N	N		
Diabetes (Paediatric) (NPDA)	N	N		
Elective Surgery (National PROMs Programme)	Y	Y	Partial submission	Patient reported outcome measures (PROMs) survey patients before and after surgery for the following planned procedures; 1) Groin hernia repair 2) Hip replacement 3) Knee replacement 4) Varicose veins
Falls and Fragility Fractures Audit programme (FFFAP)	Y	Y	100%	Inpatient falls: Evaluates compliance against best practice standards in reducing the risk of falls within hospitals
Feverish Children (care in the Emergency Department)	Y	Y	100%	A tool to support the quality of urgent and emergency care services for patients
Inflammatory Bowel Disease (IBD) programme	Y	Y	Submitted 100% of patients who consented (1000+)	A tool to support the quality of urgent and emergency care services for patients
Learning Disability Mortality Review Programme (LeDeR)	Y	Y	Full submission	Aims to make improvements to the lives of people with learning disabilities by undertaking case reviews of patients who died
Major Trauma Audit -The Trauma Audit & Research Network (TARN)	Y	Y	Incomplete submissions due to data capture issues.	Analyses data of trauma care to improve emergency care management and systems
Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection	Y	Y	Full submission	Collection is mandated by NHS-Improvement (previously by the Department of Health)
Maternal, Newborn and Infant Clinical Outcome Review Programme - MBRRACE-UK	Y	Y	Full compliance	Analyses and reports national surveillance data in order to stimulate and evaluate improvements in health care for mothers and babies
National Asthma and COPD Audit Programme	Y	Y	100%	To drive improvements in the quality of care and services provided for COPD patients.

National Clinical Audits	Eligible	Participated in 2018/19	% of cases submitted	Purpose of audit
National Audit of Anxiety and Depression	N	N		
National Audit of Breast Cancer in Older Patients (NABCOP)	Y	Y	Not submitted by RBCH data pulled via RCS Cancer Registry	Improves the quality of hospital care for older patients with breast cancer by looking at the care received by patients with breast cancer and their outcomes
National Audit of Cardiac Rehabilitation	Y	Y	100% of NACR data collected.	Aims to support cardiovascular prevention and rehabilitation services to achieve the best possible outcomes for patients with cardiovascular disease, irrespective of where they live
National Audit of Care at End of Life	Y	Y	100%	Focuses on the quality and outcomes of care experienced by those in their last admission in acute, community and mental health hospitals
National Audit of Dementia	Y	Y	100% case submission	Measures criteria relating to care delivery which are known to impact on people with dementia admitted to hospital
National Audit of Intermediate Care (NAIC)	Y	Y	100%	The purpose of the audit is to improve intermediate care services for older people by providing benchmarked information on service models, spend, activity, workforce and, importantly, outcomes
National Audit of Percutaneous Coronary Interventions (PCI)	Y	Y	100%	The aim of the audit is to describe the quality and process of care and compare patient outcomes
National Audit of Pulmonary Hypertension	N	N		
National Audit of Seizures and Epilepsies in Children and Young People	N	N		
National Audit of Psychosis	N	N		
National Comparative Audit of Blood Transfusion Programme	Y	Y	100%	Measures compliance with standards related to the recommended use of blood components
National Diabetes Audit - Adults	Y	Y	100% except for 2018/19 insulin pump audit data due to system error	Measures the effectiveness of diabetes care compared to NICE guidance

National Clinical Audits	Eligible	Participated in 2018/19	% of cases submitted	Purpose of audit
National Emergency Laparotomy Audit (NELA)	Y	Y	100% for Year 5 submission -1/12/2017-30/11/2018	Compares inpatient care and patient outcomes undergoing emergency abdominal surgery in England and Wales
National Heart Failure Audit	Y	Y	100%	Focuses on the clinical practice and patient outcomes of patients discharged following an emergency admission with a primary diagnosis of heart failure
National Joint Registry (NJR)	Y	Y	100%	Data analysis of joint replacement surgery in order to provide an early warning of issues relating to patient safety
National Lung Cancer Audit (NLCA)	Y	Y	100%	Measure lung cancer care and outcomes to bring the standard of all lung cancer multidisciplinary teams up to that of the best
National Maternity and Perinatal Audit (NMPA)	Y	Y	100%	Evaluates a range of care processes and outcomes in order to identify good practice and areas for improvement in the care of women and babies looked after by NHS maternity services
National Neonatal Audit Programme (NNAP)	N	N		
National Oesophago-gastric Cancer (NAOGC)	Y	Y	100%	Investigates whether the care received by patients with oesophago-gastric cancer is consistent with national standards
National Ophthalmology Audit	Y	Y	Partial submission	Assesses key indicators of cataract surgical quality
National Prostate Cancer Audit	Y	Y	100%	Data analysis on the diagnosis, management and treatment of every patient newly diagnosed with prostate cancer and their outcomes
National Vascular Registry (NVR)	Y	Y	Awaiting data from NVR	Established in 2013 to measure the quality and outcomes of care for patients who undergo major vascular surgery in NHS hospitals
Neurosurgical National Audit Programme	N	N		



National Clinical Audits	National Clinical Audits	National Clinical Audits	National Clinical Audits	National Clinical Audits
Non-Invasive Ventilation - Adults	Y	Y	Data collection phase still open	British Thoracic Society audit programme is to drive improvements in the quality of care and services for patients with respiratory conditions across the UK
Paediatric Intensive Care (PICANet)	N	N		
Prescribing Observatory for Mental Health (POMH-UK)	N	N		
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)	Y	Y	Full submission	Public Health England data collection
Sentinel Stroke National Audit Programme (SSNAP)	Y	Y	Full submission	See Part 3
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	Y	Y	Full submission	Analyses information on adverse events and reactions in blood transfusion with recommendations to improve patient safety
Seven Day Hospital Services	Y	Y	Full submission	See Part 2
Surgical Site Infection Surveillance Service	Y	Y	Partial submission	Public Health England data collection
UK Cystic Fibrosis Registry	N	N		
Vital Signs in Adults (care in the Emergency Department)	Y	Y	100%	A learning tool to support the quality of urgent and emergency care services for patients
VTE risk in lower limb immobilisation (care in the emergency departments)	Y	Y	100%	A Royal College of Emergency Medicine National Quality Improvement Project

National Confidential Enquiries	Eligible to Participate	Participated in 2018/19	% of required cases submitted
Perioperative Diabetes	Y	Y	100%
Pulmonary Embolism	Y	Y	100%
Acute Bowel Obstruction	Y	Y	Study is still open
Long Term Ventilation	Y	Y	No eligible cases to submit, organisational questionnaire to be completed when received

The reports of 42 national clinical audits were reviewed by The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust in 2018/19 and, as examples, the Trust intends to take the following actions to improve the quality of healthcare provided as a result:

- A business case has been developed for another heart failure consultant and specialist nurse
- Following the National Diabetes Foot Care Audit a review of the service will be undertaken, to include the option of self-referral.
- Following the Falls and Fragility Fractures Audit programme - re-introduction of the Continence Trigger Tool into the 7 day Care Plan. To implement an identifiable sticker to be added to the front of the patients prescription chart. This will be signed and dated following medication discussions on the ward round.
- Following the Audit of Patient Blood Management in Scheduled Surgery - use data to encourage better use of Tranexamic Acid, maintain/increase use of Intra-op cell salvage and consider transfusion triggers peri-op and post transfusion targets when deciding when and how much to transfuse.
- Additional Parkinson's clinic set up to enable patients to be seen in a timely manner.
- Commencement of rolling Cardiac Rehabilitation programme to facilitate more flexibility on dates and times of classes offered to patients.
- Following the Sentinel Stroke National Audit Programme, an internal review was undertaken to ensure there is consistency in decision making regarding eligibility for thrombolysis.
- Amend the Transfusion Care Chart to add Yes/No box against questions in Transfusion Associated Circulatory Overload (TACO) checklist. TACO assessment added to Haematology Dr training.
- Following the National Adult Bronchiectasis Audit, inpatients and will be identified daily by the Dorset Adult Integrated Respiratory Service (DAIRS) Team. The DAIRS team will review and place sticker in notes and the DAIRS physiotherapist will see and teach chest clearance. The outpatient check list is to be updated to include DAIRS referral.

The reports of 186 local clinical audits (including patient surveys) were reviewed by the Trust in 2018/19 and the Trust intends to take the following actions to improve the quality of healthcare provided:

- The hospital palliative care team has been expanded and now covers weekends, so that palliative patients admitted to hospital can be reviewed earlier during their admission.
- A Nurse-led Telephone Assessment Clinic (TAC) position will be funded for 6 months, to further demonstrate the value of a TAC for Fast Track Colorectal Referrals. A new GI cancer referral pathway will be introduced.
- New authorised controlled drugs (CD) signatory lists prepared by each clinical area, which will be reviewed by the clinical area sister / charge nurse at least monthly as well as during 4 monthly CD audit.
- New Pain Team guideline to be developed to improve the basics of pain assessment and management.
- Update written information on care of breast prosthesis. Update guidelines on replacement of prosthesis and making follow-up requests to be seen if there is a problem with the product.
- 'BERTIE' (Type 1 Diabetes Education Programme) has been revamped as an on-line educational resource.
- Task and finish group set up to resolve any issues arising regarding the use and storage of medical gases.
- Specialist Palliative Care Community Team to set up an automated telephone answering system to enable patients and carers to contact the most appropriate person in a timely manner. Business case submitted to MacMillan Caring Locally to fund iPhones for the community team, to enable further routes of contact.

- A protocol has been produced to ensure the appropriate monitoring of patients on Cyclosporin. This has been distributed to all Dermatology Outpatient Clinics. Every patient will be asked to book their next follow-up appointments at the end of their review.
- A Pathology patient satisfaction project led to the development of a community phlebotomy hub offering booked appointments, plus the introduction of booked appointments as well as open access at Royal Bournemouth Hospital.
- Re-design the preoperative anaemia care pathway for elective hip and knee arthroplasty to include all patients with a plasma haemoglobin concentration <130g/L.
- A new consultant ward round sheet introduced on the rehabilitation side of the stroke ward. This prompts consideration of dalteparin at day 14 post ischaemic stroke.
- Dedicated psoriatic arthritis clinic set up following audit of NICE guidance
- Changes made to the Nursing Daily Assessment sheet to facilitate completion of all essential questions, following a re-audit of the completion of the Personalised Care Plan for the Last Days of Life.
- A documented birth plan to include third stage management is to be completed at the 36 week appointment, following an audit of post-partum haemorrhage management.

### 3. Participation in clinical research:

The number of patients receiving relevant health services provided or sub-contracted by the Trust in 2018/19 that were recruited during that period to participate in research approved by a research ethics committee and National Institute for Health Research (NIHR) portfolio was 1986 (April 2018 - March 2019). This compares with 2,157 for 2017/18, 1,480 for 2016/17 and 1,305 for 2015/16.

Our vision is for the Trust to be a centre of excellence in healthcare research and to lead on collaborative working across Dorset supporting research and innovation. Our purpose is to foster a thriving research and innovation culture throughout the Trust ensuring high quality research, respect for our research participants and respect for researchers.

The Trust underwent a triggered Medicines and Healthcare products regulatory agency (MHRA) good clinical practice (GCP) inspection in February 2018. A corrective and preventative action (CAPA) plan was put into place which was accepted by the MHRA and the inspection officially closed in August 2018.

Following the triggered inspection, and the reporting of two protocol breaches to the MHRA, a further MHRA GCP inspection of Trust sponsored research projects took place in July 2018. Seven trials were selected as part of this inspection. The report from this inspection was received in January 2019, a CAPA plan was put into place which was accepted by the MHRA in April 2019 with the inspection closed. Quarterly reporting to the MHRA was required following this inspection and the first quarterly report from this inspection is due for submission by 3rd June 2019.

A further MHRA GCP inspection took place in January 2019 to review progress made with the actions implemented so far and the MHRA chose 10 further trials for inspection. The MHRA inspectors were very pleased with the progress made with improvements to processes and quality management since the first visit in February 2018. A further CAPA plan was put in place which was accepted by the MHRA in April 2019

The team continue to be complimented by the organisations we work with for high quality research data and timely responses to requests. To achieve this over the next year, the Research and Innovation directorate will continue to increase patient access to National Institute for Health Research (NIHR) badged research studies and to grow our commercial research portfolio, balancing continued growth with a focus on the delivery of high quality clinical research. Monthly governance meetings established during 18/19 and regular review of action plans ensure a continued focus on robust quality systems with appropriate quality assurance. We are further developing the operational capability of the Directorate this year to support the delivery of the five year research and innovation strategy; this includes a commitment to provide staff with advice, support and signposting to develop their ideas into deliverable research projects or new innovations (e.g. new products and services) that will benefit our patients, the Trust and the wider NHS.

The research patient experience survey conducted in 2018 by the NIHR was overwhelmingly positive for the Trust. 50 patients who had taken part in research studies this year were asked to complete a questionnaire. 93% of patients strongly agreed that they had a good experience of taking part in research, with the remaining 7% agreeing. We will continue to develop a patient charter and ensure that we enable patients to take part in research, reviewing and redeveloping our patient travel expenses process this year. We welcome Care Quality Commission indicators for research under the 'well-led' domain and are committed to raising the profile of research within the Trust to contribute to achieving excellence in this indicator.

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

The Trust's income in 2018/19 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 the 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 2018/19.

The Trust has not participated in special reviews or investigation by the CQC during 2018/19.

The CQC inspected the Royal Bournemouth Hospital and Christchurch Hospital on 11 and 12 March 2018 and undertook an additional well-led inspection on the 11 and 12 April 2018. The report was published in June 2018.

The CQC last inspected the Trust in March 2018 and published their report in June 2018. The inspection covered urgent and emergency care, medical care, maternity, and surgery which had previously been rated as requiring improvement at the last inspection in 2015. The CQC also looked specifically at leadership and how the Trust used its resources.



The inspection also looked at safety, and whether services are effective, caring, responsive and well-led. It was leadership, culture and governance at the Trust that gained a rating of Outstanding. The Trust was rated as Good for being safe, effective, caring and responsive to people's needs. The Trust made significant improvements in all areas inspected.

CQC Rating Table: June 2018

#### Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Royal Bournemouth Hospital	Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Outstanding ↑↑ Mar 2018	Good ↑↑ Mar 2018
Christchurch Hospital	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
<b>Overall trust</b>	Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Outstanding ↑↑ Mar 2018	Good ↑ Mar 2018

Commenting on the report, the Chief Inspector of Hospitals, Professor Ted Baker, said: *“The board and staff must also be congratulated for setting out an aim to be the most improved trust by 2017 and working towards that, and for its achievement in working collaboratively with local stakeholders to help transform local health service throughout Dorset. Since we last inspected, Royal Bournemouth and Christchurch Hospital NHS Foundation Trust has taken significant strides to improve in all areas. I am satisfied that the trust has worked to ensure every stage of improvement has been embedded before moving on. Senior managers have taken a thorough approach to improve services across the trust by developing team coaching, change champions and quality improvement training. By actively promoting staff empowerment to raise concerns and drive improvement, the trust has helped embed quality improvement in the everyday workings of the trust.”*

*“Inspectors visited the Trust during a particularly busy time and made a number of observations, including:*

- *we observed a deeply positive and embedded culture of caring*
- *the Trust had planned and provided services in a way that met the needs of local people, such as investing time and money to support people living with dementia*
- *patients with complex needs were taken into account when delivering and organising services*
- *patients and those close to them felt fully involved in all aspects of care with staff providing compassionate and consistent support*
- *the Trust has an exemplary reporting system for sharing learning, improvements and best practice*

*The inspection identified “that Trust leadership had taken a cultural approach to improving services, ensuring that quality improvement and continuous improvement were integral to the everyday workings of the Trust”.*

## 6. Data Quality

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust submitted records during 2018/19 to the Secondary Uses Service (SUS) for inclusion in the hospital episode statistics which are included in the latest published data.

The percentage of records in the published data which included the patients' valid NHS number was 99.7% for admitted patient care; 99.9% for outpatient care; and 98.0% for accident and emergency care. The percentage of records in the published data which included the valid General Medical Practice code was 100% for admitted patient care; 100% for outpatient care; and 99.6%

for accident and emergency care. (Taken from the National April-December 2018 SUS data quality report)

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 Data Security and Protection Toolkit. This replaced the Information Governance Toolkit from April 2018 onwards. The self-assessment must be submitted to NHS Digital, with all evidence provided by 31 March 2019.

The Data Security and Protection Toolkit required the Trust to confirm compliance with all mandatory requirements across the organisation. The Trust's Information Governance Assessment Report overall score for 2018/19 was 92% and was graded as "Standards not fully met". However an improvement plan has been submitted to NHS Digital, outlining how the Trust intends to achieve the remaining eight requirements in the coming months. Once this is approved by NHS Digital it is expected that the Trust's assessment will be re-graded as "Standards not fully met (Plan Agreed)".

The Data Security and Protection Toolkit (DSP Toolkit) replaced the Information Governance Toolkit during 2018. This remains a self-assessment audit completed by every NHS trust annually and submitted to NHS Digital; the purpose being to assure an organisation's information governance practices through the provision of evidence around 40 mandatory individual assertions. The DSP Toolkit sets the standard for cyber and data security for healthcare organisations, and places a much greater focus on assuring against modern threats. Based around the National Data Guardian's ten data security standards, a significant portion of this audit is underpinned by work associated with information risk assurance.

During 2018/19, the Trusts aim was to achieve compliance with all the mandatory assertions. However, the DSP Toolkit required the Trust to provide different assurances to those which were previously required, and as such it was not possible to provide substantial evidence for all these within the first year of this assessment. The Trust has complied with 92% of these by 31 March 2019, and is implementing an improvement plan to achieve compliance with the remainder in the coming months.

In 2019/20, work will continue to establish and firmly embed the principles of information risk management and information governance throughout the organisation, in order to ensure that the Trust is complying with its legal obligations. Key to this is the engagement and continued co-operation of subject matter experts and Information Asset Owners (IAOs), who provide assurance of practices within their respective departments across the organisation. This remains increasingly important during 2019/20 given the recent significant changes in data protection legislation meaning that the Trust must provide a greater level of assurance to individuals and regulators around its data processing activities.

There has been an increase in reported breaches of information governance during 2018/19. During 2017/18, 93 breaches and four Serious Incidents Requiring Investigation (SIRIs) were reported, whereas 2018/19 has seen 188 breaches and one SIRI reported (on which the Information Commissioner's Office decided to take no further action).

Information governance breaches tend to be one-off incidents rather than incidents that recur within one department, and can therefore generally be attributed to human error rather than an endemic issue. Some of the types of incidents reported are recurrent in nature; for example, around 31% of incidents reported related to personal data being stored in the wrong person's record, and around 28% related to inappropriate access to or use of personal data (including instances where patients have received correspondence relating to others).

While reasons for the increased numbers are difficult to quantify, this is likely to be indicative of greater awareness affecting levels of incident reporting; the Trust's information governance training compliance has been above 93% for each of the last 12 months. Work will continue during 2019/20 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 and the error\* rates reported in the latest published audit for that period of diagnosis and treatment coding (clinical coding) were Primary Diagnosis 91%, Secondary Diagnosis 82%, Primary Procedure 90% and Secondary Procedure 83%. (These figures relate to the period 1 April 2018 - 31 March 2019)

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

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 that there was an error.

## 9. Learning from deaths

During period 1 April 2018 to 31 March 2019 1535 patients died in the Royal Bournemouth Hospital and Christchurch Hospital (which includes the Macmillan Unit).

On the 31 March 2019, 546 case record reviews and/or investigations have been carried out in year in relation to 1535 deaths reported.

In all cases a death was subjected to both a case record review and, where required an additional investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out is shown in the Table below;

Month of Death	Number of Deaths	Number Reviewed	% Reviews Completed
<b>Apr 18 - Jun 18</b>			
Apr-18	141	77	54.6%
May-18	121	66	54.5%
Jun-18	141	59	41.8%
<b>Jul 18 - Sep 18</b>			
Jul-18	128	65	50.8%
Aug-18	103	41	39.8%
Sep-18	116	45	38.8%
<b>Oct 18 - Dec 18</b>			
Oct-18	118	49	41.5%
Nov-18	121	51	42.1%
Dec-18	118	44	37.3%
<b>Jan 19 - Mar 19</b>			
Jan-19	164	37	22.6%
Feb-19	132	8	6.1%
Mar-19	132	4	3.0%
<b>Grand Total</b>	<b>1535</b>	<b>546</b>	<b>35.6%</b>

All deaths receive a consultant review against a specific questionnaire. Reviews are discussed at specialty Mortality and Morbidity meetings and the chairs of these meetings attend the Trust's Mortality Surveillance Group. This ensures that the reviews of all deaths within the hospital are discussed centrally and ensures actions for improvement are identified.

The e-Mortality pro forma also includes a nationally recognised grading system to ensure that avoidable mortality is clearly categorised. The tool used codes the reviews into one of the following categories:-

- 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.

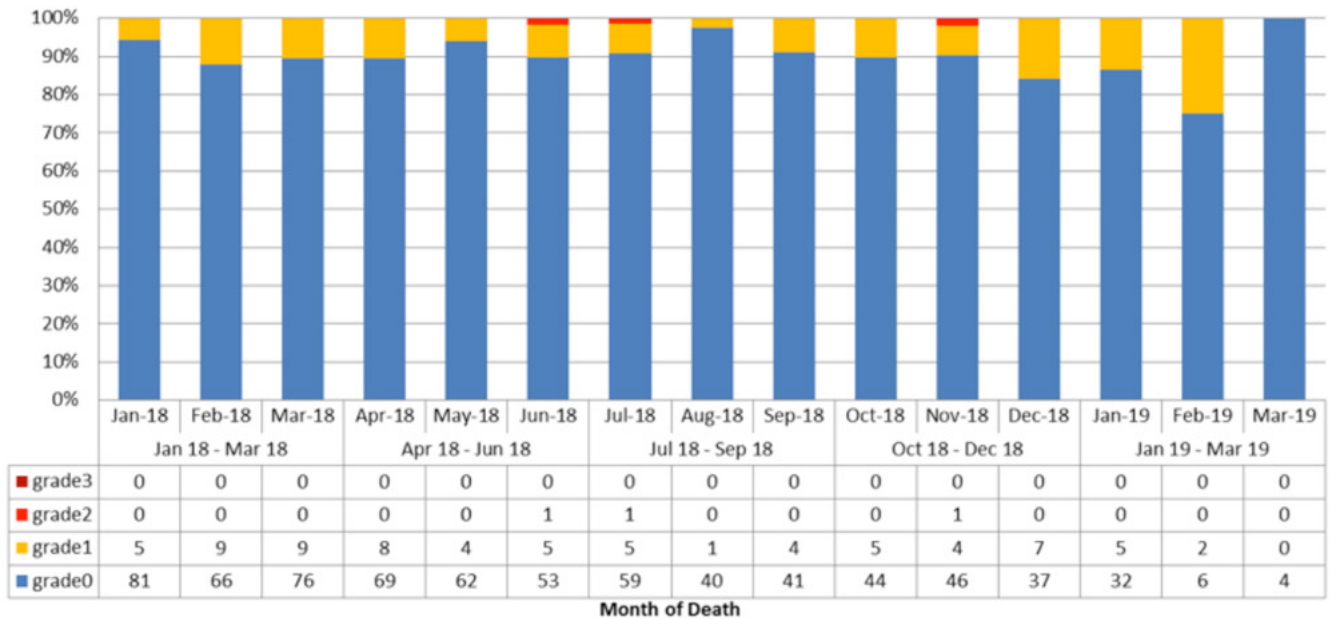
Once any death is categorised as grade 2 or 3, an automatic link allows completion of a Learning Event Report Notification (LERN) form and a full serious incident root cause analysis process is undertaken.

The following table provides details of the number of case note reviews that were graded as 0, 1, 2 or 3 for the period 1 April 2018 - 31 March 2019. Grade 2 and 3 cases are those where it has been identified that there may have been problems in the care provided to the patient.

Month of Death	Grade 0	Grade 1	Grade 2	Grade3	Grand Total	Proportion graded 2 or 3
<b>Apr 18 - Jun 18</b>						
Apr-18	69	8	0	0	77	0.0%
May-18	62	4	0	0	66	0.0%
Jun-18	53	5	1	0	59	1.7%
<b>Jul 18 - Sept 18</b>						
Jul-18	59	5	1	0	65	1.5%
Aug-18	40	1	0	0	41	0.0%
Sep-18	41	4	0	0	45	0.0%
<b>Oct 18 - Dec 18</b>						
Oct-18	44	5	0	0	49	0.0%
Nov-18	46	4	1	0	51	2.0%
Dec-18	37	7	0	0	44	0.0%
<b>Jan 19 - Mar 19</b>						
Jan-19	32	5	0	0	37	0.0%
Feb-19	6	2	0	0	8	0.0%
Mar-19	4	0	0	0	4	0.0%
<b>Grand Total</b>	<b>473</b>	<b>45</b>	<b>3</b>	<b>0</b>	<b>521</b>	<b>0.5%</b>



## Proportion of Completed eMortality Reviews by Grade



Although the above figures relate to completion of a full case note review in October 2018 the Trust introduced a new Medical Examiner process. Part of the Medical Examiner process includes completion of an initial case note screen by a senior clinician. The aim of the screening process is to highlight any cases that require an urgent, full, case note review. All inpatient deaths from the 22 October 2018 have been screened.

In addition to the above figures, 392 case record reviews were completed after 31 March 2018 which related to deaths which took place before the start of the reporting period. From these additional reviews a revised estimate of the number of deaths during the previous reporting period judged to be more likely than not to have been due to problems in the care provided to the patient has been undertaken. Four representing 0.4% of the patient deaths during 1st April 2017 - 31st March 2018 are judged to be more likely than not to have been due to problems in the care provided to the patient

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. The group also undertakes a monthly review of all e-mortality data and any learning points are disseminated through Directorate Mortality and Clinical Governance meetings. A regular newsletter following discussions at the Mortality Surveillance Group is produced. The newsletter is an opportunity for wider dissemination of the learning captured through mortality reviews.

Specialties featured in recent newsletters include:

- Elderly Care
- Stroke
- Acute Medicine
- Emergency Medicine

- Intensive care
- Cardiology
- Urology
- General Surgery
- Vascular Surgery

Themes for action and learning from mortality case note reviews and investigations include:

- For patients with a learning difficulties and cerebral event think about escalation plans and collateral history early in the admission to help with future management.
- Request a mid-stream urine (MSU) sample before starting antibiotics for a urinary tract infection (UTI) and fill the forms correctly so that this is processed. Treatment with empirical antibiotics in absence of MSU results may not be optimal.
- If a patient receives a long term catheter during the admission clearly mention this on the e-discharge summary so that this is not removed in community. Re-catheterization can cause significant trauma and readmission.
- Once a decision is made to palliate patients a personalised care plan for end of life care should be started. Involve specialists for appropriate symptom control even if patients are in the Emergency Department, Acute Medical Unit or Surgical Admission Unit.
- Always check renal function following angiography and or angioplasty as contrast nephropathy can be reversed in early stages and can cause significant damage to kidneys.

### **CQC report on Learning from Deaths**

In March 2019 the CQC published a report that looked at the progress made by NHS trusts in implementing new guidance on how they should investigate and learn from deaths in their care. The report highlighted the Trust as an area of good practice.

“Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust was rated as good overall and outstanding for well-led in June 2018. Since its last inspection in 2015, the trust had improved the culture of the organisation. Inspectors found that the trust had a learning culture, which acted as an enabler to developing their mortality processes and was indicative of their outstanding rating.”

“Staff in all areas felt empowered and had access to the right tools to drive improvements and innovate, resulting in a firmly established culture of continuous improvement. The trust had developed an innovative reporting system that enabled staff to report incidents, share improvement ideas, raise a concern or highlight good practice. When incidents did occur, investigations were timely, thorough, person-centred and led to improvements in patient safety and experience.”

“The trust produced a quarterly mortality newsletter for all staff, which captured key learning from across the directorates. Clinical staff interviewed across the trust were aware of the mortality newsletter and could give examples of learning from death reviews”

## **10. Delivering Seven Day Services**

The Trust is committed to providing high quality consistent care, whatever day patients enter the hospital. Job planning and consultant recruitment has ensured formal provision for most inpatient specialties seven days per week. Consultant appointments since 2013 have allowed a greater amount of weekend and evening coverage in key services such as General Surgery, Acute Medicine, Older People’s Medicine, Gastroenterology and Emergency Medicine. Further initiatives have also supported seven day services including:

- Consultant of the day models
- Weekend Radiology extended to urgent care patients
- Weekend multi-disciplinary team (including medical, nursing and therapy) assessment and support, especially for frail, elderly patients
- Out of hours nurse and therapy practitioner cover
- 24/7 dedicated CEPOD (emergency surgery) theatre lists.

We have participated in the national (twice yearly) Seven Day Services Audit since its inception under the executive leadership of the Medical Director. The Trust benchmarked well against other acute trusts in the last published audits in 2018 on the four priority clinical standards:

- Standard 2 - Time to first consultant review
- Standard 5 - Access to diagnostic tests
- Standard 6 - Access to consultant-directed interventions
- Standard 8 - Ongoing review by consultant twice daily if high dependency patients, daily for others.

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- Standard 2 - Time to first consultant review
- Standard 5 - Access to diagnostic tests
- Standard 6 - Access to consultant-directed interventions
- Standard 8 - Ongoing review by consultant twice daily if high dependency patients, daily for others.

The latest review of 7 day services for the Trust indicates the following:

	Weekday	Weekend	Overall	
Clinical Standard 2: Time to first consultant review	Green	Orange	Green	Weekday 90%; Weekend 87.2% compliance. Overall 90%
Clinical Standard 5: Diagnostics	Green	Green	Green	Green across all areas including Microbiology, Radiology and Endoscopy
Clinical Standard 6: Intervention / key services	Green	Green	Green	Green across Critical care, Interventional Radiology, Endoscopy and Cardiology
Clinical Standard 8: On-going review Once daily	Green	Orange	Green	Once daily weekly review achieved overall compliance 93% weekdays 98% weekends 78%. Twice daily weekly compliance was lower at 57%. The second evening ward round for critical care on-call was identified as a gap and this has now been addressed through job plans.
Clinical Standard 8: On-going review Twice Daily	Orange	Orange	Orange	

There has been a steady improvement in our delivery of seven day services and the rigor with which they have been audited over the last several years. In 2016 the percentage of patients meeting standard 2 was as follows:

2016 compliance was 70.4% on weekdays, 39% on Saturdays and 59% on Sundays. This compares to 2018 scores of 90% on weekdays, 78% on Saturdays and 96% on Sundays. Progress has been achieved by improvements in data collection and with increasing clinical engagement. For the last two surveys, gap analysis allowed a targeted approach to be made with regard to job planning and investment in services. These have included additional evening shifts for consultants in the Acute Medical Unit alongside job planning and investment in surgical specialties to provide twice daily ward rounds for emergency admissions.

Medical rota gaps are monitored via the Medical Staffing Transformation Group. The trust has a good track record of filling training rotation vacancies with trust grade doctors. In hard to recruit to areas teams are encouraged to consider alternative staffing models. Examples include plans for a resident on call model in Obstetrics to mitigate middle grade gaps and the enrolment of our first

cohort of Physician's Associate students. Other successful strategies include increased partnership working of Older People's Medicine Consultants between Poole and Bournemouth and Dorset wide network recruitment in Histopathology. The Trust actively supports doctors who have not pursued standard training to achieve entry to the specialist register via the Certificate of Eligibility for Specialist Registration (CESR) route.

A significant challenge remains with the delay between referral and attendance of admissions from primary care. Trials of innovative transport solutions have been undertaken as well as investment into ambulatory care and admission avoidance.

Documentation of the ongoing need for clinical review remains a challenge although in the last couple of months a trial of a dedicated form for medically ready/ optimised patients has been undertaken, formally delegating ongoing daily review and documenting escalation protocols.

The national process for ongoing audits has not yet been defined as we are looking to work in partnership with other organisations within our healthcare system to collect meaningful data in the same way to allow better comparisons and sharing of best practice. Opportunities still remain for improving medical record keeping to better capture the clinical need for consultant or delegated ongoing daily or twice daily review.

## 11. Freedom to Speak Up

Who can you speak up to?



Speaking up is essential in any sector where

safety is an issue and should be something that everyone does and is encouraged to do.

Without a shared culture of openness and honesty in which the raising of concerns is welcomed, and the staff who raise them are valued, the barriers to speaking up will persist. Sir Robert Francis in 2015 set out a vision for creating an open and honest reporting culture in the NHS following his independent review into the failings at Mid Staffordshire NHS Foundation Trust.

The Board of Directors at the Trust agreed to support the key principles of speaking up at the September 2017 board meeting and is committed to leading the actions required to implement them.



In September 2017 the Trust appointed a Freedom to Speak Up Guardian (FTSUG), Helen Martin, to act as an independent and impartial source of advice to staff at any stage of raising a concern, with access to anyone in the organisation, including the chief executive, or if necessary, outside the organisation. Staff who raise concerns do so in a nurturing and confidential environment with support and regular feedback from the FTSUG to ensure that their voice is being heard and no detriment experienced.

In addition to the FTSUG, during our "Speak to me" campaign in October 2018, the Trust launched an additional team of six Freedom to Speak Up (FTSU) Ambassadors. The role of the FTSU Ambassador is to contribute to creating a culture of speaking up where staff feel safe and confident to raise concerns. The FTSU Ambassadors work alongside the FTSU Guardian promoting, listening, supporting and providing an impartial view to staff when speaking up

The FTSU Team can be contacted via the [freedomtospeakup@rbch.nhs.uk](mailto:freedomtospeakup@rbch.nhs.uk) email, by telephone leaving a message on 01202 704220, via the LERN - raise an issue forms or by stopping them in the corridor.





The FTSU team attend team meetings, presentations, conferences and carry out regular walkabouts of the Trust. The aim this year is to try to reach those staff who are harder to reach.

Since April 2018, 40 members of staff have raised a concern; 68% were related to behaviours and attitudes which is reflective of what has been seen nationally. A work stream has been set up to look at this specific issue with members of the organisational development, FTSU, human resources, medical staffing and quality improvement teams. Its aim is to help provide the tools for staff to role model behaviours which underpin our values, to provide feedback when this does not happen and provide a safe and nurturing environment in which they feel empowered to tackle poor behaviours if it arises.

## 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 and Social Care 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 2017 - September 2018 0.9981	1.00	1.268	0.692
		October 2016 - September 2017 0.955	1.00	1.247	0.727
		October 2015 - September 2016 0.929	1.00	1.164	0.688

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust considers that this data is as described for the following reasons. The source data for this indicator is routinely validated and audited prior to submission to HSCIC. The data has been extracted from available Department of Health and Social Care information sources. The SHMI data is taken from <https://beta.digital.nhs.uk/data-and-information/publications/clinical-indicators/shmi>

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 Surveillance 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 2017 - September 2018 48.0%	333.6%	59.5%	14.3%
		October 2016 - September 2017 48.2%	31.5%	59.8%	11.5%
		October 2015 - September 2016 46.8%	30.0%	56.3%	0.4%

The Trust considers that this data is as described for the following reason. The data has been extracted from available Department of Health and Social Care information sources. Publication of data is found here <https://beta.digital.nhs.uk/data-and-information/publications/clinical-indicators/shmi>

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	April 2017 - March 2018 (published February 2019)	(i) N/A (ii) N/A (iii) 0.505 (iv) 0.326	(i) N/A (ii) N/A (iii) 0.467 (iv) 0.338	N/A N/A 0.566 0.417	N/A N/A 0.376 0.234
	April 2016-March 2017 (published February 2018)	(i) N/A (ii) N/A (iii) 0.436 (iv) 0.323	(i) N/A (ii) N/A (iii) 0.445 (iv) 0.324	(i) N/A (ii) N/A (iii) 0.536 (iv) 0.404	(i) N/A (ii) N/A (iii) 0.310 (iv) 0.242
	April 2015-March 2016 (published August 2017)	(i) N/A (ii) N/A (iii) 0.452 (iv) 0.330	(i) 0.088 (ii) 0.096 (iii) 0.440 (iv) 0.320	(i) 0.157 (ii) 0.150 (iii) 0.512 (iv) 0.398	(i) 0.021 (ii) 0.018 (iii) 0.320 (iv) 0.198

The Trust considers that this data is as described for the following reason. The number of patients eligible to participate in the 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	2018/19 (i) 1 (25%) (ii) 5246 (12.7%)  2017/18 (i) = 0 (ii) = 4677 (11.7%)  2016/17 (i) = 0 (ii) = 4456 (11.1%)	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	2018 - not yet available 2017 - 72.2% 2016 - 73.4%	68.1% 69.6%	885.2% 86.2%	60.0% 58.9%

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 will be overseen by the Healthcare Assurance Committee, which is a 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	2018 - 83.51% 2017 - 81.01% 2016 - 77.50%	69.95% 69.87% 69.85%	86.84% 85.71% 84.77%	41.08% 46.84% 48.86%

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.

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust intend to take the following action to improve this percentage, and so the qualities 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 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) January 2019	99%	96%	100%	76%
		December 2018	98%	96%	100%
		November 2018	99%	96%	100%
	(ii) January 2019	89%	87%	100%	60%
		December 2018	92%	87%	100%
		November 2018	91%	88%	100%

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/](http://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	2018/19 = 96.2% 2017/18 = 96.4% 2016/17 = 95.8% 2015/16 = 96.13% 2014/15 = 95.2%	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 and Social Care 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	2018/19 - Not yet available	Not available	Not available	Not available
		2017/18 - 10.38/100,000 bed days (20 confirmed cases)	Not available	“	Not available
		2016/17 8.80/100,000 bed days (17 confirmed cases)	13.2/100,000 bed days	“	
<p>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.</p>					
<p>The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by ensuring high standards of infection prevention and control are implemented, monitored and maintained.</p>					

Quality Indicator	Data Source	Trust rate for noted reporting period	National average value (non-specialist acute trusts)	Highest value	Lowest value
Number of patient safety incidents reported during the reporting period	NRLS	3637 (April 18-Sept 18)	Not available	-	-
		4060 (April 17 -Sept 17)	Not available	15,228	1133
		3945 (April 16-Sept 16)	Not available	-	-
Rate of patient safety incidents reported during the reporting period	NRLS	39.36 per 1,000 bed days (April 18 - Sept 18)	Not available	-	-
		42.85 per 1,000 bed days (April 17 - Sept 17)	40.02 per 1,000 bed days	111.69	23.47
Number of patient safety incidents reported during the reporting period that resulted in severe harm or death	NRLS	Not available	Not available	Not available	Not available
Percentage of total number of patient safety incidents reported during the reporting period that resulted in severe harm or death	NRLS	0.27% (April-Sept 18)	Not available	-	-
		0.47% (April-Sept 17)	0.4%	-	-
		0.5% (April - Sept 16)	-	-	-

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 (NRLS). 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 action to improve this indicator, and so the quality of its services, supporting an open culture for incident reporting and investigation and has embedded learning event notification (LERN) processes and investigation 'Toolkits' in 2018/2019 to further enhance learning and improvement.



# Part 3

## Review of quality performance in 2018/19

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.

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 against which it will be monitored. This is developed with key internal and external stakeholders and is approved and monitored by the Healthcare Assurance Committee (HAC) as a 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's Board Assurance Framework.

The following section provides an overview of the performance in 2018/19 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 2017/18 Quality Report and have also been selected on the basis of data collection, accuracy and clarity.

# Patient safety

## Reducing harm from adverse events

The Trust has seen a slight decrease in the number of major and severe harm patient safety incidents reported during 2018/2019 and uploaded to the National Reporting and Learning System.

	Total number reported 2016-2017	% of incidents reported 2016-2017	Total number reported 2017-2018	% of incidents reported 2017-2018	Total number reported 2018-2019	% of incidents reported 2018-2019
No Harm	5,099	63.80%	5,180	65.93%	4,664	65.68%
Minor Harm	2,684	33.58%	2,543	32.37%	2,300	32.39%
Moderate Harm	171	2.14%	105	1.34%	122	1.70%
Major/Severe Harm	38	0.48%	29	0.37%	16	0.23%
<b>Total</b>	<b>7992</b>		<b>7857</b>		<b>7102</b>	

**Table:** Patient safety incidents reported during April 2016 to March 2019 and uploaded via the national reporting and learning system (NRLS)

In 2018/19 the Trust reported 19 serious incidents including four never events. The Trust reported and investigated 23 serious incidents in 2017/18 and 25 in 2016/17. This compares with 32 in 2015/16, 46 in 2014/15 and 66 in 2013/14. The figure for 2018/2019 therefore equates to an 18% reduction from 2017/18 and continues the trend of year on year improvement in patient safety

Category of Serious Incident Reported	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Patient Fall	14	15	13	3	4	4
Hospital Acquired Pressure Ulcer	30	20	6	3	2	0
Other	22	11	13	19	17	15
<b>Total</b>	<b>66</b>	<b>46</b>	<b>32</b>	<b>25</b>	<b>23</b>	<b>19</b>

## Never Events

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. The full list of never events is available on the NHS England website

In the last 12 months (1 April 2018 - 31 March 2019) we have reported four never events. None of these have caused any serious harm to the patients involved but do show some common themes. We encourage an open reporting and learning culture. It is really important all areas understand the issues highlighted from incident reviews and learn from them.

As a Trust, to help us to support our learning from these events, we have asked a number of external organisations (including the new national Healthcare Safety Investigation Branch) to review the human factors involved, the culture within departments and also how services run. We have also asked to be visited as part of the new CQC review programme for trusts reporting never events and are keen to learn from others.

Key messages from our never event investigations have been shared across the Trust and these are summarised as follows:

- Ensure a whole team approach to the application of the Surgical Safety Checklist and procedural STOP moments.
- Always re-visit/repeat the Safety Checklist if there is a change in circumstance e.g. the position of patient, a change in theatre team members, a change in the procedure plan.
- Site marking is vital for the consistent identification of site and, particularly, laterality
- Team training is important when implementing new equipment/devices/procedures.
- Consider the potential impact of human factors particularly confirmation bias, situational awareness and authority gradients
- National guidance is not infallible

## 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 management process. All investigation processes require consideration and undertaking of the duty of candour in accordance with national legislation. A duty of candour "toolkit" is available to support staff.

## National and Local Staff Survey

### National level

The **NHS Staff Survey** is the largest survey of staff opinion in the UK where staff are given the opportunity to share their views of experiences at work. It gathers views on staff experience at work around key areas, and including appraisal, health and wellbeing, staff engagement and raising concerns.

The national survey centre publishes full and summary reports of core survey responses appropriately benchmarked against national data for all trusts in England: [www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2017/](http://www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2017/)

The survey data is used in a variety of ways including:

- Care Quality Commission for ongoing monitoring of registration compliance.
- Department of Health for the development of NHS workforce policies.
- The Social Partnership Forum, where Unions, NHS Employers and the Department of Health, meet regularly to consider the results and influence national workforce policy.
- The survey provides valuable information about staff working conditions and practices, which are linked to the quality of patient care.

Within the Trust we analyse our data at team, subject and Trust level in order to understand:

- How we can celebrate and share good practice?
- How we can communicate results in a meaningful way and in the context of change to come?
- How we can channel resources to best support our teams?
- The areas and issues for particular attention.

The Trust chose to survey all staff (rather than a random sample), with 2402 staff returning a completed 2018 survey, giving a response rate of 53% compared to a 2017 rate of 46.2%. The average response rate for acute trusts in 2018 was 46.6%.

The results from this year's survey are presented in a slightly different way to previous years. This year the scores are represented under ten themes so that a high level overview of the results for an organisation can be viewed more easily. One of those themes is Safety Culture.

The table below presents the overview of the Trust's safety culture as compared to previous years and in the context of the best, average and worst results for similar organisations. All of the ten themes are scored on a 0-10 scale, where a higher score is more positive than a lower score.

**Table 1: Safety Culture of the Trust in context of the best, average and worst results for similar organisations**

Safety Culture (0-10 scale, where a higher score is more positive than a lower score)	2018	2017	2016	2015
Best	7.2	7.0	7.1	7.2
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	7.2*	6.9	6.8	6.7
Average	6.6	6.6	6.6	6.5
Worst	6.0	5.9	6.0	5.9
No of responses	2298	1996	1903	1516

Table 1 illustrates that the Trust scores have improved year on year in terms of how staff view the safety of the organisation. This year they are distinctly higher than the benchmarking group 'Average' score and the Trust is the best or leader organisation for this theme.

The specific survey questions that form the overall score are presented in the following table:

**TABLE 2: Questions driving the Safety Culture Theme Score**

	Safety Culture questions (%)	2018	2017	2016	2015
17a	My organisation treats staff who are involved in an error, near miss or incident fairly #	69.5	60.3	57.1	58.4
17c	When errors, near misses or incidents are reported, my organisation takes action to ensure they do not happen again #	81.2	74.1	72.6	72
17d	We are given feedback about changes made in response to reported errors, near misses and incidents #	69.7	60.2	55.7	54.1
18b	I would feel secure raising concerns about unsafe clinical practice	76.7	74.6	72.4	72.3
18c	I am confident that my organisation would address my concerns about unsafe clinical *	69.1	65.2	61.5	58.9
21b	My organisation acts on concerns raised by patients/ service users	82.6	78.9	77.6	74

# most improved since last year's survey

Positively the question relating to the addressing of concerns was seen as one of the top five scores for the Trust this year. Three of the six questions (annotated with # on table 2) were also seen as questions which were the most improved since 2017 staff survey.

In addition to the above questions, the Trust achieved the highest scores reported nationally against similar trusts in the following questions:

- 79% feel their manager values their work (average response 71%)
- 79% feel supported by their manager in a personal crisis (average response 74%)
- 77% say their manager encourages them at work (average response 68%)
- 74% feel their manager takes a positive interest in their health and wellbeing (average response 67%)

This year 77% of staff said they would recommend the Trust as a place to work against an acute trust average of 63%. Staff also gave a vote of confidence to standards of care at the Trust, with 84% recommending it as a place to receive treatment against an acute trust average of 71%.

The largest local change indicates improvements in communication between management and their teams. Over the last few years, we've done a great deal of work around our culture with the help of the Change Champions. Part of this work has focused on empowering everyone to be effective leaders.

We've also all worked on learning from incidents and near misses so that we're better able to support each other to change processes and make improvements so that our patients receive the best possible care. This ethos is at the centre of our culture of continuous improvement.

Alyson O'Donnell, Medical Director at the Trust said about the results: *"We've done a lot of work around our safety culture, in particular how we process and learn from errors and near misses. We know that the more open we are when things don't go to plan, the more we can learn and build on our practices. The fact that so many of you feel able to raise concerns and make improvements happen shows this hard work is paying off."*



## Infection Control

### Clostridium Difficile

There were 12 hospital associated cases of clostridium difficile reported from the Trust in 2018-19. Six of these cases were attributed to 'lapses in care', against an NHS England trajectory of 13. This represents a marked decrease from last year thanks to the continued hard work and attention to detail by Trust staff. Thorough analysis and ribotyping of clostridium difficile cases is undertaken and it is reassuring that there has not been any patient to patient transmission of clostridium difficile in 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.

Next year the trajectory and targets will change to include cases that have had previous care at the Trust.

For 2019/2020 NHS Improvement have adjusted the parameters against which cases of clostridium difficile will be added to the Trusts trajectory. Cases previously identified as late cases will now be classified as Hospital Onset Hospital Associated (HOHA) and will be allocated to the trajectory if identified on or after day 2 of admission (previously this was day 3). An additional group of patients to be added to the trajectory will be those who test positive for CDI in the community within 4 weeks of discharge from the Trust. These will be Community Onset Healthcare Associated cases (COHA). Our trajectory will therefore increase to reflect this change from 13 to 30 cases. The same rigorous methods for investigation of each cases will be followed.

### Methicillin-Resistant Staphylococcus Aureus (MRSA)

One hospital acquired MRSA bacteraemia was recorded at the Trust during 2018/ 2019. This case was investigated as a serious incident by leads from within the Medical Care Group. Significant findings from the review included;

- Guidelines, policies and procedures - staff did not follow infection control and documentation guidelines, which resulted in lapses of care.
- Written communication- it was difficult to establish when and where cannulas were inserted, including dates. Poor written communication in the patients notes impacted on the correct care being delivered

The Head of Nursing and Quality for the Medical Care Group held a debrief with all nursing staff involved and provided 1:1 support where required. An overarching ward action plan is in place for concerns raised within the review and to address learning identified from additional serious incidents. Actions that remain open are under regular review.

The Trust also supported the investigation of two community acquired cases which were assigned as third party cases.

### Methicillin-Sensitive Staphylococcus Aureus (MSSA)

The rate of healthcare associated MSSA bacteraemia's reported within the Trust is above the UK average rate. Each health care associated case is assessed by the infection prevention and control team and any lapses in care are followed up with a root cause analysis using the post infection review toolkit. Findings from these are discussed and learning points shared through directorate infection control meetings.

Current common findings associated with MSSA bacteraemia's are missing or delayed inspections of cannula. An electronic version of the paper form for assessing and recording these inspections is due to be launched next year, this will automatically flag patient with outstanding cannula inspections.

## Gram negative blood stream infections (GNBSIs)

In England, Gram-negative bloodstream infections (GNBSIs) are increasing despite the decreases seen in Meticillin-Resistant Staphylococcus aureus (MRSA) bloodstream infection and Clostridium difficile infections (CDI). Gram negative bacteraemia's include e. coli, pseudomonas aeruginosa and klebsiella pneumonia. The Government has therefore set an ambition to reduce healthcare associated GNBSI by 50% by 2020/21.

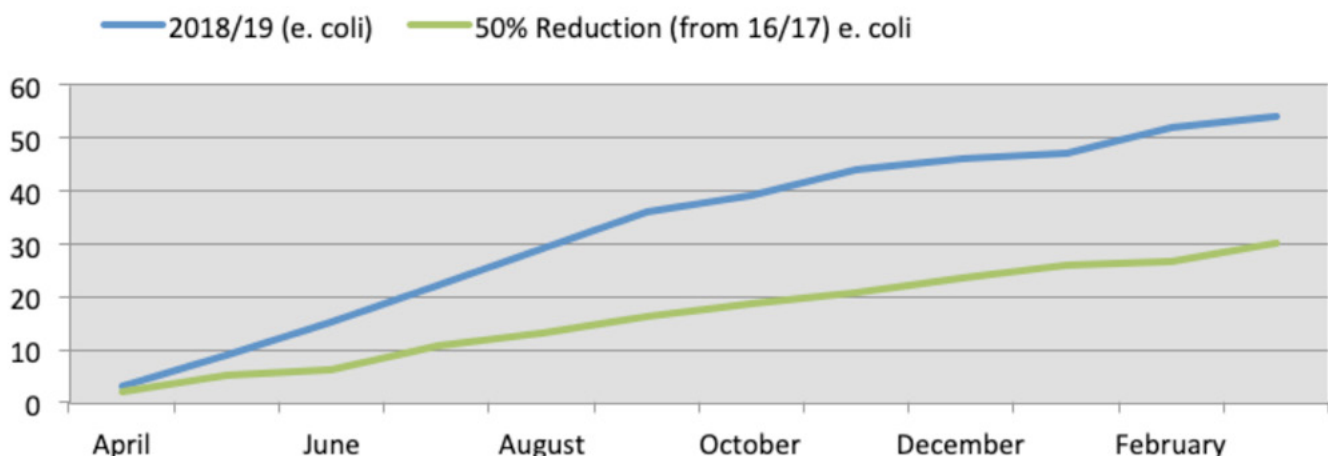
Dorset has a high number of GNBSIs, which is indicative of the population demographic. The Trust is an outlier for the number of e. coli bacteraemia's, with the latest data indicating that we have a higher number of hospital associated cases. However, when this is correlated against the number of blood tests taken in the hospital the rate is within the national average. The Trust is committed to the nationally led ambition by NHS Improvement to reduce these infections and we are working with staff from community settings and the other hospitals on a Dorset wide improvement plan. This work is led by the infection prevention and control leads for the Dorset integrated care system.

It is widely accepted that the older persons age group are at greater risk than other populations. We are working towards the reduction of these infections in line with strategies set out in the Dorset wide action plan. There is a general consensus that the strategies we have had in place so far across Dorset has not reduced the incidence of these cases. A south west wide meeting to review this plan and set new strategies took place in February 2019 with colleagues from community and acute healthcare provision led by the clinical commission group.

Period	The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust				Non-teaching trust	England
	Count	Value	Lower CI	Upper CI		
2012/13	58	28.4	-	-	20.4*	21.9
2013/14	46	22.7	-	-	19.8*	22.0
2014/15	53	26.4	-	-	19.5*	21.2
2015/16	36	17.9	-	-	20.6*	22.3
2016/17	68	35.2	-	-	20.5*	22.5
2017/18	51	26.5	-	-	20.2*	22.2*

Source: HCAI Mandatory Surveillance Data

## eColi Current Year Against 2016/17



The infection prevention and control team will continue to focus our education based on findings from clinical visits and audit results to shape education delivered at ward level and wider opportunities to reduce the number of cases. In addition to this targeted work a study day is planned for April 2019 to raise awareness of the wider impacts of choosing the correct continence products, improving oral hydration and nurse led trials without catheter.

## **Norovirus**

Outbreaks of Norovirus were confirmed within the Trust during April and December. Cases and number of staff affected were at similar levels to previous years. Media messages and communications are currently our best defence against outbreaks.

## **Catheter related urinary tract infections (CA UTIs)**

The percentage of patients with a urinary catheter inserted within the Trust is higher than the UK average. However the percentage of patients with a CAUTI (from NHS Safety Thermometer data) is in line with national reporting.

## **Alert 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 *C. 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 2019/2020**

- Participation in World Hand Hygiene day in May 2019
- Participation in glove awareness week (April/ May 2019) with an overall aim of reducing unnecessary glove use
- Continue infection control audit programme, including routine hand hygiene audits in line with annual plan
- Review of new and novel methods to improve infection control within the Trust
- Integration of ICNet into the Trust
- Closer working with Poole Hospital's infection prevention and control team

# Clinical effectiveness

## Schwartz Rounds

Schwartz rounds continue to be a very well-attended forum for staff across the Trust. They were first introduced in the Trust in 2016 as an opportunity for staff to get together to discuss the social and emotional issues faced 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 improve our capacity to manage the psychological aspects of patient care.

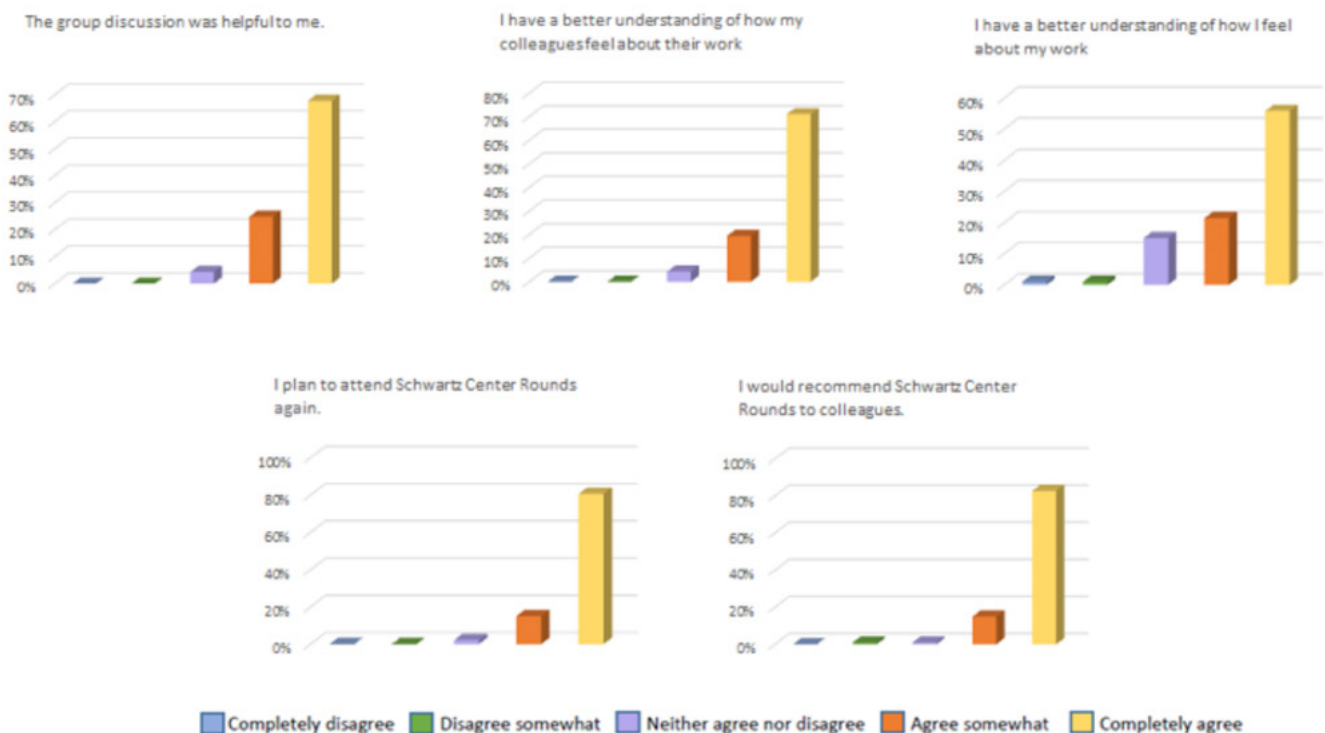
Each session includes three or four short presentations from our staff based on a particular theme. There is then a confidential discussion which is open to all present.

The topics for the Schwartz rounds are put forward by our own staff and we have found this to positively aid engagement. Examples of rounds from 2018/19 include

- The impact of suicide
- What do you see when you see me?
- How do we make our values real?
- First days
- Complications
- A patient I will never forget
- Why I volunteer?

Attendance remains high with approximately 275 staff each attending a session between April 2018 and March 2019. It is pleasing to see there is representation from nearly all disciplines. Feedback from staff suggests that attendees continue to value this forum.

Table: Percentage of staff attending a Schwartz round between 1 April 2018 - 31 December 2018 who would recommend attending to a colleague and who would attend future sessions.



Quotes from staff feedback forms include:

- It helped me open up feelings I thought I had buried
- Very grateful to everyone who was able to openly talk about such an emotional and difficult topic
- Excellent Schwartz Round. Really difficult subject and panel and facilitators were exceptional. Thank you all.
- Excellent stories because they are told by experienced consultants
- As a junior doctor I often go home and agonise over things. It was so refreshing to hear our bosses have the same stresses. I feel less alone
- I am proud to work at RBH which has a culture of openness and supporting each other
- Thanks to panel members for sharing it has helped to relate with feelings I had when things went wrong

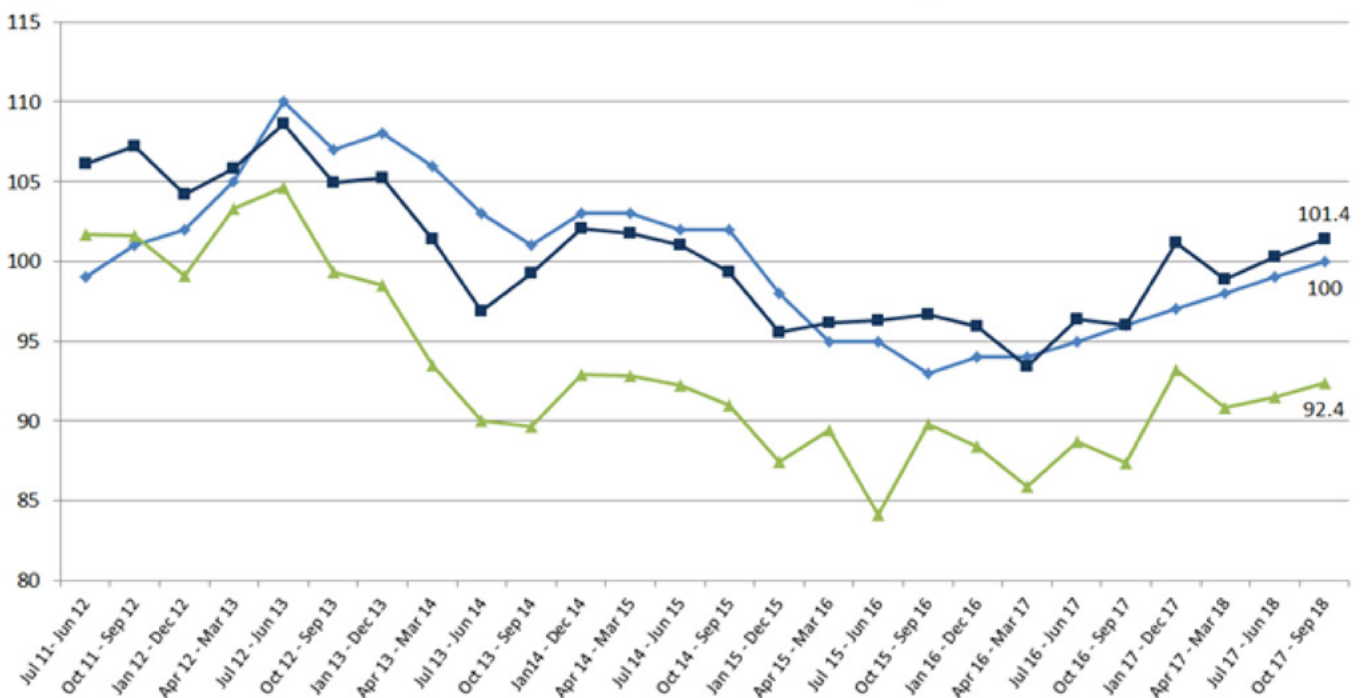
## Reducing Mortality

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, with HSMR shown 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.

The Trust has a multi-disciplinary Mortality Surveillance Group, chaired by the Medical Director, to review the Trust’s HSMR and Dr Foster Intelligence Unit mortality risk reports on a monthly basis.

### SHMI & HSMR, Jul 11 to Sep 18





Overall HSMR for the Trust for the last 12 months (December 2017 - November 2018) is 97.6, which is in the 'as expected' category when compared with the national average of 100. Our overall mortality ratio is consistently showing improvement.

The SHMI (Summary Hospital Mortality Indicator, which includes deaths within 30 days of discharge) is in the 'as expected' category.

## Reducing Mortality

The Sentinel Stroke National Audit Programme (SSNAP) is a major national healthcare quality improvement programme based in the School of Population Health and Environmental Studies at King's College London. SSNAP measures the quality and organisation of stroke care in the NHS and is the single source of stroke data in England, Wales, and Northern Ireland.

SSNAP measures both the processes of care (clinical audit) provided to stroke patients and the structure of stroke services (organisational audit) against evidence based standards, including the 2016 National Clinical Guideline for Stroke. The overall aim of SSNAP is to provide timely information to clinicians, commissioners, patients, and the public on how well stroke care is being delivered so it can be used as a tool to improve the quality of care that is provided to patients.

The clinical audit collects a minimum dataset for stroke patients in England, Wales and Northern Ireland in every acute hospital, and follows the pathway through recovery, rehabilitation, and outcomes at the point of six month assessment. SSNAP is a prospective, continuous audit. This means that data collection is ongoing until at least 31 March 2021 when the current contract for running the national stroke audit ends. SSNAP has been voted the most effective national clinical audit in the UK for nine consecutive years by healthcare professionals involved in audit.

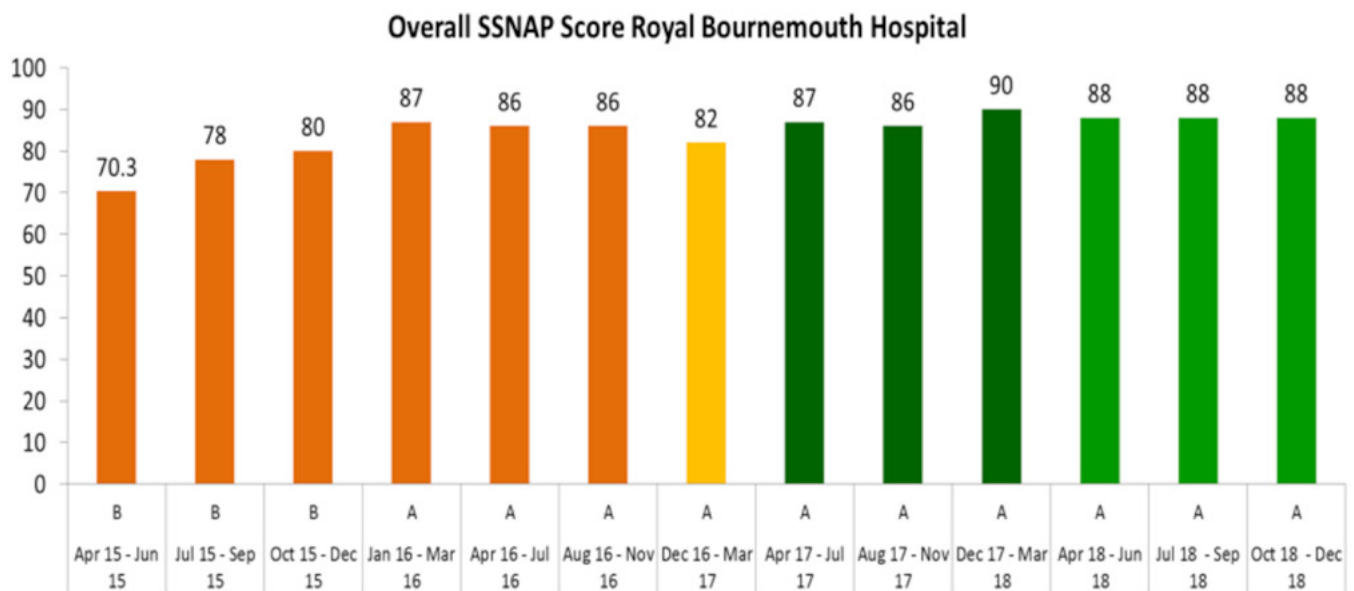
Included in SSNAP's reporting suite are colour coded performance tables which give a high level summary of hospitals' performance across ten key aspects of stroke care, an overall SSNAP score is also given. The best score is a grade A.

The audit scores for the Trust for the last three years are shown below.

SSNAP (Team-centred)	2016/17 T1	2016/17 T2	2016/17 T3	2017/18 T1	2017/18 T2	2017/18 T3	2018/19 Q1	2018/19 Q2	2018/19 Q3
	Apr 16 - Jul 16	Aug 16 - Nov 16	Dec 16 - Mar 17	Apr 17 - Jul 17	Aug 17 - Nov 17	Dec 17 - Mar 18	Apr 18 - Jun 18	Jul 18 - Sep 18	Oct 18 - Dec 18
Domain 1 - Scanning	C	C	C	B	B	B	B	B	A
Domain 2 - Stroke Unit	C	C	C	C	C	C	C	C	C
Domain 3 - Thrombolysis	C	C	C	B	C	B	B	C	D
Domain 4 - Specialist Assessments	B	B	B	B	B	B	B	B	B
Domain 5 - Occupational Therapy	A	A	A	A	A	A	A	A	A
Domain 6 - Physiotherapy	A	A	B	A	A	A	A	A	A
Domain 7 - Speech and Language Therapy	A	A	A	A	A	A	A	A	A
Domain 8 - MDT Working	A	A	A	A	A	A	A	A	A
Domain 9 - Standards by Discharge	A	A	B	B	B	A	B	A	A
Domain 10 - Discharge Processes	A	A	A	A	A	A	A	A	A
Combined Total Key Indicator Score	86	86	82	88	86	90	88	88	88
Combined Total Key Indicator Level	A	A	A	A	A	A	A	A	A
Overall (after adjustments) Score	86	86	82	88	86	90	88	88	88
Overall (after adjustments) Level	A	A	A	A	A	A	A	A	A

We are proud to maintain an overall rating of A.

SSNAP Reporting Period	Apr 15 - Jun 15	Jul 15 - Sep 15	Oct 15 - Dec 15	Jan 16 - Mar 16	Apr 16 - Jul 16	Aug 16 - Nov 16	Dec 16 - Mar 17	Apr 17 - Jul 17	Aug 17 - Nov 17	Dec 17 - Mar 18	Apr 18 - Jun 18	Jul 18 - Sep 18	Oct 18 - Dec 18
SSNAP level	B	B	B	A	A	A	A	A	A	A	A	A	A
SSNAP score	70.3	78	80	87	86	86	82	87	86	90	88	88	88
Case ascertainment band	A	A	A	A	A	A	A	A	A	A	A	A	A
Audit compliance band	B	A	A	A	A	A	A	A	A	A	A	A	A
Quarter	Apr 15 - Jun 15	Jul 15 - Sep 15	Oct 15 - Dec 15	Jan 16 - Mar 16	Apr 16 - Jul 16	Aug 16 - Nov 16	Dec 16 - Mar 17	Apr 17 - Jul 17	Aug 17 - Nov 17	Dec 17 - Mar 18	Apr 18 - Jun 18	Jul 18 - Sep 18	Oct 18 - Dec 18
Combined Total Key Indicator level	B	B	B	A	A	A	A	A	A	A	A	A	A
Combined Total Key Indicator score	74	78	80	87	86	86	82	87	86	90	88	88	88



## 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 real time patient feedback, patient surveys and focus groups
- Monitoring for any emerging issues via 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 an increase in the percentage of responses recording extremely likely to recommend.

FFT April 2015 - March 2016 (all areas)		FFT April 2016 - March 2017 (all areas)		FFT April 2017 - March 2018 (all areas)		FFT April 2018 - March 2019 (all areas)	
Extremely likely responses	34089	Extremely likely responses	34065	Extremely likely responses	35120	<b>Extremely likely responses</b>	<b>38304</b>
Likely	6289	Likely	5264	Likely	5278	<b>Likely</b>	<b>4802</b>
Neither likely/nor unlikely	569	Neither likely/nor unlikely	498	Neither likely/nor unlikely	496	<b>Neither likely/nor unlikely</b>	<b>555</b>
Unlikely	232	Unlikely	215	Unlikely	188	<b>Unlikely</b>	<b>289</b>
Extremely unlikely	391	Extremely unlikely	358	Extremely unlikely	382	<b>Extremely unlikely</b>	<b>639</b>
<b>Total</b>	<b>41570</b>	<b>Total</b>	<b>40400</b>	<b>Total</b>	<b>41464</b>	<b>Total</b>	<b>44589</b>

FFT April 2015 - March 2016 (all areas)		FFT April 2016 - March 2017 (all areas)		FFT April 2017 - March 2018 (all areas)		FFT April 2018 - March 2019 (all areas)	
Extremely likely responses	82.0%	Extremely likely responses	84.3%	Extremely likely responses	84.7%	<b>Extremely likely responses</b>	<b>85.9%</b>
Likely	15.1%	Likely	13.0%	Likely	12.7%	<b>Likely</b>	<b>10.8%</b>
Neither likely/nor unlikely	1.4%	Neither likely/nor unlikely	1.2%	Neither likely/nor unlikely	1.2%	<b>Neither likely/nor unlikely</b>	<b>1.2%</b>
Unlikely	0.6%	Unlikely	0.5%	Unlikely	0.5%	<b>Unlikely</b>	<b>0.6%</b>
Extremely unlikely	0.9%	Extremely unlikely	0.9%	Extremely unlikely	0.9%	<b>Extremely unlikely</b>	<b>1.4%</b>

## Our patient experience plans for 2019/20 include:

- Train Patient Engagement Champions across the Trust and Poole Hospital NHS Foundation Trust to be experts in co-design facilitation, ensuring inclusion in project design.
- With partners in Dorset ensure there is a joint agreement for the level of patient participation that is required at differing levels of engagement, identifying the need for co-designing service redesign.
- Working with the One Acute Network (OAN) in Dorset to centralise and coordinate patient engagement activities ensuring the correct methodology is used.
- Embed 'Care Conversations', recorded patient led feedback with our survey volunteers edited into 'snippets' to highlight good practice and to get in-depth feedback on four key areas.
- Develop the Patient Experience and Engagement Steering group to triangulate feedback and identify work streams.
- Create a joint Patient Engagement and Experience Strategy with Poole Hospital NHS Foundation Trust.
- Increase numbers of 'patient voice volunteers' to sit on committees, interviews and to be involved in quality improvement projects.
- Work with the Communications team to look at 'First Impressions'- how the patient experience is influenced from first contact with the Trust.
- Increase the workforce in Voluntary Services to provide dedicated members of staff to engage with the younger members of our community.

## Volunteers

A dedicated Macmillan Caring Locally volunteer has received the Volunteer of the Year award at the Unsung Hero Awards, the only national award for non-medical NHS staff and volunteers who go above and beyond the call of duty.

Mandy Preece, a volunteer at the Macmillan Unit based at Christchurch Hospital, collected her award at The Hilton, Deansgate in Manchester, where she was praised for her services in supporting palliative care patients and creating a unique training programme for volunteers.

Mandy has volunteered for the Macmillan Unit since 2011, starting as a companion volunteer in the Day Centre. Mandy then volunteered alongside staff within the Macmillan Unit, carrying out roles which directly enhanced patient care such as providing end of life companionship and offering support to patients' families.

Mandy created a successful volunteer communication training programme since 2013 which helps to recruit, train and retain volunteers for the Macmillan Unit, and has since been asked to sit on a national Directors' of Nursing Panel to give her input into volunteering within an NHS Trust.

### **Speaking after the awards ceremony Mandy said:**

*"It was very humbling to receive the award, especially when you hear of all the tremendous work of other volunteers in the NHS. It is a huge privilege to be part of the NHS volunteer and staff family, and I am very grateful to Macmillan Caring Locally for their immense support in allowing me and other volunteers to shine. For me, the gift of volunteering is to be alongside somebody authentically, and to provide a sense of normality when the day-to-day can often be very upsetting and difficult to cope with. What myself and my fellows nominees are representing is that volunteers can make a big impact, and that's something to be so proud of."*

### **Anita Rigler, Volunteer Project Co-Ordinator at the Macmillan Unit, and who nominated Mandy for the award said:**

*"To have Mandy's contribution to volunteering within the NHS acknowledged nationally is hugely important to me. She changes lives, challenges perceptions, and has transformed the unit and the approach to the way we train and retain our volunteers. It would be wonderful if Mandy's efforts inspire others to consider volunteering so that more families can be comforted when they lose a loved one. Mandy is an inspiration to so many and I am delighted for her."*

## Learning from complaints and concerns

Under The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, the Trust must prepare an annual report each year. This must specify the number of complaints received, the number of complaints which the Trust decided were well-founded and to summarise the subject matter of complaints, any matters of general importance arising from those complaints, or the way in which they have been managed and any actions that have been, or are to be taken to improve services as a consequence of those complaints.

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

There were 426 formal complaints received by the Trust in 2018/19 against a background of 114,236 admissions and 467,804 ED, outpatient and day case attendances. The number of complaints has shown an increase over 2018/2019 compared to previous years (310 complaints received in 2017/18, 292 complaints received in 2016/17, 313 complaints received in 2015/16). This increase can be attributed to the change in Trust policy which simplified the recording of the complaints and removed the categorisation of written concerns.

The focus of the Patient Advice and Liaison Service in resolving concerns informally with front line staff has been constructive but has also been an opportunity for some people to formalise their concerns as complaints. Underlying these changes has been a greater focus within the Trust on addressing complaints of all types and trying to identify how learning or changes in practice can best be integrated as widely as possible. More meetings have been offered to resolve the position and a sustained focus on closing complaints and ensuring outcome actions and learning has taken place.

## Complaint outcomes

There were 426 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.

## Subjects of complaints

The main categories of complaint were as follows:

Subject	Formal Complaints 2018/19		Formal Complaints 2017/18		Formal Complaints 2016/17	
	Number	Proportion	Number	Proportion	Number	Proportion
Implementation of care - including quality, delays and/or complications of treatment	173	41%	122	39%	135	46%
Clinical Assessment	25	6%	22	7%	-	-
Admission, transfer and discharge	67	18%	46	15%	52	18%
Diagnostic tests (not pathology)	0	0%	0	0%	25	8%
Communication and consent	131	31%	105	34%	61	21%
Medication	13	3%	7	2%	1	0%
Security	8	2%	1	0%	2	1%
Equipment	0	0%	1	0%	5	2%
Food Safety and Service	1	0%	0	0%	0	0
Visitor incidents/accidents	0	0%	0	0%	1	0%
Treatment, procedure, care	0	0%	0	0%	0	0%
Staff incident	0	0%	0	0%	0	0%
Patient incidents (including falls, other accidents and self-harm)	5	1%	2	1%	5	2%
Environment	0	0%	0	0%	3	1%
Infection Control	2	0%	4	1%	2	1%

A proportion of complaint resolution meetings were held with complainants and key staff to assist with resolving complaints and the final response letter. The majority of these were effective in resolving concerns as advised by the complainants.

The PALS and Complaints team monitor emerging themes from complaints on a daily basis and discuss as a team ensuring escalation to the directorate or appropriate manager.



Any trends or themes identified are reported to the Deputy Director of Nursing. A full report on the themes from complaints is reported into the Trust's Healthcare Assurance Committee. Themes are then reviewed and triangulated with appropriate action taken

## 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's website during the year.

**You said**  
**"My father was sent home in hospital pyjamas that had blood stains on"**

We implemented a new discharge checklist on the ward and sent a newsletter to all staff working on the ward to remind them about the Trust's dignity pledge"

**You said**  
**"I hold power of attorney for my relative and I was not given updates about their discharge, the nursing home were contacted in place of me"**

A new policy has been written regarding power of attorney and has been disseminated to all Trust staff.

**You said**  
**"I had a reaction to the medication that was put into my eyes, because I was vomiting so much the team had to take me to ED instead of giving me medication in the department to stop the vomiting"**

We ensured that anti-sickness medication is available in the eye department for patients

**You said**  
**"I had to wait weeks for any information about a biopsy that had been done"**

The Clinical Nurse Specialists will now dictate a letter to the patient on the day of the biopsy advising of the next steps in the process.

**You said**  
**"My father was discharged from hospital and turned up at home in clothes that were not his, it was a shock"**

On discharge it was noted that the patient only had his pyjamas at the hospital, in line with our dignity pledge the nursing team purchased some clothes enable the patient to be discharged in clothing and not his pyjamas. We reminded staff of the importance communicating with relatives.

## 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.

After receiving a response from the Trust, 7 people chose to refer their concerns to the Parliamentary and Health Service Ombudsman (PHSO) during 2018/19 compared to 3 in 2017/18, 11 in 2016/17 and 12 in 2015/16.

The PHSO referred 2 complaints back to the Trust for further local resolution. During 2018/19 the total number of complaints investigated by the Ombudsman was 16, ranging between the years 2014 and 2018, 0 complaints were upheld, 3 were partly upheld, 8 were not upheld and 1 was rejected. 4 complaints remain under investigation by the PHSO.

## Performance against national priorities 2017/18

National Priority	2014/15	2015/16	2016/17	2017/18	2018/19 Target	2018/19 Actual
18 week referral to treatment waiting times - admitted	88.9%	84.5%	81%	80.5%	90.0%	74.6%
18 week referral to treatment waiting times - non admitted	95.6%	94.4%	89.0%	88.7%	95.0%	84.3%
18 week referral to treatment waiting times - patients on an incomplete pathway	94.3%	93.7%	91.6%	90.3%	92.0%	84.6%
Maximum waiting time of four hours in the Emergency Department from arrival to admission, transfer or discharge	93.3%	93.37%	94.6%	92.7%	95.0%	92.6%
Maximum waiting time of 62 days from urgent referral to treatment for all cancers	84.5%	85.9%	85.7%	88.5%	85%	85.9%
Maximum waiting time of 62 days following referral from an NHS Cancer Screening Service	93.1%	76.0%	96.9%	92.8%	90%	88.3%
Maximum cancer waiting time of 31 days from decision to treat to start of treatment	95.8%	95.7%	98.3%	97.6%	96%	97.8%
Maximum cancer waiting time of 31 days from decision to treat to start of subsequent treatment: Surgery	92.5%	94.1%	96.3%	97.0%	94%	95.6%

Maximum waiting time of 31 days from decision to treat to start of subsequent treatment: Anti-cancer drug treatment	100%	100%	100.0%	100%	98%	100%
Maximum waiting time of two weeks from urgent GP referral to first outpatient appointment for all urgent suspect cancer referrals	87.1%	96.1%	96.1%	97.0%	93%	93.4%
Two week wait for Breast Symptoms (where cancer was not initially suspected)	91.1%	99.4%	98.8%	100%	93%	96.4%
Clostridium difficile year on year reduction	21	14	17	20	13	6
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
Maximum 6 week wait for diagnostic procedures **	-	-	99.3%	99.72%	>99%	96.3%

\*\* please note this year is the first time this information has been required as part of this report.

# Annex A

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

The following groups have had sight of the Quality Report and have provided comment:

- NHS Dorset Clinical Commissioning Group
- NHS West 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



The Council would like to thank Royal Bournemouth Hospital NHS Foundation Trust for their professional and open approach to meeting with representatives of Borough of Poole's, Health and Social Care Overview and Scrutiny committee throughout the year. Some very enlightening discussions have been held around the progress made in key quality improvement areas. We would like to thank the hospital for allowing the Council an opportunity to comment on this account regarding the achievements and areas for improvement detailed in the Quality Report for 2018/19.

The presentation about the account delivered on 14th March 2019 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. With regard to the priority areas for improvement for 2018/19 we would like to commend the Trust in achieving the majority of what it had planned in relation to:

Urgent and emergency care 'First 24 hours'- It was pleasing to hear from the Trust about improvements in approaches to care within the first 24 hours in particular how admission avoidance performance has improved through good triaging in same day emergency care. It was heartening to hear about the project to reduce duplication in the clerking process from entrance into the emergency department through to a patient seeing a speciality

consultant and that it is having a real positive impact on reducing timescales by up to four hours and reducing duplication of effort by 50%.

Surgical Flow- It was encouraging to hear about progress made in reducing delays in ITU beds although the reduction was only 10% or 40 minutes it is still movement in the right direction.

Speciality pathways- Improvements in the speciality pathways sounded varied but very worthwhile pieces of work, the introduction of e-forms in response to learning in dermatology and improving the morale of staff in ophthalmology had led to significant improvements in both services.

We were also heartened to hear about the project to reduce the number of unnecessary interventions especially at night when a patient is sleeping including blood tests, observations and blood glucose and also resolving issues earlier in the day.

Fundamentals of care- the deteriorating patient- we understand that this national initiative and roll out of the new early warning system is a paramount piece of work in all the Trusts visited. It is pleasing to note that the recognition and early detection of sepsis is well embedded within the trust with a significantly high level of staff having undertaken the mandatory training. It would be encouraging to hear that this reaches 100% compliance in the not too distant future.

Thank you for the opportunity to comment on an interesting Quality Review. We look forward to reading the published version but please take this letter as Borough of Poole's response to the Quality Account.

Phil Hornsby  
Head of Commissioning and Improvement,  
People Services  
Borough of Poole  
128 March 2019



Healthwatch Dorset welcomes the opportunity to comment on The Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust's quality account for 2018/19.

Healthwatch Dorset exists to promote the voice of patients and the wider public with respect to health and social care services.

As of April 1st 2019 Healthwatch Dorset came under new management and therefore we are unable to comment on the previous year's activity as it relates to work carried out under the previous Healthwatch Dorset contract. However, we welcome the Trusts patient experience plans for 2019/20 and look forward to developing relationships over the coming year and working with them to ensure the experiences of patients, their families and unpaid carers are heard and taken seriously.

Louise Bate  
Healthwatch Dorset Manager  
9/5/19





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 2018/19 Quality Account.

We are satisfied with the overall content of the Quality Account and believe that it meets the required mandated elements.

The CCG would like to begin by recognising the achievement of the Trust on the outcome of their CQC inspection which was published in June 2018 and rated the Trust as 'Good' overall and 'Outstanding' in the well-led domain. This represents significant progress and the acknowledgement of the support that staff receive from senior managers was highlighted and is worthy of mention.

The CCG has reviewed the progress that the Trust has made with the quality priorities set for 2018/19, and it is evident that the Trust has fully or partially achieved a number of the priorities. It is particularly encouraging to see the significant training around sepsis and the deteriorating patient, including the 96.4% of frontline staff who have completed the relevant e-learning module. However, with reference to the aim of administering intravenous antibiotics to 95% of eligible patients within 1 hour of diagnosis of sepsis the Trust has not achieved their aim. They have achieved an average of 65% over the last 12 months within inpatient areas and an average of 42% within the Emergency Department. The Trust has acknowledged the need to improve their practice in this area and potentially consider a different approach to data collection, and the CCG looks forward to seeing how the Trust can improve both their data collection and their performance in this area over the coming 12 months to ensure that patients are protected and receive timely treatment.

The Trust's priorities for 2019/20 have been reviewed and it is encouraging to see the wide variety of information sources and consultation that has been used to determine the priorities going forward. Those identified are wide-ranging and show a focus on improving how services are provided with the focus on the needs of the patient.

The CCG acknowledges the Trust's progress with the reduction of Never Events reported from eight in 2017/8 to four in 2018/19. Although the target is zero for each hospital trust the reduction that the Hospital has reported is encouraging, and it is reassuring to hear that none of the never events reported resulted in any serious harm to the patients involved. It is also evident that the Trust has an open and transparent reporting culture for Never Events and their willingness to enlist the help of external organisations to visit key clinical areas provides an additional level of assurance.

The continued year on year reduction in reported serious incidents, along with a slight decrease in patient safety incidents resulting in major or severe harm indicates the Trust's commitment to improving the safety of the patients in their care. This is supported by the positive results from the National Staff Survey, which demonstrates the positive improvement over the last four years across a number of staff reported questions reflecting the safety culture of the Trust. In particular the result indicating that 94% of staff "feel encouraged to report errors, near misses or incidents" is acknowledged as the highest score reported nationally against similar Trusts.

The Quality Account also includes the new requirements for 2018/19 regarding details of ways in which staff can speak up and how the trust will ensure staff who do speak up do not suffer detriment as well as progress in implementing the priority clinical standards for seven day hospital services. However, within the report we could not see the new requirement to include a consolidated annual report on rota gaps or the plan for improvement to reduce these gaps within the Trust's Quality Account. \*

Although the Royal Bournemouth and Christchurch Hospitals NHS Trust have continued to find it a challenge to meet the constitutional standard regarding patients waiting longer in the Emergency Department, they have consistently remained in the top quartile of Trusts. The CCG looks forward to see how their quality priorities, focusing on urgent and emergency care and improving hospital flow will continue to have a positive impact on their performance in this constitutional standard.

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

Heather Hauschild (Mrs)  
Chief Officer  
NHS West Hampshire Clinical Commissioning Group  
7 May 2019

<sup>1</sup> The CCG were provided with a draft copy of the Quality report which did not have this section completed at that stage, the final version includes this requirement.



**The Royal Bournemouth  
and Christchurch Hospitals**  
NHS Foundation Trust

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

Governors have had the opportunity to review and comment on the Quality Report through the Governor Strategy Committee and the Council of Governors to ensure that the information in the Quality Report provides comprehensive, clear and meaningful messages about the quality of care provided to patients.

We recognise the tremendous amount of work that goes into producing the overview provided in the Quality Report in order to ensure that this reflects the pressures and challenges faced by acute hospitals and other health and social care partners and the ongoing learning and continuous improvement happening in our hospitals. The complexity of the data and the limitations on the way that some of this data can be presented in the Quality Report has been managed well through the use of additional information, which helps to ensure that the data is more readily understandable. This is particularly relevant in the case of clinical audit where important changes to clinical practice and patient safety based on the learning from both national and local clinical audit cannot always be set out in full as these do not fit readily into the format or timescales for the production of the Quality Report. For governors it is important that we focus on the outcomes for patients and the impact on the patient experience so that we can reflect on the human side of healthcare as part of presenting the data around the quality of care and services.

The Quality Report demonstrates the extensive quality improvement programme within the hospitals and the benefits being delivered through this. This reflects the inclusive, learning and open culture developed in the Trust over a number of years and the continued focus on providing high standards of care to patients in a sustainable way.

Governors support the focus on improvement and the way in which the Trust continues to prioritise the quality and safety of care for patients in our hospitals through the quality priorities that have been selected for 2019/20. Governors will continue to be involved in a range of activities to help and support the Trust in delivering these priorities as well as monitoring progress against these as part of the Trust's objectives. This has already included participation in the 'Sleep Well' action learning week early in 2019/20.

The Quality Report also includes the ways in which governors are involved in this work through their membership and participation in a number of groups across the Trust including the Mortality Surveillance Group, Audit Committee, End of Life Care Steering Group, Healthcare Assurance Committee, Equality, Diversity and Inclusion Committee, Infection Prevention and Control Committee, and Workforce Strategy and Development Committee, Nutrition Steering Group, Patient Information Group and Valuing Staff and Wellbeing Group.

Each year, the Governors make a tangible contribution to the quality improvement programme of the Trust by selecting a quality indicator for external audit. In 2018/19, the

Governors have selected the Summary Hospital-level Mortality Indicator, based on a recommendation from NHS Improvement. The Council of Governors are hopeful that the selection of this indicator at the Trust and other trusts will bring with it the ability to benchmark the Trust against other trusts through the external auditors and NHS Improvement and to share learning from this.

Governors will continue their involvement in a range of activities to deepen their insight in the areas covered by the Quality Report including:

- proactive involvement in public, patient and carer experience and listening events;
- receiving and questioning reports from executive directors on performance against objectives and key performance indicators at its quarterly Council of Governors meetings;
- supporting staff on ward based audits including the Patient Led Assessments of

the Care Environment and unannounced infection control walkabouts supported by clinicians and estates and housekeeping staff;

- visiting different areas of the Trust;
- governor representation at key Trust committees; and
- participation in focus groups with the Care Quality Commission.

17 May 2019

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Dorset Clinical Commissioning Group welcomes the opportunity to provide this statement on Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust's Quality Account. The information contained within the Account for the year 2018/19 is consistent with information shared with commissioners throughout the year. The CCG would also like to commend the Trust on its achievement of a Good overall rating from CQC in June 2018 and in particular the achievement of the outstanding rating for the Well-led domain.

During the year Commissioners have noted success and progress in a number of the priorities through the use of Quality Improvement methodology and a project management approach. The staff survey results also support the recognition of an engaged workforce in the implementation of these improvements. The progress made in the Urgent and Emergency Care priorities has been supported by a collaborative approach and it is anticipated that the new priority in this area as well as hospital flow will further develop this work with partner agencies such as Primary Care and the CCG to achieve positive outcomes.

The CCG are supportive of the quality priorities for 2019/20 which have been identified through review of review and audit of Trust information, feedback from staff, patients and the public and look forward to working with the Trust as part of the Integrated Care System to improve the health and well-being of the local population.

Vanessa Read  
Director of Nursing & Quality  
NHS Dorset Clinical Commissioning Group  
09 May 2018

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# 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.

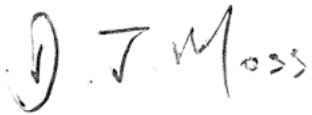
In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2018/19 and supporting guidance Detailed requirements for quality reports 2018/19
- 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 2018 to 23 May 2019
  - papers relating to quality reported to the Board over the period April 2018 to 23 May 2019
  - feedback from commissioners dated 7 May 2019 and 9 May 2019
- feedback from governors dated May 2019
- feedback from local Healthwatch organisations dated 9/05/2019
- feedback from the Overview and Scrutiny Committees dated 28/03/2019
- 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 2019
- the latest national inpatient survey dated 2017
- the latest national staff survey dated February 2019
- the Head of Internal Audit's annual opinion over the Trust's control environment dated May 2019
- Care Quality Commission inspection report dated June 2018
- the Quality Report presents a balanced picture of the Trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the quality report has been prepared in accordance with 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, appearing to read 'D. J. Moss'.

**David Moss**  
Chairperson  
23 May 2019

A handwritten signature in black ink, appearing to read 'D. Fleming'.

**Debbie Fleming**  
Chief Executive  
23 May 2019

# Annex C

## 2018/2019 limited assurance report on the content of the quality reports and mandated performance indicators

### **Independent auditor's report to the council of governors of the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust on the quality report**

We have been engaged by the Council of Governors of 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 2019 (the 'Quality Report') and certain performance indicators contained therein.

### **Scope and subject matter**

The indicators for the year ended 31 March 2019 subject to limited assurance consist of the following two national priority indicators:

- A&E: maximum waiting time of four hours from arrival to admission, transfer or discharge;
- maximum waiting time of 62 days from urgent

GP referral to first treatment for all cancers; We refer to these national priority indicators collectively as the 'indicators'..

### **Respective responsibilities of the directors and auditors**

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual issued by 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 2018/19 ('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 Guidance.

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 2018 to May 2019;
- papers relating to quality reported to the board over the period April 2018 to May 2019;
- feedback from commissioners, dated 15 May 2019;

- feedback from governors, dated 13 May 2019;
- feedback from local Healthwatch organisations, dated 25 April 2019;
- feedback from Overview and Scrutiny Committee, dated 28 March 2019;
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;
- the latest national patient survey, dated 13 June 2018;
- the latest national staff survey, dated 2018;
- Care Quality Commission Inspection, dated 18 June 2018;
- the 2018/19 Head of Internal Audit's annual opinion over the trust's control environment, dated 23 May 2019; and
- any other information included in our review.

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

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

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 2019, 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.

## Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- 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 Guidance; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

KPMG LLP

KPMG LLP  
Chartered Accountants  
66 Queens Square,  
Bristol, BS1 4BE  
23 May 2019

# Annex D

## Glossary of Terms

### Admission Avoidance

Unplanned admissions to hospital are can be distressing and disruptive for patients, carers and families. Many unplanned admissions are for patients who are elderly, infirm or have complex physical or mental health and care needs which put them at high risk of unplanned admission or re-admission to hospital. Admission avoidance looks at providing alternative care pathways that support individual patients needs and avoids the patient being admitted to a hospital bed

### AMU

Acute Medical unit

### BAUS

The British Association of Urological Surgeons

### BEAT

Blended Education and Training team

### CA UTI

Catheter Associated Urinary Tract Infections

### CEPOD

Confidential Enquiry into Perioperative Deaths

### 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

### CT

Computed tomography scan

### 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

### DP

**Deteriorating Patient**, one of our key quality priorities for 2018/2019

### ECG

Echocardiogram

### ED

Emergency Department

### eNA

Electronic nurse assessments

### eMortality

Electronic Mortality capture form

### FY1/2

Foundation Year doctors

### Good clinical practice (GCP)

Good clinical practice (GCP) is a set of internationally-recognised ethical and scientific quality requirements that must be followed when designing, conducting, recording and reporting clinical trials that involve people

### GP

General Practitioner

### Grand Round

is a medical educational meeting open to doctors and doctors in training from all specialties on topics of generic clinical interest



**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>

**ITU**

Intensive Care Unit

**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

**LERN**

Learning Event Report Notification system

**MHRA**

The Medicines and Healthcare products Regulatory Agency (MHRA) regulates medicines, medical devices and blood components for transfusion in the UK

**Model Hospital**

The Model Hospital supports the NHS to provide the best patient care in the most efficient way. This free digital tool from NHS Improvement enables trusts to compare their productivity and identify opportunities to improve. It is currently available to all NHS provider trusts

**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

**NRLS**

National Reporting and Learning System

**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)

**OPM**

Older Persons Medicine directorate

**OPS coding**

OPCS Classification of Interventions and Procedures is a World Health Organization measurement for all patient procedures.

**Patient Reported Outcome Measure**

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

National data (HSCIC) compares the post-operative (Q2) values, data collected from the patients at 6 months post-operatively by an external company. The data is not case mix adjusted and includes all NHS trusts, foundation trusts, CCG and NHS treatment centre data. Private hospital data is omitted.

EQ-VAS is a 0-100 scale measuring patients' pain, with scores closest to 0 representing the 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 are 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

**RCOG**

Royal College of Gynaecologists

**RCP**

Royal College of Physicians

**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**

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 three year objective to reduce avoidable harm by 50% and save 6000 lives. Healthcare organisations have been encouraged to sign up to five pledges and create a 3-5 year plan for safety. To find out more about the Trust's pledge go to: [www.rbch.nhs.uk](http://www.rbch.nhs.uk)

**UKAS****United Kingdom Accreditation Service**

UKAS is the UK's National Accreditation Body, responsible for determining, in the public interest, the technical competence and integrity of organisations such as those offering testing, calibration and certification services

## **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

# Accountability Report

## 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 Director of Improvement and Organisational Development, Deborah Matthews, attends meetings of the board of directors in a non-voting capacity.

The board of directors has given careful consideration to the range of skills, expertise and experience required for the running of the Trust and confirms that it has the necessary balance and the required range of skills, expertise and experience has been in place during the year under report.

The members of the board of directors during 2018-19 are listed below.

### Non-Executive Directors

#### David Moss, Chairperson



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 NHS Foundation Trusts. 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 the One Acute Network East Reconfiguration Board, a joint committee of the boards of directors of the Trust and Poole Hospital NHS Foundation Trust. David was a member of the Healthcare Assurance Committee until January 2019 and regularly attends meetings of other committees of the board of directors.

#### Pankaj Davé, Non-Executive Director



Pankaj Davé returned to the Trust as a non-executive director on 1 September 2018. Pankaj is a Chartered Certified Accountant and has worked internationally as a senior executive leading large multi-disciplinary teams for a range of internationally recognised businesses including BP, Amoco and Reliance Industries in strategy, financial, commercial, business transformation, operations, enterprise systems and planning and performance management roles. Pankaj has also been a trustee for Kidney Research UK and ran his own strategy consultancy business.

He has recently returned to the UK after working in Mumbai for five years for Reliance Industries, India's largest company. As a direct report to the Managing Director, Pankaj led and successfully delivered a major group-wide transformation program to integrate processes, systems, data, organisation and governance.

Pankaj is a member of the Charitable Funds, Finance and Performance, Healthcare Assurance and Workforce Strategy and Development Committees.

## Christine Hallett, Non-Executive Director



Christine joined the board of directors in June 2015.

Christine 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 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



Alex joined the Trust's board of directors as a non-executive director in 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 chairs the Audit and Charitable Funds Committees and is a member of the Finance and Performance Committee. Alex was appointed Vice-Chairperson of the Trust in October 2017.

## John Lelliott OBE, Non-Executive Director



John joined the Trust's board of directors as a non-executive director on 1 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 and Non-executive Board member of the Environment Agency. John was a Trustee and Vice Chair of Asthma UK until June 2017.

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 chairs the Finance and Performance Committee at the Trust and is a member of the Audit Committee and the Charitable Funds Committee. John is also Chairperson of the management board of Christchurch Fairmile Village LLP, as a representative of the Trust.

## Iain Rawlinson, Non-Executive Director



Iain Rawlinson was appointed as a non-executive director on 1 October 2017. Iain is a qualified barrister, businessman, social enterprise investor and trustee. He spent much of his career in banking and investment sectors and more recently has been

involved in a broad range of business and



charitable projects through leadership, advisory and non-executive director roles. Iain is a non-executive director of The Parkmead Group. Iain is Chairman of the Development Board of Tusk Trust, a charity which protects wildlife, supports communities and promotes education in Africa, and is also Chairman of Governors at Walhampton School. He is a Practitioner Fellow at the Centre for Social Innovation at the Cambridge Judge Business School.

Iain is a member of the Audit, Charitable Funds, Finance and Performance and Workforce Strategy and Development Committees.

### **Cliff Shearman, Non-Executive Director**



Cliff Shearman was appointed as a non-executive director in April 2017. Cliff 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 is now Emeritus Professor of Vascular Surgery at the University of Southampton.

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 has represented the Vascular Society on the Royal College of Surgeons of England Council since 2015, and in April 2018 was elected as its Vice President.

Cliff chairs the Workforce Strategy and Development Committee and is a member of the Healthcare Assurance Committee.

## **Executive Directors**

### **Debbie Fleming, Chief Executive (from 1 January 2019)**



Debbie Fleming has been Chief Executive of Poole Hospital since April 2014 and was appointed as interim joint Chief Executive of both Poole Hospital and The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trusts in January 2019.

Debbie has over 30 years' experience in the NHS and began her NHS management career at Poole Hospital, enjoying ten years as the trust's general manager for medicine during the 1990s. She joined Poole Hospital from NHS England, where she served as area director for Wessex, and has also held a variety of other senior posts within the NHS including more than a decade in chief executive roles at Bournemouth a Poole and Hampshire Primary Care Trusts. Debbie is also a member of Wimborne Academy Trust.

### **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 Director roles for a total of eight years in London and was Head of Informatics at Salisbury Foundation Trust for two years. He has been working in the NHS continuously from 1991 when 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.

## Alyson O'Donnell, Medical Director



Alyson was a Consultant Neonatologist in Southampton from 2000 until joining the Trust as Medical Director in 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.

## Pete Papworth, Director of Finance



Pete was appointed as Director of Finance in May 2017 following five years as the Trust's Deputy Director of Finance. Pete is a chartered accountant and brings 14 years' experience working across all aspects of the public sector in Dorset, since joining the Audit Commission's Graduate Scheme in 2003.

## Richard Renaut, Chief Operating Officer



Richard has been Chief Operating Officer since September 2014. He is responsible for the three clinical care groups that provide the clinical services across the Trust. He is also executive lead for estates, facilities and 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.

## Paula Shobbrook, Director of Nursing and Midwifery and Deputy Chief Executive



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.

## Tony Spotswood, Chief Executive (until 31 December 2018)



Tony was Chief Executive of the Trust from 2000-2018. He was previously Chief Executive of Leicester General Hospital between 1998 and 2000 and a director for over 20 years.

Each director has declared their interests at public meetings of the board of directors. The register of interests is available on the Trust's website.

Paragraph B.1.2 of The NHS Foundation Trust 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 not currently compliant with this paragraph and its constitution provides for equal numbers of executive and non-executive directors. This is permitted by the Model Core Constitution for NHS foundation trusts. The importance of ensuring a strong independent voice on the board of directors is supported by other provisions of the Trust's constitution and the standing orders of the board of directors including the quorum for meetings of the board of directors, which 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.

## Role 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 setting and delivery of the Trust's objectives and wider strategy as well as monitoring the performance of the Trust. Its role also includes managing the risks associated with delivery of the objectives and priorities that have been set in the context of the overall risk management framework for the Trust. Much of the day-to-day work is done by the executive directors, who work closely with the medical, nursing and operational leads of each of the Trust's three clinical care groups and the clinical directors, senior nurses, ward sisters/charge nurses and other leaders throughout the organisation.

The board of directors clearly sets out the financial, quality and operating objectives for the Trust in the Trust's strategic objectives and quality priorities. The Board's business cycle ensures adequate systems and processes are in place to measure and monitor the Trust's performance and effectiveness, efficiency, economy and quality of healthcare delivery. Relevant metrics have been developed to assess progress and delivery of performance.

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.

The board of directors has six committees: Audit Committee, Charitable Funds Committee, Finance and Performance Committee, Healthcare Assurance Committee, Nomination and Remuneration Committee and Workforce Strategy and Development Committee. The members of each committee are also members of the board of directors.

The board of directors has also established a committee of the board of directors which meets together with a committee of the board of directors of Poole Hospital NHS Foundation Trust as the One Acute Network East Reconfiguration Board. The members of the committee are David Moss, Alex Jablonowski, John Lelliott and all the executive directors of

the Trust. Meetings are also attended by the Director of Improvement and Organisational Development, the One Acute Network Programme Director and the Lead Governor.

## Board meetings

The board of directors meets every other month on the last Wednesday of the month and at other times as necessary. The first part of the meeting is open to the public and members of the public are only excluded from meetings where the business to be transacted is confidential. 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.

Opposite each name in the table below is shown the number of meetings at which that 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.

Attendance at Meetings of the Board of Directors		
Name	Title	Attendance
Karen Allman	Director of Human Resources	7 (7)
Pankaj Davé (from 1 September 2018)	Non-Executive Director	4 (4)
Debbie Fleming (from 1 January 2019)	Chief Executive	2 (2)
Peter Gill	Director of Informatics	6 (7)
Christine Hallett	Non-Executive Director	6 (7)
Alex Jablonowski	Non-Executive Director	7 (7)
John Lelliott	Non-Executive Director	6 (7)
David Moss	Chairperson	7 (7)
Alyson O'Donnell	Medical Director	5 (7)
Pete Papworth	Director of Finance	7 (7)
Iain Rawlinson	Non-Executive Director	7 (7)
Richard Renaut	Chief Operating Officer	6 (7)
Cliff Shearman	Non-Executive Director	6 (7)
Paula Shobbrook	Director of Nursing and Midwifery and Deputy Chief Executive	4 (7)
Tony Spotswood (until 31 December 2018)	Chief Executive	5 (5)



## Non-Executive Directors

Non-executive directors are appointed by the Council of Governors following a selection process through its Non-Executive Director Nomination and Remuneration Committee. Non-executive directors are appointed for an initial term of three years and any subsequent re-appointment, subject to approval by the Council of Governors, is for a maximum term of three years.

All of the current non-executive directors have been appointed for a maximum term of three years other than Pankaj Davé, who has been appointed for a term of one year and is expected to continue until the merger of the Trust and Poole Hospital NHS Foundation Trust.

The Chairperson was determined to be independent upon appointment in 2017 and on appointment as joint chair of the Trust and Poole Hospital NHS Foundation Trust in January 2019. All of the other non-executive directors are considered to be independent.

Where appropriate, and as required, the Chairperson and the non-executive directors meet without the executive directors present. No meetings were held in 2018-19 as required by paragraph A.42 of the Foundation Trust Code of Governance. The Chairperson met with Non-Executive Director individually throughout the year.

The terms of office and the period of appointment of the non-executive directors is set out in the table below. These appointments and reappointments were approved by the Council of Governors.

Non-Executive Director	Appointed	Term of office
Pankaj Davé	1 September 2018	1 year
Christine Hallett	29 June 2015 (reappointed on 29 June 2018) 28 April 2017 as Senior Independent Director	3 years 2 years
Alex Jablonowski	20 June 2016 1 October 2017 as Vice-Chairperson	3 years 2 years
John Lelliott	1 June 2016	3 years
David Moss	13 March 2017 Appointed as joint chair of the Trust and Poole Hospital NHS Foundation Trust on 1 January 2019	3 years
Iain Rawlinson	1 October 2017	3 years
Cliff Shearman	1 April 2017	3 years



## Board evaluation

The performance of the non-executive directors and the Chairperson was evaluated during the year in line with the Trust’s appraisal process. 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. Governors agree the evaluation processes for appraising the Chairperson and non-executive directors through the Non-Executive Director Nomination and Remuneration Committee and the outcome of both processes is shared with the Council of Governors. The Chairperson’s appraisal incorporated the views of the directors and the governors. No separate meeting of the non-executive directors was held as part of the appraisal process for the Chairperson as specified in paragraph A.4.2 of The NHS Foundation Trust Code of Governance although feedback from the non-executive directors was provided as part the appraisal process.

The chief executive undertook performance appraisals of the executive directors and the chief executive’s performance was appraised by the Chairperson. The objectives set for each of the executive directors were shared with the non-executive directors.

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 for committees includes a review against the committee’s terms of reference to ensure that each is fulfilling its role and responsibilities and that these remain appropriate.

An external evaluation of the board of directors using the CQC’s and NHS Improvement’s well-led framework for leadership and governance reviews was undertaken in 2016/17. This review was supplemented by an internal review in 2017/18, again using the well-led framework. In April 2018, the CQC undertook an assessment of the Trust using the latest joint well-led framework for leadership and governance published in June 2017 and the Trust received an overall rating of ‘Outstanding’ from the CQC for the well-led domain.

The individual appraisals and performance evaluations of the board of directors and its committees were used as a basis to determine individual and collective professional development programmes for board members to enable them to discharge their duties more effectively. Development plans also reflected the findings from the well-led self assessment process.

## Audit Committee

The Trust’s Audit Committee meets at least quarterly and representatives from the external auditor, internal auditors and the counter fraud service attend these meetings. The Director of Finance, Director of Nursing and Midwifery, Medical Director, Director of Informatics, Freedom to Speak Up Guardian and representatives from the risk management and clinical audit teams also regularly attend meetings at the request of the Chairperson. The Audit Committee met five times during the year. The committee members are all independent non-executive directors and during 2018/19 were:

Name	Meetings attended
Alex Jablonowski (Chairperson)	5 (5)
Christine Hallett	4 (5)
John Lelliott	5 (5)
Iain Rawlinson	5 (5)

The Audit Committee’s duties cover the following areas:

- reviewing the establishment and maintenance of an effective system of internal control, risk management and corporate governance, with particular reference to the Trust’s board assurance framework;
- appointing the internal auditors including the terms of appointment, agreeing the internal audit programme and reviewing the findings and recommendations from internal audit reports to provide assurance to the Board of Directors;

- considering the appointment of external auditors, including the terms of appointment, before making a recommendation to the Council of Governors, reviewing the nature and scope of the audit and the reports of the external auditors;
- considering the provision of any non-audit services to the Trust by the external auditors;
- appointing the counter fraud service including the terms of appointment, agreeing the counter fraud programme and reviewing the findings from investigations;
- monitoring management responses to internal audit, external audit and counter fraud reports and the implementation of recommendations;
- ensuring co-ordination between internal audit, external audit and the counter fraud service;
- ensuring that internal audit, external audit and counter fraud operate effectively, including appropriate resourcing and access to staff;
- reviewing the annual plan and annual report for clinical audit;
- reviewing the annual report, annual governance statement and annual financial statements before making a recommendation to the Board of Directors; and
- reviewing 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.

## Internal audit

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. This forms part of a strategic three year plan for internal audit. Depending on changes in the risk profile of certain areas, all areas of the Trust should be covered during the internal audit cycle of three years. The Audit Committee approves the final plan, ensuring that the budget is available to meet the costs of delivering the plan. Internal audit is performed in accordance with best professional practice, in particular, NHS Internal Audit Standards and Public Sector Internal Audit Standards.

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 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 view on the performance 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 first appointed by the Council of Governors for a term of three years from October 2015. In 2018, the Trust was part of joint procurement process for external audit services with Dorset Healthcare University NHS Foundation Trust, Dorset County Hospital NHS Foundation Trust and Poole Hospital NHS Foundation. The process involved governors, non-executive directors and the finance directors from each Trust. The preferred supplier identified through this process was KPMG LLP and, in February 2018, the Council of Governors approved the appointment for KPMG LLP as the Trust's external auditor of the Trust for a period of five years from 1 October 2018.

The committee approved the remuneration and terms of engagement for the external auditor and considered in detail the results of the audit for 2018/19, KPMG LLP's performance and independence and the effectiveness of the overall audit process.

## 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 interests 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.

## Counter fraud

The Audit Committee is responsible for appointing the counter fraud service and ensuring it has appropriate support within the Trust to carry out its work. It reviews the annual counter fraud programme and the results of its proactive monitoring and awareness activities as well as reactive (investigations) work including management's response to recommendations, highlighting any issues to the board of directors if necessary. The committee ensures co-ordination between the internal auditors and counter fraud.

## Freedom to speak up (whistleblowing)

The committee is responsible for the Trust's Freedom to speak up: raising concerns (whistleblowing) policy and has continued to support the work of the Trust's Freedom to Speak Up Guardian following her appointment in 2017/18. The chair of the Audit Committee is the non-executive lead responsible for speaking up and meets regularly with the Freedom to Speak Up Guardian.

The Freedom to Speak Up Guardian reports to the committee annually on progress made to date in developing a culture of safety within the Trust so that it becomes a more open and transparent place to work, where all staff are actively encouraged and enabled to speak up safely. This includes an overview of case referrals and the key themes identified from these.

## Significant areas

During the year under report the committee continued to build its focus on information security risks including asset management, network stability, disaster recovery and cybersecurity, reviewing reports from internal audit and supporting the commissioning of other external reviews for additional assurance. The board of directors approved changes to the committee's terms of reference to reflect this renewed focus and will now receive regular reports from the Information Governance Committee to support the expansion of its role in this area.

The committee ensures through its membership, which includes the chairs of the Healthcare Assurance Committee and the Finance and Performance Committee, that the board of directors continues to have an effectively functioning committee structure providing it with the necessary assurance around key risks and the processes and controls to mitigate these. A governor now attends all committee meetings to provide greater transparency on the work of the committee, recognising, in particular, the role of the Council of Governors in the appointment and removal of the external auditor.

The committee also maintained a focus on a number of operational areas, which had been highlighted through internal audit reports including:

- the management of outpatient follow-up appointments in particular processes to prioritise and reduce the number of unnecessary follow-up appointments;
- the induction and monitoring of locum doctors, particularly 'professional' locums, who did not have a contract with any NHS organisation; and
- the use of e-rostering for medical staff.

Discussions at committee meetings with executive directors and other key staff involved in these areas highlighted underlying cultural issues that were affecting the ability of the Trust to fully address the recommendations from internal audit. Given the impact on quality of care, patient safety and governance, the

committee is committed to maintaining a focus on these issues and supporting staff in making the necessary improvements in these areas.

Other areas focussed on by the committee during the year have included:

- coordinating the risk management processes of the Trust with those relating to the One Acute Network and the broader system in Dorset;
- the approach to management of Standing Financial Instruction Waivers for procurement in Informatics taking account of the limits for tendering under the Official Journal of the European Union and the processes around this;
- cooperation with third parties to obtain evidence in counter fraud investigations; and
- participation in the Dorset-wide tender for counter fraud services.

The Audit Committee reviews the Annual Report and Accounts prior to their approval by the Board of Directors. It reviewed and challenged relevant accounting policies and significant financial judgements including the recoverability of receivables, the valuation of land and buildings and the Trust's investment in Christchurch Fairmile Village LLP.

In order to address these issues the committee sought and received detailed briefings and explanations from the Director of Finance and the Finance and Performance Committee supported by professional external advice.

As the chairs of the Healthcare Assurance Committee and the Finance and Performance Committee are members of the Audit Committee, they are able to provide details of scrutiny undertaken in these committees where it is relevant to issues considered by the committee. 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. Through its work and reporting to the committee by external sources, the Audit Committee considers the Trust to be operating effectively in delivering good clinical, operational and financial performance and its key strategic objectives to implement Dorset's Clinical Services Review and the merger with Poole Hospital NHS Foundation Trust within a national context of significant concerns around funding, staffing, increasing inequalities and pressures from a growing and ageing population.

# 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 (as amended by the Health and Social Care Act 2012). These have been incorporated into the Trust's constitution, standards of conduct and in the schedule of matters reserved for the board of directors.

In 2018-19, the Council of Governors was made up as follows:

Public governors - Bournemouth and Poole constituency	Year elected	Term
Marjorie Houghton	2017	2 years
Keith Mitchell	2017	3 years
Roger Parsons	2017	2 years
Sue Parsons	2016	3 years
Alan Radley	2016	3 years
Guy Rouquette (until March 2019)	2017	3 years
Maureen Todd	2016	3 years
David Triplow (Lead Governor)	2017	3 years
Michele Whitehurst	2017	2 years

Public governors - Christchurch and Dorset County constituency	Year elected	Term
Richard Allen	2017	3 years
Chris Archibold (until October 2018)	2016	3 years
Derek Chaffey	2017	3 years
Eric Fisher	2017	3 years
Brian Young	2017	2 years

Public governors - New Forest and Rest of England constituency	Year elected	Term
Tracy Broom	2017	2 years
Nick Harrison	2017	3 years
Sandy Wilson	2017	3 years



Staff governors	Staff class	Year elected	Term
Sarah Berridge (until April 2018)	Medical and Dental	2016	3 years
Catherine Bishop	Administrative, Clerical and Management	2017	3 years
Francis Drobniowski (from July 2018 until November 2018)	Medical and Dental	2018	3 years
Louise Johnson	Allied Health Professions, Scientific and Technical	2017	3 years
Markus Pettit	Estates and Ancillary Services	2017	3 years
Petrina Taylor	Nursing, Midwifery and Healthcare Assistants	2016	3 years

Appointed governors	Appointing organisation	Year appointed	Term
Lesley Dedman	Dorset County Council	2017	3 years
Paul Higgs	The Royal Bournemouth and Christchurch Hospitals Volunteers Group	2016	3 years
Mufeed Ni'man	NHS Dorset Clinical Commissioning Group	2016	3 years
Rae Stollard	Bournemouth Borough Council	2016	3 years
Stephen Tee (from September 2018)	Bournemouth University	2018	3 years
Graham Wilson (until July 2018)	Borough of Poole Council	2016	3 years

As at 31 March 2019 there were the following vacancies on the Council of Governors:

- Bournemouth and Poole - One vacancy
- Christchurch and Dorset County - Two vacancies
- Medical and Dental - One vacancy
- Borough of Poole council - One vacancy

As a result of a local government reorganisation, which took effect on 1 April 2019, the number of appointed governors has been reduced to five, with a governor representing each of Bournemouth, Christchurch and Poole Council and Dorset Council. The position for the appointed governor for Dorset Council is currently vacant.

## Meetings of the Council of Governors

The Council of Governors meets four times each year, usually in February, April, July and October and at other times as necessary. The first part of the meeting is open to the public. Against each name in the table below is shown the number of meetings at which the governor or director was present and in brackets the number of meetings that the governor or director was eligible to attend. The discussions and decisions relating to all items on the agenda of the Council of Governors meetings are recorded in the minutes of the meeting. Each governor has declared their interests at public meetings of the Council of Governors. The register of interests is available on the Trust's website in the papers for each meeting.

Name	Role	Constituency, class or appointing organisation	Attendance
David Moss	Chairperson	Not applicable	5 (5)
Richard Allen	Public Governor	Christchurch and Dorset County	3 (5)
Chris Archibold (until October 2018)	Public Governor	Christchurch and Dorset County	1 (2)
Sarah Berridge (until April 2018)	Staff Governor	Medical and Dental	0 (0)
Catherine Bishop	Staff Governor	Administrative, Clerical and Management	4 (5)
Tracy Broom	Public Governor	New Forest and Rest of England	4 (5)
Derek Chaffey	Public Governor	Christchurch and Dorset County	4 (5)
Lesley Dedman	Appointed Governor	Dorset County Council	1 (5)
Francis Drobniowski (from July to November 2018)	Staff Governor	Medical and Dental	0 (2)
Eric Fisher	Public Governor	Christchurch and Dorset County	4 (5)
Nick Harrison	Public Governor	New Forest and Rest of England	3 (5)
Paul Higgs	Appointed Governor	The Royal Bournemouth and Christchurch Hospitals Volunteers Group	5 (5)
Marjorie Houghton	Public Governor	Bournemouth and Poole	4 (5)
Louise Johnson	Staff Governor	Allied Health Professions, Scientific and Technical	4 (5)
Keith Mitchell	Public Governor	Bournemouth and Poole	4 (5)
Mufeed Ni'man	Appointed Governor	NHS Dorset Clinical Commissioning Group	2 (5)
Roger Parsons	Public Governor	Bournemouth and Poole	5 (5)
Sue Parsons	Public Governor	Bournemouth and Poole	5 (5)
Markus Pettit	Staff Governor	Estates and Ancillary Services	2 (5)

Alan Radley	Public Governor	Bournemouth and Poole	5 (5)
Guy Rouquette (until March 2019)	Public Governor	Bournemouth and Poole	4 (5)
Rae Stollard	Appointed Governor	Bournemouth Borough Council	3 (5)
Petrina Taylor	Staff Governor	Nursing, Midwifery and Healthcare Assistants	5 (5)
Stephen Tee	Appointed Governor	Bournemouth University	0 (5)
Maureen Todd	Public Governor	Bournemouth and Poole	4 (5)
David Triplow	Public Governor	Bournemouth and Poole	5 (5)
Michele Whitehurst	Public Governor	Bournemouth and Poole	4 (5)
Graham Wilson (until July 2018)	Public Governor	Borough of Poole	0 (2)
Sandy Wilson	Public Governor	New Forest and Rest of England	4 (5)
Brian Young	Public Governor	Christchurch and Dorset County	5 (5)

Name	Role	Attendance
Karen Allman	Director of Human Resources	3 (5)
Pankaj Davé (from 1 September 2018)	Non-Executive Director	1 (2)
Debbie Fleming (from 1 January 2019)	Chief Executive	0 (1)
Peter Gill	Director of Informatics	1 (4)
Christine Hallett	Non-Executive Director	2 (4)
Alex Jablonowski	Non-Executive Director	0 (4)
John Lelliott	Non-Executive Director	1 (4)
Alyson O'Donnell	Medical Director	2 (4)
Pete Papworth	Director of Finance	3 (4)
Iain Rawlinson	Non-Executive Director	0 (4)
Richard Renaut	Chief Operating Officer	2 (4)
Cliff Shearman	Non-Executive Director	1 (4)
Paula Shobbrook	Director of Nursing and Midwifery and Deputy Chief Executive	3 (4)
Tony Spotswood (until 31 December 2018)	Chief Executive	3 (3)

## Elections

Elections were held in the Medical and Dental class of the staff constituency during the year. The election was not contested and the single candidate was elected unopposed.

# Membership and engagement

During 2018/19 membership engagement has been focussed on broadening the range of engagement activities with the public enabling information to be shared about changes to local hospital services and health topics and to gain feedback from patients and relatives about their experiences at our hospitals. Individual governors also presented to a variety of community organisations, including a series of talks in local libraries and stands at community events as well as the Trust's Open Day and Patient Safety and Quality Improvement Conference. Staff governors also visited different areas of the Trust to speak to staff and understand what they liked about working in the hospitals and what could be improved. Feedback from members of the public and staff was presented to the board of directors and the executive management team.

Regular emails and the membership newsletter have kept members up to date with news and events throughout the year.

Led by its Engagement Committee, governors continued to develop strategies to reach groups that are currently underrepresented geographically or demographically in the membership such as working age adults and younger members, engaging a university student to research how best to engage with this young people, including a survey of students at local schools.

Over the next 12 months the governors will:

- continue local meetings in each of the public constituencies 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;
- reflecting the changes to hospital services in east Dorset, hold joint public events with the governors at Poole Hospital NHS Foundation Trust;

- continue to identify ways to engage with young people including working with local schools;
- provide more information in the FT Focus and in regular emails to members who have provided their email address about governors' activities;
- develop the governor and member pages on the Trust's website to provide more information to members and the public; and
- try to increase the awareness and understanding of members and the local community of the role of the governors and the benefits of foundation trust membership.

The Membership Engagement Strategy set a recruitment target of 300 new public members for 2018/19 and the performance against that target is shown in the table below.

Public constituency members	Last year (2018/19)	Next year (2019/20) (estimated)
At year start (1 April)	10,155	9,998
New members	307	300
Members leaving	464	500
At year end (31 March)	9,998	9,798

Staff constituency members	Last year (2018/19)	Next year (2019/20) (estimated)
At year start (1 April)	4,437	4,600
New members	944	500
Members leaving	781	500
At year end (31 March)	600	600

## Analysis of membership in constituencies (as at 31 March 2019)

Public		Staff	
Bournemouth and Poole	7,171	Medical and Dental	405
Christchurch and Dorset County	2,009	Allied Health Professions, Scientific and Technical	867
New Forest and Rest of England	818	Nursing, Midwifery and Healthcare Assistants	1,931
		Administrative, Clerical and Management	1,009
		Estates and Ancillary Services	388

## Analysis of current public membership (as at 31 March 2019)

As at 31 March 2019, there were public members in the following demographic groups:

Analysis of current membership		
Public constituency	Number of members	Eligible membership
<b>Age (years):</b>		
0-16	5	138,111
17-21	473	42,719
22+	8,303	601,341
<b>Ethnicity:</b>		
White	9,343	714,637
Mixed	77	9,507
Asian or Asian British	150	14,175
Black or Black British	29	3,208
Other	26	2,514
<b>Socio-economic groupings*:</b>		
AB	3,231	49,486
C1	2,977	69,577
C2	1,928	50,690
DE	1,849	47,778
<b>Gender</b>		
Male	3,957	385,677
Female	6,025	395,143



## Notes

- The analysis section of this report excludes 1,219 public members with no dates of birth, 375 members with no stated ethnicity and 18 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 data. Where this data is not available members will not be included in these figures.
- 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. The 'Eligible membership' includes the Bournemouth and Poole and Christchurch and Dorset County public constituencies only and does not include the New Forest

and Rest of England constituency data as the Rest of England element means there will be no corresponding baseline/eligible membership figures.

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](mailto:ftmembers@rbch.nhs.uk).

Email addresses for individual governors are also available on the Trust's website.

## 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 is set out below. The Trust did not incur any liability to pay interest as a result of not paying any invoices within 30 days.

## NHS payables

	Number	Value
Invoices paid within 30 days	1,977	£11,412,000
Invoices due to be paid within 30 days	2,932	£19,851,000
Proportion of invoices paid within 30 days	67.4%	57.5%

## Non-NHS payables

	Number	Value
Invoices paid within 30 days	50,350	£113,624,000
Invoices due to be paid within 30 days	57,986	£144,251,000
Proportion of invoices paid within 30 days	86.8%	78.8%

References to 30 days include the due date if later.

## NHS Improvement's well-led framework

The board of directors has approved a leadership strategy that supports the delivery of the Trust's mission and strategic objectives and a well led organisation that delivers safe, high quality patient care that is clinically and financially sustainable. Through the strategy the board will oversee the creation of the leadership capabilities and leadership culture the organisation needs to possess in order to achieve its vision through the development of a leadership strategy. The leadership model for culture change will be one of collective leadership which will be clinically led. The board will promote the development of an inclusive leadership and management style. Performance under the leadership strategy will be assessed against these criteria on a quarterly basis, identifying specific areas for attention.

Leadership capacity and capability is supported by management structures within the Trust. A care group model was introduced in 2014 together with some new roles: Directors of Operations and Heads of Nursing and Quality for each care group and Matrons and Directorate Managers at directorate level. In 2017, the Trust reviewed these structures further with a view to strengthening the clinical leadership model and embedding the triumvirate approach through care groups. By triumvirate we mean the three way partnership between the manager, the lead nurse or allied health professional and the lead doctor. This led to the introduction of a care group medical lead in each care group. The triumvirate take a collective responsibility for the delivery of services in their area and this is replicated at all leadership levels in the Trust. Leadership development programmes are provided for each of these groups.

The board of directors uses the well-led framework for leadership and governance reviews to assess its performance on annual basis. Further details on this process can be found in the Annual Governance Statement and the Directors' Report.

## 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.

## Board's responsibility for the 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 2018/19. 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.

## Remuneration report

### Annual statement on remuneration from the Chairperson

Following the publication of national guidance in December 2018, the remuneration of the executive directors and other very senior managers was reviewed in January 2019. The Nomination and Remuneration Committee approved a pay increase of a flat rate payment in line with the national recommendation, with effect from 1 April 2018. The flat rate is commensurate with the cash value of the 2018/19 award applied to agenda for change staff at the top of bands 8c, 8d and 9. The remuneration for any of the executive directors did not rise above the maximum for the applicable national NHS pay ranges as a result of the increase awarded.

Separately the Nomination and Remuneration Committee:

- reviewed salaries for the Director of Nursing and Midwifery, Director of Finance and Director of Informatics and remuneration was increased to reflect the remuneration paid for comparable roles at other similarly-sized NHS foundation trusts;
- reset the salaries for the Directors of Operations to ensure consistency;
- set the salary for the new role of the Director of Improvement and Organisational Development following the departure of the Director of Organisational Development; and

- set the remuneration for the new role of the Interim Joint Chief Executive of the Trust and Poole Hospital NHS Foundation Trust.

The Nomination and Remuneration Committee also agreed the remuneration payable for performing the Deputy Chief Executive role. This was originally structured as an increment to the base salary. However, following the appointment of the Interim Joint Chief Executive and a review of the remit and scope of the Deputy Chief Executive role required to support the Interim Joint Chief Executive, a set level of remuneration for the role was agreed. Following an appointment process, the Deputy Director of Nursing and Midwifery was appointed to this role.

The Non-Executive Director Nomination and Remuneration Committee reviewed the remuneration for the new role of Interim Joint Chair at the Trust and Poole Hospital NHS Foundation Trust as well as the remuneration of other non-executive directors. No changes were made to the remuneration of non-executive directors during the year as a result of the review.

**David Moss,**  
Chairperson

### Non-Executive Director Nomination and Remuneration Committee

The Non-Executive Director Nomination and Remuneration Committee is a committee of the Council of Governors with responsibility for:

- reviewing the balance of skills, knowledge, experience and diversity 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 nonexecutive directors, taking into account the challenges and opportunities facing the Trust;
- selecting candidates to fill vacancies among the non-executive directors and making nominations for appointment to the Council of Governors;

- making recommendations to the Council of Governors concerning the reappointment 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 membership of the committee comprises four governors who have been elected by the Council of Governors, the Lead Governor and the Trust’s Chairperson. Advice is received from the Director of Human Resources and the Trust Secretary.

The Non-Executive Director Nomination and Remuneration Committee met in 2018/19 to consider the appointment of an interim non-executive director to fill the vacancy following Tea Colaianni’s departure as a non-executive director in January 2018, the reappointment of one non-executive director and the appointment of the Interim Joint Chair of the Trust and Poole Hospital NHS Foundation Trust. The process for each of the two appointments was agreed by the Council of Governors as these differed slightly from the process usually adopted for the appointment of non-executive directors given the different nature of the role. The processes adopted ensured that the appointments were made using a formal, rigorous and transparent process against objective criteria.

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 undertaken by the Trust and carried out and reported upon by NHS partners).

The committee carried out a more detailed review of the remuneration levels of the chairperson and non-executive directors using data provided by NHS Improvement and NHS Providers. No external consultants were used as part of this review. The committee also reviews the balance of skills, knowledge and experience on the board of directors when considering the appointment or re-appointment of a non-executive director rather than annually as set out in paragraph B.2.3 of the NHS Foundation Trust Code of Governance.

The table below sets out the members of the committee during 2018/19 and the number of meetings at which each was present and in brackets the number of meetings that they were eligible to attend. It was agreed that only a quorum of the committee would attend the meeting at which the appointment on the Interim Joint Chair of the Trust and Poole Hospital NHS Foundation Trust was considered as the appointment was being made jointly by both trusts.

Name	Role	Attendance
David Moss	Chairperson	4 (4)
Eric Fisher	Public Governor	3 (5)
Alex Jablonowski*	Vice-Chairperson	1 (1)
Keith Mitchell	Public Governor	4 (5)
Sue Parsons	Public Governor	4 (5)
Guy Rouquette	Public Governor	3 (5)
David Triplow	Lead Governor	5 (5)



- \* Alex Jablonowski chaired the meeting at which the appointment on the Interim Joint Chair of the Trust and Poole Hospital NHS Foundation Trust was considered in place of the Chairperson.

## Nomination and Remuneration Committee

The Nomination and Remuneration Committee is a committee of the board of directors with responsibility for:

- reviewing of the structure, size and composition of the board of directors;
- developing succession plans for the Chief Executive and other executive directors, taking into account the challenges and opportunities facing the Trust;
- appointing candidates to fill vacancies amongst the executive directors;
- reviewing remuneration and terms of conditions for executive directors and very senior managers (those managers not on NHS agenda for change pay scales); and
- making recommendations to the board of directors for the award of discretionary points for consultants and specialist and associate specialist and staff grade doctors.

The Chairperson is the chair of the Nomination and Remuneration 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 Nomination and Remuneration Committee reviews national pay awards for staff within the Trust alongside information on remuneration for executive directors at other trusts of a similar size and nature, taking account of overall and individual performance and relativities, with the aim of ensuring that remuneration of executive directors is fair and appropriate. Through this process any salary above the threshold of £150,000 used by the Civil Service is considered and approved by the committee with a view to attracting and

retaining individuals to support the Trust in delivering its vision and meeting its objectives.

In 2018/19, the Nomination and Remuneration Committee approved a pay increase for executive directors and other very senior managers of a flat rate payment in line with the national recommendation, with effect from 1 April 2018. The flat rate was commensurate with the cash value of the 2018/19 award applied to agenda for change staff at the top of bands 8c, 8d and 9. The remuneration for any of the executive directors did not rise above the maximum for the applicable national NHS pay ranges as a result of the increase awarded.

The Nomination and Remuneration Committee also:

- reviewed salaries for the Director of Nursing and Midwifery, Director of Finance and Director of Informatics and remuneration was increased to reflect the remuneration paid for comparable roles at other similarly-sized NHS foundation trusts;
- reset the salaries for the Directors of Operations to ensure consistency;
- set the salary for the new role of the Director of Improvement and Organisational Development following the departure of the Director of Organisational Development; and
- set the remuneration for the new role of the Interim Joint Chief Executive of the Trust and Poole Hospital NHS Foundation Trust.

The committee also reviews the balance of skills, knowledge and experience on the board of directors when considering the appointment of an executive director or when a vacancy arises for a non-executive director rather than annually as set out in paragraph B.2.3 of the NHS Foundation Trust Code of Governance.

The table below sets out the members of the committee during 2018/19 and the number of meetings at which each director was present and in brackets the number of meetings that the director was eligible to attend. It was agreed that only a quorum of the committee would attend the meeting at which the appointment on the Interim Joint Chief Executive was considered as the appointment was being made jointly by both trusts.



Name	Role	Attendance
David Moss	Chairperson	6 (6)
Pankaj Davé (from September 2018)	Non-Executive Director	3 (4)
Debbie Fleming (from January 2019)*	Chief Executive	0 (0)
Christine Hallett	Non-Executive Director	4 (6)
Alex Jablonowski	Non-Executive Director	6 (6)
John Lelliott	Non-Executive Director	3 (6)
Iain Rawlinson	Non-Executive Director	6 (6)
Cliff Shearman	Non-Executive Director	4 (6)
Tony Spotswood (until December 2018)*	Chief Executive	0 (0)

\* The Chief Executive is a member of the committee for decisions relating to the appointment or removal of executive directors only.

No independent consultants, who materially assisted either of 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 provide advice and 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 Nomination and Remuneration Committee, made up of the non-executive directors. Governors are volunteers and do not receive any remuneration for their roles.

## Senior manager remuneration

Senior manager remuneration											
Name	Title	2018/19					2017/18				
		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 £5000) £'000	(bands of £2,500) £'000
<b>Executive Members</b>											
Mr A Spotswood	Chief Executive (See note 1)	151 - 155	261 - 265	411 - 415	0	411 - 415	196 - 200	0	196 - 200	0	196 - 200
Mrs D Fleming	Interim Joint Chief Executive (see note 2)	21 - 25	0	21 - 25	0	21 - 25					
Mrs P Shobbrook	Director of Nursing and Midwifery and Deputy Chief Executive	135 - 140	0	135 - 140	16 - 20	156 - 160	121 - 125	0	121 - 125	21 - 25	146 - 150
Mr P Papworth	Director of Finance (See note 3)	135 - 140	0	135 - 140	0	135 - 140	106 - 110	11 - 15	121 - 125	0	121 - 125
Mr R Renaut	Chief Operating Officer (See note 4)	131 - 135	1 - 5	135 - 140	16 - 20	156 - 160	131 - 135	1 - 5	131 - 135	26 - 30	166 - 170
Mrs K Allman	Director of Human Resources	116 - 120	0	116 - 120	16 - 20	135 - 140	116 - 120	0	116 - 120	16 - 20	131 - 135
Dr A O'Donnell	Medical Director (See note 5)	181 - 185	0	181 - 185	0	181 - 185	181 - 185	0	181 - 185	0	181 - 185
Mr P Gill	Director of Informatics (See note 6)	66 - 70	0	66 - 70	6 - 10	76 - 80	51 - 55	0	51 - 55	11 - 15	66 - 70
<b>Board Member</b>											
Ms N Hartley	Director of Organisational Development (see note 7)	16 - 20	0	16 - 20	Not applicable	16 - 20	76 - 80	0	76 - 80	Not applicable	76 - 80
<b>Non-Executive Members</b>											
Mr D Moss	Interim Joint Chairperson (See note 8)	46 - 50	0	46 - 50	Not applicable	46 - 50	51 - 55	0	51 - 55	Not applicable	51 - 55
Mr C Shearman	Non-Executive Director	11 - 15	0	11 - 15	Not applicable	11 - 15	11 - 15	0	11 - 15	Not applicable	11 - 15
Mr DI Rawlinson	Non-Executive Director (See note 9)	11 - 15	0	11 - 15	Not applicable	11 - 15	6 - 10	0	6 - 10	Not applicable	6 - 10
Ms C Hallett	Non-Executive Director	16 - 20	0	16 - 20	Not applicable	16 - 20	16 - 20	0	16 - 20	Not applicable	16 - 20
Mr J Lelliott (OBE)	Non-Executive Director	16 - 20	0	16 - 20	Not applicable	16 - 20	16 - 20	0	16 - 20	Not applicable	16 - 20
Mr A Jablonowski	Non-Executive Director (See note 10)	16 - 20	0	16 - 20	Not applicable	16 - 20	11 - 15	0	11 - 15	Not applicable	11 - 15
Mr P Davé	Non-Executive Director (See note 11)	6 - 10	0	6 - 10	Not applicable	6 - 10	11-15	0	11-15	Not applicable	11-15
Band of highest paid director											
Median Total Remuneration											
Ratio											

### Notes:

- Mr A Spotswood concluded his post as Chief Executive on 31 December 2018 and previously opted out of the pension scheme on 31 March 2017. The other remuneration represents his contractual termination payment. Poole Hospital NHS Foundation Trust contributed 50% of this contractual termination payment as part of the agreed interim joint management arrangements which is not reflected in the numbers above.
- Mrs D Fleming commenced her post as Interim Joint Chief Executive on 1 January 2019 and is not a member of the NHS Pension Scheme. Mrs Fleming is employed by Poole Hospital NHS Foundation Trust and the salary shown above represents the Trust's 50% contribution with effect from 1 January 2019. Mrs Fleming's total salary and fees for the role at both trusts is between £196-200,000.
- Mr P Papworth commenced his post as Director of Finance on 29 May 2017 and opted out of the pension scheme on 31 May 2017. His other remuneration in 2017/18 relates to his previous role as Deputy Director of Finance.
- Mr R Renaut's other remuneration relates to selling back of untaken annual leave.
- Dr A O'Donnell opted out of the pension scheme on 30 April 2017.

6. Mr P Gill is employed by the Trust and holds a joint Director of Informatics post with Poole Hospital NHS Foundation Trust. The salary shown above represents the Trust's contribution, after adjusting for the recharge to Poole Hospital NHS Foundation Trust for the remainder.
7. Ms N Hartley concluded her post as Director of Organisational Development on 30 June 2018.
8. Mr D Moss is employed by the Trust and was appointed as Interim Joint Chair with Poole Hospital NHS Foundation Trust with effect from 1 January 2019. The salary shown above is net of the 50% recharge to Poole Hospital NHS Foundation Trust with effect from 1 January 2019. The total salary and fees paid to Mr Moss for the Joint Chair role at both trusts is between £51-55,000.
9. Mr DI Rawlinson commenced his post as Non-Executive Director on 1 October 2017.
10. Mr A Jablonowski received an additional amount from 1 October 2017 following his appointment as Vice-Chairperson in accordance with the terms of appointment for non-executive directors.
11. Mr P Davé commenced his post as a Non-Executive Director on 1 September 2018.
12. An increase to the remuneration of the executive directors was made with effect 1 April 2018, consisting of a flat rate payment in line with national recommendations. Separate increases were made to the remuneration for the Director of Nursing and Midwifery/Deputy Chief Executive, Director of Finance and Director of Informatics in 2018/19.
13. Senior managers do not receive any annual performance-related bonuses or long-term performance-related bonuses.
14. The joint chair and chief executive posts are interim linked to the merger of the two trusts.
15. No individual named above received any benefit in kind during either financial year.
16. No other categories in the pro forma single figure table disclosure are relevant to the Trust.
17. Of the 16 senior managers in the table above, 11 received expenses during the year amounting to a total of £8,369.14 after contributions from Poole Hospital NHS Foundation Trust. In 2017/18 13 received expenses amounting to £8,108.
18. There are 18 governors (excluding staff and appointed governors), of which 6 received expenses during the year amounting to a total of £2,624. In 2017/18 9 governors received expenses amounting to £1,915.

### 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.
- With the exception of the Interim Joint Chief Executive, all senior manager contracts are permanent. Mrs D Fleming is our Interim Joint Chief Executive.
- 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 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 this calculation.

The increase in the banding of the highest paid director is in line with the disclosures within the Remuneration Report.

## Senior manager pension entitlements

Senior manager pension entitlements							
Name	Title (as at 31 March 2019)	Real Increase in Pension and Related Lump Sum at retirement age	Total accrued Pension and Related Lump Sum at retirement age at 31 March 2019	Cash Equivalent Transfer Value at 31 March 2018 (Inflated)	Real Increase in Cash Equivalent Transfer Value	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 (see note 2)	N/A	N/A	N/A	N/A	N/A	N/A
Mrs D Fleming	Chief Executive (see note 3)	N/A	N/A	N/A	N/A	N/A	N/A
Mrs P Shobbrook	Director of Nursing and Midwifery	15 - 17.5	191 - 195	960	765	195	100
Mr P Papworth	Director of Finance (see note 4)	N/A	N/A	N/A	N/A	N/A	N/A
Mr R Renaut	Chief Operating Officer	0 - 2.5	121 - 125	604	511	93	48
Mrs K Allman	Director of Human Resources	2.5 - 5	86 - 90	531	467	64	33
Mr P Gill	Director of Informatics	10 - 12.5	131 - 135	733	577	156	80
Dr A O'Donnell	Medical Director (see note 5)	N/A	N/A	N/A	N/A	N/A	N/A

### Notes:

1. Non-Executive Directors do not receive pensionable remuneration, and as such, there are no entries in respect of pensions for Non-Executive Directors.
2. Mr A Spotswood concluded his post as Chief Executive on 31 December 2018.
3. Mrs D Fleming commenced her post as Joint Chief Executive (with Poole Hospital NHS Foundation Trust) on 1 January 2019 and has opted out of the pension scheme.
4. Mr P Papworth opted out of the pension scheme on 31 May 2017.
5. Dr A O'Donnell opted out of the pension scheme on 30 April 2017.

### 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.



**Debbie Fleming**, Chief Executive  
23 May 2019

## NHS Foundation Trust Code of Governance

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.2.3 where there are other arrangements in place. Details of compliance or an explanation are provided in this report.

## NHS Improvement's Single Oversight Framework

### 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.

### Segmentation

The Trust has been included in segment 2, the second highest. This segmentation information is the Trust's position as at 28 April 2019. 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	2018/19 scores				2017/18 scores			
		Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1
Financial sustainability	Capital service capacity	1	1	1	4	3	4	4	4
	Liquidity	1	1	1	1	1	1	1	1
Financial efficiency	I&E margin	1	1	1	4	3	4	4	4
Financial controls	Distance from financial plan	1	2	2	1	1	1	1	1
	Agency spend	1	1	1	1	1	1	1	1
<b>Overall scoring</b>		1	1	1	3	2	3	3	3

# 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 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 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 2018 and up to the date of approval of the annual report and accounts.

## Capacity to handle risk

As Accounting Officer I have ultimate responsibility for ensuring that effective management systems and controls appropriate for the achievement of the Trust’s objectives are in place, ensuring efficient and economic use of resources. As Chief Executive I am also responsible for ensuring that the Trust meets all statutory responsibilities and the requirements of the NHS provider licence and its Care Quality Commission registration. The Director of Nursing and Midwifery is responsible for supervising the management of the services regulated by the Care Quality Commission..

The Medical Director and Director of Nursing and Midwifery have joint delegated responsibility for managing the strategic development and implementation of organisational risk management and clinical governance. However, the requirement to manage risk more effectively is a responsibility affecting all staff in every part of the 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 from ward to board.

The Trust's risk management strategy clearly defines these responsibilities and provides guidance for the fulfilment of these roles. This is underpinned by developing and supporting a culture that encourages an open and honest recording of risks and organisation-wide learning where risks are continuously identified, assessed and minimised. As Chief Executive, I sponsor the role of the Freedom to Speak Up Guardian, which supports our open and honest reporting culture. The Freedom to Speak Up Guardian reports regularly to the Audit Committee and the Board of Directors to provide assurance around the reporting, safety and learning culture within the Trust as well as identifying key themes. The Audit Committee is also responsible for approving the Trust's speaking up policy.

The Trust identifies, prioritises and manages all aspects of risk through its integrated governance framework. The Board of Directors has agreed a risk appetite and risk management framework and has reviewed and identified the Trust's principal objectives and mitigating strategies for any risks to the delivery of those objectives. Risks to delivery of the Trust's strategic objectives are documented in the board assurance framework. The board assurance framework is reviewed regularly by the Board of Directors and the Audit Committee to ensure that it is comprehensive and that the Trust's internal controls and risk management systems are operating effectively. The Trust uses a single risk register system and a standard risk register process. Risk mitigation is achieved through a continuous cycle of the identification, assessment, control and review of risk.

High risks, including any changes to these, are reviewed by the Board of Directors and Healthcare Assurance Committee at each meeting, with an in-depth focus on individual risks on a cyclical basis led by the executive director sponsor of the individual risks. The work of the Board of Directors and its committees is supported by a range of specialist committees including the Trust Management Board, the Quality and Risk

Committee, which focuses on clinical quality and risk management, the Clinical Audit and Effectiveness Group and directorate clinical governance and risk management committees. The Board of Directors and its committees also consider independent sources of assurance to verify the accuracy and completeness of the risks identified and the controls in place to mitigate them such as internal and external audit, counter fraud, commissioned independent reviews, clinical audit, Model Hospital data, Care Quality Commission reports and other external and peer reviews.

Risk management and health and safety training is included on induction and mandatory training programmes for all staff with additional risk assessment, duty of candour and root cause analysis training sessions for clinical leads, heads of department and ward leaders.

Formal training is supported by a variety of other resources that seek to promote and facilitate individual, departmental, directorate and organisational discussion and learning. Recommendations and learning from complaints, audits, peer reviews and incidents are discussed locally at directorate clinical governance groups, senior nurses and ward sister meetings, medical Grand Round meetings and department and ward team briefings. Actions and learning points are also shared with regulators and other stakeholders across the local healthcare system through meetings with commissioners, clinical network groups and patient safety forums. We also seek to learn from other organisations at national level through attending conferences, networks and from investigations carried out by the Health Safety Investigation Branch.

## The risk and control framework

### Risk management strategy

Healthcare commissioners and providers in Dorset have developed a Pan Dorset Risk Management Framework. This includes 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 policy and associated risk matrix and risk assessment toolkit. As part of the strategy, care group and directorate leads are responsible for maintaining directorate risk registers and for bringing high risks to the attention of the Quality and Risk Committee and the Healthcare Assurance Committee. Each of the other committees of the Board of Directors reviews the high risks relevant to areas within its scope of responsibility and the executive director leads for each risk report to the Healthcare Assurance Committee on these risks. The Healthcare Assurance Committee and other board committees bring important matters to the attention of the Board of Directors.

As part of its integrated governance approach, risk management is integrated into business planning, quality improvement and cost improvement planning processes, ensuring that objectives are set across the organisation with plans to manage risk in accordance with quality impact assessment and risk assessment procedures.

The Trust's risk appetite statement defines the Board of Directors' appetite for each risk identified in relation to the achievement of the Trust's strategic objectives each financial year. Risks throughout the organisation will be managed within the Trust's risk appetite, or where this is exceeded, action taken to reduce the risk. The 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.

The Board of Directors has reviewed the Trust's principal corporate and strategic objectives and identified mitigating strategies for any risks to the delivery of those objectives using the board assurance framework process. The development of the board 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 of Directors in support of the board 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 board assurance framework, principal risks are identified and key risk controls put in place to provide necessary assurances on identified gaps in control systems and action plans to further reduce risk are mapped against identified objectives. The board assurance framework is populated from the Trust's risk register with risk reduction being achieved through a continuous cycle of the identification, assessment, control and review of risk.

Risks may be entered on the Trust's 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 or board committees or by specialist subcommittees of these. These include the Healthcare Assurance Committee, Finance and Performance Committee, Workforce Strategy and Development Committee, Infection Prevention and Control Committee, Medicines Governance Committee, Information Governance Committee, Emergency Preparedness 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 common to all healthcare providers and commissioners in Dorset. 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 high and corporate level risks are also assigned an executive director lead.

Links have been established with the risk management system to enable better triangulation of quality information from incident reports, complaints, claims and risks at every level of the organisation. Staff can share can also share issues and concerns in a range of ways including through Learning Event Reporting Notification (LERN) Patient Safety and Staff Safety Incident Form and with the Freedom to Speak Up Guardian and Freedom to Speak Up ambassadors, Change Champions and with Staff Governors.

## Key risks

High risks on the Trust's 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 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 board assurance framework is reviewed at least every six months. An annual review of risk management processes is incorporated within the internal audit programme approved by the Audit Committee. The current high risks are reported to the Board of Directors at each meeting, identifying any changes to those risks alongside an in-depth review of those risks on a cyclical basis.

Current high risks:

- There is a risk to patient care and ability to cover clinical duties due to level of vacancies and reliance on locum consultant cover in Elderly Care.
- If the number of stranded patients in the hospital (patients in hospital for more than seven days) remains at the current levels, then there is a risk there will be potentially avoidable harm to those patients.
- If patient flow is compromised within the Trust, then there is a risk there will be avoidable harm to those patients entering any front door to the hospital.

## Future risks:

- There is a risk that the decision to leave the European Union will have an impact on the ability of the Trust to provide critical non-clinical and clinical services.
- The risk in not being able to progress Dorset's Clinical Service Review; it would manifest in a number of ways. Firstly, the failure to comply with national recommendations regarding the provision of safe, sustainable emergency care due to the inability to create critical mass and respond to known workforce challenges. Secondly, the frustration of plans to obviate future expenditure and therefore maintain services within the funding allocated through the tariff system. This will result, without subsidy, in the Board of Directors not being able to maintain a financially sustainable Trust and service portfolio.
- There is a risk that demand management and elective efficiency improvement initiatives may not be fully supported and/or implemented effectively in or out of the hospital which could impact on the elective services at the Trust; resulting in capacity issues and therefore, delays to patient pathways, waiting list performance failure and financial imbalance.

The principal risks to compliance with the condition 4 of the NHS foundation trust conditions set out in the Trust's provider licence relate to the metrics set out in the appendices to the Single Oversight Framework as follows:

- There is a risk that there will be patient harm from delayed pathways, challenge from the Trust's regulators and premium expenditure requirements if the cancer access and/or referral to treatment related targets for are not met. For referral to treatment, this includes the total waiting list size, the number of patients waiting more than 52 weeks and a year on year improvement in performance against the 18 week referral to treatment target. For cancer access this includes two week wait, 31 day and 62 day standards and the 28 day fast track standard.



The Trust continues to work with partners in the Dorset integrated care system to address these risks as well as through its own quality improvement projects. This includes implementation of the Clinical Services Review and the merger with Poole Hospital NHS Foundation Trust and, prior to this, closer integration of services, in particular across four identified services: Theatres and Anaesthetics, Emergency Departments, Older People's Medicine and Trauma and Orthopaedics.

## Corporate governance

These risks have been notified to the Board of Directors and also to NHS Improvement and commissioners as part of annual planning and regular reporting processes. The Board of Directors considers statements relating to compliance with this condition of the NHS provider licence on an annual basis as part of a self-certification process and these are also highlighted to the Board of Directors in advance of this through regular performance reporting. Annual compliance with the principles of good corporate governance and more detailed provisions of the NHS Foundation Trust Code of Governance is reviewed as part of the required disclosure which appears in this annual report. These are also reflected in the governance framework for the Board of Directors and its committees to support ongoing compliance.

More generally, the Board of Directors conducts its own reviews of its governance structures including reviews of performance by its committees to ensure that information provided to the Board of Directors identifies the key performance risks and the risks to compliance with the Trust's provider licence and 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, some of which are incorporated into the broader board development programme. This is supported by the work of the internal auditors.

## Well-led reviews

An external review of the Board of Directors using the CQC's and NHS Improvement's well-led framework for leadership and governance reviews was undertaken in 2016/17. 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 ten domains and Amber-Green, the second highest rating in the remaining three domains. This review was supplemented by an internal facilitated review in 2017/18, again using the well-led framework, which showed that a similarly high standard of performance had been maintained. This reflected the work that had been undertaken to implement the recommendations from the external well-led review in 2016/17. In April 2018, the CQC undertook an assessment of the Trust using the latest joint well-led framework for leadership and governance published in June 2017 and the Trust received an overall rating of 'Outstanding' from the CQC for the well-led domain.

## Public stakeholders

The Trust is in dialogue to actively manage risks with public stakeholders and a number of stakeholder engagement outcomes were identified by the Board of Directors and the Council of Governors to implement the recommendations from the external well-led review. Examples of this dialogue include:

- participation of the Chairperson and Chief Executive in the system leadership team for the integrated care system (ICS) for Dorset;
- the Chief Operating Officer attending the Urgent and Emergency Care Delivery Board for Dorset, which oversees delivery of NHS England mandates and the strategic intentions set out in the Dorset Sustainability and Transformation Plan; and
- the Director of Nursing and Midwifery attending Dorset's Quality Surveillance Group, which is attended by representatives from NHS England and the Trust's regulators.



The Trust also undertakes monthly contract monitoring meetings with commissioners where quality, activity, performance, finance, patient safety and risk management reports are presented and discussed. The Trust is also party to a Dorset health system collaborative agreement with NHS Dorset Clinical Commissioning Group and the other NHS providers in Dorset.

Executive directors also present to the Council of Governors on a quarterly basis, including performance against the Trust's strategic objectives, highlighting risks to delivery of performance. Governors also attend meetings of board committees where risks are discussed including the Audit Committee, Healthcare Assurance Committee and Workforce Strategy and Development Committee. The Council of Governors provides feedback to the Board of Directors based on its engagement with the public, patients and staff.

## Workforce risks

The Trust's People Plan was agreed by the Board of Directors in 2017 and brings together all of the Trust's staff strategies into one set of priorities helping to support and inspire staff to deliver the best possible care for patients and attract and retain the best talent.

Workforce planning is developed in conjunction with medical, clinical, human resources, finance, corporate and operational group leads to build plans and templates, ensuring safe and high quality patient care. The Board Workforce Strategy and Development Committee and the Strategic Workforce Transformation Group review, monitor and discuss key workforce metrics (vacancies, new role requirements, overtime, absence, sickness, use of bank and agency).

The Medical Workforce Transformation Steering Group (TSG) and Premium Cost Avoidance TSG meetings are held to review medical and nursing workforce metrics and costs with reviews focused on financial and quality targets. Bank and agency usage is discussed in detail at the above meetings. Model Hospital metrics are also used to benchmark and identify areas for improvement. A report from the Guardian of Safe Working Hours is published quarterly. Allied health

professional and healthcare scientist staffing is discussed at a bi-monthly forum. The Trust is currently developing internal workforce planning tools for allied healthcare professionals based on professional judgement and outcomes.

The sustainability of the current and future workforce is a key priority for the Trust and the Dorset system as a whole. The Trust participates in system-wide workforce discussions such as the Dorset Workforce Action Board (DWAB) - attended by senior executives across a range of health and social care organisations with key workforce issues raised and discussed. The demand for medical, clinical, allied health professionals and support staff outstrips traditional supply routes. Integrated workforce planning and redesign is the only way that Dorset will be able to sustain the workforce that it requires to deliver new health and care models, now and in the future.

The East Dorset acute hospital reconfiguration component of the Dorset Clinical Services Review and the merger of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust and Poole Hospital NHS Foundation Trust represent a very significant change programme, with workforce and operational continuity challenges extending over the next five to six years. As such staff at the Trust and Poole Hospital NHS Foundation Trust are working closely to ensure that the combined current and future workforce understands what this means for them and are engaged and supported to meet the opportunities and challenges ahead. Clinicians are leading the planning of services and design for the future and this encompasses the buildings as well as the human resources to provide the future patient care. The Trust is also working more closely with Poole Hospital NHS Foundation Trust to agree improved agency rates and non-competing bank rates so both trusts can harmonise key terms offered to temporary staff from their banks.

The Trust fully endorses and works to both the NHS Improvement Developing Workforce Safeguards and the National Quality Board (2016) methodology of safe, sustainable and productive staffing.

Compliance is achieved through a variety of evidence based tools and techniques that support safe staffing decision making. On a daily basis, staffing meeting ward review staffing levels against patient acuity data, through a triangulated review of the electronic roster, Safe Care acuity tool and professional judgement.

Care quality outcomes linked to safe staffing are monitored and reviewed at all levels of the organisation using the Quality Dashboard, with direct links between quality matrices and staffing being made; this is evidenced through Directorate, Care Group and Trust meeting minutes. The Trust utilises a documented internal red flag system that sets out clear parameters for safe staffing, enabling teams to raise concerns should their staffing fall below expectations. Any areas of significant concern relating to safe staffing are highlighted on the relevant risk register.

Monthly reports of local and national comparison data are prepared and submitted to both the Workforce Strategy and Development Committee and the Board of Directors. These reports include performance and compliance against Model Hospital data and the monthly comparative submission to UNIFY outlining planned and actual staffing numbers.

Nursing establishment skill mix reviews are undertaken bi-annually by the senior nursing team with review and reconciliation of acuity, outcomes and staffing requirements. Following each of these a report outlining the recommendations is prepared and taken to Board of Directors.

All service changes, including skill mix changes have a Quality Impact Assessment review undertaken.

## Other regulation

The Trust is fully compliant with the registration requirements of the Care Quality Commission. In the report published in June 2018, the Trust received an overall rating of 'Good' and 'Outstanding' for its leadership and use of resources.

The Trust has published an up-to-date register of interests for decision-making staff within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

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 into 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 Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its 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 Trust employs a number of internal mechanisms and external agencies to ensure the best use of resources. This includes the reviewing Model Hospital data provided by NHS Improvement to improve productivity and efficiency. The Trust has been recognised as one of the most efficient acute trusts nationally and received the its first use of resources assessment in 2018 as part of the CQC well-led rating, where it was received a rating of 'Outstanding'.

The Trust also includes the use of quality impact assessments as part of its cost improvement programme, drawing a link between quality improvement and achieving greater efficiency. As part of their recommendations following a review, the internal auditors highlight where there is opportunity to achieve greater effectiveness and/or efficiency. 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. This is monitored in detail by the Finance and Performance Committee of the Board of Directors and the Board of Directors.

The 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 for the financial year ending 31 March 2019 due to its planned surplus. In the financial year ending 31 March 2019 the Trust was part of the Dorset ICS which accepted a system control total approach. The Trust continued to meet its financial control total, however, the Dorset ICS failed to achieve its overall control total. As a result the Trust secured £24.795 million of Provider Sustainability Funding within the financial year to 31 March 2019.

In terms of longer term financial planning, the Trust continues to work in partnership with other trusts in Dorset and commissioners as part of the Clinical Services Review and the ICS for Dorset, which also includes the local authorities.

## Information governance

In line with Monitor's guidance, risks to data security are being managed and controlled through the Information Governance management structures and responsibilities established by the Trust's Information Governance Strategy and a range of the policies and procedures relating to information governance. These form part of the Trust's integrated governance approach to the management and monitoring of corporate and clinical governance, risk management and clinical effectiveness.

In 2018/19, the Data Security and Protection (DSP) Toolkit was used for the first time to assess how well the Trust complies with the relevant legal and regulatory requirements and guidance relating to information governance, replacing the Information Governance Toolkit. The DSP Toolkit sets the standard for cyber and data security for healthcare organisations, and places a much greater focus on assuring against modern threats. Based around the National Data Guardian's 10 Data Security Standards, the DSP Toolkit is divided into three categories of leadership obligations: People, Process and Technology. The DSP Toolkit places less emphasis on the provision of documentary evidence (which, in the past, often led to papers being created only for the purpose of meeting IG Toolkit requirements), and instead sets out the standards that organisations are required to meet with an expectation that this will be an ongoing journey towards compliance.

The Trust's Information Governance Assessment Report overall score for 2018/19 was 92% and was graded as "Standards not fully met". However an improvement plan has been submitted to NHS Digital, outlining how the Trust intends to achieve the remaining eight requirements in the coming months. Once this is approved by NHS Digital it is expected that the Trust's Assessment will be re-graded as "Standards not fully met (Plan Agreed)".

During 2018/19, one Level 2 Information Governance breach was reported. This followed a complaint by a patient that he believed a member of staff within the Trust to whom he was related had accessed his medical records inappropriately. This was confirmed through review of audit trails. There is no evidence of harm coming to the individual affected by this breach or the information involved being disseminated further, and the Information Commissioner's Office has confirmed no enforcement action was warranted.

## 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, staff engagement forums and patient feedback.

External opinion has been sought from the Trust's lead commissioners, local health scrutiny panels, Healthwatch and the Trust's Council of Governors. The production processes have mirrored those used for all quality assessments and aspects of these have been regularly audited. The external auditor provides a limited assurance report on the Quality Report and a limited assurance opinion on two quality indicators, including elective waiting time data. The internal audit programme has provided assurance to the Audit Committee and the Board of Directors 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.

The Quality Report is reviewed in detail by the Healthcare Assurance Committee prior to approval by the Board of Directors to ensure it is consistent with quality metrics reported to the committee during the year under report.

## 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 of Directors, 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, which met five times during the year, and all members of the committee are independent, non-executive directors. Representatives of external audit and internal audit attended all meetings and also met separately with committee members, without executive management present, during the year. Representatives from the local counter fraud specialist and a governor also attend all meetings of the committee. The committee reviewed and accepted the audit plans of both internal and external audit. Audit plans are risk based in order to provide assurance on those areas of greatest risk and are flexible enough to respond to emerging risks during the financial year. The plans specifically include economy, efficiency and effectiveness reviews.



A non-executive director chairs the Healthcare Assurance Committee, the Trust's quality committee. The committee met seven times during the year and received reports related to risk management and assurance and ensured that risk mitigation, controls and action plans, where remedial action was required, were implemented. This included monitoring the action plan responding to the actions that the Trust should take to comply with minor breaches identified by the Care Quality Commission in its report in 2018 and ongoing compliance with its fundamental standards for quality and safety.

The Board of Directors received minutes of meetings of each of the Audit Committee and the Healthcare Assurance Committee and regularly reviewed the board assurance framework and significant risks within the organisation, ensuring that significant clinical and non-clinical risks were reflected and any gaps in controls or assurance relevant to risks to the Trust's strategic objectives were identified and reported on.

The review of internal control is supported by the head of internal audit opinion for 2018/19, which provided the Trust with moderate assurance on the adequacy and effectiveness of the Trust's risk management, control and governance processes in the areas reviewed.

This opinion reflects:

- the year end financial surplus;
- the majority of internal audits having provided moderate or substantial assurance in the design and operational effectiveness of controls, including the key audits of key finance systems and the cost improvement programme; and
- the Trust having a good record in implementing audit recommendations. and a proactive approach to addressing the risks identified by internal audits.

Based on the evidence of the audits conducted, there are no signs of material weaknesses in the framework of control.

## Conclusion

No significant internal control issues have been identified by the Trust during 2018/19 through its own or external reviews.



**Debbie Fleming**  
Chief Executive  
23 May 2019

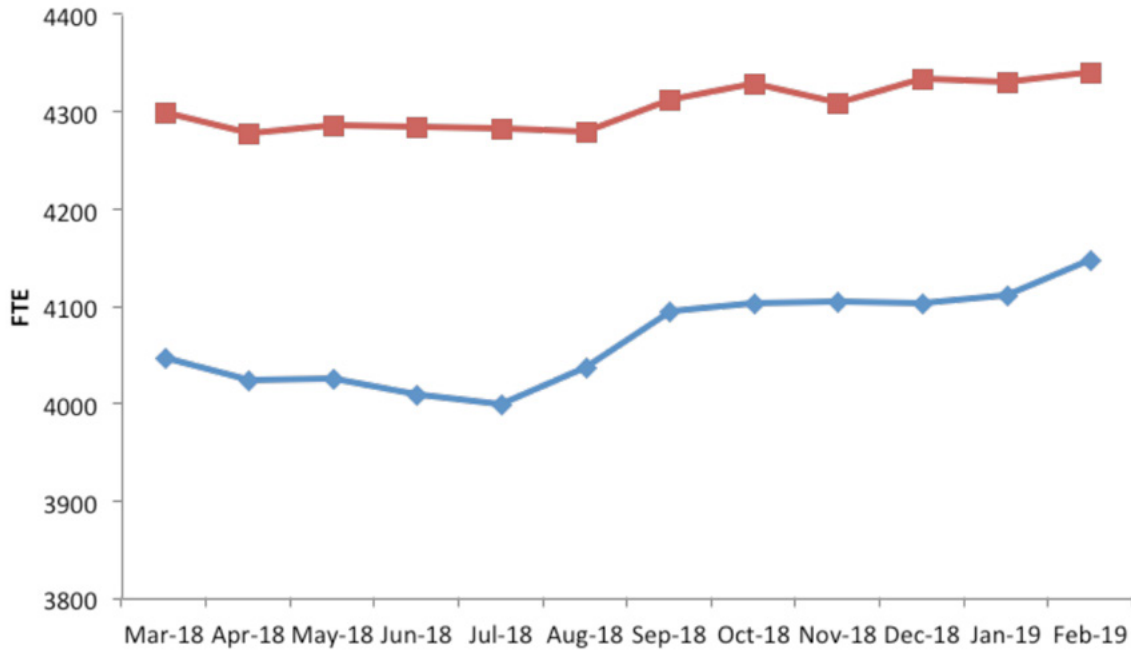


# Staff Report

## Staff numbers

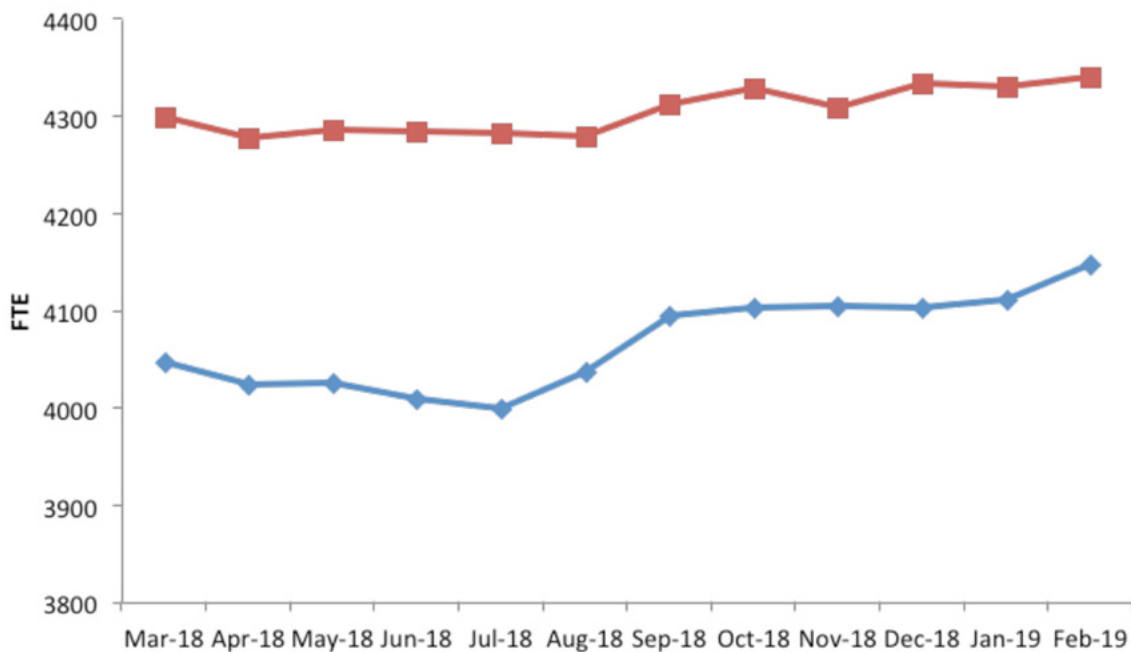
Recruitment of suitably qualified staff has continued to improve throughout this year, with a marked increase in the number of substantive full-time equivalent staff, as shown by the blue line below.

**Substantive Staff (FTE) Trend**



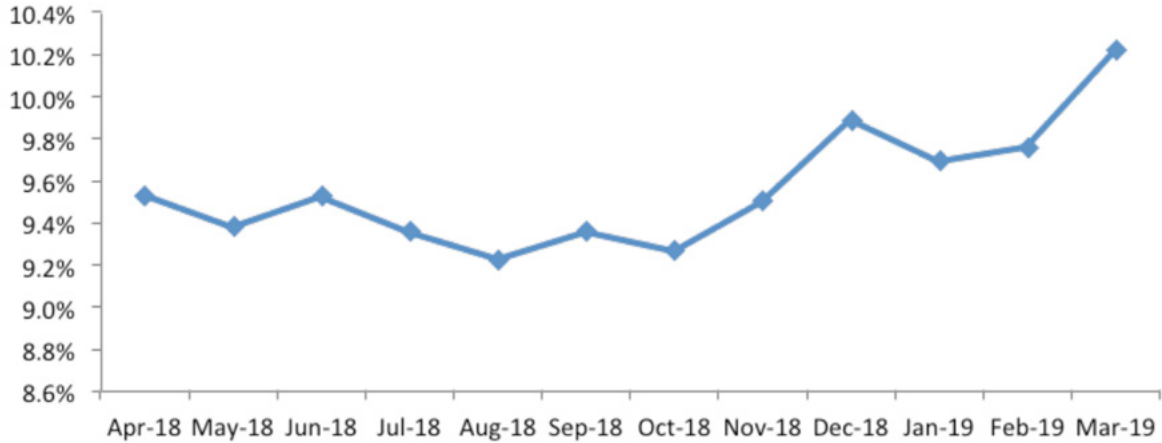
Overall vacancy rates have reduced from 5.86% (251.84 FTE) at the beginning of the year to 4.43% (192.43 FTE) by the end of the year.

**Substantive Staff (FTE) Trend**



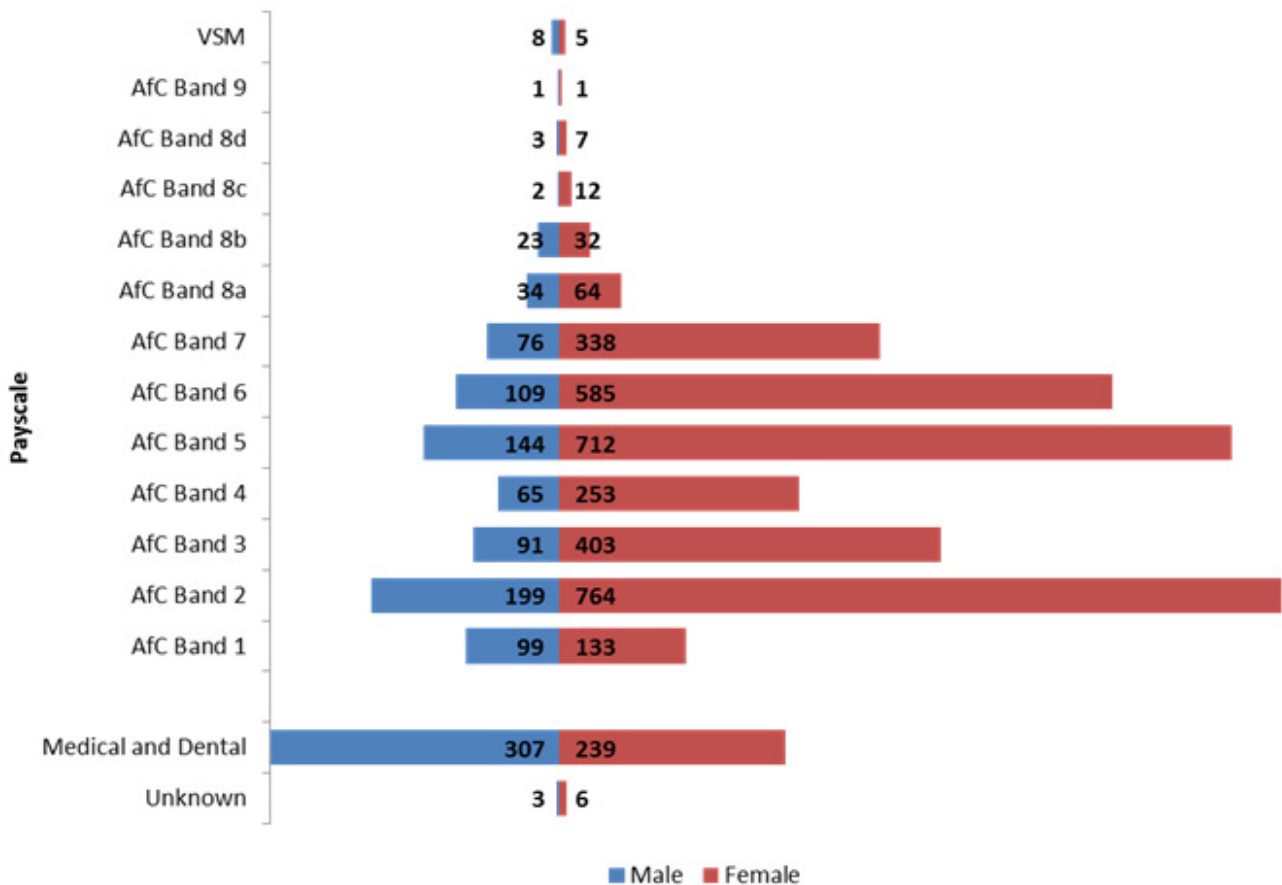
Turnover of permanent staff has remained fairly static throughout the year, with a slight increase over the year of 0.70%.

### Permanent Staff Turnover Rate (Headcount)



The overall gender split is approximately 25% male: 75% female.

### Workforce Tree (Headcount) with Gender Split as at 31/03/2019



Turnover of permanent staff has remained fairly static throughout the year, with a slight increase over the year of 0.70%.

## Breakdown of the number of Directors, other senior managers and employees by gender:

	Male	Female
AfC Band 8a	34	64
AfC Band 8b	23	32
AfC Band 8c	2	12
AfC Band 8d	3	7
AfC Band 9	1	1
Directors	8	5
%	37%	63%

## Staff costs

	Group			
			2018/19	2018/19
	Permanent	Other	Total	Total
	£'000	£'000	£'000	£'000
Salaries and wages	158,987	-	<b>158,987</b>	147,775
Social security costs	14,857	-	<b>14,857</b>	13,785
Apprenticeship Levy	771	-	<b>771</b>	717
Employer's contributions to NHS pensions	18,651	-	<b>18,651</b>	17,291
Pension cost - other	27	-	<b>27</b>	-
Agency/contract staff	-	4,580	<b>4,580</b>	4,017
<b>Total gross staff costs</b>	<b>193,293</b>	<b>4,580</b>	<b>197,873</b>	183,585
Recoveries in respect of seconded staff	-	-	-	-
<b>Total staff costs</b>	<b>193,293</b>	<b>4,580</b>	<b>197,873</b>	183,585
<b>Of which</b>				
Costs capitalised as part of assets	1,377	-	<b>1,377</b>	869

This note excludes Non-Executive Directors, in line with national guidance.

## Average number of employees (WTE basis)

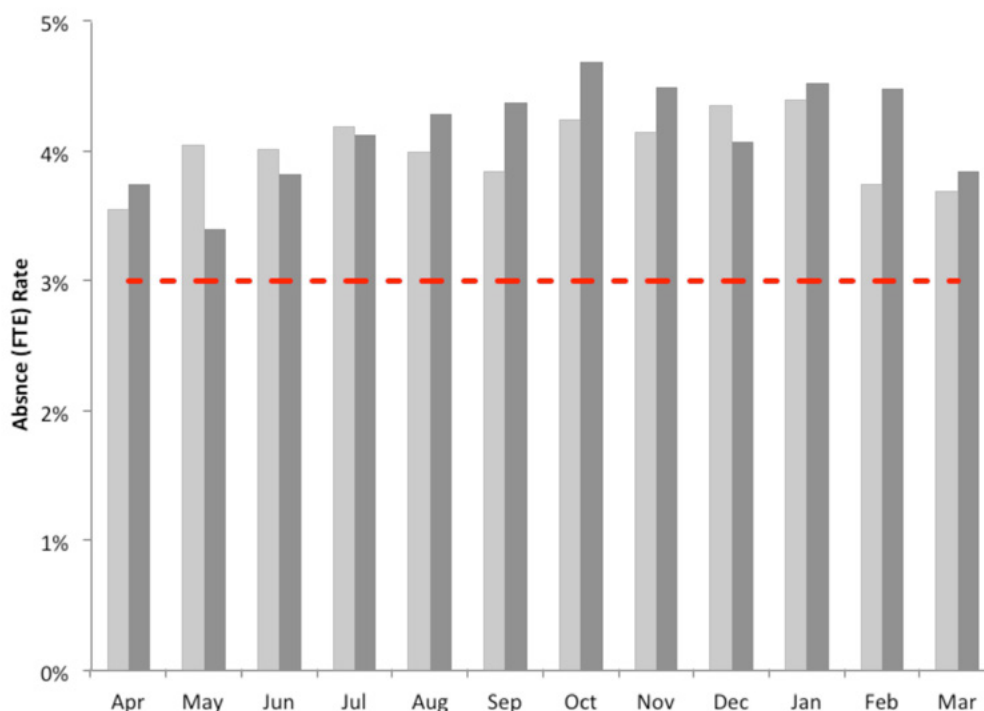
	Group			
			2018/19	2018/19
	Permanent	Other	Total	Total
	Number	Number	Number	Number Restated
Medical and dental	497	6	503	509
Administration and estates	787	52	839	891
Healthcare assistants and other support staff	1,166	162	1,328	1,490
Nursing, midwifery and health visiting staff	1,070	123	1,193	1,316
Scientific, therapeutic and technical staff	386	13	399	412
Healthcare science staff	89	-	89	89
Other	1	-	1	1
<b>Total average numbers</b>	<b>3,996</b>	<b>356</b>	<b>4,352</b>	<b>4,708</b>
<b>Of which:</b>				
Number of employees (WTE) engaged on capital projects	20.4	0.1	20.5	21.0

This note excludes Non-Executive Directors, in line with national guidance.

## Sickness Absence

Managing sickness remains a top priority for managers and human resources. This year saw the launch of a jointly agreed Managing Sickness Absence Policy.

### In Month Sickness Absence (FTE) Year on Year



Turnover of permanent staff has remained fairly static throughout the year, with a slight increase over the year of 0.70%.

## Staff policies and actions

### Occupational health and staff wellbeing

The Trust has a well-established and respected Occupational Health Department.

The team consists of the following trained Occupational Health clinicians:

- Senior Nurse Manager
- Occupational Health Physician
- Specialist Nurse Practitioners
- Physiotherapy Assessments
- Occupational Health Technicians - supported by an administrative team

The team is experienced in assisting employees who work in a variety of workplace settings with some very complex and sensitive issues. This includes advice on sickness absence and rehabilitation programmes to facilitate returns to work after sick leave and physiotherapy assessment.

The Trust also has an employee assistance programme in place as a benefit to employees that supports and enables them to manage personal and work related issues that may otherwise affect their wellbeing, motivation or productivity. Financial, legal and wellbeing advice is also available.

Health and wellbeing is one of the key components of the Trust's People Plan. We are aware of the need to ensure employees are kept fit and well and feel well enough and positive about coming to work. We also recognise the impact that this has on the quality of patient care and patient outcomes. There are many initiatives in the Trust to support this. The Trust offers physiotherapy, circuit training, pilates and yoga classes, a running club, mindfulness sessions, personal resilience workshops, staff networks and groups, chaplaincy services and regular Schwartz Rounds for staff to talk openly and honestly about issues to matter to them. This plays a part in reducing staff sickness and in maintaining high staff engagement scores in the national NHS Staff Survey. The Trust was also shortlisted in the Health and Wellbeing category for the Dorset Business Awards in 2018.

The Trust has a Valuing Staff and Wellbeing Group, chaired by a senior human resources manager with responsibility for stress management and staff wellbeing. This committee reports on its work through the Health and Safety Committee to the Board's Workforce Strategy and Development Committee. The Trust's current priorities relating to health and wellbeing are.

- Growing positive team cultures
- Great advice and support on prevention and intervention
- Making people feel valued and empowered
- Driving supportive behaviours

### Information and involvement of staff

People engagement is another element of the Trust's People Plan and underlines the importance of letting staff know what is going on and how it affects them. The Trust produces a weekly Staff Bulletin, a monthly Core Brief publication and a quarterly Buzzword magazine. These keep staff informed about events and activities at the hospitals, important changes to policies and procedures, the Trust's performance and the delivery of its strategy and objectives.

Staff are supported and encouraged to get involved in the Trust's performance through the improvement programme as well as in various roles including Change Champions, Appraisal Champions and Freedom to Speak Up Ambassadors.

The Trust has a Partnership Forum comprised of senior Trust management and Trade Union representatives. This meets quarterly and ensures regular consultation, information exchange and discussions between the Trust, Trade Unions and staff.

### Continuing employment, training, career development and promotion of disabled persons/ employees.

The Trust holds 'Disability Confident' accreditation. It takes positive and proactive steps to maintain continued employment, provide training, and foster career development and promotion for disabled members of staff.



In 2019/2020 the Trust will be reporting in accordance with the first 'Workforce Disability Equality Standard' (WDES). This national reporting standard includes providing statistics which demonstrate a proportionate comparison between disabled and non-disabled members of staff in relation to their experience at work and opportunities. This data will enable a gap analysis to be conducted and the development of a targeted action plan to address any identified areas of concern. The Trust appreciates there is a strong business case for adopting a positive approach to supporting and developing disabled staff both in terms of acquiring and maintaining valuable workplace skills and because behaving and being recognised as a socially responsible employer attracts the right people to come and work with us.

There is still much work to be done, in particular the declaration of disability rate is currently very low and we need to develop

our culture to reassure and encourage staff to declare they have a disability. The Equality, Diversity and Inclusion Committee has been reviewing the opportunity of setting up a disability network. It recognises this would need to be progressed with sensitivity and respect and an alternative title would need to be considered.

## Informing and consulting with our staff

Throughout the year there have been a number of changes and introduction of new ways of working. The Trust has a robust Organisational Change Policy, which requires staff to be consulted with and provided with an opportunity to comment and/or make alternative suggestions.

As part of the Trust's commitment to working in partnership with staff side organisations, all formal consultations are also presented at the Partnership Forum for their consideration and comment.

Consultation	Number of staff affected	Date
<b>Outpatient Therapy Services</b> - Transfer management of the reception and appointment booking roles in outpatient therapy to the main outpatient appointments service. Transfer implemented successfully.	6	March/April 2018
<b>Quality and Risk</b> - Restructure of Quality and Risk Department	19	October 2018
<b>Human Resources Consultation</b> - To grow capacity and improve responsiveness, with introduction of an employee relations tracker. Completed with employee relations tracker purchased and additional resources secured	14	July 2018
<b>Matrons Consultation</b> - Revised working patterns, including operational matron role during core hours, out-of-hours matron for early evening and weekend duty matron. Feedback received from matrons and proposal adjusted prior to implementation from February 2019. Weekend matron continues on trial basis.	15	August to October 2018

<b>Emergency Department</b> - Change of traditional shift pattern to long days. Long days implemented successfully taking individual circumstances into consideration of the overall outcome.	100	November/December 2018
<b>Phlebotomy</b> - Following requests by patients and health care professionals NHS Dorset CCG had concluded that there was a requirement to move away from a hospital centred model of care provision to one where patients are able to access phlebotomy services in GP practices and their local community settings. Although the consultation is closed, the process is ongoing due to the CCG having moved the transition date from 1 April 2019 to around June/July 2019.	37	February/March 2019 and ongoing
<b>Department of Sexual Health</b> - Ongoing consultation, moving local sexual health services into a hub that will potentially be based in the Boscombe area.	33	Ongoing

## Information on Counter Fraud

The Trust has an Anti Fraud, Bribery and Corruption Policy in place which is endorsed by senior management and the Trust's audit committee. The Human Resources Department has strong links to the Counter Fraud team, who are invited to join a joint investigators group meeting twice a year to enable an exchange of best practice and closer working.

This year Counter Fraud has reviewed the following areas:

Audit	Outcome
Expense claims	No further action
Arrangements for staff with a gambling addiction/problem	Review of disciplinary policy and substance misuse policy (to include gambling addiction)
Overtime payments	No further action

Counter fraud also carries out reactive investigations and reports on the results of these investigations to the audit committee.

## Exit packages/Settlement Agreements

Within all large organisations there will be occasions when disputes take place between staff. The Trust has a large number of measures in place to address these, including a robust reporting system, mediation, facilitated meetings, performance management, a disciplinary process and informal/formal grievance processes. Occasionally it is not possible to resolve employment issues and consideration may be given to negotiating a settlement agreement, particularly where the case is likely to progress to an employment tribunal, which then incurs legal costs and considerable management time. This does not mean that the Trust would have necessarily lost the case at tribunal, but is taken on commercial grounds. In the past twelve months there have been the following settlement agreements:

All non-contractual settlement payments are approved by NHS Improvement compliance/HM Treasury.

Reason for settlement	Amount	Date
Fayrewood Ward transfer from St Leonards Community Hospital - redundancy and statutory notice for six staff transferred	£230,872	August/September 2018
Process errors which could have resulted in a potential discrimination claim	£27,500	December 2018
Commercial settlement to avoid cost of defending a case	£5,400	January 2019
Employment tribunal case following grievance	£13,038	August 2018
Early conciliation prior to employment tribunal	£95,337.51	October 2018

## Reporting of compensation schemes - exit packages 2018/19

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
<£10,000	-	3	3
£10,001 - £25,000	-	2	2
£25,001 - 50,000	-	5	5
£100,001 - £150,000	1	-	1
<b>Total number of exit packages by type</b>	<b>1</b>	<b>10</b>	<b>11</b>
Total resource cost (£000)	138	278	£416

The above exit packages were in relation to 1 compulsory redundancy and 10 agreed departures.

## Reporting of compensation schemes - exit packages 2017/18

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
<£10,000	1	-	1
£10,001 - £25,000	1	1	2
<b>Total number of exit packages by type</b>	<b>2</b>	<b>1</b>	<b>3</b>
Total resource cost (£000)	15	13	£28

## Exit packages: other (non-compulsory) departure payments

	2018/19		2018/19	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Mutually agreed resignations (MARS) contractual costs			1	13
Early retirements in the efficiency of the service contractual costs	9	274.5		
Exit payments following Employment Tribunals or court orders	1	3.6	-	-
<b>Total</b>	<b>10</b>	<b>278</b>	<b>1</b>	<b>13</b>
<b>Of which:</b>				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

## The Trade Union (Facility Time Publication Requirements) Regulations 2018

This is the second year of reporting under the requirements of The Trade Union (Facility Time Publication Requirements) Regulations 2018. .

### Relevant union officials

What was the total number of your employees who were relevant union officials during the relevant period?

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
36	32.64

### Percentage of time spent on facility time

How many of your employees who were relevant union officials employed during the relevant period spent a) 0%, b) 1%-50%, c) 51%-99% or d) 100% of their working hours on facility time?

Percentage of time	Number of employees
0%	18
1-50%	17
51%-99%	1
100%	0

## Percentage of pay bill spent on facility time

Provide the figures requested in the first column of the table below to determine the percentage of your total pay bill spent on paying employees who were relevant union officials for facility time during the relevant period.

	Figures
Provide the total cost of facility time	£46,700
Provide the total pay bill	£195,840,000
Provide the percentage of the total pay bill spent on facility time, calculated as:  (total cost of facility time ÷ total pay bill) x 100	0.02%

## Paid trade union activities

As a percentage of total paid facility time hours, how many hours were spent by employees who were relevant union officials during the relevant period on paid trade union activities?

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as:  (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	If TU activities have been paid, this will have been included in facility time calculations.
--	--

## Staff survey

### Staff engagement

The Trust's programme of staff engagement is close to our hearts. For the fourth year running we have engaged Change Champions from all different roles and departments across the trust to ensure we continue to listen to and empower our staff to make improvements to their services and ways of working. The champions lead focus groups, interview leaders, carry out "trolley-walks" to get to those harder to reach areas and they use the information we gather from our local and national staff surveys on what it feels like to work here. Our board of directors is always keen to listen to the messages from the champions and to work alongside them in gathering data.

### NHS staff survey

The NHS staff survey is conducted annually. From 2018 onwards, the results from questions are grouped to give scores in ten indicators. The indicator scores are based on a score out of 10 for certain questions with the indicator score being the average of those.

The response rate to the 2018 survey among trust staff was 52.8% (2017: 46.2%). This equates to a more than a 6% increase from 2017. This is a fantastic improvement and means we have the views and experiences of 2,402 staff to shape our focus in 2019.

Scores for each indicator together with that of the survey benchmarking group (Acute trusts) are presented below.



Theme	2018/19		2017/18		2016/17	
	Trust	Benchmarking group (top score)	Trust	Benchmarking group (top score)	Trust	Benchmarking group (top score)
Equality, diversity and inclusion	9.2	9.6	9.1	9.4	9.2	9.6
Health and wellbeing	6.4	6.7	6.4	6.6	6.3	6.8
Immediate managers	7.3	7.3	7.1	7.2	6.9	7.2
Morale	6.6	7	n/a	n/a	n/a	n/a
Quality of appraisals	6.1	6.5	6.0	6.4	5.8	6.3
Quality of care	7.7	8.1	7.8	8.1	7.7	8.2
Safe environment - bullying and harassment	8.4	8.5	8.3	8.4	8.2	8.6
Safe environment - violence	9.5	9.6	9.5	9.6	9.4	9.7
Safety culture	7.2	7.2	6.9	7.0	6.8	7.1
Staff engagement	7.5	7.6	7.4	7.4	7.3	7.4

Since the start of our cultural change journey we have seen an increase in the ‘Engagement Score’. This is devised from the answers to multiple questions that focus on advocacy, motivation and ability to contribute to improvements. This has been mirrored in our local Staff Impressions survey in which staff are asked regularly if they would recommend the Trust as a place to work and as a place for treatment.

This year we have continued to make incremental progress across almost all measures, scoring better than average in all ten themes. We have scored best (compared to our benchmark group) for the theme of “Immediate managers” and “Safety culture”.

## Future priorities and targets

We have identified that there is still work to be done to reduce the numbers of respondents stating that they had experienced physical violence or discrimination or harassment, bullying or abuse at work from patients and service users and from Trust employees.

We will also focus on making the appraisal discussions an even better experience for our staff.

Diversity and Inclusion will continue to have a big focus in the year ahead (see the next section).

Each Directorate has been given a template to craft their own plans to celebrate successes and to support improvements. Each leadership team will report back on progress to the Workforce Strategy and Development Committee.

For the 2019 survey we intend to launch a social media campaign and will review how we get the survey to our members of staff in the most accessible format for them.

# Equality, diversity and inclusion

As a large NHS employer, the Trust recognises that we have a corporate responsibility to engage our whole community. Valuing diversity ensures an inclusive environment for potential staff and service users. We also know that celebrating individual difference and bringing diverse teams together with disparate styles and talent will foster innovation and continuous improvement for patients, service users, their families, carers and our staff.

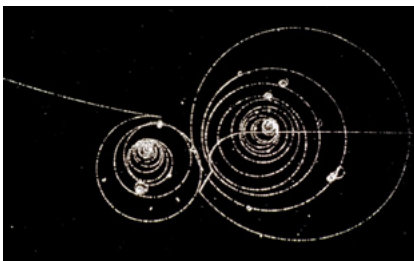
## Our legal duties

The Trust is required to provide assurance of delivery against a number of national standards and compliance frameworks for equality, diversity and inclusion. These include:

- The Equality Act (2010)
- The NHS Constitution
- The Public Sector Equality Duty (PSED)
- The NHS Equality Delivery System (EDS2)
- The Workforce Race Equality Standard (WRES)
- The Workforce Disability Equality Standard (WDES)



In 2018 we published our strategy: Leading for Equality, Diversity and Inclusion. The strategy was developed after an eight week listening exercise on staff engagement and was approved by our Board of Directors in May 2018. This outlines our ambitions to become a truly inclusive employer and service provider for our staff, patients and local health community. It builds upon our positive culture and improvement journey over the last five years and supports our mission to provide the excellent care we would expect for our own families.



## Our key objectives are:

- 1 Improve BAME employee experience
- 2 Development inclusive leadership capability
- 3 Improve communications and engagement
- 4 Develop effective staff networks
- 5 Improve use of all equality, diversity and inclusion data and compliance against national standards
- 6 Develop patient co-production and engagement

### 1. Improve BAME (black, asian and ethnic minority) staff experience

- During 2018 we have held listening exercises, conducted a survey and held a BAME focus group.
- For 2019 we are actively promoting BAME support with a network group and sharing development opportunities through our local Leadership Academy.
- We are developing a reverse mentoring programme.



## 2. Develop Inclusive leadership capability

- Unconscious bias workshops with the Board of Directors and Council of Governors and an in-house programme developed for all staff
- Module on inclusive leadership on the joint senior leadership development programme with our colleagues at Poole Hospital NHS Foundation Trust.
- Leadership masterclasses.



We have launched the following staff networks:

- LGBT (lesbian, gay, bisexual, transgender) in conjunction with our colleagues at Poole hospital
- BAME
- European Staff

To date we have over 170 staff signed up to these networks.



## 3. Improve Communications and Engagement

### Humans of our hospitals

Our communications team has developed a platform for staff to share their personal stories. To date there have been 3038 views. This format is continuing to grow, with digital storytelling and blogs planned for 2019.

[www.humans.rbh.nhs.uk](http://www.humans.rbh.nhs.uk)

*"Every person is a universe" - Luminita Georgescu*



## 4. Develop effective staff networks

Our model of staff networks with members and supporters / allies has been very successful.

## 5. Improve use of all equality diversity and inclusion data and compliance against national standards

We use our data reports to enable us to develop effective action plans and make decisions based on staff feedback.

- Workforce race equality standard (WRES) report for 2018: action plans linked to the strategy and managed through the equality, diversity and inclusion committee (EDIC).
- The Accessible Information Standard (AIS) requires us to provide information in accessible formats for patients. A pilot is underway in our outpatients department.
- Workforce disability equality standard (WDES) is launching on the 1st August 2019. We are preparing to engage with staff and network groups.

## 6. Develop patient co-production and engagement

This objective is led by our Head of Patient Engagement

- The Point of Care Foundation is supporting our programme to develop patient engagement champions, to engage with our patients and to facilitate co-design projects.
- Patient voice volunteers have been recruited to safely participate in meetings, projects and service redesigns, patients to be at the heart of everything we do.
- We have held two recruitment carousels for senior appointments with one of our Directors patient partners chairing a panel.

- One of our Directors' patient partners is helping us to develop guidelines for staff when supporting and caring for our transgender patients.

## Working with others

Our diversity and inclusion leads are working closely with colleagues at Poole Hospital NHS Foundation Trust, to build relationships and share good practice.

The Trust is a proud member of the following diversity and inclusion programmes:



Stonewall Diversity Champions programme: Britain's leading best practice forum for LGBT Equality Diversity and Inclusion.



DIVERSITY AND INCLUSION PARTNERS

NHS Employers Diversity and Inclusion Partners Programme: An important opportunity to work in partnership with other trusts and health and social care organisations to further refine our equality, diversity and inclusion approach. We are privileged to have been asked to continue into the 2019/20 cohort.



Disability Confident: A scheme designed to recruit and retain disabled staff and people with health conditions for their skills and talent.

## Equality, Diversity and Inclusion Committee

The Trust has an identified executive lead for diversity and has a well-established Equality and Diversity Committee which meets monthly and is attended by representatives from across the Trust, including senior managers, union representatives and governors. The committee reports to the Board's Workforce Strategy and Development Committee and directly to the Board of Directors.

### Purpose

- to ensure the Trust commits to an equality, diversity and inclusion agenda for the benefit of our patients and staff and in line with good practice and current legislation;
- to ensure the health needs of the diverse communities we serve are best met;
- to encourage and promote workplaces free from discrimination and where our diverse staff can flourish;
- to challenge the organisation and hold it to account where and when the above does not happen.

### In summary:

To make sustained diversity and inclusion progress it is imperative that we have the right level of leadership commitment and accountability at all levels within the organisation. Diversity and inclusion is 'everybody's business' and everyone in the Trust is therefore expected to take an active part, supported by the work of our specialist teams.

Our Board of Directors leads by example in relation to inclusive practice and our senior leadership team will focus on operational embedding of equality, diversity and inclusion to stimulate action and commitment to behaviour change.

A handwritten signature in black ink, appearing to read "Debbie Fleming".

**Debbie Fleming,**  
Chief Executive  
23 May 2019





# Consolidated financial statements

*For the year ended  
31 March 2019*



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# The Foundation Trust

<b>NHS Foundation Trust Code:</b>	<b>RDZ</b>														
<b>Registered Office:</b>	<b>The Royal Bournemouth Hospital</b> Castle Lane East Bournemouth BH7 7DW														
<b>Executive Directors:</b>	<table> <tr> <td><b>Mrs D Fleming</b></td> <td>Chief Executive</td> </tr> <tr> <td><b>Mrs P Shobbrook</b></td> <td>Director of Nursing and Midwifery</td> </tr> <tr> <td><b>Mr P Papworth</b></td> <td>Director of Finance</td> </tr> <tr> <td><b>Mr R Renaut</b></td> <td>Chief Operating Officer</td> </tr> <tr> <td><b>Mrs K Allman</b></td> <td>Director of Human Resources</td> </tr> <tr> <td><b>Dr A O'Donnell</b></td> <td>Medical Director</td> </tr> <tr> <td><b>Mr P Gill</b></td> <td>Director of Informatics</td> </tr> </table>	<b>Mrs D Fleming</b>	Chief Executive	<b>Mrs P Shobbrook</b>	Director of Nursing and Midwifery	<b>Mr P Papworth</b>	Director of Finance	<b>Mr R Renaut</b>	Chief Operating Officer	<b>Mrs K Allman</b>	Director of Human Resources	<b>Dr A O'Donnell</b>	Medical Director	<b>Mr P Gill</b>	Director of Informatics
<b>Mrs D Fleming</b>	Chief Executive														
<b>Mrs P Shobbrook</b>	Director of Nursing and Midwifery														
<b>Mr P Papworth</b>	Director of Finance														
<b>Mr R Renaut</b>	Chief Operating Officer														
<b>Mrs K Allman</b>	Director of Human Resources														
<b>Dr A O'Donnell</b>	Medical Director														
<b>Mr P Gill</b>	Director of Informatics														
<b>Non-Executive Directors:</b>	<table> <tr> <td><b>Mr D Moss</b></td> <td>Chairperson</td> </tr> <tr> <td><b>Ms C Hallett</b></td> <td>Non-Executive Director</td> </tr> <tr> <td><b>Mr A Jablonowski</b></td> <td>Non-Executive Director</td> </tr> <tr> <td><b>Mr J Lelliott OBE</b></td> <td>Non-Executive Director</td> </tr> <tr> <td><b>Mr DI Rawlinson</b></td> <td>Non-Executive Director</td> </tr> <tr> <td><b>Mr C Shearman</b></td> <td>Non-Executive Director</td> </tr> <tr> <td><b>Mr P Davé</b></td> <td>Non-Executive Director</td> </tr> </table>	<b>Mr D Moss</b>	Chairperson	<b>Ms C Hallett</b>	Non-Executive Director	<b>Mr A Jablonowski</b>	Non-Executive Director	<b>Mr J Lelliott OBE</b>	Non-Executive Director	<b>Mr DI Rawlinson</b>	Non-Executive Director	<b>Mr C Shearman</b>	Non-Executive Director	<b>Mr P Davé</b>	Non-Executive Director
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<b>Mr C Shearman</b>	Non-Executive Director														
<b>Mr P Davé</b>	Non-Executive Director														
<b>Trust Secretary:</b>	<b>Ms K Flaherty</b>														
<b>Bankers:</b>	<b>Barclays PLC</b> London														
<b>Solicitors:</b>	<b>DAC Beachcroft LLP</b> Winchester														
<b>Internal Auditor:</b>	<b>BDO LLP</b> Southampton														
<b>External Auditor:</b>	<b>KPMG</b> Southampton														

# Foreword to the accounts

These accounts for the year ended 31 March 2019 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.



**Mrs D Fleming**  
Chief Executive  
23 May 2019

# Statement of accounting officer's responsibilities

## Statement of the Chief Executive's responsibilities as the accounting officer of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust.

The National Health Service Act 2006 (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 Group Accounting Manual and Social Care 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 and Social Care 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;
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy; 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 them to ensure that the accounts comply with 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.



**Mrs D Fleming**  
Chief Executive  
23 May 2019





# Independent auditor's report

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

### REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

#### 1. Our opinion is unmodified

We have audited the financial statements of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust ("the Trust") for the year ended 31 March 2019 which comprise the Group and Trust Statement of Comprehensive Income, Group and Trust Statement of Financial Position, Group and Trust Statement of Changes in Equity and Group and Trust Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

#### 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 2019 and of its income and expenditure for the year then ended; and
- the Group and Trust's financial statements have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006, the NHS Foundation Trust Annual Reporting Manual 2018/19 and the Department of Health and Social Care Group Accounting Manual 2018/19.

#### Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

#### Overview

**Materiality:** £6.4m (2018:£5.7m)  
Group financial statements as a whole 1.9% (2018: 1.9%) of total income from operations

**Coverage** 100% (2018:100%) of group income

#### Risks of material misstatement vs 2018

Recurring risks	
Valuation of land and buildings	◀▶
Recognition of NHS and Non-NHS income	◀▶
<b>New:</b> Non- Pay expenditure recognition	▲

## 2. Key audit matters: our assessment of risks of material misstatement

Key audit matters are those matters that, in our professional judgment, were of most significance in the audit of the financial statements and include the most significant assessed risks of material misstatement (whether or not due to fraud) identified by us, including those which had the greatest effect on: the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. We summarise below, the key audit matters in decreasing order of audit significance, in arriving at our audit opinion above together with our key audit procedures to address those matters and our findings from those procedures in order that the Trust's governors as a body may better understand the process by which we arrived at our audit opinion. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters. In arriving at our audit opinion above, the key audit matters, in decreasing order of audit significance, were as follows (includes expenditure recognition as a new risk in the current year):

All of these key audit matters relate to the Group and the parent Trust.

	The risk	Our response
<p><b>Valuation of Land and Buildings</b></p> <p>(£166.8 million; 2018: £168.1 million)</p> <p><i>Refer to page 139 of the Annual Report (Audit Committee Report), page 23 of the consolidated financial statements (accounting policy) and page 41 of the consolidated financial statements (financial disclosures)</i></p>	<p><b>Subjective estimate</b></p> <p>Land and buildings are required to be held at current value in existing use. As hospital buildings are specialised assets and there is not an active market for them they are valued on the basis of the cost to replace them with a modern equivalent asset (Depreciated Replacement Cost).</p> <p>When considering the cost to build a replacement asset the Trust 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. The valuations are inclusive of VAT as this is not recoverable by the trust.</p> <p>Valuation is completed by an external expert engaged by the Trust 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 Trust last had a full valuation undertaken at 1 April 2015. In 2018/19, an interim valuation was undertaken. The Trust considered the movement in valuation since the last revaluation using indices.</p> <p>The effect of these matters is that, as part of our risk assessment, we determined that the valuation of land and buildings has a high degree of estimation uncertainty, with a potential range of reasonable outcomes greater than our materiality for the financial statements as a whole.</p>	<p>Our procedures included:</p> <ul style="list-style-type: none"> <li>— <b>Assessing valuer's credentials:</b> We considered the scope, qualifications and experience of the Trust's valuer's, to identify whether the valuer was appropriately experienced and qualified to undertake the valuation;</li> <li>— <b>Methodology choice:</b> We considered the overall methodology of the external valuation performed to identify whether the approach was in line with industry practice;</li> <li>— <b>Benchmarking assumptions:</b> We critically assessed the assumptions used by the valuer to assess the carrying value of assets against BCIS all in tender price index and industry norms;</li> <li>— <b>Tests of details:</b> We undertook the following tests of details: <ul style="list-style-type: none"> <li>▪ We compared the accuracy of the base data used for the carrying value assessment to ensure it agreed to the Trust's asset records;</li> <li>▪ We considered the carrying value of the land and buildings, including any material movements from the previous revaluations;</li> <li>▪ We assessed whether the accounting for valuation changes had been completed correctly in line with the requirements of the Group Accounting Manual; and</li> <li>▪ 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 receive future benefits.</li> </ul> </li> </ul> <p><b>Our findings</b></p> <ul style="list-style-type: none"> <li>— We found the resulting valuation of land and buildings to be balanced (2017-18: balanced).</li> </ul>

Significant Risk	Description	Work carried out and judgements
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<p><b>Recognition of NHS and non-NHS income</b></p> <p>(£337.6 million; 2018: £295.6 million)</p> <p><i>Refer to page 139 of the Annual Report (Audit Committee Report), page 20 of the consolidated financial statements (accounting policy) and page 32 of the consolidated financial statements (financial disclosures)</i></p>	<p><b>Effects of Irregularities:</b></p> <p>Of the Group’s reported income, £262.3 million (2017/18, £252.3 million) came from commissioners (Clinical Commissioning Groups (CCG) and NHS England). Income from CCGs and NHS England represent 78% 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 penalties, reducing the level of income.</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 £300,000 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 £64.9 million (2017/18: £26.1 million) from other activities principally, Private Patient income, Education and Training and Property Rentals. Much of this income is generated by contracts with other NHS and non-NHS bodies which are based on varied payment terms, including payment on delivery, milestone payments and periodic payments.</p> <p>In 2018/19, the Group received Provider Sustainability Funding (PSF) from NHS improvement. This is received subject to achieving defined financial and operational targets on a quarterly basis. The Trust was allocated £30.6 million of PSF funding. Additional funding is available at year end if targets are achieved.</p>	<p>Our procedures included:</p> <ul style="list-style-type: none"> <li>— <b>Control observation:</b> We tested the design and operation of process level controls over revenue recognition;</li> <li>— <b>Tests of details:</b> We undertook the following tests of details: <ul style="list-style-type: none"> <li>▪ We agreed Commissioner income to the signed contracts and selected a sample of the largest balances (comprising 94% of income from patient care activities) to agree that they had been invoiced in line with the contract agreements and payment had been received</li> <li>▪ We inspected invoices for material income, in the month prior to and following 31 March 2019 to determine whether income was recognised in the correct accounting period, in accordance with the amounts billed to corresponding parties;</li> <li>▪ We agreed that the levels of over and under performance reported were consistent with contract variations and challenged the Group’s assessment of the level of income where these were not in place by considering our own expectation of the income based on our knowledge of the client and experience of the NHS;</li> <li>▪ We assessed the outcome of the agreement of balances exercise with CCGs and other NHS providers and compared the values they are disclosing within their financial statements to the value of income captured in the financial statements. We sought explanations for any variances over £300,000, and all balances in dispute, and challenged the Group’s assessment of the level of income they were entitled to and the receipts that could be collected;</li> <li>▪ We assessed the PSF funding recorded in the financial statements and the Trust’s performance against the required targets to confirm eligibility for the income and agreed bonus amounts to correspondence from NHS; and</li> <li>▪ We tested material other income balances by agreeing a sample of income transactions through to supporting documentation and/or cash receipts.</li> </ul> </li> </ul> <p><b>Our findings</b></p> <ul style="list-style-type: none"> <li>— The results of our tests were satisfactory and we found that the Trust’s recognition of NHS and Non NHS income was balanced.</li> </ul>
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Significant Risk	Description	Work carried out and judgements
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**Completeness of Non Pay and Non Depreciation Expenditure**

(£114 million; 2018: £110.4 million)

*Refer to page 139 of the Annual Report (Audit Committee Report), page 23 of the consolidated financial statements (accounting policy) and page 34 of the consolidated financial statements (financial disclosures)*

**Effects of Irregularities:**

In the public sector, auditors consider the risk that material misstatements due to fraudulent financial reporting may arise from the manipulation of expenditure recognition (for instance by deferring expenditure to a later period). This may arise due to the audited body manipulating expenditure to meet externally set targets.

As most public bodies are net spending bodies, then the risk of material misstatement due to fraud related to expenditure recognition may in some cases be greater than the risk of material misstatements due to fraud related to revenue recognition and so we had regard to this when planning and performing our audit procedures.

This risk relates to completeness of non-pay and non-depreciation expenditure recognised in the accounts.

Our procedures included:

- **Control observation:** We tested the design and operation of process level controls over expenditure approval;
- **Tests of details:** We undertook the following tests of details:
  - We inspected invoices for material expenditure, in the month prior to and following 31 March 2019 to determine whether income was recognised in the correct accounting period, in accordance with the amounts billed to corresponding parties;
  - We tested a sample of material expenditure invoice agreeing them to supporting documentation and payments;

**Our findings**

- The results of our tests were satisfactory and we found that the Trust’s recognition of non-pay expenditure was balanced.

### 3. Our application of materiality and an overview of the scope of our audit

Materiality for the Group financial statements as a whole was set at £6.4 million (2018: £5.7 million), determined with reference to a benchmark of total operating income (of which it represents approximately 1.9% (2018: 1.9%)). We consider operating income to be more stable than a surplus- or deficit-related benchmark.

Materiality for the parent Trust's financial statements as a whole was set at £6.3 million (2018: £5.7 million), determined with reference to a benchmark of operating income (of which it represents approximately 1.9% (2018: 1.9%)).

We agreed to report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £0.3 million (2018: £0.25 million), in addition to other identified misstatements that warranted reporting on qualitative grounds.

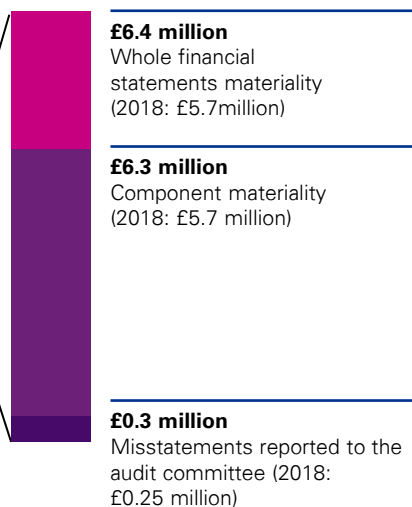
Of the group's five (2018: five) reporting components, we subjected one component (2018: one) to full scope audits for group purposes and one (2018: one) to specified risk-focused audit procedures. The latter was not individually financially significant enough to require a full scope audit for group purposes, but did present specific individual risks that needed to be addressed. The work on five of the five components (2018: five of the five components) was performed by the Group team.

**Operating Income**  
£337.6 million  
(2018: £252.3 million)

**Group Materiality**  
£6.4 million (2018: £5.7 million)



■ Operating Income  
■ Group materiality



### 4. We have nothing to report on going concern

The Accounting Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to dissolve the Group or the Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over their ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

Our responsibility is to conclude on the appropriateness of the Accounting Officer's conclusions and, had there been a material uncertainty related to going concern, to make reference to that in this audit report. However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the Group or the Trust will continue in operation.

In our evaluation of the Accounting Officer's conclusions, we considered the inherent risks to the Group's and Trust's business model, including the impact of Brexit, and analysed how those risks might affect the Group's and Trust's financial resources or ability to continue operations over the going concern period. We evaluated those risks and concluded that they were not significant enough to require us to perform additional audit procedures.

Based on this work, we are required to report to you if we have anything material to add or draw attention to in relation to the Accounting Officers statement on page 5 of the consolidated financial statements on the use of the going concern basis of accounting with no material uncertainties that may cast significant doubt over the Group and Trust's use of that basis for a period of at least twelve months from the date of approval of the financial statements.

We have nothing to report in these respects, and we did not identify going concern as a key audit matter.

### 5. We have nothing to report on the other information in the Annual Report

The directors are responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.



Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work we have not identified material misstatements in the other information.

In our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

#### Remuneration report

In our opinion the part of the remuneration report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2018/19.

#### Corporate governance disclosures

We are required to report to you if:

- we have identified material inconsistencies between the knowledge we acquired during our financial statements audit and the directors' statement that they consider that the annual report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Group's position and performance, business model and strategy; or
- the section of the annual report describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee; or
- the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2018/19, is misleading or is not consistent with our knowledge of the Group and other information of which we are aware from our audit of the financial statements.

We have nothing to report in these respects.

## 6. Respective responsibilities

### Accounting Officer's responsibilities

As explained more fully in the statement set out on page 5 of the consolidated financial statements, the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Group and parent Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Group and parent Trust without the transfer of their services to another public sector entity.

### Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities)

## **REPORT ON OTHER LEGAL AND REGULATORY MATTERS**

### **We have nothing to report on the statutory reporting matters**

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') 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 these respects.

### **We have nothing to report in respect of our work on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources**

Under the Code of Audit Practice we are required to report to you if the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in the use of resources..

We have nothing to report in this respect.

#### **Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources**

The Trust is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the 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 the 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 the 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 (C&AG) in November 2017, as to whether the Trust had 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 and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

Report on our review of the adequacy of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by guidance issued by the C&AG under Paragraph 9 of Schedule 6 to the Local Audit and Accountability Act 2014 to report on how our work addressed any identified significant risks to our conclusion on the adequacy of the Trust's arrangements to secure economy, efficiency and effectiveness in the use of resources. The 'risk' in this case is the risk that we could come to an incorrect conclusion in respect of the Trust's arrangements, rather than the risk of the arrangements themselves being inadequate.

We carry out a risk assessment to determine the nature and extent of further work that may be required. Our risk assessment includes consideration of the significance of business and operational risks facing the Trust, insofar as they relate to 'proper arrangements'. This includes sector and organisation level risks and draws on relevant cost and performance information as appropriate, as well as the results of reviews by inspectorates, review agencies and other relevant bodies.

No significant risks were identified during our risk assessment.

## **THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES**

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 and the terms of our engagement by the Trust. 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 the further matters we are required to state to them in accordance with the terms agreed with the Trust, 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.

## **CERTIFICATE OF COMPLETION OF THE AUDIT**

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.



**Jonathan Brown**

**for and on behalf of KPMG LLP (Statutory Auditor)**

*Chartered Accountants*

*66 Queen Square, Bristol, BS1 4BE*

23 May 2019

# Statement of Comprehensive Income

	Notes	Group		Trust	
		2018/19	2017/18	2018/19	2017/18
		£'000	£'000	£'000	£'000
Operating income from continuing operations	4	337,495	295,627	336,381	295,433
Operating expenses of continuing operations	7	(309,834)	(292,985)	(307,949)	(292,034)
<b>OPERATING SURPLUS</b>		<b>27,661</b>	2,642	<b>28,432</b>	3,399
<b>FINANCE COSTS</b>					
Finance income: interest receivable	12	244	97	241	97
Finance expense: interest payable	13	(512)	(552)	(512)	(552)
Finance expense: Unwinding of discount on provisions	23	1	4	1	4
Public Dividend Capital: Dividends payable		(4,785)	(4,770)	(4,785)	(4,770)
Gain on disposal of assets		87	0	87	0
Gain on sale of interest in Joint Venture	34	3,385	0	3,385	0
Movement in fair value of investment property and other investments		139	63	0	0
Profit/ (Loss) from Joint Venture		1,012	731	1,012	731
<b>(DEFICIT) / SURPLUS FOR THE YEAR</b>		<b>27,234</b>	<b>(1,785)</b>	<b>27,861</b>	<b>(1,091)</b>
<b>Other comprehensive income</b>					
Impairment (chargeable to revaluation reserve)		(1,837)	0	(1,837)	0
Revaluation (credited to revaluation reserve)		0	4,384	0	4,384
<b>TOTAL COMPREHENSIVE INCOME FOR THE YEAR</b>		<b>25,397</b>	2,599	<b>26,024</b>	3,293

The notes on pages 18 to 55 form part of these accounts.

# Statement of Financial Position

	Notes	Group		Trust	
		31 March 2019	31 March 2018	31 March 2019	31 March 2018
		£'000	£'000	£'000	£'000
<b>Non-current assets</b>					
Intangible assets	14	5,851	4,703	5,851	4,703
Property, plant and equipment	14	184,476	183,901	184,301	183,554
Investments in Joint Venture	12.1	1,075	6,857	1,075	6,857
Other Investments	12.2	4,204	4,065	0	0
<b>Total non-current assets</b>		<b>195,606</b>	<b>199,526</b>	<b>191,227</b>	<b>195,114</b>
<b>Current assets</b>					
Inventories	17	5,074	4,599	5,074	4,599
Trade and other receivables	18	46,152	18,425	45,521	18,922
Other financial assets		66	62	0	0
Cash and cash equivalents	19	38,554	32,140	35,456	29,302
<b>Total current assets</b>		<b>89,846</b>	<b>55,226</b>	<b>86,051</b>	<b>52,823</b>
<b>Current liabilities</b>					
Trade and other payables	20	(46,056)	(40,440)	(42,940)	(39,309)
Borrowings	21	(1,249)	(1,272)	(1,249)	(1,272)
Provisions	23	(1,093)	(33)	(1,093)	(33)
<b>Total current liabilities</b>		<b>(48,398)</b>	<b>(41,745)</b>	<b>(45,281)</b>	<b>(40,614)</b>
<b>Total assets less current liabilities</b>		<b>237,054</b>	<b>213,007</b>	<b>231,997</b>	<b>207,323</b>
<b>Non-current liabilities</b>					
Trade and other payables	20	(918)	(950)	(918)	(950)
Borrowings	21	(15,543)	(16,770)	(15,543)	(16,770)
Provisions	23	(759)	(862)	(759)	(862)
<b>Total non-current liabilities</b>		<b>(17,220)</b>	<b>(18,582)</b>	<b>(17,220)</b>	<b>(18,582)</b>
<b>Total assets employed:</b>		<b>219,834</b>	<b>194,425</b>	<b>214,777</b>	<b>188,741</b>
<b>Taxpayers' equity</b>					
Public Dividend Capital		80,691	80,679	80,691	80,679
Revaluation reserve		73,266	75,103	73,266	75,103
BHT Charitable Fund Reserve		1,700	2,018	0	0
Income and expenditure reserve		60,820	32,959	60,820	32,959
NHS Charitable Fund Reserve	33	3,357	3,666	0	0
<b>Total Taxpayers' equity:</b>		<b>219,834</b>	<b>194,425</b>	<b>214,777</b>	<b>188,741</b>

The notes on pages 18 to 55 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 2019 and signed on its behalf by:



**Mrs D Fleming**, Chief Executive 23 May 2019



# Statement of Changes in Taxpayers' Equity

	Trust				BHT Charity	RBCH 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
<b>Current Year</b>							
<b>Taxpayers' Equity at 1 April 2018</b>	<b>80,679</b>	<b>75,103</b>	<b>32,959</b>	<b>188,741</b>	<b>2,018</b>	<b>3,666</b>	<b>194,425</b>
Surplus/(deficit) for the year	0	0	27,861	27,861	(318)	(309)	27,234
Impairment losses on property, plant and equipment	0	(1,837)	0	(1,837)	0	0	(1,837)
Public Dividend Capital received	12	0	0	12	0	0	12
<b>Taxpayers' Equity at 31 March 2019</b>	<b>80,691</b>	<b>73,266</b>	<b>60,820</b>	<b>214,777</b>	<b>1,700</b>	<b>3,357</b>	<b>219,834</b>
<b>Prior Year</b>							
<b>Taxpayers' Equity at 1 April 2017</b>	<b>79,681</b>	<b>71,612</b>	<b>33,157</b>	<b>184,450</b>	<b>2,249</b>	<b>4,129</b>	<b>190,828</b>
Surplus/(deficit) for the year	0	0	(1,091)	(1,091)	(231)	(463)	(1,785)
Transfer of the excess of current cost depreciation over historical cost depreciation to the Income and Expenditure Reserve	0	(893)	893	0	0	0	0
Revaluations on property, plant and equipment	0	4,384	0	4,384	0	0	4,384
Public Dividend Capital received	998	0	0	998	0	0	998
<b>Taxpayers' Equity at 31 March 2018</b>	<b>80,679</b>	<b>75,103</b>	<b>32,959</b>	<b>188,741</b>	<b>2,018</b>	<b>3,666</b>	<b>194,425</b>

The notes on pages 18 to 55 form part of these accounts.

# Statement of Cash Flows

	Notes	Group		Trust	
		2018/19	2017/18	2018/19	2017/18
		£'000	£'000	£'000	£'000
<b>Cash flows from operating activities</b>					
Operating surplus from continuing operations		27,661	2,642	28,432	3,399
Operating surplus of discontinued operations		0	0	0	0
Operating surplus/(Deficit)		27,661	2,642	28,432	3,399
<b>Non-cash income and expense</b>					
Depreciation and amortisation	14	6,714	6,774	6,541	6,601
Impairments / Reversal of Impairments	14	987	669	987	669
Non-cash donations/grants credited to income		(750)	(1,435)	(750)	(1,435)
(Increase)/Decrease in Trade and Other Receivables		(18,357)	(6,158)	(18,099)	(6,226)
(Increase)/Decrease in Inventories		(475)	241	(475)	241
Increase/(Decrease) in Trade and Other Payables		5,741	587	5,421	472
(Increase)/Decrease in provisions		707	1,872	707	1,872
Increase/(Decrease) in Other Liabilities		958	49	958	49
NHS Charitable Fund - net adjustments for working capital movements and non-cash transactions		856	(306)	0	0
Other movements in operating cash flows		435	244	496	579
(Increase)/Decrease in provisions		(3,184)	2,537	(4,213)	2,822
<b>Net cash flow from operations</b>		<b>24,477</b>	<b>5,179</b>	<b>24,218</b>	<b>6,221</b>
<b>Cash flow from investing activities</b>					
Interest received		229	89	229	89
Purchase of intangible assets	14	(1,295)	(711)	(1,295)	(711)
Purchase of property, plant and equipment		(10,953)	(7,148)	(10,953)	(7,148)
Sales of property, plant and equipment		87	0	87	0
<b>Net cash flow from investing activities</b>		<b>(11,931)</b>	<b>(7,770)</b>	<b>(11,931)</b>	<b>(7,770)</b>
<b>Cash flow from financing activities</b>					
Public dividend capital received		12	998	12	998
Loans repaid		(1,102)	(1,102)	(1,102)	(1,102)
Capital element of finance lease rental payments		(166)	(316)	(166)	(316)
Interest paid on ITFF loan		(501)	(532)	(501)	(532)
Interest element of finance leases	13	(11)	(19)	(11)	(19)
PDC dividend paid		(4,363)	(4,500)	(4,363)	(4,500)
		(6,132)	(5,472)	(6,132)	(5,471)
Sale of current asset investments					
<b>Net increase in cash and cash equivalents</b>		<b>6,414</b>	<b>(8,062)</b>	<b>6,155</b>	<b>(7,020)</b>
Cash and cash equivalents at beginning of year		32,140	40,202	29,302	36,322
<b>Cash and cash equivalents at end of year</b>	19	<b>38,554</b>	<b>32,140</b>	<b>35,456</b>	<b>29,302</b>

The notes on pages 18 to 55 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, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2018/19 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These 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 and Performance Committee that makes strategic decisions.

#### Accounting standards that have been issued but have not yet been adopted

The DHSC GAM does not require the following Standards and Interpretations to be applied in 2018/19. These Standards are still subject to HM Treasury FrEM adoption, with IFRS 16 being for implementation in 2019/20, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

- 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.

- IFRS 17 Insurance Contracts: Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRIC 23 Uncertainty over Income Tax Treatments: Application required for accounting periods beginning on or after 1 January 2019.

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 consolidated financial statements include the following, in addition to the Trust.

#### **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 - Company Registration Number: 06430101**

Company Registration Number: 06430101  
Private Patient services within the NHS Foundation Trust are delivered through The Bournemouth Private Clinic Limited (BPC), Company Registration Number 06434541, 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 of directors 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.

BHT’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 £318,000 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 £1.7 million.

#### **Christchurch Fairmile Village Limited Liability Partnership: Company Registration Number OC395417**

The Foundation Trust was a voting member of the joint venture, Christchurch Fairmile Village Limited Liability Partnership, which was incorporated on 19 September 2014.

In March 2019, the Foundation Trust sold half of its interest in this LLP. As a result of this, the NHS Foundation Trust has reassessed its relationship to Christchurch Fairmile Village Limited Liability Partnership and determined it to be an associate because the Foundation Trust has the power to exercise significant influence.

At the point of sale, the investment is recognised at half of the original cost and half of the accumulated share of entity's profit. Moving forward, the investment will increase or decrease to reflect the Trust's revised share of the entity's profit or loss or other gains and losses (eg revaluation gains on the entity's property, plant and equipment). It is also reduced when any distribution, eg, share dividends are received by the Trust from the associate.

#### **Dorset Heart Clinic Limited Liability Partnership: Company Registration Number OC414702**

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 using the equity method.

## **1.2 Revenue**

### **Revenue from contracts with customers**

Where income is derived from contracts with customers, it is accounted for under IFRS 15.

The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

### **Revenue from NHS contracts**

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.



## Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. At contract inception, the Trust assesses the outputs promised in the research contract to identify as a performance obligation each promise to transfer either a good or service that is distinct or a series of distinct goods or services that are substantially the same and that have the same pattern of transfer. The Trust recognises revenue as these performance obligations are met, which may be at a point in time or over time, depending upon the terms of the contract.

Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

## NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

## Revenue grants and other contributions to expenditure

Government grants are grants from government bodies other than income from commissioners or 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.

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service.

Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

## Charitable Funds

Income is received from donations, legacies, fundraising events and from other charitable bodies.

## Education and training

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

## Interest

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

## Car Parking

The Foundation Trust operates car parking services for employees and patients. Revenue is recognised when the Foundation Trust collects charges from employees and the public.

## 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](http://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 and Social Care 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 liability as at 31 March 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in International Accounting Standard (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 schemes 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 latest actuarial valuation undertaken for the NHS Pension Schemes was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care has recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018, the government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

### 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 will 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.

## Measurement

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 current value.

Non-current assets are stated at the lower of replacement cost and recoverable amount. The carrying values of property, plant and equipment are reviewed for impairment in periods if events or changes in circumstances indicate the carrying value may not be recoverable. The costs arising from the financing of the construction of fixed assets are not capitalised but are charged to the Statement of Comprehensive Income in the year to which they relate.

All land and buildings are revalued using professional valuations in accordance with International Accounting Standard (IAS) 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 V valuer (Cushman & Wakefield). The valuations are carried out in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual. A desktop valuation (excluding Assets Under Construction/ Work In Progress) was undertaken as at 31 March 2019, and this value has been included in the closing Statement of Financial Position.

The valuations are carried out primarily on the basis of Modern Equivalent for specialised operational property and Existing Use Value for non-specialised operational property. The value of land for existing use purposes is assessed at Existing Use Value. For non-operational properties including surplus land, the valuations are carried out at Open Market Value.

Assets in the course of construction are valued at current cost. Larger schemes are valued by the district valuer on completion or when brought into use, and all schemes are valued as part of the three/ five yearly revaluation.

Operational equipment is valued at net current replacement cost.

### Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the entity 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 de-recognised. 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 in the table 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 2019, 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 GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset 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 (CCGs), 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 assets and financial liabilities

### Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage

requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

## Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or 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.

### Financial assets are classified as subsequently measured at amortised cost

“Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes current investments, cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on

the loan.

## Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

## 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.

## 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

NHS Resolution (formerly the NHS Litigation Authority) operates a risk pooling scheme under which the Foundation Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution 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 NHS Resolution 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 NHS Resolution 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 (IAS) 32.

A charge, reflecting the cost of capital utilised by the Foundation Trust, is payable as a 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 Service (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 and Social Care (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 of Directors 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 and Social Care. 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 and Social Care.

The NHS Improvement Foundation Trust Annual Reporting Manual 2018/19 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.

The Board of Directors has 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 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 2019. 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 and Performance 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 and Performance Committee for the reportable segments for the year ended 31 March 2019 is as follows:

	Group		Trust	
	<b>Healthcare 2018/19</b>	Healthcare 2017/18	<b>Healthcare 2018/19</b>	Healthcare 2017/18
	<b>£'000</b>	£'000	<b>£'000</b>	£'000
Segment revenue	<b>337,495</b>	295,627	<b>336,381</b>	295,433
Patient and other income	<b>337,495</b>	295,627	<b>336,381</b>	295,433

It is appropriate to aggregate the Trust's activities as, in accordance with IFRS 8: Operating Segments, they are similar in each of the following respects:

- the nature of the products and services;
- the nature of the production processes;
- the type of class of customer for their products and services;
- the methods used to distribute their products or provide their services; 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 has been 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. Assisted Living Units have been completed in the accounting period and released for sale. The Trust sold a percentage interest in this LLP in March 2019.

# 4 Operating income

## 4.1 Income from patient related activities

	Group		Trust	
	Continuing Operations 2018/19	Restated Continuing Operations 2017/18	Continuing Operations 2018/19	Restated Continuing Operations 2017/18
	£'000	£'000	£'000	£'000
Foundation Trusts	<b>4,276</b>	1,335	<b>4,276</b>	1,335
NHS Trusts	<b>0</b>	0	<b>0</b>	0
Clinical Commissioning Groups	<b>215,837</b>	204,688	<b>215,837</b>	204,688
NHS England	<b>46,417</b>	47,639	<b>46,417</b>	47,639
Local authorities	<b>410</b>	2,343	<b>410</b>	2,343
Department of Health and Social Care	<b>2,891</b>	0	<b>2,891</b>	0
NHS Other	<b>88</b>	0	<b>88</b>	0
Non NHS:				
- Private Patients	<b>2,913</b>	2,767	<b>2,400</b>	2,307
- Overseas Patients (non-reciprocal)	<b>154</b>	48	<b>154</b>	48
- NHS Injury Scheme Income	<b>362</b>	545	<b>362</b>	545
- Other	<b>0</b>	0	<b>0</b>	0
	<b>273,348</b>	259,365	<b>272,835</b>	258,905

The NHS Injury Scheme Income above is reported gross and a 21.89% doubtful debt provision (2017/18:22.84%) is included in expenditure, which represents expected recovery rates.

## 4.2 Other operating income

	Group		Trust	
	Continuing Operations 2018/19	Restated Continuing Operations 2017/18	Continuing Operations 2018/19	Restated Continuing Operations 2017/18
	£'000	£'000	£'000	£'000
Research and development	2,585	2,283	2,585	2,283
Education and training	8,062	6,402	8,062	6,402
NHS Charities - capital acquisitions (donated assets)	750	1,435	750	1,435
Received from other bodies: Other charitable and other contributions to expenditure	6,676	1,551	6,676	1,551
Non-patient care services to other bodies	5,514	5,420	6,669	7,210
Provider Sustainability Fund (formerly Sustainability and Transformation Fund)	30,555	10,188	30,555	10,188
NHS Charitable Funds: incoming resources excluding investment income	1,757	1,524	0	0
Other:				
- NHS drug sales	139	238	139	238
- car parking	1,939	1,801	1,939	1,801
- catering services	1,045	951	1,045	951
- miscellaneous other	3,774	3,260	3,775	3,260
Income from operating leases	1,351	1,209	1,351	1,209
	64,147	36,262	63,546	36,528
<b>Total</b>	<b>337,495</b>	<b>295,627</b>	<b>336,381</b>	<b>295,433</b>

## 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	
	2018/19	2017/18	2018/19	2017/18
	£'000	£'000	£'000	£'000
Commissioner requested services	<b>281,410</b>	265,767	<b>280,897</b>	265,307
Non Commissioner requested services	<b>56,085</b>	29,860	<b>55,484</b>	30,126
	<b>337,495</b>	295,627	<b>336,381</b>	295,433

## 7 Operating expenses

	Group		Trust	
	Continuing Operations		Continuing Operations	
	2018/19	2018/19	2018/19	2017/18
	£'000	£'000	£'000	£'000
Purchase of healthcare from NHS and Department of Health and Social Care (DHSC) bodies	<b>4,130</b>	4,156	<b>4,130</b>	4,156
Purchase of healthcare from non-NHS and non-DHSC bodies	<b>2,068</b>	344	<b>2,068</b>	344
Purchase of social care	<b>160</b>	650	<b>160</b>	650
Employee Expenses - Executive directors	<b>1,260</b>	1,278	<b>1,260</b>	1,278
Employee Expenses - Non-executive directors	<b>150</b>	153	<b>150</b>	153
Employee Expenses - Staff	<b>191,673</b>	179,049	<b>191,597</b>	179,006
Employee Expenses - Redundancy	<b>438</b>	28	<b>438</b>	28
Employee Expenses - Research and development	<b>2,297</b>	2,034	<b>2,297</b>	2,034
Supplies and services - clinical (excluding drug costs)	<b>32,040</b>	32,078	<b>32,040</b>	32,078
Supplies and services - general	<b>4,025</b>	3,978	<b>4,025</b>	3,978
Establishment	<b>1,993</b>	2,153	<b>1,993</b>	2,153
Research and development (excluding Employee Expenses)	<b>259</b>	661	<b>259</b>	661
Transport (staff travel)	<b>531</b>	503	<b>531</b>	503
Transport (patient transport services)	<b>392</b>	316	<b>392</b>	316
Premises - Rates	<b>1,286</b>	1,667	<b>1,286</b>	1,667
Premises	<b>10,347</b>	10,027	<b>10,347</b>	10,027
Movement in credit loss allowance: all other receivables and investments	<b>730</b>	1,504	<b>730</b>	1,504
Movement in credit loss allowance: contract receivables/assets	<b>82</b>	0	<b>82</b>	0

	Group		Trust	
	Continuing Operations		Continuing Operations	
	2018/19	2018/19	2018/19	2017/18
	£'000	£'000	£'000	£'000
Provisions arising / released in year	1,096	0	1,096	0
Change in provisions discount rate(s)	0	(31)	0	(31)
Inventories written down	78	56	78	56
Drug costs	33,137	33,319	33,137	33,319
Operating lease payments	137	103	137	103
Depreciation on property, plant and equipment	6,120	6,196	5,947	6,023
Amortisation on intangible assets	594	578	594	578
Impairments net of reversals	987	669	987	669
Audit fees:				
External audit services - financial statement audit	52	62	52	62
External audit services - audit-related assurance services	8	9	8	9
External audit services - charitable fund accounts	4	5	0	0
External audit services - other non-audit services	0	4	0	4
Internal Audit and Counter Fraud	102	160	102	160
Clinical negligence premium	4,282	4,541	4,282	4,541
Legal fees	818	141	818	141
Consultancy costs	261	497	261	497
Training, courses and conferences	1,841	1,153	1,841	1,153
Hospitality	0	54	0	54
Insurance	341	207	341	207
Other services, e.g. external payroll	572	570	572	570
Losses, ex gratia and special payments	18	23	18	23
NHS charitable funds: Other resources expended (balance not analysed above)	1,051	255	0	0
Other	4,474	3,835	3,893	3,360
<b>Total</b>	<b>309,834</b>	<b>292,985</b>	<b>307,949</b>	<b>292,034</b>

The Trust has made no donations / contributions 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	
	2018/19	2017/18
	£'000	£'000
Total operating leases	<b>137</b>	103
The future aggregate minimum lease payments under non-cancellable operating leases are as follows:		
Lease ending:		
No later than one year	<b>137</b>	103
Between 1 and 5 years	<b>0</b>	0
Over 5 years	<b>0</b>	0
<b>Total</b>	<b>137</b>	103

### 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	
	2018/19	2017/18
	£'000	£'000
Operating leases	<b>1,351</b>	1,209
The future aggregate minimum lease payments under non-cancellable operating leases are as follows:		
No later than one year	<b>1,267</b>	1,247
Between one and five years	<b>741</b>	759
Over five years	<b>2,784</b>	2,906
<b>Total</b>	<b>4,792</b>	4,912

## 9 Staff costs and numbers

### 9.1 Staff costs

	Group		Trust	
	2018/19	2017/18	2018/19	2017/18
	£'000	£'000	£'000	£'000
Salaries and wages	<b>158,842</b>	147,775	<b>158,766</b>	147,732
Social security costs	<b>14,857</b>	13,785	<b>14,857</b>	13,785
Employer's contributions to NHS Pensions	<b>18,651</b>	17,290	<b>18,651</b>	17,290
Apprenticeship Levy	<b>771</b>	717	<b>771</b>	717
Pension Cost - other contributions	<b>27</b>	1	<b>27</b>	1
Agency/contract staff	<b>4,580</b>	3,952	<b>4,580</b>	3,952
Capitalised Agency/contract staff	<b>0</b>	65	<b>0</b>	65
<b>Total</b>	<b>197,728</b>	183,585	<b>197,652</b>	183,542

This note excludes Non-Executive Directors, in line with national guidance.

### 9.2 Average number of employees

	Group	
	2018/19	2017/18
	£'000	£'000
Medical and dental	<b>503</b>	462
Ambulance staff	<b>0</b>	0
Administration and estates	<b>839</b>	962
Healthcare assistants and other support staff	<b>1,327</b>	1,125
Nursing, midwifery and health visiting staff	<b>1,193</b>	1,200
Nursing, midwifery and health visiting learners	<b>0</b>	0
Scientific, therapeutic and technical staff	<b>399</b>	317
Healthcare science staff	<b>89</b>	150
Social care staff	<b>0</b>	0
Other	<b>0</b>	1
<b>Total</b>	<b>4,350</b>	4,216
Of which:		
Permanent	<b>3,994</b>	3,892
Other	<b>356</b>	324
<b>Total</b>	<b>4,350</b>	4,216

This note excludes Non-Executive Directors, in line with national guidance.

### 9.3 Staff exit packages

	Group		Trust	
	2018/19	2017/18	2018/19	2017/18
	£'000	£'000	£'000	£'000
Less than £10,000	3	24	1	4
£10,001 - £25,000	2	43	2	24
£25,001 - £50,000	5	211	0	0
£50,001 - £100,000	0	0	0	0
£100,001 - £150,000	0	0	0	0
£150,001 - £200,000	0	0	0	0
Over £ 200,000	1	275	0	0
<b>Total</b>	<b>11</b>	<b>553</b>	<b>3</b>	<b>28</b>

The above exit packages were in relation to 1 compulsory redundancy and 10 agreed departures.

The compulsory redundancy relates to the Chief Executive, following the agreement of a joint interim management structure with Poole Hospital NHS Foundation Trust. Under this arrangement the two Trusts now have a single Interim Joint Chair and Chief Executive, with effect from 1 January 2019. The value included above represents the full contractual exit package, however a contribution of 50% was received from Poole Hospital NHS Foundation Trust.

## 10 Retirements due to ill-health

There were 4 early retirements from the Foundation Trust agreed on the grounds of ill-health (2017/18: three). The estimated additional pension liabilities of these ill-health retirements will be £221,000 (2017/18: £251,000). Any costs of ill-health retirements are borne by the NHS Pensions Agency.

## 11 Late Payment of Commercial Debts (Interest) Act 1998

There were minimal payments of interest for commercial debts.

## 12 Investment revenue

	Group		Trust	
	2018/19	2017/18	2018/19	2017/18
	£'000	£'000	£'000	£'000
Interest on bank accounts	240	97	240	97
NHS charitable funds: investment income	4	0	0	0
<b>Total</b>	<b>244</b>	<b>97</b>	<b>241</b>	<b>97</b>

### 12.1 Investment in joint venture

	Group / Trust	
	2018/19	2017/18
	£'000	£'000
Opening Balance	6,857	6,361
Share of profit / (loss)	1,012	731
Disbursements / dividends received	(6,270)	(235)
Sale of stake	(524)	0
<b>Closing Balance</b>	<b>1,075</b>	<b>6,857</b>

The Trust held a 50% share of the Christchurch Fairmile Village Limited Liability Partnership LLP. The joint venture was established during 2014 to operate a residential care home and the sale of retirement living accommodation. The arrangements are accounted for using equity accounting, such that the Trust's share of any surplus / (deficit) made is included in the trust's SOCI and the Trust's share of the net assets of the Joint Venture are included in the SOFP of the trust. On 28th March 2019, the Trust sold a 25% interest in the LLP, leaving the Trust with a 25% interest as at 31 March 2019. The sale of this stake realised a net gain of £3.385 million as reflected in the Trusts accounts.

### 12.2 Charity investments

	Group		Trust	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£'000	£'000	£'000	£'000
Opening Balance	4,065	4,002	0	0
Movement in fair value	139	63	0	0
<b>Closing balance</b>	<b>4,204</b>	<b>4,065</b>	<b>0</b>	<b>0</b>

## 12.3 Other financial assets

	Group		Trust	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£'000	£'000	£'000	£'000
Fixed Deposit (less than one year)	66	62	0	0
<b>Total</b>	<b>66</b>	<b>62</b>	<b>0</b>	<b>0</b>

## 13 Finance costs

	Group / Trust	
	2018/19	2017/18
	£'000	£'000
Loans from the Independent Trust Financing Facility	501	533
Finance leases	11	19
<b>Total</b>	<b>512</b>	<b>552</b>



# 14 Intangible assets, property, plant and equipment

	Group											Trust
	Intangible	Land (Freehold)	Buildings excluding dwellings (Freehold)	Dwellings (Freehold)	Assets Under Construction / Work In Progress	Plant and Machinery	Transport Equipment	Information Technology	Furniture and fittings	TOTAL	Less Non-Trust Assets	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
Gross cost at 1 April 2018	10,870	31,087	137,799	7,760	507	44,086	376	9,719	958	243,162	1,212	241,950
Additions	1,714	0	674	0	3,696	3,043	0	1,377	7	10,511	0	10,511
Additions - donations of physical assets (non-cash)	28	0	0	0	0	690	0	32	0	750	0	750
Impairments - Operating expenses	0	(1,100)	0	(48)	0	0	0	0	0	(1,148)	0	(1,148)
Impairments - Revaluation reserve	0	(1,800)	(37)	0	0	0	0	0	0	(1,837)	0	(1,837)
Reversal of impairments credited to operating expenses	0	0	161	0	0	0	0	0	0	161	0	161
Disposals	0	0	0	0	0	(1,758)	0	0	0	(1,758)	0	(1,758)
<b>Cost or valuation at 31 March 2019</b>	<b>12,612</b>	<b>28,187</b>	<b>138,597</b>	<b>7,712</b>	<b>4,203</b>	<b>46,061</b>	<b>376</b>	<b>11,128</b>	<b>965</b>	<b>249,841</b>	<b>1,212</b>	<b>248,629</b>
Accumulated depreciation at 1 April 2018	6,167	0	8,333	237	0	33,876	184	5,147	614	54,558	864	53,694
Provided during the year	594	0	2,538	107	0	2,239	34	1,151	51	6,714	173	6,541
Disposals	0	0	0	0	0	(1,758)	0	0	0	(1,758)	0	(1,758)
<b>Accumulated depreciation at 31 March 2019</b>	<b>6,761</b>	<b>0</b>	<b>10,871</b>	<b>344</b>	<b>0</b>	<b>34,357</b>	<b>218</b>	<b>6,298</b>	<b>665</b>	<b>59,514</b>	<b>1,037</b>	<b>58,477</b>
Owned	4,703	31,087	125,144	7,523	507	7,096	185	4,549	343	181,137	348	180,789
Finance lease	0	0	0	0	0	411	0	0	0	411	0	411
Donated	0	0	4,322	0	0	2,703	7	23	1	7,056	0	7,056
<b>NBV total at 31 March 2018</b>	<b>4,703</b>	<b>31,087</b>	<b>129,466</b>	<b>7,523</b>	<b>507</b>	<b>10,210</b>	<b>192</b>	<b>4,572</b>	<b>344</b>	<b>188,604</b>	<b>348</b>	<b>188,256</b>
<b>Net book value</b>												
Owned	5,851	28,187	122,963	7,368	4,203	8,595	154	4,791	300	182,412	175	182,237
Finance lease	0	0	0	0	0	215	0	0	0	215	0	215
Donated	0	0	4,763	0	0	2,894	4	39	0	7,700	0	7,700
<b>NBV total at 31 March 2019</b>	<b>5,851</b>	<b>28,187</b>	<b>127,726</b>	<b>7,368</b>	<b>4,203</b>	<b>11,704</b>	<b>158</b>	<b>4,830</b>	<b>300</b>	<b>190,327</b>	<b>175</b>	<b>190,152</b>
The asset classifications are as follows:												
- protected	0	25,086	121,340	0	0	0	0	0	0	146,426	0	146,426
- unprotected	5,851	3,101	6,386	7,368	4,203	11,704	158	4,830	300	43,901	175	43,726
<b>Total</b>	<b>5,851</b>	<b>28,187</b>	<b>127,726</b>	<b>7,368</b>	<b>4,203</b>	<b>11,704</b>	<b>158</b>	<b>4,830</b>	<b>300</b>	<b>190,327</b>	<b>175</b>	<b>190,152</b>
Included within Buildings above, there are £745,728 of restricted use assets in relation to the Bournemouth Heart Club which is leased to the Bournemouth Heart Club until the year 2046.												
		<b>2018/19</b>	<b>2017/18</b>									
Cost		£'000	£'000									
Accumulated depreciation		3,942	3,942									
<b>Net book value</b>		<b>411</b>	<b>714</b>									

The Foundation Trust leases various medical IT equipment 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 2019	31 March 2018	31 March 2019	31 March 2018
	£'000	£'000	£'000	£'000
Changes in market price (as advised by the Trust's external valuer)	<b>(113)</b>	0	<b>(113)</b>	0
Unforeseen obsolescence	<b>1,100</b>	669	<b>1,100</b>	669
<b>Total</b>	<b>987</b>	669	<b>987</b>	669

## 16 Capital commitments

	Group	
	31 March 2019	31 March 2018
	£'000	£'000
Property, plant and equipment	<b>634</b>	2,887
Intangible assets	<b>1,888</b>	2,495
<b>Total</b>	<b>2,522</b>	5,382

## 17 Inventories

	Group / Trust	
	31 March 2019	31 March 2018
	£'000	£'000
Drugs	<b>1,381</b>	1,550
Consumables	<b>3,693</b>	3,049
<b>Total</b>	<b>5,074</b>	4,599

## 17.1 Inventories recognised in expenses

	Group	
	31 March 2019	31 March 2018
	£'000	£'000
Inventories recognised as an expense in the period	<b>34,566</b>	40,140
Write-down of inventories (including losses)	<b>152</b>	56
Reversal of write-downs that reduced expenses	<b>(74)</b>	0
<b>Total</b>	<b>34,644</b>	40,196

## 18 Trade and other receivables

### 18.1 Amounts falling due within one year:

	Group		Trust	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£'000	£'000	£'000	£'000
Contract receivables (IFRS 15): invoiced	<b>10,429</b>	0	<b>10,429</b>	0
Contract receivables (IFRS 15): not yet invoiced / non-invoiced	<b>36,406</b>	0	<b>35,819</b>	0
NHS Receivables - Revenue	<b>0</b>	14,594	<b>0</b>	13,749
Receivables due from Group members	<b>0</b>	0	<b>57</b>	120
Allowance for impaired contract receivables / assets	<b>(100)</b>	0	<b>(100)</b>	0
Allowance for impaired other receivables	<b>(2,888)</b>	(2,329)	<b>(2,888)</b>	(2,329)
Prepayments	<b>1,539</b>	1,179	<b>1,539</b>	1,179
Accrued income	<b>0</b>	1,455	<b>0</b>	1,455
Interest receivable	<b>26</b>	0	<b>26</b>	0
PDC dividend receivable	<b>308</b>	730	<b>308</b>	730
VAT receivable	<b>246</b>	124	<b>246</b>	124
Other receivables - revenue	<b>85</b>	2,606	<b>85</b>	3,894
NHS charitable funds: Trade and other receivables	<b>101</b>	66	<b>0</b>	0
<b>Total</b>	<b>46,152</b>	18,425	<b>45,521</b>	18,922

The provision for impairment of receivables relates to specific receivables.

\*Following the application of IFRS15 from 1 April 2018, the Trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

## 18.2 Age analysis of trade and other receivables

	Group		Trust	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£'000	£'000	£'000	£'000
<b>Age of impaired receivables:</b>				
0 - 30 days	1,548	794	1,548	794
31 - 60 days	165	20	165	20
61 - 90 days	49	98	49	98
91 - 180 days	184	89	184	89
over 180 days	1,042	1,328	1,042	1,328
<b>Sub-total</b>	<b>2,988</b>	<b>2,329</b>	<b>2,988</b>	<b>2,329</b>
<b>Age of non-impaired receivables:</b>				
0 - 30 days	39,440	11,593	38,809	12,090
31 - 60 days	446	819	446	819
61 - 90 days	406	575	406	575
91 - 180 days	1,086	1,298	1,086	1,298
over 180 days	247	632	247	632
<b>Sub-total</b>	<b>41,625</b>	<b>14,917</b>	<b>40,994</b>	<b>15,414</b>
<b>Prepayments</b>	<b>1,539</b>	<b>1,179</b>	<b>1,539</b>	<b>1,179</b>
<b>Total</b>	<b>46,152</b>	<b>18,425</b>	<b>45,521</b>	<b>18,922</b>

## 18.3 Allowances for credit losses (doubtful debts)

	Group		Trust	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£'000	£'000	£'000	£'000
<b>Contract receivables and contract assets:</b>				
At 1 April	127	0	127	0
New allowances arising	82	127	82	127
Utilisation of allowances (where receivable is written off)	(109)	0	(109)	0
Reversals of allowances (where receivable is collected in-year)	0	0	0	0
<b>At 31 March</b>	<b>100</b>	<b>127</b>	<b>100</b>	<b>127</b>
<b>All other receivables:</b>				
At 1 April	2,202	994	2,202	994
New allowances arising	1,459	1,377	1,459	1,377
Utilisation of allowances (where receivable is written off)	(44)	(169)	(44)	(169)
Reversals of allowances (where receivable is collected in-year)	(729)	0	(729)	0
<b>At 31 March</b>	<b>2,888</b>	<b>2,202</b>	<b>2,888</b>	<b>2,202</b>



## 19 Cash and cash equivalents

	Group		Trust	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£'000	£'000	£'000	£'000
Balance 1 April	32,140	40,202	29,302	36,321
Net movement in year	6,414	(8,062)	6,154	(7,019)
<b>Balance at 31 March</b>	<b>38,554</b>	32,140	<b>35,456</b>	29,302
Made up of:				
Cash at commercial banks and in hand	3,508	2,860	410	22
Cash with the Government Banking Service	35,046	29,280	35,046	29,280
<b>Cash and cash equivalents</b>	<b>38,554</b>	32,140	<b>35,456</b>	29,302

The patient monies amount held on trust was £2,380 (2017/18: £1,722) which is not included in the above figures.

## 20 Trade and other payables

	Group		Trust	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£'000	£'000	£'000	£'000
<b>Amounts falling due within one year:</b>				
Trade payables	17,682	13,756	16,487	13,655
Capital payables (including capital accruals)	2,088	3,824	2,088	3,824
Accruals (revenue costs only)	20,144	17,256	20,144	17,256
VAT payables	0	653	0	653
Other taxes payable	1,292	1,199	1,292	1,199
Other payables	0	532	0	532
Deferred Income	2,929	2,190	2,929	2,190
NHS charitable funds: trade and other payables	1,921	1,030	0	0
<b>Total</b>	<b>46,056</b>	40,440	<b>42,940</b>	39,309
<b>Amounts falling due over one year:</b>				
Amounts due to other related parties	918	950	918	950
<b>Total</b>	<b>46,974</b>	41,390	<b>43,858</b>	40,259

This includes outstanding pensions contributions at 31 March 2019 of £2,304,208 (2017/18: £2,180,728).

## 21 Borrowings

	Group / Trust	
	31 March 2019	31 March 2018
	£'000	£'000
Finance lease liabilities		
- Current	130	170
- Non current	100	226
<b>Total</b>	<b>230</b>	<b>396</b>
Independent Trust Financing Facility (ITFF) Loan		
- Current	1,119	1,102
- Non current	15,443	16,544
<b>Total</b>	<b>16,562</b>	<b>17,646</b>

The Trust's ITFF loan relates to the Christchurch Hospital 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 the assets concerned.

	Group / Trust	
	31 March 2019	31 March 2018
	£'000	£'000
<b>Amounts payable under finance leases</b>		
Within one year	135	177
Between one and five years	102	237
After five years	0	0
Less future finance charges	(7)	(18)
<b>Total</b>	<b>230</b>	<b>396</b>

## 23 Provisions for liabilities and charges

	Group / Trust			
	£'000	£'000	£'000	£'000
	Early Retirement	Injury Benefit	Other Legal claims	Total
At 1 April 2018	183	616	96	<b>895</b>
Arising during the year	22	18	1,056	<b>1,096</b>
Utilised during the year - accruals	(15)	(16)	(43)	<b>(74)</b>
Utilised during the year - cash	(5)	(4)	(55)	<b>(64)</b>
Unwinding of discount	3	(4)	0	<b>(1)</b>
<b>At 31 March 2019</b>	<b>188</b>	<b>610</b>	<b>1,054</b>	<b>1,852</b>
<b>Expected timing of cashflows:</b>				
Within one year	20	19	1,054	<b>1,093</b>
Between one and five years	80	74	0	<b>154</b>
After five years	88	517	0	<b>605</b>
	<b>188</b>	<b>610</b>	<b>1,054</b>	<b>1,852</b>

### Legal Claims

#### 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.

#### 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.

£19,960,000 is included in the provisions of NHS Resolution at 31 March 2019 in respect of clinical negligence liabilities of the Foundation Trust (£19,507,000 at 31 March 2018).

## 24 Related party transactions

The Foundation Trust is a body corporate established by order of the Secretary of State for Health and Social Care.

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	190,790	369	252	1,097
NHS West Hampshire CCG	25,050	0	165	0
NHS Wiltshire CCG	984	0	0	71
Health Education England	8,231	32	667	0
NHS Resolution (formerly NHS Litigation Authority)	0	4,457	0	0
Department of Health and Social Care	2,891	0	12	0
NHS England - Core	30,555	0	24,705	0
NHS England - South West (South)	1,665	0	131	0
NHS England - South West (North)	215	0	0	0
NHS England - South East (Hampshire, Isle of Wight, Thames Valley)	83	0	83	0
NHS Wessex Specialised Commissioning Hub	44,262	0	3,326	0
Dorset County Council	245	0	77	82
Dorset Healthcare University NHS Foundation Trust	2,928	529	208	279
Poole Hospital NHS FT	4,504	5,096	1,876	2,612
University Hospitals Southampton NHS Foundation Trust	1,162	282	636	183
NHS Pension Scheme	0	18,651	0	0
Other transactions less than £500,000	23,930	280,418	14,014	41,773
	<b>337,495</b>	<b>309,834</b>	<b>46,152</b>	<b>46,056</b>

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	12,227		1,039
HM Revenue and Customs	0	21,274	0	1,909
National Insurance Fund	0	11,259	0	978
	<b>0</b>	<b>44,760</b>	<b>0</b>	<b>3,926</b>

## 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 and capitalised finance lease obligations, which each have fixed interest rates. As a result of these fixed rates, any interest rate fluctuations will only affect its ability to earn additional interest on short-term investments.

The Foundation Trust earned interest of £244,000 during 2018/19, 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 uses 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 £975,000 in relation to doubtful debts. A further £100,000 has been provided for in relation to the Injury Scheme, in accordance with scheme guidance.



The Foundation Trust has also reviewed NHS receivables and has provided for doubtful debts amounting to a total of £1,913,000. 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 commenced in March 2016 and will finish in March 2034.

### Creditors

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 balance of £35.5million. As such, the Trust is a minimal risk to its creditors.

## 27 Financial instruments

### 27.1 Financial assets

	Group				Trust	
	31 March 2019		31 March 2018		31 March 2019	31 March 2018
	£'000	£'000	£'000	£'000	£'000	£'000
	Loans and receivables	Assets at fair value through Income and Expenditure	Loans and receivables	Assets at fair value through Income and Expenditure	Loans and receivables	Loans and receivables
<b>Assets as per the Statement of Financial Position</b>						
Trade and other receivables excluding non-financial assets	<b>43,958</b>	<b>0</b>	16,450	0	<b>43,958</b>	17,012
Other Investments	<b>1,539</b>	<b>0</b>	1,179	0	<b>1,539</b>	1,179
Cash and cash equivalents at bank and in hand	<b>37,591</b>	<b>0</b>	31,517	0	<b>37,591</b>	29,302
NHS charitable funds: financial assets as at 31 March	<b>1,064</b>	<b>4,270</b>	689	4,127	<b>0</b>	0
<b>Total</b>	<b>84,152</b>	<b>4,270</b>	49,835	4,127	<b>83,088</b>	47,493
<b>Assets held in £ sterling</b>		<b>88,422</b>		53,962	<b>83,088</b>	47,493

The above amount excludes PDC receivables of £308,000 (2017/18: £730,000).

## 27.2 Financial liabilities

	Group		Trust	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£'000	£'000	£'000	£'000
	Other financial liabilities	Other financial liabilities	Other financial liabilities	Other financial liabilities
<b>Liabilities as per the Statement of Financial Position</b>				
Borrowings excluding finance lease and PFI liabilities	<b>16,562</b>	17,646	<b>16,562</b>	17,646
Obligations under finance leases	<b>230</b>	396	<b>230</b>	396
NHS trade and other payables excluding non-financial liabilities	<b>3,927</b>	2,412	<b>3,927</b>	2,412
Non-NHS trade and other payables excluding non-financial liabilities	<b>35,770</b>	31,434	<b>35,770</b>	31,333
Other financial liabilities	<b>0</b>	0	<b>0</b>	0
Provisions under contract	<b>883</b>	895	<b>883</b>	895
NHS charitable funds: financial liabilities as at 31 March	<b>1,921</b>	1,030	<b>0</b>	0
Liabilities in disposal groups excluding non-financial assets				
<b>Total</b>	<b>59,292</b>	53,813	<b>57,372</b>	52,682
<b>Liabilities held in £ sterling</b>	<b>59,292</b>	53,813	<b>57,372</b>	52,682

The above figures exclude statutory/non-contracted payables of £6,511,000 (2017/18: £5,874,000).

## 27.3 Financial assets / liabilities - fair values

	Group		Trust	
	31 March 2019		31 March 2019	
	£'000	£'000	£'000	£'000
	Book Value	Fair Value	Book Value	Fair Value
<b>Financial assets</b>				
Receivables over one year				
NHS charitable funds: non-current financial assets	<b>4,204</b>	<b>4,204</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>4,204</b>	<b>4,204</b>	<b>0</b>	<b>0</b>
<b>Financial liabilities</b>				
Non-current trade and other payables excluding non-financial liabilities	<b>918</b>	<b>918</b>	<b>918</b>	<b>918</b>
Provisions under contract	<b>1,852</b>	<b>1,852</b>	<b>1,852</b>	<b>1,852</b>
<b>Total</b>	<b>2,770</b>	<b>2,770</b>	<b>2,770</b>	<b>2,770</b>

## 28 Intra-government and NHS balances

	Group / Trust	
	31 March 2019	
	Receivables: amounts falling due within one year	Payables: amounts falling due within one year
	£'000	£'000
Providers	<b>3,062</b>	<b>3,798</b>
NHS and Department of Health and Social Care	<b>30,017</b>	<b>1,174</b>
Local Government	<b>120</b>	<b>82</b>
Central Government	<b>334</b>	<b>1,292</b>
<b>Total</b>	<b>33,533</b>	<b>6,346</b>
	31 March 2018	
Providers	4,089	3,387
NHS and Department of Health and Social Care	10,670	1,986
Local Government	237	0
Central Government	264	1,852
<b>Total</b>	<b>15,260</b>	<b>7,225</b>

## 29 Losses and special payments

	Group / Trust			
	31 March 2019	31 March 2019	31 March 2018	31 March 2018
	Number	£'000	Number	£'000
<b>Losses</b>				
Losses of cash due to:				
Bad debts and claims abandoned	20	741	28	159
<b>Total losses</b>	20	741	28	159
<b>Special Payments</b>	<b>Total Losses</b>			
Ex gratia payments in respect of:				
Loss of personal effects	11	1	34	18
Other negligence and injury	0	0	2	3
Patient referrals outside the UK and EEA guidelines	0	0	4	2
<b>Total special payments</b>	11	1	40	23
<b>Total</b>	31	742	68	182

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 Judgements 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 2019. 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 2019 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 £6.7 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.
- A downwards revaluation of land and buildings of £1.8 million has been charged to the revaluation reserve, with a further £987,000 included within operating expenses. This reflects the desktop valuation carried out by the Trust's external valuer.

## 31 Senior manager remuneration

Directors' remuneration totalled £1,410,000 in 2018/19 (2017/18: £1,124,460). Full details are provided within the Remuneration Report.

## 32 Senior manager pension entitlements

There were benefits accruing to four of the Foundation Trust's Executive Directors under the NHS Pension Scheme in 2018/19. Full details are provided within the Remuneration Report.

## 33 Charitable Fund Reserve

The Charitable Fund Reserve comprises:

	31 March 2019	31 March 2018
	£'000	£'000
Restricted funds	2,152	1,733
Unrestricted funds	1,205	1,933
<b>Total</b>	<b>3,357</b>	<b>3,666</b>







**The Royal Bournemouth and Christchurch Hospitals  
NHS Foundation Trust**

**The Royal Bournemouth Hospital**  
Castle Lane East, Bournemouth, BH7 7DW

**Christchurch Hospital**  
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