



# Annual Report and Accounts

2017/18



# The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

## Annual Report and Accounts 2017/18

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



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## Consolidated Financial Statements

# Review of the year

## Chairman's Statement

I would like to start with some reflections on a very eventful year - which was my first as Chair of the Trust. I have made informal visits to every part of the Trust and everywhere I met people who were very proud of their part of the service and keen to talk about their work and about their hopes for the future. Despite the level of workload and mounting expectations about what we can deliver, our staff display complete focus on providing the best possible care to individual patients.

Although we prepared very thoroughly, we have experienced a tough winter and I have been amazed at the dedication of our staff and our volunteers as they kept the service running in all conditions.

Considerable progress has been made on the complex task of planning the total reconfiguration of health services in Dorset. Last September the Dorset Clinical Commissioning Group announced their decisions on the outcome of the Clinical Services Review and confirmed that the Royal Bournemouth Hospital would be developed as the major emergency hospital in east Dorset with Poole Hospital as the major elective hospital. The development of 12 community hubs was also confirmed including one based at Christchurch Hospital.

A One Acute Network programme board has been established by the two trusts to oversee the programme management of the reconfiguration of acute services in east Dorset and the future merger of the trusts. Working groups have been set up to carry out the detailed clinical design work which will precede the physical design of the changes that will be needed to deliver the reconfiguration across both sites. Work is also well advanced on the patient benefits case which outlines the

benefits we can deliver service by service and which is needed to secure the agreement of the Competition and Markets Authority to the merger. Work is also proceeding on the detailed business case to support the capital investment of £147 million which the Department of Health has earmarked for east Dorset.

On a wider basis Dorset has been designated as one of the national pilot sites for the development of an integrated care system involving all NHS and local authority organisations in the county. Considerable progress has been made in establishing the governance arrangements for all the key organisations to work together on common priorities including the pooling of resources where necessary. In this way we are all contributing to the delivery of the three overarching programmes agreed in the Dorset Sustainability and Transformation Plan - the One Acute Network, Integrated Community and Primary Care Services and Prevention at Scale.

Coming back to our Trust, I would like to salute several astonishing achievements in 2017/18. Our quality improvement programme focused on three main priorities - managing sepsis, caring for the deteriorating patient, and improving patient flow, and these have been reinforced by successful action learning weeks. It is encouraging that considerable progress has been made on all these topics. Encouragingly, more than 300 staff have now had training in quality improvement techniques and they are pursuing their own quality improvement initiatives in their wards and departments.

Our most important objective is the quality of care that we provide. The Trust's performance across a range of quality indicators has been very encouraging indeed and you can find more information about this in the Quality Report.

Last year the Trust developed a new People Plan and a new Collective Leadership Strategy and a lot of good work was done in enhancing staff engagement - particularly by our Change Champions. In the latest national survey of staff attitudes our Trust had the highest rating for an acute trust in the country which is a tribute to the positive attitude of our staff. Recruitment has also been encouraging and the number of substantive staff has risen steadily whilst staff turnover has dropped significantly.

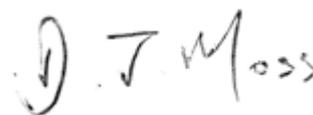
Despite the workload pressures our financial outturn for the year was excellent and we can face the future with a strong balance sheet. In addition the latest national 'model hospital' data showed that we are the most cost effective Trust in the country which is a tribute to the work we have done on cost improvement whilst sustaining the quality of our service.

Looking forward to 2018/19 we have secured a good financial settlement and we are expecting to make further progress in redesigning the developing services across east Dorset and preparing for the merger. The Trust will also continue to make a significant contribution to the success of the wider Dorset integrated care system.

I would like to thank everyone for the huge amount of preparatory work that was carried out prior to our recent inspection by the Care Quality Commission. This work was a very useful stocktake on the progress we have made since the last inspection in 2015. The report of the recent inspection is expected to be published early this summer and we are looking forward to receiving it.

It is a great privilege to Chair such a worthwhile and successful organisation and I would like to thank my fellow directors for their support and all the other staff I work with who have made my job not only possible, but enjoyable.

Finally, I would like to thank all our staff their commitment, dedication and sheer resilience. I would also like to salute our many regular volunteers who provide countless hours of support to our patients and our staff. A thank you too to the 250 4x4 vehicle drivers who came forward to ferry patients and staff to and from our hospitals in the snow. Our governors are another group of volunteers who deserve a special mention for all the work that they do in supporting the Trust and in representing the views of our patients on behalf of our community.



**David Moss**  
Chairperson  
24 May 2018



## RBCH news roundup of the year

What a year it's been - there's been so much good news to share.

### Kicking off with top of the range accessibility software

We kicked off the year by making our trust website accessible to all using world-leading reading and translation software, Browsealoud. The tool, available from any page of the Trust website, is able to read aloud in 78 languages including English, Afrikaans, Polish, Turkish and many more. Users simply select the orange headphone logo, highlight the text they'd like read aloud, select their preferred language and press play. The tool offers a diverse range of reading and translation support. The primary function is turning text into speech, allowing users to click on any text to hear it read aloud while being highlighted for visual guidance. Visual guidance offers magnification of the highlighted text.

### Going green to reduce our environmental footprint

In April we celebrated our staff's dedication to our environment with our Green Impact Awards. The awards recognised their efforts to reduce the Trust's environmental footprint and for saving £15,000, which will be invested back into frontline patient care. A record number of staff took part in the annual Green Impact Awards with 19 awards being presented - nine gold, three silver and seven bronze. Some 24 teams have participated in the scheme since it started four years ago, resulting in 932 sustainable actions which have saved at least 97 tonnes of CO<sub>2</sub> - the equivalent of the annual energy use of 10 homes and at least £15,030.

### Our new-look Christchurch Hospital officially opened

Last summer we celebrated the official opening of Christchurch Hospital with the Mayor of Christchurch, hospital band, On the Nash, a barbecue lunch and health talks, all finished off with a performance by Christchurch Rock Choir. If you came along you'll know what a great afternoon it was - a real celebration of our staff and facilities at Christchurch Hospital.



### Breaking barriers around death

As a society we avoid talking about death but in May a team of staff from across the Trust held a series of Last Orders Cafés as part of Dying Matters Week. The week aimed to break stigmas around death and to encourage us to discuss our fears around dying. We hope the events encouraged people to talk about death more openly and empower them to focus on what matters most to them.



## Our Mac Sisters with Blisters raise great sums



An inspirational team of 20 staff from our Macmillan Unit set out to raise £3,000 for the new build fund that will see the unit open a purpose-built unit for their patients and their families. The team undertook a range of running, cycling and swimming challenges and the result has been amazing - the team have raised almost £18,000 to date - an achievement to be proud of. If you'd like to contribute to the fundraising target, you can donate by visiting [www.justgiving.com/fundraising/macisterswithblisters](http://www.justgiving.com/fundraising/macisterswithblisters).

## Summer saw us take our care into the community



A new mobile liver scanner, funded by charitable donations, meant that the Dorset Liver Team could take an innovative Hepatitis C Roadshow to the community. The aim of the roadshow, which offered drop in sessions in locations including shopping centres and libraries, was to engage with people who weren't using the hospital's services and living with liver damage. Thanks to the roadshow some 20 people living with liver damage were identified, eight of whom had Hepatitis C. Watch this space for more innovative community initiatives.

## #NHS70 portrait

We unveiled a new celebratory mural in our atrium which celebrates the range of roles we have in our hospital and tries to demonstrate the number of staff involved in just one patient's care. The photograph depicts 22 members of #TeamRBCH - including a housekeeper, chef, nurse, pharmacist, midwife, surgeon, scientist and chaplain - and gives patients and visitors a snapshot of the large number of people who provide excellent care both at the frontline and behind the scenes. It's also become a celebration of the NHS turning 70 this year. Next time you're in our atrium, look up and see if you can name each of the roles in the image.



## Clinical Services Review result

Back in September the NHS Dorset Clinical Commissioning Group (CCG) agreed its final recommendations following the Clinical Services Review. The recommendations will see RBH becoming the main emergency hospital and Poole Hospital becoming the major centre for planned care. This is now moving forward following recommendations from healthcare professionals across Dorset - watch this space.

## Bournemouth Symphony Orchestra brings Music for a while to our elderly care wards

Talented violaist, Neil Valentine, a violaist from Bournemouth Symphony Orchestra took patients on our elderly care wards on a trip down memory lane when he came in for a number of sessions to play. His performances included classic folk songs and waltzes, which brought so much joy to our patients. Huge thanks to Neil and the BSO.

## Consultant wins Dorset Venus Awards



Dr Helen McCarthy, a haematology consultant at Royal Bournemouth Hospital was named Inspirational Woman in Science and Technology at the 2017 Dorset Venus Awards. Now in its eighth consecutive year, the awards seek to recognise and celebrate the achievements and vital contributions of inspirational women across Dorset. Dr Helen McCarthy was awarded for her dedication to science. She leads a team of scientific and clinical researchers committed to innovative research, with the aim of improving survival rates and the quality of life of patients with blood cancers. We're incredibly proud of Helen and her team and the fantastic work they do.

## National HIV Testing Week



Our fantastic Department of Sexual Health joined HIV Prevention England to encourage people to get tested for HIV. The team at Royal Bournemouth Hospital offer a rapid finger-prick test where people can find out their results in just 20 minutes, as well as support for those who are worried about testing. To make an appointment, or to find out more about sexual health services at Royal Bournemouth Hospital, call **01202 704644** or log on to <https://sexualhealthdorset.org>.

## Change Champions scoop Health Service Journal award



Our fantastic Change Champions won the Health Service Journal's award for Staff Engagement for their work on culture change in our Trust. The Change Champions first got together in 2015 to improve the working environment for staff and empower them to provide the best care for patients. Their work has included listening to staff about how they want to be recognised which led to the first #ThankYou! Day, attended by more than 1,100 members of staff; introducing a simplified and inclusive approach to Trust objectives; and bringing in a new training programme on customer care. Special thanks to all of our Change Champions, past and present.

## RBH emergency department features in best practice guide

Our Emergency Department is one of 17 featured in the Care Quality Commission's best practice guide for all NHS hospital trusts. It was developed following a workshop involving 36 senior clinicians and managers from trusts across the country which were identified by the CQC as having good practice in their emergency departments. The guide can be found on the CQC website: [www.cqc.org.uk/news/stories/sharing-best-practice-clinical-leaders-urgent-emergency-care](http://www.cqc.org.uk/news/stories/sharing-best-practice-clinical-leaders-urgent-emergency-care).

## Diabetes education forum wins national award

Our Diabetes team is celebrating a fantastic end to the year with another national award win for BERTIE online, a diabetes education forum for patients with type 1 diabetes. The team won the "Best Learning Technologies Project -UK public and non-profit sector" award at the 2017 Learning Technologies Awards in London. The win is the latest accolade for the team which also scooped a highly commended award at the Quality in Care (QiC) Diabetes 2017 Awards for the same online education forum in the autumn. We're incredibly proud of the team and the fantastic resource they've created.

## Midwives in the running for award



Two of our midwives have been shortlisted for a Royal College of Midwives (RCM) Caring for You Award.

The prestigious accolade recognises those who have signed the RCM Caring for You Charter, demonstrating their commitment to improve the health, safety and wellbeing at work of midwives, student midwives and maternity support workers so they are able to give even better care for women and their families. We're so proud of our birth centre team and wish them the very best for the award.

## Hospital 'unsung hero' wins national Lifetime Service Award



Fran Payne has scooped the prestigious Lifetime Service Award at the national Unsung Hero Awards 2018. Fran, who turns 80 this year and has worked at the hospital for 44 years, collected the honour at a ceremony in Manchester on Friday 23 February. She was nominated not only for her long service, but her dedication to the Trust and its patients. Fran works a 40 hour week, split between the Endoscopy and Health Records departments. Polly Hobbs, a clinical claims officer for the Trust, and Dorothy Rochester, a dementia volunteer, were also shortlisted for awards and attended the ceremony alongside 350 others. The Unsung Hero Awards, now in their fourth year, are for non-clinical NHS staff and healthcare volunteers. This year over 1,100 people were nominated for the 19 award categories.

## Anaesthetic Department receives quality mark



Our Anaesthetics team has been awarded the Anaesthesia Clinical Standards Accreditation (ACSA) from the Royal College of Anaesthetists. The accreditation, which indicates the department's commitment to quality and patient care, takes into account a robust set of standards, including resuscitation policy, guidelines for anaesthetic emergencies and review of all patients. To earn the accreditation, the Anaesthetics team has completed a detailed self-assessment and gap analysis against the ACSA's standards. We're delighted to be able to show our patients and visitors that we've gained this prestigious accreditation. We hope it assures them that they're being cared for by clinicians striving to deliver the very best care when they or their loved ones come into our hospital for a procedure. We're so proud of our fantastic team of staff and the work they do.

## NHS Staff Survey

We ended the financial year on a high with news that our Trust is the top performing acute trust in this year's NHS National Staff Survey. The Trust is in the top 20% of all acute trusts for 24 of the 32 key findings in this year's NHS National Staff Survey. We have also achieved the highest nationally reported scores for acute trusts in the following:

- 78% of staff feel able to contribute towards improvements at work
- 81% of staff are satisfied with their level of responsibility and involvement
- 78% report effective team working

- 93% agree that their role makes a difference to patients/service users
- 96% have been appraised in the last 12 months

The confidence staff have expressed in our Trust as both a place to work and a place to receive treatment is extremely heartening. We take nothing for granted and these great results will encourage us to work even harder to support our people as we face an exciting period of change and work more closely with our partner organisations.

## Events of the year

### Over 500 visitors attend hospital Open Day



Hundreds attended the 2017 Open Day and visited the Health Hub, Kids' Hub, Emergency Services Hub and Education and Carers Hub spread over the hospital site. Health talks took place and many new exhibitors and departments took part for the first time.

Children and grown-ups alike enjoyed and took part in the wide range of activities that ran throughout the day including health talks, health checks and tours of departments as well as our ever popular teddy bear clinic. Many also played a giant game of 'Operation', took part in a nappy changing speed challenge and visited the Simulation Suite to meet 'Sim Man' and find out more about training at the hospital.

Our new helipad was also in action as the air ambulance landed, joining the other emergency services who all attended on the day.

Feedback was extremely positive and exhibitors and visitors were very happy with how the Open Day went.



The day was a great success with over 500 people coming through our hospital doors. Thank you to everyone who worked to make it a success and everyone who came along - keep 15 September 2018 free for this year's Open Day.



### Governor listening events

During 2017 our governors held three engagement events and talked to hundreds of people about their experiences of the care they had received at the Royal Bournemouth and Christchurch Hospitals. The overwhelming majority rated care as very good or better with lots of praise for the nurses and the friendliness of all staff. Any concerns were also listened to and used to help make improvements at the hospitals.

## Official opening of Christchurch Hospital



Local residents joined staff from Christchurch Hospital in the summer to celebrate the new-look site, a redevelopment they helped make possible by backing the plans.

The celebration gave visitors the opportunity to see the new facilities, including a dedicated outpatient and x-ray department.

The afternoon included a barbecue for staff and residents living next to the site, entertainment from a staff band and Christchurch Rock Choir, as well as informative health talks and tours of hospital departments.



### Understanding Health Events

Five free health talks on the topics of asthma, back pain, stroke, women's health and end of life care were held throughout the year. The talks were led by consultants and nursing staff from our hospitals and gave members of the public an opportunity to find out more about certain conditions and to ask questions in an open forum.

## Nursing, Midwifery and AHP Conference

On 11 May, we held our second Nursing, Midwifery and Allied Health Professional Conference. This event was a celebration of all the work done by our nurses, midwives and allied health professionals across the Trust.

National speakers presented about future developments in the healthcare sector, including speakers from the Nursing and Midwifery Council, the Royal College of Nursing and NHS England. Members of staff shared examples of best practice and highlighted some examples of outstanding team work.

## Leadership Summit



At the second RBCH Leadership Summit, Resilient Leader, we were joined by keynote speaker, Dr Henrietta Hughes, National Freedom to Speak Up Guardian. She based her talk on how we as an organisation can help create a culture of openness in relation to raising concerns, in the hope that this will encourage staff to speak up and set out the steps needed to get to the cause of any concerns. The summit was the launch of our very own Freedom to Speak Up campaign by our guardian, Helen Martin. Over 200 members of staff attended and discussed the importance of an open culture and how we can lead and support our staff in raising concerns.

## #ThankYou! Day



The first RBCH #ThankYou! Day took place in September after hearing through the cultural audit that staff wanted to be recognised and rewarded for their hard work differently. Feedback indicated that people just wanted to be thanked personally and that previous events run by the Trust had not been inclusive enough. As part of 'Valuing You' week, on #ThankYou! Day, the marquee was filled with over 800 #ThankYous! that staff had received throughout the year and small tokens of appreciation were given to those who joined us by senior members of the Trust. Over 1,400 members of staff were involved in the day in some way, whether this was attending the event in the marquee or being visited on the wards by the roaming trolley.

## Patient Safety and Quality Improvement Conference 2017

Our third Safety and Quality Improvement Conference took place in September with 300 members of staff in attendance. Over 50 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.

## EPMA Marquee Event (Part of the Digital Transformation Programme)

The event gave staff the opportunity to have a look at several different types and designs of drug trolleys. Feedback was gained and votes were cast by members of staff from across many wards, departments and specialities. This informed the decision to select a practical and user friendly trolley by the staff who will be using them. In addition to this there was the opportunity to see a demonstration of the new electronic prescribing and medicines administration system and gain insight into how it will work in different areas.

## Tea dance



Over 100 patients and staff came along to our annual tea dance at Christchurch Hospital in December. The Mayor of Christchurch and his wife also attended to take part in the activities and a great time was had by all.

## Campaigns of 2017

### Flu

This year's flu campaign officially launched on Monday 2 October and focused on having the jab to pass on protection. The team were given the massive challenge of getting 70% of staff vaccinated and they did it! We're so proud of the team and their efforts - running a seven day service and doing twilight and sunrise shifts to make sure everyone who could was given the opportunity to have the jab.

### Recruitment

As ever we've been busy with recruitment; working on our publications to give to future applicants, attending recruitment fairs, hosting our own recruitment events and promoting ourselves using social media. We've found the power of social media incredibly useful to promote our work culture and current vacancies. We're hoping to build on this success in coming months by developing new recruitment pages on our website and helping applicants get a feel of what it's like to work at the Trust and be a member of our team.

# Highlights of the year





- 1 A thank you from our neighbours at Tesco
- 2 Accessible changing places room
- 3 Assistant practitioner graduation
- 4 Cake sale in the Acute Medical Unit
- 5 Change Champions scoop Health Service Journal award
- 6 Christchurch memorial unveiled
- 7 Theatres #ThankYou day
- 8 New helipad funded by the Help Appeal
- 9 Annual volunteers tea party
- 10 Theatres' Education Team awarded silver at Health Heroes Awards
- 11 Infection Control Week
- 12 G4 and Cissie Hunt
- 13 Staff from RBH with Tommy Whitelaw, from Tommy on Tour, and their pledges
- 14 Trust #ThankYou! Day
- 15 World Radiographer Day
- 16 New flag for the Trust

## Social media roundup

Social media has become indelibly rooted into our everyday lives. With an increasing cultural shift as to how news is now consumed, it may come as no surprise that NHS organisations are using at least one social media channel for corporate communication along with staff and public engagement.

Social media provides a level of interaction like no other, allowing the public to actively engage with posts and voice their opinions on what matters to them. Social media has also allowed NHS organisations to act a little differently with more traditional forms of communication such as recruitment.

For example we now use Twitter and Facebook to promote 'Job of the Week'; a short promotional video with staff discussing the vacancy as well as showcasing their department and the Trust. A video advertising for a doctor to join our Emergency Department performed especially well on our Facebook page, with more than 8,000 views and reaching over 20,000 people in total.

No longer deemed an alternative method of communication, social media is fast becoming a necessity for NHS trusts, and this is no exception for our modes of communication at RBCH.

Our Twitter and Facebook accounts have considerably increased since last year, with over a 1,000 increase in followers for both channels, and this figure continues to rise on a weekly basis. Here's a snapshot of our Twitter and Facebook highlights from the past year:

### Twitter timeline and monthly impressions

(how many unique Twitter accounts have been reached)

#### 2017

**April** Impressions: **43.4K**

Highlights included:

- Dementia Community Roadshow comes to RBCH

**May** Impressions: **72.7K**

Highlights included:

- International Nurses Day
- Dying Matters Awareness Week

**June** Impressions: **58.8K**

Highlights included:

- Bournemouth Uni Festival of Learning
- #EndPJPparalysis

**July** Impressions: **117K**

Highlights included:

- Secretary of State visit to RBH

**August** Impressions: **76.9K**

Highlights included:

- New helipad tested with arrival of DSAir Ambulance

**September** Impressions: **64.9K**

Highlights included:

- Jigsaw Garden mentioned in The Guardian's top healing hospital gardens
- Maternity emergencies at home training session

**October** Impressions: **51.8K**

Highlights included:

- Hypoawareness week - Diabetes team campaign

**November** Impressions: **89.2K**

Highlights included:

- HCA's completing foundation degrees with Open University to become assistant practitioners
- Change Champions won staff engagement HSJ award
- Bournemouth Uni TV production students filmed at the Trust - making a documentary about BU student nurses

**December** Impressions: **292K**

Highlights included:

- Christchurch Hospital Christmas Tea Dance
- #MerryXmasNHS

December saw the start of the RBCH Advent Calendar, a social media project designed to raise awareness, celebrate and thank our staff working over the festive period.

Each day of the month featured a different staff member star, or team of stars, behind the Advent Calendar's door. By way of a short video, they explained their role in the Trust and what they would be doing over the Christmas period to help our patients.

The videos were shown on both Twitter and Facebook, and proved to be immensely popular with our staff and the public.

**2018****January** Impressions: **139K**

Highlights included:

- #SolentNHSLive - Julian Clegg Breakfast show was broadcast live from RBH

**February** Impressions: **77.5K**

Highlights included:

- RBH Endoscopy Team received JAG accreditation for 2018
- Launch of the LGBT Network at RBCH

**March** Impressions: **330K**

Highlights included:

- Snow #ThankYouNHS - severe weather conditions saw staff walk for hours in the snow to get to work, as well as over three hundred members of the public get in touch and offer to drive staff to and from the hospital in their 4x4 vehicles.
- International Women's Day - celebrating the female staff and volunteers at the Trust

**Comments received**

There was a significant amount of thank you messages and praise received over the past year, with Twitter and Facebook being popular platforms for the public to share their views.

Feedback has been overwhelmingly positive, and is testament to the high quality care and service delivered to our patients.

Here are just a few of the many wonderful comments we have received over the past year:

**April 2017**

*"I would like to say a huge 'thank you and well done' to all the staff who have worked on the winter care ward this year. I'm sure I'm not alone in saying that the care and kindness shown towards both our patients and towards each other has been utterly heart-warming! Particular thanks to all the staff from Temporary Staffing - you're awesome!"*

Lyndsey Gillingham

**May 2017**

*"A big thank you to RBH for the excellent care given to my mum. I am perhaps more critical than most relatives having nursed at RBH for years, but I am happy to shout from the roof tops that there is great teamwork and in this day of 'cut backs' etc. I cannot fault the care and cannot praise too highly. So thank you."*

Elizabeth Butcher

**July 2017**

During a bad spell of traffic outside the hospital in July, caused by an overturned trailer earlier that day on the A338, RBH staff members were praised for their initiative and diligence, distributing refreshments and providing medical assistance to patients and visitors stuck in their cars, as well as assisting with traffic flow.

Here are just a few of the wonderful Facebook comments that we received following the incident:

*"They deserve every recognition for all they did yesterday. With much appreciation and thanks to you all for your three offerings of water and for directing us out onto the main road after a four hour wait. Well done"*

Velda Radford-Mcrae

*“Thank you for the water and directing the traffic guys. After 3.5 plus hours of gridlock, clinical site directing traffic was a welcome sight”*

Pamela Miceli

The story was picked up by local press and staff members were acknowledged and thanked for going above and beyond the call of duty.

### August 2017

*“Came to Thoracic OPD with friend today. What a lovely team, everyone kind, helpful and professional. Great department.”*

Sarah Holmes

### January 2018

*“My Dad is in RBCH with pneumonia and whilst there diagnosed with CHD so awaiting transfer to SGH for cardiac surgery. All staff from ward clerks, catering team to medics have been outstanding. Thanks so much for working tirelessly, it’s greatly appreciated. Where would we be without the NHS. Some of us, myself included, owe our lives to you wonderful people.”*

Jo Keeling

### March 2018

*“I am thankful to Ward 2 for looking after my hero, my Dad! What a lovely welcoming ward, friendly staff and superb care. Thanks also to the amazing paramedics for their amazing work. #ForeverGrateful.”*

Ysanne Morton



- Twitter

## Social media high performing posts

**July 2017 - Secretary of State visit to the Trust - 6k impressions**

**Top Tweet** earned 5,924 impressions

[@Jeremy\\_Hunt](#) meeting our fantastic staff on Ward 1 - hearing about how they work as a team to provide the best care for our patients [pic.twitter.com/tjsuaeEeJS](https://pic.twitter.com/tjsuaeEeJS)



5 replies 17 retweets 33 likes

[View Tweet activity](#)

[View all Tweet activity](#)

**December 2017 - Christchurch Hospital Christmas Tea Dance - 45k impressions**

**Top media Tweet** earned 45.4K impressions

What a dance to warm your heart. We're having a wonderful time at Christchurch Hospital this afternoon for our Christmas Tea Dance! [#MerryXmasNHS](#) [pic.twitter.com/qcnYyGmIZf](https://pic.twitter.com/qcnYyGmIZf)



6 replies 61 retweets 213 likes

[View Tweet activity](#)

[View all Tweet activity](#)

**January 2018 - Julian Clegg Breakfast show broadcast live from RBH**

**Top mention** earned 237 engagements



**Neil Sackley**

@djneilsackley · Jan 10

Fascinating night with the amazing people keeping @RBCH\_NHS going 24 hours a day for #SolentNHSLive. @BBCRadioSolent is live from 2 hospitals from 0630 [pic.twitter.com/JkSrrwGnwU](https://pic.twitter.com/JkSrrwGnwU)



8 21

[View Tweet](#)

**March 2018 - Community spirit and staff efforts during the snow**

**Top media Tweet** earned 15.2K impressions

Stand by for another amazing #snowday story! This is the story of Abi Banfield, a consultant physician in acute medicine for the Trust. Abi made this sign to help her get to work this morning and thanks to the kindness of Robbie the builder she made it. #ThankYouNHS [pic.twitter.com/8uTevjFJGI](https://pic.twitter.com/8uTevjFJGI)



7 30 142

[View Tweet activity](#)

[View all Tweet activity](#)



**Social media high performing posts**

- Facebook

**April 2017 - Echo Team receive British Society of Echocardiography accreditation - 10K people reached**

Post Details

**NHS** The Royal Bournemouth and Christchurch Hospitals  
Published by Rebecca Comms (P) · 11 April 2017 ·

Congratulations to our fabulous Echo Team! They recently received British Society of Echocardiography accreditation. The accreditation is a badge of excellence and we're so proud of them for always delivering outstanding care.

10,433 people reached [Boost Unavailable](#)

**Performance for your post**

**10,433** People Reached

**664** Reactions, comments & shares

<b>539</b> Like	<b>167</b> On post	<b>372</b> On shares
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<b>34</b> Love	<b>13</b> On post	<b>21</b> On shares
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<b>2</b> Haha	<b>0</b> On post	<b>2</b> On shares
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<b>2</b> Wow	<b>0</b> On post	<b>2</b> On shares
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<b>67</b> Comments	<b>20</b> On Post	<b>47</b> On Shares
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<b>21</b> Shares	<b>21</b> On Post	<b>0</b> On Shares
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**1,552** Post Clicks

<b>587</b> Photo views	<b>0</b> Link clicks	<b>965</b> Other Clicks
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**April 2017 - Happy Birthday Mrs Cole!**  
**Patient celebrates her 104th birthday on**  
**Ward 25 - 13K people reached**

Post Details

**The Royal Bournemouth and Christchurch Hospitals** is with Kips Gavreal and Randy Lopez.  
 Published by Lucy Rose Thomas · 26 April 2017

Happy Birthday to Mrs Florence Cole, 104 today! Mrs Cole was born in 1913, before the First World War and the youngest of 15 children. During today's celebrations on Ward 25, her daughters shared how their mother used to visit them while they were evacuated, despite the bombings going on in London. Asked how she had lived so long, Florence said she wished she knew so she could sell her secret. Her family are sure the fresh sea air in Christchurch has something to do with it!



**Performance for your post**

**13,787** People Reached

**445** Reactions, comments & shares

<b>375</b> Like	<b>273</b> On post	<b>102</b> On shares
<b>32</b> Love	<b>26</b> On post	<b>6</b> On shares
<b>14</b> Comments	<b>5</b> On Post	<b>9</b> On Shares
<b>24</b> Shares	<b>22</b> On Post	<b>2</b> On Shares

**1,840** Post Clicks

<b>860</b> Photo views	<b>0</b> Link clicks	<b>980</b> Other Clicks
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**NEGATIVE FEEDBACK**

**5** Hide Post      **2** Hide All Posts

**0** Report as Spam      **0** Unlike Page

Reported stats may be delayed from what appears on posts

**August 2017 - Teddy bear clinic promo for**  
**Trust Open Day - 27K people reached**

**The Royal Bournemouth and Christchurch Hospitals**  
 25 August 2017

If you come down to our hospital, your teddy'll be in good hands... our popular Teddy Bear Clinic is back for our Open Day, held at the Royal Bournemouth Hospital on 9 September between 10am and 4pm. Poorly teddies, dolls and other favourite toys are welcome! You can find out more about the day here: <http://bit.ly/OpenRBCH>



**26,991** people reached

**Boost Unavailable**

**Performance for your post**

**26,991** People Reached

**16,604** Video Views

**296** Reactions, comments & shares

<b>169</b> Like	<b>106</b> On post	<b>63</b> On shares
<b>23</b> Love	<b>15</b> On post	<b>8</b> On shares
<b>50</b> Comments	<b>33</b> On Post	<b>17</b> On Shares
<b>64</b> Shares	<b>63</b> On Post	<b>1</b> On Shares

**825** Post Clicks

<b>113</b> Clicks to Play	<b>64</b> Link clicks	<b>648</b> Other Clicks
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**NEGATIVE FEEDBACK**

**2** Hide Post      **2** Hide All Posts

**October 2017 - RBH makes national news with positive Sepsis stats and training - 15.5K people reached**

**The Royal Bournemouth and Christchurch Hospitals**  
Published by Rebecca Comms [?] · 18 October 2017 · [?]

Huge thanks and congratulations to everyone in Team RBCH who has worked so hard to ensure Sepsis is detected and treated swiftly in our hospitals.  
Your hard work has made it into the national press. Well done to you all - you make us proud.



**The UK hospitals where you are twice as likely to die of sepsis**  
A study by eminent hospital death rates expert Sir Brian Jarman suggests a 'postcode lottery' of care is consigning hundreds or even thousands of patients to...  
DAILYMAIL.CO.UK

**15,555 people reached** Boost Unavailable

Emmy Jay, Sam Pike and 243 others · 11 Comments · 47 Shares

Like Comment Share

**Performance for your post**

**15,555** People Reached

**427** Reactions, comments & shares [?]

<b>324</b> Like	<b>241</b> On post	<b>83</b> On shares
<b>8</b> Love	<b>7</b> On post	<b>1</b> On shares
<b>1</b> Haha	<b>1</b> On post	<b>0</b> On shares
<b>14</b> Wow	<b>5</b> On post	<b>9</b> On shares
<b>3</b> Angry	<b>0</b> On post	<b>3</b> On shares
<b>30</b> Comments	<b>12</b> On Post	<b>18</b> On Shares
<b>47</b> Shares	<b>47</b> On Post	<b>0</b> On Shares

**2,508** Post Clicks

<b>1</b> Photo views	<b>1,465</b> Link clicks	<b>1,042</b> Other Clicks [?]
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**NEGATIVE FEEDBACK**

<b>2</b> Hide Post	<b>0</b> Hide All Posts
<b>0</b> Report as Spam	<b>0</b> Unlike Page

Reported stats may be delayed from what appears on posts

**March 2018 - Call for volunteer drivers during the snow - 182K people reached**

**The Royal Bournemouth and Christchurch Hospitals**  
Published by Rebecca Comms [?] · 2 March · [?]

**Update to 4X4 request!**  
We're in particular need of 4x4 assistance for staff living in Blandford. Is anyone in the Blandford area able to help?  
...

4x4 drivers, we need you! If you have a 4x4 and are able to help transport our staff today, please call 07771376272 so we can coordinate lifts. Thank you!

**182,238 people reached** Boost Unavailable

Alana Pope, Lisa Brooks and 187 others · 149 Comments · 2.3K Shares

Like Comment Share

<b>182,238</b> People Reached		
<b>3,680</b> Reactions, comments & shares		
<b>706</b> Like	<b>188</b> On post	<b>518</b> On shares
<b>28</b> Love	<b>8</b> On post	<b>20</b> On shares
<b>4</b> Haha	<b>0</b> On post	<b>4</b> On shares
<b>11</b> Wow	<b>0</b> On post	<b>11</b> On shares
<b>1</b> Sad	<b>0</b> On post	<b>1</b> On shares
<b>451</b> Comments	<b>227</b> On Post	<b>224</b> On Shares
<b>2,479</b> Shares	<b>2,345</b> On Post	<b>134</b> On Shares
<b>23,005</b> Post Clicks		
<b>5</b> Photo views	<b>24</b> Link clicks	<b>22,976</b> Other Clicks
<b>NEGATIVE FEEDBACK</b>		
<b>43</b> Hide Post	<b>14</b> Hide All Posts	
<b>0</b> Report as Spam	<b>0</b> Unlike Page	
Reported stats may be delayed from what appears on posts		

## Media Round-Up

There has been a vast array of positive coverage for the Trust over the past year in print, online and broadcast media. Here are some of the highlights:

### August 2017

#### Trust chiefs' joint interview with Daily Echo

The results of the Clinical Services Review confirmed RBH as the main emergency hub for east Dorset, along with a radical change of services for both Bournemouth and Poole hospitals.

Uniting for the first time to discuss the plans, Trust chiefs Tony Spotswood and Debbie Fleming held a joint interview with the Bournemouth Daily Echo.

It was a great opportunity to discuss key topics, including financial investment for both sites, as well as the proposed merger of the trusts

### January 2018

#### RBCH flu focus on South Today

Following one of the most challenging winters on record for the NHS, the Trust was featured on BBC South Today with a focus on flu. Senior Infection Control Nurse Paul Bolton discussed the increase in influenza admissions since last year, while Emergency Department consultant Dr Farhad Islam talked about the impact of the infection for patients.

It was also an opportunity for us to highlight the staff vaccination campaign, and the progress made with that in order to protect Team RBCH. Link to clip here: [www.youtube.com/watch?v=huINibzlp10](http://www.youtube.com/watch?v=huINibzlp10).

### January 2018

#### BBC Radio Solent live broadcast

In January we welcomed BBC Radio Solent for Julian Clegg's Breakfast Show.

The special 'NHS feature' was a dual live broadcast between RBCH and Poole Hospital, with a focus on services across east Dorset, as well as staff and public opinions on potential changes that might occur with the merger of the two trusts.

Reporting also took place throughout the previous night with interviews from a broad cross-section of staff on their night shifts.

The broadcast was well received and praised for its insight as to what happens behind the scenes in an acute trust.

### March 2018

#### Severe weather brings a community together

The start of March brought unprecedented severe weather for the south, with heavy snowfall affecting transport to and from the hospital for our patients and staff.

Our staff still made extraordinary efforts to get into work, and more than 250 drivers answered a call to volunteer, using their 4x4 vehicles to assist in transporting staff and patients.

Despite an extremely challenging couple of days, there was an overwhelming show of community spirit. As one volunteer noted: “It was amazing to see the dedication of the staff during this time who made such efforts to get into work.”

There was comprehensive coverage of the severe weather in both national and local press, and BBC South Today visited RBH to speak to volunteer 4x4 drivers who transported our staff and patients in the snow.

## Support from our 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
- Royal Bournemouth Hospital League of Friends
- Christchurch Hospital League of Friends
- Macmillan Caring Locally
- Sustain
- Royal Voluntary Service
- Hospital Radio Bedside
- Bournemouth Heart Club

### Bournemouth Hospital Charity

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

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

The primary objective of the charity during 2017-18 was to ensure that the operational implementation of its new five year strategy is delivered, and that charitable income increases in line with the agreed trajectory. 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 2017-18 the charity has spent £1.5 million on the added extras to improve patient care which included staff development.

The local community and local business has helped to generate over £700,000 in 2016-17 to support this spend through a number of different ways including:

#### **Charity Shop**

donating and purchasing goods raising £26,000

#### **Twilight Walk for Women**

raising £19,500 for women’s health services

#### **Sky Dive**

raising £6,000 for the whole hospital use

#### **Walk for Wards**

raising £17,000 for the whole hospital use

#### **March for Men**

raising £25,000 for the Urology department

Many people have also organised their own events and completed their own challenges to raise funds for the charity, including in memory events, darts events, and head shaves, 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 hospitals and providing extra facilities and resources, including a legacy from a local woman supporting the purchase of a CT scanner.

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

To find out how to get involved in any of our fundraising projects log on to [www.BHcharity.org.uk](http://www.BHcharity.org.uk).

## Friends of the Eye Unit

In 2017-18 “The Friends” purchased several items of medical equipment, totalling £89,000 including a spectralis camera, Q-yag laser, kowa camera, super quad lens and caretray trolleys.

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

Our annual general meeting in 2017 was well attended by over 60 members, friends and guests with interesting talks given by Head Orthoptist, Julie Cartledge.

In December we distributed diaries, Christmas cards and good wishes to patients. This is always a worthwhile event and much appreciated.

## League of Friends Bournemouth

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

2017 has been a successful year of fundraising in our shop in the main atrium of the Royal Bournemouth Hospital. With many thanks to our crafters, who knit, crochet and sew using their own materials which they kindly donate. We funded much needed medical equipment totalling £131,357 and have pledged a further £133,554 towards further medical equipment in the past 12 months and hope to exceed this by funding as many requests as possible in the coming year.

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

## League of Friends Christchurch

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

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

- dexta scanner for the Radiology Department
- dermatoscopes for the Dermatology department

## Macmillan Caring Locally

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

Due to an increase in referrals to the Macmillan Unit the charity agreed to fund a new post of a palliative care specialty doctor. Funding was also provided for a new band level for the community specialist palliative care team, so that nurses can progress to a senior role and their skills are retained within the team.

Macmillan Caring Locally appointed architects to design the new Macmillan Unit at Christchurch Hospital. The charity has committed £5m for this £10m project and once the design has been completed will launch ‘Brick by Brick’ the capital appeal to raise the funds needed to start the build. In preparation for the appeal, the charity has appointed a community and events fundraiser and a senior trust and corporate fundraiser.

## 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 continue to support the Headstrong service at the Royal Bournemouth Hospital and to provide the 'little extras' for the foreseeable future.

### Friends of Bournemouth Leukaemia Fund

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

The state of the art piece of equipment, a Next Generation Sequencer, which the Friends donated to the charity late in 2015 is proving invaluable by expanding Bournemouth Leukaemia Fund's field of research and increasing the range of diagnostic tests available to Royal Bournemouth Hospital cancer patients including those with solid tumours. The Sequencer's contribution to the work of the charity and the annual cost to maintain it, which is over £20,000 each year, has spurred the Friends Committee to arrange even more fundraising events. All 11 members are active, have their own strengths and collectively endeavour to get support from the local community and businesses. One member demonstrates her individual skills by designing, printing and selling Christmas cards personalised to the charity and another bakes a vast quantity of cakes for coffee mornings.

For more information please contact  
Estelle Wilson **07772 860268**  
[estellemwilson@gmail.com](mailto:estellemwilson@gmail.com)

## Governors' Review of the Year



During the last year, seven new public governors, three new staff governors and one new appointed governor joined the Council of Governors. They replaced a group of experienced governors, some of whom had been governors for six years and more. I would like to thank all of them for their hard work representing the views of the public and supporting the work of the hospitals.

The Council of Governors decided to review how effective we were in fulfilling our roles and have since changed our committee structure to give more focus to our work and expanded the ways in which we engage with our members and the public. This has resulted in more events where we meet with people to hear about their experiences at the hospitals and answer questions they have about the Trust.

There have been listening events in Christchurch, Westbourne and Boscombe and in the hospitals, an engagement event at Strouden Park Community Centre and we continued with our popular Understanding Health talks in the community. We have spoken with over 100 members of the public in just a few hours at some of these listening events. We summarise the feedback we receive and ensure this is given to the Board of Directors and it is really welcome to hear how many people praise the hard work of our staff.

The governors give up a lot of time for the hospitals and we are all volunteers. Over the past year we have been involved in patient surveys, visits to a range of different areas of the hospitals and joint work with the Board of Directors on patient and public engagement and productivity and efficiency. We have excellent relations with the Board members, ably led by our Chairperson, David Moss, who chairs both the Board of Directors and the Council of Governors. Governors are involved with all the Board committees and a range of Trusts committees as well as participating in Trust training and events. This inclusive, open and transparent approach enables governors to get a good understanding of what is happening in the hospitals, both in terms of performance and future plans.

We are building our links with governors at Poole Hospital NHS Foundation Trust and with other NHS organisations across Dorset to implement the Clinical Services Review as part of the broader Sustainability and Transformation Plan for Dorset as it progresses towards becoming an integrated care system.



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). 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.

**David Triplow**  
Lead Governor

## Chaplaincy, Pastoral and Spiritual Care

As the end of another year approaches in 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 continual stream of 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.

The Chaplaincy Team seems to be developing all the time. We have increased our team of part time chaplains which enables the Chaplains to continue to provide a fully 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 most number of people who are looking for our help.

We have been excited about the implementation of the End of Life Companion initiative within the Trust. We have been involved from an early stage in the planning of the scheme and the training of potential candidates. We continue to be involved in the training of new volunteers, in reflective practice, and 1:1 support. To date, eight of the End of Life companions are also Chaplaincy Volunteers.

The Chaplaincy '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 Bournemouth and Christchurch. 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 are currently reviewing the provision of Sacred Space within the Trust. 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 Bournemouth and Christchurch to the benefit of all people. We continue to value the input of our Inter-Faith Representatives who come to the Trust at our request. We were glad to welcome the introduction of a large Menorah 'candle' in the Atrium 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.

Christmas 2017 saw a change in the way we celebrate the season as we worked 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.

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 and families and all service users.

**Revd. David Flower**  
Lead Chaplain

## Trust Blue Coat Volunteers

- Launched End of Life Companion volunteers working in collaboration with the End of Life Nurse Specialist, Palliative Care team and Lead Chaplain.
- Won Southern Region and also National award for Excellence in Volunteer Management for the End of Life Companion project.
- Liaison with other NHS Trusts regarding End of Life Companion volunteer role.
- Worked with the Improvement team to develop the role, provide and support volunteers during action learning week.
- Implementation of Down to the Lounge volunteers following on from success of action learning week.
- Introduction of volunteers to assist stocking the Pharmacy robot.
- Age of volunteering lowered to 16 years and roles for young volunteers expanded.
- Introduction of students undertaking hydration rounds on wards in the afternoons.
- Attend schools and sixth form colleges to give talks on volunteering and go along to recruitment events to increase awareness of volunteering at the Trust and increase the number of students volunteering.
- Worked with Bournemouth Council for Volunteer Services and St John Ambulance to organise first aid training for student volunteers.
- Arrange training and refresher training for staff to become mealtime companion and hydration volunteers and co-ordinate on wards.
- Introduction of volunteers to assist Speech and Language Assistants and Physiotherapists on the Stroke Unit.
- Expansion of PAT dogs on the Stoke Unit.
- 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 they are allocated to the appropriate patients.

- Assist PALS (Patient Advice and Liaison Service) by supplying volunteers as chaperones.
- Respond to requests from wards for 'one off' companion volunteer visit or continued visit whilst patient is in hospital, for example where relatives are unable to visit.
- PLACE (Patient-Led Assessments of the Care Environment) audit volunteers.
- Introduction of a volunteer magazine to enhance recruitment and raise awareness of volunteering at the Trust.
- Provided Major Incident training for volunteers including volunteers from the other volunteer organisations within the Trust.

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

## Chief Executive's Statement

Thank you for taking time to read our Annual Report. It provides an opportunity to continue to showcase the outstanding care provided at both the Royal Bournemouth Hospital and Christchurch Hospital.

Against a backdrop of unrelenting demand for access to local health services - we have much to be proud of. By common consent, informed by patient feedback, staff views, and our performance adjudged in national audits, the care we provide continues to improve, outcomes are better and so is our patient experience.

This year the Trust had the best staff survey results for an acute trust within the NHS. These results underscore our work to appoint, nurture, value and develop staff in all disciplines.

Our focus on teamwork has been central to improvements in care and patient experience.

I wanted again to take this opportunity to say thank you to all our staff and pay tribute to their unstinting commitment, their kindness, their drive, skills and abilities. Their work truly defines our services and is the foundation of the high standards we are so proud of.

This year represents the 70th anniversary of the NHS. We are taking this opportunity to pay tribute to the selfless service of so many and say thank you. We are also engaged with partner organisations, and particularly colleagues at Poole Hospital NHS Foundation Trust, in work to shape a major expansion and investment in services across east Dorset.

This work is led by local clinical teams and designed to ensure local people have access to the very best services and facilities within the NHS.

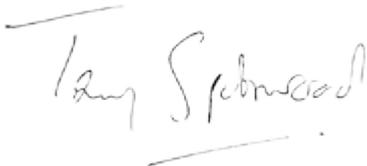
By 2020 we will see major building work on the Royal Bournemouth Hospital site to create a new Women's and Children's facility, a new Emergency Department and create a larger inpatient bed base for the residents of east Dorset and west Hampshire. The hospital will become the major emergency hospital in the east of Dorset. It will be complemented by investment at Poole Hospital which will become the base for the vast majority of planned procedures. Importantly, you will continue to be able to access local outpatient and diagnostic services at both hospitals and also Christchurch Hospital. These changes will enable us to provide more consultant delivered care across the whole week and out of hours, strengthening local services and further safeguarding care.

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 the most efficient acute trust in England.

This achievement reflects our work to improve our patient care processes, eradicate inefficiency in how we deliver our care and services, and ensure that we get things right first time.

It has been my privilege to serve the Trust over the last 18 years - I know our services have never been as good as they are now. This is a reflection of not only the efforts of our staff, but also the enormous support we received from the community.

I would like to take this opportunity to thank our governors, our volunteers and local residents for all you do in helping support your local hospitals.



**Tony Spotswood**  
Chief Executive  
24 May 2018



## 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 42.

We provide a wide range of hospital and community-based care and at the end of 2017/18 we employed 4,529 members of staff, both clinical and non-clinical.

Over the year we cared for and treated patients as follows:

- Number of outpatient attendances (follow ups) 251,070
- Number of new outpatient attendances 120,317
- Number of admissions 113,124
- Number of attendances to Emergency Department 95,148

## The Royal Bournemouth Hospital

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

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

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

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

Our Jigsaw Building was official opened by Her Royal Highness, The Princess Royal on Monday 21 March 2016. The multi-million pound centre houses state-of-the-art facilities for the treatment of cancer and blood disorders on the ground floor and in the new Women's Health Unit on the first floor.

## Christchurch Hospital

Christchurch Hospital provides a pleasant environment for rehabilitation and a range of outpatient services. An all-age rehabilitation service has been developed, particularly in the award-winning Day Hospital. Most patients are elderly, reflecting the local population. There is an excellent infrastructure to support rehabilitation with superb physiotherapy and occupational therapy facilities.

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

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

## How we are run

As a foundation trust, we are accountable to NHS Improvement. As the regulator for health services in England it oversees the governance and performance of the organisation, providing support where required, and ensures the Trust operates in line with the conditions of its provider licence. We are also accountable to local people through our Council of Governors and members. In addition, there is a large range of inspection and other regulatory bodies, including the Care Quality Commission (CQC). The last published CQC inspection for RBCH was in 2015 and the CQC inspected the Trust again in 2018, but have not yet published their report.

The Council of Governors, which represents around 10,000 members, is made up of members of the public, staff and appointed governors. They ensure members' views are heard and are fed back to our Board of Directors, and members of the public are kept up to date with developments within the hospitals. You can read more about the work of governors and details of our membership from page 139.

Our Board of Directors is made up of full-time executives, who are responsible for the day-to-day running of the organisation, and part-time non-executive directors. The executive directors work closely with the clinical leaders and managers throughout the hospitals in running the hospitals and the Board also works closely with the Council of Governors. We also work closely with a range of key health partners to develop and deliver our services, such as clinical commissioning groups and social services.

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

## Estates overview

### External spaces

The Trust retained its Green Flag Award following inspection from Keep Britain Tidy, the awarding authority.

The team have spent a lot of time improving the grounds especially around the lake.

The Green Impact Awards have continued successfully with

- 9 Gold Awards
- 3 Silver Awards
- 7 Bronze awards

Three special awards were also given out including best newcomer, innovation for improvement and overall winner. A special mention to the Dream Green Team, who in their first year were the overall winners for 2017 achieving over 170 sustainable actions. Green impact has continued to grow since its first implementation in 2013 and since then the Trust has saved more than £80,000 from sustainable actions undertaken by the Trust.

### Christchurch Hospital

The Christchurch senior living apartments have been on sale for six months and over 25% have been sold. These are available as a part buy, part rent scheme which has proved very popular with buyers.

Christchurch Macmillan Caring Locally's plans for their new building are at an advanced stage, with a funding drive starting in June. Staff are very excited about the prospect of a new unit, and are pleased to have been consulted with and been able to influence the final design.

The road works at Christchurch Hospital are now complete and this is the conclusion of the major development works there. We are now looking at Phase II of the development of the spare land in conjunction with the new Macmillan unit. More exciting times ahead for Christchurch Hospital.

### Royal Bournemouth Hospital

Bournemouth Borough Council have submitted a planning application for the new junction off the A338 Spur Road. This is due to be decided in late May. The new road will be completed in 2021 and will help to alleviate the congestion we experience at peak times, if there is an incident on the local roads.

The Estates department developed a "Ward Guide" helping staff to better understand how to use equipment and what to do when things go wrong. This initiative came about following managers undertaking "Work Experience" with the trades' staff. The work experience days will be repeated during 2018 as this is a great opportunity for staff and managers to better understand each other's roles and responsibilities.

# Trust Strategy Summary for 2018

## To Work in Partnership and Continually Improve

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

- Valuing and developing our staff and our organisation to deliver a service that is fit for the 2020s and beyond
- Continue to improve our clinical services, both as an existing trust and as part of a merged organisation
- Rearrangement of health services across Dorset, in particular acute services, as part of the Clinical Services Review, incorporating a £150 million capital build over five years
- Strengthening team working including likely merger with Poole Hospital NHS Foundation Trust in 2019, assuming regulatory approval

Our Trust board has agreed this interim strategy following the Clinical Services Review consultation process and pending merger.

## Clinical Services Review (CSR)

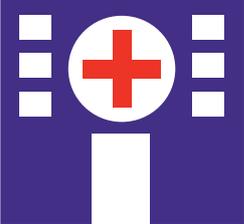
The RBH site has been chosen to be the major emergency hospital for Dorset. This entails a substantial capital development programme with a review and design process for those services affected. As a result, in the latter part of 2017, work commenced specialty by specialty, to determine how each service will be provided on the planned and emergency sites. Diagnostic and outpatient services will remain on both sites. We will be designing pathways of care to reflect how services will be in 2025-2030, not for 2018. This will inform the physical (estate) design of the two main sites and provides more information about the new facilities and in particular when they will be built. Christchurch Hospital will continue to act as a community hub with a new inpatient palliative care unit and an enhanced range of outpatient services. Equally important is the timescale for the relocation of existing services from any of the acute sites.



The scale of the changes is huge and will take five years to implement:

- £147 million investment in new hospital services
- Beds at RBH will increase from 630 to 1,050-1,100
- Number of staff working on RBH site increasing from 4,000 to approx 6,000
- New ED (A&E Department) and Urgent Care Centre
- New women's and children's services
- New trauma unit
- Transfer of some elective and day case services to Poole as the major planned care hospital
- New community hospital beds at RBH and relocation of some services to Christchurch and community localities.

We are now working very closely with Poole Hospital NHS Foundation Trust to take forward the CSR and have collectively developed five workstreams to consider which aspects of a range of services are to be provided at the two sites. The workstreams focus on: i) women and children's services; ii) cancer services; iii) the future provision of critical care services, including how we best support elective work at the planned site; iv) how we organise the emergency medical and surgical take at the emergency site, including how ED will work with specialities, drawing patients directly through to specialist wards, what level of emergency work will be retained on the planned site and how the Urgent Treatment Centres (UTC) will operate; and v) planned care. The results of this will allow detailed work to then start on the physical estate redesign of the two hospitals. This will take approximately 10 months to complete, taking us to May 2019.

<p><b>NHS</b> <b>Poole Hospital</b> NHS Foundation Trust</p> 	<p><b>NHS</b> <b>Dorset County Hospital</b> NHS Foundation Trust</p> 	<p><b>NHS</b> <b>The Royal Bournemouth and Christchurch Hospitals</b> NHS Foundation Trust</p> 
 <p><b>Poole:</b> major planned hospital.</p>	 <p><b>Dorchester:</b> planned and emergency hospital.</p>	 <p><b>Bournemouth:</b> major emergency hospital.</p>

During the estate design phase we will also undertake two other important pieces of work. Firstly, we will consider with each of the relevant teams and staff groups the options for the relocation of orthodontics, sexual health services, the Dorset Prosthetic Centre and some outpatient physiotherapy. No decisions have yet been made about the future location of these services. Following the review of options, decisions will be made to enable each of these services to relocate, thereby freeing space for refurbishment as we start work in earnest to create the emergency and planned hospital sites. Secondly, we will also begin work to plan facilities for the establishment of community hospital beds at both RBH and the Poole Hospital sites. The major building work will not be completed until early 2023 and due to the nature of the clinical inter-dependencies, it is anticipated the major changes in service location will mainly occur at this time. Services that are not directly affected are likely to develop a network approach across Dorset to ensure their future sustainability, including with colleagues at Dorchester.

## Merger with Poole Hospital

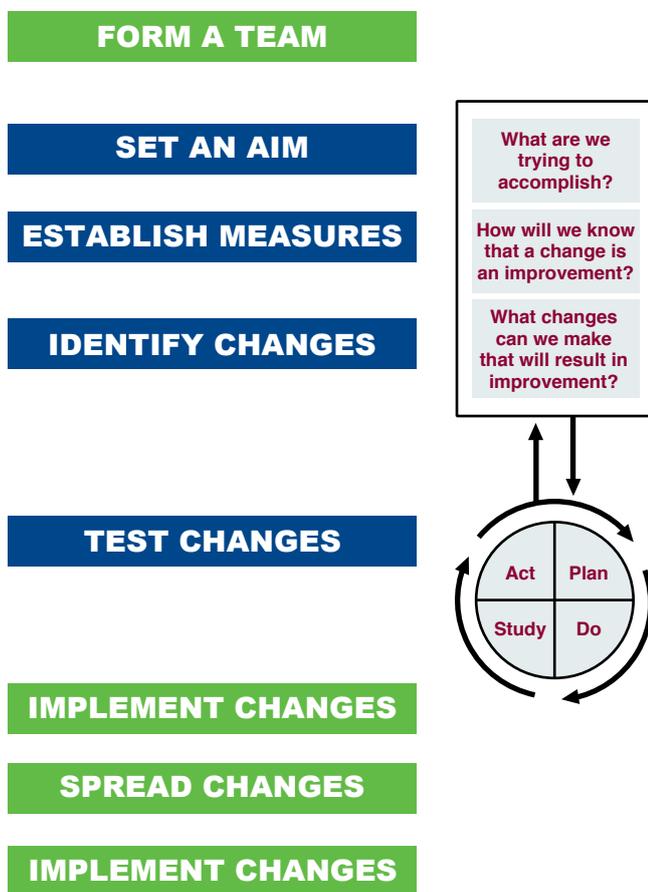
Work is underway to enable the merger of our Trust with Poole Hospital NHS Foundation Trust. The purpose of merging is to allow us to come together as a single organisation so we can implement more effectively and quickly the establishment of emergency (RBH) and planned (Poole) care sites. In developing our plans jointly, we will be better placed to tackle our collective financial and workforce challenges, and to establish more resilient services. The ambition is to have the best of both, so we can better serve our combined local population.

The two trusts have now determined a timetable for merger subject to the agreement of the Competition and Markets Authority (CMA) and NHS Improvement. To achieve this we aim to present to the CMA a detailed patient benefits case - setting out the benefits of implementing the Clinical Services Review and merger. The CMA is anticipated to undertake its assessment of the impact of the two trusts merging during 2018. Subject to being cleared by the CMA, we will appoint a shadow Board to oversee the work of preparing for merger. We will also start to work through how the new organisation will operate. NHS Improvement will receive a case setting out plans for the new trust and conduct its own assessment prior to agreeing the merger. Based on current information and subject to a CMA review the two trusts anticipate realising merger in the autumn of 2019.

## Improving our clinical services

We have had a quality improvement programme for several years and introduced a wide range of quality improvement initiatives. This has had a significant impact on the developing culture of our organisation, with measurable benefits for patients and staff. Examples of successes include our stroke service being classified as Band A in the national audit, the reduction in mortality as measured by HSMR and the best cancer patients survey results of any service in Wessex.

### RBCH Quality Improvement Model



We will continue to improve quality by:

- delivering transformational change and quality improvement projects, resulting in a safer and more caring hospitals for patients
- establishing a culture of continuous quality improvement
- creating an environment where all staff have a sense of shared ownership and responsibility and feel enabled to help make our hospitals 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 hospitals
- engaging and empowering staff to deliver and sustain the required change in their workplace
- harnessing individual and collective talent and creating clinical leaders at every level within the hospitals
- 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

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.

## 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.

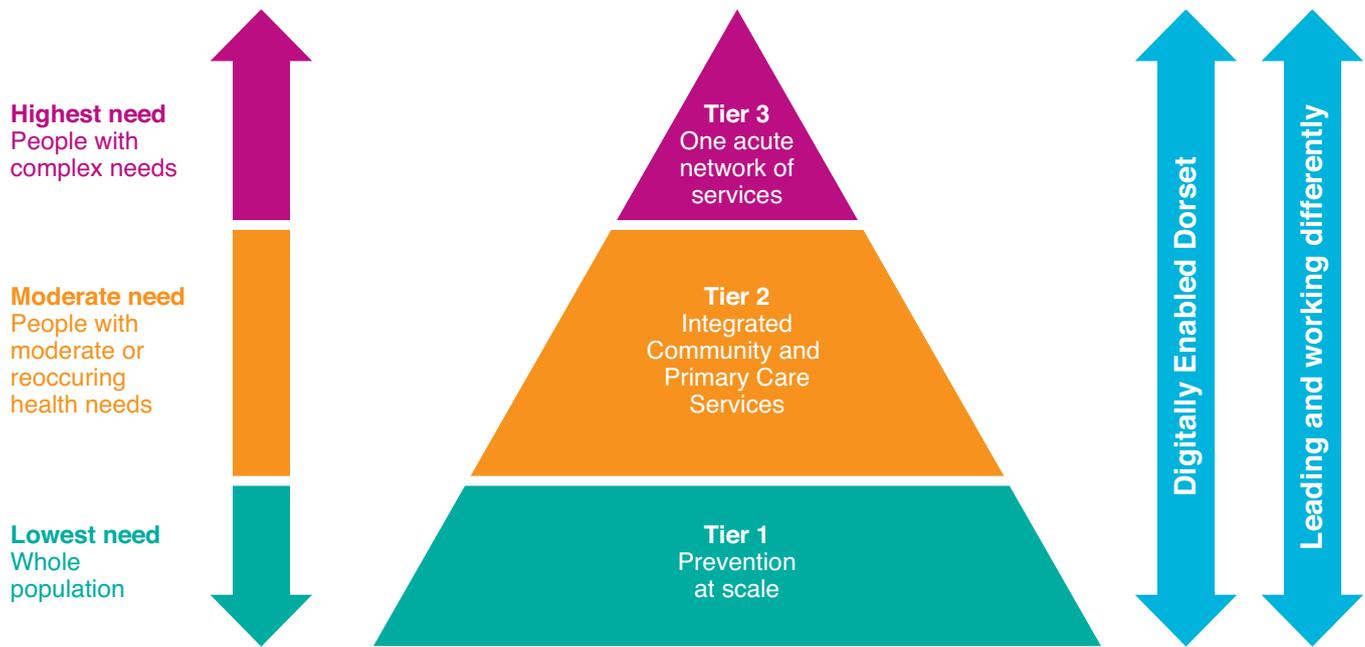
While delivering complex change we will need to ensure we keep our eye on the daily business of running the hospitals and ensuring this remains a great place to work. We want our staff to enjoy coming to work and to feel motivated and involved in supporting an ambition for continuous improvement. Key areas for further development include leadership and teamwork, and an example of the work we are doing would be the Aston OD coaching programme we are using to support the development of our team leaders.

## Stakeholder relations

A number of stakeholder engagement outcomes were identified by the board of directors and the Council of Governors 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 shadow integrated care system for Dorset which includes local authorities, 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. 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 and an update during the year. The Trust's Chief Executive also attended meetings of the Joint Health Scrutiny Committee for the Clinical Services Review during the year.

### Developing as an integrated care system within Dorset

The Dorset Sustainability and Transformation Plan (STP) is the blueprint for the development of the Dorset health system. One of the key components was the strand entitled 'Integrated Community and Primary Care Services'. The successful delivery of the community services is vital to the operations of our hospitals and by working more closely with our colleagues in primary care we will be able to improve the use of our shared resources. The "primary" component recognises the significant difficulties that have developed in primary care with increasing workload and recruitment problems. This has led to a substantial level of "vulnerable" GP practices in Dorset and an increasing emphasis in working together across the health system to help mitigate this.



Another area of focus is the Right Care programme - there are wide variations in resources used and outcomes delivered (e.g. GP referral rates, or levels of procedures), within services and across Dorset even when adjusted for age, deprivation etc. Benchmarking using national and local Right Care and Atlas of Variation data provides a starting point for opportunities for greater consistency. Dorset CCG has established a 'Right Care' Programme Board and this will provide a driving force and support removal of some of the barriers and enabling factors such as GP engagement, analytical support and sharing of good practice.

## Patient engagement

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

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. You can read more about these in the Quality Report.

A wide range of focus groups to understand patient perception and influence improvements, including improved written information and staff

education to ensure improved communication have been undertaken throughout the year. All focus groups are reported with patient recommendations to the sponsoring department and can also be fed into steering groups held in conjunction with the local authority and other trusts where possible. Examples of some of these focus groups are:

Learning disability focus group, Faith and Belief focus group, Dementia focus group, Mental health focus group

Race and culture focus group, LGBT+ Focus Group, Long Term Conditions Focus Group, Carers Focus Group and Learning Disability Health Action Group.

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 via a #ThankYou! initiative which focuses on the huge amount of positive feedback we receive about our staff.

Various audits are undertaken throughout to the year to review current practice and identify challenges and areas for improvement. The following audits have recently been completed or are being undertaken: Friends and Family Test, Care Audit Campaign (real time patient feedback), local audits, National inpatient survey, National A&E survey, National cancer care survey, PALS and complaints, LERN forms, #ThankYou! and compliments, patient opinion, Healthwatch Dorset.

## Public consultations

A three month public consultation about the Clinical Services Review took place between December and February. To ensure our stakeholders we informed a series of public and staff events were held providing the opportunity to find out more about the consultation and encourage feedback on the proposals. The public events, funded by the Trust, were held out in the community and took place at different time and locations allowing people to pop in and get more information or spend more time listening to a presentation that ran through the proposed options and the process.

Six staff sessions were held across the three Trust sites during the consultation. Departments were also given the opportunity to have a member of the executive team attend any staff meeting being held to give more background. This was taken up by a few departments. Further staff CSR update sessions were organised following the announcement of the results of the public consultations and these continue to run.

Details of the engagement activities under taken 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'.

## Open Day

The 2017 Open Day was held on a Saturday in September and was received very well by the public. The event was a great way of showcasing the Trust's services and engaging with the local community.

Partner organisations like Bournemouth University and emergency services teams came along to offer an interactive and informative day. Feedback from the event has shaped the planning for the 2018 Open Day.



## Key issues and risks

The key issues and risk that could affect the Trust in delivering its objectives is 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
- achieving an overall 'Good' from the Care Quality Commission at the Trust's next inspection
- 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 patients with sepsis
- meeting national targets around patient waiting times for treatment
- delivering the financial control total agreed with NHS Improvement and receipt of the STF income associated with this
- progressing the Clinical Services Review
- securing the agreement of the Competition and Markets Authority to the merger with Poole Hospital NHS Foundation Trust
- the introduction of the Dorset Care Record.

## 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

## Performance Overview

### Sustainability and Transformation Fund (STF) and key National targets

The national planning guidance for 2017/18 focused on the delivery of four main targets; A&E four hour, Cancer 62 day, 18 weeks Referral to Treatment (RTT) and 6 week diagnostics. The STF solely related to the delivery of the four hour Emergency Department target. Overall, the Trust performed well against the agreed performance trajectories when benchmarked nationally, despite increases in demand.

### A&E and Urgent Care

Although the four hour A&E target of 95% was not met, the Royal Bournemouth Hospital has delivered against its planned trajectory and performed well compared to other trusts (see graphs below), achieving top quartile performance through the year (main Emergency Departments).

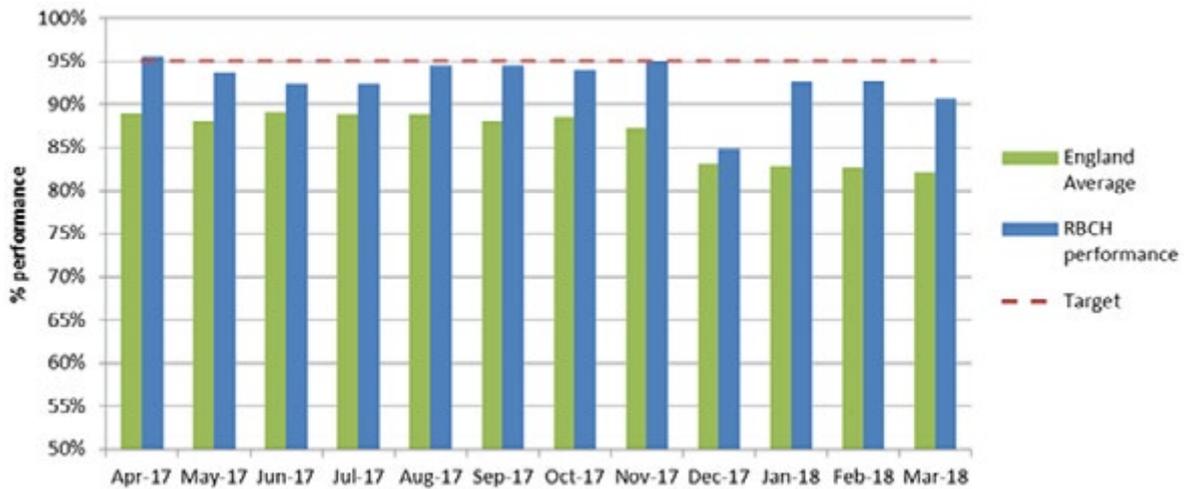
### 2017/18 benchmarking against the A&E 4 hour target

A&E 4 hour performance benchmarking  
(Type 1 providers) - 17/18



## 2017/18 monthly performance against A&E 4 hour target

A&E 4 hour performance and England Average  
(main A&E Depts)

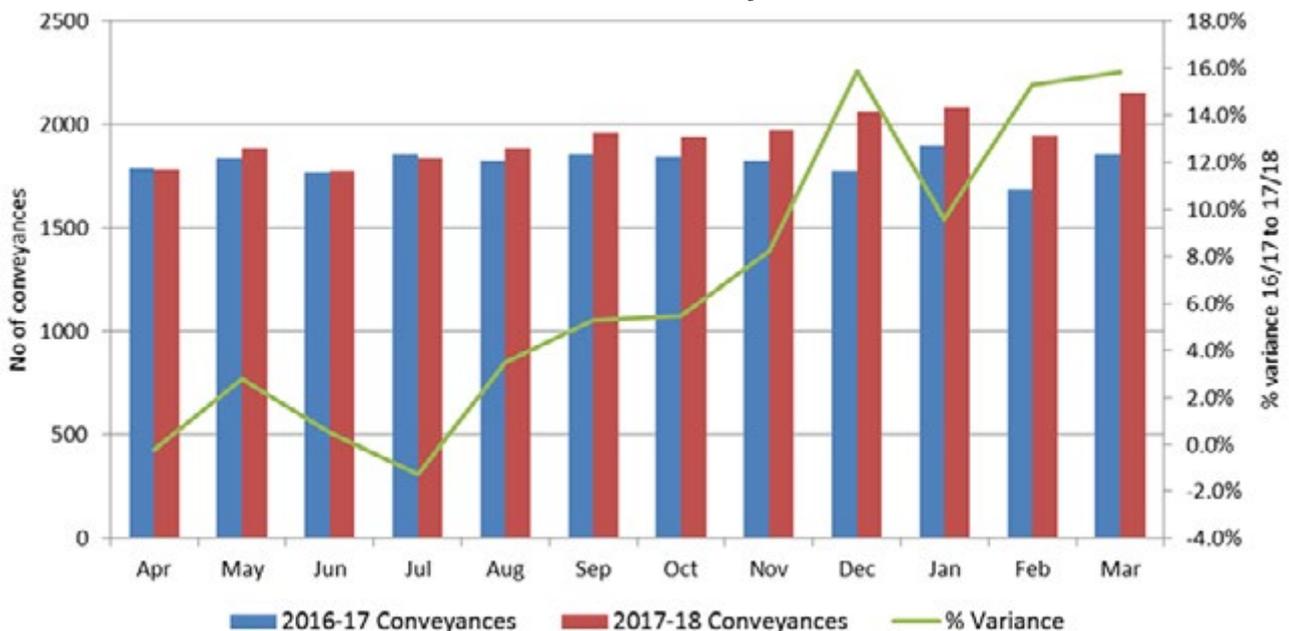


During the latter half of 2017/18 the Trust experienced a significant increase in the number of ambulance conveyances to the hospital compared with 2016/17 (see graph below).

Correspondingly there was a 4.8% increase in attendances to the Emergency Department and a 2.4% increase in urgent care admissions compared to 2016/17. The Trust continued to strive to provide excellent care for our patients with a strong commitment to our Quality Improvement Programme. This helped us to achieve top quartile performance in the A&E target despite these increases in demand. The level of sick patients in the hospital during December and early January, adverse weather conditions and the unusually high incidence of influenza was a major contributor to the increased pressure on urgent care services.

## 2017/18 vs 2016/17 SW Ambulance Trust Conveyances

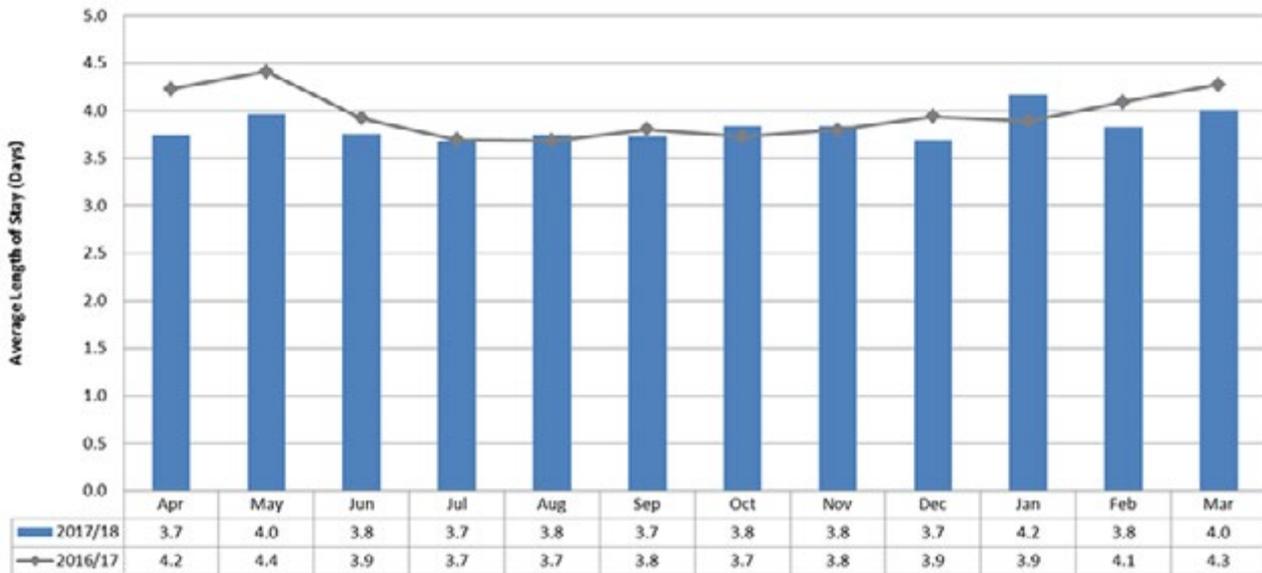
South West Ambulance Trust Conveyances - 17/18 vs 16/17



Length of stay reductions achieved in 2016/17 continued to progress during 2017/18, despite having a number of patients remaining in hospital whilst awaiting community and social care capacity.

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

Average length of Stay by Month of Discharge



## Referral to Treatment (RTT) 18 week target

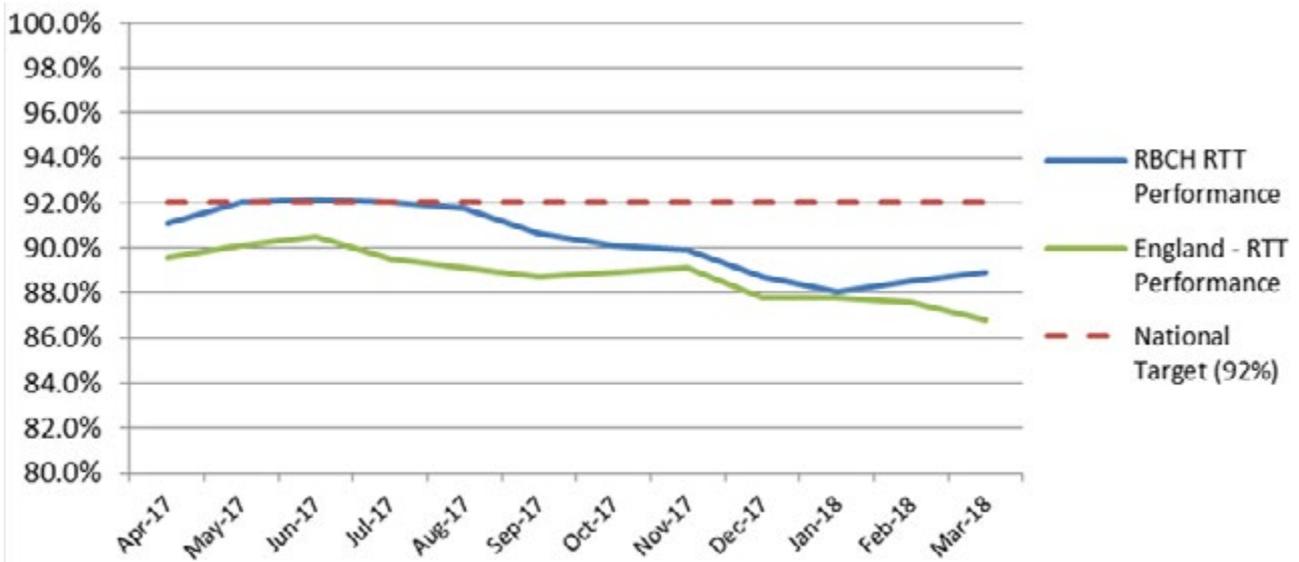
During 2017/18 the Trust has continued to perform above the national average (see graph below). The drop in performance in the latter half of the year mainly reflects the reduced elective activity plan for winter as well as further cancellations to support urgent care pressures, in line with the national guidance.

During 2017/18 we have been working 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 and better access to specialist advice for GPs. However, this has meant some impact on our percentage compliance with the RTT target where this work means that patients are also supported by other skilled professionals, or receive more timely care through better pathways. This can result in earlier interventions and patients being quickly removed from our waiting lists. Therefore, more complex patients who may have longer waits, e.g. those awaiting surgery, are a bigger proportion of our overall waiting list.

The Trust has had no patients waiting more than 52 weeks since May.

## 2017/18 monthly performance against the 18 week Referral to Treatment (RTT) target

RTT 18 week performance against National target and England average

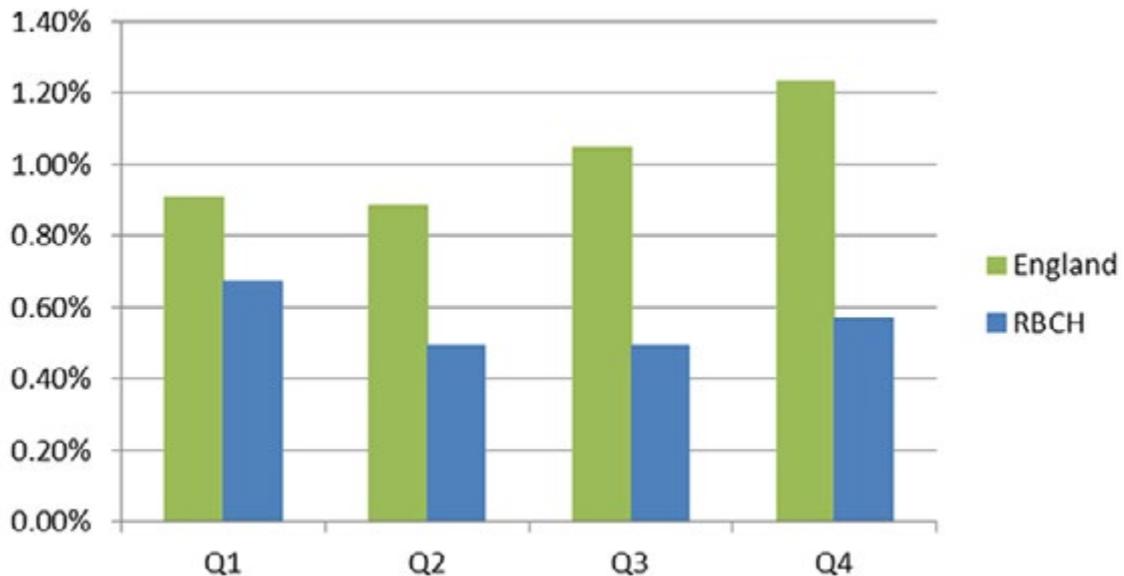


Reflecting the national picture, the Trust is no exception with Ophthalmology, Dermatology and Urology being under particular demand and/or capacity pressures at times throughout the year.

However, a low level of operations were cancelled on the day and the vast majority were rebooked within 28 days, which compares favourably to the England average (see graph below).

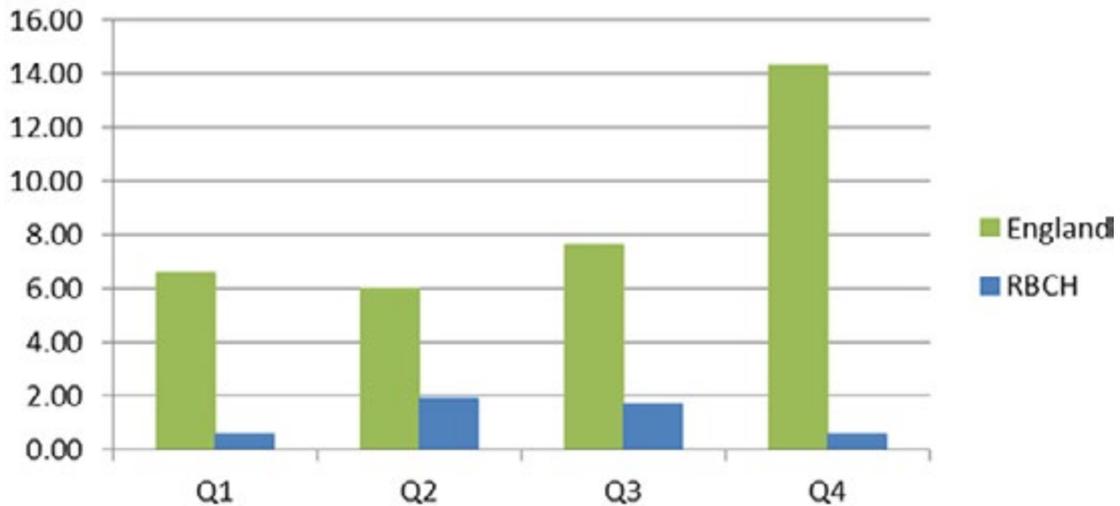
## 2017/18 quarterly performance of the % of elective patients cancelled on the day

% Elective patients cancelled on the day



## 2017/18 quarterly performance of the 28 day breaches per 10,000 admissions

28 day breaches per 10,000 Elective admissions

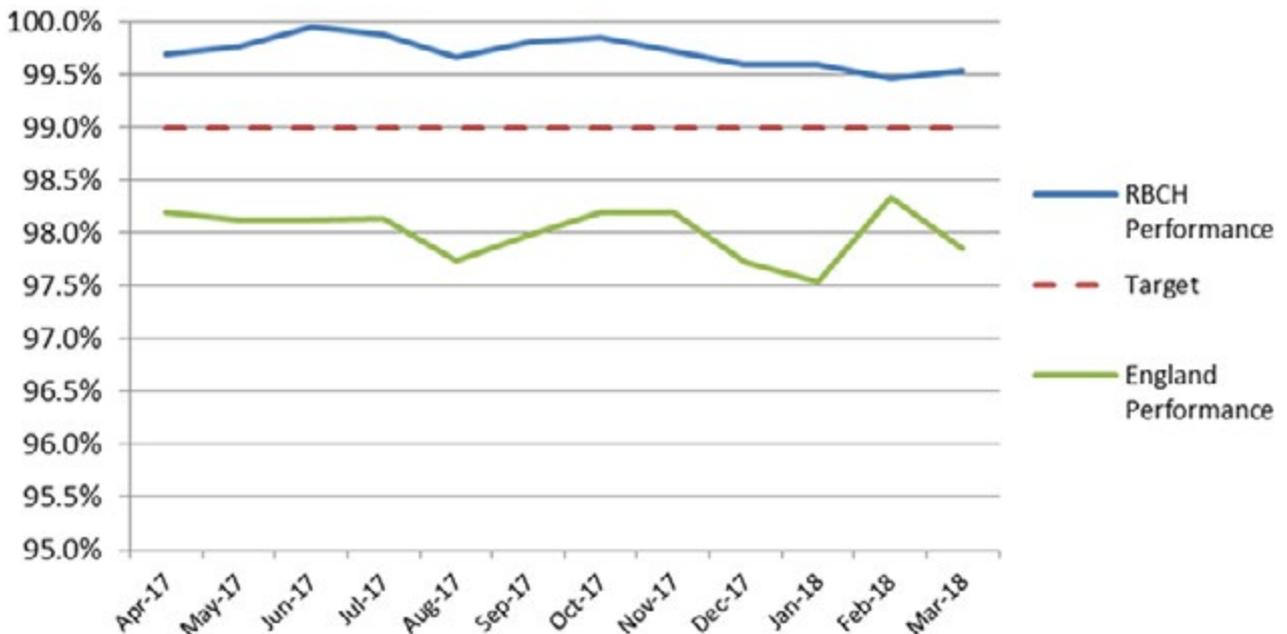


### Diagnostic 6 week target

The Trust has continued to deliver excellent performance against the 6 week target throughout 2017/18. This performance is significantly better than the England average performance as shown by the graph below. This is despite increasing demand on services, particularly to support suspected cancer referral pathways and emergency admissions.

## 2017/18 monthly performance against the 6 week diagnostic target in comparison with the England average

Diagnostic 6 week performance against Trajectory and England average

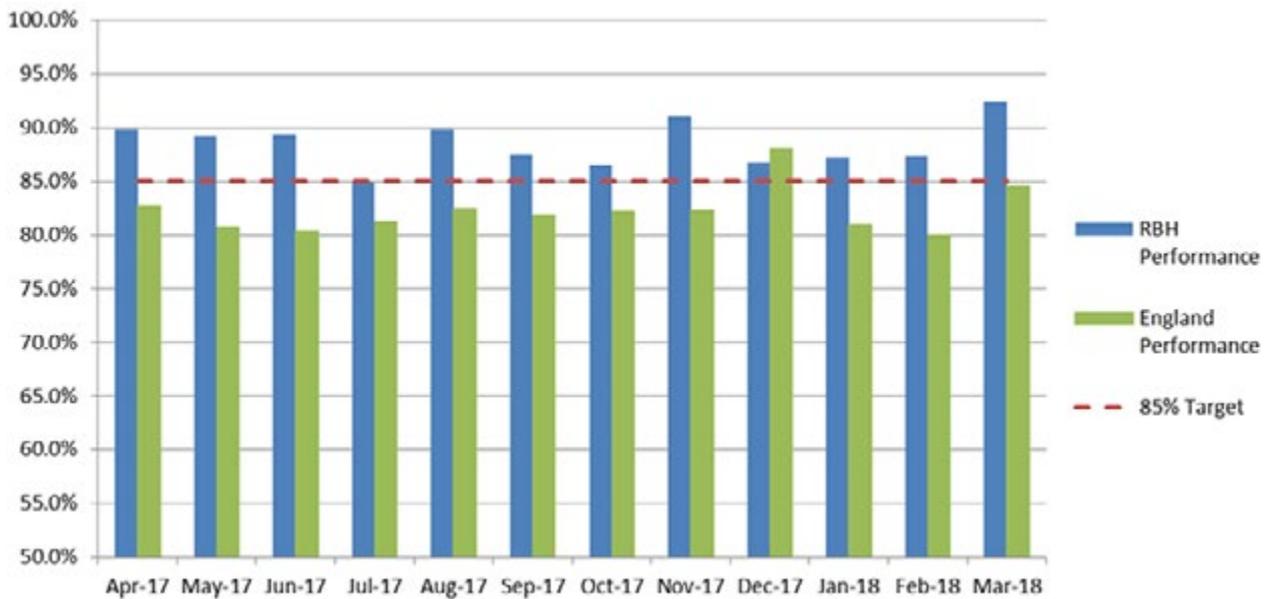


## Cancer 62 day target

The Trust has performed extremely well against the 62 day standards achieving the target of 85% in all four quarters in 2017/18. A significant increase in fast track referrals (8%) in 2017/18 made this a significant challenge to deliver.

### 2017/18 monthly performance against the 62 day standard in comparison with England average

62 Days for first treatment for suspected Cancer



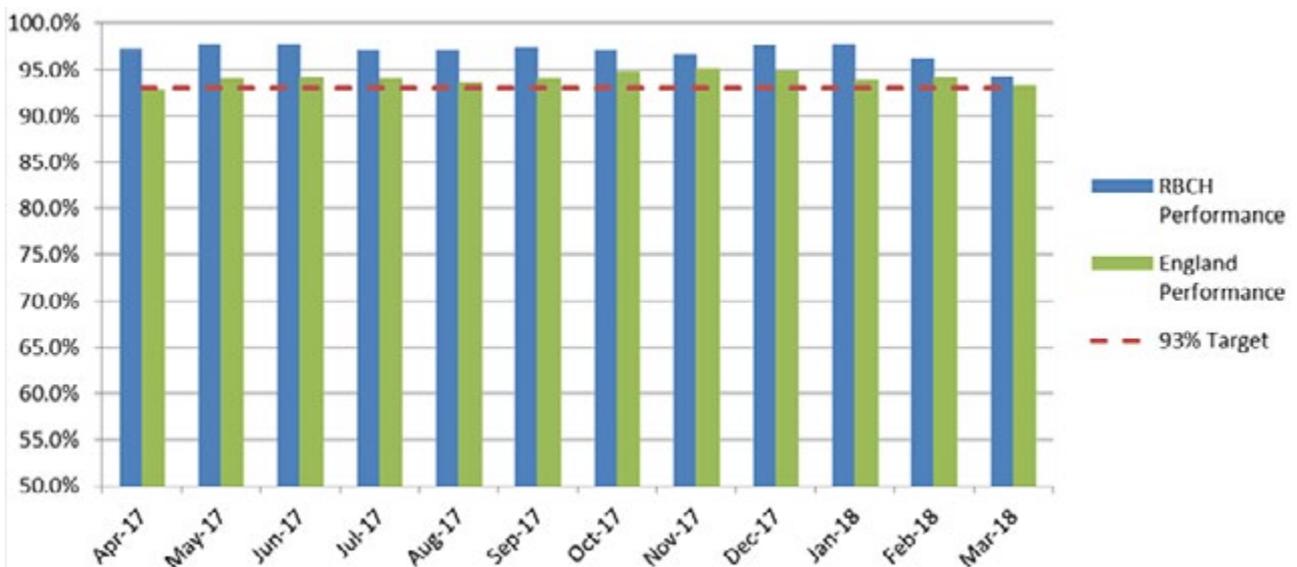
## Other Quality Indicators

### Cancer 31 day and 2 week wait targets

Despite the year on year growth in fast track referrals (1,051 more referrals than in 16/17), we maintained strong compliance with the two week wait target for the whole of 2017/18.

### 2017/18 monthly performance against the 2 week wait standard in comparison with England average

Cancer 2 week wait from referral to first seen



The Trust also achieved the 31 day standard from decision to treatment throughout 2017/18.

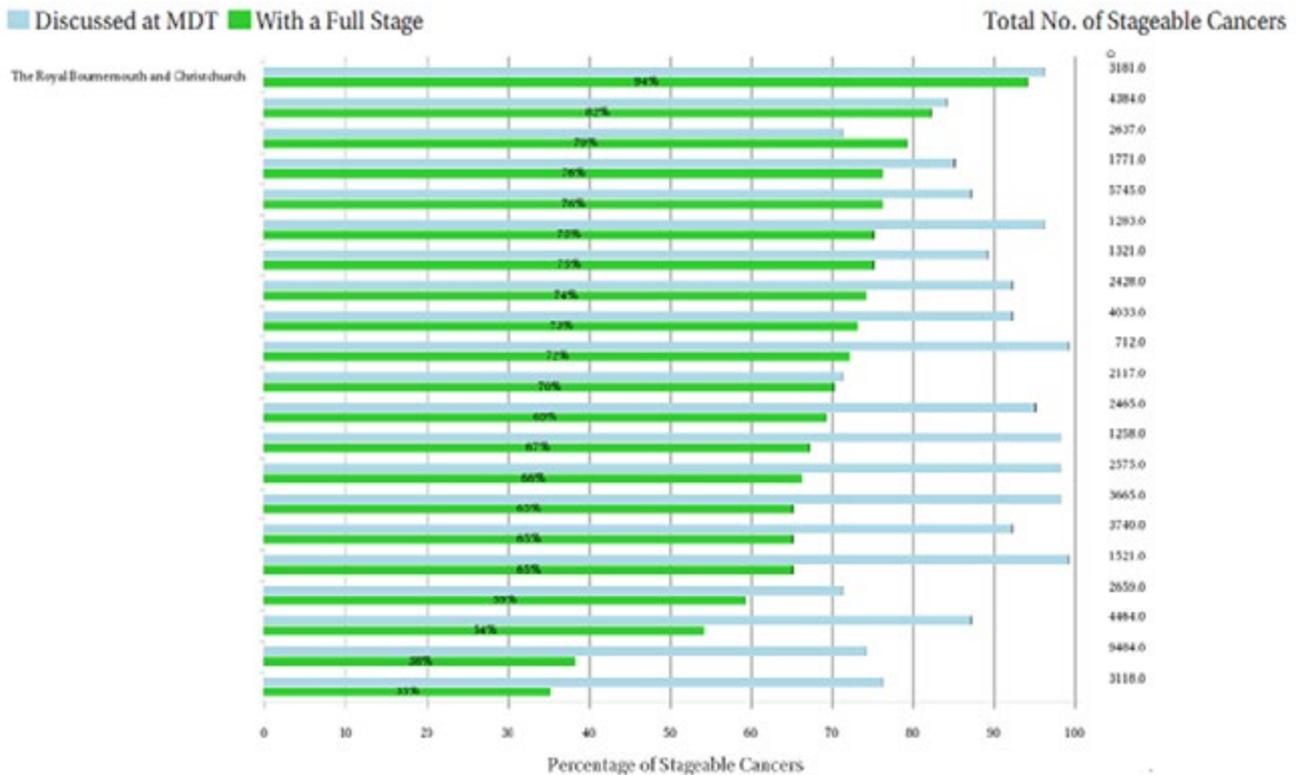
### 2017/18 monthly performance against the 31 day standard in comparison with England average

Indicator	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
RBCH Performance	97.2%	97.8%	97.7%	97.2%	97.1%	97.4%	97.1%	96.6%	97.6%	97.8%	96.2%	94.3%
England Performance	92.8%	94.0%	94.1%	94.0%	93.6%	94.0%	94.7%	95.1%	94.8%	93.8%	94.1%	93.2%
93% Target	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%

Cancer staging data is collected nationally and Dorset continues to be one of the best performers with the Trust being the best in Dorset. Within the national cancer strategy it states that the proportion of cancers diagnosed at stage 1 or 2 should be 62% by 2020, together with an overall increase in the total number of cancers staged. RBCH is already achieving this standard. Earlier identification of cancers helps support timely decision-making and should have a positive impact on improving outcomes.

### Cancer staging completeness and % discussed at MDT meeting for SW England (source: Cancer Registry)

% of Stageable Cancers - All Invasive Cancer Sites



### Infection Control

There were no cases of hospital acquired MRSA (meticillin-resistant Staphylococcus aureus bacteremia) at the Trust during 2017/18, though the Trust's ambitious Clostridium Difficile target in 2017/18 did prove challenging. Additional actions were supported by our Infection Control Team including an alert trigger tool and a new post infection review policy.

# Sustainability Report

Sustainability continues to impact the lifestyles and business choices being made and is changing the world in which we live. We acknowledge this responsibility to our patients, local communities and the environment by working hard to minimise our footprint.

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

The Trust is committed to reduce the ecological footprint from our activities and in doing so reinforcing its commitments to both the United Nations' sustainable development goals and ensure efficient use of public funds.

In order to meet these targets we are working in a number of areas to invest in low-carbon technologies and practices outlined within the following below.

The key areas for action are:

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

The Trust has updated the Sustainable Development Management Plan to reflect new ambitious targets after successfully achieving a majority of previous targets established by the Sustainable Management Plan 2010-2016.

Monitoring, reviewing and reporting of energy and carbon management are carried out quarterly through 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 2017/18

### Energy, water and carbon management

The Trust has been continuing to invest in energy efficient lighting across the hospital sites. LED lights have been installed in across several areas of the hospital and have revealed significant savings by reduced energy consumption.

In 2017/18 the Trust continues in their partnership with ADSM through AquaFund. AquaFund is ADSM's multi-million pound grant fund which enables UK organisations to make financial and water savings through the installation of water saving equipment. Each year a percentage of AquaFund revenue goes directly to WaterAid, contributing to the charity's important work in the world's poorest countries - transforming lives by improving access to clean, safe water.

The Trust also continued participation in the capacity market and demand side response program. These projects involve reducing the hospitals energy requirements from the national grid at high use times by running off backup generators and exporting excess energy back into the network.

In 2018 an Estates Energy Strategy was completed, this document demonstrates over 30 energy saving projects which could reduce our CO<sub>2</sub>e emission by over 2000 tonnes of CO<sub>2</sub>e. These projects are looking to be implemented in the near future as well as long-term projects.

## **Sustainable procurement and food**

In 2018 the hospital has continued to promote local and seasonal produce to support our local economies and reduce carbon emissions. The catering department successfully maintained the Silver Award in Food for Life Accreditation in 2017/18. This catering mark provides an independent endorsement that the food served at the hospital is prepared on site using fresh ingredients sourced ethically locally and sustainably.

The catering department has continued to increase the amount of sustainably sourced food used and is working with the Soil Association to reduce the amount of hospital food waste the Trust produces.

The Trust acknowledges the importance of sustainable procurement and its role as an agent for change in the broader sustainable development agenda. We have engaged with suppliers to ensure they run their business as sustainably as possible and highlighted that we will evaluate our continued business with them factoring in sustainability. We recognise our responsibility to carry out procurement activities in an environmentally and socially responsible manner, which is supported by the Trust's Sustainable Procurement Policy.

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

The Trust has been an advocate for active travel for nearly 10 years with walking and cycling to work undertaken by more than 30% of staff. The 2018 travel survey highlighted the difference in active travel being used by staff in summer and winter months.

In 2017 the Trust has adopted the NICE guidelines on air pollution and is looking to ensure compliance with all guidance applicable to the Trust. This will improve the health and wellbeing of staff and the community and will also help to reduce congestion and allow staff more leisure time as opposed to time spent stuck in traffic.

In 2018 the Trust installed two cycle repair stands and cycle pumps at the Royal Bournemouth Hospital and one stand and pump at Christchurch Hospital.

The Trust provides incentives for the use of public transport such as discounted bus pass prices, extensive cycle parking facilities, locker and shower facilities, an organisational cycle to work scheme, free parking for motorcycles within the hospital grounds, and access to Trust pool vehicles. There are also regular events held to provide staff with information on all sustainable modes of travel to work, and the development of a Sustainability Map to help staff locate the nearest cycle facilities and changing/shower facilities to their place of work.

The Trust has also invested in a number of electric vehicles and electric vehicle charging stations, including electric vehicle charging available to the general public within the Royal Bournemouth Hospital public car park.

## **Waste reduction and recycling**

During 2012/13 we became 'zero waste to landfill', which represents a significant milestone to waste reduction and a strong commitment to protecting the environment by disposing of waste responsibly. Recycling facilities continue to be rolled out across the Trust in clinical and office areas of the hospital. 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.

In 2017 the Trust conducted a clinical waste strategic review to examine current management practices and determine what actions can be undertaken to improve our waste segregation outcomes. The recommendations of the review will be implemented throughout 2018 and will demonstrate significant improvement in waste segregation through improved staff engagement on waste management education and decision-making.

## Buildings and site design

In 2017 the Trust was awarded significant funding from the Dorset CCG to increase the size of our hospital to accommodate significantly more activity projected over the next 50 years. Planning is underway to determine what our hospital site will look like once these developments are completed. The Trust is endeavouring to ensure that any new builds or extensions to our sites will work to improve the efficacy of our built environment.

The energy efficacy improvements taking place throughout the Royal Bournemouth Hospital over the last year have resulted in the hospital's energy performance operational rating improving from an E to a D in 2017. Further planned projects will continue to see our energy efficacy rating improved as we progress towards our sustainability goals.

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 reliance 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 2018.

## Green spaces

The Trust recognises the importance of regular access to natural environments for its patients, staff and visitors. The Trust wants to raise the awareness of biodiversity and sustainable practices to help promote the link between green spaces and their positive benefits for mental health and wellbeing.

In July 2017 the Trust remained the only hospital in the UK to receive a Green Flag Award for maintaining its green spaces to the highest possible standard. This award recognises the efforts of the estates team at 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 staff and patients with a sanctuary for rest and recuperation.

In August there were a number of sightings of a hedgehog (*Erinaceus europaeus*) throughout our Royal Bournemouth Hospital site. This endangered species has seen its numbers decline significantly since the 1960s and as such the estates department has started work to develop a 'hedgehog house' on site to try and provide shelter and encourage more of the species to come on site.

Our site has been managed by sustainable approaches to encourage wildlife to move through and migrate to our estates, some of our sustainable actions include log piles to encourage biodiversity and wildlife, introduction of wildflower meadows, installation of bird boxes and duck houses, limited use of pesticides, green pest control in the form of a harris hawk and recycling of waste plant material. An interpretive board was erected by the lakeside to communicate the wildlife present on site.

In September 2017 the Orchard Garden Project received a gold award from the South East in Bloom Awards. This sensory walkway was recognised as a lasting improvement for our site providing benefits to staff, patients and the community at large. The project was coordinated by a large number of staff throughout the hospital and the award served as a testament to their hard work.

## Staff engagement and communications

The Trust is committed to ensuring staff, patients, visitors and suppliers and contractors are able to effectively engage with, and support, our carbon reduction plan.

The Trust was the second NHS organisation to take part in the Green Impact Scheme, an environmental accreditation and awareness scheme run by the National Union of Students. The Trust has now been running this scheme for over 5 years. During 2017, 20 teams from across the organisation took part in the scheme, 9 teams received the Gold Award, 3 received Silver while 7 received the Bronze Award.

The Green Impact staff behaviour change scheme has saved over £80,000 since its inception through sustainable actions implemented.

The Trust launched a large campaign to engage and educate all staff about waste management in light of the results of the Clinical Waste Strategic Review. The campaign had only begun in 2018 and will run for the majority of the year with the hopes to improve waste outcomes for all staff and the Trust at large.

### **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.

### **Partnership and planning**

In 2017 the Trust partnered with LEAP Local Energy Advice Program. LEAP helps vulnerable members of the community to reduce their energy bills and consumption to help them have more resources to heat their homes in winter months. Fuel poverty is a serious issue throughout the United Kingdom and failure to address this issue in the homes of vulnerable community members results in the NHS having to address this later as a more expensive health issue. Our partnership with LEAP represents our shift towards a more sustainable model of care where by we seek to adopt preventative healthcare and engage with other health and social care organisations throughout the community.

### **Governance**

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

### **IT and finance**

The Trust has maintained sustainability criteria for completion as part of all new business cases. The IT department has worked closely with the sustainability team to ensure that any new purchases for the Trust will be as energy efficient as possible. Similarly finance has continued to work with the sustainability team to ensure that we are able to undertake projects which will allow the Trust to become more efficient.

### **Future priorities and targets for 2018/19**

- Conduct annual staff and patient travel survey
- Expansion of Green Impact Scheme
- Promotion of Waste Awareness Campaigns

## Performance data

Greenhouse gas emissions and energy use:		2013-14	2014-15	2015-16	2016-17	2017-18
Non-financial indicators (tonnes CO <sub>2e</sub> )	Total gross emissions:	13,506	14,223	12,918	12,749	12,030
	Gross emissions scope 1 (Gas/oil/fleet vehicles/refrigerant losses)	5,893	5,774	5,040	5,566	5,784
	Gross emissions scope 2 (Electricity)	7,374	8,198	7,618	6,897	5963
	Gross emissions scope 3 (Waste/water)	239	252	260	286	283
Related energy consumption (MWh)	Electricity: non-renewable	13,170	13,237	13,250	13,346	13,369
	Electricity: renewable	114	113	109	108	107
	Gas	18,271	16,739	14,884	16,310	16,313
	Oil	118	798	819	1,435	1,522
	LPHW	6,827	6,925	6,422	7,143	7,939
Financial indicators (£1,000's)	Expenditure on energy	2,268	2,312	2,494	2,383	2,390
	CRC gross expenditure	147	331	194	141	96
Energy consumption (MWh) per GIA floor area:		0.36	0.36	0.31	0.33	0.34
Carbon emissions (Kg CO <sub>2e</sub> ) per patient:		17.2	18.2	16.6	16.1	15.4

### Performance commentary:

Energy costs increased in 2017/18, this is due in main to a increase in costs per unit of gas and electricity.

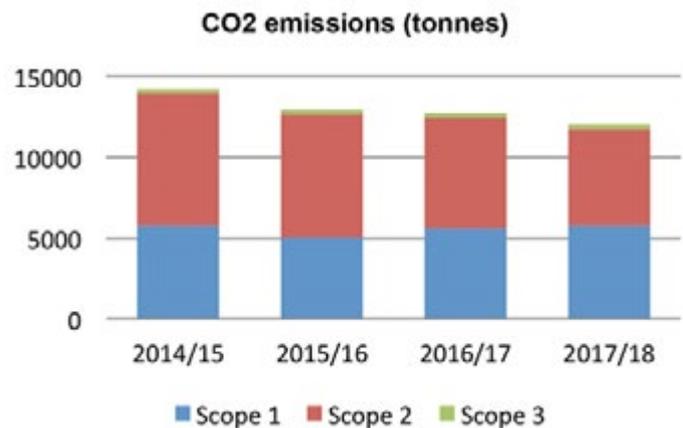
The overall gross carbon emissions for RBCH have reduced by 5.60% in 2017/18 compared to carbon emissions the previous year, and have reduced by 16.84% from the baseline year (2012/13). The reduction in carbon emissions in 2017/18 compared to the 2016/17 is however due to a reduction in the carbon conversion factor for electricity rather than a reduction in utility consumption.

Relative carbon emissions per patient can be seen to have decreased by 4.24% in 2017/18 compared to the previous year and reduced by 19.28% since the baseline year (2012/13).

Utility consumption was shown to have slightly increased in 2017/18 compared to 2016/17. This can be attributed to a 0.2% increase in electricity consumption, no significant change in gas consumption, 11% increase in LPHW (low pressure hot water) and a 0.3% increase in oil consumption. The significant increase in LPHW is a result of the severe winter weather the Trust received towards the end of February.

Relative energy consumption can be seen to have increased in 2017/18 compared to the previous year by 2% but has overall reduced by 14.6% since the baseline year (2012/13).

In addition, RBCH generates roughly 16% of our energy onsite, through 3 solar PV installations and low pressure hot water which is produced as a by-product of onsite incineration and used to subsidise the Royal Bournemouth Hospital's heating system.

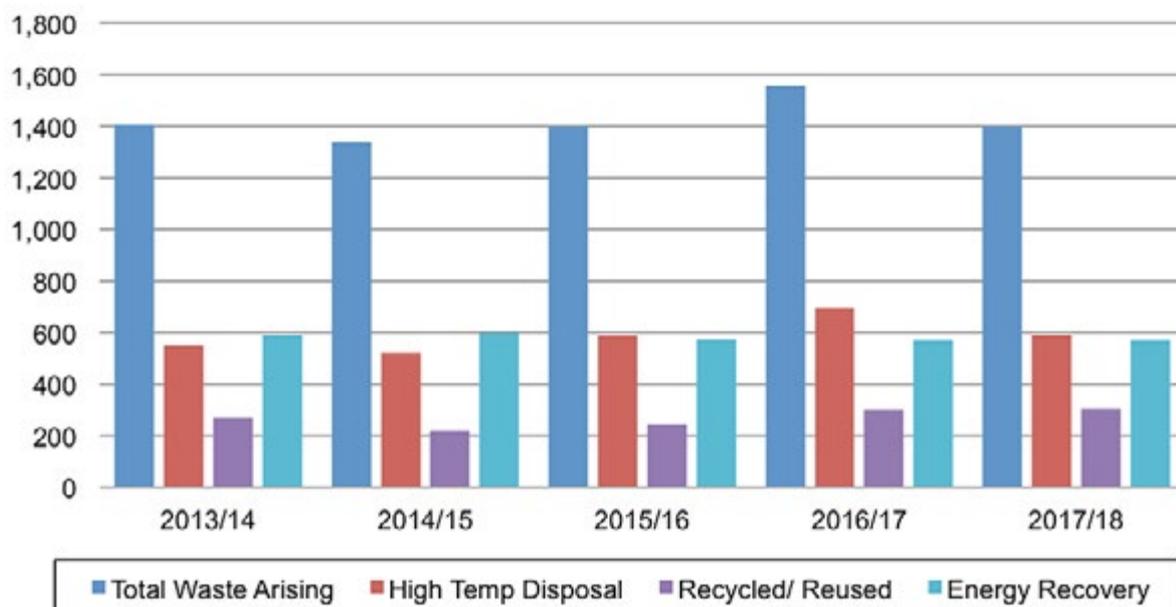


Waste:		2013-14	2014-15	2015-16	2016-17	2017-18
Non-financial indicators (tonnes)	Total waste	1,407	1,338	1,401	1,557	1482
	High temp disposal waste	549	521	586	692	589
	Landfill	0	0	0	0	0
	Recycled/ reused	269	218	245	302	305
	Energy recovery	589	599	570	567	568
Financial indicators (£1,000's)	Total waste cost	287	293	321	342	320
	High temp disposal waste	200	194	232	253	230
	Landfill	0	0	0	0	0
	Recycled/ reused	16	21	16	18	16
	Energy recovery	71	78	72	71	74

### Performance commentary:

In 2017/18 our preferred waste contractor collected a total of 874 tonnes of non-hazardous waste. Of this, 568 tonnes went to an energy recovery facility and 305 tonnes were recycled, which included mixed recycling (44 tonnes); baled cardboard (124 tonnes) and separate food waste collections (100 tonnes). The Trust has chosen to send all waste to energy recovery as opposed to landfill as of financial year 2012/13.

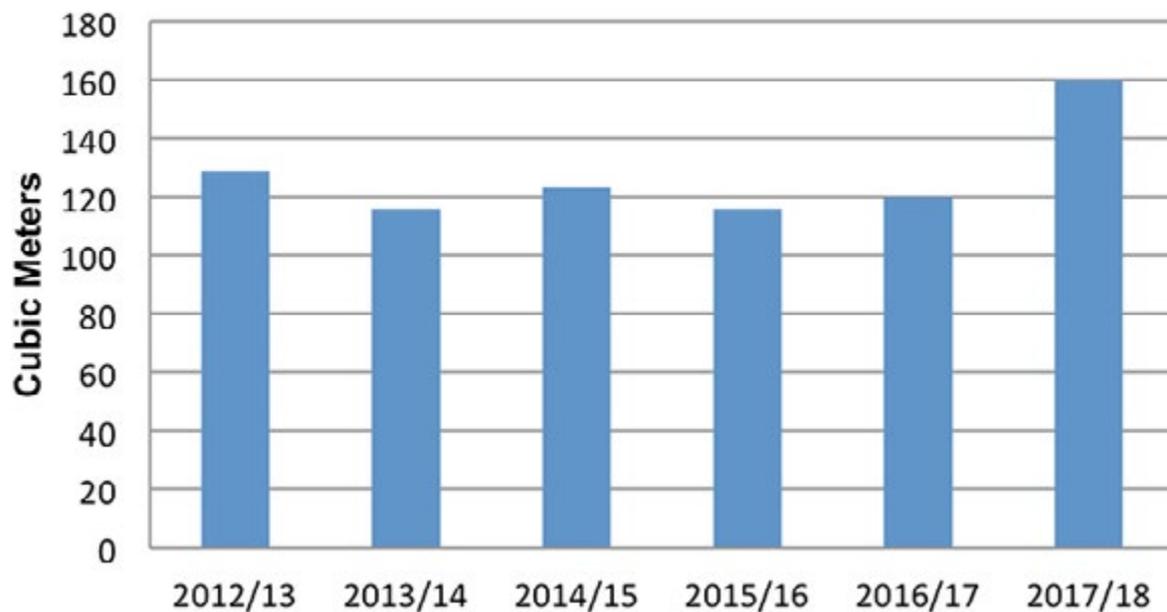
### Tonnes Waste Produced



Water:		2013-14	2014-15	2015-16	2016-17	2017-18
Non-financial indicators (000's m <sup>3</sup> )	Water consumption	116	123	116	120	160
	Sewerage	100	109	104	106	112
Financial indicators (£1,000's)	Water supply costs	149	140	114	127	135
	Sewerage costs	171	159	146	166	140
Water usage per GIA (floor area)		1.10	1.16	1.00	1.03	1.38

#### Performance commentary:

### Water Consumption



Water consumption at RBCH increased by 33% in 2017/18 compared to the year previously. This is due to a 0.3% decrease in consumption at RBH, 57% increase at the Sterile Services Department (SSD), Alderney and an 0.2% increase at Abbotsbury House residential property. There was however a 0.4% decrease in water consumption seen at Christchurch Hospital in 2016/17 compared to the previous year.

The stark increase in water consumption at SSD is the result of a leak within the facility which remained undetected for several months. The leak has been addressed and is resolved now. As the water used by SSD is not sewage it has allowed the Trust to reduce our sewage volume despite increasing our water consumption.

## 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:

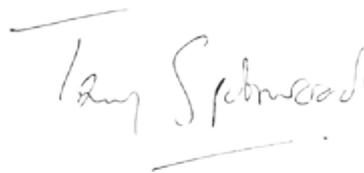
- right to life
- right not to be subjected to inhuman or
- degrading treatment or punishment
- right to liberty and freedom
- right to respect for privacy and family life.

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 right to live in safety, free from abuse and neglect and the Trust has a Privacy and Dignity 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.

The Trust is 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. This 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 work for all staff.

Anti-bribery is part of the Trust's work to counter fraud. This work is overseen by the audit committee of the board of directors, which receives regularly reports from the local counter fraud specialist on the effectiveness of these policies through its monitoring and reviews, providing recommendations for improvement.



**Tony Spotswood**  
Chief Executive  
24 May 2018

# Quality Report

## 2017/18

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# Part 1

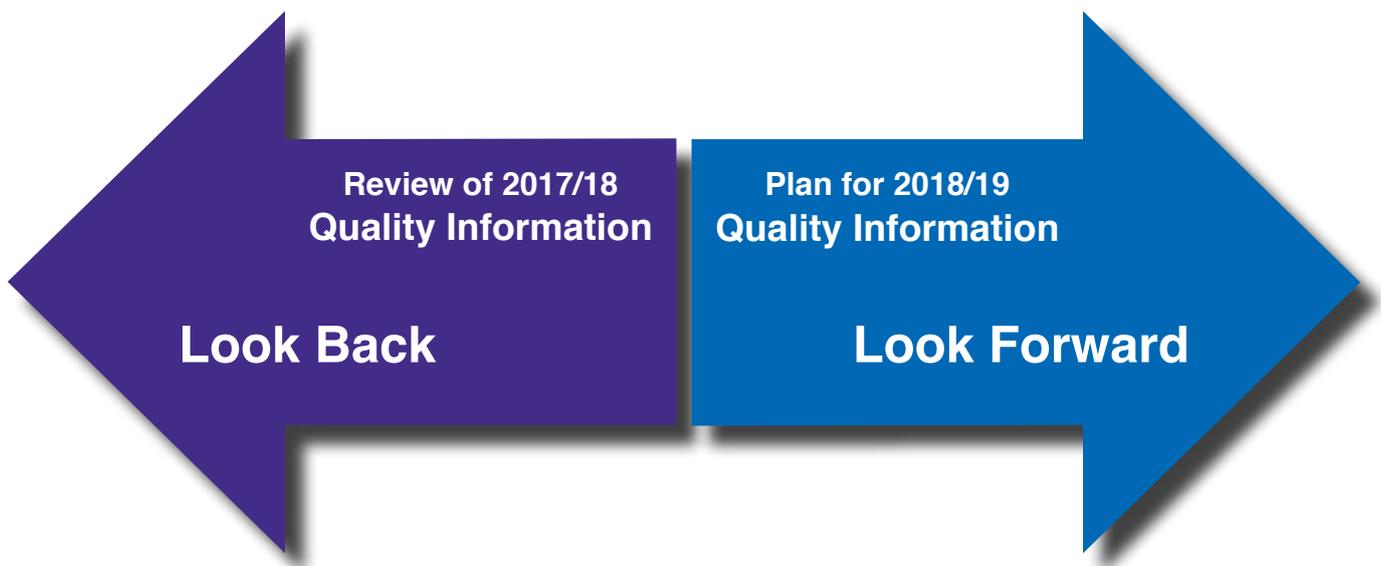
## What is a quality account?

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 2017/18; and
2. set out our quality priorities and objectives for 2018/19.



To begin with, we will give details of how we performed in 2017/18 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 2018/19, 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 2017/18 quality priorities and our quality priorities for 2018/19
	Reviewing progress of the quality improvements in 2017/18 and choosing the new priorities for 2018/19
	Statements of assurance from the Board
	Reporting against core indicators
<b>Part 3</b>	Other information

## 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 improving patient flow and patient safety across the Trust.

We launched our Quality Improvement Programme and QI Academy in 2014 and during this time have achieved a great deal to be proud of, implementation improvements and innovations that have made a big difference to the safety of staff, patients and visitors.

Our programme objectives are designed to support our vision to 'work in partnership and continually improve our services'.

We are particularly proud that our change champion and cultural audit work was recognised by the Health Service Journal Awards for "Staff Engagement" and that the Trust was rated as the top performing Acute Trust in the National Staff Survey. The passion and commitment of our staff to go the extra mile was seen in full over the winter and during the unexpected arrival of Storm Emma.

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 2018/2019. We have engaged with staff through our cultural change programme, quality improvement workshops, focus groups, briefing sessions, Trust and directorate governance meetings.

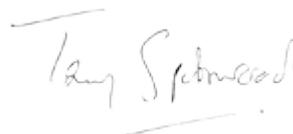
We have talked to patients and carers through our ongoing programme of patient surveys,

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.



Tony Spotswood,  
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 2017/2018

In the 2016/ 2017 Quality Account the Trust identified the following key areas for improvement during 2017/2018.

- **Sepsis**

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

- **Escalation of the Deteriorating Patient**

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

- **Improving Hospital (Patient) Flow**

- To improve emergency hospital flow to deliver 'the right patient, at the right time, to the right place'.

The Managing Sepsis and Deteriorating Patient projects were merged into one Quality Improvement project as the work to support these was cohesively aligned.

Monitoring of progress against each of these priorities has been undertaken by the board of directors and specific sub groups, including the Healthcare Assurance Committee, Healthcare Assurance Group, Quality and Risk Committee and 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.

# Improving the management of Sepsis and the escalation of the Deteriorating Patient

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

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

Our sepsis quality priority for 2017/2018 was:

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

There was a specific focus to ensure:

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

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

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

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

There was a specific focus to ensure:

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

## What did we achieve?

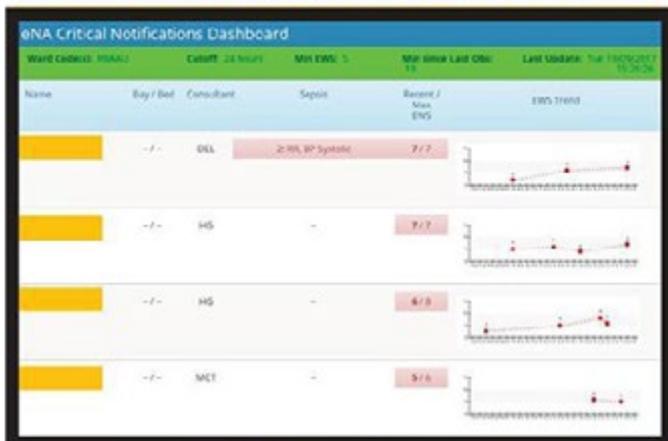
We:

- Developed trigger tools to help identify septic and deteriorating patients.
- Designed and adapted audit forms to routinely capture important patient safety information
- Completed over 1,800 audits of patient care and compliance with sepsis and deterioration patient standards.



- Introduced sepsis and deteriorating patient stickers for patient notes to act as a prompt for staff and to improve documentation standards.
- Developed a Critical Notification Dashboard (CND) - which was to be rolled out April 2018

### CND – Critical Notification Dashboard



The Royal Bournemouth and Christchurch Hospitals  
NHS Foundation Trust

## Making sure we are there when you need us

We are now displaying the vital observations of patients on our wards. This is to make sure that if you need help urgently, we are informed as quickly as possible. The screens look like this:

If you have questions or wish to discuss what is being displayed, please speak to the nurse in charge on your ward

Patient CND poster

- Undertook a successful “Action Learning Week” in June 2017

### Action Learning Week June 2017

Staff on the team  
33 clinical  
11 non-clinical



- Developed eNA Sepsis application to support recognition and treatment
- Delivered teaching to junior doctors and ward staff
- Developed an education and training package for all staff as a result of staff feedback from the Action Learning Week. Training was made mandatory for all clinical staff from 1 April 2018.



## Junior Doctor sepsis teaching for all new FY1s in July and August 2017

## BEAT team at the sepsis and



- Developed a process for the Critical Care Outreach Team (CCOT) to collect deteriorating patient data daily and feedback results to ward teams for immediate learning.
- Worked as an active member of the Wessex Academic Health Science Network (AHSN) Collaborative for sepsis and deteriorating patient sharing tools, and ideas across partner organisations.
- Purchased new equipment to speed up diagnosis of critical illnesses.

Two new machines which enable clinical teams to assess the severity of a patient's illness are now in use at the Royal Bournemouth Hospital (RBH).

The blood analyser 'Gem 4000' machines measure lactate in a patient's blood which, alongside clinical assessment, gives clinicians vital information on the physiological stress a patient is under.

They are located in RBH's Acute Medical Unit and Surgical Admissions Unit - both key areas of the hospital where patients are admitted - and will be used alongside machines already in place in the Emergency Department, Intensive Care Unit and Respiratory Department.

The new machines mean staff do not have to travel to other departments to access the vital equipment and blood can be analysed in just minutes. The results can then be used to help identify critical illnesses including sepsis, a serious complication of an infection.

Dr David Martin, Consultant in Emergency Medicine and Clinical Lead for Sepsis at RBH, said: "Sometimes clinical assessment underestimates how unwell a patient is, and in these scenarios, lactate may be the only indicator that something is seriously wrong."

Identifying and treating sepsis is one of the top three priorities for RBH. Measuring lactate is one of six key measures that make up the 'sepsis six' - a series of tests and treatments which should be initiated by the medical team within an hour of diagnosis.

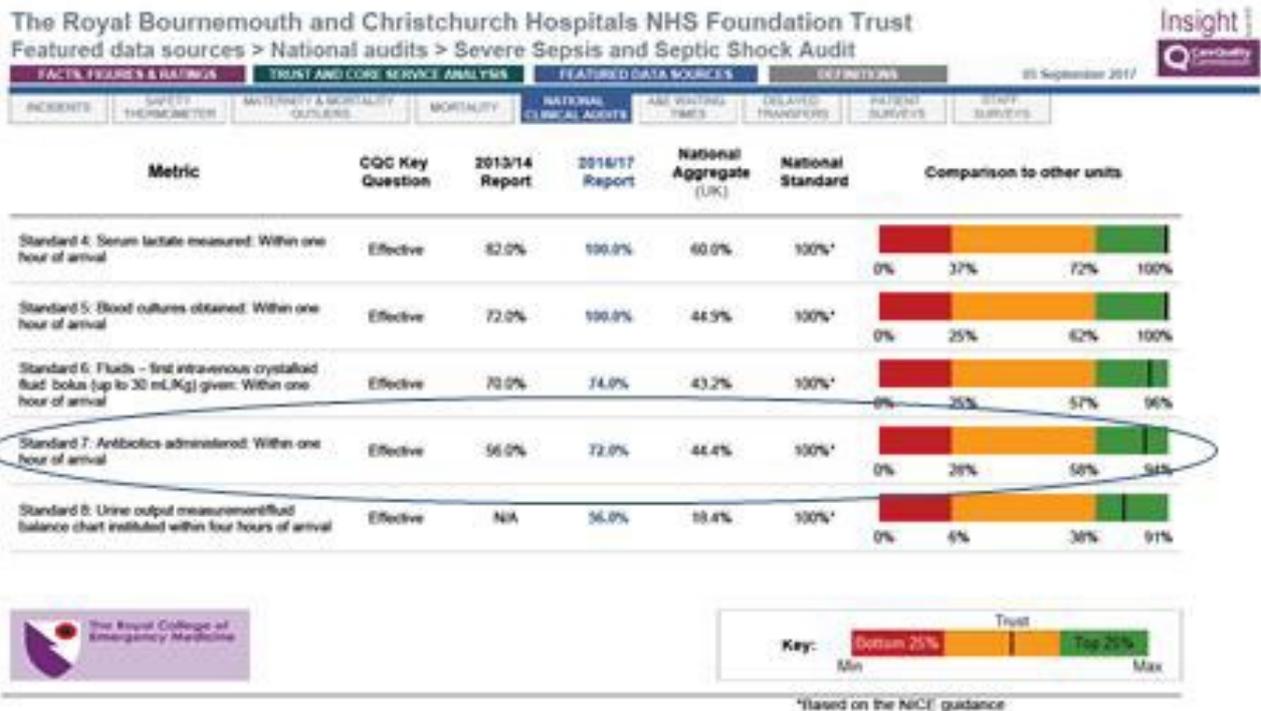
Dr Martin added: “Early checking of blood lactate in patients who we suspect may be unwell can only be a good thing. The machines also allow blood gas analysis and electrolyte results to be available quickly. This type of information is essential when managing complex problems such as pneumonia, asthma or worsening of chronic airways disease. “This is really good news for our patients and staff as we continue our fight to speed up the diagnosis and treatment of such critical illnesses.”



- Performed well in the Royal College of Emergency Medicine national audit



### CQC Insight for Acute NHS Trusts September 2017 showing improvement in antibiotic delivery



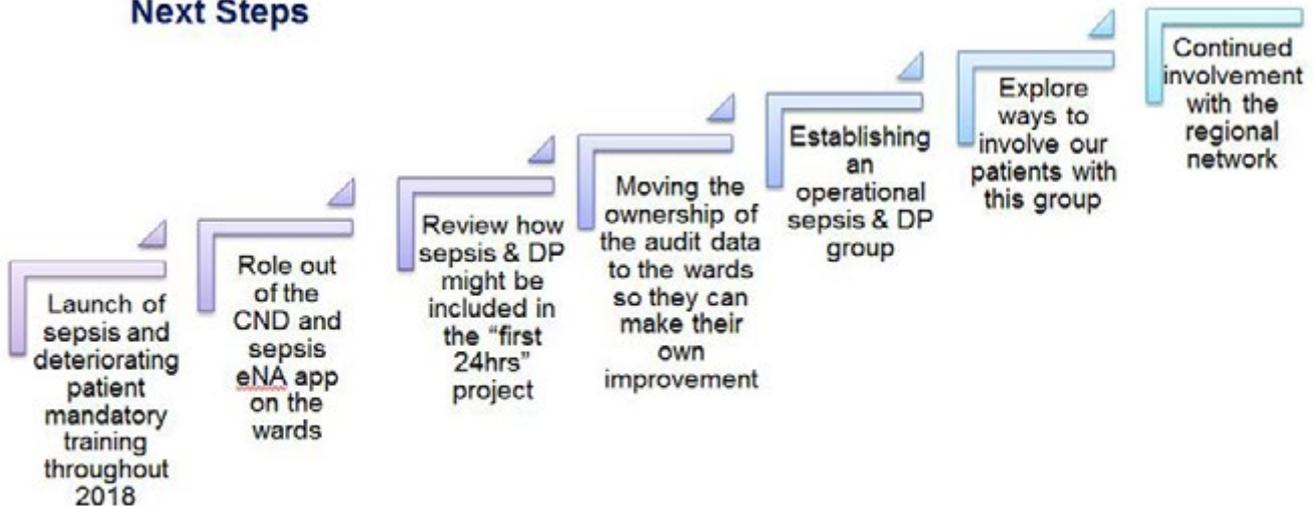
## Overall summary

*"The deteriorating patient project has achieved many things with a much greater knowledge base and data awareness of current positions both now and moving forward. It has I am confident resulted in much better care for this group of patients as shown by data such as our very low Cardiac Arrest levels and us still maintaining a lower than anticipated mortality rate. Unfortunately we did not achieve our aim although have improved review times and most importantly the actual escalation of these sick patients more reliably. The key in our next steps will be to continue to improve our times and technology may help us here as new IT systems work closer together automating some aspects of the pathway but also how this work spreads to all unwell patients in our trust."*

**Mike Wheble: AMU Consultant, Deteriorating Patient Lead**



## Next Steps



*"The challenge is not starting, but continuing after the initial enthusiasm has gone"*

2010 NHS Institute for innovation & improvement

The quality improvement work and progress achieved in 2017/18 forms the foundation for next years continuing focus.

## Improving Hospital Flow

At the beginning of 2017/2018 the Trust continued to face rising demand on services. Attendances to our Emergency Department (ED) continued to rise by over 7% and emergency admissions had risen by over 9%. ED performance indicators had not been achieved for two successive quarters and bed occupancy was higher than required for good flow. This was compounded with significant financial pressures and the ongoing requirement for efficiency savings.

We had to do more to meet these challenges and ensure a high quality of care for our patients.

Our Hospital Flow Quality Priority Aim for 2017/2018 was to improve emergency hospital flow to deliver ‘the right patient, at the right time, to the right place’.

A steering group was formed and ideas generated to inform the structure of the programme.

An aim was set to improve patient flow by March 2018 as demonstrated through agreed high level work stream Key Performance Indicators:

- To reduce the average number of 14+ day length of stay patients to an average (mean) of 125
- To increase the number of admission avoidance ambulatory care patients seen daily to a mean of 25 (Monday-Friday)

## Specialty pathways – what did we do?

### Frailty

- Specialisation of short and long stay wards
- Standard Operating Procedure produced for Frailty pathway
- Process of starting assessment in Emergency Dept reviewed and enhanced, halving the time to assessment
- Frailty metrics established and now monitored each week (see picture)
- Bi monthly Ward reviews established.



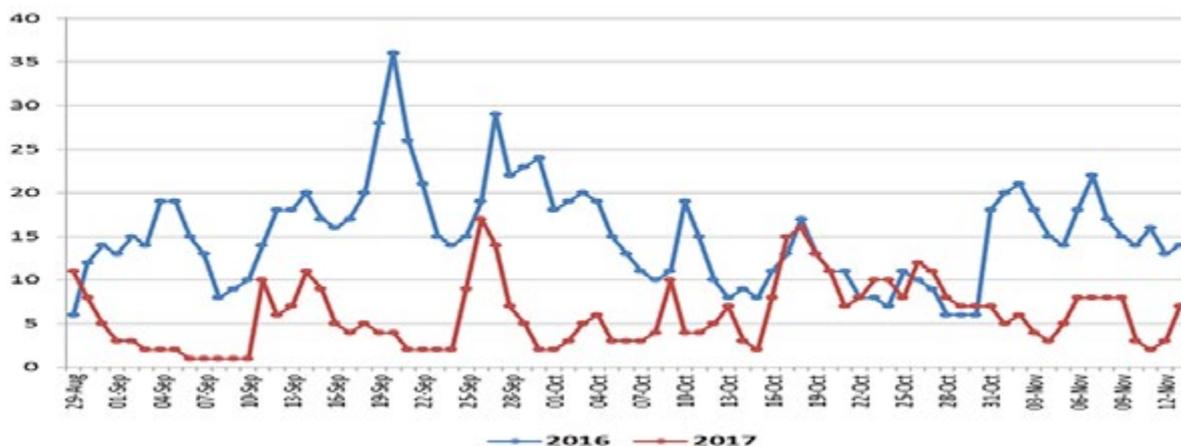
### Surgical flow

- Nurse Practitioner for Older People in Surgery appointed
- Ambulatory Matron established
- Work done with Gynaecology clinics in Jigsaw and Antenatal clinics, to ensure better efficiency
- Nurse led discharge criteria revised
- New venous blood gas machine for Surgical Assessment Unit purchased
- Weekend emergency surgery audit carried out
- Started and embedded stranded patient review process

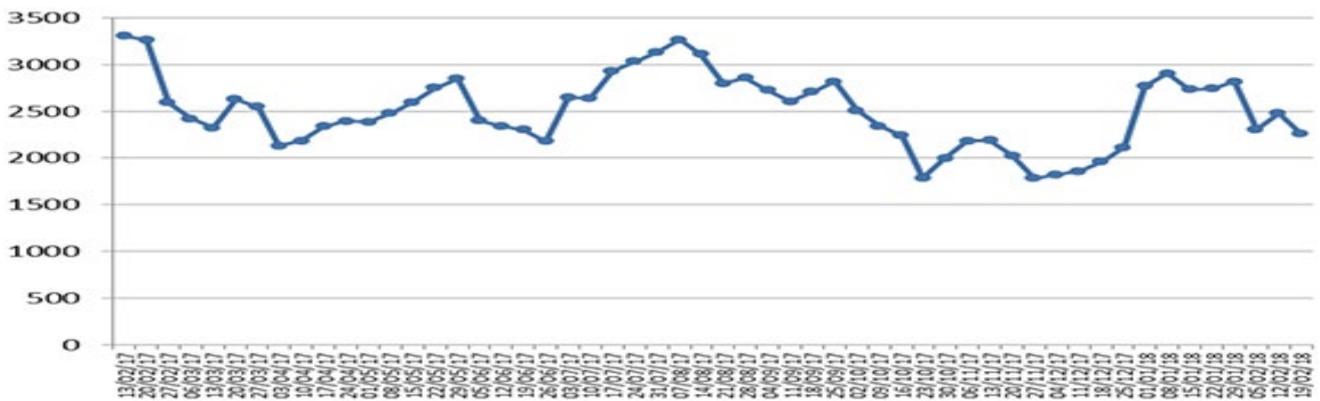


The success of the Frailty pathway can be seen in reduced outliers, and in less occupied bed days used by 14+ day stranded patients

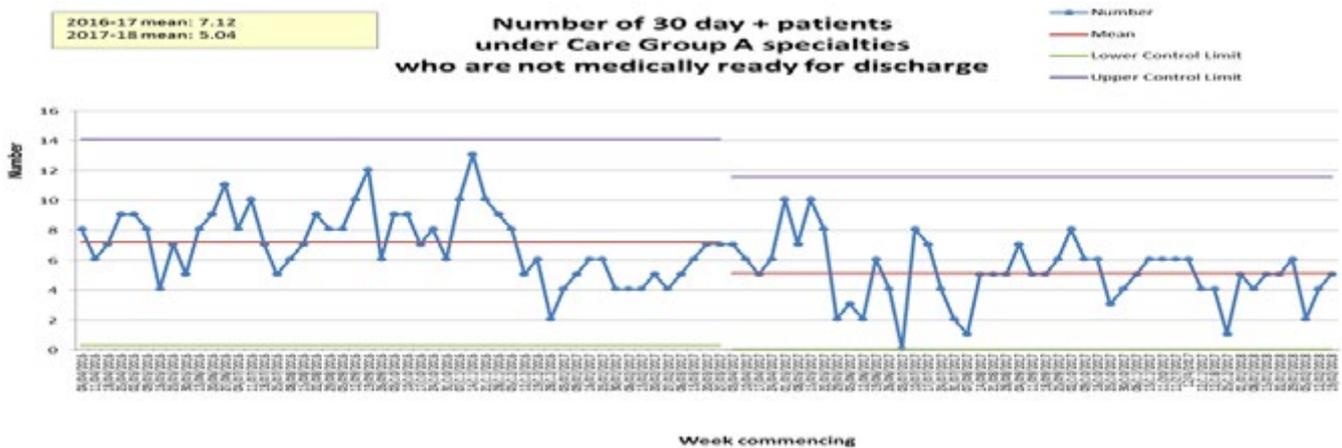
**OPM Outliers**  
2016 v 2017



### Occupied Bed Days of 14+ Day Stay Patients Geriatric Med



The improvement work has also led to fewer long stay surgical patients who are not medically ready for discharge.



## Specialty pathways – what did we do?

### Alcohol pathways

- Additional nurse appointed on basis of invest-to-save business case
- We have run two pilots of alcohol intervention in Emergency Dept / Acute Medical Unit
- Teaching slots provided for Allied Health Professionals, Nurses, and Doctors
- We have had a GP with Special Interest advice on homelessness pathways
- Ward champions have been identified & training held for them
- We have established processes to screen for alcohol related conditions and improve detoxification regimes



## Our quality priorities for 2018/19

In order to identify priorities for quality improvement in 2018/19, 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
- 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 also considered the results of the national staff survey to help us decide where we need to focus our quality improvement efforts and actions. We have also taken on board the national picture for patient safety and collaborated with Clinical Commissioning Groups (CCG) as part of wider strategy work and clinical service reviews. We have also considered the 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 2018/19. 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.

**Following consultation the Trust's quality priorities for 2018/19 are:**

## Quality Improvement Priorities 2018/19



To coordinate implementation, the Trust has developed a comprehensive quality strategy and monitoring plan. Progress against the plan will be monitored by the Board of Directors and the Council of Governors through monitoring of the Trusts objectives.

## 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 2017/18 The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust provided and/or subcontracted eight relevant health services (in accordance with its registration with the Care Quality Commission):

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

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

The income generated by the relevant health services reviewed in 2017/18 represents 100% of all the total income generated from the provision of relevant health services by the Trust for 2017/18.

## 2. Participation in clinical audit

During 2017/18, there were 46 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 2017/2018, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Clinical Audits for Inclusion in Quality Report 2017/18	Eligible to Participate	Participated in 2017/18	% of required cases submitted
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	Yes	Yes	100%
Adult Cardiac Surgery	No	N/A	
BAUS Urology Audits: Cystectomy	Yes	Yes	100%
BAUS Urology Audits: Nephrectomy	Yes	Yes	100%
BAUS Urology Audits: Percutaneous nephrolithotomy	Yes	Yes	100%
BAUS Urology Audits: Radical prostatectomy	Yes	Yes	100%
BAUS Urology Audits: Urethroplasty	No	N/A	
BAUS Urology Audits: Female stress urinary incontinence	No	N/A	
Bowel Cancer (NBOCAP)	Yes	Yes	100%
Cardiac Rhythm Management (CRM)	Yes	Yes	-
Case Mix Programme (CMP)	Yes	Yes	100%
Child Health Clinical Outcome Review Programme	Yes	Yes	-
Congenital Heart Disease (CHD)	No	N/A	
Diabetes (Paediatric) (NPDA)	No	N/A	
Elective Surgery (National PROMs Programme)	Yes	Yes	-
Endocrine and Thyroid National Audit	TBC	TBC	-
Falls and Fragility Fractures Audit programme (FFFAP)	Yes	Yes	100%
Fractured Neck of Femur	Yes	Yes	100%
Head and Neck Cancer Audit (HANA)	No	N/A	
Inflammatory Bowel Disease (IBD) programme	Yes	Yes	100%
Learning Disability Mortality Review Programme (LeDeR)	Yes	Yes	100%

National Clinical Audits for Inclusion in Quality Report 2017/18	Eligible to Participate	Participated in 2017/18	% of required cases submitted
Major Trauma Audit	Yes	Yes	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme	Yes	Yes	100%
National Audit of Anxiety and Depression	No	N/A	
National Audit of Breast Cancer in Older Patients (NABCOP)	Yes	Yes	100%
National Audit of Dementia	Yes	Yes	100%
National Audit of Intermediate Care (NAIC)	Yes	Yes	100%
National Audit of Psychosis	No	N/A	
National Audit of Rheumatoid and Early Inflammatory Arthritis	Yes	Yes	No data submission required in 2017
National Audit of Seizures and Epilepsies in Children and Young People	No	N/A	
National Cardiac Arrest Audit (NCAA)	Yes	Yes	100%
National Chronic Obstructive Pulmonary Disease (COPD) Audit programme - Pulmonary Rehabilitation	Yes	Yes	100%
National Chronic Obstructive Pulmonary Disease (COPD) Audit programme - Secondary Care	Yes	Yes	100%
National Clinical Audit of Specialist Rehabilitation for Patients with Complex Needs following Major Injury (NCASRI)	No	N/A	
National Comparative Audit of Blood Transfusion Programme	Yes	Yes	100%
National Diabetes Audit - Adults - Foot Care Audit	Yes	Yes	-
National Diabetes Audit - Adults - Inpatients Audit	Yes	Yes	100%
National Diabetes Audit - Adults - Core Audit	Yes	Yes	100%
National Diabetes Audit - Adults - Transition	Yes	Yes	100%
National Diabetes Audit - Adults - Pregnancy in Diabetes	Yes	Yes	100%
National Emergency Laparotomy Audit (NELA)	Yes	Yes	100%
National End of Life Care Audit	Yes	Yes	100%
National Heart Failure Audit	Yes	Yes	National Audit deferred to 18/19
National Joint Registry (NJR)	Yes	Yes	-
National Lung Cancer Audit (NLCA)	Yes	Yes	100%
National Neonatal Audit Programme (NNAP) (Neonatal Intensive and Special Care)	No	N/A	

National Clinical Audits for Inclusion in Quality Report 2017/18	Eligible to Participate	Participated in 2017/18	% of required cases submitted
National Ophthalmology Audit	Yes	Yes	-
National Vascular Registry	Yes	Yes	-
Neurosurgical National Audit Programme	No	N/A	-
Oesophago-gastric Cancer (NAOGC)	Yes	Yes	100%
Paediatric Intensive Care (PICANet)	No	N/A	
Pain in Children	Yes	Yes	100%
Prescribing Observatory for Mental Health (POMH-UK)	No	N/A	-
Procedural Sedation in Adults (care in emergency departments)	Yes	Yes	100%
Prostate Cancer	Yes	Yes	-
Sentinel Stroke National Audit Programme (SSNAP)	Yes	Yes	100%
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	Yes	Yes	100%
UK Parkinson's Audit	Yes	Yes	100%

National Confidential Enquiries for Inclusion in Quality Report 2017/18	Eligible to Participate	Participated in 2017/18	% of required cases submitted
Chronic Neurodisability	Yes	Yes	No cases required to be submitted in 2017/18
Young People's Mental Health	Yes	Yes	100%
Acute Heart Failure	Yes	Yes	100%
Perioperative Diabetes	Yes	Yes	100%

The reports of 33 national clinical audits were reviewed by The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust in 2017/18 and, as examples, the Trust intends to take the following actions to improve the quality of healthcare provided as a result:

- Update the DAIRS (Dorset Adult Integrated Respiratory Service) asthma checklist to ensure quality of inhaler technique is documented. Document peak flow results on ward round entries. (National COPD Audit)
- Review possible changes to patient pathways (e.g. early CT requests and a RAPID CT pathway, introduction of in house molecular testing) in order to improve numbers fit for treatment by time of diagnosis and outcomes. (National Lung Cancer Audit)
- Introduce and document compulsory foot checks for patients. Launch new drug chart - designed to reduce medication and prescribing errors. (National Diabetes Inpatient Audit)
- Regular auditing and promotion of the use of 'This is me' (a tool for people with dementia that lets health and social care professionals know about their needs, interests and preferences) on all wards. Ensure clearer documentation of Mental Capacity Act Assessments and best interest meetings for patients with dementia. Train staff to ensure access to dementia support and advice 24/7. (National Dementia Audit)

The reports of 186 local clinical audits (including patient surveys) were reviewed by the Trust in 2017/18 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 such that palliative patients admitted to hospital can be reviewed earlier during their admission.
- Specialist Palliative Care Community Team to set up an automated answering system to enable patients and carers to contact the most appropriate person for their enquiry in a timelier manner.
- Malnutrition Universal Screening Tool (MUST) E-Learning module introduced.
- Provide Group education sessions for the low FODMAP diet for people with Irritable bowel syndrome
- Trial the use of negative pressure dressings post-operatively for specific knee and hip replacement patients.
- Update written patient information on care of (breast) prosthesis and guidelines on replacement of prosthesis, making follow up clinic requests for patients to be seen if there is a problem with the product.
- A protocol has been produced for monitoring patients on Cyclosporin and distributed to all Dermatology outpatient clinics.
- Amendments to be made to the patient cataract booklet - to include detailed advice about drops, driving, glasses etc. as well as some FAQs.
- Development of a community phlebotomy hub offering booked appointments.

Introduction of booked phlebotomy appointments, as well as open access, at the Royal Bournemouth Hospital. Introduced booked appointments for warfarin patients.

- Continue to encourage the use of a laminated prompt sheet for the WHO safer surgery checklist to ensure any specific list issues are discussed prior to starting, using the slogan - 'You haven't done the checklist unless you've checked the list'.
- Design and implement an individualised patient care plan/diary to be issued to inpatients receiving stoma care.
- Set up 'meet the midwife' sessions so women who would like to find out more about home birth can meet midwives and other women.
- New guidelines have been issued for booking transport for palliative patients. When booking transfers to the Macmillan Unit from the Royal Bournemouth Hospital the bookings are labelled 'time critical' and 'last days of life'. This identifies that the patients are frail, often unwell and need timely transfers.
- New Recovery (Post-anaesthesia Care Unit) pain management program to be implemented

### **3. Participation in clinical research:**

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

Research Success Stories during 2017/2018

- The Trust was first UK site to recruit to: MERU; a Randomized, Double-Blind, Placebo-Controlled Phase 3 Study of Rovalpituzumab Tesirine as Maintenance Therapy Following First-Line Platinum-Based Chemotherapy in Subjects with Extensive Stage Small Cell Lung Cancer.
- The Trust was the second highest UK recruiter to: TWILIGHT Study; a multi-centre, global research study comparing the use of ticagrelor and aspirin as Dual Antiplatelet Therapy (DAPT) to ticagrelor alone (antiplatelet monotherapy) to treat high-risk patients that have received percutaneous coronary intervention (PCI) with at least one drug-eluting stent (DES).

- The Trust is the third highest recruiter for Division 1 (Cancer) in the Wessex region, closely behind Portsmouth Hospitals NHS Trust.
- Dr Helen McCarthy, Consultant Haematologist, was the winner of the Inspirational Woman in Science and Technology 2017 Dorset Venus awards. Dr Helen McCarthy was awarded for her dedication to science. She leads a team of scientific and clinical researchers committed to innovative research, with the aim of improving survival rates and the quality of life of patients with blood cancers.



Dr. McCarthy said: “I am delighted to win this award and it is wonderful to receive recognition for the work I have been involved with. I’d also like to acknowledge and impart my thanks to the research team that I work alongside. We are very passionate about bringing state-of-the-art cancer treatment to Dorset patients through innovative laboratory and clinical research.

“I’m also especially thankful for local support from the Bournemouth Leukaemia Fund (BLF), whose fundraising has enabled us to maintain our molecular haematology research as we continually try to improve the outlook for our patients with cancer.”

Laura Purandare, Research and Quality Improvement Manager at RBH, added: “Helen is fiercely committed to this work, seeking studies using novel treatments to ensure our patients have treatment options. This award was richly deserved.”

- Clinical Research Network (CRN) Wessex held its second awards ceremony this year, celebrating researchers in the Wessex region. Congratulations to the Cardiac Research Team for winning the Excellence in the delivery of commercial research award and joint winner of best video.
- Dr Sally Killick, Consultant Haematologist, has been appointed Chair of the Myelodysplastic syndrome (MDS) clinical study group for the National Cancer Research Institute (NCRI).



MDS are cancers in which immature blood cells in the bone marrow don’t mature to become healthy blood cells. They are seen more commonly in older people and more frequently in our region as it has a higher national average age.

The NCRI’s clinical study groups are a central cog in the wheel of cancer research in the UK. They are key route through which new clinical trials are developed.

Dr Killick will be leading a team of clinical researchers with the aim of improving treatment for patients with MDS in the UK.

Dr Killick said: “It’s a great privilege to chair the MDS subgroup. I have a strong interest in MDS and our hospital is an accredited MDS Centre of Excellence. Our national team of clinical researchers will be working to make developments that will progress the treatment of MDS cancers.”

Nicola Keat, Head of NCRI’s Clinical Research Groups said: “We’re delighted to welcome Dr Killick as Chair of the MDS subgroup. Through collaboration amongst a diverse group of experts, NCRI’s Clinical Studies Groups make a huge impact on driving up the quality of clinical research. They are central to the UK’s clinical cancer research structure.”

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

The Trust's income in 2017/18 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) payment framework because of the agreement reached with the Clinical Commissioning Group (CCG) to use the CQUIN payment to source a fund available non-recurrently to protect the quality of care and safety of the service with a particular focus on areas that are giving rise to the CQUIN areas. The Trust agreed use of this fund directly with the CCG.

#### **5. Statements from the Care Quality Commission (CQC)**

The Trust is required to register with the Care Quality Commission (CQC) and its current registration status is unconditional. This means that the Trust does not have any current restrictions on its practice or services. The Care Quality Commission has not taken enforcement action against the Trust during 2017/18.

The Trust has not participated in special reviews or investigation by the CQC during 2017/18.

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. A report is expected in early June 2018.

In December 2017 the Royal Bournemouth Hospital's (RBH) Emergency Department was one of 17 across the country to be included in the Care Quality Commission's (CQC) best practice guide for all NHS hospital trusts.

The publication "Meeting the quality challenge; sharing best practice from clinical leaders in emergency departments", provides examples of positive action trusts are taking to help manage capacity and demand. It was developed following a workshop involving 36 senior clinicians and managers from trusts across the country which were identified by the CQC as having good practice in their emergency departments.

Some of the positive actions taken by the Royal Bournemouth Hospital Emergency Department cited in the report, include:

- Introduction of a weekly, combined, online rota so staff can easily see who is on duty instead of having multiple rotas for junior doctors, consultants, advance nurse practitioners and minor injury nurses.
- Electronic staff feedback forms, encompassing safety concerns, near misses, good ideas and positive event reporting as well as allowing staff to say #Thank you to any colleague.
- Implementation of the 'Happy App' which measures the live 'mood' of the department, giving all staff a voice and allowing senior team members to be responsive to concerns, praise and good ideas.
- The team host a 'Staff Vision and Innovation Day' where all members can discuss their ideas and innovations and priorities for the next year.
- Project management software is used to keep doctors, nurses and managers up-to-date with risks, new policies, education and safety alerts in the department.
- An electronic child safeguarding process, which identifies all children and ensures that a safeguarding assessment is completed, has been introduced.

RBH Emergency Medicine Consultant, Dr Aidan Siggers, said: “We’ve been visiting a number of different trusts around the country observing examples of outstanding practice and are incorporating a lot of the ideas they are using here. There really is some fantastic work being done in quite difficult circumstances. This is all about teamwork so we’ve been working closely with colleagues in the hospital here as well, looking at better ways of working to make our patient’s experience better.”

Professor Ted Baker, the CQC’s Chief Inspector of Hospitals, said: “Despite the challenges, our inspections have shown that many hospitals are providing good and outstanding urgent and emergency care and have demonstrated their ability to plan for and cope with increased attendances.”

The guide can be found on the CQC’s website.

## 6. Data Quality

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust submitted records during 2017/18 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 98.1% for accident and emergency care. The percentage of records in the published data which included the valid General Medical Practice code was 100.0% for admitted patient care; 100.0% for outpatient care; and 99.9% for accident and emergency care.

Collecting the correct NHS number and supplying correct information to the Secondary Uses Service is important because it:

- is the only national unique patient identifier
- supports safer patient identification practices
- helps create a complete record, linking every episode of care across organisations

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

## 7. Information Governance Toolkit attainment levels

All NHS trusts are required to complete an annual information governance assessment via the Information Governance Toolkit. The self-assessment must be submitted to NHS Digital, with all evidence uploaded by 31 March 2018.

The Trust’s Information Governance Assessment Report overall score for 2017/18 was 73% (2016/17 was recorded as 74%) and was graded as “Satisfactory”.

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

During 2017/18, the Trusts aim was to maintain compliance levels comparable with previous IG Toolkit assessments without compromising on the quality of assurance provided. This year marked the final year of the IG Toolkit in its current format, with the new Data Security and Protection Toolkit being launched in April 2018 to replace this. As such it was not felt to be a good use of time or resource to strive to improve all requirements to Level 3 (maximum compliance) for the purposes of increasing the overall IG Toolkit percentage score when the whole assessment would soon be changing.

In 2018/19, work will continue to establish and firmly embed the principles of information risk management and IG 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 will be increasingly important during 2018/19 with the forthcoming 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 a decrease in reported breaches of Information Governance during 2017/18. During 2016/17, 134 breaches and six Serious Incidents Requiring Investigation (SIRIs) were reported, whereas 2017/18 has seen 93 breaches and four SIRIs reported.

While reasons for this are difficult to quantify, this may be indicative of an improvement in standards within the Trust or of decreased levels of incident reporting. However indications are that the former is likely to be the case given the levels of incident reporting elsewhere in the Trust, as well as the continued high compliance levels in IG training uptake (in excess of 94% for the full 2017/18 year).

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

Work will continue during 2018/19 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 96%, Secondary Diagnosis 93.92%, Primary Procedure 93.21% and Secondary Procedure 88.59%. (These figures relate to the period January - August 2017)

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

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust will be taking the following action to improve data quality in 2018/19:

- The Trust will continue to work with service providers to enable duplication recording of OPCS codes
- Reiterate to coders the need to access all electronic data to optimise coding

- Reaffirm new coding standards
- Promote clinical validation in gynaecology
- Review the process of histopathology coding for timeliness and accuracy

## 9. Learning from deaths

During period 1 April 2017 to 31 March 2018 1684 patients died in the Royal Bournemouth and Christchurch Hospital NHS Foundation Trust. On the 31 March 2018, 518 case record reviews and investigations have been carried out in year in relation to 1684 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 with case note reviews completed by the 31 March 18	% Reviews Completed by the 31 March 18
<b>Apr 17 - Jun 17</b>	<b>381</b>	<b>208</b>	<b>54.6%</b>
Apr-17	129	76	58.9%
May-17	139	80	57.6%
Jun-17	113	52	46.0%
<b>Jul 17 - Sept 17</b>	<b>371</b>	<b>135</b>	<b>36.4%</b>
Jul-17	107	40	37.4%
Aug-17	130	49	37.7%
Sep-17	134	46	34.3%
<b>Oct 17 - Dec 17</b>	<b>466</b>	<b>146</b>	<b>31.3%</b>
Oct-17	155	50	32.3%
Nov-17	136	51	37.5%
Dec-17	175	45	25.7%
<b>Jan 18 - Mar 18</b>	<b>466</b>	<b>29</b>	<b>6.2%</b>
Jan-18	168	25	14.9%
Feb-18	146	4	2.7%
Mar-18	152	0	0.0%
<b>Grand Total</b>	<b>1684</b>	<b>518</b>	<b>30.8%</b>

## e-Mortality process

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.

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 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 is the Confidential Enquiry into Stillbirths in Infancy (CESDI) coding which categorises as follows-

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

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

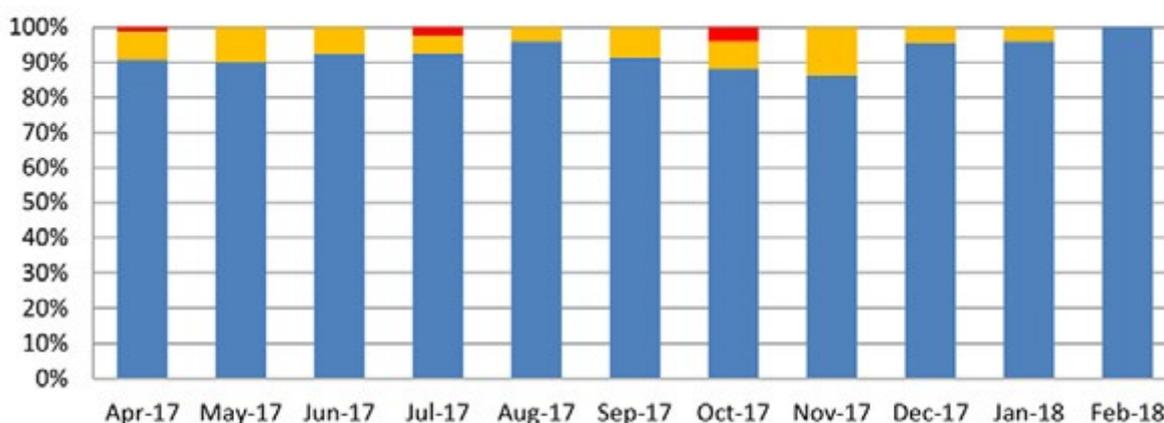
The Mortality Surveillance Group undertakes a monthly review of all e-mortality data and any learning points are disseminated through Directorate Mortality and Clinical Governance meetings.

With reference the Trust e-Mortality process and grading structure, the following table provides details of the number of case note reviews that were graded as 0, 1, 2 or 3.

Grade 2 and 3 cases are those where we have 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 more
<b>Apr 17 - Jun 17</b>	<b>189</b>	<b>18</b>	<b>1</b>		<b>208</b>	<b>0.5%</b>
Apr-17	69	6	1		76	1.3%
May-17	72	8			80	0.0%
Jun-17	48	4			52	0.0%
<b>Jul 17 - Sept 17</b>	<b>126</b>	<b>8</b>	<b>1</b>		<b>135</b>	<b>0.7%</b>
Jul-17	37	2	1		40	2.5%
Aug-17	47	2			49	0.0%
Sep-17	42	4			46	0.0%
<b>Oct 17 - Dec 17</b>	<b>131</b>	<b>13</b>	<b>2</b>		<b>146</b>	<b>1.4%</b>
Oct-17	44	4	2		50	4.0%
Nov-17	44	7			51	0.0%
Dec-17	43	2			45	0.0%
<b>Jan 18 - Mar 18</b>	<b>28</b>	<b>1</b>			<b>29</b>	<b>0.0%</b>
Jan-18	24	1			25	0.0%
Feb-18	4				4	0.0%
<b>Grand Total</b>	<b>474</b>	<b>40</b>	<b>4</b>	<b>0</b>	<b>518</b>	<b>0.8%</b>

### Completed eMortality Reviews by Grade



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
■ grade3	0	0	0	0	0	0	0	0	0	0	0
■ grade2	1	0	0	1	0	0	2	0	0	0	0
■ grade1	6	8	4	2	2	4	4	7	2	1	0
■ grade0	69	72	48	37	47	42	44	44	43	24	4

Month of Death

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:

Intensive Care Unit

Cardiology

Respiratory

Surgery

General Medicine/ Endocrine

Geriatric Medicine

Gastroenterology

Emergency Medicine

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

- Patients undergoing interventional radiological procedures for source control of sepsis (e.g. nephrostomy tube insertion or control of internal haemorrhage) can rapidly become hypotensive and peri-arrest. Patients should have reliable secure large bore IV access before such procedures.
- Ensuring patients presenting with chest pain have an ECG within 15 minutes of arrival irrespective of their age.
- Unwell patients in ED resuscitation must have specialist review and should be transferred from ED when haemodynamically stable.
- Consider early x-ray of the abdomen to rule out bowel obstruction if in doubt.
- Consider Nasogastric (NG) tube insertion in confirmed bowel obstruction early on to avoid aspiration pneumonia, which can be fatal.
- All direct transfer to wards from regional hospitals should be clerked within four hours of arrival if they are haemodynamically stable or within an hour if unwell and haemodynamically unstable.
- Consider atrial flutter/tachyarrhythmia if there is a step-change in heart rate during admission and no obvious cause to suggest sinus tachycardia.
- Older patients with conducting system disease on resting ECG are a higher risk for Brady-arrhythmic complications from drugs which block the AV node. Consider starting with small doses of shorter acting agents.
- Nasal high flow should be considered equivalent to Continuous Positive Airway Pressure (CPAP) and instigated only after discussion with the consultant in charge at the time.

## 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 7 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 Internal Medicine, Older People's Medicine, Gastroenterology and Emergency Medicine. Further initiatives have also supported 7 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 March and September 2017 on the 4 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.

We continue to strive to consistently achieve 90% of patients with a documented consultant review within 14 hours. Overall performance averaged 80% (range 74-92%) though no pattern of variation or adverse clinical outcomes are evidenced. Overall there is a slight decline compared with previous audits but changes in methodology and more robust data validation mean that these may not be directly comparable.

The trust has now consistently provided access to the key diagnostic tests and consultant directed interventions 7 days a week. 85% (ave) of patients received the determined ongoing consultant review.

Audit results are routinely presented to the Trust (clinical) Management Board and 'breach' analysis has identified themes which have informed our planning for improvement. Our action plan should also be seen in the context of the wider Dorset Clinical Services Review which sets out a blueprint for creating a major emergency hospital at RBH, with 7 day specialist service provision at the heart of this.

The Trust will be participating in the next audit, being undertaken in April-May 2018.

## Reporting against core indicators

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

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

Quality Indicator	Data Source	Trust rate for noted reporting period	National average value	Highest value	Lowest value
Summary hospital level mortality indicator (SHMI)	Health and Social Care Information Centre (HSCIC)	October 2016 - September 2017 0.955	1.00	1.247	0.727
		October 2015 - September 2016 0.929	1.00	1.164	0.688
		October 2014 - September 2015 1.020	1.00	1.177	0.652

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 HSCICS. The data has been extracted from available Department of Health 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 2016 - September 2017 48.2%	31.5%	59.8%	11.5%
		October 2015 - September 2016 46.8%	30.0%	56.3%	0.4%
		October 2014 - September 2015 49.0%	26.6%	53.5%	0.2%

The Trust considers that this data is as described for the following reason. The data has been extracted from available Department of Health information sources. Publication of data is found here <https://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	April16-March 17 (published February 2018)	(i) NA (ii) NA (iii) 0.436 (iv) 0.323	(i) NA (ii) NA (iii) 0.445 (iv) 0.324	(i) NA (ii) NA (iii) 0.536 (iv) 0.404	(i) NA (ii) NA (iii) 0.310 (iv) 0.242	
		April15-March16 (published August 2017)	(i) NA (ii) NA (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
			April14-March15 (published August 2016)	(i) 0.084 (ii) NA (iii) 0.447 (iv) 0.319	(i) 0.084 (ii) 0.094 (iii) 0.436 (iv) 0.315	(i) 0.154 (ii) 0.154 (iii) 0.524 (iv) 0.418

The Trust considers that this data is as described for the following reason. The number of patients eligible to participate in PROMS survey is monitored each month and the number of procedures undertaken by the Trust is cross tabulated with the number of patient questionnaires used.

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by reviewing relevant patient pathways and undertaking a detailed quality improvement programme.

Quality Indicator	Data Source	Trust rate for noted reporting period	National average value	Highest value	Lowest value
% of patients readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period (i) aged 0 to 15 (ii) aged 16 or over	HSCIC	2017/18 (i) = 0 (ii) = 4677 (11.7%)  2016/17 (i) = 0 (ii) = 4456 (11.1%)  2015/16 (i) = 0 (ii) = 3973 (10.9%)	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	2017/18 - not yet available 2016/17 - 72.2% 2015/16 - 73.4% 2014/15 - 72.4%	68.1% 69.6% 68.9%	85.2% 86.2% 86.1%	60.0% 58.9% 59.1%

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

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust intends to take the following actions to improve this rate, and so the quality of its services. An action plan that addresses the issues raised in the report 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	2017 - 81.01% 2016 - 77.50% 2015 - 75.49%	69.87% 69.85% 69.17%	85.71% 84.77% 88.98%	46.84% 48.86% 45.73%

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 2018 December 2017	99%	96%	100%	75%	
		99%	96%	100%	64%	
		98%	96%	100%	73%	
	November 2017	(ii) January 2018 December 2017	93%	88%	100%	66%
			92%	87%	100%	57%
			95%	88%	100%	66%
	November 2017					

The Trust considers that this data is as described for the following reason. Data is derived from validated monthly reports collated in accordance with <https://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	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 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	2017/18 - 10.38/100,000 bed days (20 confirmed cases)	Not available	Not available	Not available
		2016/17 8.80/100,000 bed days (17 confirmed cases)	13.2/100,000 bed days		
		2015/16 12.89/100,000 bed days (26 confirmed cases)			
<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 Monitor</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	4060 (April 2017 - September 2017)	Not available	15,228	1133
		3945 (April 2016-September 2016)	-	-	-
		4133 (October 2015 - March 2016)	4818	11989	1499
Rate of patient safety incidents reported during the reporting period	NRLS	42.85 per 1,000 bed days (April 17 - Sept 17)		111.69	23.47
		41.11 per 1000 bed days (April - Sept 16)	40.02 per 1,000 bed days	-	-
		40.3 per 1,000 bed days (October 2015 - March 2016)	39.31 per 1,000 bed days	75.91	14.77

Number of patient safety incidents reported during the reporting period that resulted in severe harm or death	NRLS	19 (April - Sept 16)	-	-	-
		21 (October 2015 - March 2016)	19	94	0
		19 (April 17 - September 17)	Not available	121	0
% of total number of patient safety incidents reported during the reporting period that resulted in severe harm or death	NRLS	0.5% (April - September 2016)	0.4%	-	-
		0.5% (October 2015 - March 2016)	0.4%	2.0%	0%
		0.4% (April 2017 - September 2017)	Not available	2.0%	0%

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 the following actions to improve this indicator, and so the quality of its services, supporting an open culture for incident reporting and investigation and has embedded new learning event notification (LERN) processes and investigation 'Toolkits' in 2017/2018 to further enhance learning and improvement.

# Part 3

## Review of quality performance in 2017/18

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 within which it will be monitored against. This is developed with key internal and external stakeholders and is approved and monitored by the Healthcare Assurance Committee (HAC) as a 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 2017/18 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 2017/2018 and uploaded to the national reporting and learning system.

	Total number reported 2015-2016	% of incidents reported 2015-2016	Total number reported 2016-2017	% of incidents reported 2016-2017	Total number reported 2017-2018	% of incidents reported 2017-2018
No Harm	5290	64.70%	5099	63.80%	5180	65.93%
Minor Harm	2707	33.11%	2684	33.58%	2543	32.37%
Moderate Harm	136	1.66%	171	2.14%	105	1.34%
Major/Severe Harm	43	0.53%	38	0.48%	29	0.37%
<b>Total</b>	<b>8176</b>		<b>7992</b>		<b>7857</b>	

Table: Patient safety incidents reported during April 2015 to March 2018 and uploaded via the national reporting and learning system (NRLS)

- In 2017/18 the Trust reported 23 serious incidents including eight never events
- The Trust reported and investigated 25 serious incidents in 2016/17. This compares with 32 in 2015/16, 46 in 2014/15 and 66 in 2013/14.
- This equates to a 8% reduction from 2016/17 therefore continues the trend of year on year improvement in patient safety

Category of Serious Incident Reported	2013/14	2014/15	2015/16	2016/17	2017/2018
Patient Fall	14	15	13	3	4
Hospital Acquired Pressure Ulcer	30	20	6	3	2

## 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. 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

When a never event occurs we have a duty to report it nationally and to ensure we learn lessons from it. In the last 12 months (1 April 2017 - 31 March 2018) we have reported eight never events. Many of these have not caused any significant harm to the patients involved but do show some common themes. We know this is an indication of the open reporting culture we have and which we encourage and support. However, it is really important all areas understand the issues 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:

- Make sure you are trained and competent in the insertion of nasogastric tubes (NGT) and you use the Trust NGT safety checklist care bundle.
- Make sure you have LOCSSIPs (local safety standards for invasive procedures) in place if you undertake invasive procedures in your area.
- You are more likely to make a mistake if procedures are lateralised (i.e. left or right) or potentially in multiple sites. It is important to accurately identify and mark sites pre procedure.
- Remember the potential for confusion between left and right when facing the patient.
- Safety checklists are there to support but need to be more than a tick box exercise.
- Anyone can call a 'STOP'.
- It takes two to check.
- You are more likely to make a mistake if you are disturbed or interrupted.
- Be clear and specific about what you want when asking for equipment.

## 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.

## Freedom to Speak Up

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.



The Trust has 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. Helen has spoken to date to over 1000 members of staff by attending team meetings or presentations.

This role has been given special responsibility and training in dealing with whistleblowing concerns. Freedom to Speak Up Guardians will:

- empower staff to raise concerns within organisations
- provide confidential advice and support to staff in relation to concerns they have about patient safety and/or the way their concerns have been handled.
- ensure that organisational policies and processes in relation to the raised concern are in place and followed correctly
- not investigate but support staff in their journey of raising a concern

Since introducing the FTSUG role in April 2017, 45 members of staff have raised a concern. Over 70% were related to behaviours and attitudes which is reflective of what has been seen nationally. Addressing this will be a key objective for 2018/19 along with working closely with Poole Hospital NHS Foundation Trust.

## 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: <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.
- Areas and issues for particular attention.

The Trust chose to survey all 4441 eligible staff (rather than a random sample), with 2050 staff returning a completed survey, giving a response rate of 46.2%. The average response rate for acute trusts was 45.5%.

A total of 88 questions were used in both the 2016 and 2017 survey and results show that RBCH scored significantly better on 22 questions, worse on 1 question and showed no significant difference in 65 questions. The only question scoring lower than 2016 relates to pay.

Of the 93 acute trusts, our results were in the top 20% in 24 of the 32 Key Findings. We ranked first in three key findings and equal first in two key findings across all 93 trusts.

In terms of overall Engagement Score the Trust ranked joint first of all acute trusts (with Surrey and Sussex Healthcare NHS Trust) with an overall Engagement Score of 3.96 out of 5. We are now working to identify where we can focus our energy to help improve the experience for all of our staff, starting with:

- Areas of lowest question and engagement scores.
- Areas with outstanding results where we can engage others to share best practice.
- Analysis of data for themes, trends, issues, concerns, subjects for more attention

### Local level

In addition to the National Staff Survey the Trust also undertakes an internal staff survey every 6 months. Key indicators from the survey show year on year improvement as shown below:

#### Staff Impressions Survey June 2017

Q1	2014	2015	2016	2017
Recommend as place to work	60%	68%	67%	77%
Recommend as place for treatment	73%	84%	83%	89%
Overall Impression - Mainly Good	86%	92%	88%	94%

## Flu Fighters



The Trust has worked in partnership with NHS Employers and Public Health England, supported by the Department of Health, to deliver the national seasonal flu campaign for NHS staff.

We are proud to have achieved the National target to vaccinate over 70% of front line staff in the Trust.

Financial Year	Vaccinated	Total Frontline Staff	Vaccination Rate
2016/17	3075	4386	70.1%
2017/18	2503	3532	70.9%

## Staff wellbeing

The Trust has developed a multi-disciplinary Valuing Staff and Wellbeing Group, which includes management, staff, staff side representatives and governor representatives who work together to promote a range of initiatives for the health and wellbeing of staff.

Some examples of wellbeing services available to our staff at #TeamRBCH include:

### Library services

- Offering a quiet place to sit at lunch
- Good selection of self-help books and fiction as well as computers and medical books and journals.



## Clubs

- Lunch Club monthly meet ups in the library meeting room with guest speakers and are non-work related.
- Book Club discovering different genres and having interesting discussions on a bi-monthly basis.

## Clinics

- Weight management clinic
- Alcohol support and advice
- Smoking cessation and support

## Working with Nature

- Establishing links with a local nature reserve to enable staff on time off to take part in projects with nature to help de-stress and unwind and promote good mental wellbeing.

## Self-Help Groups

- Pause for Thought - menopause support

## Education to help wellbeing

- Mindfulness courses
- Personal resilience course

## Infection Control

### Clostridium Difficile

There were 27 cases of clostridium difficile reported from the Trust in 2017-18. 20 of these cases were attributed to 'lapses in care', against an NHS England target of 14. This represents an increase from last year in terms of the percentage of total late cases identified. 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.

### Methicillin-Resistant Staphylococcus Aureus -(MRSA)

No hospital acquired MRSA bacteraemias were recorded at the Trust during 2017/2018. The Trust supported the investigation of community acquired cases which were assigned as third party cases.

### Methicillin-Sensitive Staphylococcus Aureus (MSSA)

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

## Norovirus

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

## Catheter related urinary tract infections (CA UTIs)

The mean numbers of new CA UTIs (from NHS Safety Thermometer data) for the Trust in 2017/18 was 0.21% compared to 0.25% in 2016/17. This is slightly lower than the national mean score of 0.3% and represents a slight decrease on the previous year.

## 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 2018/2019

- Participation in World Hand Hygiene day in May 2018
- Join in the activities held for International Infection Prevention week
- Continue infection control audit programme, including routine hand hygiene audits
- Review of new and novel methods to improve infection control within the Trust
- Development of in house infection control surveillance tool
- Closer working with Poole Hospital's infection 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 we face in caring for patients and their families.

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

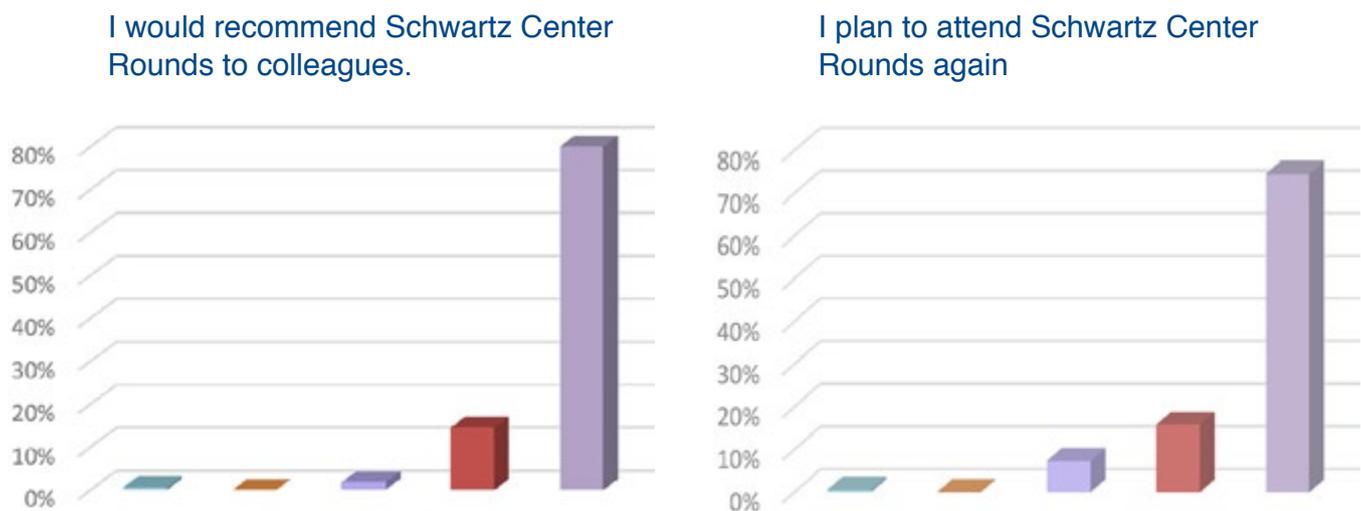
Each session includes three or four short presentations from our staff based on a particular theme. There is then a confidential discussion which is open to all present.

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 17/18 include

- Loyalty
- Dealing with aggressive patients
- Working in a team within a team
- In the Dead of the Night
- Why 2017 Was A Good Year for Me at RBCH
- Lessons Learnt

Attendance remains high with approximately 300 staff each attending a session between April 2017 and March 2018. It is pleasing to see there is representation from nearly all disciplines. Evidence shows that staff really value this forum.

Table: Percentage of staff attending a Swartz round between 1 April 2017 - 31 March 2018 who would recommend attending to a colleague and who would attend future sessions.



Some quotes from staff feedback forms:

- ***very good to listen to other peoples' experiences in the hospital***
- ***Excellent opportunity, very easy to talk***
- ***Extremely helpful as a student to get an insight into what I might face. Was quite emotional and has definitely given me a lot to think about.***
- ***Very powerful***
- ***really interesting and thought provoking. First time at a Schwartz Round - will definitely come to another one again.***
- ***excellent session as usual***

## Falls prevention

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

They are particularly common among older patients (aged 65 and above), with estimates suggesting this group account for approximately 80% of all falls in hospital. This represents significant costs to trusts. The total cost to the NHS from falls among older people alone is estimated at approximately £2billion. (NHS Improvement 2017).

There is not only a financial cost associated with falls, but they can also have detrimental impacts 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. These people are attending our Trust with multiple, complex long-term conditions and are 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. Patient safety measures we implemented in 2017/18 included:

- Developing an eLearning package for falls prevention training. The package was developed for all clinical staff. The aim was for the learning to be engaging and interactive. It follows a patient journey and looks at how we can risk assess our patients, mitigate risks; but also ensure staff know how to deal with a patient fall safely, should it arise. The package was completed and went live in October 2017. Feedback

from staff has been positive with an average overall rating of 4.3/5

Aim for 2018/19 - For the Falls lead to work with the training department to look at implementing bespoke eLearning for areas that felt the current training was not appropriate for them e.g. Theatres

- The Falls Steering Group continues to meet every two months with an aim for 2018/2019 to carry out falls specific peer reviews on the months between the meetings. This is still in the early developmental stages. The Falls Steering Group continues to look at and discuss all reported incidents, trends and learning from serious incident panels.

Aim for 2018/19 - To plan and implement the falls specific peer review

- Training has remained the main focus for 2017/18. Face- to- face scenario based falls prevention training continues to be delivered to all new Health care Support Workers (HCSW), HCSW updates, Return to Acute Nursing, Overseas Nurses and the newly qualified Preceptors. The scenario based training is carried out in the training department and encourages staff to always be aware of falls risks, not only for the patients but for their colleagues and themselves.

Aim for 2018/19 - To continue with scenario based training for the above groups of staff

- The Trust took part in the National Falls Audit 2017. As part of the audit, 30 patient case notes were reviewed and audited against compliance with the essential elements of a falls risk assessment. The results below showed there was a small improvement and we are above the national average in most areas.

Risk factors assessed	2015	2017	National Average
Delirium	29.2%	36%	40%
Continence CP	66.7%	69%	67%
Lying and Standing Blood Pressure	21.7%	36%	19%
Medication	81%	70%	48%
Vision	62.1%	43%	46%
Mobility Aid	60%	75%	72%
Call Bell	89.7%	93%	81%

Aim for 2018/19 - To continue with the above improvements and to include them in the falls specific peer review to evidence increased compliance.

- We have continued to increase the number of Manual Handling and Falls Champions in each area. Champions have been encouraged to become more involved with investigating LERN forms to enable them to identify local themes and learning.

Aim for 2018/19 - Falls Champions to be invited and attend serious incident meetings for their areas.

- A Falls Incident Toolkit has been implemented and is available for all ward areas to use. Ward managers have been encouraged to complete a Falls Improvement Plan. This can be used for investigating LERN forms, and is also a way of evidencing improvements.

Aim for 2018/19 - For the Quality and Risk team to assist ward managers with completing and implementing their Falls Improvement Plan.

## Reducing Mortality

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

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

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

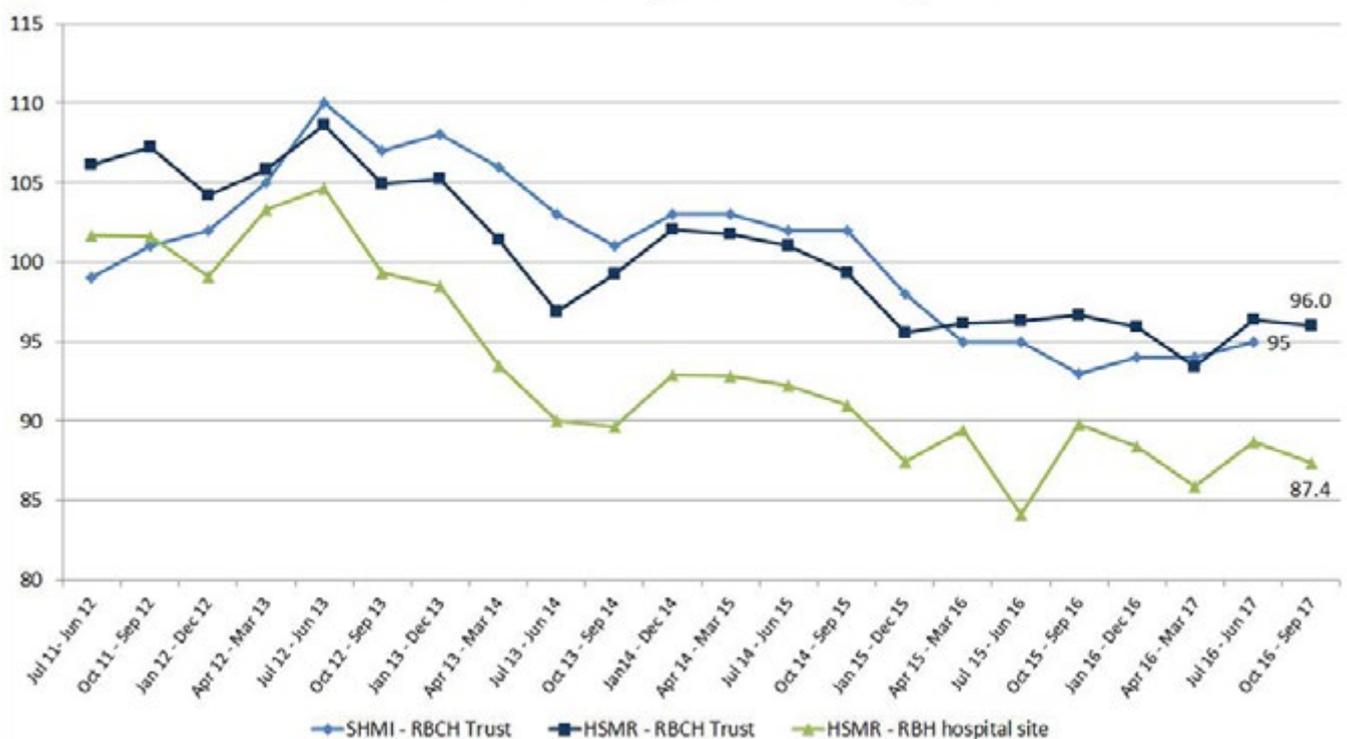
The Trust’s HSMR has significantly improved (reduced) over last 3 years compared to the national average (100). Current HSMR for the period October 2016 to September 2017 is 96.0 which is better (lower) than ‘national average’ and puts our Trust in top 5% nationally.

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

## Achieving high standards in Anaesthetics

Anaesthesia Clinical Services Accreditation (ACSA) is a voluntary scheme for NHS and independent sector organisations that offers quality improvement through peer review. The scheme has been developed by the Royal College of Anaesthetists (RCOA) Quality Management of Service Group and the Clinical Quality Directorate.

SHMI & HSMR, Jul 11 to Sep 17



Engagement with the scheme entails a period of detailed self-assessment against the ACSA standards and gap analysis. Assistance and support in improving those areas is then offered. This includes access to the good practice library; a collection of good practice documents and guidance gathered from organisations that are engaged with the scheme. When the organisation achieves 100% compliance with the ACSA standards and this has been confirmed during an on site review, they become accredited.

The Anaesthetic department achieved RCoA accreditation in January 2018. The department is one of only 18 nationally to have received the award and the first Vascular Anaesthesia department to have done so.

## Pathology Department achieves success in accreditation

Each individual Pathology laboratory has recently undergone a period of inspection by the new accrediting body UKAS (United Kingdom Accreditation Service). This was the first inspection against the ISO15189 standard which is currently being rolled out across the UK. The inspections was an extremely detailed and rigorous process to assure the highest level of quality in all aspects of laboratory medicine and quality management. Feedback from assessors was overwhelmingly complementary in all areas.

Accreditation has already been awarded to Cellular Pathology, Immunology, and Microbiology. The last queries are being resolved in Blood Sciences from the most recent assessment, therefore we anticipate that Molecular Pathology, Haematology, Transfusion and Phlebotomy will be awarded very soon.

The result is testament to all our pathology staff who have adopted a culture of continual quality improvement, ensuring the provision of a high quality service to support excellent patient care.

## Maintaining High standards in Maternity

### Royal College of Midwives (RCM) - Caring for you Charter

In early 2017 the Trust's maternity services signed the RCM's Caring for You Charter, which aims to improve the health, safety and wellbeing of maternity staff. This supports and enables them to continue providing the highest levels of maternity care for women and their families.

Julia Chandler, the Royal College of Midwives Regional Officer, said: "I am delighted that the Trust has signed the Charter. They have a committed team of midwives and maternity support workers at the Trust, led by an enthusiastic head of midwifery committed to the welfare of her staff. This is a very positive move by the Trust and I welcome their commitment to staff and the people they care for."



When signing the charter, organisations are committing to five key principles:

- Work in partnership with the RCM Health and Safety Representative to develop and implement an action plan about health, safety and wellbeing issues that are important to the maternity workforce and maternity service users.

- Ensure that midwives and maternity support workers have access to a variety of shift patterns and flexible working and promote a positive workplace culture around working time including taking breaks.
- Foster a positive working environment for all by signing up to the RCM/RCOG statement of commitment calling for zero tolerance policy on undermining and bullying behaviours.
- Enable midwives and maternity support workers to access occupational health and other organisational policies for their mental and physical health, safety and wellbeing.
- Nurture a compassionate and supportive workplace that cares for midwives and maternity support workers so that they can care for women and their families.

Following implementation, the Midwifery Team were shortlisted for a Royal College of Midwives (RCM) Caring for You Award in March 2018. The prestigious accolade recognises those who have signed the RCM

Caring for You Charter, demonstrating their commitment to improve the health, safety and wellbeing at work of midwives, student midwives and maternity support workers so they are able to give even better care for women and their families.

RBCH Head of Midwifery, Carmen Cross, and Maternity Audit Facilitator, Audrey Wareham led on the Charter work and set up Caring for You drop-in clinics, a Caring for You team party to coincide with the International Day of the Midwife, a staff motivational committee and team fundraising events.

Carmen said: "We're so delighted to be shortlisted. This is not just the senior team being nominated for this award but the whole of maternity - without the staff engagement we would not be able to have achieved what we have. I'm so proud of the team and to work for RBCH."

The Community Midwife team are also celebrating after having been chosen as the 'Early Years Sector Award Winners 2017' for their collaborative work with Bournemouth Children's Centres.

## Press Cuttings:



# Organ donation

Organ donors and their families who have given the gift of life have been honoured with a new memorial in the atrium at RBH. Butterflies feature in the sculpture as blue butterflies are used at the Trust to identify patients who have died and to symbolise rebirth.

Michelle Scott, intensive care consultant and our clinical lead for organ donation, said: "We're delighted to be able to honour our organ donors who give such life changing gifts to total strangers, both locally and nationally.

*"We have a long way to go in terms of getting people on to the organ donor register but it takes two minutes and you could save more lives than you know. If you would like to be a donor, please tell your family so they knew your wishes."*

To sign up, please visit: [www.organdonation.nhs.uk](http://www.organdonation.nhs.uk)

# Transplant Unit teams achieve accreditation

Thanks to teams in our fantastic Haematology Department, our Transplant Unit has been accredited for another four years under JACIE – The Joint Accreditation Committee of the International Society for Cellular Therapy (ISCT) and the European Group for Blood and Marrow Transplantation (EBMT). This is excellent news for our patients as it offers reassurance that our unit works in line with international standards and has been rigorously inspected.

JACIE establishes minimum requirements for facilities, education and training, quality management, donor and patient management and care, and good cell collection and laboratory practice. Having a robust quality management system in place is key to achieving accreditation. This means all the teams involved must work together and develop effective methods of communication, common working practices and ways of rapidly identifying errors or accidents and resolving them so they are unlikely to be repeated.



It is thanks to the commitment and vigilance of the Transplant Team and the teams on the Jigsaw Day Unit and Ward 11 that the criteria for this Europe-wide seal of approval was met. Huge thanks and congratulations to all involved!

## BERTIE online ends 2017 with national award win

The Diabetes Team at the Royal Bournemouth Hospital (RBH) is celebrating a fantastic end to the year with another national award win for BERTIE online, a diabetes education forum for patients with type 1 diabetes.

The diabetes education forum designed and relaunched last year by the Diabetes Team at the Royal Bournemouth Hospital (RBH) was successful in winning the “Best Learning Technologies Project -UK public and non-profit sector” award at the 2017 Learning Technologies Awards in London. The win is the latest accolade for the team which also scooped a highly commended award at the Quality in Care (QiC) Diabetes 2017 Awards for the same online education forum in the autumn.

The portal offers vital education via an innovative and unique platform and also provides a forum for people to share their experiences and build a support network - ideal for those who have recently been diagnosed and may be feeling alone and overwhelmed.

Helen Partridge, RBH diabetes consultant, said: “I was absolutely astounded to have won this award among competition from some multinational, world-famous companies. It reaffirmed how vital it is to look at innovative ways of offering accurate, safe advice to people who perhaps don’t have access to the sort of education we can offer to people in Bournemouth with type 1 diabetes.”

## Endoscopy Team recognised for high quality care

The Endoscopy Team at the Royal Bournemouth Hospital has been awarded Joint Advisory Group (JAG) on Gastrointestinal Endoscopy Accreditation for the second year running.

Gaining the accreditation for 2018 demonstrates the department meets a stringent set of standards relating to high quality patient care - the kind we would expect for our own families.

The JAG scheme is regarded as one of the most innovative and effective in the healthcare sector and the accreditation can assure patients that the department is committed to high quality standards in their clinical practice.

To achieve the accredited standard, the Endoscopy Team had to provide evidence of clinical quality, quality of patient experience, workforce and training.

The service sees around 15,000 patients each year and consistently receives positive feedback in the Friends and Family Test - on average, 99% of our patients would recommend the service.

Samantha Hornby-Wykes, Sister for Endoscopy, said: "We're really pleased to have received the accreditation again. It's great for us to be able to show our patients that we're accredited and the Joint Advisory Group endorses us.

"The Endoscopy Team here at Bournemouth takes great pride in excellent patient care and this accreditation goes to show that all their hard work pays off. I'm so proud of the team and everything they've achieved, including this accreditation."



## 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 a decrease in the percentage of responses recording unlikely or extremely unlikely to recommend.

FFT April 2014 - March 2015 (all areas)		FFT April 2015 - March 2016 (all areas)		FFT April 2016 - March 2017 (all areas)		FFT April 2017 - March 2018 (all areas)	
Extremely likely responses	25711	Extremely likely responses	34089	Extremely likely responses	34065	<b>Extremely likely responses</b>	<b>35120</b>
Likely	5013	Likely	6289	Likely	5264	<b>Likely</b>	<b>5278</b>
Neither likely/nor unlikely	569	Neither likely/nor unlikely	569	Neither likely/nor unlikely	498	<b>Neither likely/nor unlikely</b>	<b>496</b>
Unlikely	246	Unlikely	232	Unlikely	215	<b>Unlikely</b>	<b>188</b>
Extremely unlikely	380	Extremely unlikely	391	Extremely unlikely	358	<b>Extremely unlikely</b>	<b>382</b>
<b>Total</b>	<b>31919</b>	<b>Total</b>	<b>41570</b>	<b>Total</b>	<b>40400</b>	<b>Total</b>	<b>41464</b>

FFT April 2014 - March 2015 (all areas)		FFT April 2015 - March 2016 (all areas)		FFT April 2016 - March 2017 (all areas)		FFT April 2017 - March 2018 (all areas)	
Extremely likely responses	80.6%	Extremely likely responses	82.0%	Extremely likely responses	84.3%	<b>Extremely likely responses</b>	<b>84.7%</b>
Likely	15.7%	Likely	15.1%	Likely	13.0%	<b>Likely</b>	<b>12.7%</b>
Neither likely/nor unlikely	1.8%	Neither likely/nor unlikely	1.4%	Neither likely/nor unlikely	1.2%	<b>Neither likely/nor unlikely</b>	<b>1.2%</b>
Unlikely	0.8%	Unlikely	0.6%	Unlikely	0.5%	<b>Unlikely</b>	<b>0.5%</b>
Extremely unlikely	1.1%	Extremely unlikely	0.9%	Extremely unlikely	0.9%	<b>Extremely unlikely</b>	<b>0.9%</b>

## Patient Focus Groups

Through May to October 2017, the Trust held a number of focus groups across Trust to provide patients and former patients to feedback on the care they have received.

The groups focussed on different topics, appealing to patients from various parts of the local community, including Lesbian, Gay, Bisexual and Transgender, different faith groups, patients / carers of patients living with dementia and patients with learning disabilities and physical disabilities.

All attendees were asked: 'What did it feel like to receive care at RBCH?' and 'What small change would you make to have a big difference to the care you received?'

The sessions were open to patients and former patients who have come to the hospital as inpatients and outpatients, as well as the carers and families of those who have received care.

Rachel Bevan, Head of Patient Experience and Public Engagement, said: "We're immensely proud of the care we provide at RBCH. It's really important we take our patients' views and experiences on board. By listening to our community we can learn about the care they receive and look to make changes that are relevant to the people who use our services.

## National Cancer Patient Experience Survey

RBH has performed exceptionally well in the sixth annual National Cancer Patient Experience Survey. From a total of 50 questions, we scored higher than the expected range in 12 questions (up from six in 2015), with the remainder all scoring within the expected range. We had no questions which scored negatively. Asked to rate their care on a scale of zero (very poor) to 10 (very good), respondents gave an average rating of nine to RBH, compared to the national average of 8.7.

Alison Ashmore, Associate Director for Cancer Services, said: "This survey has been designed to monitor our progress on cancer care and to provide us with information to help with

quality improvements. It is very pleasing to see how we have improved on the previous results and also how well we have done compared to other trusts around the country. We have a number of current initiatives to help us

continue improving, but in the meantime I would like to thank all staff involved in helping us do so well as demonstrated by these results."

The full results are available here: [www.ncpes.co.uk](http://www.ncpes.co.uk)



## Working with our volunteers to support patient experience

### End of Life Care Voluntary Services Team scoops national award

The Royal Bournemouth and Christchurch Hospitals' Voluntary Services Team won a national award in 2017/18 for its innovative End of Life Companion initiative.

The team won the National Association of Voluntary Service Manager's' Excellence in Volunteer Management Award for the way it has set up and managed the new End of Life Companion (EOLC) voluntary role. EOLCs are volunteers who spend time supporting patients nearing and at the very end of their lives, along with their family and friends. The new role ensures no one need die alone and they have companionship when they need it most.

Those coming to the end of life while in hospital often find it helpful to talk through their fears and wishes and their friends and relatives often require support to come to terms with their loss.

Making sure EOLCs are on hand and available, often at short notice, meant developing clear processes, making sure staff were aware of how to access the volunteers, and ensuring the EOLCs were well prepared for the range of situations they may face.

Rachel Bevan, Head of Patient Experience and Public Engagement, said: "Our End of Life Companions are doing a very important job - helping us make sure we are looking after the emotional wellbeing of our patients and their loved ones, as well as their physical needs. "There was a significant amount of work involved in organising the recruitment and training of the volunteers, as well as setting up a robust system to ensure the volunteers are alerted when they are needed, and supported afterwards. I could not be more proud of my team for making the project such a success. It was an honour to win the award and have our hard work, and the work of our volunteers, recognised on a national scale."



## Macmillan Unit volunteers team receive royal award

Christchurch Hospital's Macmillan Unit is one of just 40 organisations to be awarded the HRH Princess Royal's Training Award. The award for training excellence was given to the specialist palliative care unit for its innovative approach to training its volunteers. The programme, headed up by Volunteer Coordinator Anita Rigler, has seen the Unit recruit volunteers based on a number of values, allows experienced volunteers to train new volunteers and support each other via peer support and supervision.

The new training follows a 40% increase in referrals to the Macmillan Unit and since it was introduced, more than 300 people have volunteered their time. Not only has the training benefited the Macmillan Unit, other charities in the area are also adopting the same techniques, with volunteers going to Christchurch Angels, Lewis-Manning Hospice and the Motor Neurone Disease Association, as well as local care agencies to deliver training on the innovative programme.

Anita Rigler, along with her husband and volunteer, Mandy Preece, attended a

presentation by HRH The Princess Royal at St James's Palace to accept the award. They were joined by representatives from 39 other organisations, including RBS, Barclays and Waitrose.

Anita said: "It's an absolute honour to have our hard work acknowledged by a Princess Royal Training Award. Our service simply wouldn't be the same without our wonderful volunteers so it's important we attract the right people to volunteer with us and support and train them as best we can for the important work they do - this award is for them."



(l-r) Macmillan Unit volunteer Mandy Preece and Volunteer Coordinator Anita Rigler outside St James's Palace.

## Outstanding' hospital Orchard Garden wins Gold at South and South East in Bloom Awards



The therapeutic Orchard Garden at the Royal Bournemouth Hospital was heralded as 'outstanding' by judges after it received a Gold award at the South and South East in Bloom 2017 awards ceremony.

The Orchard Garden - funded by donations to Bournemouth Hospital Charity - was awarded the highest honour of a Gold award at the annual ceremony in Gatwick after it had been nominated for the awards by the Bournemouth in Bloom organisation.

South and South East in Bloom judge Ruth Growney, who visited the Royal Bournemouth Hospital to evaluate the Orchard Garden in July 17, said "The Orchard Garden is an outstanding example that is made even more extraordinary as it is a first time entry. It's incredibly rare for this to happen, but so well deserved."

Haematology Consultant Dr Helen McCarthy, who originally envisioned the concept of the Orchard Garden project, said: "I strongly believe in the healing power of gardens and I'm grateful to those who supported my vision of creating this small oasis in the grounds of a hospital. "I would like to thank all of our patients, their families and our staff for their passion in fundraising to make this possible. Much emotion has been invested in this lovely garden for cancer patients to enjoy."

The Orchard Garden has transformed the previously unused and unattractive courtyard in between the hospital's Jigsaw Building and Pathology Department into a tranquil area of relaxation and beauty for patients, visitors and staff to enjoy. The area now features a therapeutic courtyard garden linked by a sensory orchard walkway to the hospital lake, where a fully accessible wooden deck offers an area of peaceful retreat overlooking the water.

The Orchard Garden was significantly supported by Dorset Cancer Care Foundation - which administered a legacy from the late Betty Hyams - as well as the Tesco 'Bags of Help' programme that contributed £12,000 after local Tesco shoppers voted to back the project at the checkouts.

## 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 310 formal complaints received by the Trust for 2017/18, which is an increase on the previous year by 17 complaints (293 complaints received in 2016/17, 313 complaints received in 2015/16).

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 310 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.

Ensuring outcomes are systematically recorded and learning is disseminated remains the focus for the 2018 /19 year plan.

## Subjects of complaints

The main categories of complaint were as follows:

Subject	Formal Complaints 2017/18		Formal Complaints 2016/17		Formal Complaints 2015/16	
	Number	Proportion	Number	Proportion	Number	Proportion
Implementation of care - including quality, delays and/or complications of treatment	122	39%	135	46%	112	36%
Clinical Assessment	22	7%	-	-	-	-
Admission, transfer and discharge	46	15%	52	18%	61	20%
Diagnostic tests (not pathology)	0	0%	25	8%	58	19%
Communication and consent	105	34%	61	21%	55	18%
Medication	7	2%	1	0%	9	3%
Security	1	0%	2	1%	3	1%
Equipment	1	0%	5	2%	2	1%
Food Safety and Service	0	0%	0	0	1	0%
Visitor incidents/accidents	0	0%	1	0%	1	0%
Treatment, procedure, care	0	0%	0	0%	1	0%
Staff incident	0	0%	0	0%	1	0%
Patient incidents (including falls, other accidents and self-harm)	2	1%	5	2%	7	2%
Environment	0	0%	3	1%		
Infection Control	4	1%	2	1%		

A significant 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 Healthcare Assurance Committee meeting. 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 website in year.

Problem	We did
I came for an appointment and had bloods done on the same day. I was not given my test results at this appointment so presumed they were all clear.	The department have implemented two prompts on the computer system to check results, all positive results are sent weekly to clinical leader, patients are now also encouraged to have blood tests done 2 weeks prior to appointment to enable the results to be ready at the appointment
I came to the hospital as I had hurt my knee, I was called 5 days later and told it may be broken and I would be referred on for this. I heard nothing and had to chase this up on several occasions	Spoke with the reception staff regarding referrals and reminded them of the need for timeliness, we are also looking into streamlining the referral process
I had an ECG and was shocked and surprised that the technician had to physically touch me, I was not aware that this would happen	A local chaperone policy has been created for the department and the appointment letters will be reviewed to include more relevant information in regards to what the test involves.
My surgery was cancelled and I was told that this was due to contaminated equipment	The surgery equipment packing process has been reviewed and the trays are wrapped as they are put together to reduce the length of time the tray is exposed to the atmosphere, the managers have also increased the number of visual quality assurance checks
GP service called to arrange for a patient to be admitted, the requested ambulance did not arrive to collect the patient	We brought in a new procedure for ensuring ambulances are booked when requested and reminded all staff to be vigilant.
My mum needed a cannula inserted for her to have fluids but there was no-one trained on the ward to insert this	We reviewed the staff skill mix to ensure that there is always at least one member of staff on shift that can perform this task.
There was conflicting information given regarding the Power of Attorney that I hold for my relative	Arranged training for staff on the ward for them to have a better understanding of the Power of Attorney rights and documents
Incorrect information is on my electronic records	Removed the information and reminded staff to be vigilant with ensuring the patient's records are correct
I was calling a ward to get information on my relative and the phone was not answered for over 2 minutes	Ward staff reminded of the importance of answering the telephone. Telecoms will monitor and review the timeliness of calls being answered

Problem	We did
I had a procedure which involved me turning my arm round and holding it for 90 minutes, this put pressure on my shoulder and exacerbated an injury	Included in the pre-clerking documentation a “previous shoulder injury” section so that the staff are aware prior to the procedure starting.
The transport staff use the discharge lounge as a break room and they are loud and sometimes offensive	We contacted the ambulance teams that come to the hospital and asked for all staff to be mindful of conversations if using the area for a break.
The triage Nurse did not recognise the patient’s learning difficulties when they attended	We implemented a training programme “Disability Matters - Confidence Matters” for all nursing staff in ED
The curb outside Christchurch hospital is not flush to the road making this difficult for wheelchair users	The Estates Manager contacted the architect and engineer and looked into this to ensure compliance
I’ve not been able to order a Kosher meal whilst on the ward	The Catering Manager investigated and identified that there had been a delay in these meals being delivered. An alternate supplier was found to avoid any future issues
I had to wait a long time for my medication to be issued	Provided education to everyone in Pharmacy regarding paperwork and keeping patients informed for Clinical trials

## 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, 3 people chose to refer their concerns to the Parliamentary and Health Service Ombudsman (PHSO) during 2017/18 compared to 11 in 2016/17 and 12 in 2015/16. The PHSO referred 0 complaints back to the Trust for further local resolution. During 2017/18 the total number of complaints investigated by the Ombudsman was 18, ranging between the years 2014 and 2017, 1 complaint was upheld, 6 were partly upheld, 6 were not upheld and 1 was withdrawn. 6 complaints remain under investigation by the PHSO.

# Performance against national priorities 2017/18

National Priority	2013/14	2014/15	2015/16	2016/17	2017/18 Target	2017/18 Actual
18 week referral to treatment waiting times - admitted	90.8%	88.9%	84.5%	81%	90.0%	<b>80.5%</b>
18 week referral to treatment waiting times - non admitted	98.4%	95.6%	94.4%	89.0%	95.0%	<b>88.7%</b>
18 week referral to treatment waiting times - patients on an incomplete pathway	98.4%	95.6%	94.4%	89.0%	95.0%	<b>88.7%</b>
	96.2%	94.3%	93.7%	91.6%	92.0%	<b>90.3%</b>
Maximum waiting time of four hours in the Emergency Department from arrival to admission, transfer or discharge	95.5%	93.3%	93.37%	94.6%	95.0%	<b>92.7%</b>
Maximum waiting time of 62 days from urgent referral to treatment for all cancers	80.3%	84.5%	85.9%	85.7%	85%	<b>88.5%</b>
Maximum waiting time of 62 days following referral from an NHS Cancer Screening Service	93.4%	93.1%	76.0%	96.9%	90%	<b>92.8%</b>
Maximum cancer waiting time of 31 days from decision to treat to start of treatment	95.7%	95.8%	95.7%	98.3%	96%	<b>97.6%</b>
Maximum cancer waiting time of 31 days from decision to treat to start of subsequent treatment: Surgery	95.1%	92.5%	94.1%	96.3%	94%	<b>97.0%</b>
Maximum waiting time of 31 days from decision to treat to start of subsequent treatment: Anti cancer drug treatment	100%	100%	100%	100.0%	98%	<b>100%</b>
Maximum waiting time of two weeks from urgent GP referral to first outpatient appointment for all urgent suspect cancer referrals	93.8%	87.1%	96.1%	96.1%	93%	<b>97.0%</b>
Two Week Wait for Breast Symptoms (where cancer was not initially suspected)	98.0%	91.1%	99.4%	98.8%	93%	100%

Clostridium difficile year on year reduction	14	21	14	17	14	20
Certification against compliance with requirements regarding access to healthcare for people with a learning disability	Compliance certified					
Maximum 6 week wait for diagnostic procedures **	-	-	-	99.3%	>99%	99.72%
Maximum 6 week wait for diagnostic procedures **	-	-	-	99.3%	>99%	99.72%

\*\* 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 been offered the opportunity to 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

Comments received were as follows:

### NHS Dorset Clinical Commissioning Group

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

During the year Commissioners have continued to see progress in a number of areas including the identification and management of sepsis and the deteriorating patient. We also commend the Trust for its continuing ambition to develop a more open and honest culture supporting staff to deliver safe, high quality care. This has been further supported by the introduction of a Positive Reporting Form,

which replaces the previous Adverse Incident Reporting (AIRs) form, thus further reinforcing a positive message of promoting a safety culture.

The Trust has also had a recent CQC inspection and we await the final outcome of that inspection.

The CCG are supportive of the quality priorities for 2018/19 and commend the engagement of patients, carers and the public in identifying these priorities. At a time of significant change across the Dorset economy, we look forward to continuing our collaborative work with the Trust over the coming year.

### NHS West Hampshire Clinical Commissioning Group

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 has reviewed the progress that the Trust has made with the quality priorities set for 2017/18. The CCG recognises the initiatives and efforts of staff in relation to the management of sepsis and the deteriorating patient whilst also acknowledging that some of the key aims were not achieved. We are pleased to see that these quality priorities have been carried over to 2018/19, and we look forward seeing the progress that will be made over the coming 12 months.

The CCG notes and supports the quality priorities identified by the Trust for 2018/19 that have been signed off by the Board but await further detail around the specific improvement work stream objectives and measures as these are developed by the respective Trust quality improvement teams.

It is evident from the report that the Trust places a high value on providing quality care throughout all areas and this is demonstrated by the wide range and large number of patient safety initiatives which have taken place over the last 12 months.

It is encouraging to see ongoing work towards ensuring an open and honest culture, including the reporting and management of incidents. Although the Trust has again demonstrated a reduction in the number of serious incidents reported there has been a high number of Never Events declared making the Trust an outlier for this event.

Although the majority of these have not resulted in significant harm to patients this is still of concern. The CCG has been encouraged to hear of the Trust's response to the Never Events and will continue to work as a priority with the Trust to gain assurance that all learning from these incidents is being captured and embedded in all applicable clinical settings.

The Quality account recognises the inclusion of the Hospital's Emergency Department by the Care Quality Commission in their best practice guide. It is clear the department continues to demonstrate a forward-thinking approach, which the CCG were able to see at first hand during a visit to the department by members of the commissioning and quality teams during July 2017.

It is right to congratulate the Trust again on their continued work with the management of patients being admitted with a stroke, reflected in their ongoing achievement of the Sentinel Stroke National Audit Programme (SSNAP) level A since quarter four 2015/16. The CCG appreciated the department's involvement in the CCG's Stroke Pathway review during November, where we had the option to see a number of the key services providing care to those patients admitted to the hospital with a

suspected stroke. The team's commitment to the continued improvement of all aspects of the care they provide was particularly evident. 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.

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## Health and Social Care Overview and Scrutiny Committee, Borough of Poole

The presentation about the account delivered on 18th April gave a clear outline of how the Trust is endeavouring to deliver high quality care and the activities undertaken during the financial year to improve services. This is commendable especially in a period of unprecedented organisational change including the outcome of the Clinical Services Review and the move to the prospective "one acute network programme".

With regard to the priority areas for improvement for 2017/18 we would like to commend the Trust in achieving the majority of what it had planned in relation to:

**Managing Sepsis-**It was encouraging to note that much has been achieved including action learning weeks relating to sepsis and that an e-learning program has been developed that is interactive and hits home the key messages about early sepsis identification. It is reassuring to note that the Trust is much improved in regards to antibiotic administration rate from 1 hour of detection for patients with quick sepsis related organ failure and that this journey of learning and improvement will continue through an ongoing programme.

**Identification and escalation of the Deteriorating Patient-**It is encouraging to note that the early warning signs trigger of deteriorating patient being escalated and treated within 30 minutes is being monitored and audited closely to feedback to ward teams to inform immediate learning. The Trust has acknowledged that there is more to do in this

area to improve performance and that new ICT systems may enhance some areas of the patient pathway.

Improving Hospital (Patient) Flow-the committee are fully aware of the complex and multifactorial issues that lead to hospital admissions and can hinder discharge. It is also understood that this has been a particularly difficult winter in regards to rates of admissions to hospital. It is encouraging to note that as a Trust you have taken steps and been successful in reducing the average number of 14+ days length of stay patients and that you have managed to increase the use of ambulatory care, from 14.7io to 27io of patients now being assessed that way rather than being admitted to hospital.

The committee will be interested in understanding progress against the priority improvement areas set for next year which include urgent and emergency care, surgical flow, fundamentals of care and supporting speciality pathways.

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## **Bournemouth Borough Council's Health Overview and Scrutiny Committee**

It is encouraging to see the Sepsis rate improving and avoid unnecessary harm to patients. The work done on Sepsis and the deteriorating patient show good result, though as the text acknowledges, having achieved these high standard it is important to maintain them.

The last year has obviously been a difficult time with increased patient numbers, very tight budgets and still the need to try and improve patient flow. However, despite these challenges the result show an encouraging improvement in the flow, reducing costs to the trust, freeing up assets for others to use and improving the outcomes for patients who are in the right place at the right time and home as soon as is safe.

The quality improvement priorities for 2018/19 look interesting and address some important issues. We look forward to seeing how these areas of focus improve over the year.

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## **Healthwatch Dorset**

Thank you for the opportunity to comment on your annual Quality Account. This is to let you know that we will not be offering a commentary this year.

As you know, all through the year local people share with us their feedback on their local health and social care services. As part of our core work, we use that feedback to, in turn, feedback to local providers on people's experiences and views on the quality of their services whenever is appropriate. We also do that regularly in the form of particular investigations into particular services, sharing our findings and recommendations with the relevant providers.

The current prescriptive framework for Quality Accounts that is set down nationally for providers does not, we believe, allow you the freedom to produce reports that are as publicly accessible as they might and, we believe, should be. This is something that Healthwatch (nationally) wants to influence in the future as we believe that the language, focus and layout of Quality Accounts should be simpler to enable greater accessibility for the public.

Healthwatch England has been involved in discussions with the Department of Health for a number of years now in an attempt to make Quality Accounts more accessible but has not been successful. Locally in Dorset, we have had some discussion with some of our providers and with NHS Dorset CCG about the possibility of providers producing alongside the "official" Quality Account a more accessible, public-facing resource which not only reflect's the organisation's own self-assessment of the quality of its services but also reflects the assessments made by patients, service users and families.

With the backing of Dorset CCG, we propose to invite representatives of local providers to meet with us to discuss this suggestion and how it might work in practice.

Please be assured that we understand that there are prescriptive requirements laid on organisations sometimes which limit your ability to change things in the particular context.

That's why we think the answer lies elsewhere and why we propose to invite representatives of provider organisations to engage with us later in the year to explore possibilities. Our decision to not take up the (voluntary) opportunity to provide a commentary to go with your Quality Account is no reflection on the Trust or on the quality of services.

We very much value the working relationship we have with you and other organisations and look forward to continuing to work with you in the best interests of patients and the public.

## **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 to ensure that the information in the Quality Report provides comprehensive, clear and meaningful messages about the quality of care provided to patients.

The Quality Report recognises the pressures faced by acute hospitals and other health and social care partners in terms of increasing demand, staff shortages in some areas and funding. However, it also shows the ongoing continuous improvements happening in our hospitals in terms of waiting times, the inclusive, learning and open culture and the focus on providing high standards of care to patients in a sustainable way. The focus on recognition for staff in the report demonstrates the excellent and innovative care provided in many areas and reinforces the culture of continuous improvement.

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 2017/18, the Governors have selected *Clostridium difficile* as this indicator as the number of cases of *Clostridium difficile* was above the, albeit challenging target, set by NHS England. The Governors wanted to provide some additional focus on this area and ensure 'lapses in care' were reported appropriately. The selection of the number and categorisation of complaints as the indicator in 2016/17 provided additional

assurance around the significant improvement the Trust had made in responding to complaints.

Governors support the quality priorities that have been selected for 2018/19 to improve the quality and safety of care for patients in our hospitals and support the work to reduce waiting times, which our own engagement activities have highlighted as being one of the most important things for patients. 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. Governors will continue their involvement in a range of activities to deepen their insight in these areas including:

- involvement in public, patient and carer experience and listening events;
- receiving and questioning reports from directors on quality, performance and workforce 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 including the Healthcare Assurance Committee, End of Life Care Steering Committee, Mortality Surveillance Group, Equality, Diversity and Inclusion Committee, Infection Prevention and Control Committee, Valuing Staff and Wellbeing Group and Workforce Strategy and Development Committee.

Governors appreciated the opportunity to meet with the Care Quality Commission as part of its well-led inspection in early 2018 and to give their views on the progress against the action plan following the last inspection and on the work of the board of directors and the Trust overall to deliver high quality care and a positive experience for patients.

# 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:

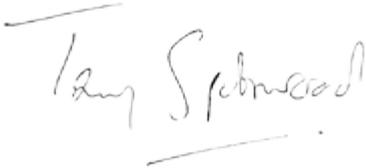
- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2017/18 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2017 to May 2018
  - papers relating to quality reported to the Board over the period April 2017 to May 2018
  - feedback from commissioners dated 11 May and 16 May 2018
  - feedback from governors dated 11 May 2018
  - feedback from local Healthwatch organisations dated 23 April 2018
  - feedback from the Overview and Scrutiny Committees dated 23 April 2018 and 3 May 2018 respectively
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, dated April 2016
- the latest national inpatient survey 31 May 2017
- the latest national staff survey dated February 2018
- the Head of Internal Audit's annual opinion over the Trust's control environment dated May 2018
- Care Quality Commission Inspection Report dated February 2016
- 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 and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Account regulations) as well as the standards to support data quality for the preparation of the Quality Report

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

By order of the Board

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

**David Moss**  
Chairperson  
24 May 2018

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

**Tony Spotswood**  
Chief Executive  
24 May 2018

# Annex C

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

We have been engaged by the Council of Governors of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust to perform an independent assurance engagement in respect of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust's Quality Report for the year ended 31 March 2018 (the 'Quality Report') and certain performance indicators contained therein.

### Scope and subject matter

The indicators for the year ended 31 March 2018 subject to limited assurance consist of the following two national priority indicators:

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

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 2017/18 ('the Guidance'); and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Detailed Requirements for external assurance for quality reports for foundation trusts 2017/18 ('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 2017 to May 2018;
- papers relating to quality reported to the board over the period April 2017 to May 2018;
- feedback from commissioners, dated 11 May 2018;

- feedback from governors, dated 11 May 2018;
- feedback from local Healthwatch organisations, dated 23 April 2018;
- feedback from Overview and Scrutiny Committee, dated 23 April 2018;
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;
- the national patient survey, dated 31 May 2017;
- the latest national staff survey, dated January 2018;
- Care Quality Commission Inspection, dated 25 February 2016; and
- the 2017/18 Head of Internal Audit's annual opinion over the trust's control environment, dated May 2018.

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 The 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 2018, 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 The Royal Bournemouth and Christchurch Hospitals NHS

Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

## 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 The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust.

### **Basis for qualified conclusion on the 18 week RTT indicator**

Our sample testing for the 18 week RTT indicator identified three issues from a sample of 20 pathways. Two of the three cases with issues identified related to incorrect clock start dates. The remaining issue related to a new pathway being started in error. However, of these three instances, the errors identified would not have resulted in a breach.

### **Qualified conclusion**

Based on the results of our procedures, except for the effects of the matters described in the 'Basis for qualified conclusion on the 18 week RTT indicator' section above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual;
- the Quality Report is not consistent in all material respects with the sources specified in the Guidance; and
- the 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  
68 Queen Square  
Bristol  
BS1 4BE  
25 May 2018

# Annex D

## Glossary of Terms

### **AMU**

Acute Medical unit

### **AV node**

Atrioventricular node which controls the heart rate, is one of the major elements in the cardiac conduction system.

### **BAUS**

The British Association of Urological Surgeons

### **BEAT**

Blended Education and Training team

### **BERTIE**

BERTIE Type 1 Diabetes Education Program

### **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 2017/2018

### **ECG**

Echocardiogram

### **ED**

Emergency Department

### **eNA**

Electronic nurse assessments

### **eMortality**

Electronic Mortality capture form

### **FODMAP**

stands for Fermentable Oligosaccharides, Disaccharides, Monosaccharides, and Polyols, which are short chain carbohydrates and sugar alcohols that are poorly absorbed by the body, resulting in abdominal pain and bloating. occur in some foods naturally or as additives

### **FY1/2**

Foundation Year doctors

### **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/>

### **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

**MRSA**

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

**MUST**

Malnutrition Universal Screening Tool

**NEWS**

National Early Warning Score

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

**National Institute for Health and Care Excellence (NICE)**

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

**Never Event**

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

**NCEPOD**

National Confidential Enquiry into Patient Outcome and Death

**NICE**

National Institute for Health and Care Excellence

**NIHR**

National Institute for Health Research (NIHR)

**NG (T)**

Naso-gastric (tube)

**OPM**

Older Persons Medicine directorate

**OPS coding**

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

**Outlier**

a patient who is admitted to a ward which is not their speciality ward, for example a medical patient placed on a surgical ward due to lack of medical beds available at that time.

**Patient Reported Outcome Measure Scores**

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

National data (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, PCT and NHS Treatment Centre data. Private hospital data is omitted.

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

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

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

**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**

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 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 Organisational Development and Leadership attends meetings of the board of directors in a non-voting capacity and is not a member of the board of directors.

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

### The current members of the Board of Directors are:

#### Non-Executive Directors

##### David Moss, Chairperson



David was appointed as Chairperson of the Trust on 13 March 2017. David has extensive experience of working within the NHS and the local region, having previously been Chief Executive Officer of both Poole Hospital and then

University Hospital Southampton 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 is a member of the Healthcare Assurance Committee.

##### 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. 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 was

appointed as Non-executive Board member of the Environment Agency in January 2018.

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 LLP, as a representative of the Trust.

## Cliff Shearman, Non-Executive Director



Cliff Shearman was appointed as a non-executive director on 1 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.

## **Iain Rawlinson, Non-Executive Director (from October 2017)**



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 with a particular focus on the energy and transportation industries. 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 a governor at Walhampton School. He is a Practising Fellow at the Centre for Social Innovation at the Cambridge Judge Business School and also co-founded [www.crowdcaster.com](http://www.crowdcaster.com), a social broadcasting platform whose mission is "Giving People a Voice".

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

## **Executive Directors**

### **Tony Spotswood, Chief Executive**



Tony has been Chief Executive of the Trust since 2000. He was previously Chief Executive of Leicester General Hospital between 1998 and 2000 and a director for over 20 years. Tony has extensive experience of leading organisations through strategic change including

service reconfiguration and merger.

Tony is Chairman of National Institute for Health Research Clinical Research Network, Wessex.

## **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.

## **Pete Papworth, Director of Finance (from May 2017)**



Pete was appointed as Director of Finance on 29 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.

## 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.

## 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.

## 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.

### **During 2017/18, the following individuals were also members of the board of directors:**

#### **Non-Executive Directors**

#### **Tea Colaianni, Non-Executive Director (until January 2018)**



Tea joined the Board in November 2016. Tea was also a non-executive director and chair of the remuneration committee at Mothercare plc and a non-executive director of SD Worx, a Belgian company.

A keen advocate for diversity, Tea also sits on the Board of Women 1st and is a Founding Member of the Prince's Trust 'Women Supporting Women' initiative.

Tea is a passionate fundraiser for disadvantaged young women and seriously ill, disabled and disadvantaged children, and is a mentor for the Aspire Foundation. Tea also chairs the Women in Hospitality 2020 review. Tea chaired the Workforce Strategy and Development Committee until January 2018 and was a member of the Charitable Funds Committee. Tea resigned as a director on 31 January 2018.

## Stuart Hunter, Director of Finance (until May 2017)



Stuart was appointed as Director of Finance in February 2007. Stuart has over 30 years of NHS experience, combined with being a qualified member of the Chartered Institute of Management Accountants. Stuart is responsible for Commercial Services and

Business Intelligence. Stuart resigned as director 28 May 2017.

## Steven Peacock, Non-Executive Director (until September 2017)



Steve was appointed as a non-executive director in October 2009. He is a Chartered Accountant and has worked in retail and fast moving consumer goods for the last 17 years, most recently as Financial Services Group Director and Strategic

Programme Director for The Estee Lauder Companies. Steve has a wide range of financial and commercial experience. Steve chaired the Audit Committee until July 2017 and was the Vice-Chairperson of the Trust until September 2017. Steve was also a member of the Finance and Performance Committee. Steve resigned as a director on 30 September 2017.

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 Code of Governance provides that at least half the board of directors, excluding the Chairperson, should comprise non-executive directors determined by the board to be independent. The Trust is non-compliant with this paragraph and its constitution provides for equal numbers of executive and non-executive directors. The quorum for meetings of the board of directors requires that six directors are present including not less than two executive directors and two non-executive directors, one of whom must be the Chairperson or the Vice-Chairperson of the board. In addition, the Chairperson has a second or casting vote in the case of an equality of votes and no resolution of the board of directors may be passed if it is opposed by all of the non-executive directors present at the meeting.

Since February 2018, there has been a non-executive director vacancy on the board of directors.

## Role of the Board

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 its 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.

## 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. Against each name in the table below is shown the number of meetings at which the director was present and in brackets the number of meetings that the director was eligible to attend. The number of meetings includes both scheduled and special/extraordinary meetings. The discussions and decisions relating to all items on the agenda of the board of directors meetings are recorded in the minutes of the meeting.

Attendance at Meetings of the Board of Directors		
Name	Title	Attendance
Karen Allman	Director of Human Resources	7 (8)
Tea Colaianni (until January 2018)	Non-Executive Director	5 (7)
Peter Gill	Director of Informatics	7 (8)
Christine Hallett	Non-Executive Director	7 (8)
Stuart Hunter (until May 2017)	Director of Finance	1 (2)
Alex Jablonowski	Non-Executive Director	8 (8)
John Lelliott	Non-Executive Director	7 (8)
David Moss	Chairperson	8 (8)
Alyson O'Donnell	Medical Director	7 (8)
Pete Papworth (from May 2017)	Director of Finance	5 (5)
Steven Peacock (until September 2017)	Non-Executive Director	3 (5)
Iain Rawlinson (from October 2017)	Non-Executive Director	3 (3)
Richard Renaut	Chief Operating Officer	8 (8)
Cliff Shearman	Non-Executive Director	5 (8)
Paula Shobbrook	Director of Nursing and Midwifery	8 (8)
Tony Spotswood	Chief Executive	7 (8)

## 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.

Paragraph B.7.1 of the Foundation Trust Code of Governance specifies that any term of appointment beyond six years (e.g. two three-year terms) for a non-executive director should be subject to particularly rigorous review, and should take into account the need for progressive refreshing of the board of directors. It also sets out that non-executive directors may serve longer than six years (e.g. two three-year terms following authorisation of the NHS foundation trust) but subject to annual re-appointment. All of the current non-executive directors have been appointed for a maximum term of three years, however, Steven Peacock had served as a non-executive director for eight years, including an initial term of four years, prior to leaving the Board in September 2017.

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.

The Chairperson was determined to be independent upon appointment in 2017 and 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. One meeting was held in 2017-18.

## 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 Foundation Trust Code of Governance although their feedback was provided in other ways 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.

Non-Executive Director	When appointed	Term of office
Christine Hallett	29 June 2015 Appointed as Senior Independent Director on 28 April 2017	3 years 2 years
Alex Jablonowski	20 June 2016 Appointed as Vice-Chairperson on 1 October 2017	3 years 2 years
John Lelliott	1 June 2016	3 years
David Moss	13 March 2017	3 years
Cliff Shearman	1 April 2017	3 years
Iain Rawlinson	1 October 2017	3 years

The board of directors, and each of its committees, evaluates its own performance annually and undertakes a more formal evaluation every three years. The process for committees includes a review against the committee’s terms of reference to ensure that it 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. The review was undertaken by GE Healthcare Finnermore which met the independence requirements for this review, having not carried out any audit or governance- related work for the Trust during the previous three years. This review was supplemented by an internal review in 2017/18, again using the well-led framework.

The appraisals and performance evaluations 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.

## 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, Chief Operating Officer, 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. The table below sets out the members of the committee during 2017/18 and the number of meetings at which the non-executive director was present and in brackets the number of meetings that the non-executive director was eligible to attend.

Meetings of the Audit Committee	
Name	Meetings attended
Alex Jablonowski (Chairperson) from July 2017	3 (3)
Steven Peacock (Chairperson until July 2017 and member until September 2017)	2 (3)
Christine Hallett	5 (5)
John Lelliott	5 (5)
Iain Rawlinson (from November 2017)	0 (1)

The Audit Committee’s duties cover the following areas:

### Internal control, risk management and corporate governance

The committee reviews the establishment and maintenance of an effective system of internal control, risk management and corporate governance, with particular reference to the Trust’s board assurance framework.

In particular, the committee reviews the adequacy of:

- all risk and control related disclosure statements, including the annual governance statement, together with any accompanying Head of Internal Audit statement, prior to endorsement by the Board
- the structure, processes and responsibilities for identifying and managing key risks facing the organisation
- the operational effectiveness of relevant policies and procedures including those related to fraud and corruption and economy, efficiency and effectiveness in the use of resources
- the scope, maintenance and use of the board assurance framework
- the Trust’s clinical audit programme.

## Internal audit

The committee:

- appoints the internal auditors, sets the audit fee and resolves any questions of resignation and dismissal
- ensures that the internal audit function is adequately resourced and has appropriate access to information to perform its function effectively and is free from management or other restrictions
- reviews the internal audit programme, considers major findings of internal audit investigations (and management's response), and ensures co-ordination between the internal and external auditors
- reports non-compliance with, or inadequate responses to, internal audit reports to the board of directors
- utilises internal audit reports to provide assurance to the board of directors on the governance of the Trust's Healthcare Assurance Committee, which, in turn, provides assurance to the board of directors on the quality and safety of services which the Trust provides.

The Trust does not have an internal audit function but these services are provided by a third party provider of internal audit services which reports to the Audit Committee. The internal auditors, working with staff at the Trust and the Audit Committee, develop an audit plan each year based on the level of inherent risk and the strength of the control environment across the Trust. 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 committee:

- considers the appointment of the external auditors, the audit fee and any questions of resignation and dismissal before making a recommendation to the Council of Governors
- discusses with the external auditors, before the audit commences, the nature and scope of the audit, and ensures co-ordination, as appropriate, with internal audit and the representative from the counter fraud service
- reviews external audit reports, together with the management response, and monitors the progress of implementation of any recommendations
- reports non-compliance with, or inadequate responses to, external audit reports to the board of directors
- considers the provision of any non-audit services to the Trust by the external auditors.

The Audit Committee formally reviews the work of the external auditor each year and communicates this to the Council of Governors to ensure that it is aware of the Trust's 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 appointed by the Council of Governors for a term of three years from October 2015. This was the first time KPMG LLP was appointed as external auditor to the Trust and the appointment was made following a tender process involving the Chairperson of the Audit Committee and governors of the Trust, and a recommendation from the Audit Committee to the Council of Governors.

The Trust was recently 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 Trust. The Council of Governors agreed to participate in the joint process, which 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 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 2016/17, KPMG LLP's performance and independence and the effectiveness of the overall audit process.

## Counter fraud service

The committee:

- appoints the counter fraud service, sets the fee and resolves any questions of resignation and dismissal
- ensures that the counter fraud function has appropriate standing within the organisation
- reviews the counter fraud programme, considers major findings of investigations (and management's response) and ensures co-ordination between the internal auditors and counter fraud
- reports non-compliance with, or inadequate responses to, counter fraud reports to the board of directors.

## Financial reporting

The committee reviews the annual report, annual governance statement and annual financial statements before making a recommendation to the board of directors, focusing particularly on:

- changes in, and compliance with, accounting policies and practices
- major judgemental areas and explanations of estimates or provisions having a material effect
- significant adjustments resulting from the audit and any reservations or recommendations which have not been satisfactorily resolved
- the clarity and completeness of disclosure in the Trust's financial reports and the context in which statements are made.

## Whistleblowing

The committee reviews arrangements by which staff of the Trust may raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters to ensure that arrangements are in place for the proportionate and independent investigation of such matters and for appropriate follow-up action. This work has been supported by the appointment by the Trust's Freedom to Speak Up Guardian in 2017.

In carrying out its duties the committee is authorised by the Board to:

- recommend actions to the Board;
- oversee the investigation of any activities within its terms of reference;
- seek any information it requires from any employee of the Trust which may include requiring attendance at its committee meetings and all employees have been directed to cooperate with any requests; and
- obtain outside legal or other professional advice on any matter within its terms of reference.

## Significant issues

During the year under report the significant issues considered by the committee were:

- participation in the Dorset-wide tender for internal and external audit services, realising savings and enabling greater consistency of approach through shared learning;
- reviewing the effectiveness of clinical audit and ways to improve the visibility of the outcomes of clinical audit at the Healthcare Assurance Committee and the Board;
- information security risks including network stability, disaster recovery and cybersecurity, again supported by internal audit reviews;
- audits of pre-employment checks carried out by agencies and the locum engagement processes performed by internal auditors and counter fraud specialists to ensure patient safety and good use of resources;

- improvements in inventory management systems and processes in areas of high value stock to realise savings and reduce opportunities for fraud;
- ongoing development of the Trust's risk management strategy including the importance of providing opportunities for innovation and transformation within the scope of the Trust's risk appetite and the additional scrutiny around moderate risks in order to better assess the cumulative impact of these risks;
- the role of the Audit Committee and the Healthcare Assurance Committee in reviewing the Trust's strategic risks and the board assurance framework, following recommendations in the Board's well-led governance review and in the developing context of the implementation of the Clinical Services Review and potential merger with Poole Hospital NHS Foundation Trust;
- working with the Freedom to Speak Up Guardian to understand and support the processes enabling staff to raise concerns including assuming responsibility the Trust's Freedom to speak up: raising concerns (whistleblowing) policy; and
- the criminal prosecution of a member of staff for the theft of Trust IT equipment, including recovery of the financial loss to the Trust and changes to procedures to reduce the risk of theft in future.

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 recognition of NHS and non-NHS income and the valuation of land and buildings. In order to address these issues the committee sought and received detailed briefings and explanations from the Director of Finance and the Director of Nursing and Midwifery. The chairpersons of the Healthcare Assurance Committee and the Finance and Performance Committee are members of the Audit Committee and are able to provide details of scrutiny undertaken in these committees, where it is appropriate, and ensure the work of all three committees is coordinated. Regular

reports are also received relating to clinical audit activities including compliance with national audits and delivery of the Trust's quality priorities. The Audit Committee also receives assurance from external sources including the internal auditors, external auditor and counter fraud specialist.

In carrying out its review of the Annual Report and Accounts, the Audit Committee provides assurance to the board of directors which supports the statement made by the Board that, taken as a whole the annual report and accounts, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy.

## Non-audit services

The Audit Committee has approved a policy which governs the provision of non-audit services by the external auditors. The policy sets out limits on the services which may be provided by the external auditors so as not to impair their objectivity or independence when reviewing the Trust's financial statements but does not restrict the Trust from purchasing other services from the external auditors where this is in the best 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. The nature of the non-audit services provided did not present any potential issues in terms of the external auditor's objectivity and independence.

## 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 and standards of conduct rather than in the schedule of matters reserved for the board of directors as required by paragraph A.1.1 of the NHS Foundation Trust Code of Governance.

In 2017-18, the Council of Governors was made up as follows:

Public governors - Bournemouth and Poole constituency (elected)	Elected	Term of office
David Bellamy (until September 2017)	2014	3 years
Carole Deas (until September 2017)	2014	3 years
Marjorie Houghton (from September 2017)	2017	2 years
Keith Mitchell	2017	3 years
Roger Parsons (until September 2017 and from October 2017)	2017	2 years
Sue Parsons	2016	3 years
Alan Radley	2016	3 years
Guy Rouquette	2017	3 years
Maureen Todd	2016	3 years
David Triplow (Lead Governor from April 2017)	2017	3 years
Michele Whitehurst (from September 2017)	2017	2 years

Public governors - Christchurch and Dorset County constituency (elected)	Elected	Term of office
Richard Allen (from September 2017)	2017	3 years
Chris Archibold	2016	3 years
Derek Chaffey	2017	3 years
Eric Fisher	2017	3 years
Bevan Holden (from September 2017 to February 2018)	2017	2 years
Doreen Holford (until September 2017)	2014	3 years
Paul McMillan (until September 2017)	2014	3 years
Brian Young	2017	2 years

Public governors - New Forest and Rest of England constituency (elected)	Elected	Term of office
Tracy Broom (from September 2017)	2017	2 years
David Brown (until September 2017)	2016	1.5 years
Bob Gee (until September 2017)	2014	3 years
Nick Harrison (from September 2017)	2017	3 years
Graham Swetman (until September 2017)	2014	3 years
Sandy Wilson (from September 2017)	2017	3 years

Staff governors (elected)	Elected	Term of office
Sarah Berridge*	2016	3 years
Catherine Bishop (from September 2017)	2017	3 years
Louise Johnson (from September 2017)	2017	3 years
Ian Knox (until September 2017)	2014	3 years
Richard Owen (until September 2017)	2014	3 years
Markus Pettit (from September 2017)	2017	3 years
Petrina Taylor	2016	3 years
Kim Waterman (until September 2017)	2015	2 years

\*Sarah Berridge resigned a governor in April 2018

Appointed governors	Elected	Term of office
Lesley Dedman (Dorset County Council) (from July 2017)	July 2017	3 years
Paul Higgs (Hospital Volunteers)	October 2016	3 years
Colin Jamieson (Dorset County Council) (until May 2017)	June 2016	1 year
Mufeed Ni'man (Clinical Commissioning Group)	December 2016	3 years
Stephen Tee (Bournemouth University)	September 2015	3 years
Rae Stollard (Bournemouth Borough Council)	December 2016	3 years
Graham Wilson (Borough of Poole)	October 2016	3 years

## 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	Title	Constituency/class/ appointing organisation	Attendance
David Moss	Chairperson		4 (4)
Richard Allen (from September 2017)	Public Governor	Christchurch and Dorset County	2 (2)
Chris Archibold	Public Governor	Christchurch and Dorset County	4 (4)
David Bellamy (until September 2017)	Public Governor	Bournemouth and Poole	1 (2)
Sarah Berridge	Staff Governor	Medical and Dental	0 (4)
Catherine Bishop (from September 2017)	Staff Governor	Administrative, Clerical and Management	2 (2)
Tracy Broom (from September 2017)	Public Governor	New Forest and Rest of England	2 (2)
David Brown (until September 2017)	Public Governor	New Forest and Rest of England	2 (2)
Derek Chaffey	Public Governor	Christchurch and Dorset County	4 (4)
Carole Deas (until September 2017)	Public Governor	Bournemouth and Poole	1 (2)
Lesley Dedman (from July 2017)	Appointed Governor	Dorset County Council	1 (3)
Eric Fisher	Public Governor	Christchurch and Dorset County	1 (4)
Bob Gee (until September 2017)	Public Governor	New Forest and Rest of England	1 (2)
Nick Harrison (from September 2017)	Public Governor	New Forest and Rest of England	1 (2)
Paul Higgs	Public Governor	Hospital Volunteers	4 (4)
Bevan Holden (from September 2017 until February 2018)	Public Governor	Christchurch and Dorset County	0 (2)
Doreen Holford (until September 2017)	Public Governor	Christchurch and Dorset County	2 (2)

Marjorie Houghton (from September 2017)	Public Governor	Bournemouth and Poole	2 (2)
Colin Jamieson (until May 2017)	Appointed Governor	Dorset County Council	0 (1)
Louise Johnson (from September 2017)	Staff Governor	Allied Health Professions, Scientific and Technical	2 (2)
Ian Knox (until September 2017)	Staff Governor	Allied Health Professions, Scientific and Technical	0 (2)
Paul McMillan (until September 2017)	Public Governor	Christchurch and Dorset County	1 (2)
Keith Mitchell	Public Governor	Bournemouth and Poole	4 (4)
Mufeed Ni'man	Appointed Governor	Dorset Clinical Commissioning Group	0 (4)
Richard Owen (until September 2017)	Staff Governor	Estates and Ancillary Services	0 (2)
Roger Parsons (until September 2017 and reappointed October 2018)	Public Governor	Bournemouth and Poole	2 (3)
Sue Parsons	Public Governor	Bournemouth and Poole	4 (4)
Markus Pettit (from September 2017)	Staff Governor	Estates and Ancillary Services	1 (2)
Alan Radley	Public Governor	Bournemouth and Poole	3 (4)
Guy Rouquette	Public Governor	Bournemouth and Poole	3 (4)
Rae Stollard	Appointed Governor	Bournemouth Borough Council	3 (4)
Graham Swetman (until September 2017)	Public Governor	New Forest and Rest of England	1 (2)
Petrina Taylor	Staff Governor	Nursing, Midwifery and Healthcare Assistants	3 (4)
Stephen Tee	Appointed Governor	Bournemouth University	2 (4)
Maureen Todd	Public Governor	Bournemouth and Poole	3 (4)
David Triplow	Public Governor	Bournemouth and Poole	4 (4)
Kim Waterman (until September 2017)	Staff Governor	Administrative, Clerical and Management	1 (2)
Michele Whitehurst (from September 2017)	Public Governor	Bournemouth and Poole	2 (2)
Graham Wilson	Appointed Governor	Borough of Poole	0 (4)
Sandy Wilson (from September 2017)	Public Governor	New Forest and Rest of England	2 (2)
Brian Young	Public Governor	Christchurch and Dorset County	2 (4)

Name	Title	Attendance
<b>Directors:</b>		
Karen Allman	Director of Human Resources	3 (4)
Tea Colaianni (until January 2018)	Non-Executive Director	0 (3)
Peter Gill	Director of Informatics	1 (4)
Christine Hallett	Non-Executive Director	2 (4)
Stuart Hunter (until May 2017)	Director of Finance	1 (1)
Alex Jablonowski	Non-Executive Director	2 (4)
John Lelliott	Non-Executive Director	2 (4)
Alyson O'Donnell	Medical Director	2 (4)
Pete Papworth (from May 2017)	Director of Finance	2 (3)
Steven Peacock (until September 2017)	Non-Executive Director	1 (2)
Iain Rawlinson (from October 2017)	Non-Executive Director	0 (2)
Richard Renaut	Chief Operating Officer	2 (2)
Cliff Shearman (from April 2017)	Non-Executive Director	2 (3)
Paula Shobbrook	Director of Nursing and Midwifery	2 (4)
Tony Spotswood	Chief Executive	2 (4)

## Elections

Elections were held in all three public constituencies and three classes of the staff constituency during the year. Efforts to maximise nominations included contacting members who had expressed an interest in becoming a governor and more generally, articles in staff publications and on the Trust's intranet and open meetings prior to nomination. Two of the public constituency and two of the staff constituency elections were contested. The elections to the Council of Governors were held in accordance with the Constitution.

Date of election	Constituency / Staff Class	Number of members in constituency	Number of seats contested	Number of contestants	Election turnout (%)
August 2017	Bournemouth and Poole	7,590	7	13	22.5%
August 2017	Christchurch and Dorset County	1,996	5	6	23.5%
August 2017	New Forest and Rest of England		3	3	Unopposed
August 2017	Staff - Allied Health Professions, Scientific and Technical	790	1	3	20.5%
August 2017	Staff - Administrative, Clerical and Management	940	1	3	29.7%
August 2017	Staff - Estates and Ancillary Services		1	1	Unopposed

## Membership and Engagement

During 2017/18 the Council of Governors have continued to develop on its existing membership engagement strategy using health talks, constituency events, 'listening' events at the hospital site, emails and the quarterly membership newsletter to engage with existing members and recruit new members. Governors have also supported public engagement through focus groups arranged by the Trust. The strategy has also been developed to focus on recruitment of members from groups which have historically been under-represented in the Trust membership: younger people and those of working age. New ways to build links with local schools are being developed as well as better targeting of existing engagement activities to have greater appeal to working age people. The Membership Engagement Strategy set a recruitment target of 300 new public members for 2017/18 and the performance against that target is shown in the table below.

Over the next 12 months the governors will:

- continue local constituency meetings whether these are to provide information, engage with members or for consultation;
- continue to hold 'listening events' on the hospital site and out in the community;
- continue the work with local schools including governors attending local schools careers events and identifying students to participate in the formation of a youth council of governors;
- provide more information in the FT Focus and in regular emails to members who have provided their email address about governors' activities;
- develop the governor and member pages on the Trust's website to provide more information to members and the public; and

- try to increase the awareness and understanding of members and the local community of the NHS and foundation trusts and the benefits of foundation trust membership.

In 2017/18, governor engagement has included discussions with members about the Clinical Services Review, which is making changes to acute hospital services in the east of Dorset and will mean that the Royal Bournemouth Hospital becomes the major emergency hospital and Poole Hospital becomes the major hospital for planned care in east Dorset. These changes were consulted on separately by NHS Dorset Clinical Commissioning Group with input from the public and local stakeholders, supported by all of the NHS service providers in Dorset. The Trust's annual plan agreed for 2017/18 also covered 2018/19 and has not been reviewed during the year under report, other than to update the financial information. The Trust has refreshed its strategy during 2017/18 and feedback was provided by the Council of Governors through its Governor Strategy Committee. The Governor Strategy Committee is also involved in reviewing changes to the Sustainability and

Transformation Plan for Dorset, including as part of Dorset's evolution to an integrated care system.

The Council of Governors engages with the board of directors principally through the Chairperson, Chief Executive and Senior Independent Director. Any concerns would be raised with them or through the Trust Secretary. However there are many opportunities for directors and governors to engage with one another including directors' attendance at Council of Governors' meetings, governors' attendance at board of directors' meetings, joint working events of governors and directors, less formal meetings between the non- executive directors and governors, monthly briefing sessions with the Chairperson and Chief Executive and through the governor representatives on board committees and non-executive directors attending governor committees. All of these provide opportunities for governors to express their views and highlight any issues or concerns to the board of directors.

As at 31 March 2018 there were 10,146 members in the following constituencies:

Public constituency	Last year (2017/18)	Next year (2018/19) (estimated)
At year start (1 April)	10,495	10,146
New members	222	300
Members leaving	571	500
At year end (31 March)	10,146	9,946

Staff constituency	Last year (2017/18)	Next year (2018/19) (estimated)
At year start (1 April)	4,160	4,437
New members	683	300
Members leaving	406	300
At year end (31 March)	4,437	4,437

## Analysis of membership in constituencies (as at 31 March 2018)

Public		Staff	
Bournemouth and Poole	7,357	Medical and Dental	382
Christchurch and Dorset County	1,999	Allied Healthcare Professionals, Scientific and Technicians	833
New Forest and Rest of England	795	Nursing, Midwifery and Healthcare Assistants	1861
		Administrative, Clerical and Management	971
		Hotel Services and Estates	390

### Notes

- Members of staff on fixed term or temporary contracts who have been continuously employed by the Trust for at least twelve months are eligible to become members of the staff constituency.
- The increase in numbers of staff compared to previous years is due to 287 permanent staff who had been employed for less than twelve months being excluded from the figures in error, despite being eligible for inclusion as members.

## Analysis of current public membership (as at 31 March 2018)

As at 31 March 2018, there were public members in the following demographic groups:

Public constituency	Number of members	Eligible membership
<b>Age (years):</b>		
0-16	13	135,655
17-21	632	43,057
22+	8,247	597,879
<b>Ethnicity:</b>		
White	9,504	714,637
Mixed	74	9,507
Asian or Asian British	145	14,175
Black or Black British	26	3,208
Other	25	2,514
<b>Socio-economic groupings*:</b>		
AB	3,280	49,486
C1	3,016	69,577
C2	1,955	50,690
DE	1,888	47,778
<b>Gender</b>		
Male	4,041	383,362
Female	6,088	393,229

## Notes

- The analysis does not include five members who were not allocated to one of the Trust's public constituencies when the analysis was carried out.
- The analysis section of this report excludes 1,254 public members with no dates of birth, 372 members with no stated ethnicity and 17 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.
- 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 Forset 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 currently benchmarks well and 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	1,571	10,867
Invoices due to be paid within 30 days	2,445	7,251
Proportion paid within 30 days	64.3%	66.7%

## Non-NHS payables

	Number	Value
Invoices paid within 30 days	50,915	82,985
Invoices due to be paid within 30 days	60,556	104,661
Proportion paid within 30 days	84.1%	79.3%

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.

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 2017/18. 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

The remuneration of the executive directors was reviewed in April 2017 and the Nomination and Remuneration Committee approved a pay increase of 1% with effect from 1 April 2017 in line with the cost of living award made to staff on national terms and conditions. The Nomination and Remuneration Committee also agreed the salary for the Director of Finance following the appointment to that role. While the committee has reviewed benchmarking information for executive director salaries in the NHS, no further changes to senior managers' remuneration have been made during 2017/18. The Non-Executive Director Nomination and Remuneration Committee has not reviewed or made any changes to the remuneration of non-executive directors during the year under report.

**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 non-executive 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 Chairperson. Advice is received from the Director of Human Resources.

The Non-Executive Director Nomination and Remuneration Committee met in 2017/18 to consider the appointment of one non-executive director. The appointment process followed the policy agreed with the Council of Governors. This considered the board of directors' view of the skills, qualifications and experience of its members and any gaps required to be filled. Candidates were identified in a number of ways including advertisements in national press and using an external search agency. The shortlisted candidates met with stakeholder groups, undertook psychometric testing and attended a formal interview panel, which included an independent adviser, before the appointment was made.

The Non-Executive Director Nomination and Remuneration Committee monitors the performance of the non-executive directors, including the Chairperson, and makes recommendations to the Council of Governors on the total level of remuneration to be paid to non-executive directors. The committee is advised by the Director of Human Resources on market rates and relativities (based on research commissioned by the Trust and carried out and reported upon by NHS partners).

The committee was scheduled to conduct more detailed review of the remuneration levels of the chairperson and non-executive directors using external professional advisers in 2017/18, which should be done on a triennial basis in accordance with paragraph D.2.3 of the NHS Foundation Trust Code of Governance. This has been deferred until 2018/19 when the use of external consultants as part of this review will also be considered. 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 2017/18 and the number of meetings at which each was present and in brackets the number of meetings that they were eligible to attend.

Meetings of the Non-Executive Director Nomination and Remuneration Committee	
Name	Meetings attended
David Moss (Chairperson)	4 (4)
Eric Fisher (from November 2017)	1 (1)
Bob Gee (until September 2017)	0 (4)
Keith Mitchell (from January 2018)	1 (1)
Sue Parsons (from January 2018)	1 (1)
Guy Rouquette (from January 2018)	1 (1)
Graham Swetman (until September 2017)	1 (3)
David Triplow	4 (4)

## 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.

The committee determined that a 1% pay increase from 1 April 2017 was to be made to executive director pay during the year.

The committee appointed Pete Papworth as Director of Finance on 29 May 2017 following an open advertisement and recruitment process. 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 2017/18 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.

Meetings of the Nomination and Remuneration Committee (Executive Directors)	
Name	Meetings attended
Tea Colaianni (until January 2018)	1 (2)
Christine Hallett	1 (2)
Alex Jablonowski	2 (2)
John Lelliott	1 (2)
David Moss (Chairperson)	2 (2)
Steven Peacock (until September 2017)	0 (1)
Cliff Shearman	2 (2)
Iain Rawlinson (from October 2017)	1 (1)
Tony Spotswood*	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 record the proceedings.

## Directors' and Governors' expenses

The expenses of directors and staff governors are reimbursed in accordance with the Trust's policy on expenses applicable to all staff. Travel and other costs and expenses for all other governors are reimbursed in accordance with a separate policy approved by the Executive Director Nomination and Remuneration Committee, made up of the non-executive directors. Governors are volunteers and do not receive any remuneration for their role.

## Senior manager remuneration

Senior manager remuneration											
Name	Title	2017/18					2016/17				
		Salary and Fees	Other Remuneration	Total Salary and Fees	Pension Related Benefits	Total	Salary and Fees	Other Remuneration	Total Salary and Fees	Pension Related Benefits	Total
		(bands of £5000) £'000	(bands of £5000) £'000	(bands of £5000) £'000	(bands of £2,500) £'000	(bands of £5,000) £'000	(bands of £5,000) £'000	(bands of £5000) £'000	(bands of £5000) £'000	(bands of £2,500) £'000	(bands of £5,000) £'000
<b>Executive Members</b>											
Mr A Spotswood	Chief Executive (See note 1)	196 - 200	0	196-200	0	196-200	196-200	0	196-200	50-52.5	245-250
Mrs P Shobbrook	Director of Nursing and Midwifery (See note 2)	121-125	0	121-125	21-25	146-150	121-125	1-5	121-125	17.5-20	141-145
Mr S Hunter	Director of Finance (See note 3)	21-25	0	21-25	0	21-25	131-135	0	131-135	30-32.5	166-170
Mr P Papworth	Director of Finance (See note 4)	106-110	11-15	141-145	0	141-145	0	0	0	0	0
Mr R Renaut	Chief Operating Officer (See note 5)	131-135	1-5	131-135	26-30	166-170	131-135	0	131-135	72.5-75	206-210
Mrs K Allman	Director of Human Resources	116-120	0	116-120	16-20	131-135	116-120	0	116-120	20-22.5	136-140
Dr A O'Donnell	Medical Director (See note 6)	181-185	0	181-185	0	181-185	71-75	0	71-75	87.5-90	161-165
Mr P Gill	Director of Informatics (See note 7)	51-55	0	51-55	11-15	66-70	51-55	0	51-55	20-22.5	71-75
<b>Board Member</b>											
Ms N Hartley	Director of Organisational Development	76-80	0	76-80	Not applicable	76-80	76-80	0	76-80	Not applicable	76-80
<b>Non-Executive Members</b>											
Mr D Moss	Chairperson (See note 8)	51-55	0	51-55	Not applicable	51-55	1-5	0	1-5	Not applicable	1-5
Mr S Peacock	Non-Executive Director (See note 9)	6-10	0	6-10	Not applicable	6-10	16-20	0	16-20	Not applicable	16-20
Mr C Shearman	Non-Executive Director (See note 10)	11-15	0	11-15	Not applicable	11-15	0	0	0	Not applicable	0
Mr DI Rawlinson	Non-Executive Director (See note 11)	6-10	0	6-10	Not applicable	6-10	0	0	0	Not applicable	0
Mrs C Hallett	Non-Executive Director (See note 12)	16-20	0	16-20	Not applicable	16-20	11-15	0	11-15	Not applicable	11-15
Mr J Lelliott	Non-Executive Director (See note 13)	16-20	0	16-20	Not applicable	16-20	11-15	0	11-15	Not applicable	11-15
Mr A Jablonowski	Non-Executive Director (See note 14)	11-15	0	11-15	Not applicable	11-15	11-15	0	11-15	Not applicable	11-15
Mrs T Colaanni	Non-Executive Director (See note 15)	11-15	0	11-15	Not applicable	11-15	6-10	0	6-10	Not applicable	6-10
Band of highest paid director				196-200					190-195		
Median Total Remuneration				28,155					26,661		
Ratio				7.1					7.2		

### Notes:

- Mr A Spotswood opted out of the pension scheme on 31 March 2017 and therefore is showing no pension related benefits in 2017/18.
- Mrs P Shobbrook's other remuneration in 2016/17 related to the selling back of untaken annual leave.
- Mr S Hunter resigned from his post as Director of Finance on 28 May 2017.
- Mr P Papworth commenced his post as Director of Finance on 29 May 2017 and opted out of the pension scheme on the 31 May 2017. His other remuneration relates to his previous role as Deputy Director of Finance.
- Mr R Renaut's other remuneration relates to the selling back of untaken annual leave.
- Dr A O'Donnell's other remuneration relates to the selling back of untaken annual leave. She opted out of the pension scheme on 30 April 2017.
- Mr P Gill holds a joint Director of Informatics post with Poole Hospital NHS Foundation Trust and was recharged to Poole Hospital NHS Foundation Trust on a half-time basis.
- Mr D Moss commenced his post as Chairperson on 13 March 2017.

9. Mr S Peacock concluded his post as Non-Executive Director on 30 September 2017.
10. Mr C Shearman commenced his post as Non-Executive Director on 1 April 2017.
11. Mr D Rawlinson commenced his post as Non-Executive Director on 1 October 2017.
12. Ms C Hallett received an additional amount from 1 October 2016 for chairing the Healthcare Assurance Committee in accordance with the terms of appointment for non-executive directors.
13. Mr J Lelliott commenced his post as Non-Executive Director on 1 June 2016.
14. Mr A Jablonowski commenced his post as Non-Executive Director on 20 June 2016.
15. Mrs T Colaianni commenced her post as Non-Executive Director on 1 November 2016 and resigned on 31 January 2018.
16. Senior managers do not receive any annual performance-related bonuses or long-term performance related bonuses or other allowances.
17. No individual named above received any benefit in kind during either financial year.
18. No other categories in the proforma single figure table disclosure are relevant to the Trust.
19. Of the 17 senior managers in the table above, 13 received expenses during the year amounting to a total of £10,714. In 2016/17 13 received expenses amounting to a total of £8,108.
20. There are 18 governors (excluding 5 staff and 6 appointed governors), of which 9 received expenses during the year amounting to a total of £1,915. In 2016/17 seven governors received expenses amounting to a total of £2,232.

## Summary of policy in relation to duration of contracts, notice periods; and termination payments:

- All Executive Directors are required to provide six months' written notice, however in appropriate circumstances this could be varied by mutual agreement.
- All senior manager contracts are permanent.
- 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 (subject to audit)							
Name	Title (as at 31 March 2018)	Real Increase in Pension and Related Lump Sum at retirement age	Total accrued Pension and Related Lump Sum at retirement age at 31 March 2018	Cash Equivalent Transfer Value at 31 March 2017	Cash Equivalent Transfer Value at 31 March 2016 (Inflated)	Real Increase in Cash Equivalent Transfer Value	Employer- Funded contribution to growth in CETV for the year
		(Bands of £2,500)	(Bands of £5,000)	£'000	£'000	£'000	£'000
Mr A Spotswood	Chief Executive (see note 2)	N/A	N/A	N/A	N/A	-	N/A
Mrs P Shobbrook	Director of Nursing and Midwifery	5-7.5	171-175	743	660	82	42
Mr S Hunter	Director of Finance (see note 3)	N/A	N/A	N/A	N/A	N/A	N/A
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	496	437	59	30
Mrs K Allman	Director of Human Resources	5-7.5	81-85	453	396	57	29
Mr P Gill	Director of Informatics	0-2.5	116-120	560	502	58	30
Dr A O'Donnell	Medical Director (see note 5)	N/A	N/A	N/A	N/A	N/A	N/A

### Notes:

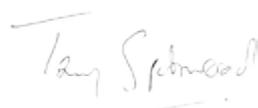
1. Non-Executive Directors do not receive pensionable remuneration, and as such, there are no entries in respect of pensions for Non Executive-Directors.
2. Mr A Spotswood opted out of the pension scheme on 31 March 2017.
3. Mr S Hunter resigned from his post as Director of Finance on 28 May 2017.
4. 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.



**Tony Spotswood**  
Chief Executive  
24 May 2018

## 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.1.1, A.4.2, B.1.2, B.2.3, B.7.1 and D.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.

The Single Oversight Framework applied from Quarter 3 of 2016/17. Prior to this, Monitor's Risk Assessment Framework (RAF) was in place. Information for the prior year and first two quarters of 2016/17 relating to the RAF has not been presented as the basis of accountability was different. This is in line with NHS Improvement's guidance for annual reports.

### Segmentation

The Trust has been included in segment 2, the second highest. This segmentation information is the Trust's position as at 18 April 2018. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

### Finance and use of resources

The finance and use of resources theme is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the trust disclosed above might not be the same as the overall finance score here.

Area	Metric	2016/17 Q3 Score				2016/17 Q4 Score	
		Q4	Q3	Q2	Q1	Q4	Q3
Financial sustainability	Capital service capacity	3	4	4	4	2	3
	Liquidity	1	1	1	1	1	1
Financial efficiency	I&E margin	3	4	4	4	2	3
Financial controls	Distance from financial plan	1	1	1	1	1	1
	Agency spend	1	1	1	1	1	1
<b>Overall scoring</b>		2	3	3	3	1	2

# 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 there is an effective risk management system in place within the Trust and for meeting all statutory responsibilities and the requirements of the NHS provider licence, ensuring efficient and economic use of resources and ensuring that effective management systems and controls are in place for the achievement of the Trust's objectives.

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. This was further developed by the appointment of the Trust's Freedom to Speak Up Guardian in 2017.

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 it is complete 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. Significant 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 and its committees is supported by a range of specialist committees including the Quality and Risk Committee which focuses on clinical quality and risk management, 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 also 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 other stakeholders through meetings with commissioners, clinical network groups and patient safety forums.

## **The risk and control framework**

The Trust has developed a standard matrix for measuring risk and determining the level of risk that can be accepted at the key management levels within the organisation. Detailed guidance and advice on assessing, quantifying and managing risk is contained within the foundation trust's risk management strategy and policy and associated risk assessment toolkit. As part of the strategy, care group and directorate leads are responsible for maintaining directorate risk registers and for bringing significant risks to the attention of the Quality and Risk Committee and the Healthcare Assurance Committee. Each of the other committees of the board of directors reviews the significant 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's 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 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 sub-committees 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. The risk rating value is a combination of likelihood and consequence. All risks are assigned a current risk score and a target risk score following implementation of action plans and mitigation. All action plans have a responsible lead and timeframe noted. All significant and corporate level risks are also assigned an executive director lead.

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.

Significant 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 Healthcare Assurance Group, chaired by the Director of Nursing and Midwifery, provides additional oversight in order to maintain a monthly review of significant risks. The Quality and Risk Committee also reviews all new clinical risks monthly ensuring escalation to the Healthcare Assurance Committee and Trust Management Board as appropriate. The full 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 significant 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 significant risks:

- If the flow of patients is compromised within the Trust, through the Trust's inability to discharge patients, provide adequate ambulatory care or senior clinical input at an early stage then there is a potential risk to the quality of care provided to those patients admitted to the Royal Bournemouth Hospital, including the potential for avoidable harm to patients who remain in hospital after they are medically ready for discharge.
- A number of recent incident investigations have identified an increased risk relating to the review and action of diagnostic results. If significant diagnostic results are missed then there is a risk that this can cause potential harm to patients. Ongoing review of current processes is being carried out while a more permanent technological solution is developed.
- While immediate actions have been put in place in response to individual never events, following the reporting of eight never events in 2017/18, if the Trust reports further never events (particularly where there is an element of repeated reporting) there is a potential risk that regulators may suspend or close services.
- The Oncology medical service to patients is not sufficiently resilient to provide a safe service due to current management and resourcing levels. Alternative staffing arrangements are currently in place on an interim basis in order to mitigate this risk.
- Delayed treatment pathways and non-compliance with the 92% target for referral to treatment within 18 weeks.

### Future risks:

- There is a risk that the Competition and Markets Authority does not agree to lift the undertakings on the Trust and Poole Hospital NHS Foundation Trust resulting in the trusts failing to implement and deliver the reconfiguration of acute hospital services in east Dorset as part of the Clinical Services Review.
- Without the Dorset Care Record being in place care is being delivered in the absence of this information or there are delays due

to the time-consuming process to obtain it. Consequently more admissions take place than might otherwise be the case, discharges take longer and patients have a potentially less safe or unnecessarily delayed journey.

- There is a risk that demand management initiatives will not be fully supported and/or implemented effectively out of hospital which could impact on the elective services at the Trust due to continued high levels of referrals. This could result in capacity issues and therefore, delays to patient pathways, waiting list performance failure and financial imbalance.
- With the recent cyber-attacks on NHS organisations, the risks to data security and business processes (including patient care) is on the increase. Whilst the IT security function within Informatics department works to capacity, current resource levels mean that the surveillance of the risks is limited and is more reactive than proactive.

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:

- Compliance with the 31 and 62-day wait for treatment from urgent GP referral for suspected cancer access target, due to ongoing risks despite maintaining compliance currently.
- The maximum waiting time of four hours for admission to Accident and Emergency due to the continued high level of ambulance conveyances, attendances and admissions and the ability to maintain a flow of patients through the hospital.
- 18 week referral to treatment times (RTT) performance and risk of breaching the 92% target. Action plans to bring the Trust back into line with the target include maintaining backlogs at their current level and a focus on patients who have been waiting longest alongside demand management initiatives, including the Right Referral, Right Care programme.

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 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 in advance of this through the regular performance reporting to the board at its monthly meetings. 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 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. 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.

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 shadow integrated care system 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. 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 Healthcare Assurance Committee and Workforce Strategy and Development Committee.

There is a strategic, co-ordinated approach to the Trust's clinical audit activities to ensure that the clinical audit cycle is complete and therefore leads to improvement in patient care. There is a consultant lead for clinical audit, a Clinical Effectiveness Manager, who is part of the Clinical Governance Team, and consultant leads for clinical audit in each directorate. An annual audit plan is developed within each directorate with audits prioritised in relation to national requirements, Trust objectives, contractual and statutory duties and local requirements. Focus on the audit priorities and completion of the plan is monitored by the consultant lead for clinical audit as part of

their role. This approach has been approved by the Trust Management Board, membership of which includes the clinical directors for each directorate and the care group medical leads. The committee for coordinating the Trust strategy for clinical effectiveness and clinical audit is the Clinical Audit and Effectiveness Group (CAEG).

The CAEG is a formal sub-group of the Quality and Risk Committee and is chaired by the consultant lead for clinical audit and membership includes the directorate clinical audit leads. The group meets monthly and collectively reviews the results of National and Trust clinical audits and considers any actions required for quality improvement. The group also monitors implementation of the action plans and re-audit as required to ensure required improvements have been achieved consistently across all relevant areas. The Quality and Risk Committee formally reports to the Healthcare Assurance Committee and recommends approval of the annual clinical audit programme prior to submission to the Trust Management Board and the board of directors. The Healthcare Assurance Committee monitors the clinical audit plan to support continuous improvement in the quality of clinical care and ensure that learning is disseminated. The Audit Committee also reviews the clinical audit plan to ensure that it reflects both national and local priorities and robust arrangements are in place for delivery of the plan by clinical directorates. Clinical directorates review their progress against the audit plan on a quarterly basis and provide a report for the Quality and Risk Committee.

The Trust's current registration status with the Care Quality Commission (CQC) is unconditional and the Trust has no restrictions on its practice or services. The Trust has not participated in any special reviews or investigations in 2017/18. The latest CQC inspection in 2015 (report published on 26 February 2016) rated the Trust overall as 'requires improvement' and included requirement notices in respect of some issues. The CQC inspected the Royal Bournemouth Hospital and Christchurch Hospital on 11 and 12 March 2018 and undertook an additional well-led inspection on 11 and 12 April 2018. A report is expected in early June 2018.

Prior to the inspection, the Trust has held regular engagement meetings with local CQC inspector during 2017/18. The meetings gave the Trust the opportunity to share its progress against the Trust's internal CQC action plan with the CQC. Progress has also been monitored by the board's Healthcare Assurance Committee. An external review of implementation processes was incorporated within the internal audit programme for 2017/18 as part of its review of directorate governance. The Trust also has an established a programme of internal quality inspections to monitor and ensure compliance.

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 foundation trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources  
The 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 is expecting the results of its first use of resources assessment in 2018, however, the Trust has been recognised as one of the most efficient acute trusts nationally. 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.

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 3 as a result of the Trust's planned deficit in 2017/18. The Trust continued to meet its financial control total, receiving a bonus payment from NHS England under the Sustainability and Transformation Fund for 2017/18.

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 as part of the shadow integrated care system 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.

The Information Governance (IG) Toolkit is used to assess how well the Trust complies with the relevant legal and regulatory requirements and guidance relating to

information governance. For 2017/18, the Trust achieved Level 2 on 38 of the 45 IG Toolkit standards, and Level 3 on the remaining 7, which resulted in an overall Information Governance Assessment Report score of 73%. The Trust was graded by NHS Digital as "Satisfactory", which is the highest possible rating.

During 2017/18, four Level 2 Information Governance breaches were reported. Two of these related to patient information being lost or disposed of inappropriately. The remaining breaches relate to sensitive patient data being shared inappropriately with the internal auditor and a letter being sent to the incorrect patient. The latter was considered to be more severe than other similar incidents as the letter contained particularly sensitive information about the patient, and the recipient made a formal complaint regarding the breach.

Each of these was reported the Information Commissioner's Office (ICO). Of these, one remains open and under investigation, and three have been closed. There is no evidence of harm coming to any of those affected by these breaches or of the information involved being disseminated further, and as such the ICO has confirmed that no enforcement action against the Trust was warranted on any of these incidents.

## Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHS Improvement (in exercise of the powers conferred on Monitor) has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

The production of the Quality Report is overseen by the Director of Nursing and Midwifery and co-ordinated by the Associate Director of Quality and Risk. This team leads on all regulatory quality assessments for the Trust and is experienced in this type of work. To ensure a balanced approach, input to the report is obtained from a wide range of sources

within the organisation through the governance infrastructure, 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, the Audit Committee, 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 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 eight 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 compliance actions identified by the Care Quality Commission in its report in 2016 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.

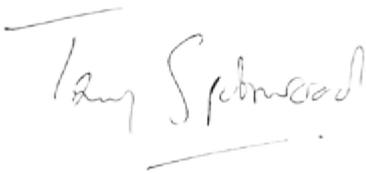
The review of internal control is supported by the head of internal audit opinion for 2017/18, which provided the Trust with moderate assurance that there was a sound system of internal control, designed to meet the Trust's objectives and that controls were being applied consistently. This opinion reflects the Trust's financial performance being broadly in line with budget during the financial year and a positive outturn at the end of the year, which improved

upon the Trust's agreed control total prior to any Sustainability and Transformation Fund bonus payment. This also reflects the Trust's record in implementing audit recommendations and a proactive approach to address the risks identified by internal audits.

The head of internal audit opinion highlighted the financial impact of the Trust not meeting the 95% access target within its Emergency Department in the third and fourth quarters due to the loss of payments from the Sustainability and Transformation Fund linked to this target. However, performance remained above the national average and the Trust's Emergency Department was one of 17 across the country to be included in the Care Quality Commission's best practice guide for all NHS hospital trusts, reflecting the emphasis on continuous improvement.

## Conclusion

No significant internal control issues have been identified by the Trust during 2017/18 through its own or external reviews.



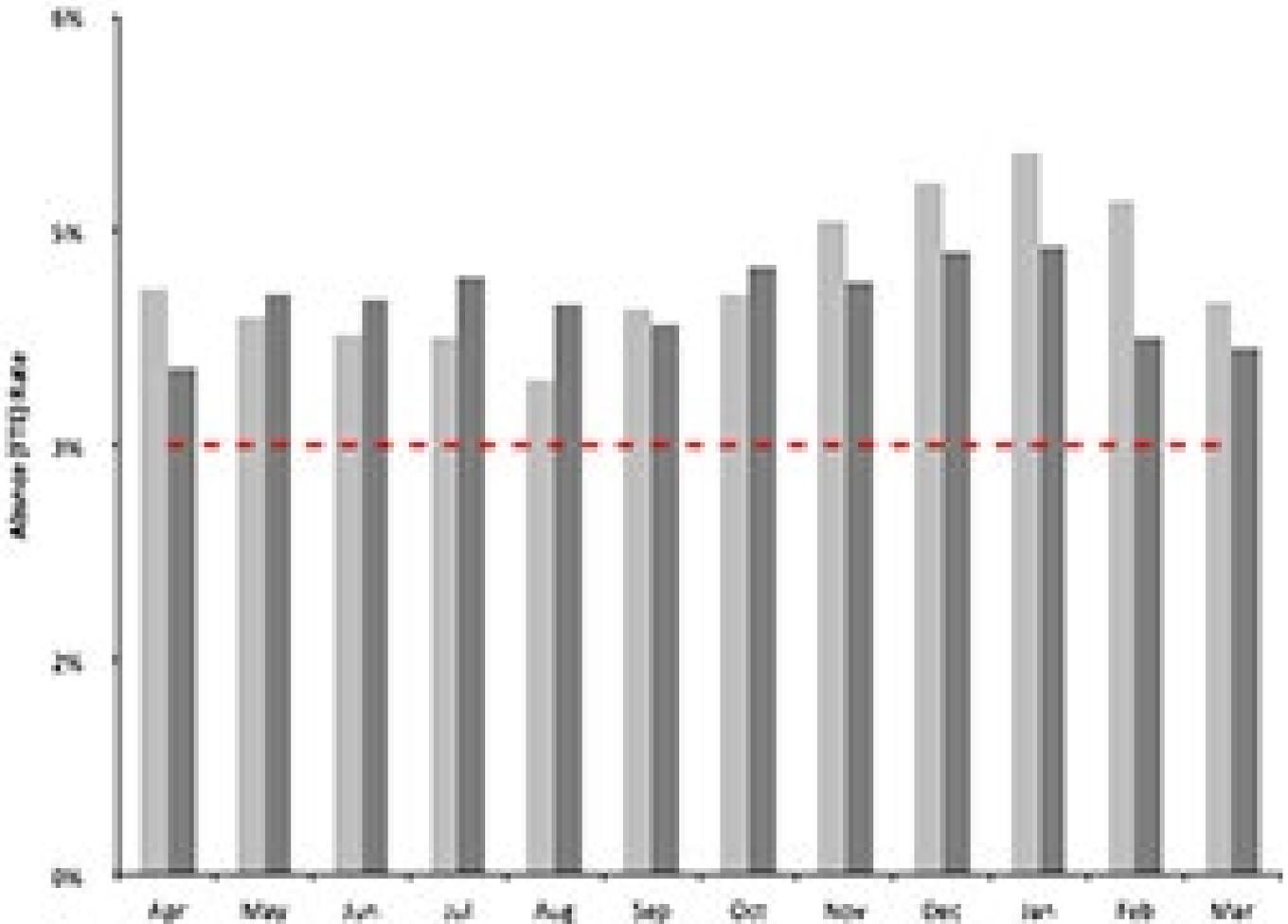
**Tony Spotswood**  
Chief Executive  
24 May 2018

# Staff Report

## Sickness Absence

Staff wellbeing and management of sickness absence continues to be a top priority for Trust managers, with research showing that happy and healthy staff have a positive impact on patient outcomes. The Trust's in-month sickness has varied from 3.55% to 4.40% as shown in the chart below. A significant improvement can be seen since November 2017, when compared to the same period in the previous year:

**In Month Sickness Absence (FTE) Year on Year**



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

# Employee Assistance Programme Analysis

This usage of this service represents an annual percentage of 12%, which is significantly higher than the previous annual period when the usage was 9%. The report shows that the service has not only been used by employees who are at work but also by those who are absent from work. 12% of all cases contacted the service while off sick.

## Service Details

Description	Total
Employee Headcount	4,360
Service Commencement Date	1 <sup>st</sup> March 2013
Annual Contacts	535
Annual Usage	12.27%
Annual New Cases	174

Description	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Total	
Employee	36	44	43	44	167	96%
Manager	-	-	3	-	3	2%
Family	-	1	-	-	1	1%
Unknown	1	1	-	1	3	2%
<b>TOTAL</b>	<b>37</b>	<b>46</b>	<b>46</b>	<b>45</b>	<b>174</b>	

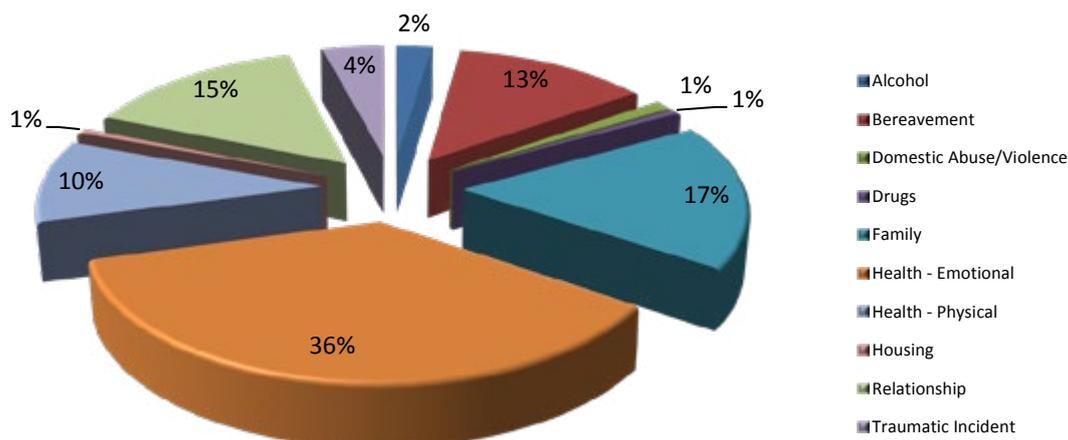
We supported with a range of personal and work related issues throughout the annual period, as well as providing advice and information around a range of practical queries.

It is positive to see that the majority (75%) of individuals who contacted the service this annual period self-referred to the service.

All Contacts by Type	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	YTD	
Telephone Information	15	11	13	11	50	9%
Telephone Counselling	42	72	69	65	248	46%
Face to Face Counselling	13	78	71	74	236	44%
Online Counselling	-	-	-	1	1	-%
<b>TOTAL</b>	<b>70</b>	<b>161</b>	<b>153</b>	<b>151</b>	<b>535</b>	

Out of the total contacts received, 248 were calls with our team of Telephone Counsellors, 236 were face to face counselling sessions and 50 were calls with our team of telephone information specialists.

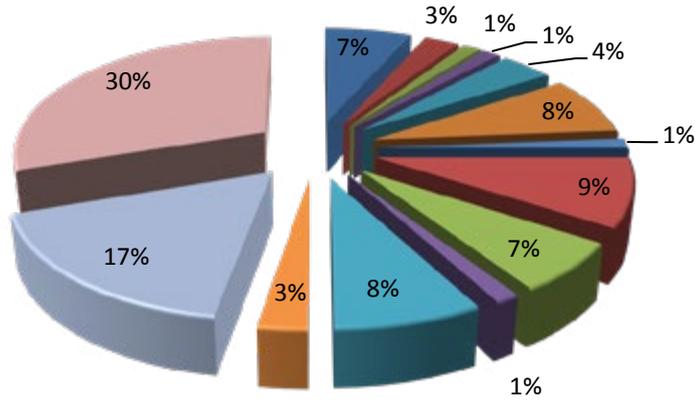
## Personal Issues





Work related Issues	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Total	
Absence/Attendance	-	1	1	-	2	3%
Abuse/Violence by Colleagues	-	-	-	-	-	-%
Abuse/Violence by Members of Public	-	-	-	-	-	-%
Bullying & Harassment by Colleagues	-	1	2	-	3	4%
Bullying & Harassment by Managers	-	2	1	-	3	4%
Bullying & Harassment by Members of Public	-	-	-	-	-	-%
Changes at work	2	-	3	-	5	7%
Critical Incident (attendance offered)	-	-	-	-	-	-%
Disciplinary	-	-	-	-	-	-%
Grievance	1	-	-	-	1	1%
Industrial Injury	-	1	-	-	1	1%
Information	-	-	-	-	-	-%
Mediation	-	-	-	-	-	-%
Media Attention	-	-	-	-	-	-%
Performance - General	-	1	2	-	3	4%
Performance - Target Related	-	-	2	-	2	3%
Racist Incident	-	-	-	-	-	-%
Redundancy	-	-	2	-	2	3%
Relationships at work with colleague	-	2	-	-	2	3%
Relationships at work with manager	-	2	-	1	3	4%
Retirement	-	-	-	-	-	-%
Role Ambiguity	-	-	-	-	-	-%
Traumatic Incident	-	-	2	-	2	3%
Work Control	-	3	3	-	6	8%
Work Life Balance	1	4	3	2	10	14%
Work Overload	-	2	2	1	5	7%
Work Related Health - Emotional	3	5	6	5	19	26%
Work Related Health - Physical	-	1	-	1	2	3%
Work Underload	-	-	1	-	1	1%
Workplace Environmental Conditions	-	-	-	-	-	-%
<b>TOTAL</b>	<b>7</b>	<b>25</b>	<b>30</b>	<b>10</b>	<b>72</b>	

### Information Specialist



- Benefits
- Childcare Information
- Children
- Consumer
- Debt
- Divorce/separation
- Eldercare Information
- Employment
- Finance
- Health/medical
- Housing
- Immigration
- Legal Information
- Other Information

Information Specialist	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Total	
Benefits	1	1	2	1	5	7%
Childcare Information	1	-	1	-	2	3%
Children	-	1	-	-	1	1%
Consumer	-	1	-	-	1	1%
Debt	-	1	-	2	3	4%
Divorce/separation	1	2	1	2	6	8%
Education	-	-	-	-	-	-%
Eldercare Information	-	-	1	-	1	1%
Employment	2	1	3	1	7	9%
Finance	1	1	2	1	5	7%
Health/medical	-	-	1	-	1	1%
Housing	1	2	3	-	6	8%
Immigration	2	-	-	-	2	3%
Law	-	-	-	-	-	-%
Legal Information	6	4	3	-	13	17%
Pay & Benefits Review	-	-	-	-	-	-%
Retirement	-	-	-	-	-	-%
Substance abuse (incl. alcohol)	-	-	-	-	-	-%
Tax queries	-	-	-	-	-	-%
Other Information	8	6	6	3	23	30%
<b>TOTAL</b>	<b>23</b>	<b>20</b>	<b>23</b>	<b>10</b>	<b>76</b>	

## Awareness of Service

During the financial year Care First received 535 contacts from Royal Bournemouth and Christchurch Hospital employees, as a result of 174 individuals contacting the service for the first time.

This indicates a high level of awareness. We also received 17 Occupational Health referrals, 14 formal management referrals, eleven informal management referrals and two referrals from Human Resources. This demonstrates a comprehensive knowledge of the referrals process.

The report shows that employees at Royal Bournemouth and Christchurch Hospitals found out about Care First through a variety of ways. 45% found the details in the leaflet and wallet card, which shows that the promotional material has been well distributed. A further 39% contacted the service following a recommendation from a colleague.

It is excellent to see that the online facilities have been so well used this annual period; we received 184 unique page views to the Lifestyle site, with 71% of views being to the home related articles and 45% to the work related articles.

There are also currently 1,141 employees registered on our health and fitness programme, Zest. This represents 26% of the employee headcount. The Zest site contributes towards our CQUIN on Health and Wellbeing.

## Health and Wellbeing Work Plan as part of our People Plan, includes:

Area	Example
Health and Wellbeing as a key part of our People Plan to ensure that all stakeholders and our leadership team are on board with the same shared strategic vision.	<ul style="list-style-type: none"> <li>• Cross-Trust Consultation on our Strategic People Plan</li> <li>• Health and Wellbeing objectives structured around NHS Employer eight elements of workplace wellbeing</li> <li>• Plan adopted by Board, published and embedding</li> <li>• Health and Wellbeing Lead now Head of HR Strategy</li> </ul>
Bringing clarity to the role of leaders in health and wellbeing.	<ul style="list-style-type: none"> <li>• A supportive leadership culture as part of our Collective Leadership Strategy.</li> <li>• Process of developing and then implementing the People Plan to enable leaders to understand this part of their role and their priorities.</li> <li>• Clarity around join up of Health and Wellbeing Board and monitoring by Workforce Strategy and Development Committee.</li> </ul>
Identifying good practice and working towards a shared strategic vision.	<ul style="list-style-type: none"> <li>• Review of Valuing You Board</li> <li>• Review of terms of reference and membership</li> <li>• Seeking and sharing best practice examples - within and outwith the Trust</li> </ul>

<p>Engaging our people in a wide variety of ways.</p>	<ul style="list-style-type: none"> <li>● A clinical champion - Health &amp; Wellbeing Nurse</li> <li>● Employee Assistance Programme, Chaplain, Physiotherapy</li> <li>● Occupational Health Nurses - general wellbeing and mental health</li> <li>● Valuing You group</li> <li>● Change Champions, Freedom to Speak Up champions</li> <li>● Line Managers</li> <li>● Education, organisational development and Public Health</li> <li>● Staff side representatives</li> <li>● Specialist services e.g. DoSH</li> <li>● Communications and multimedia offering including website, screensavers to promote events, sharing case studies and good practice</li> <li>● External partners e.g. Live Well Dorset, Slimmers World</li> </ul>
<p>Working to understand what our data can tell us to support improvement.</p>	<ul style="list-style-type: none"> <li>● Sickness absence data analysis</li> <li>● Staff Survey Data</li> <li>● Care First Data set - presentations at each meeting</li> <li>● Occupational health statistics and physiotherapy service data</li> <li>● Data on access to information to ensure we are reaching all groups of staff</li> </ul>
<p>Looking at appropriate actions around prevention.</p>	<p>Health and wellbeing promotion examples:</p> <ul style="list-style-type: none"> <li>● Healthy Eating</li> <li>● Promotional events such as Mental Health Week</li> <li>● Promotion of the range of resources on Care First: <ul style="list-style-type: none"> <li>● Lifestyle</li> <li>● Zest portal (complete health and wellbeing)</li> <li>● Stress and Finding Ways through it workshops</li> </ul> </li> </ul>
<p>Identifying when and how best to intervene.</p>	<ul style="list-style-type: none"> <li>● Mental Health Awareness</li> <li>● Mindfulness programmes and prayer groups</li> <li>● Health and Wellbeing Nurse surgeries 'out and about' with trolley</li> </ul>
<p>Evaluating what we do and informing our next actions.</p>	<ul style="list-style-type: none"> <li>● Take up of events</li> <li>● Review of Valuing You week Event</li> <li>● Feedback from clinical leads</li> <li>● Survey results</li> </ul>
<p>To reinforce direct link between staff wellbeing, safer patient care and reduced patient mortality.</p>	<ul style="list-style-type: none"> <li>● Intranet site to reinforce links</li> <li>● Line Manager training</li> <li>● Appraisal</li> </ul>
<p>To go beyond the core objective of reducing sickness absence using a sustainable approach and building resilience.</p>	<ul style="list-style-type: none"> <li>● Tackle issues upstream for example:</li> <li>● Resilience Training</li> <li>● Mental Health First aid</li> <li>● General education and awareness</li> </ul>

To optimise the factors for success - positive team culture, supportive management behaviour, positive contribution, participation and keeping people informed.	<ul style="list-style-type: none"> <li>• Health and Wellbeing events</li> <li>• Thank you day as part of valuing you week</li> <li>• Pulling together wellbeing activities to have one central place for staff to find information</li> <li>• Using the staff survey data and also finding time to talk</li> <li>• Social networks e.g. Book Club, Wellbeing Blog</li> </ul>
To join with other public sector bodies in Dorset to share good practice and plan appropriate joint interventions.	<ul style="list-style-type: none"> <li>• Working proactively with the Health and Wellbeing stream of the Dorset Workforce Action Board and Public Health Dorset to share best practice and take forward initiatives together.</li> <li>• A programme of activity to complement work being done locally.</li> </ul>

## Informing and consulting with our staff

Throughout the year there have been many changes and the introduction of new ways of working. In accordance with the Trust's Organisational Change Policy, staff have been properly consulted with and given the opportunity to comment and/or make alternative suggestions.

The Trust is committed to working closely with staff side organisations, with all formal consultations being presented at the Partnership Group.

Consultation	Number of staff affected	Date and outcome
Pharmacy - Extension to weekend working	112	April 2017 Weekend working hours successfully extended to all staff making reasonable adjustments as required.
Department of Sexual Health - To combine role of HCA and MLA.	10	April 2017 Roles successfully combined.
Ophthalmology - Theatres increasing length of surgical sessions.	23	July 2017 Theatre sessions increased successfully.
Physiotherapy - To incorporate all Physiotherapy teams to the on-call service rota.	23	September 2017 One physiotherapy team added to the on-call service rota.
Radiology - Formalise stand-by arrangements; bank holiday services and weekend working hours.	22	March 2018 Ongoing
Outpatient Therapy Services - Potential change of working location due to change of line management.	6	March 2018 Ongoing

# Settlement Agreements

Within all large organisations there will be occasions when disputes take place between staff. The Trust has a number of measures to address these, including a robust reporting system, mediation, facilitated meetings, performance management, disciplinary processes and a formal grievance process. Sometimes it is not possible to resolve employment issues and consideration may be given to negotiating a settlement agreement, particularly if the case would be likely to escalate to an Employment Tribunal. This does not necessarily mean the Trust would have lost the case at Tribunal, but is usually undertaken on commercial grounds. In the past twelve months we have been the following settlement agreements:

Reason for settlement (including redundancy, MARS, following ETs, non-contractual, early retirements in the efficiency of the service)	Amount	Date
Performance and relationship issues	£13,059	October 2017
Performance and relationship issues/avoidance of ET	£10,000	March 2018

# Staff Numbers

This year staff turnover has reduced when compared to the previous 12 months, with recruitment of new staff remaining at a similar level, as shown below:

Staff Movements - Turnover



Staff Movements - Joining Rate



The net effect of this is an increase in staff numbers, by March 2018, to 4,066.49 full time equivalent (4,537 heads). As at April 2017 staff numbers were 3,895.33 (4,395 heads).

As at March 2018 there were 253.19 FTE vacancies - 6.23% of total workforce.

Establishment - Employed FTE



### Establishment - Substantive Staff Headcount



## Review of Human Resources policies

It is the responsibility of the Human Resources team to maintain up-to-date Human Resources policies, taking into consideration revised employment law. All policies are discussed and jointly agreed with staff side representatives at the Partnership Group. This year the following policies have been reviewed:

- Diversity and Inclusion
- Re-grading and job evaluation
- Gender reassignment
- Acting-up
- Compensatory rest
- Room booking, Education Centre
- Consultant and SAS Doctors Job Planning Guidance for Clinical and Directorate Managers
- Retirement Policy
- Skin Care/work related dermatology
- First Aid at Work

Work continues to take place on other policies, including Sickness Absence and Dignity at Work.

## The Trade Union (Facility Time Publication Requirements) Regulations 2017

This is the first year of reporting Facility Time Publication Requirements. A process for recording time was jointly agreed and implemented on 1 September 2017. Therefore this report only reflects the timeframe from 1 September 2017 to 31 March 2018 and will be under-reported for the full 12 month period. The recording process will be reviewed to more accurately reflect the reporting requirements for this financial year.

### 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
35	33.22

### Percentage of time spent on facility time

What was the total number of your employees who were relevant union officials during the relevant period?

Percentage of time	Number of employees
0%	16
1-50%	19
51%-99%	0
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
35	9,935
Provide the total cost of facility time	181,949,480
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.005%

## Paid trade union activities

Was 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 trade union activities have been paid, this will have been included in facility time calculations.
--	---

## Overseas Nurses

We are diverse in our workforce, having successfully integrated staff from Europe and all over the world. We continue to welcome a steady flow of overseas recruits joining RBCH attracted by our excellent training and career progression e.g. for nurses who want to broaden their experience, advance to more senior roles or specialise.

## Staff survey report



## People Engagement

People Engagement is one of the eight themes of our People Plan 2017-2020 which brings together all of our People strategies to help inspire and support our staff to give the best possible care for patients, attract talent to our Trust, recognise the commitment of our people and ensure we offer great opportunities to our staff.

### In engaging our people, showing we are listening and responding, we are:

- Hearing the voice of our staff e.g. staff survey action discussions, change champion cultural feedback sessions, focus groups, all staff Q and As.
- Recognising and thanking those who go the extra mile. #Thank you
- Working together to implement campaigns to help us improve our Trust.

### In letting people know what is going on and how it affects them we are:

- Sharing updates on strategy e.g. how the Clinical Services Review is changing our services.
- Providing a clear path to access relevant clinical/non-clinical events and conferences.
- Working with Human Resources and Organisational Development to promote people development opportunities.

- Engaging our people before inspections and sharing results.
- Providing updates on policies and promoting access to health and wellbeing advice and services.

#### **Our people engagement and communications objectives are:**

- To optimise the effective use of face to face communication including via senior management.
- To develop ways to reach more of our people and gain feedback in a way that suits them.
- To involve more of our people regardless of working patterns, role or location.
- To increase engagement through better fit with specific audiences - targeting more of our messages.
- To make acting on peoples suggestions in a positive way and crediting their contribution part of our DNA.
- To celebrate our people's achievements, enabling them to tell their so others can learn and be inspired.

#### Staff Survey 2017

*'Take a bow The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust, for a quite remarkable set of results from staff in the current national context. They might only have gone up one place from their league position last year, but the results are a trend-bucker'.*

Listening into Action Acute Trust Analysis, March 2018

### **Headlines:**

The Trust chose to survey all 4,441 eligible staff (rather than a random sample), with 2,050 staff returning a completed survey, giving a response rate of 46.2%.

A total of 88 questions were used in both the 2016 and 2017 survey and results show that RBCH scored significantly better on 22 questions, worse on 1 question and showed no significant difference in 65 questions. The only question scoring lower than 2016 relates to pay.

Of the 93 acute trusts, RBCH results were in the top 20% in 24 of the 32 Key Findings. RBCH ranked first in 3 Key Findings and equal first in two Key Findings across all 93 trusts.

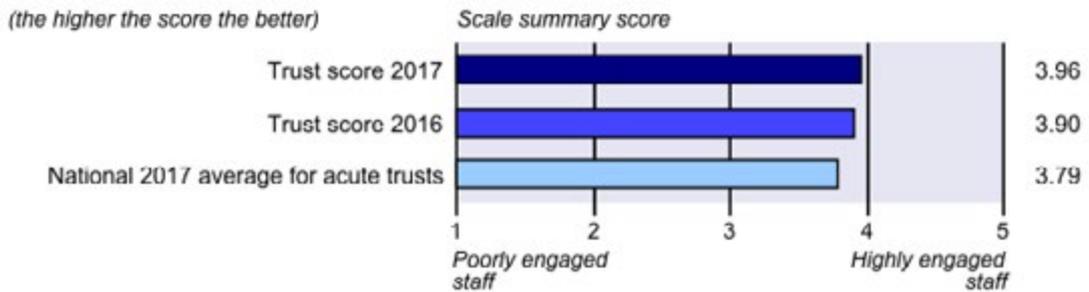
In terms of overall Engagement Score RBCH ranked joint first of all acute trusts (with Surrey and Sussex) with an overall Engagement Score of 3.96 out of 5.

#### **Response Rate: The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCH)**

	<b>2016</b>	<b>2017</b>		
	<b>RBCH</b>	<b>RBCH</b>	<b>Acute trust average</b>	<b>Change</b>
<b>Response rate</b>	<b>44%</b>	<b>46%</b>	<b>44%</b>	<b>+2%</b>

## Overall Indicator of Staff Engagement:

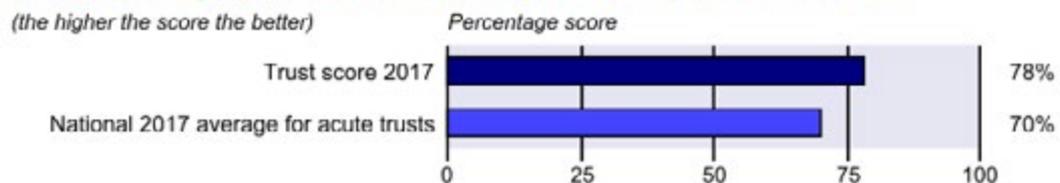
The RBCH score of 3.96 was the joint highest score of all acute trusts in England.



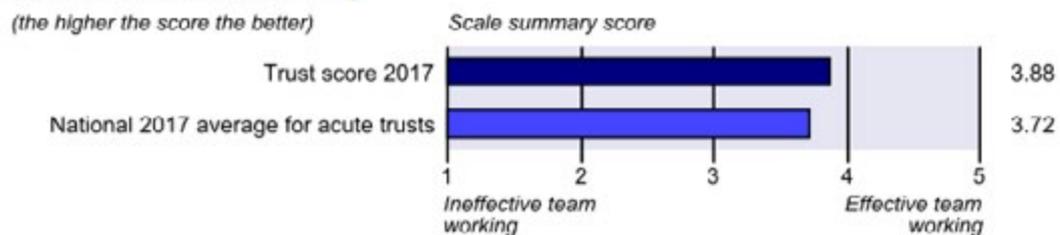
## Top Five Ranking Scores:

These are the five Key Findings where RBCH compares most favourably with other acute trusts in England.

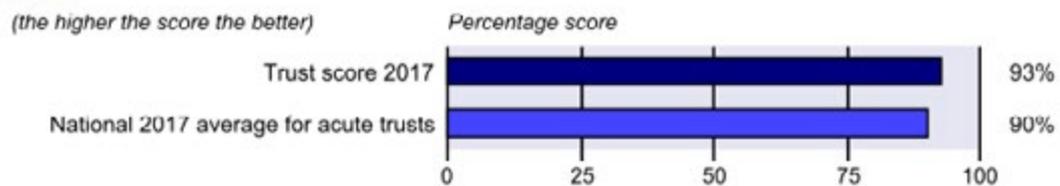
### ✓ KF7. Percentage of staff able to contribute towards improvements at work



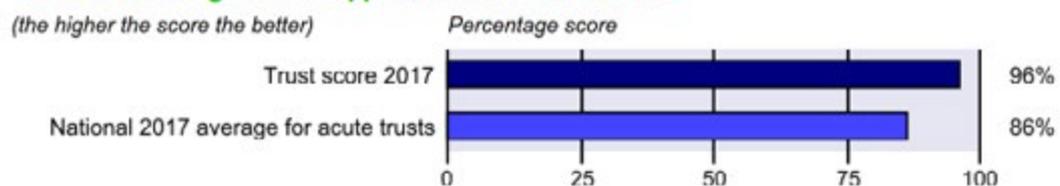
### ✓ KF9. Effective team working



### ✓ KF3. Percentage of staff agreeing that their role makes a difference to patients / service users



### ✓ KF11. Percentage of staff appraised in last 12 months

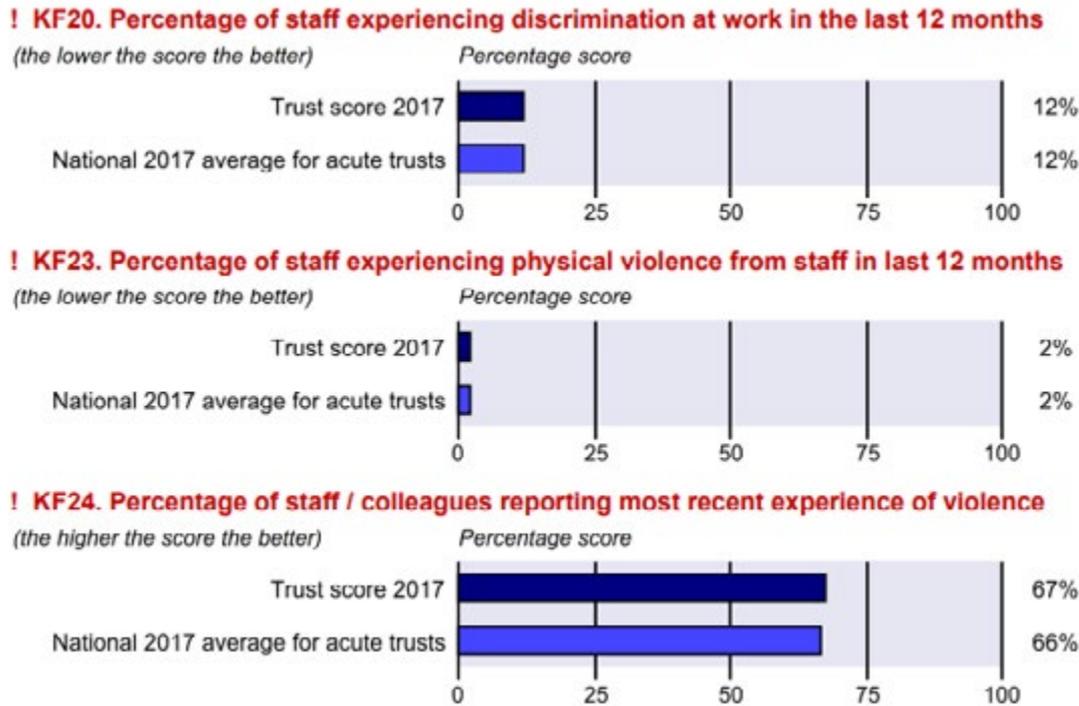


### ✓ KF8. Staff satisfaction with level of responsibility and involvement



## Bottom Three Ranking Scores:

These are the three Key Findings where RBCH compares least favourably with other acute trusts in England.



### Staff Survey action planning is being addressed as follows:

#### 1. Trust Level Plan to address Priorities, ensuring:

- Spotlight on key areas for improvement.
- Coordinated approach to Action Planning, Support and Follow-up.
- Engaging relevant groups around the data e.g. Equality, Diversity and Inclusion Committee.
- Follow-up on 2016 Action Plan.

#### 2. Priority Teams for Follow-up and targeting support for Leaders to:

- Coordinate 'how can we help' interventions with Human Resources Business Partners, Organisational Development and Improvement team.
- Correlate data and other intelligence from relevant sources including the recent Q4 Staff Impressions Survey.

#### 3. Identifying and Sharing Success by working with Leaders, Organisational Development and Communications to:

- Identify best practice
- Enable sharing of ideas and approaches.
- Celebrate our people.

#### 4. Local Action Planning, working with Service Directors and Leads to:

- Obtain any additional reports to focus planning.
- Help prioritise, plan and implement actions.
- Hold leaders accountable for improvements against plans.
- Provide regular reports to the Workforce Strategy and Development Committee

## Equality, Diversity and Inclusion

Equality, diversity and inclusion are at the heart of the NHS strategy, and at the Royal Bournemouth and Christchurch Hospitals we are aware of the benefits of investing in a diverse workforce. Not only will it enable us to deliver a more inclusive service, it will also allow us to continuously improve patient care through questioning what we do and implementing new ideas driven by the expertise this diversity brings. We also recognise that commitment to and achievement of equality requires identifying and removing any discriminatory barriers that limit what people can do. This means treating everyone with equal dignity and respect and allowing them the opportunity to fulfil their potential whatever their personal aspirations, needs or situations may be.

The Trust has a well-established Equality, Diversity and Inclusion Committee which meets monthly and has an internal and external remit covering activities from both workforce and Trust user perspectives. The committee reports to the Workforce Strategy and Development Committee and directly to the Board. Membership of the committee includes representatives from across the Trust, including senior managers, staff network representatives, patient advocates and governors. The committee welcomes and encourages contributions from individuals and groups with particular interests and/or concerns regarding all aspects of diversity and inclusion. In January 2018 the Trust created the new position of Director for Diversity and Inclusion. Deborah Matthews was been appointed to this position and has now taken over as chair of the committee.

The Dignity at Work Policy is easily accessible to staff to support a working environment and culture that is free from any form of bullying and harassment. To enable this to happen we are reviewing the channels for staff to communicate and report any issues. We regularly monitor the feedback we get from staff and volunteers who attend our mandatory equality and diversity and have also delivered an equality and diversity awareness session for our Governors to enhance their understanding of how this applies to their roles.

The Equality Act 2010 brings together several pieces of anti-discrimination legislation and requires equal treatment for all in access to: employment, private, and public services regardless of the nine characteristics the Act protects. Decisions made in relation to these characteristics must be made in a fair and transparent way. As a public sector organisation, there are also some additional equality duties which we are committed to achieving, meaning we must have due regard of the need to:

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

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

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

Having due regard to these areas means that we can provide an efficient and effective service while enhancing the patient experience. We now offer multi-faith dignity gowns that patients can request to use. There are also some specific duties that we are required to adhere to.

- We must be transparent about how we are responding to the Equality Duty; publishing relevant, proportionate information showing compliance with the Equality Duty on an annual basis.

- We must also set and monitor equality objectives. This information must be available to staff, service users and the general public.

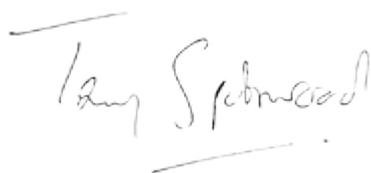
In addition to meeting legislative requirements and public sector duties the Trust also takes a proactive approach to highlighting and promoting the advantages of its diverse workforce. In September 2017 the Equality, Diversity and Inclusion Committee presented an ‘Around the World Bake-Off’ competition, during Quality and Leadership week. This encouraged staff to showcase food and recipes from their home countries and regions. The entries were judged by the Bournemouth Catering Manager and then shared with staff attending the event, some of whom chose show their appreciation by donating to the hospital charity. The Committee also initiated

a Team RBCH Inclusion Calendar for 2018. The calendar includes a picture for each month from shots taken of staff and volunteers at Trust occasions and events throughout 2017. The calendar enables staff to track key dates, including religious days, festivals, holidays and important diversity dates so they don’t miss any important celebrations, or plan events when parts of the workforce cannot participate fully.

Our website - [www.rbch.nhs.uk](http://www.rbch.nhs.uk) - publishes information on how we believe the organisation meets these duties and this information is updated regularly. This includes information on recruitment and retention and development and support of disabled employees.

The table below sets out the Gender and White/BME breakdown of the Trust’s employees as at 31 March 2018:

Paygrade	Male						Female					
	White		BME		Unknown		White		BME		Unknown	
AfC Band 1-7	593	76%	155	20%	34	4%	2595	85%	381	12%	77	3%
AfC Band 8-9	51	96%	<10	*	<10	*	112	95%	<10	*	<10	*
Medical	176	59%	94	32%	26	9%	149	69%	49	23%	18	8%
VSM	<10	*	<10	*	<10	*	<10	*	<10	*	<10	*
Directors	9	100%	0	0%	0	0%	<5	100%	0	0%	0	0%
<b>Grand total</b>	<b>832</b>	<b>73%</b>	<b>251</b>	<b>22%</b>	<b>60</b>	<b>5%</b>	<b>2864</b>	<b>84%</b>	<b>433</b>	<b>13%</b>	<b>89</b>	<b>3%</b>



**Tony Spotswood**  
 Chief Executive  
 24 May 2018

# **Consolidated financial statements**

*For the year ended  
31 March 2018*

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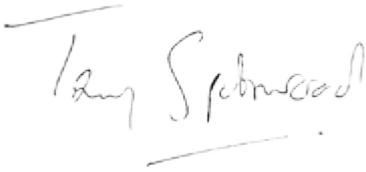
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# The Foundation Trust

<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>Mr A Spotswood</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>Mr A Spotswood</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
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<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>Chairman</td> </tr> <tr> <td><b>Mrs 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> </table>	<b>Mr D Moss</b>	Chairman	<b>Mrs 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		
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<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>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</b> Southampton														
<b>External Auditor:</b>	<b>KPMG</b> Southampton														

# Foreword to the accounts

These accounts for the year ended 31 March 2018 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.



**Mr A Spotswood**  
Chief Executive  
24 May 2018

# 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, items of other comprehensive income and cash flows for the financial year.

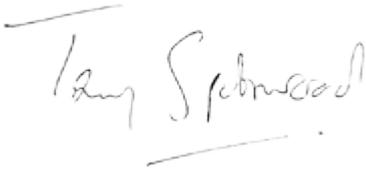
"In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health Group Accounting Manual and the NHS Foundation Trust Annual Reporting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;

- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements;
- assess The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and
- use the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust without the transfer of its services to another public sector entity.

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 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, and 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. The accounting officer is also responsible for ensuring that the use of public funds complies with the relevant legislation, delegated authorities and guidance.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

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

**Mr A Spotswood**  
Chief Executive  
24 May 2018



# 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 2018 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Tax Payers' Equity, 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 the Trust's affairs as at 31 March 2018 and of the Group and Trust's income and expenditure for the year then ended; and
- the Group and the Trust's financial statements have been properly prepared in accordance with the 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 2017/18 and the Department of Health Group Accounting Manual 2017/18.

#### 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 Group 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:** £5.7 million (2017:£5.8 million)  
Group financial statements as a whole 1.9% of total income from operations (2016/17: 2%)

**Coverage** 1.9% (2016/17:2%) of group income

#### Risks of material misstatement vs 2017

**Recurring risks** Valuation of land and buildings ◀▶

Recognition of NHS and non-NHS Income ▶▶

#### Key

◀▶ Risk level unchanged from prior year

## 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, and our findings are based on procedures undertaken, in the context of, and solely for the purpose of, our audit of the financial statements as a whole, and in forming our opinion thereon, and consequently are incidental to that opinion, and we do not provide a separate opinion on these matters.

All of these key audit matters relate to the Group and the parent Trust.

	The risk	Our response
<p><b>Land and buildings</b> (£168.1 million; 2017: £161.5 million)</p> <p><i>Refer to page 138 of the Annual Report (Audit Committee Report), page 21 of the consolidated financial statements (accounting policy) and page 38 consolidated financial statements (financial disclosures)</i></p>	<p><b>Subjective Valuation:</b> 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 2017/18, an interim valuation was undertaken. The Trust considered the movement in valuation since the last revaluation using indices.</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 valuers, 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>Test of detail:</b> 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>— <b>Test of detail:</b> 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> <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.</li> </ul>

## 2. Key audit matters: our assessment of risks of material misstatement

	The risk	Our response
<p><b>NHS and non-NHS income</b></p> <p>(£295.6 million; 2017: £295.4 million)</p> <p><i>Refer to page 138 of the Annual Report (Audit Committee Report), page 19 of the consolidated financial statements (accounting policy) and page 30 consolidated financial statements (financial disclosures)</i></p>	<p><b>2017/18 Income</b></p> <p>Of the Group's reported income, £252.3 million (2016/17, £251.3 million) came from commissioners (Clinical Commissioning Groups (CCG) and NHS England). Income from CCGs and NHS England make up 85% 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 £26.1 million (2016/17: £23.4 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 2017/18, the Group received Sustainability and Transformation Funding (STF) from NHS improvement. This is received subject to achieving defined financial and operational targets on a quarterly basis. The Trust was allocated £10.2 million of transformation 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 observations:</b> We tested the design and operation of process level controls over revenue recognition;</li> <li>— <b>Test of detail:</b> We agreed commissioner income and income received under the subcontract agreement to the signed contracts and selected a sample of the largest balances (comprising 98% 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>— <b>Test of detail:</b> We inspected invoices for material income, in the month prior to and following 31 March 2018 to determine whether income was recognised in the correct accounting period, in accordance with the amounts billed to corresponding parties;</li> <li>— <b>Test of detail:</b> 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>— <b>Test of detail:</b> 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>— <b>Test of detail :</b> We assessed the transformation 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 NHSI; and</li> <li>— <b>Test of detail:</b> We tested material other income balances by agreeing a sample of income transactions through to supporting documentation and/or cash receipts.</li> </ul> <p><b>Our findings</b></p> <ul style="list-style-type: none"> <li>— The results of our test of details were satisfactory and we found no errors with the NHS and Non-NHS income recognised.</li> <li>— We found that the Trust's recognition of NHS and Non NHS income was balanced.</li> </ul>

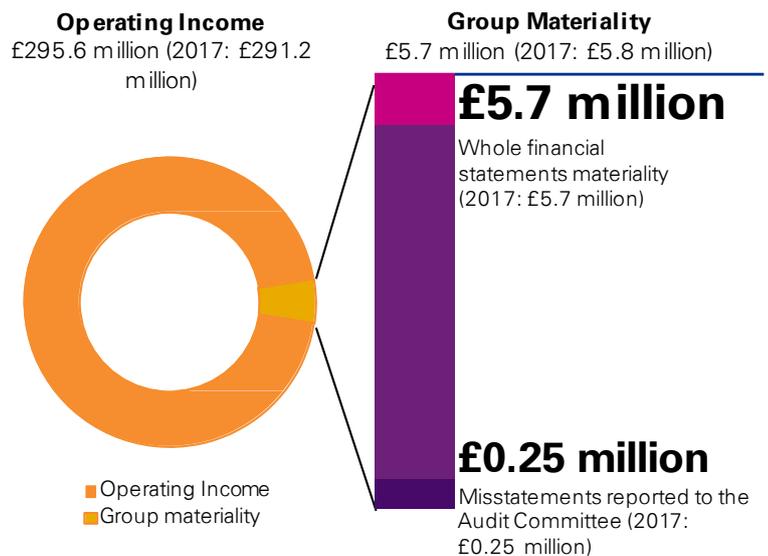
### 3. Our application of materiality and an overview of the scope of our audit

Materiality for the Group financial statements as a whole was set at £5.7 million (2016/17: £5.8 million), determined with reference to a benchmark of operating income from continued operations (of which it represents approximately 1.9% (2016/17: 2.0%). 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 £5.7 million (2016/17: £5.8 million), determined with reference to a benchmark of Operating Income from continued operations (of which it represents approximately 1.9% (2016/17: 2.0%).

We agreed to report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £0.25 million (2016/17: £0.25 million), in addition to other identified misstatements that warranted reporting on qualitative grounds.

The Group financial statements comprise the parent, Trust and its subsidiaries: The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust Charitable Fund, The Bournemouth Healthcare Trust; Christchurch Fairmile Village LLP; and Dorset Heart Clinic LLP. The Group team performed the audit of the Group as if it was a single aggregated set of financial information. The audit was performed using the materiality levels set out above and covered 100% of total Group income from operations, Group surplus and Group assets.



### 4. We have nothing to report on going concern

We are required to report to you if we have concluded that the use of the going concern basis of accounting is inappropriate or there is an undisclosed material uncertainty that may cast significant doubt over the 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.

### 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 2017/18.

### 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 2017/18, 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, the Accounting Officer is responsible for: the preparation of financial statements that give a true and fair view; 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 its 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.

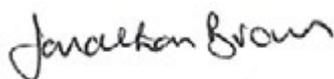
No significant risks were identified during our risk assessment.

## **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 and Statutory Auditor*  
*66 Queen Square, Bristol, BS1 4BE*  
*25 May 2018*

# Statement of Comprehensive Income

	Notes	Group		Trust	
		2017/18	2016/17	2017/18	2016/17
		£'000	£'000	£'000	£'000
Operating income from continuing operations	4	<b>295,627</b>	291,228	<b>295,433</b>	290,665
Operating expenses of continuing operations	7	<b>(292,985)</b>	(285,572)	<b>(292,034)</b>	(283,330)
<b>OPERATING SURPLUS</b>		<b>2,642</b>	5,656	<b>3,399</b>	7,335
<b>FINANCE COSTS</b>					
Finance income: interest receivable	12	<b>97</b>	85	<b>97</b>	81
Finance expense: interest payable	13	<b>(552)</b>	(593)	<b>(552)</b>	(593)
Finance expense: Unwinding of discount on provisions	23	<b>4</b>	(12)	<b>4</b>	(12)
Public Dividend Capital: Dividends payable		<b>(4,770)</b>	(4,500)	<b>(4,770)</b>	(4,500)
Movement in fair value of investment property and other investments		<b>63</b>	659	-	-
Profit/ (Loss) from Joint Venture		<b>731</b>	(215)	<b>731</b>	(215)
<b>(DEFICIT) / SURPLUS FOR THE YEAR</b>		<b>(1,785)</b>	1,080	<b>(1,091)</b>	2,096
<b>Other comprehensive income</b>					
Revaluation (credited to revaluation reserve)		<b>4,384</b>	-	<b>4,384</b>	-
<b>TOTAL COMPREHENSIVE INCOME FOR THE YEAR</b>		<b>2,599</b>	1,080	<b>3,293</b>	2,096

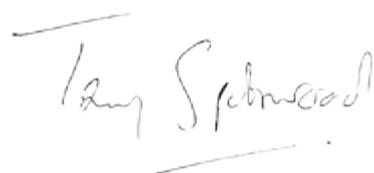
The notes on pages 17 to 51 form part of these accounts.

# Statement of Financial Position

	Notes	Group		Trust	
		31 March 2018	31 March 2017	31 March 2018	31 March 2017
		£'000	£'000	£'000	£'000
<b>Non-current assets</b>					
Intangible assets	14	4,703	4,254	4,703	4,254
Property, plant and equipment	14	183,901	177,343	183,554	176,853
Investments in LLP Joint Venture		6,857	6,361	6,857	6,361
Other investments	12.1	4,065	4,002	-	-
<b>Total non-current assets</b>		<b>199,526</b>	<b>191,960</b>	<b>195,114</b>	<b>187,468</b>
<b>Current assets</b>					
Inventories	17	4,599	4,840	4,599	4,840
Trade and other receivables	18	18,425	12,679	18,922	12,593
Other financial assets		62	62	-	-
Cash and cash equivalents	19	32,140	40,202	29,302	36,321
<b>Total current assets</b>		<b>55,226</b>	<b>57,783</b>	<b>52,823</b>	<b>53,754</b>
<b>Current liabilities</b>					
Trade and other payables	20	(40,440)	(37,622)	(39,309)	(35,479)
Borrowings	21	(1,272)	(1,408)	(1,272)	(1,408)
Provisions	23	(33)	(201)	(33)	(201)
<b>Total current liabilities</b>		<b>(41,745)</b>	<b>(39,231)</b>	<b>(40,614)</b>	<b>(37,088)</b>
<b>Total assets less current liabilities</b>		<b>213,007</b>	<b>210,512</b>	<b>207,323</b>	<b>204,134</b>
<b>Non-current liabilities</b>					
Trade and other payables	20	(950)	(983)	(950)	(983)
Borrowings	21	(16,770)	(18,052)	(16,770)	(18,052)
Provisions	23	(862)	(649)	(862)	(649)
<b>Total non-current liabilities</b>		<b>(18,582)</b>	<b>(19,684)</b>	<b>(18,582)</b>	<b>(19,684)</b>
<b>Total Assets Employed:</b>		<b>194,425</b>	<b>190,828</b>	<b>188,741</b>	<b>184,450</b>
<b>Taxpayers' Equity</b>					
Public Dividend Capital		80,679	79,681	80,679	79,681
Revaluation reserve		75,103	71,612	75,103	71,612
BHT Charitable Fund Reserve		2,018	2,249	-	-
Income and expenditure reserve		32,959	33,157	32,959	33,157
NHS Charitable Fund Reserve	33	3,666	4,129	-	-
<b>Total Taxpayers' Equity:</b>		<b>194,425</b>	<b>190,828</b>	<b>188,741</b>	<b>184,450</b>

The notes on pages 17 to 51 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 24 May 2018 and signed on its behalf by:



**Mr A Spotswood**, Chief Executive 24 May 2018

# Statement of Changes in Taxpayers' Equity

	Trust				BHT Charity	RBH Charity	Group
	Public Dividend Capital	Revaluation Reserve	Income and Expenditure Reserve	Trust Reserves	Charitable Fund Reserve	Charitable Fund Reserve	Total Reserves
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>Current 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	-	-	(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	-	(893)	893	-	-	-	-
Revaluations on property, plant and equipment	-	4,384	-	4,384	-	-	4,384
Public Dividend Capital received	998	-	-	998	-	-	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>
<b>Prior Year</b>							
<b>Taxpayers' Equity at 1 April 2016</b>	<b>79,681</b>	<b>72,573</b>	<b>30,100</b>	<b>182,354</b>	<b>2,520</b>	<b>4,874</b>	<b>189,748</b>
Surplus/(deficit) for the year	-	-	2,096	2,096	(271)	(745)	1,080
Transfer of the excess of current cost depreciation over historical cost depreciation to the Income and Expenditure Reserve	-	(961)	961	-	-	-	-
<b>Taxpayers' Equity at 31 March 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>

The notes on pages 17 to 51 form part of these accounts.

# Statement of Cash Flows

	Notes	Group		Trust	
		2017/18	2016/17	2017/18	2016/17
		£'000	£'000	£'000	£'000
<b>Cash flows from operating activities</b>					
Operating surplus from continuing operations		2,642	5,656	3,399	7,335
Operating surplus of discontinued operations		-	-	-	-
Operating surplus/(Deficit)		2,642	5,656	3,399	7,335
<b>Non-cash income and expense</b>					
Depreciation and amortisation	14	6,774	6,844	6,601	6,671
Impairments / Reversal of Impairments	14	669	-	669	-
Non-cash donations/grants credited to income		(1,435)	-	(1,435)	-
(Increase)/Decrease in Trade and Other Receivables		(6,158)	(1,274)	(5,856)	(1,567)
(Increase)/Decrease in Inventories		241	1,554	241	1,554
Increase/(Decrease) in Trade and Other Payables		587	4,285	472	3,857
(Increase)/Decrease in provisions		49	96	49	96
Increase/(Decrease) in Other Liabilities		1,872	260	1,872	-
NHS Charitable Funds - net adjustments for working capital movements and non-cash transactions		(306)	564	-	-
Other movements in operating cash flows		244	-	211	-
		2,537	12,329	2,823	10,611
<b>Net cash generated from operations</b>		<b>5,179</b>	<b>17,985</b>	<b>6,222</b>	<b>17,946</b>
<b>Cash flow from investing activities</b>					
Interest received		89	85	89	81
Purchase of intangible assets	14	(711)	(1,416)	(711)	(1,416)
Purchase of Property, Plant and Equipment		(7,148)	(8,126)	(7,148)	(8,126)
Investment in LLP Joint Venture		-	(4,207)	-	(4,207)
NHS Charitable funds - net cash flow from investing activities		-	(8)	-	-
<b>Net cash flow from investing activities</b>		<b>(7,770)</b>	<b>(13,672)</b>	<b>(7,770)</b>	<b>(13,668)</b>
<b>Cash flow from financing activities</b>					
Public dividend capital received		998	-	998	-
Loans repaid		(1,102)	(1,102)	(1,102)	(1,102)
Capital element of finance lease rental payments		(316)	(307)	(316)	(307)
Interest paid on ITFF Loan		(532)	(569)	(532)	(569)
Interest element of finance lease	13	(19)	(28)	(19)	(28)
PDC Dividend paid		(4,500)	(5,243)	(4,500)	(5,243)
Cash flows from (used in) other financing activities		-	47	-	36
<b>Net cash flow used in financing activities</b>		<b>(5,472)</b>	<b>(7,202)</b>	<b>(5,471)</b>	<b>(7,213)</b>
<b>Net increase in cash and cash equivalents</b>		<b>(8,062)</b>	<b>(2,889)</b>	<b>(7,019)</b>	<b>(2,935)</b>
Cash and cash equivalents at beginning of year		40,202	43,091	36,321	39,256
<b>Cash and cash equivalents at end of year</b>	19	<b>32,140</b>	<b>40,202</b>	<b>29,302</b>	<b>36,321</b>

The notes on pages 17 to 51 form part of these accounts.

# Notes to the accounts

## 1 Accounting policies

### 1.1 Accounting policies and other information

NHS Improvement, in exercising the statutory functions conferred on Monitor, is responsible for issuing an accounts direction to NHS Foundation Trusts under the NHS Act 2006. NHS Improvement has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (DHSC GAM) which shall be agreed with the Secretary of State. Consequently, the following financial statements have been prepared in accordance with the DHSC GAM 2017/18 issued by the Department of Health. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual (FRoM) to the extent that they are meaningful and appropriate to the Foundation Trust. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

#### Accounting convention

These financial statements have been prepared under historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and certain financial assets and financial liabilities.

#### Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken from outside the public sector. Activities are considered 'discontinued' if they transfer from one public body to another. The Foundation Trust has no acquisitions or discontinued operations to report within these accounts.

### Critical accounting judgements and key sources of estimation uncertainty

In the application of the Foundation Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually revised.

Details of key accounting judgements and estimations are contained within Note 30 to these accounts.

### Operating segments

Operating segments are reported in a manner consistent with the internal reporting provided to the chief operating decision-maker. The chief operating decision-maker, who is responsible for allocating resources and assessing performance of the operating segments, has been identified as the Finance Committee that makes strategic decisions.

### Accounting standards that have been issued but have not yet been adopted

The DHSC GAM does not require the following Standards and Interpretations to be applied in 2017/18. These standards are still subject to HM Treasury FRoM adoption, with IFRS 9 and IFRS 15 being for implementation in 2018/19, and the government implementation date for IFRS 16 still subject to HM Treasury consideration.

- IFRS 9 Financial Instruments: Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FRoM: early adoption is not therefore permitted. The adoption of the IFRS has been assessed and there is no material impact.

- IFRS 15 Revenue from Contracts with Customers: Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted. The adoption of the IFRS has been assessed and there is no material impact subject to clarification on treatment of NHS income.
- IFRS 16 Leases: Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRIC 22 Foreign Currency Transactions and Advance Consideration: Application required for accounting periods beginning on or after 1 January 2018.

The directors do not expect that the adoption of these standards and interpretations will have a material impact on the financial statements in future periods. All other revised and new standards have not been listed here as they are not considered to have an impact on the Foundation Trust.

### Prior year restatements

Each year, the reporting requirements of Foundation Trusts are refreshed, and as a result, some income and expenditure classifications may be updated to improve transparency. In these instances, both the current year and the prior year disclosures are updated. In addition, if in preparing the accounts, corrections are identified to prior year classifications, these will be updated and clearly marked as “restated”.

### Consolidation

The 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

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 and as Trustees of BHT. This secured a more integrated and robust approach to private patient provision and governance.

As a result of this, the NHS Foundation Trust has reassessed its relationship to BHT (including its trading subsidiary BPC), and determined it to be a subsidiary because the Foundation Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charity and has the ability to affect those returns and other benefits through its power over the charity.

The charity’s statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice, which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are

made to the charity's assets, liabilities and transactions to:

- recognise and measure them in accordance with the Foundation Trust's accounting policies; and
- eliminate intra-group transactions, balances, gains and losses.

This resulted in a net income and expenditure deficit of £231,000 being consolidated into the Foundation Trusts accounts together with a number of Statement of Financial Position balances, most notably the introduction of the BHT Charitable Fund Reserve, with a closing balance of £2.018 million.

**Christchurch Fairmile Village Limited Liability Partnership: Company Registration Number OC395417**

The Foundation Trust is a voting member of the joint venture, Christchurch Fairmile Village Limited Liability Partnership, which was incorporated on 19 September 2014. The joint venture has been consolidated within these accounts.

**Dorset Heart Clinic Limited Liability Partnership: 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.

Both Limited Liability Partnerships (LLPs) have been consolidated on an equity basis.

## 1.2 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Foundation Trust is contracts with commissioners in respect of healthcare services.

Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

### Charitable funds

Income is received from donations, legacies, fund raising events and from other charitable bodies.

### Patient related revenue

Revenue is recognised when the service has been delivered, that is, in the period when the services were provided. At the end of the financial year, a revenue estimate is recognised for patients who are in hospital and have not completed their period of treatment (an incomplete patient spell). This revenue estimate is based on the level of treatment provided to date.

### Education and training

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

### Non patient care services

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

### Interest

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

### Catering services

The Foundation Trust operates canteen services for employees and patients. Revenue is recognised when the Foundation Trust sells to the employees and the public. Canteen sales are usually by cash or by debit card.

### Rental income

The Foundation Trust owns some residential properties which are let out to members of staff and related parties. Rental income is recognised on a straight-line basis over the term of the lease. Car park fees are recognised when the public and staff have used the Foundation Trust's facilities.

### Income from the sale of non-current assets

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

## 1.3 Expenditure on employee benefits

### Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

### Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](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 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

### Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016 and is currently being prepared. The direction assumptions are published by HM Treasury which are used to complete the valuation calculations, from which the final valuation report can be signed off by the scheme actuary. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this ‘employer cost cap’ assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

## National Employment Savings Trust (NEST)

The National Employment Savings Trust (NEST) is a defined contribution scheme that was created as part of the government's workplace pensions reforms under the Pensions Act 2008. With effect from 1 May 2013, the Foundation Trust auto-enrols employees into this scheme in line with the national eligibility criteria.

### 1.4 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that, they have been received and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

### 1.5 Property, plant and equipment

#### Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the Foundation Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably;
- the item individually has a cost of at least £5,000; or
- collectively, a group of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they have broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates, and are under single managerial control; or
- it forms part of the initial equipping and setting-up cost of a new building, refurbishment of a ward or unit irrespective of its individual or collective cost.

Where a large asset, for example a building, includes a number of components with

significantly different asset lives e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

#### Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. They are measured subsequently at valuation.

Non-current assets are stated at the lower of replacement cost and recoverable amount. The carrying values of property, plant and equipment are reviewed for impairment in periods if events or changes in circumstances indicate the carrying value may not be recoverable. The costs arising from the financing of the construction of fixed assets are not capitalised but are charged to the Statement of Comprehensive Income in the year to which they relate.

All land and buildings are revalued using professional valuations in accordance with International Accounting Standard (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 Valuer (Cushman & Wakefield). The valuations are carried out in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual. An interim asset valuation (excluding Assets Under Construction/ Work In Progress) was undertaken as at 31 March 2018, 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 derecognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

### Depreciation

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated. The estimated useful lives of assets are summarised below:

Property, plant and equipment which has been reclassified as 'Held for Sale' ceases to be depreciated upon this reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

As at 31 March 2018, there were no assets classified as 'Held for Sale'.

### Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

### Impairments

In accordance with the Foundation Trust Annual Reporting Manual, impairments that arise from a clear consumption of economic benefits or service potential in the assets are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

	Minimum Life (years)	Maximum Life (years)
Buildings and dwellings	8	100
Furniture / fittings	5	20
Set-up costs	5	15
Medical and other equipment	5	15
Vehicles	7	15
Radiology equipment	5	10
IT equipment	3	7

An impairment that arises from a clear consumption of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

### De-recognition

Assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable, for example:
  - management are committed to a plan to sell the asset;
  - an active programme has begun to find a buyer and complete the sale;
  - the asset is being actively marketed at a reasonable price;
  - the sale is expected to be completed within twelve months of the date of the classification as 'Held for Sale'; and
  - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify

for recognition as 'held for sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

### Donated, government grant and other grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/ grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/ grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

## 1.6 Intangible assets

### Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Foundation Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Foundation Trust and where the cost of the asset can be measured reliably.

### Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the product is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the Foundation Trust intends to complete the asset and sell or use it;

- the Foundation Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits;
- adequate financial, technical and other resources are available to the Foundation Trust to complete the development and sell or use the asset; and
- the Foundation Trust can measure reliably the expenses attributable to the asset during development.

## Software

Software which is integral to the operation of hardware (for example, an operating system) is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware (for example, application software) is capitalised as an intangible asset.

## Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently, intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 or IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or 'fair value less costs to sell'.

## Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. The estimated useful live 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 instruments and financial liabilities

### Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Foundation Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

Financial assets and financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

All other financial assets and financial liabilities are recognised when the Foundation Trust becomes a party to the contractual provisions of the instrument.

### De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Foundation Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

### **Classification and Measurement**

Financial assets are categorised as 'Loans and receivables'. Financial liabilities are classified as 'Other financial liabilities'.

### **Loans and receivables**

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The Foundation Trust's loans and receivables comprise current investments, cash and cash equivalents, NHS receivables, accrued income and other receivables.

Loans and receivables are recognised initially at fair value, net of transaction costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income. Loans from the Department of Health are not held for trading and are measured at historic cost with any unpaid interest accrued separately.

### **Other financial liabilities**

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and are measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as non-current liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective

interest method and charged to the Statement of Comprehensive Income. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

### **Impairment of financial assets**

At the Statement of Financial Position date, the Foundation Trust assesses whether any financial assets, other than those held at 'fair value through income and expenditure' are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced directly.

## **1.10 Leases**

### **Finance leases**

Where substantially all risks and rewards of ownership of a leased asset are borne by the Foundation Trust, the asset is recorded as Property, Plant and Equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property, plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability is de-recognised when the liability is discharged, cancelled or expires.

## Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

## Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately. Leased land is treated as an operating lease.

### 1.11 Provisions

The Foundation Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

### Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Foundation Trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the Foundation Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the Foundation Trust is disclosed at Note 23 but is not recognised in the Foundation Trust's accounts.

### Non-clinical risk pooling

The Foundation Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Foundation Trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising.

The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

### 1.12 Contingencies

Contingent assets (that is assets, arising from past events whose existence will only be confirmed by one or more future events not wholly within the Foundation Trust's control) are not recognised as assets, but are disclosed by note where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed by note unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the Foundation Trust's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

### 1.13 Public Dividend Capital (PDC) and PDC Dividend

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

A charge, reflecting the cost of capital utilised by the Foundation Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Foundation Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loan Fund (NLF) deposits, excluding

cash balances held in GBS accounts that relate to short-term working capital facility, and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

### 1.14 Value added tax

Most of the activities of the Foundation Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

### 1.15 Corporation tax

Under current legislation, Foundation Trusts are not liable for corporation tax.

### 1.16 Foreign Exchange

The functional and presentation currency of the Foundation Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

### 1.17 Third party assets

Assets belonging to third parties, (such as money held on behalf of patients) are not recognised in the accounts since the Foundation Trust has no beneficial interest in them. However, they are disclosed within Note 19 to the accounts in accordance with the requirements of HM Treasury's FReM.

### 1.18 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature, they are items that ideally should not arise. They are therefore subject to special control procedures

compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Foundation Trust not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

However, the losses and special payments note is compiled directly from the losses and compensations register which reports on an accruals basis with the exception of provisions for future losses.

### 1.19 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

### 1.20 Going concern

In the preparation of the year end accounts the Board is required to undertake an assessment confirming the Trust will continue as a going concern (i.e. that it will continue in the business of healthcare provision for the foreseeable future).

The Trust has prepared its financial plans and cash flow forecasts on the assumption that funding will be received from the Department of Health. Discussions to date indicate this funding will be forthcoming. These funds are expected to be sufficient to enable the Trust to meet its obligations as they fall due. These funds will be accessed through the nationally agreed process published by NHS Improvement and the Department of Health.

The NHS Improvement Foundation Trust Annual Reporting Manual 2017/18 states that financial statements should be prepared on a going concern basis unless management either intends to apply to the Secretary of State for the dissolution of the NHS foundation trust without the transfer of the services to another entity, or has no realistic alternative but to do so.

There has been no application to the Secretary of State for the dissolution of the Trust and financial plans have been developed and published for future years. However, the Trust plans to continue to operate with a financial deficit in 2018/19 and therefore the Board has considered the principle of going concern.

The Directors have concluded that there is a reasonable expectation that the Trust will have access to adequate resources to continue in operational existence for the next 12 months.

## 1.21 Investments

The Foundation Trust does not have any investments and the cash is held primarily in the Government Banking Service.

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust Charitable Fund does hold investments, both Fixed Asset Investments and Short-Term Investments:

### **Charitable Fund Fixed Asset Investments**

Investment Fixed Assets are shown at Market Value, as detailed in the Statement of Financial Position.

The Trustee's policy is to invest charitable funds with investments that maximise capital and are the most suitable investment type. The long-term objective is to invest capital that will give the maximum growth on income with minimal risk. The investment held as at the Statement of Financial Position date are units within a Restricted Investment Portfolio and are included in the Statement of Financial Position at the closing price at 31 March 2018. Investments comprise equities, gilts, other fixed interest investments and pooled funds, the majority of which are quoted investments.

All gains and losses are taken to the Statement of Comprehensive Income as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (or date of purchase if later).

## **Charitable Fund Short-Term Investments**

Short-Term Investments include Stocks and Equities that have been received as part of Legacy distributions given to the Charitable Fund. These are revalued at the year-end and any gain or loss on revaluation of the investment asset is shown in the Statement of Comprehensive Income.

## 2 Operating segments

The Foundation Trust has determined the operating segments based on the reports reviewed by the Finance Committee that are used to make strategic decisions. The Finance Committee considers the Foundation Trust's business from a services perspective as "Healthcare" and only one segment is therefore reported.

The segment information provided to the Finance Committee for the reportable segments for the year ended 31 March 2018 is as follows:

	Group		Trust	
	Healthcare 2017/18	Healthcare 2016/17	Healthcare 2017/18	Healthcare 2016/17
	£'000	£'000	£'000	£'000
Segment revenue	<b>295,627</b>	291,228	<b>295,433</b>	290,665
Patient and other income	<b>295,627</b>	291,228	<b>295,433</b>	290,665

It is appropriate to aggregate the Foundation Trust's activities as, in accordance with IFRS 8: Operating Segments, they are similar in each of the following respects:

- the nature of the products and services;
- the nature of the production processes;
- the type of class of customer for their products and services;
- the methods used to distribute their products or provide their services; and
- the nature of the regulatory environment.

## 3 Income generation activities

The Foundation Trust has not materially undertaken any other income generation activities with an aim of achieving profit.

The Foundation Trust 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.

# 4 Operating income

## 4.1 Income from patient related activities

	Group		Trust	
	Continuing Operations 2017/18	Restated Continuing Operations 2016/17	Continuing Operations 2017/18	Restated Continuing Operations 2016/17
	£'000	£'000	£'000	£'000
Foundation Trusts	<b>1,335</b>	989	<b>1,335</b>	989
Clinical Commissioning Groups	<b>204,688</b>	205,150	<b>204,688</b>	205,150
NHS England	<b>47,639</b>	46,111	<b>47,639</b>	46,111
Local authorities	<b>2,343</b>	2,509	<b>2,343</b>	2,509
NHS Other	<b>0</b>	122	<b>0</b>	122
Non NHS:				
- Private Patients	<b>2,767</b>	2,352	<b>2,307</b>	2,085
- Overseas Patients (non-reciprocal)	<b>48</b>	72	<b>48</b>	72
- NHS Injury Scheme Income	<b>545</b>	507	<b>545</b>	507
	<b>259,365</b>	257,812	<b>258,905</b>	257,545

The NHS Injury Scheme Income above is reported gross and a 22.84% doubtful debt provision (2016/17 22.94%) included in expenditure, which represents expected recovery rates.

## 4.2 Other operating income

	Group		Trust	
	Continuing Operations 2017/18	Restated Continuing Operations 2016/17	Continuing Operations 2017/18	Restated Continuing Operations 2016/17
	£'000	£'000	£'000	£'000
Research and development	2,283	2,286	2,283	2,286
Education and training	6,402	6,204	6,402	6,204
NHS Charities - capital acquisitions (donated assets)	1,435	0	1,435	561
NHS Charities - contributions to expenditure	0	0	0	397
Received from other bodies: Other charitable and other contributions to expenditure	1,551	1,828	1,551	1,828
Non-patient care services to other bodies	7,445	6,079	9,235	6,079
Sustainability and Transformation Fund	10,188	10,010	10,188	10,010
NHS Charitable Funds: incoming resources excluding investment income	1,524	1,641	0	0
Other:				
- NHS drug sales	238	647	238	647
- car parking	1,801	1,749	1,801	1,749
- catering services	951	999	951	999
- miscellaneous other	1,235	688	1,235	1,074
Income from operating leases	1,209	1,285	1,209	1,285
	36,262	33,416	36,528	33,120
<b>Total</b>	<b>295,627</b>	<b>291,228</b>	<b>295,433</b>	<b>290,665</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	
	2017/18	2016/17	2017/18	2016/17
	£'000	£'000	£'000	£'000
Commissioner requested services	<b>265,767</b>	264,016	<b>265,767</b>	264,016
Non Commissioner requested services	<b>29,860</b>	27,212	<b>29,666</b>	26,649
	<b>295,627</b>	291,228	<b>295,433</b>	290,665

## 7 Operating expenses

	Group		Trust	
	Continuing Operations		Continuing Operations	
	2017/18	2016/17	2017/18	2016/17
	£'000	£'000	£'000	£'000
Services from NHS Foundation Trusts	<b>4,156</b>	2,824	<b>4,156</b>	2,824
Purchase of social care	<b>650</b>	1,019	<b>650</b>	1,019
Purchase of healthcare from non NHS Bodies	<b>344</b>	869	<b>344</b>	869
Employee Expenses - Executive directors	<b>1,278</b>	1,151	<b>1,278</b>	1,151
Employee Expenses - Non-executive directors	<b>153</b>	157	<b>153</b>	157
Employee Expenses - Staff	<b>179,049</b>	171,387	<b>179,049</b>	171,294
Employee Expenses - Redundancy	<b>28</b>	231	<b>28</b>	231
Employee Expenses - Research and development	<b>2,034</b>	1,864	<b>2,034</b>	1,864
Supplies and services - clinical (excluding drug costs)	<b>32,078</b>	34,461	<b>32,078</b>	34,310
Supplies and services - general	<b>3,978</b>	3,991	<b>3,978</b>	3,870
Establishment	<b>2,153</b>	2,372	<b>2,153</b>	2,372
Research and development (excluding Employee Expenses)	<b>661</b>	279	<b>661</b>	279
Transport (staff travel)	<b>503</b>	488	<b>503</b>	488
Transport (patient transport services)	<b>316</b>	171	<b>316</b>	171
Premises - Rates	<b>1,667</b>	1,648	<b>1,667</b>	1,648
Premises	<b>10,027</b>	11,363	<b>10,027</b>	11,363
Increase/(Decrease) in bad debt provision	<b>1,504</b>	506	<b>1,504</b>	506
Increase/(Decrease) in other provisions	<b>0</b>	(153)	<b>0</b>	(153)
Change in provisions discount rate(s)	<b>(31)</b>	180	<b>(31)</b>	180
Inventories written down	<b>56</b>	90	<b>56</b>	90
Drugs Inventories consumed	<b>33,319</b>	31,955	<b>33,319</b>	31,955
Operating lease payments	<b>103</b>	103	<b>103</b>	103
Depreciation on property, plant and equipment	<b>6,196</b>	6,287	<b>6,196</b>	6,114

Operating expenses continued				
Amortisation on intangible assets	578	557	578	557
Impairments of property, plant and equipment	669	0	669	0
Audit fees:				
External audit services - financial statement audit	62	62	62	62
External audit services - charitable fund accounts	5	5	0	0
External audit services - other non-audit services	13	13	13	13
Internal Audit and Counter Fraud	160	120	160	120
Clinical negligence premium	4,541	4,129	4,541	4,129
Legal fees	141	120	141	120
Consultancy costs	497	292	497	292
Training, courses and conferences	1,153	884	1,153	884
Hospitality	54	0	54	0
Insurance	207	255	207	255
Other services, e.g. external payroll	570	538	570	538
Losses, ex gratia and special payments	23	27	23	27
NHS Charitable funds: Other resources expended (balance not analysed above)	254	1,704	0	0
Other	3,835	3,623	3,835	3,628
<b>Total</b>	<b>292,985</b>	<b>285,572</b>	<b>292,725</b>	<b>283,330</b>

The Trust has made no donation/contribution to any Political party.

## 8 Operating leases

### 8.1 Operating leases as lessee

The Foundation Trust leases some medical equipment and vehicles under non-cancellable operating leases. The leases are between 3-5 years. None of the leases include contingent rents or onerous restrictions on the Foundation Trust's use of the assets concerned. The expenditure charged to the Statement of Comprehensive Income during the year is disclosed below:

	Group / Trust	
	2017/18	2016/17
	£'000	£'000
Total operating leases	103	103
The future aggregate minimum lease payments under non-cancellable operating leases are as follows:		
Lease ending:		
No later than one year	103	103
Between 1 and 5 years	0	0
Over 5 years	0	0
<b>Total</b>	<b>103</b>	<b>103</b>

## 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	
	2017/18	2016/17
	£'000	£'000
Accommodation operating leases	1,209	1,285
The future aggregate minimum lease payments under non-cancellable operating leases are as follows:		
Lease ending:		
No later than one year	1,247	1,316
Between one and five years	759	883
Over five years	2,906	3,101
<b>Total</b>	<b>4,912</b>	<b>5,300</b>

## 9 Staff costs and numbers

### 9.1 Staff costs

	Group			
			2017/18	2016/17
	Permanent	Other	Total	Total
	£'000	£'000	£'000	£'000
				<b>Restated</b>
Salaries and wages	147,775	-	147,775	139,840
Social security costs	13,785	-	13,785	12,936
Apprenticeship Levy	717	-	717	-
Employer's contributions to NHS pensions	17,291	-	17,291	16,268
Termination benefits	-	-	-	-
Agency/contract staff	-	4,017	4,017	5,589
<b>Total staff costs</b>	<b>179,568</b>	<b>4,017</b>	<b>183,585</b>	<b>174,633</b>

This note excludes Non-Executive Directors, in line with national guidance.

## 9.2 Average number of employees (WTE basis)

	Group			
			2017/18	2016/17
	Permanent Number	Other Number	Total Number	Total Number Restated
Medical and dental	455	7	462	441
Administration and estates	912	49	961	863
Healthcare assistants and other support staff	961	164	1,125	1,000
Nursing, midwifery and health visiting staff	1,108	92	1,200	1,179
Scientific, therapeutic and technical staff	306	11	317	393
Healthcare science staff	149	1	150	178
Agency and contract staff	-	-	-	-
Bank staff	-	-	-	-
Other	1	-	1	4
<b>Total average numbers</b>	<b>3,892</b>	<b>324</b>	<b>4,216</b>	<b>4,057</b>

This note excludes Non-Executive Directors, in line with national guidance.

## 9.3 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
<b>Exit package cost band (including any special payment element)</b>			
Less than £10,000	1	-	1
£10,001 - £25,000	1	1	2
£25,001 - £50,000	-	-	-
<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

Each of the above exit packages were in relation to two compulsory redundancies and 13 agreed departures.

## 9.4 Reporting of compensation schemes - exit packages 2016/17

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
<b>Exit package cost band (including any special payment element)</b>			
Less than £10,000	2	4	6
£10,001 - £25,000	-	7	7
£25,001 - £50,000	-	-	-
<b>Total number of exit packages by type</b>	<b>2</b>	<b>13</b>	<b>15</b>
Total resource cost (£000)	6	231	£237

## 9.5 Exit packages: other (non-compulsory) departure payments

	2017/18		2016/17	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£'000	Number	£'000
Mutually agreed resignations (MARS) contractual costs	1	13	13	225
Early retirements in the efficiency of the service contractual costs			2	6
<b>Total</b>	<b>1</b>	<b>13</b>	<b>15</b>	<b>231</b>

## 10 Retirements due to ill-health

There were three early retirements from the Foundation Trust agreed on the grounds of ill-health (2016/17: seven). The estimated additional pension liabilities of these ill-health retirements will be £251,000 (2016/17: £392,000). The cost of these ill-health retirements will be borne by the NHS Pensions Agency.

## 11 The Late Payment of Commercial Debts (Interest) Act 1998

There were minimal payments of interest for commercial debts.

## 12 Investment revenue

	Group		Trust	
	2017/18	2016/17	2017/18	2016/17
	£'000	£'000	£'000	£'000
Interest on bank accounts	97	81	97	81
NHS charitable funds: investment income	0	4	0	0
<b>Total</b>	<b>97</b>	<b>85</b>	<b>97</b>	<b>81</b>

### 12.1 Investments

	Group		Trust	
	31 March 2018	31 March 2017	31 March 2018	31 March 2017
	£'000	£'000	£'000	£'000
Opening Balance	4,002	3,343	0	0
Movement in fair value	63	659	0	0
<b>Closing balance</b>	<b>4,065</b>	<b>4,002</b>	<b>0</b>	<b>0</b>

### 12.2 Other financial assets

	Group		Trust	
	31 March 2018	31 March 2017	31 March 2018	31 March 2017
	£'000	£'000	£'000	£'000
Stocks and equities	62	62	0	0
<b>Total</b>	<b>62</b>	<b>62</b>	<b>0</b>	<b>0</b>

## 13 Finance costs

	Group / Trust	
	2017/18	2016/17
	£'000	£'000
Loans from the Independent Trust Financing Facility	533	565
Finance leases	19	28
<b>Total</b>	<b>552</b>	<b>593</b>



# 14 Intangible assets, property, plant and equipment - Prior Year

	Group											Trust				
	Intangible Software Licences (incl Work in progress)	Tangible							TOTAL Non Current Assets	Less Non-Trust Assets	Trust Assets					
		Land (Freehold)	Buildings excluding dwellings (Freehold)	Dwellings (Freehold)	Assets Under Construction / Work in Progress	Plant and Machinery	Transport Equipment	Information Technology					Furniture and fittings			
Gross cost at 1 April 2016 as previously stated	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000					
Additions	8,409	131,212	7,328	4,187	38,723	324	7,097	945	221,510	1,212	220,298					
Reclassifications	1,416	0	1,201	2,592	2,272	0	928	13	8,537		8,537					
Disposals	0	4,126	0	(4,126)	0	0	0	0	0	0	0					
Disposals	0	0	0	0	(225)	0	0	0	(225)	0	(225)					
<b>Cost or valuation at 31 March 2017</b>	<b>9,825</b>	<b>136,539</b>	<b>7,443</b>	<b>2,653</b>	<b>40,770</b>	<b>324</b>	<b>8,025</b>	<b>958</b>	<b>229,822</b>	<b>1,212</b>	<b>228,610</b>					
Accumulated depreciation at 1 April 2016 as previously stated	5,014	2,524	115	0	29,846	119	3,476	512	41,606	375	41,231					
Provided during the year	557	3,015	122	0	2,295	32	773	50	6,844	174	6,670					
Disposals	0	0	0	0	(225)	0	0	0	(225)		(225)					
<b>Accumulated depreciation at 31 March 2017</b>	<b>5,571</b>	<b>5,539</b>	<b>237</b>	<b>0</b>	<b>31,916</b>	<b>151</b>	<b>4,249</b>	<b>562</b>	<b>48,225</b>	<b>549</b>	<b>47,676</b>					
<b>Net book value</b>																
Owned	3,395	23,285	7,213	4,187	5,999	194	3,531	430	171,995	663	171,332					
Finance lease	0	0	0	0	1,135	0	0	0	1,135		1,135					
Donated - Restated	0	4,826	0	0	1,743	11	90	3	6,774		6,774					
<b>NBV total at 31 March 2016</b>	<b>3,395</b>	<b>23,285</b>	<b>7,213</b>	<b>4,187</b>	<b>8,877</b>	<b>205</b>	<b>3,621</b>	<b>433</b>	<b>179,904</b>	<b>663</b>	<b>179,241</b>					
<b>Net book value</b>																
Owned	4,254	23,285	7,206	2,653	6,355	164	3,725	394	174,206	490	173,716					
Finance lease	0	0	0	0	714	0	0	0	714		714					
Donated	0	4,830	0	0	1,785	9	51	2	6,677		6,677					
<b>NBV total at 31 March 2017</b>	<b>4,254</b>	<b>131,000</b>	<b>7,206</b>	<b>2,653</b>	<b>8,854</b>	<b>173</b>	<b>3,776</b>	<b>394</b>	<b>181,597</b>	<b>490</b>	<b>181,107</b>					
The asset classifications are as follows:																
- protected	0	19,946	0	0	0	0	0	0	0	0	0					
- unprotected	4,254	3,339	7,206	2,653	8,854	173	3,776	396	37,188	490	36,698					
<b>Total</b>	<b>4,254</b>	<b>23,285</b>	<b>131,000</b>	<b>2,653</b>	<b>8,854</b>	<b>173</b>	<b>3,776</b>	<b>396</b>	<b>181,597</b>	<b>490</b>	<b>181,107</b>					
Included within Buildings above, there are £721,000 of restricted use assets in relation to the Heart Club which is leased to the Bournemouth Heart Club until the year 2046.																
Plant and equipment include the following amounts where the Foundation Trust is lessee under finance leases.																
		2016/17	2015/16													
		£'000	£'000													
Cost		3,942	3,942													
Accumulated depreciation		3,228	2,807													
Net book value		714	1,135													

The Foundation Trust leases various medical equipment/ IT under non cancellable finance lease agreements. The lease terms are between five and seven years.

## 15 Impairment of property, plant and equipment

	Group		Trust	
	31 March 2018	31 March 2017	31 March 2018	31 March 2017
	£'000	£'000	£'000	£'000
Changes in market price (as advised by the Trust's external Valuer)	669	0	669	0
<b>Total</b>	<b>669</b>	<b>0</b>	<b>669</b>	<b>0</b>

## 16 Capital commitments

	Group	
	31 March 2018	31 March 2017
	£'000	£'000
Property, plant and equipment	2,887	2,114
Intangible assets	2,495	2,435
<b>Total</b>	<b>5,382</b>	<b>4,549</b>

## 17 Inventories

	Group / Trust	
	31 March 2018	31 March 2017
	£'000	£'000
Drugs	1,550	1,480
Consumables	3,049	3,360
<b>Total</b>	<b>4,599</b>	<b>4,840</b>

### 17.1 Inventories recognised in expenses

	Group	
	31 March 2018	31 March 2017
	£'000	£'000
Inventories recognised as an expense in the period	40,140	50,728
Write-down of inventories (including losses)	56	90
<b>Total</b>	<b>40,196</b>	<b>50,818</b>

# 18 Trade and other receivables

## 18.1 Amounts falling due within one year:

	Group		Trust	
	31 March 2018	31 March 2017	31 March 2018	31 March 2017
	£'000	£'000	£'000	£'000
NHS receivables - revenue	14,594	7,377	14,594	7,377
Provision for impaired receivables	(2,329)	(994)	(2,329)	(994)
Prepayments	1,179	1,006	1,179	1,006
Accrued income	1,455	1,098	1,455	1,098
PDC dividend receivable	730	1,000	730	1,000
VAT receivable	124	171	124	171
Other receivables - revenue	2,606	2,813	3,169	2,935
NHS charitable funds: Trade and other receivables	66	208	0	0
<b>Total</b>	<b>18,425</b>	<b>12,679</b>	<b>18,922</b>	<b>12,593</b>

## 18.2 Age analysis of trade and other receivables

	Group		Trust	
	31 March 2018	31 March 2017	31 March 2018	31 March 2017
	£'000	£'000	£'000	£'000
<b>Age of impaired receivables:</b>				
0 - 30 days	794	138	794	138
31 - 60 days	20	27	20	27
61 - 90 days	98	15	98	15
91 - 180 days	89	131	89	131
over 180 days	1,328	683	1,328	683
<b>Sub total</b>	<b>2,329</b>	<b>994</b>	<b>2,329</b>	<b>994</b>
<b>Age of non-impaired receivables:</b>				
0 - 30 days	11,593	9,125	12,090	9,039
31 - 60 days	819	681	819	681
61 - 90 days	575	285	575	285
91 - 180 days	1,298	229	1,298	229
over 180 days	632	359	632	359
<b>Sub total</b>	<b>14,917</b>	<b>10,679</b>	<b>15,414</b>	<b>10,593</b>
<b>Prepayments</b>	<b>1,179</b>	<b>1,006</b>	<b>1,179</b>	<b>1,006</b>
<b>Total</b>	<b>18,425</b>	<b>12,679</b>	<b>18,922</b>	<b>12,593</b>

## 18.3 Provision for impairment of receivables

	Group		Trust	
	31 March 2018	31 March 2017	31 March 2018	31 March 2017
	£'000	£'000	£'000	£'000
At 1 April	994	723	994	717
Increase in provision	1,504	506	1,504	512
Amounts utilised	(169)	(235)	(169)	(235)
<b>At 31 March</b>	<b>2,329</b>	<b>994</b>	<b>2,329</b>	<b>994</b>

## 19 Cash and cash equivalents

	Group		Trust	
	31 March 2018	31 March 2017	31 March 2018	31 March 2017
	£'000	£'000	£'000	£'000
Balance 1 April	40,202	43,091	36,321	41,035
Net movement in year	(8,062)	(2,889)	(7,019)	(4,714)
<b>Balance at 31 March</b>	<b>32,140</b>	<b>40,202</b>	<b>29,301</b>	<b>36,321</b>
Made up of:				
Cash at commercial banks and in hand	2,860	2,793	22	(1,088)
Cash with the Government Banking Service	29,280	37,409	29,280	37,409
<b>Cash and cash equivalents</b>	<b>32,140</b>	<b>40,202</b>	<b>29,302</b>	<b>36,321</b>

The patient monies amount held on trust was £1,722 (2016/17 £52,725) which is not included in the above figures.

## 20 Trade and other payables

	Group		Trust	
	31 March 2018	31 March 2017	31 March 2018	31 March 2017
	£'000	£'000	£'000	£'000
<b>Amounts falling due within one year:</b>				
NHS payables - revenue	4,083	3,134	4,083	3,134
Other trade payables - capital	3,824	3,052	3,824	3,052
Other trade payables - revenue	14,227	12,268	14,227	12,268
Accruals	17,274	17,690	17,173	17,025
NHS charitable funds: trade and other payables	1,030	1,478	0	0
<b>Total</b>	<b>40,438</b>	<b>37,622</b>	<b>39,307</b>	<b>35,479</b>
<b>Amounts falling due over one year:</b>				
Amounts due to other related parties	950	983	950	983
<b>Total</b>	<b>41,388</b>	<b>38,605</b>	<b>40,257</b>	<b>36,462</b>

This includes outstanding pensions contributions at 31 March 2017 of £2,304,208 (2015/16 £2,180,728).

## 21 Borrowings

	Group / Trust	
	31 March 2018	31 March 2017
	£'000	£'000
Finance lease liabilities		
- Current	170	306
- Non current	226	406
<b>Total</b>	<b>396</b>	<b>712</b>
Independent Trust Financing Facility (ITFF) Loan		
- Current	1,102	1,102
- Non current	16,544	17,646
<b>Total</b>	<b>17,646</b>	<b>18,748</b>

The Trusts ITFF loan relates to the Christchurch Development. It is repayable over 20 years and has a fixed annual interest rate of 2.89%.

## 22 Finance lease obligations

The Foundation Trust operates as lessee on a number of medical equipment leases. These leases generally run for between 5 - 7 years with options to extend the terms at the expiry of the initial period. None of the leases include contingent rents or onerous restrictions on the Foundation Trust's use of assets concerned.

	Group / Trust	
	31 March 2018	31 March 2017
	£'000	£'000
<b>Amounts payable under finance leases</b>		
Within one year	177	335
Between one and five years	237	414
Less future finance charges	(18)	(37)
<b>Total</b>	<b>396</b>	<b>712</b>

## 23 Provisions for liabilities and charges

	Group / Trust		
	£'000	£'000	£'000
	Early Retirement	Legal claims	Total
At 1 April 2016	144	706	850
Change in the discount rate	0	(31)	(31)
Arising during the year	55	59	114
Utilised during the year - accruals	(5)	(4)	(9)
Utilised during the year - cash	(14)	(11)	(25)
Unwinding of discount	3	(7)	(4)
<b>At 31 March 2018</b>	<b>183</b>	<b>712</b>	<b>895</b>
<b>Expected timing of cashflows:</b>			
Within one year	19	14	33
Between one and five years	78	59	137
After five years	86	639	725
	<b>183</b>	<b>712</b>	<b>895</b>

### Legal Claims

#### Liability to Third Party and Property Expense Schemes:

The Foundation Trust has liability for the excess of each claim.

The calculation is based on estimated claim values and probability of settlement.

#### Injury Benefit

The provision for permanent injury benefit has been created as at 31 March 2004 and is calculated using the award value and life tables discounted over the period. Provisions for Injury Benefit are included within legal claims above and are £618k at 31 March 2018 (£655k at 31 March 2017).

£19,507,000 is included in the provisions of NHS Resolution at 31 March 2018 in respect of clinical negligence liabilities of the Foundation Trust (£23,051,000 at 31 March 2017).

## 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	177,722	512	0	1,793
NHS West Hampshire CCG	24,615	0	165	0
NHS Wiltshire CCG	994	0	54	0
Health Education England	6,339	18	20	3
NHS Resolution (formerly NHS Litigation Authority)	0	4,751	0	13
Department of Health and Social Care	7	0	5	0
NHS England - Core	10,857	0	6,604	0
NHS England - Wessex Local Office	1,639	0	0	75
NHS Wessex Specialised Commissioning Hub	46,073	0	2,960	0
Dorset County Council	2,588	650	66	0
Dorset Healthcare University NHS FT	939	498	530	113
Poole Hospital NHS FT	4,977	4,956	2,905	2,396
University Hospitals Southampton NHS FT	1,137	247	285	178
NHS Blood and Transplant	0	80	80	0
NHS Pension Scheme	0	17,290	0	0
Other transactions less than £500,000	4,357	13,028	1,421	2,420
	282,244	42,030	15,095	6,991

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	11,310	0	1,006
HM Revenue and Customs	0	19,966	0	1,883
National Insurance Fund	0	912	0	912
	0	32,188	0	3,801

## 25 Post statement of financial position events

There are no post Statement of Financial Position events to report within these accounts.

## 26 Financial risk management

Financial instruments are held for the sole purpose of managing the cash flow of the Foundation Trust on a day-to-day basis or arise from the operating activities of the Foundation Trust. The management of risks around these financial instruments therefore relates primarily to the Foundation Trust's overall arrangements for managing risks in relation to its financial position.

### Market risk

#### Interest rate risk

The Foundation Trust has a fixed rate loan from the Independent Trust Financing Facility; plus capitalised finance lease obligations which each have fixed interest rates. As a result of these fixed rates; any interest rate fluctuations will only affect our ability to earn additional interest on our short-term investments.

The Foundation Trust earned interest of £96,873 during 2017/18, therefore a change in the interest rate would have minimal effect on the amount earned.

#### Currency risk

The Foundation Trust has minimal risk of currency fluctuations. Most transactions are in sterling. Although there are some purchases of goods from Ireland, where prices are based on the Euro, all payments are made in sterling.

#### Other risk

The inflation rate on NHS service level agreements is based on the NHS funded inflation, and therefore there is a small risk of budgetary financial pressure.

The majority of pay award inflation is based on the nationally agreed Agenda for Change pay scale, and although funding through the Payment by Results (PbR) tariff does not cover the entire cost (there is an assumed efficiency requirement within the tariff), this represents a small risk.

### Credit risk

#### Debtor control

The Foundation Trust has a treasury function which includes a credit controller. The Foundation Trust actively pursues debts and use an external company to support specific aged debts.

The majority of the Foundation Trust's payables are short term and the Foundation Trust participates in the national NHS payables reconciliations at 31 December and 31 March each year. This helps to identify any significant NHS receivable queries.

## Provision for doubtful debts

The Foundation Trust reviews non NHS receivables as at 31 March and as a result of this review, has provided £659,841 in relation to doubtful debts. A further £126,576 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 £1,543,010. 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 deficit in the current financial year but continues to have a surplus on the retained earnings reserve. In addition, the Foundation Trust has a cash and investment balance of £29.3m. As such, the Trust is a minimal risk to its creditors.

# 27 Financial instruments

## 27.1 Financial assets

	Group				Trust	
	31 March 2018		31 March 2017		31 March 2018	31 March 2017
	£'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	17,629	0	11,471	0	18,191	10,835
Cash and cash equivalents at bank and in hand	31,517	0	38,377	0	29,302	36,321
NHS charitable funds: financial assets as at 31 March	689	4,127	2,033	4,063	0	0
<b>Total</b>	<b>49,835</b>	<b>4,127</b>	<b>51,881</b>	<b>4,063</b>	<b>47,493</b>	<b>47,156</b>
<b>Assets held in £ sterling</b>		<b>53,962</b>		55,944	<b>47,493</b>	47,156

The above amount excludes PDC receivables of £670,000 (2016/17 £1,000,000).

## 27.2 Financial liabilities

	Group		Trust	
	31 March 2018	31 March 2017	31 March 2018	31 March 2017
	£'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>17,646</b>	18,748	<b>17,646</b>	18,748
Obligations under finance leases	<b>396</b>	712	<b>396</b>	712
NHS trade and other payables excluding non-financial liabilities	<b>2,412</b>	999	<b>2,412</b>	999
Non-NHS trade and other payables excluding non-financial liabilities	<b>31,434</b>	30,254	<b>31,333</b>	27,598
Provisions under contract	<b>895</b>	850	<b>895</b>	850
NHS charitable funds: financial liabilities as at 31 March	<b>1,030</b>	1,478	<b>0</b>	0
<b>Total</b>	<b>53,813</b>	53,041	<b>52,682</b>	48,907
<b>Liabilities held in £ sterling</b>	<b>53,813</b>	53,041	<b>52,682</b>	48,907

The above figures exclude statutory/non-contracted payables of £6,511,000 (2016/17 £5,874,000).

## 27.3 Financial assets / liabilities - fair values

	Group		Trust	
	31 March 2018		31 March 2018	
	£'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>4,065</b>	<b>4,065</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>4,065</b>	<b>4,065</b>	<b>0</b>	<b>0</b>
<b>Financial liabilities</b>				
Non-current trade and other payables excluding non financial liabilities	<b>983</b>	<b>983</b>	<b>983</b>	<b>983</b>
Provisions under contract	<b>895</b>	<b>895</b>	<b>895</b>	<b>895</b>
<b>Total</b>	<b>1,878</b>	<b>1,878</b>	<b>1,878</b>	<b>1,878</b>

## 28 Intra-Government and NHS balances

	Group / Trust	
	31 March 2018	
	Receivables: amounts falling due within one year	Payables: amounts falling due within one year
	£'000	£'000
Foundation Trusts	4,089	3,387
NHS and Department of Health	10,670	1,986
Local Government	237	0
Central Government	264	1,852
<b>Total</b>	<b>15,260</b>	<b>7,225</b>
	31 March 2017	
Foundation Trusts	1,810	1,818
NHS and Department of Health	6,567	1,316
Local Government	212	0
Central Government	242	2,496
<b>Total</b>	<b>8,831</b>	<b>5,630</b>

## 29 Losses and special payments

	Group / Trust			
	31 March 2018	31 March 2018	31 March 2017	31 March 2017
	Number	£'000	Number	£'000
<b>Losses</b>				
Losses of cash due to:				
Theft / Fraud	0	0	3	0
bad debts and claims abandoned	28	159	27	200
<b>Total losses</b>	<b>28</b>	<b>159</b>	<b>30</b>	<b>200</b>
<b>Special Payments</b>				
Ex gratia payments in respect of:				
Loss of personal effects	34	18	60	25
Clinical negligence with advice	0	0	1	0
Other negligence and injury	2	3	0	0
Patient referrals outside the UK and EEA guidelines	4	2	0	0
Miscellaneous other	0	0	5	2
<b>Total special payments</b>	<b>40</b>	<b>23</b>	<b>66</b>	<b>27</b>
<b>Total</b>	<b>68</b>	<b>182</b>	<b>96</b>	<b>227</b>

There were no cases where the net payment exceeded £10,000.

**Note:** The total costs in this note are compiled directly from the losses and compensations register which reports on an accrual basis, with the exception of provisions for future losses.

## 30 Judgement and estimations

### Key sources of estimation uncertainty and judgements

In the application of the Foundation Trust's accounting policies, the Trust has made estimates and assumptions in a number of areas, as the actual value is not known with certainty at the Statement of Financial Position date. By definition, these estimations are subject to some degree of uncertainty; however in each case the Foundation Trust has taken all reasonable steps to assure itself that these items do not create a significant risk of material uncertainty. Key areas of estimation include:

- Expenditure 'accruals' are included within the total expenditure reported with these financial statements. These accruals represent estimated costs for specific items of committed expenditure for which actual invoices have yet to be received, together with the estimated value of capital works completed, but not formally valued as at 31 March 2018. 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 2018 as the true income in relation to these episodes of care will not be known with certainty until the patient is discharged. This estimate is based on historic trend analysis, together with other relevant factors.
- An estimate is made for depreciation and amortisation of £6.8 million. Each capital or donated asset is added to the asset register and given a unique identifier. The value and an estimated life is assigned (depending on the type of asset) and value divided by the asset life (on a straight-line basis) is used to calculate an annual depreciation charge.
- A revaluation of land and buildings of £4.4 million has been charged to the revaluation reserve, with a further £669,000 included within operating expenses. This reflects the valuation carried out by the Trusts external valuers.

## 31 Senior manager remuneration

Directors' remuneration totalled £1,124,460 in 2017/18 (2016/17: £1,308,000). Full details are provided within the Remuneration Report.

## 32 Senior manager pension entitlements

There were benefits accruing to seven of the Foundation Trust's Executive Directors under the NHS Pension Scheme in 2017/18. Full details are provided within the Remuneration Report.

## 33 Charitable Fund Reserve

The Charitable Fund Reserve comprises:

	31 March 2018	31 March 2017
	£'000	£'000
Restricted funds	1,733	1,722
Unrestricted funds	1,933	2,407
<b>Total</b>	<b>3,666</b>	<b>4,129</b>







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

**The Royal Bournemouth Hospital**  
Castle Lane East, Bournemouth, BH7 7DW

**Christchurch Hospital**  
Fairmile Road, Christchurch, BH23 2JX

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