Annual Plan
2008/09

(for publication)

May 2008

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Introduction

This year's Annual Plan provides an opportunity to articulate clear plans that give practical effect to our vision of "***putting patients first whilst striving to deliver the best possible healthcare."*** Practically this means progressing an exciting and innovative range of proposals to expand and develop our services whilst working closely with our partners in primary care and local authorities. This allows us to progress our seven strategic goals which are:-

1. **To offer patient centred services through the provision of high quality, responsive, accessible, safe, effective and timely care.**
2. **To promote and improve the quality of life of our patients.**
3. **To strive towards excellence in the services and care we provide.**
4. **To be the provider of choice for local patients and GPs.**
5. **To listen to, support, motivate and develop our staff.**
6. **To work collaboratively with partner organisations to improve the health of local people.**
7. **To maintain financial stability enabling the Trust to invest in and develop services for patients.**

These goals provide a framework to realise opportunities to ensure local people have access to outstanding hospital services, offering excellent clinical outcomes and a high quality patient experience. This year's Annual Plan describes the progress we aim to make in respect of each of these goals.

1. Past Year Performance

1.1 Chief Executive's summary

We have now been a Foundation Trust for three years and 2007/08 was undoubtedly the most successful year thus far. The Healthcare Commission assessed the hospital's management capacity and the quality of its services during 2007/08 and ranked our management of resources as "excellent" and the quality of our services as "good". There has also been a substantial strengthening of our partnership working with local PCTs. This has been evident in the way that all partners have worked successfully to help develop high quality primary and secondary care services against a backcloth of very short waiting times for access to services, low hospital and community acquired infection rates

and a strong financial position for both the PCT and the Foundation Trust.

Based on comparing our performance with other Hospital Trusts on key measures of success we performed exceptionally well. In many cases we are exceeding both national and locally set targets/standards. Four areas to highlight are:

i) Patient safety

The Healthcare Commission Outcome Indicators comparing Trusts performance nationally in England for 2007/08 showed:-

- The Trust had the second lowest rate of MRSA per 1,000 beds in England.
- The Trust had the third best performance with regard to observed and expected mortality in England.
- The Trust was the 6th best performer in England for the low number of operations cancelled for non-clinical reasons on the day of surgery or after admission.
- The Trust was the 10th best performer in England for the incidence of clostridium difficile measured per 1,000 bed days.

ii) Cancer care

The Trust met and improved on the 31 and 62 day cancer treatment maximum waiting time standards as well as the two week wait for urgent GP referrals.

iii) Waiting times

At the end of March 2008 the Trust had one of the best performances in the UK for the number of patients who have had their first treatment within 18 weeks of GP referral. The Trust exceeded the national and the more demanding local stretch targets for March. This meant that 94% of admitted care patients and 97% of non-admitted patients had had treatment started within the required timescales.

iv) Finances

Due to £6m efficiency savings made in the year, plus several “one-off” items, the Trust achieved an in-year surplus of £9.4m. Developing better services is made possible because all of this surplus is re-invested in the Trust. High profile schemes that we can progress because of this good financial management include improved care of the elderly facilities and purpose built stroke and cancer units.

Trust Strategy

During 2007/08 the Trust completed work in developing a new strategic direction which will inform and guide decisions by the Board of Directors, with advice from our Council of Governors, to shape and develop patient services.

During 2007/08 the strategy informed a number of improvements in service provision including:-

- The purchase and upgrading of the Derwent Hospital and the introduction of new pathways for patients undergoing primary hip and knee replacement, encompassing rapid rehabilitation. The vast majority of patients now need to stay in hospital no longer than four days, rather than the previous seven or eight.
- The re-engineering of the pathways for the admission of emergency patients requiring surgery or stroke care resulting in quicker access to expert treatment.
- The establishment of a Day of Surgery Admissions Unit for elective surgical patients, thereby removing the need for overnight stay prior to surgery for the vast majority of such patients.
- An expansion in surgical capacity across the majority of surgical specialities producing significant reductions in elective waiting times.
- The introduction of a five session day within radiology allowing patients to receive routine investigations in the evening and at weekends, thus aiding the reduction in waiting time for diagnostic and therapeutic radiological procedures.
- The centralisation at the Royal Bournemouth Hospital of complex radical prostatectomy surgery for patients living in Dorset.
- The creation of a fourth cardiac catheter laboratory enabling more patients to be treated with complex interventional cardiac procedures.
- The upgrading of facilities in G2 ward to allow adequate inpatient facilities to be provided over the winter period.
- An expansion of services provided by the Day Hospital and the strengthening of arrangements available in the community to offer patients alternatives to admission to an acute hospital bed.
- The introduction of critical care outreach service, to provide enhanced care for the most seriously ill patients on wards.

In particular excellent work has been undertaken with Bournemouth and Poole PCT to provide important services within the community, including complex care packages in conjunction with Social Service colleagues. This has helped to reduce the numbers of patients who experience unnecessary delays prior to discharge from hospital.

In addition to this, the Board of Directors have agreed a number of important changes in service provision and major capital investment from 2008 onwards, these include:-

- The creation of a new **multi-storey car park** to aid both visitors and staff parking at the hospital which will lead to the creation of an additional 450 spaces.
- Development of business cases to support the construction of a **new cancer unit and a new integrated stroke unit** bringing together inpatient stroke services currently based at the Royal Bournemouth Hospital and Christchurch Hospital within a new purpose built state-of-the-art facility.
- Outline proposals to facilitate the **redevelopment of the Palliative Care Unit**. The Trust has received outstanding support from the Trustees of Macmillan Cancer Trust who have committed £3m for this purpose. In addition they have also agreed to fund the construction of a conservatory as part of the new Cancer Unit.
- A programme of **customer care** training and support for staff will be introduced in 2008/09, building upon the Essence of Care nursing standards and freeing up staff time for direct care, through the Productive Ward initiative.
- **Infection control** remains an area of major focus. Each section of this Annual Plan includes actions to reduce the spread of infection, such as the creation of more side rooms.

1.2 Summary of performance

Financial

As a Trust we have maintained strong financial control during the year, leading to the Trust substantially exceeding its financial targets agreed with Monitor, the FT regulator. The Trust has realised a surplus of £9.4m during 2007/08 and this has provided the foundation for a substantial programme of investment from 2008/09.

In addition to this the Trust is able to invest £10m of recurrent funds in service provision and development, including an unprecedented growth in the number of consultants across a wide range of specialist areas.

The Trust's liquidity position remains exceptionally strong aided by the deferment of some capital expenditure during 2007/08. A substantial capital programme commitment has been identified, however, for 2008/9, including the construction of a new car park.

It is pleasing to see a generally strong financial position across the whole of the local health service, with sizeable surpluses held by Bournemouth and Poole PCT and Dorset PCT. This provides a sound financial base for planning future changes in service provision whilst recognising that further pressures are likely to fall on the Trust as a consequence of a range of significant cost pressures, and a 3% fall in income each year as a result of built in efficiency assumptions. In addition plans to transfer some service provision from the hospital setting into the community also results in loss of income to the Trust.

Operational

In 2007/08 the Foundation Trust saw and treated more patients than it had done in any preceding year, and still reduced wait times. The figures illustrating this are below:

	2005/06	2006/07	2007/08
New Outpatient Attendances	113,688	134,378	137,000
Follow-up Attendances	136,779	163,618	176,208
Day Case procedures	41,926	46,671	52,805

Elective Inpatients	13,229	13,348	13,861
Emergency Admissions	25,438	24,486	25,305

Partnership Working

Excellent work has been undertaken within the last 12 months in strengthening working relationships with local PCTs and local authorities. The consultation process on the development of the Trust's new strategic direction involved over 20 public meetings, as well as with partner bodies. This work has been warmly welcomed by the community in general, local people and partner organisations. In addition to this consultation exercise, the Trust also consulted on specific plans to change and improve service provision at Christchurch Hospital. These proposals also gained widespread support from within the local community.

The work undertaken to conclude a new three year contract with the PCTs demonstrates the emerging strong relationships now being forged with Bournemouth and Poole PCT, our host commissioner. This relationship will be critical as we work together to look at how services can continue to be improved for local people as plans are finalised for the establishment of a local "Darzi Health Centre." Evidence of the stronger working relationship with Bournemouth and Poole PCT was particularly manifest over the winter period, with the additional steps being taken within the local community to safeguard elective services and minimise unnecessary stays in hospital through the establishment of a much wider set of measures to provide assisted support to patients discharged.

Quality Measures

During the year the Trust was able to demonstrate a significant improvement in its Annual Health Check rating. As in previous years the Trust was awarded an "excellent" rating for its management of resources. Essentially this means that we were able to demonstrate:-

- A strong level of financial management performance.
- Excellent management of the organisation as a whole.
- The service provided represented value for money to the tax payer.

In addition, the quality of the services was rated as "good" with a number of clinical areas attracting an "excellent" rating for the standard of care provided. We have focused on

improving the areas where past performance prevented our quality of care being classed as excellent. Whilst our performance is good in these areas the goal of excellence requires additional effort. These include some stroke care indicators, MRSA, rapid access chest pain, A&E 4 hour waits, transfer of care and the 18 week target.

During the year a range of data was independently produced with regard to the two main infection control challenges of MRSA and clostridium difficile. Undoubtedly the Trust has one of the lowest rates in England with regard to patients acquiring either of these "superbugs" in hospital. The Healthcare Commission Outcome Indicators show the Trust to be performing above the expected level and to have the 10th lowest rate of clostridium difficile amongst all hospitals in England.

The same indicators developed by the Healthcare Commission also showed the Trust to have the second lowest rate of MRSA in England, measured in respect of occupied bed days. Nevertheless, during 2007/08 the number of MRSA cases for blood borne bacteraemia rose from 15 cases in 2006/07 to 17 cases in 2007/08. A number of steps have now been taken to improve management of MRSA, including continued training of both nursing and junior medical staff with regard to the insertion of lines and extra training with regard to the taking of blood samples to avoid contamination.

It remains the case that the majority of MRSA cases attributed to the Trust could not have been prevented and a number of these occurred as a result of patients being admitted with blood borne MRSA bacteraemia already.

More generally the Trust is strengthening its infection control policies and measures in 2008/09 including securing the appointment of a third consultant microbiologist and putting in place more side rooms to aid the management of hospital acquired infections. Additional investment has also been made to sustain the deep clean programme and to introduce MRSA screening for all elective patients. A detailed plan and measures to ensure implementation is overseen by the Board of Directors and the Director of Infection Prevention and Control.

Staffing

The annual NHS Staff Survey provided some encouraging results for the Trust where in a number of areas of the Trust recorded performance in the top 20%. These areas included:

- Over three quarters (76%) of staff who responded to the survey said that they had taken advantage of flexible working options. This included flexi-time, working reduced hours and job sharing.
- In other areas of the survey, staff had a very positive feeling about the organisation. This included communication within the Trust, employee involvement and patient care. A trust score of 3 out of 5 meant again that the Foundation Trusts scored among the top 20% of acute trusts in England.
- 81% of staff said they had received health and safety training and this was above average for acute trusts. 81% said they had received job-relevant training, learning or development in the past 12 months.

In April 2007 the Trust published a Single Equality Scheme bringing together the work that had been completed on the development of the race, disability and gender equality schemes. Progress was also made on the practical development of the Electronic Staff Record which is a combined payroll and human resource system which went live at the start of 2007.

Board appointments and resignations

During the year Colin Perry resigned from the post of Chief Operating Officer. A new Director of Operations post has been created and Helen Lingham joined the Trust on 21st April 2008 in this role.

2. Future Business Plans

2.1 Strategic overview and service development plans

The Trust's approved strategy is organised around achieving 7 strategic goals. Progress against these is measured firstly through specific and measurable objectives being achieved, such as new or improved services. Secondly progress is regularly reviewed by looking at the indicators under each goal. These indicators often involve setting ourselves stretching targets, to ensure we are amongst the best in the NHS.

Infection Control

This year, notwithstanding our strong performance in having very low infection rates, we have highlighted in relation to each goal how we intend to demonstrate what more we are doing to tackle hospital acquired infections including Norovirus (the winter vomiting virus) and these actions are set out below:-

Goal 1

- Introduction of MRSA screening for all elective patients.
- Establish the stretch indicators for MRSA and Clostridium difficile (C.Diff) as part of ward and Board scorecard reporting system.

Goal 2

- Building works to develop more single rooms, as well as permanent partitions (rather than curtains) between selected beds on some wards, including Acute Admissions Unit and some rehab wards for the elderly.
- A review of options for further increasing single rooms, including conversion of a whole ward template to inform the capital plan for future years.

Goal 3

- To maintain our excellent low rates of infection: in 2008 this Trust was top 2 of 176 Trusts for MRSA and top 10 for C. diff.

Goal 4

- Dedicated resources for public information and advice will be increased, including how to reduce the spread of infection, good hand hygiene and not visiting hospital until 48hrs after symptoms have cleared following Norovirus. Public notice boards displaying our performance at each ward entrance to be trialled.

Goal 5

- Additional staff training and protected time for Infection Control (IC) resource nurses and an IC awards scheme. Regular reporting and holding to account for hand hygiene audit results. A new dress code to be agreed and enforced for all staff which includes current DH recommendations.

Goal 6

- Joint working will accelerate with local GPs, community services and nursing homes to consider screening of high risk patients in the community. More training and support from Hospital specialists, and support for the reduction of inappropriate antibiotic prescribing.

Goal 7

- As well as being better for patients reducing infection also saves money, in terms of reduced length and cost of hospital stays, as well as avoiding significant PCT fines.
- Increased investment includes £120K for an expanded IC team, and £160K for additional cleaning staff, able to continue the deep clean program on a permanent basis.

Our contract with the PCT (and therefore the rate Monitor assesses our performance against for regulatory compliance) is as follows:-

Local Infection Control Targets				
Target	**Q1**	**Q2**	**Q3**	**Q4**
MRSA	5	5	5	5
C.difficile	40	40	40	41

The MRSA cases are excluding non-hospital acquired cases. For C.difficile the target is no more than 4/1000 admissions for hospital acquired (post 48hrs C.difficile). This is translated into a monthly number of actual cases, assuming the inpatient activity is as per plan. If the patient numbers vary so the number per 1,000 admission may alter slightly. This adjustment will be made each month for the Board report and for the quarterly Monitor submissions

Achieving these levels will keep us within the highest levels of performance within the NHS. Even assuming significant improvement from other Trusts this would still represent top quartile performance in terms of patient safety, even before allowing for factors such as age and gender.

In addition to these a stretch indicator will also be reviewed of 12 MRSA and 10% reduction in C.difficile compared to 2007/08 cases.

Strategic Goals

Goal 1

"To offer patient centred services through the provision of high quality, responsive, accessible, safe, effective and timely care".

Strategic Objectives

- Achieve the 15 week GP referral to first treatment by end of December 2008 (including orthopaedic surgery).

- Establishment of more specialist and one stop clinics.
- Increased phlebotomy services, including use of a booking system for some slots, additional rooms at Christchurch and community based work.
- Improving the physical environment at Christchurch Hospital, as part of the capital plan.
- Improve the environment for cancer patients through progressing the capital plan to rebuild the unit.
- Develop a local obesity service business case for PCT and Specialist commissioner approval and accreditation.
- Evaluate the need for accident services in Bournemouth town centre and explore a pilot for a Friday and Saturday night presence.
- Reconfiguration of women's health and breast services, including reviewing pathways and flexing capacity to deliver a two week wait for all breast patient referrals from GPs.
- Reduce waiting times for admission or discharge from the Emergency Department through establishing internal wait time targets, and piloting a 2 hour wait process.
- Review the emergency clinics, including reducing the "Did not attend" rates.
- Open the Cardiac 4th Lab, reducing wait times for procedures, especially for emergency patients and those transferred from Poole Hospital.
- Extend GUM opening hours in response to patient survey results and maintain a maximum wait of 48hrs to a specialist clinic.

Infection control

- Introduction of MRSA screening for all elective patients.
- Establish the stretch indicators for MRSA and Clostridium difficile (C.Diff) as part of ward and Board scorecard reporting system.

Indicators: at March 08 and target for March 09

- Maximum GP referral to treatment time – 15 Weeks. % admitted patients: 90% and % non admitted patients: 95%
- MRSA bacteraemias: Stretch indicator 12, (maximum 20 hospital acquired)
- C.difficile infection rate, per 1000 admissions
- 85% of patients rating the quality of service as excellent/very good

Goal 2

"To promote and improve the quality of life of our patients"

Strategic Objectives

- Avoiding unnecessary emergency admissions, via joint working with local partners including specific developments such as OPAL (Older People's Assessment and Liaison Service) extending its hours and services.

- Development of treatments for wet age related macular degeneration (AMD).
- Palliative care pathways to be reviewed, following the implementation of the Primary care palliative team approach and to inform capital plans for the upgrading of the Macmillian Unit at Christchurch Hospital.
- Improve outpatient facilities through the opening of new outpatient rooms at Christchurch and completion of plans for additional rooms at RBH.
- Development of community based centres for outpatient activity will be progressed by working with GPs, Wimborne, Lymington and other community hospitals and consideration of involvement with the Darzi centre tender for Boscombe.
- Review the care pathway for frail and elderly patients coming to hospital as an emergency to ensure a "no delays" service is developed, especially regarding no delays for discharge from hospital. This project to be led by Bournemouth and Poole PCT.
- Expand existing day hospital services, subject to agreement of the business case with the commissioning PCTs.
- Develop a Quality Schedule with Bournemouth and Poole PCT and Poole Hospital, including public health measures in maternity and alcohol brief intervention schemes.

Infection Control

- Building works to develop more single rooms, as well as permanent partitions (rather than curtains) between selected beds on some wards, including Acute Admissions Unit and some rehab wards for the elderly.
- A review of options for further increasing single rooms, including conversion of a whole ward template to inform the capital plan for future years.

Indicators

- Reducing delayed transfers of care
- Improve mortality index
- Reduce overall length of stay for emergency medical admissions
- Increase number of patients referred to health improvement schemes, as part of the quality measures
- A new medication errors and harm to patients indicator to be developed

Goal 3

"To strive towards excellence in the services and care we provide"

Strategic Objectives

- Further develop the specialist gastroenterology services, including a 5th consultant post, endoscopic ultrasound guided fine needle aspiration (EUS FNA) and capsule endoscopy services.

- Development of radiology techniques and acquisition of state of the art equipment.
- Extend and develop the stroke service, including a 3rd stroke consultant, change of care pathways resulting in more time in specialist stroke units, expansion of the thrombolysis service, and joint work with the PCT on the stroke discharge service.
- Substantial expansion of the electrophysiology service, including recruitment of a 2nd consultant.
- Extend the range of services available for diabetic patients, including the expansion of insulin pump usage, in line with expected NICE guidance.
- Further develop orthopaedic services and surgical techniques, including PROMS (Patient Reported Outcome Measures) for hip and knee replacements. Undertake a prostheses tender and ensuring full compliance with NICE guidance on hip revisions.
- Further develop vascular services including review of potential for more rapid access to clinic and theatre lists through service re-design.

In addition to the strategy – achieving externally recognised excellence:-

- A positive Cancer Peer Review outcome.
- A positive Hygiene Code inspection outcome.
- Achieving NHSLA Level 2 (NHS Litigation Authority accreditation).

Infection Control

- To maintain our excellent low rates of infection: in 2008 this Trust was top 2 of 176 Trusts for MRSA and top 10 for C. diff.

Indicators

- Healthcare Commission Ratings – Use of Resources and Quality of Care. Maintain good and excellent scores.
- NHSLA 2 achieved

Goal 4

"To be the provider of choice for local patients and GPs"

Strategic Objectives

To further development the "Putting patient first plan" including priority on :

- Essence of care/customer care training and reporting to be developed.
- Improved patient information.
- Single Equality Scheme progress.
- Streamlined discharge process including immediate discharge summaries sent electronically to GPs.
- Start work on a multi story car park with over 450 spaces for staff and patients.
- Reconfigure care pathways including: cardiac primary angioplasty for Poole

catchment area, further Orthopaedic work on pathways with GPs and PCTs including the New Forest area, and development of stroke pathways.

- Develop minimally invasive surgical techniques, such as Green Light laser, and laproscopic surgery in Urology.
- Development of specialist skin surgery using the Mohs (micrographic surgery) technique.
- Public transport plans and cycle measures linked with the car park plans.

Infection Control

- Dedicated resources for public information and advice will be increased, including how to reduce the spread of infection, good hand hygiene and not visiting hospital until 48hrs after symptoms have cleared following Norovirus. Public notice boards displaying our performance at each ward entrance to be trialled.

Indicators

- Patient Survey result on recommending the Trust to family and friends

Goal 5

"To listen to, support, motivate and develop our staff"

Strategic objectives

- Changes in working practice.
- Develop leadership skills.
- Extend staff reward and recognition schemes through the Staff Awards scheme being launched this year.
- Increased investment in training.
- Support and promote role of Staff Governors, including extra time given for Governor duties.
- Offer wide range of staff support initiatives.
- Improve communication through active engagement of the Board of Directors, and as part of the communications action plan being developed following the communication audit.
- Develop extended roles.
- Sabbaticals policy for consultant staff established.

In addition to the strategy:-

- Detailed action plan following staff survey.
- European Working Time Directive: 10 extra junior doctors, £586K.
- Consultant expansion (14 extra posts: Urology, Gynaecology, Orthodontics, Upper GI, 3 Medicine for the Elderly, Stroke, interventional radiologist, electrophysiology, 2 gastroenterology, Emergency Department, microbiologist).

Infection Control

- Additional staff training and protected time for Infection Control (IC) resource nurses and an IC awards scheme. Regular reporting and holding to account for hand hygiene audit results. A new dress code to be agreed and enforced for all staff which includes current DH recommendations.

Indicators

- Staff turnover
- Staff vacancies
- Staff survey rating re: training, work related injuries, formal appraisal, experiencing harassment
- Investment in training

Goal 6

"To work collaboratively with partner organisations to improve the health of local people"

Strategic Objectives

- To provide more rehabilitation work in the community, including a pilot of extended stroke rehab and secondly ortho-rehab pathway redesign leading to less hospital bed requirement.
- Identify services which could be re-located into community settings where this is genuinely care closer to home, such as telephone based clinic pilots.
- Linked to this to respond to the Darzi centre proposal for Boscombe and the future of the Bournemouth and Poole PCT provider arm management, but adopting a whole systems / whole service solutions which provides best value and seamless care for patients.
- Completion of the centralisation of urological cancer surgery for prostate and bladder patients.
- Support the centralisation of complex spinal surgery in Dorchester, with the development of local links such as outpatients, pain services and the potential for Vertoplasty and Nucleoplasty treatment at Bournemouth, subject to commissioner support.
- Active engagement in the Cancer Reform strategy, the Stroke network and the cardiac networks being established in 2008.
- Support PCT demand management schemes, including reducing minor operations that could be undertaken by GPs and a reduction of over £1.2m in Medicine/Elderly care emergency admission work.
- To continue to use our consultation policy where significant service changes and public involvement indicate this.

Longer term objectives for beyond 2008/09:-

- Expansion in renal dialysis service locally.
- Develop a partnership approach for local delivery of haematological autograft transplantation.
- Increase outpatient provision for neurological services.

Infection Control

- Joint working will accelerate with local GPs, community services and nursing homes to consider screening of high risk patients in the community. More training and support from Hospital specialists, and support for the reduction of inappropriate antibiotic prescribing.

Indicators

- Achievement of Local Area Agreement targets for health improvement, maternity and smoking cessation and reduced older persons bed days
- Development of services with partner organisations, in line with our strategy

Goal 7

"To maintain financial stability enabling the Trust to invest in and develop services for patients"

Further detail on financial performance and plans are included in section 2.2 of this document. Specific actions to maintain financial stability listed in the strategy include:

- Make more effective use of expensive assets including evening and weekend working and extended days in radiology and theatre.
- Increase the range of surgery undertaken on a day case basis.
- Reduce the pre-operative length of stay; including a purpose built Day of Surgery Admission Unit.
- Provide pre-assessment services in a more local setting working with GPs and community hospitals.
- Reduced length of stay through the "no delays" model with PCT and social care.
- Full roll out of Service line reporting to Directorates to better understand and influence costs.
- Budgeting to include an additional £1.1m revenue funding as a result of the significant increase in capital spending on buildings and equipment.
- Increased insurance cover for building and equipment.
- To deliver a £6m cost improvement program, including focus on improved utilisation of theatres and clinics, better procurement, more accurate information and a review of service level agreements with other organisations.

Infection Control

- As well as being better for patients reducing infection also saves money, in terms of reduced length and cost of hospital stays, as well as avoiding significant PCT fines.
- Increased investment includes £120K for an expanded IC team, and £160K for additional cleaning staff, able to continue the deep clean program on a permanent basis.

Indicators

- Review of financial health of the Trust with 2008/09 surplus of 1.7% of income (£3.6m)
- Achieve a minimum financial rating of 4 out of 5 or better from Monitor

2.2 Summary of financial performance 2007/08

The Trust managed its finances extremely well during 2007/08, achieving a favourable variance over plan of £7.4m, which is 3.7% of the Trust's turnover. Not only did the Trust maintain tight financial control, it was able to meet the early achiever targets for the 18 week Referral to Treatment times achieving 94% for admitted care and 97% for non admitted care.

The plans for 2008/09 are set out later in the paper; however it is important for the Trust to achieve year on year surpluses, thus providing the mechanism to service the significant capital programme aligned to the strategic plan.

The following high level comparison highlights the historical plan and actual performance achieved during the year:

	Plan 2007/08	**Actual 2007/08**
	£m	**£m**
Income		
Clinical Income	182.18	184.84
Non-Clinical income	13.42	16.98
Total Income	195.60	201.82
Expenses		
Pay Costs	(122.48)	(119.46)

Non-Pay Costs	(60.52)	(62.99)
EBITDA	**12.6**	**19.37**
Interest/Depreciation	(10.68)	(10.00)
Net Surplus	**1.92**	**9.37**

2.3 Financial plan 2008/09

The plans for 2008/09 are based on the new operating framework which required very detailed and challenging negotiations with the co-ordinating PCT, the Bournemouth & Poole Teaching Primary Care Trust. Although this involved a very significant amount of work, the contract was agreed within the time constraints set out in the framework. As a result, the Trust was able to set the business plan for 2008/09 within an agreed income base, providing a good deal of clarity over the purchasing intentions for the year ahead.

The baseline budgets are set based on actual performance during the period from October 2006 to September 2007, with further adjustments to make sustainable the early achievement of the 18 week Referral to Treatment Times (RTT), and to further reduce overall waiting times to 15 weeks. In addition, agreed service developments are included together with joint working on demand management schemes, especially to further reduce the emergency pressures.

The expenditure budgets were reviewed against current performance and the implications of activity consequences of the agreed contracts. The full costs of the pay award for 2008/09 are provided for within the plans and other unavoidable cost pressures including the Agenda for Change increments on staff pay. European Working Time Directive on junior doctors and inflationary costs where these are significantly above the headline rate of inflation.

The Cost Improvement Programme (CIP) for 2008/09 mirrors the national assumption in that the directorates were tasked with a 3% efficiency requirement totalling £5.5m across the Trust. The directorates have worked together over the last five months to establish a programme with a broad mix of schemes covering pure cost reduction, improvement in efficiency and increasing income at the margin.

The Trust continues to invest in both quality and service developments to deliver optimal patient care and the following is a summary of the main strands:

Quality Developments	£000s
• Infection Control	120
• Deep Clean Team	160
• MRSA Screening	250
• Emergency Department - 3rd Consultant	138
• Stroke Consultant	120
• Interventional Radiologist	120
• MFE Consultant	120
Total	1,028

Service Developments	£000s
• 5th Gastroenterologist	268
• GUM	435
• Orthopaedics - Derwent and backfill lists	3,700
• Cardiology 4th Catheter Lab	1,300
• Development of Aging Macular Degeneration service (AMD)	1,150
• 4 Additional Consultants in Surgery	1,200
Total	8,053

The very significant challenge during 2007/08 was to meet the early achiever 18 week RTT target and the focus within 2008/09 will be to sustain this excellent achievement and to further reduce wait times in line with national policy. Ongoing work during the year identified care pathways that could be redesigned to provide a better patient experience and to reduce the waiting time without having to resort to additional theatre sessions and outpatient lists. This area of work will continue during 2008/09. The investment last year in the Derwent Hospital within the grounds of the Royal Bournemouth was a resounding success allowing Orthopaedic patients to be treated in an excellent patient friendly environment, whilst also achieving efficiencies through reduced recovery times and the results of patient surveys are testament to this new way of delivering healthcare.

NHS Clinical Income £m

	Plan 2007/08	Actual 2007/08	Plan 2008/09	Plan 2009/10	Plan 2010/11
Elective	65.60	66.13	64.28	65.24	65.35
Non-Elective	53.68	54.64	50.15	50.90	50.95
Outpatients	28.76	28.96	25.90	26.28	26.30

A&E	3.56	3.92	3.40	3.45	3.45
Other (Incl MFF from 2008/09)	30.58	31.19	45.50	46.19	46.35

Other Income £m

	Plan 2007/08	Actual 2007/08	Plan 2008/09	Plan 2009/10	Plan 2010/11
	13.42	16.98	18.09	17.97	18.02

Operating Expenses £m

	Plan 2007/08	Actual 2007/08	Plan 2008/09	Plan 2009/10	Plan 2010/11
Pay Costs	122.48	119.46	129.85	131.69	132.12
Drug Costs	13.60	16.21	17.25	17.22	17.05
Clinical Supplies and Services	26.64	30.86	31.78	31.85	31.80
Other Costs	20.28	15.92	13.77	13.74	13.78

Income & Expenditure Surplus £m

	Plan 2007/08	Actual 2007/08	Plan 2008/09	Plan 2009/10	Plan 2010/11
	1.92	9.37	3.60	1.78	0.64

Planning Assumptions

Description	2008/09 %	2009/10 %	2010/11 %
Income Assumptions			
Tariff Income	2.30	1.50	1.00
Non-Tariff Income	2.30	1.50	1.00
Cost Assumptions			
Pay Inflation	3.33	2.40	2.25
Agenda for Change	1.70	1.40	0.80
Drug Costs Increase	2.00	2.00	2.00
Non-Pay Inflation	2.00	2.00	2.00

Activity Assumptions			
18/15 Week Specific Activity	0	(0.1)	(1.7)

Balance Sheet

The Trust further increased the level of cash held in a range of investments through the achievement of the surplus and the slippage on the capital programme. This slippage will be committed during 2008/09 and largely resulted from the establishment of an asset replacement programme to ensure the most appropriate investment is made.

The Trust, through the work of the Finance Committee, challenges all aspects of the balance sheet on a monthly basis ensuring that tight financial control is maintained thus maximising investment potential.

Investments and Disposals

The Trust's high-level capital investment plan for 2008/09 to 2010/11 is shown below:

Capital Programme 2008/09 to 2010/11

Description	2008/09 £m	2009/10 £m	2010/11 £m
Infrastructure	9.90	9.26	5.22
Medical Equipment	3.31	2.10	2.20
IT	1.61	0.85	1.00
Minor Works	2.86	1.55	0.80
Total	17.68	13.76	9.22

As a Foundation Trust, surpluses can be utilised for investing in enhancing patient care through higher levels of investment in infrastructure, medical equipment and Information Technology. The above table demonstrates a very high commitment to achieving the improvement in services set out in the Strategic Plan. The very high level of expenditure in 2008/09 is made possible by the size of surplus achieved in 2007/08.

2.4 Key financial risks

A risk analysis was undertaken and the following risks identified during the year:

- Further demand management through the PCT and the inability to downsize quickly.
- Achievement of the 2008/09 Cost Improvement Programme.
- A new Independent Treatment Centre being established in Southampton and a Darzi centre in Boscombe.
- Future expansion of other Foundation Trusts.
- New contract penalties within the Contract signed with the PCTs.
- Continual development of directorate budget management.

Both the financial plan and the Annual Plan include robust processes to manage these risks.

2.5 Summary

The Annual Plan is based on sound and agreed local contracts with our co-ordinating PCT and other neighbouring PCTs. The relationship with the co-ordinating PCT is working effectively with evidence of joint working to provide the local health economy with excellent health provision.

2008/09 will remain challenging with the requirement to sustain the 18 week RTT and further drive down waiting times in line with the Strategic Plan. As with last year, the Trust continues to invest in both quality and service developments to further enhance patient care.

Looking forward to 2009/10 and 2010/11, the NHS will continue to increase the efficiency across all organisations, which will drive down the national tariff in future years. In addition a new currency, HRG4, is to be implemented in 2009/10 and this will have a major impact on all NHS organisations. The ramifications of this change are being worked through the system; however there is still debate as to the final tariff structure, particularly in relation to inpatient and daycase tariffs. It is therefore crucial that NHS organisations plan for surpluses to ensure they are well placed when entering this new phase of uncertainty on income and to still be able to keep investing in the infrastructure of equipment, buildings and staff development.

3. Risk Analysis

3.1 Governance risk

Effective risk and performance management

The Trust has an active risk register that is regularly reviewed by the Governance and Risk Management Committee and the Board of Directors. The Board of Directors gives a high priority to risk management and all risks on the register are assigned a Board level lead. A standard risk scoring system is utilised and all significant risks, based on this scoring system, are presented to the Board on a monthly basis as part of the Trust's performance management framework.

The on-going management of risk is undertaken by the Governance & Risk Management Committee, which meets on a monthly basis and reports directly to the Board of Directors. The GRMC consists of key stakeholders in the organisation and both Executive and Non-Executive Directors represent the Board, along with representatives from the Council of Governors.

The active risk register is divided into those risks that are soluble with resource allocation, those risks that are directly linked to the Trust's Assurance Framework and those risks that are accepted as present in the system continuously. The register addresses general and clinical risk, financial risk and mandatory service risk. Detailed reports can be produced for individual risks and this is done on a regular basis for all significant risks.

The Board of Directors assigned a budget of £300k for risk register issues in 2007/08 and a similar amount has been set for 2008/09. Management of the budget and decisions on expenditure were devolved to the Governance & Risk Management Committee. The Committee discussed risk priorities on a monthly basis.

Funded risk register issues in 2007/08 included:

£15k	Development of a medical devices database and training needs analysis.
£15k	Pressure cushions to reduce pressure sores.
£ 5k	'Bedside Folder' containing essential information for patients and visitors.
£20k	Disposable slide sheets for infection control, plus patient and staff safety.
£5k	Software (i-bleep) to support the Hospital at Night Team.
£10k	Various items of manual handling equipment.
£20k	Resources to support medicines management.
£10k	Fire evacuation chairs to ensure fire safety compliance.
£25k	Replacement of curtain rail tracking and curtains to support infection

	control and patient safety.

A number of patient or staff safety objectives related to funded risks have been set for 2008/09 and will be monitored by the Governance & Risk Management Committee.

Risks requiring larger investment or working with partnership organisations are progressed at Board level. Pleasing progress has been made on significant risks in this category, such as achieving 18 Week maximum waits and reduced delayed transfers of care. Both required significant investment and joint working.

The process of managing risk and providing assurance is overseen by the Trust's Audit Committee. This meets quarterly and is authorised by the Board to:-

- Investigate any activity within its terms of reference.
- Seek any information it requires from any employee. All employees are directed to co-operate with any request made by the Committee.
- Obtain outside legal independent advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

Operational performance management is a further area where robust systems are in place, evidenced by achievement of the key targets over previous years in virtually all areas. This system will be further strengthened in 2008/09 by the appointment of a Director of Operations and a review of our performance management reporting arrangements through development of our Management Information System (MIS).

Significant risks – Healthcare Commission core standards

The Trust produced a detailed Governance Development Plan for 2007/08 to further improve arrangements in place for compliance with the Healthcare Commission core standards. The plan included action plans for progress on implementation of the patient safety and clinical governance standards. This work will be continued in 2008/09.

A robust Annual Audit Programme (clinical and non–clinical) that includes both internal and external reviews further supports implementation of the Plan.

Of the 24 core standards the Trust considers itself compliant with 23. The single significant risk area relating to Governance is having sufficient evidence of compliance with Information Governance.

There has been an increasing national profile for information security and information

governance. In light of this, the Trust has undertaken a systematic review of its current infrastructure and compliance with the Information Governance Toolkit (Version 5). The review identified a number of potential weaknesses, although no significant lapses. A detailed action plan, approved by the Board of Directors has been implemented. Further work will be undertaken in 2008/9 to ensure full compliance and evidence of this is achieved.

3.2 Mandatory service risk

Significant risks

The Trust has a small number of significant mandatory service risks relating to either clinical, service delivery or service development risk on the Trust Risk Register. Risks against the national targets, and actions to resolve these, include:

- Sustainability of **18 weeks** referral to treatment target – There are now significant financial penalties for not meeting the 18W target within the standard NHS contract for FTs, potentially up to £4m for RBCH. The risks remain significant, as both demand (referrals) and capacity (staffing and facilities) do naturally vary. With so little leeway the risk of a breach is always present. The core of our compliance plan is to achieve a 15W maximum wait for the majority of patients. Reconfiguration of services and improvements to treatment pathways continues, along with additional capacity in staff and infrastructure, is now being made permanent in many Departments. 2008/09 will also see a major IT upgrade which will provide further assurance on data quality.
- **Reducing MRSA and C.difficile** rates - There is a detailed infection control action plan in place along with a supporting communication strategy. Details are provided under each goal of the Service Development section of this plan.
- Managing **winter pressures** - Work has taken place to create additional capacity and flexibility to meet seasonal demands and increased pressures. This is required to avoid problems against 3 key targets: **18Ws, 4hour A&E waits and delayed transfers for care**. Actions include a dedicated winter pressures budget, additional Medicine for the Elderly consultants and a program of work called “no delays” with our host PCT and Social Services Department.
- **A&E 4 hour waits** - In 2007/08 the rolling 4 week average of 98% compliance saw several weeks where performance dipped and it was not possible to recover within the remaining 3 weeks of the cycle. Additional posts are currently being recruited to following investment in nursing and medical staff for the Emergency Department in 2007/08 and funding has also been secured for a 3rd consultant. Review of pathways and planning to move to a 2 hour maximum wait in 2009/10 should see

further strengthening of compliance in this important area.

- **48hr GUM access –** The 100% patient access with 2 working days was achieved in March 2008, as RBCH operates a walk in service for the majority of patients. However, achieving 100% when demand fluctuates has led to a significant service reconfiguration, with extended evening and early morning clinic times. This is based upon times patients said were convenient to them and is already proving popular.

Other risks for services listed under the Terms of Authorisation include:

- Managing capacity for **oncology services** and ensuring compliance with Cancer Peer Review recommendations for improvements to accommodation and staff and patient safety. The Foundation Trust has performed well throughout the Peer Review process and work is underway to fund expansion of the oncology and haematology wards.
- Meeting national standards for medicines management. A total of 9 **National Patient Safety Agency (NPSA) Alerts** were issued in 2007/08. Implementation of the Alerts, for example those relating to anticoagulation: injectable medicines, oral medication and medicines reconciliation, required significant resource allocation. Whilst the Trust has been able to achieve 6 of these Alerts, action plans to implement the remaining requirements are in place for 2008/09.

For the majority of these risks the level of risk relates to the potential severity of an adverse event if it did occur rather than the actual likelihood of occurrence. In each case mitigating strategies have been identified to either reduce the likelihood or mitigate the severity. For all identified risks the Board has been provided with assurances on the controls in place and regular monitoring is undertaken to ensure that any gaps in controls are immediately identified and resolved.

3.3 Financial risk

Significant risks

The Trust has a number of significant financial risk issues currently on the Trust Risk Register.

In each case mitigating strategies have been identified and assurances on controls and the monitoring of gaps in controls provided. The Director of Finance is the Board lead for all financial risks on the Trust Risk Register. Further details are covered within the finance section of this plan.

3.4 Risk of any other non-compliance with terms of authorisation

There are no known significant risks of non-compliance that are expected in 2008/09 and as such we would currently expect to be issued with a green rating for governance and mandatory services.

3.5 Presentation of risk

Draft Assurance Framework

The Trust Board of Directors will be agreeing the Assurance Framework for 2008/09 to assure itself that sufficiently robust processes are in place to achieve the strategic objectives and to mitigate identified risks. The Trust's Assurance Framework for 2007/08 reflects the seven domains of the Healthcare Commission Standards for Better Health. It also cross refers to the Trust's seven key strategic goals and the Trust Risk Register.

The Assurance Framework was received and noted by the Governance & Risk Management Committee and recommended for approval by the Audit Committee. The 2007/08 Assurance Framework was formally approved by the Trust Board of Directors.

Gaps in assurance/control are formally monitored and followed up via the Trust Risk Register process.

The Trust has a routine process for the dissemination and co-ordination of new NICE guidance, MHRA Alerts, Drugs Alerts, National Confidential Enquiry and other associated reports. A database, managed by the Medical Director and Governance Manager, is used to record receipt, dissemination and implementation of all NICE guidance and Alerts. Issues of non compliance are reported formally to the Governance & Risk Management Committee and placed on the Trust Risk Register until compliance has been achieved. Details are also included within the Quarterly Clinical Governance Report to the Board of Directors.

4. Membership

4.1 Membership Report

Public constituency	Last year	Next year (estimated)
At year start (April 1)	13,287	13,086
New members	149	225
Members leaving	350	225
At year end (31 March)	13,086	13,086
Staff constituency	**Last year**	**Next year (estimated)**
At year start (April 1)	951	972
New members	55	55
Members leaving	34	27
At year end (31 March)	972	1,000

The Foundation Trust does not have a separate patient constituency.

Analysis of current membership

Public constituency	Number of members
Age (years):	
0-16	1
17-21	35
22+	12,745
Not known	305
Ethnicity	
White	11,768
Mixed	30
Asian or Asian British	620
Black or Black British	29
Other	46
Not stated	593

Public constituency	Number of members	Eligible membership
Socio-economic groupings		
ABC1	7066	265,980
C2	1832	70,610
D	1963	66,689
E	2225	78,097

Gender:		
Male		286610
Female		313104

Date of election	Constituencies	Election turnout %
October 2007	Bournemouth	37
	Christchurch/East Dorset/Purbeck	41
	Poole	No nominations
	Staff	38

5.2 Membership commentary

Council of Governors

The Trust is run by a Board of Directors, which is made up of Executive and Non-Executive Directors. Together they are responsible for the day-to-day running of the Trust and the delivery of our objectives and wider strategy. Much of this work is done by the Executive Directors who work closely with consultants, clinical leaders and managers throughout the Foundation Trust.

There are 28 members of the Council of Governors. The Council of Governors play a role in helping to set the overall strategic direction of the organisation by advising the Board of Directors of the views of the constituencies they represent. They also have specific responsibilities set out in statute in relation to appointment or removal of Non-Executive Directors and their remuneration, the appointment or removal of the Trust's auditors and development of the membership strategy.

The Council of Governors was made up as follows:

Bournemouth public governors (elected):

- Phil Carey
- Sharon Carr-Brown
- Joyce Littman (from October 2007)
- Brian Newman
- Leon Kaufman
- Mac McKenzie (from October 2007)
- Keith Mitchell
- Chris Weyell (until July 2007)
- Ernest Everett (until October 2007)
- David Lyons (until October 2007)

Christchurch, East Dorset and Purbeck public governors (elected):

- Sue Bungey

- James Watts-Phillips
- Michael Desforges
- Lee Foord
- Alf Hall
- Don Riggs (until October 2007)

Poole public governors (elected):
- Mervyn Richardson
- Peter Stebbing (until July 2007)
- Bernard Broderick (until July 2007)

New Forest public governors (elected):
- Celia Fern
- John Hempstead

Staff public governors (elected):
- Alan McCoy
- Pauline Kimpton
- Dily Ruffer
- Fiona Randall
- Fiona Stephenson (from October 2007)
- Mark Noble (until October 2007)

Nominated (appointed by their respective organisations):
- Michael Weinhonig, Bournemouth Borough Council
- Charles Meachin, Borough of Poole (until October 2007)
- Ken Hockey, Bournemouth and Poole PCT
- David Fox, Dorset County Council
- Malcolm McLeod, External Voluntary Organisations (from January 2007)
- Nigel Clarke, Hampshire County Council (until October 2007)
- Dennis Hasted, Hospital Volunteers
- Chris Williams, External Voluntary Organisations (until September 2007)
- Elaine Atkinson, Borough of Poole (until July 2007)

Governor Elections

Elections to vacant positions for public and staff governors took place in October 2007. The following were elected for a three year term:

- Phil Carey, Bournemouth
- Mac Mckenzie, Bournemouth
- Joyce Littman, Bournemouth
- Lee Foord, East Dorset, Christchurch and Purbeck
- Michael Desforges, East Dorset, Christchurch and Purbeck
- Fiona Stephenson, Staff
- Pauline Kimpton, Staff

Developing the Membership

During 2007/08 the role of Governors continued to evolve, particular in relation to meeting with members in local constituencies.

During the summer Governors played a key role in a series of public meetings held within each constituency as part of consulting on the Trust's strategy. Four open meetings were also held for staff across both hospital sites. A further successful public meeting was organised as part of the public consultation over proposed plans for Christchurch Hospital, which over 70 members of the public attended and gave their views.

In addition, various meetings and information sessions were held within the constituencies bringing members together to listen to presentations on all aspects of services delivered within the Trust. These events also gave members an opportunity to speak and ask questions of Trust staff and governors.

In some cases individual letters have been sent to members inviting them to governor led events which has developed a more personal membership approach resulting in better communication and better attendance at meetings.

Staff Governors have held meetings with staff throughout the year to try and encourage more staff to become members.

A new Governor Information Booklet was produced outlining the aims and responsibilities of governors in an attempt to encourage more members to put their names forward for election. This will be updated each year.

Governors also developed, with Trust staff, an induction programme for new Governors. This is being developed with the help of new governors.

Membership issues are led by the Membership Development Committee, which is chaired by a public governor with governor representation from each constituency, plus a staff governor and members of the Trust staff. The Committee meets to develop and progress the Membership Development Strategy. Over the next 12 months developments include:

- Continue to build a membership representative of the local community and maintain current numbers.
- Continue to develop and improve the co-ordination of recruitment activities.
- Each governor to recruit at least 10 new members and to track which event these members were recruited from.

- Raise the profile of Governors within the community to establish better local links.and to encourage members to stand for election as public and staff governors.
- Continue to increase partnership between the Council of Governors and the Board of Directors through the Trust's Chairman.
- Develop an interactive member's area on the website with the support of the Trust.

Trust Objectives 2008/09 - Summary

1. To implement the Trust's strategy focusing on the attainment of the seven strategic goals. These are:-

   - To offer **patient centred services** through the provision of high quality, responsive, accessible, safe, effective and timely care.
   - To promote and improve the **quality of life** of our patients.
   - To strive towards **excellence** in the services and care we provide.
   - To be the **provider of choice** for local patients and GPs.
   - To listen to, support, motivate and **develop our staff**.
   - To work collaboratively with **partner organisations**.
   - To maintain **financial stability** to invest in and develop services for patients.

   The specific actions underpinning these are detailed in the Trust Annual Plan.

2. To improve the patient experience through implementation of the Trust's "Putting patients first" plan; this includes developing the customer care ethos.

3. To reduce the level of hospital acquired infection, including reducing MRSA and C.difficile cases to below contracted levels. Implementation of the Director of Infection Prevention and Control's Annual Plan will be supported by building additional side rooms, contributing to reductions in community acquired infections and enhancing compliance with hand hygiene and enforcement of the hygiene code.

4. To ensure the Trust meets the key performance requirements, complying with Monitor, PCT contractual and Healthcare Commission standards. These include:-
   - 18 week maximum waits
   - Cancer wait times
   - A & E access times
   - Infection Control

5. To ensure the Trust maintains strong financial health and achieve its key financial metrics:-
   - Planned surplus (for investment in future capital plans)
   - Financial rating of 4 out of 5 or better from Monitor

6. To support and develop the workforce including ensuring the Trust is compliant with the 48 hour working week by 2009 and that we have appraisal implemented for all staff. There will also be additional investment for developing clinical leaders and clinicians in management roles.

7. To implement the Trusts' capital programme for 2008/09, which centres on £17.8m investment including:-

- The establishment of a multi storey car park.
- The relocation of medical records to facilitate the upgrade of OPD.
- The replacement of significant amounts of medical equipment including upgrading hospital beds.
- The introduction of an automated robot for pharmacy.

8. To achieve as a minimum a Healthcare Commission rating of excellent for our management and use of resources and good for the quality of care.

9. To oversee specific improvements in the quality of patient care, facilitated by developments which include:-

- Introducing 24/7 thrombolysis treatment for stoke patients.
- Developing further the primary angioplasty service for heart patients.
- Reducing waiting times, in particular to have the majority of patients experiencing a maximum waits for each stage of care, to:-
    - six weeks first outpatients.
    - two weeks diagnostics.
    - eight weeks inpatient/day surgery.
    - 2 hour A & E attendees.
- Upgrading day hospital and outpatients facilities at Christchurch.
- Introducing booked and open access blood taking (phlebotomy).
- Development of intermediate care, to support the establishment of the new cancer and stroke units.

10. To ensure the Trust corporate governance and management systems mitigate risks appropriately. This will be monitored by the Board against actions agreed as part of the Assurance Framework.

11. To work with partner organisations to improve services for local people including:-

- Reducing the number of patients, whose discharge from hospital is delayed by better joint working with social services and local PCTs.
- To explore the potential to bid for certain aspects of Bournemouth and Poole PCTs provider services, particularly to improve the interface between services and so improve continuity of care for patients.
- With Poole Hospital to explore areas of further collaboration including maternity, trauma and orthopaedics, stroke & cardiac services.

12. To engage further with governors and our members, ensuring the Trust remains responsive to their views and requirements. This will be done by via the work of the Council of Governors and in particular the Membership Development Committee.