

# Annual Report

And Summary Financial Statements April 1 to October 31 2007





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# POOLE HOSPITAL NHS TRUST ANNUAL REPORT APRIL 1 TO OCTOBER 31 2007

**Major milestones reached as Poole Hospital becomes an NHS Foundation Trust in its centenary year.**



2007 was an important year for Poole Hospital. It was the year in which we celebrated our centenary, and on November 1 2007, became an NHS Foundation Trust.

It was also a year of successful performance against financial and national targets, as Poole Hospital ended the period April 1 2007 to October 31 2007 with money in the bank and our waiting times for elective (planned) admissions all substantially below the national target of 20 weeks.

Throughout the seven months before becoming a Foundation Trust, Poole Hospital maintained a healthy financial position and ended the period with a surplus of £199,000.

All except for just seven patients needing an outpatient appointment were seen for the first time within nine weeks, exceeding the national target of 11 weeks. The vast majority of patients waited less than seven weeks for an outpatient appointment, putting Poole Hospital well on the way to meeting the new national milestone of five weeks from March 31 2008.

Performance in our Diagnostics Department remained strong. At the end of October, only one patient awaiting an investigation in Nuclear Medicine waited more than six weeks for an appointment. This strong performance continued into November, with no patients waiting more than five weeks for an appointment by the middle of the month.

Throughout this period, Poole Hospital met the target for admitting or treating and discharging 98 per cent of patients in Accident and Emergency within four hours.

We consistently met the standards for treating cancer patients within 31 days of the decision to treat and 62 days of an urgent GP referral.

The Hospital met the 80 per cent target for operating on patients with a fractured hip within 48 hours, and that of 87 per cent for all other injuries. This was achieved despite a high demand on our trauma services, especially during October 2007 when we provided seven extra operating lists.

The number of patients with hospital acquired MRSA bacteraemia for the period was eight.

The one national target which Poole Hospital was disappointed not to meet was for the time it takes for heart attack patients to receive thrombolysis (clot-busting drugs). The locally agreed target for the achievement of the call to needle time for thrombolysis within 60 minutes is 80 per cent of all patients, compared to a national target of 68 per cent. We met this target in three out of the seven months in the period April to October 2007. However, it should be noted that the number of patients involved was very small and, in total, there were just seven patients who were treated outside the target time of 60 minutes.

Staff from Poole Hospital have met with the ambulance Service and highlighted a number of areas where there may be an opportunity to improve the call to needle performance, and these are currently being explored by both organisations.

The number of patients awaiting transfer to Social Services continued to give cause for concern despite some improvements towards the end of the period. Ten extra community beds were opened at St Leonard's Hospital to help alleviate additional pressures during the winter months and more were being considered.

Sue Sutherland, Chief Executive, said: '2007 was a year of major milestones for Poole Hospital. We became an NHS Foundation Trust and it was fitting that this should happen in the year that we celebrated the 100<sup>th</sup> anniversary of a hospital standing on the Longfleet Road site in Poole. While all this was going on we did not lose sight of our most important objectives of all – improving the quality of patient services and robust management of our resources.

'Becoming a Foundation Trust will give us new freedoms over the use of finances and will make us more accountable to our patients, staff and local community. It also signifies the solid base from which we can build even better patient services for the future. Becoming an NHS Foundation Trust was not a given: we had to work very hard to demonstrate that Poole Hospital was fit to take on its new status.

'None of the successes of the past six months – or beyond – would have been possible without the immense personal effort of each of our 4,300 staff. I would like to thank them all for their sustained hard work and for their continuing commitment to Poole Hospital.'

## ABOUT US



### WHAT WE DO AND WHO WE SERVE

Poole Hospital provides a wide range of acute services to people in Poole, East Dorset and Purbeck. We have 789 beds, including 74 for day cases. We serve as the major trauma centre for East Dorset. This means that at least 85 per cent of our inpatients are admitted as emergencies and the Hospital provides services for all medical, elderly, surgical and child health emergency admissions.

We provide a number of core services - ear, nose and throat, child health and maternity - for a wider catchment area, including Bournemouth and Christchurch. The Hospital also provides specialist services, such as oral surgery and neurological care, for the whole of Dorset and is the Cancer Centre for Dorset.

Poole Hospital employs 4,300 staff and last year had an annual turnover of £151m.

Each year we treat some 44,500 inpatients, 17,500 day cases and see 64,000 new outpatients. Around 57,000 people attend our Accident and Emergency department each year.

### THE POOLE APPROACH – OUR VALUES

Poole Hospital has a unique philosophy embedded in the 'Poole Approach'. We aspire to provide: **'friendly, professional patient-centred care with dignity and respect for all'**.

### OUR VISION

Our vision for the future is to provide excellent patient-centred emergency and planned care to the people we serve.

## OUR STRATEGY

This vision is supported by five key objectives for delivering care over the next five years. They are:

- **Robust resource management**  
This means maintaining financial balance and securing the resources to develop our clinical services
- **To continually improve the patient's experience**  
This means providing patient-centred care in an increasingly safe, clean and modern environment
- **To continue to employ a highly motivated workforce delivering excellent services**  
This means continually developing our staff and their leadership so that they can use their value skills and experience to provide 'best in class' services
- **To have governance arrangements which deliver strong public engagement and robust corporate and clinical governance systems**  
This means putting in place arrangements for governing our Trust that are equitable, open and honest in order to give patients, staff and local communities a real say in how services are developed and run
- **To maintain and develop successful partnership working**  
This means we will continue to work closely with the local community, Primary Care Trusts, GPs, elected representatives and others to ensure that we develop services that are responsive to the health needs of the local population

## POOLE HOSPITAL NHS TRUST BOARD

The following people made up the Trust Board at Poole Hospital:

**Chairman**  
Peter Harvey

**Non Executive Directors**  
Charles Cunningham  
Elizabeth Hall  
John Knowles  
Jean Lang  
Yvonne Moores

**Executive Directors**  
Sue Sutherland (Chief Executive)  
Sue Donaldson (Director of Human Resources)  
Roger Packham (Medical Director)  
Martin Smits (Director of Nursing)  
David Taylor (Director of Finance)

There were also four Executive Directors who did not sit on the Trust Board:

- Michael Beswick (Director of Strategy)
- Heather Hauschild (Director of Operations)
- Pauline Malins (Director of Communications & Marketing)
- Derek Morgan (Director of Facilities Management)

Mrs Sue Sutherland took up her appointment as Chief Executive on 1 August 2005 on an open contract. The Trust Board may terminate this appointment. The post is subject to the normal Trust disciplinary procedures. The Medical Director is appointed by the Trust Board on a three-year contract, which may be extended by two years. This appointment may be terminated or renewed by the Trust Board.

The remaining Executive Directors are all appointed by the Trust Board on open contracts, which are subject to Trust disciplinary procedures and which the Trust Board may terminate. The Chairman was appointed for a period of four years in November 2000 by the Secretary of State for Health. The NHS Appointments Commission has extended this contract for a further four years to November 2008. The other Non-Executive Board members are appointed by the NHS Appointments Commission on behalf of the Secretary of State for Health. These appointments are for periods of four years, which may be extended by the NHS Appointments Commission.

### **Board Directors' Interests**

A register of Board directors' interests relevant or material to the Poole Hospital NHS Trust Board is maintained and updated annually. This is available for inspection by contacting the Trust Services Manager at Poole Hospital. As at 31 April 2007, the following interests were recorded, all other members making a nil declaration:

#### **Mrs Elizabeth Hall (Non-Executive Director)**

Daughter is a doctor at Poole Hospital

#### **Mr Peter Harvey (Chairman)**

Trustee - Dorset Health Trust (grant-giving charity)

Daughter is a nurse at Poole Hospital

#### **Mr John Knowles (Non-Executive Director)**

Deputy Chairman & Board member – Bournemouth University

Chairman – DEK Printing Machines Ltd

Chairman – Court Barton Ltd

Director & Shareholder – NED Promedica UK Ltd

Director & Shareholder – NED AMBA Medical Ltd

Director – Dover UK Holdings Ltd

Director and Shareholder – Halifax Fan Ltd

#### **Mrs Jean Lang (Non-Executive Director)**

Trustee - Dorset Health Trust (grant-giving charity)

#### **Dame Yvonne Moores (Non Executive Director)**

Pro-Chancellor – Bournemouth University

Non-Executive Director – National House Building Council

Patron – Association for Continence Advice

#### **Mr Martin Smits (Director of Nursing)**

Ex-officio member, Poole Hospital League of Friends

#### **Mrs Sue Sutherland (Chief Executive)**

Non-Executive Board member – Bournemouth University (unpaid)

#### **Mr David Taylor (Director of Finance)**

Director – Mobilecare Ltd (unpaid)

### **REMUNERATION COMMITTEE**

The current membership of the Remuneration Committee, which reviews the salaries of the executive management team of the Trust, is the Chairman of the Trust Board, Mr Peter Harvey, and all the non-executive members of the Board. Details of salary and pension entitlement of senior managers are included in the Summary Financial Statement.

### **AUDIT AND GOVERNANCE COMMITTEE**

The Audit and Governance Committee, which consists of five non-executive directors of the Trust, has an important role to play in ensuring that the Trust conducts its financial affairs within an environment of honesty and integrity. The main objectives of the Audit Committee are to ensure that the Trust's activities are within the law and regulations covering the NHS and that an effective internal financial control system is maintained. The committee must be able to assure the Trust Board that the system of internal control is operating effectively and that there are clear processes to ensure that proper risk and governance procedures are in place.

Internal auditors assist the Audit Committee by providing a clear statement of assurance regarding the adequacy and effectiveness of internal controls. The Director of Finance is professionally responsible for implementing systems of internal financial control and is able to advise the Audit Committee on such matters. In addition the Trust has Government-appointed external auditors whose objectives are to provide an independent assessment of the Trust's statement of accounts, general financial standing, financial systems, arrangements for preventing and detecting fraud and corruption and its management arrangements. Special 'Value for Money' audits are also carried out whereby a particularly in-depth study of a specific area is undertaken.

## POOLE HOSPITAL BECOMES AN NHS FOUNDATION TRUST

Poole Hospital became an NHS Foundation Trust on 1 November 2007.

Our new status means that we are still firmly part of the NHS but have greater freedom to develop services in a way that suits local communities and staff. It gives patients, the public and staff a greater say in the way the Hospital develops through a membership body and democratically elected representatives. Becoming an NHS Foundation Trust will give Poole Hospital new financial freedoms and a greater self-determination over our future.

Another important benefit is that Poole Hospital is now formally accountable to local people and its staff through a Council of Member Representatives. Member Representatives are democratically elected by public members of the Foundation Trust and our staff, depending on the constituency they represent. The Council is made up of 14 members of the public and four staff, and a further six representatives who are appointed by key partnership organisations.

Elections for the first Council of Member Representatives were held in June 2007 and the Council met for the first time on November 29 2007.

We currently have in excess of 5000 public members registered with the Foundation Trust – but we'd like to attract more people from all walks of life.

Joining us as a member is easy and free and need take up no more time than it does to fill in the membership form. Members will receive regular newsletters and have the chance to have a say in the future of their local hospital.

If you are over 12 years old, live in Dorset and are interested in becoming a member or standing for election, please contact Penny Hever, Membership and Fundraising Manager, on 01202 448449 or penny.hever@poole.nhs.uk or visit [www.poole.nhs.uk](http://www.poole.nhs.uk) to join online.

Employees of Poole Hospital automatically become members.

## CENTENARY: 100 YEARS OF HISTORY AT POOLE HOSPITAL



In 2007 Poole Hospital celebrated the 100<sup>th</sup> anniversary of the opening of a hospital on the Longfleet Road site in Poole. In May 1907 the Cornelia Hospital was opened on the present site of Poole Hospital.

The Cornelia Hospital, named after its benefactress, Lady Cornelia Wimborne, cost under £4000 to build and had just 14 beds.

When the Cornelia Hospital opened in 1907, local Sheriff Herbert Carter described the building as “rather squat and undistinguished.” However, he was more impressed with the interior, observing that the “accommodation and equipment were excellent”.

The Hospital's annual report for 1907 records a total of 55 operations performed during the year. The report also records that 125 hospital patients were cured, 42 were ‘relieved’ of their symptoms and seven patients died. The most common ailment amongst patients was tonsillitis, but septicaemia, bronchitis and rheumatism were also common.

By the First World War, the Cornelia had expanded to three wards with 65 beds for wounded soldiers and 12 others. In 1947, the year before the formation of the NHS, the Cornelia Hospital changed its name to Poole General and buildings damaged in the Second World War were replaced.

By the 1960s it was clear that a new state-of-the-art hospital was needed and in 1969 the Queen opened the present day Poole Hospital that then cost £5 million to build and equip.

In 1969 Poole Hospital had 500 beds and 1,150 staff compared with the present day numbers of 789 beds and 4,300 staff.

In 1992 Poole Hospital NHS Trust was formed and in 2007, its centenary year, we became an NHS Foundation Trust.

## **DEVELOPMENTS AT POOLE HOSPITAL**

### **ANNUAL HEALTH CHECK**

The latest national health ratings have confirmed that Poole Hospital continued to provide a good quality of services and has got better at managing its finances.

The Healthcare Commission Annual Health Check scores for 2006 to 2007 gave Poole Hospital ratings of 'good' for both the quality of services and its use of resources. The quality of services score covers a range of areas including the safety of patients, cleanliness and waiting times; the use of resources score looks at how well we manage our finances.

In addition, Poole Hospital fully met all the core standards set down for it by the Healthcare Commission, the NHS watchdog. We also met all of the existing national targets in full and were rated as 'good' for meeting new national targets.

It is the second year that the Healthcare Commission has published this comprehensive form of performance ratings. Last year it rated Poole Hospital as 'good' for the quality of services and 'fair' for its use of resources.

### **HOSPITAL FOOD AT POOLE HITS THE SPOT**

Patients judged the standard of food at Poole Hospital to be amongst the very best in the country.

The results of the 2007 independent Inpatient Survey show that 75 per cent of patients thought that hospital meals at Poole were 'very good' or 'good', and 92 per cent said that they always had a choice of menu. This gave Poole Hospital the third highest score for food in the whole country and placed us top in the South West region.

Poole scored the highest rating in the South West for standards of cleanliness, with some 96 per cent of patients concluding that Poole Hospital was either 'very' or 'fairly' clean.

Poole also did very well for patient satisfaction scores for overall care and waiting times.

Some 93 per cent of patients said that, overall, the care they received was 'excellent', 'very good' or 'good', while 75 per cent of patients waited less than three months for admission to Poole Hospital.

### **NEW SERVICES FOR CANCER PATIENTS**

A new non-surgical treatment for patients suffering from certain types of prostate cancer was introduced to the

Dorset Cancer Centre at Poole Hospital in October.

The introduction of iodine Brachytherapy means that Dorset patients suitable for the treatment, which involves implanting radioactive iodine directly into the prostate, no longer have to travel to Guildford in Surrey but can be treated locally at Poole.

A fortnightly medical thoracoscopy service began in the Endoscopy Suite in November 2007, designed for patients with persistent lung problems who would otherwise have to attend hospital on regular occasions for aspirations. The new service means that treatment can be done without the need for an operation, and can be used to detect previously undiagnosed malignancy. Before the introduction of this service at Poole, local patients had to travel to Southampton.

- Free monthly beauty workshops for cancer patients, run by the charity 'Look Good...Feel Better' were launched at the Dorset Cancer Centre in June.

### **DORSET BREAST SCREENING UNIT PERFORMANCE IS 'EXCELLENT'**

Performance figures for the Dorset Breast Screening Unit, which is run by Poole Hospital, were judged as 'excellent' in Quality Assurance checks.

Dorset Breast Screening Unit received its three-yearly Quality Assurance visit on April 19 2007, as part of the process of maintaining quality standards in the National Breast Screening Programme.

The Quality Assurance Visit provides an opportunity to reflect on the achievements over the last three years, look in detail at our performance data and also anticipate the developments ahead.

This assessment covers all aspects of the programme including radiology, pathology, radiography, surgery, nursing, medical physics and clerical/administration.

One of the cornerstones of the visit is performance data. In addition to the easily measured waiting times, the unit is closely monitored on the number of patients we call back for further assessment, biopsy rate, pre-operative diagnostic rate, and cancer detection rate.

For the vast majority of the performance data we exceeded the national targets and were above average for the South West Region. The Director of Quality Assurance for the South West Region stated that our performance figures were excellent.

The Dorset Breast Screening Unit screens over 30,000 women aged 50-70 each year, either within the Hospital or at one of three mobile screening vans. Less than 1% of women screened are ultimately diagnosed with breast cancer. However, screening



allows early detection of cancer when it is more treatable and is estimated to save 1,400 lives a year across the UK.

### **NEW QUIET ROOM OPENS AT DORSET BREAST SCREENING UNIT**



A new 'quiet room' in the Dorset Breast Screening Unit at Poole Hospital opened in October to coincide with the first week of Breast Cancer Awareness Month.

The room provides a space for women to discuss concerns and anxieties with medical staff within a comfortable, non-clinical environment. It will also serve as a dedicated facility inside the screening unit for the Hospital's Breast Care Nurses, who use the room to provide support and advice to the small percentage of women called back for further investigation after screening.

### **NEW CONSULTANT RADIOGRAPHER IS A FIRST**

A new Consultant Radiographer, the first post of its kind in the county, was appointed within the Dorset Breast Screening Unit. Breast imaging expert Zebby Rees took up the post in December.

The creation of this new post is part of the unit's plans to provide screening to more women over the coming years. At present, the National Breast Screening Programme means that all women between 50 and 70 years are invited for screening at three-yearly intervals. The Department of Health's new Cancer Reform Strategy outlines plans to include women between 47 and 73 years in the programme by 2012.

### **REFURBISHED HYDROTHERAPY POOL REOPENS**

The newly refurbished hydrotherapy pool at Poole Hospital was re-opened in September, following a successful public fundraising campaign. The pool was

originally opened in 1969, but closed last year when its age meant it was no longer practical to maintain. However, thanks to over £30,000 of funding, the pool has been fully refurbished and updated, meaning hundreds of patients can once again take advantage of the therapeutic benefits of exercise in water.

### **NEW STATE-OF-THE-ART CAMERA WILL DELIVER BETTER RESULTS AND SPEED UP APPOINTMENTS**

A new gamma camera at Poole Hospital, the first of its kind to be used in the South of England, was officially opened in October.

The new SPECT/CT scanner can be used for a variety of functions, including scans of the lungs, bones and heart. The groundbreaking camera is unusual in that it combines two technologies – a SPECT scanner and CT scanner – to provide superior image quality and greater precision in locating tumours and other abnormalities.

The new technology provides better quality scans and reduces the time it takes to complete a scan, meaning shorter appointment times for patients and a more efficient service.

### **NEW CERVICAL SCREENING SYSTEM**

Poole Hospital has introduced a new system for examining cervical cancer smear tests, which will mean faster results and fewer repeat tests for women.

The new liquid based cytology (LBC) cervical screening system means that women will benefit from the latest technique for preparing and screening cervical smear samples. The system gives a clearer sample, thus cutting the inadequate test rate from 9% to 1-2% and reducing the anxiety this can cause.

### **NEW NON-INVASIVE RESPIRATORY BEDS HELP PATIENTS TO BREATHE MORE EASILY**

A new facility for patients with severe breathing difficulties was opened in May by Mrs Valerie Lane-Fox Pitt-Rivers, the Lord-Lieutenant for Dorset.

The two non-invasive ventilation beds are situated on Arne Ward and will allow patients with respiratory failure to be treated with state-of-the-art technology.

The new ventilators will mean that these patients will no longer need to have a breathing tube inserted into their airway, but can be ventilated by way of a special mask. This will be done on the ward when the patient is stable rather than in the High Dependency or Intensive Care Units.

## **MAKING SAVINGS ON IT**

Poole Hospital halved its computer costs by taking part in IT hardware eAuction run by the Office of Government Commerce (OGC) with the London Centre of Excellence (LCE).

Poole Hospital is one of six NHS organisations that took part in a recent auction of IT hardware and collectively saved £603,000. The saving for Poole Hospital alone was £53,500, reducing the cost of a personal computer to the Hospital from £410 to £214.

The six NHS organisations belong to the Dorset and Somerset NHS Procurement Confederation. The Confederation makes savings by bringing together the purchasing power of the NHS.

## **NEW LARGE PRINT MENUS BENEFIT OLDER PATIENTS**

Elderly patients at Poole Hospital can now choose their meals from large print menus, in a new initiative that is part of the Hospital's commitment to maintaining patients' dignity.

The Hospital's canteen, which was highly commended in an independent survey earlier this year, now produces optional A3 size easy reading menus to allow patients with impaired eyesight to choose their meals independently.

The new menus have already proved popular on the Hospital's elderly medicine wards, where newly implemented protected mealtimes are also making a difference for patients, meaning they can eat without interruption.

## **INCREASED THROMBOLYSIS SERVICE FOR ACUTE STROKE**

The Acute Stroke Team began an extended Thrombolysis service from October. The new service, which now operates from 8am to 10pm every weekday, aims to ensure that all suitable stroke patients receive clot-busting drugs within three hours of admission to Poole Hospital. For the most effective outcome, the stroke patient has to get to accident and emergency, be assessed, scanned, and treated within three hours of the onset of the stroke. The team is working closely with the Ambulance Service and stroke patients are treated as 'blue light' emergencies.

## **NEW ULTRASOUND MACHINE FOR RHEUMATOID ARTHRITIS SUFFERERS**



A new musculoskeletal ultrasound machine was opened in the Rheumatology department at Poole Hospital in November. The machine was purchased through our major corporate fundraising scheme, the Poole Hospital Wish List, and will improve the treatment of rheumatoid arthritis patients by allowing the earlier diagnosis of damage within the joint.

The purchase of the new machine has been made possible thanks to a variety of generous donations and fundraising activities, including sponsorship for the London Marathon from Consultant Rheumatologist Dr Selwyn Richards and donations from the Lodge of Hospitality and Concord.

## **'CHILL OUT' ZONE FOR TEENAGERS**

A 'Chill out' zone for teenagers was opened in April for young people, aged from 12 to just under 16. The ward is called 'Owls', and has seven beds. There is a dedicated team of nurses who have a special interest in caring for young people. The area is equipped with the most up-to-date entertainment, which was donated through the special efforts of fundraisers. Patients can continue with their studies. A youth worker 'pops in' once a week to help with any issues the patients may have.

## **HAVEN BIRTHING SUITE**

A second birthing pool room was opened at Poole Hospital in May to offer more choice to mums who prefer to have their babies in water.

The new pool was kindly sponsored by the Dorset Health Trust.

The pool is situated in the Haven Birthing Suite at St Mary's Maternity Hospital, which provides a homely midwife-led service for women who are low risk and choose minimal medical intervention.

The extra facility will help meet a growing demand from mothers who will use it not just for water births but also for pain relief during labour.

The number of women using a birthing pool had increased from less than 20 in 2004 to 260 last year, with 126 mothers actually giving birth in water.

The maternity unit launched its own 'Baby Academy' last year, where mums and their birth partners can visit the unit for a one day workshop at weekends. They learn about preparing for labour, pain relief and baby care.

### **SURGERY GAINS RECOGNITION FOR DEVELOPING CLINICAL PRACTICE**

The Surgical wards and departments along with Kingston Lacy Ward successfully achieved Practice Development Unit Accreditation Status.

PDU Accreditation is obtained through a recognised University Practice Development Department (Bournemouth University). It is based on a collaborative framework that supports the development of clinical practice. It empowers team members and encourages them to work together. It also supports the dissemination of good practice from a multi-professional perspective.

It took two years of hard work and commitment from staff across all the areas involved. The process has demonstrated the importance of effective team working at all levels and across all disciplines in developing our services to meet the needs of patients and their families.

Accreditation was achieved by meeting 13 identified standards over the two-year period. This process included preparing a draft document, a health check review to assess progress against the standards and submission of a final document to Bournemouth University, culminating in an accreditation visit. Once accredited, status lasts for three years and PDUs are required to submit an annual report.

## **STAFF ENGAGEMENT AND INVOLVEMENT**



### **POOLE IS A TOPPING PLACE TO WORK**

Staff have given Poole Hospital top marks for being a good place to work.

The results of the 2006 national NHS staff survey showed that the extent of positive feelings among staff places Poole Hospital among the top 20 per cent of acute Trusts for the second year running.

Poole also remained in the top 20 per cent of acute hospitals for turnover, with relatively few staff saying that they wanted to leave their jobs. The Trust was also in the top 20 for a 61 per cent response rate to the survey from its staff.

Areas where Poole Hospital did not score so well were for the percentage of staff witnessing potentially harmful errors, near misses or incidents, and for those experiencing physical violence from patients.

Poole Hospital also featured among the 'Nursing Times' top 100 places to work. The journal said: 'The word "friendly" comes up repeatedly in our survey of Poole Hospital's nurses. "It is difficult to find a negative, grumpy person", says one respondent. Staff say the organisation is "totally focused on the needs of the client group".'

## STAFF CONVERSATIONS

Poole Hospital was one of 12 national pilot sites selected to test a new Department of Health initiative called 'Staff Conversations About NHS Values'.

Poole Hospital was the first of the pilot sites to host a Staff Conversations event in June. Thirty-five people attended this first event, which was led by Chief Executive, Sue Sutherland. The participation and energy was fantastic as staff from across the Hospital addressed four key questions about what really matters to NHS staff about the way they work. All of the views were captured and collated and reported back to the DoH. An action plan was developed, in response to all the questions and ideas that came out of the event.

- Three more Staff Conversations have been held following on from the success of this event. The first was held to enable the Bournemouth and Poole Primary Care Trust to consult with hospital staff about its future plans for local health services; the second to bring about quality improvements to patient care in one of the surgical wards and the third to give frontline staff their chance to have a say in improving communications within the Trust.

## DEVELOPMENT CONTROL PLAN

The Directorate of Facilities Management held a wide-ranging consultation with staff and major stakeholders on the Development Control Plan, which sets out capital developments for the Hospital site over the next five to ten years.

The plan, which was produced with the help of RTKL-UK, a firm of architects and healthcare planners, set out plans for the location of three major developments – a new maternity hospital, accident and emergency department and day surgery unit – as well as looking at making use of space throughout the Hospital and improving the patient environment.

As well as a setting up a representative project team to engage clinical views, staff and stakeholders were invited to comprehensive presentations and asked to feed back their views on the plans. The presentation was also placed on the Hospital's intranet site.

## AWARDS FOR RHEUMATOLOGY AND GASTROENTEROLOGY STAFF

Poole Hospital's Rheumatology Department won a £1,500 national prize for the quality of its communication between health professionals and patients and their carers.

Poole picked up the prize for the best small unit in

the National Rheumatoid Arthritis Society Patient in Focus Awards 2007. It was the fourth time the Rheumatology Unit at Poole Hospital has won a national award for the quality of its services.

Sue Surgenor, Gastroenterology Nurse Specialist, picked up a national award for her work with people suffering from inflammatory bowel diseases.

Sue was awarded the 2007 Colitis and Crohn's Nursing Award from the National Association for Colitis and Crohn's Disease (NACC) after being nominated by colleagues. She was presented with the NACC training bursary worth £1,000.

- Poole Hospital's Acute Pain Team was nominated for a Hospital Doctor of the Year Award.
- Heather Matthews, who recently retired as Maternity Counsellor at Poole Hospital, was highly commended in the 2007 BACP Counselling and Psychotherapy Awards.

## RECRUITMENT DRIVE

Poole Hospital held a second successful Open Day in September for people to find out more about working as a nursing auxiliary.

The event was open to anyone who was interested in caring for patients. It followed on from a similar successful opening evening last year which was attended by more than 100 people and resulted in the recruitment of 14 new auxiliaries to the Care of the Elderly wards.

As in the previous year, those attending had the chance to hear what the job is like directly from auxiliaries already working within the Hospital.

As well as meeting auxiliaries, potential recruits were given a chance to have hands-on experience of some of the things they do, such as taking temperatures and blood pressure and testing fluids.

**For more details on becoming an auxiliary at Poole Hospital call Mandy Craig on 01202 448310.**

## MODERN MATRONS

A new Modern Matron was appointed at Poole Hospital in May to help drive forward standards of patient care in surgery.

Marion Seddon has stepped into the new role of Modern Matron for the Surgical Clinical Care Group at the Hospital. Marion's appointment brings the number of Modern Matrons at Poole Hospital to a total of eight. Modern Matrons provide leadership for nurses at ward level and are a focal point for making improvements in patient care. Modern Matrons at

Poole are all the more visible as they are frequently on the wards and have smart new pinstripe uniforms, making them easily recognisable by patients and staff.

## VOLUNTEERS



In addition to our workforce of 4,300 staff, Poole Hospital is fortunate to have more than 300 volunteers, many of whom have supported us for a number of years.

Volunteers play a valuable role across the Hospital - whether it is working on the wards, being part of the Red Cross or WRVS, joining Radio Bedside or becoming part of the Hospital counselling service. There are also volunteers at Forest Holme, our palliative care unit, and in our Patient Advice and Liaison Service (PALS).

Volunteers can do from two hours a week to as many as they can spare. Their hours and duties are adapted to fit in with the lives and the interests of the volunteer, with some working during the days and some in the evenings or weekends.

People volunteer at Poole Hospital for different reasons. For some it is a way of getting back into work after a period of time. Some are still at school and volunteer because they are interested in working in healthcare in the future, while others are working towards their Duke of Edinburgh Awards. Former patients also volunteer as they feel that they want to give something back to the Hospital after their treatment.

An annual dinner is held at the Lighthouse in Poole to celebrate the work of our volunteers and to say 'thank you' for all they do for the Hospital.

If you are interested in joining the Hospital's volunteers, please contact Joy Janati, Volunteer Co-ordinator on 01202 442359 or e-mail on [joy.janati@poole.nhs.uk](mailto:joy.janati@poole.nhs.uk).

## WORKING WITH OTHER ORGANISATIONS

### PATIENT AND PUBLIC INVOLVEMENT (PPI) FORUM

Poole Hospital has consistently enjoyed a supportive working relationship with the PPI Forum. The PPI Forum for Poole Hospital is an independent, voluntary group which promotes public involvement in health. The PPI Forum currently consists of four members – David Reddaway, Isabel McLellan, Don Lee and Roger Wilson – who are all enthusiastic about helping patients to influence healthcare services at Poole Hospital.

So far this year the PPI Forum has worked with Poole Hospital to bring about changes to Ansty, the medical assessment ward, Access and Signage to Poole Hospital, Hydrotherapy treatment and Patient Information. Its work with Ansty Ward staff, to increase the availability of single sex bays, has been used as best practice by the Department of Health. It supported public consultation on becoming an NHS Foundation Trust and has encouraged patients and the public to sign up as members of the new Trust.

The Government intends to abolish the current PPI Forum structure in 2008 and replace it with Local Involvement Networks (LINKs). Poole Hospital looks forward to working collaboratively with this new organisation, which will monitor both Health and Social Care.

For more about PPI Forums, please contact the Forums Development Officer, Louise Bate, by calling 01202 416020, emailing [louise.bate@helpandcare.org.uk](mailto:louise.bate@helpandcare.org.uk) or writing to Louise Bate, Help and Care, 896 Christchurch Road, Bournemouth BH7 6DL.

### GREEN TRANSPORT

Poole Hospital joined forces with Dorset Police to help improve bicycle security on its site during National Bike to Work Week last June.

The move aimed to encourage more of the Hospital's 4,300 staff to cycle to work under its Green Transport policy.

Dorset Police offered discounts on security kits with which to mark bikes and personal possessions. The kits are a unique invisible coding system called Smart Water, which is almost impossible to remove and is only detectable under ultra-violet light.

## TOP RUSSIAN HEALTH OFFICIALS VISIT POOLE HOSPITAL



A delegation of senior health officials from Russia visited Poole Hospital in November to find out more about the first-class specialist care provided within the Dorset Cancer Centre.

The group of 21 Moscow officials, which included Government Ministers, finance heads and medical specialists, were the guests of NHS South West, and were visiting the health region as part of an EU-sponsored programme focusing on the reform of Russian health and social welfare systems.

### FUNDRAISING

The Wish List, Poole Hospital's fundraising scheme to buy equipment for wards and departments, raised a total of £103,376 in the six months from April 1 to October 31 2007, bringing the total amount raised since its launch in 2004 to £668,408.

Efforts last year were concentrated on raising £32,500 to modernise the hydrotherapy pool for re-opening during the summer of 2007.

### ACTION ON EQUALITY

A new Single Equality Scheme for Poole Hospital was published in April 2007, following a period of public consultation.

The Single Equality Scheme (SES) brings together the Trust's approach to its statutory duties to promote equality of race, disability and gender. It replaces our existing Race and Disability Equality Schemes and includes a Gender Equality Scheme, which is a new area. The SES covers the Trust's duties both as an employer and as a health care organisation. The SES is underpinned by a timetabled action plan. Key actions include:

- induction and training;
- impact assessments;
- improved communications, involvement and consultation;
- better data collection, audit and monitoring;
- an Equality and Diversity section on the Intranet;
- revising the Equality and Diversity Group;
- setting up a Disability Forum.

All Trust services and policies will operate in line with the SES. Each Care Group and Directorate within the Trust is committed to reviewing its ways of working with respect to equality on the grounds of race, disability and gender. This will cover existing and new policies. Representatives from each Care Group and Corporate Directorate will take part in Impact Assessment Training to ensure that policy is translated into action.

The SES is available on the web - [www.poole.nhs.uk](http://www.poole.nhs.uk) - and on our staff intranet. We will make it available in alternative formats on request. The SES will be reviewed regularly, especially to take account of any changes required after the Impact Assessment Training has been completed.

### EMERGENCY PREPAREDNESS

Events in the UK and across the world demonstrate the need to have tried and tested plans for dealing with large scale emergencies. Poole Hospital has developed a comprehensive range of emergency plans which will help the Hospital to deal with whatever emergency it may face.

In the last year the Hospital has tested its Major Incident Plan and updated it. The Trust has created a new hospital control centre equipped with all the necessary technology to enable the Trust to continue to function effectively throughout a major incident.

Also in the last year the Hospital has maintained its preparedness to deal with a major influenza outbreak. Part of this has included training key staff in the use of special equipment that keeps staff safe when treating and caring for patients with highly infectious illnesses.

## **Independent auditor's statement to the Board of Directors of Poole Hospital NHS Foundation trust as successor body to Poole Hospital NHS Trust**

I have examined the summary financial statement which comprises Finance Performance Review, breakeven performance, capital expenditure, management costs, public sector payment policy, statement of total recognised gains and losses, balance sheet, cash flow statement, and income and expenditure account set out on pages 13 to 19].

This report is made solely to the Board of Directors of Poole Hospital NHS Foundation Trust as successor body to Poole Hospital NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 36 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission.

### **RESPECTIVE RESPONSIBILITIES OF DIRECTORS AND AUDITOR**

The Directors are responsible for preparing the Annual Report.

My responsibility is to report to you my opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements.

I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statement.

### **BASIS OF OPINION**

I conducted my work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of our audit opinion on those financial statements.

### **OPINION**

In my opinion the summary financial statement is consistent with the statutory financial statements of the Trust for the period ended 31 October 2007. I have not considered the effects of any events between the date on which I signed my report on the statutory financial statements 12 June 2008 and the date of this statement.



Patrick Jarvis (Officer of the Audit Commission)  
Collins House, Bishopstoke Road  
Eastleigh, Hampshire SO50 6AD

20 June 2008

## **STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTABLE OFFICER OF THE TRUST**

The Secretary of State has directed that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officers' Memorandum issued by the Department of Health.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an accountable officer.



Chief Executive

3 June 2008

# FINANCIAL REPORT AND SUMMARY FINANCIAL STATEMENTS

Poole Hospital NHS Trust has produced Accounts in accordance with the financial records maintained by the Trust and with the accounting standards and policies approved by the Secretary of State. The financial statements that follow are a summary of the information contained in the full accounts of Poole Hospital NHS Trust which includes the Trust's statement on Internal Control. A complete set of the accounts for Poole Hospital NHS Trust is available from:

## Director of Finance

Poole Hospital NHS Trust  
Longfleet Road  
Poole  
BH15 2JB

## FINANCE PERFORMANCE REVIEW

- Good financial performance – surplus of £199k achieved.
- 25,542 bills paid, of which 96% (in value) and 90% (in number) paid within target of 30 days.
- £2.3 million spent on new and replacement equipment and building improvements.

## Financial Performance

The Trust achieved a good financial performance in the seven months to 31 October 2007, making a surplus of £199k, thereby resulting in a cumulative surplus of £206k.

The Trust is required to absorb the cost of capital for the full year at a rate of 3.5% of average relevant net assets. The rate for the seven months to 31 October was 2.1%.

The Trust also has a duty to break even on its income and expenditure account taking one year with another. To comply with this requirement, NHS trusts must break even over a three-year period.

The Trust's breakeven performance since 2001/02 is as follows:

	2001/02 £000	2002/03 £000	2003/2004 £000	2004/05 £000	2005/06 £'000	2006/07 £'000	2007/08 £'000
Turnover	96,720	106,991	119,947	137,932	144,564	148,258	93,617
Retained surplus/(deficit) for the year	-	-	35	-	-	7	199
Adjustment for prior period	(37)	-	-	-	-	-	-
Break-even in-year position	(37)	-	35	-	-	7	199
Break-even cumulative position	(35)	(35)	-	-	-	7	206

## CAPITAL EXPENDITURE

The Trust is permitted to spend money on capital assets within approved limits set by the Department of Health. During the 7 months to 31 October 2007 £2,337k was spent on medical equipment and on improving the hospital's infrastructure.

Once again, the Trust has benefited from charitable donations. Of the total capital expenditure in the main accounts, £157k was provided from charitable donations. This was mainly spent on numerous items of medical equipment.



## CAPITAL EXPENDITURE SEVEN MONTHS TO 31 OCTOBER 2007

	£000
Decontamination Programme	380
Cardiology Development	390
Liquid Based Cytology	234
M&S Equipment	260
IM&T	183
Other schemes	890
<b>TOTAL CAPITAL EXPENDITURE</b>	<b>2,337</b>

## CHARITABLE INCOME

Total charitable income received during the period amounted to £560k and £507k was spent.

The balance of funds held at 31 October 2007 totalled £2,693k. This sum includes £217k in tangible fixed assets, which relates to the Health Information and Resource Centre.

Charitable Income figures are unaudited.

## MANAGEMENT COSTS

The Trust seeks to maximise expenditure on direct patient care whilst maintaining a sensible balance with its expenditure on management and administration.

	Seven Months to 31 October 2007 £000	2006/2007 £000
Management costs	3,473	5,825
Income	93,617	148,258
<b>Management Costs as a percentage of income</b>	<b>3.7%</b>	<b>3.9%</b>

Management costs are as defined as those on the management costs website at [www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/NHSManagementCosts/fs.en](http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/NHSManagementCosts/fs.en)

## Public Sector Payment Policy

### Better Payment Practice Code

	Seven Months to 31 October 2007		2006/2007	
	Number	£000	Number	£000
Total bills paid in the year	25,542	35,848	43,269	56,373
Total bills paid within target	23,097	34,273	39,068	53,471
<b>Percentage of bills paid within target</b>	<b>90%</b>	<b>96%</b>	<b>90%</b>	<b>95%</b>

The Better Payment Practice Code requires the Trust to pay all valid non-NHS invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

## The Late Payment of Commercial Debts (Interest) Act 1998

No interest was paid in respect of claims under this legislation in the seven months to 31 October 2007 or 2006/2007.

## STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE SEVEN MONTHS ENDED 31 OCTOBER 2007

	<b>Seven Months to 31 October 2007</b>	2006/07
	<b>£000</b>	£000
Surplus for the financial year before dividend payments	<b>2,334</b>	3,467
Unrealised surplus on fixed asset revaluations/indexation	<b>2,326</b>	8,735
Increases in the donated asset and Government grant reserve due to receipt of donated and Government grant financed assets	<b>157</b>	283
<b>Total gains recognised in the financial year</b>	<b>4,817</b>	12,485

## SALARY AND PENSION ENTITLEMENTS OF SENIOR MANAGERS

### Remuneration

Name and Title	Seven Months to 31 October 2007			2006-07		
	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Benefits in Kind (bands of £100) £100 Note 2	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Benefits in Kind (bands of £100) £100 Note 2
Mr Michael Beswick - Director of Strategy	45-50	-	-	75-80	-	-
Mr Charles Cunningham – Non-Executive Director	0-5	-	-	0.5	-	.0-1
Ms Susan Donaldson – Director of Human Resources	45-50	-	-	30-35	-	-
Mrs Elizabeth Hall - Non-Executive Director	0-5	-	0-1	5-10	-	0-1
Mr Peter Harvey – Chairman	10-15	-	0-1	15-20	-	0-1
Mrs Heather Hauschild - Director of Operations	40-45	-	-	70-75	-	-
Mr John Knowles – Non-Executive Director	0-5	-	0-1	5-10	-	0-1
Mrs Jean Lang – Non-Executive Director	0-5	-	0-1	0-5	-	0-1
Mrs Pauline Malins – Director of Communications	25-30	-	-	10-15	-	-
Dame Yvonne Moores – Non-Executive Director	0-5	-	0-1	0-5	-	0.1
Mr Derek Morgan - Director of Facilities Management	45-50	-	-	75-80	-	-
Mr Roger Packham - Medical Director (Note 1)	50-55	30-35	-	85-90	60-65	-
Mr Martin Smits – Director of Nursing	45-50	-	-	75-80	-	-
Mrs Susan Sutherland - Chief Executive	65-70	-	-	115-120	-	-
Mr David Taylor – Director of Finance & Information	50-55	-	-	85-90	-	-

Note 1. Other remuneration relates to clinical work undertaken by the Medical Director.

Note 2. Benefits in kind relate to the profit element on business mileage claimed.

## PENSION BENEFITS

Name and title	Real increase in pension sum at age 60  (bands of £2,500) £'000	Real increase in pension lump sum at age 60  (bands of £2500) £000	Total accrued pension and related lump sum at age 60 at 31 October 2007 (bands of £5000) £000	Cash Equivalent Transfer Value at 31 October 2007  £000	Cash Equivalent Transfer Value at 31 March 2007  £000	Real Increase in Cash Equivalent Transfer Value  £000
<b>Mr Michael Beswick - Director of Strategy</b>	(0-2.5)	0-2.5	120-125	478	467	-
<b>Ms Sue Donaldson – Director of Human Resources</b>	0-2.5	2.5-5	15-20	35	34	-
<b>Mrs Heather Hauschild - Director of Operations</b>	(0-2.5)	0-2.5	70-75	242	236	-
<b>Mrs Pauline Malins – Director of Communications</b>	0-2.5	0-2.5	25-30	114	112	-
<b>Mr Derek Morgan - Director of Facilities Management</b>	(0-2.5)	(0-2.5)	150-155	-	-	-
<b>Mr Roger Packham - Medical Director</b>	0-2.5	0-2.5	165-170	753	735	-
<b>Mr Martin Smits - Director of Nursing</b>	(0-2.5)	(0-2.5)	115-120	467	455	-
<b>Mrs Susan Sutherland - Chief Executive</b>	2.5-5	0-2.5	175-180	750	732	-
<b>Mr David Taylor – Director of Finance &amp; Information (see note)</b>	-	-	-	-	-	-

### Note – Mr D Taylor is not a member of the NHS Pension Scheme

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 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 within the guidelines and framework 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.

The NHS Pensions Agency was unable to provide the necessary information at 31 October 2007. The data in the above table is therefore estimated based on the best information available.

## BALANCE SHEET AS AT 31 OCTOBER 2007

	31 October 2007 £000	31 March 2007 £000
<b>FIXED ASSETS</b>		
Intangible assets	12	18
Tangible assets	115,453	114,932
	115,465	114,950
<b>CURRENT ASSETS</b>		
Stocks and work in progress	1,813	1,652
Debtors	7,395	11,785
Cash at bank and in hand	5,596	347
	14,804	13,784
<b>CREDITORS:</b> Amounts falling due within one year	(14,403)	(15,360)
<b>NET CURRENT LIABILITIES</b>	401	(1,576)
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	115,866	113,374
<b>PROVISIONS FOR LIABILITIES AND CHARGES</b>	(551)	(392)
<b>TOTAL ASSETS EMPLOYED</b>	115,315	112,982
<b>FINANCED BY:</b>		
<b>TAXPAYERS' EQUITY</b>		
Public dividend capital	85,794	85,794
Revaluation reserve	14,392	14,388
Donated asset reserve	7,466	6,643
Government grant reserve	33	33
Income and expenditure reserve	7,630	6,124
<b>TOTAL TAXPAYERS EQUITY</b>	115,315	112,982

**CASH FLOW STATEMENT FOR THE SEVEN MONTHS ENDED  
31 OCTOBER 2007**

	<b>Seven Months to 31 October 2007 £000</b>	2006/07 £000
<b>OPERATING ACTIVITIES</b>		
<b>Net cash inflow from operating activities</b>	<b>11,059</b>	5,354
<b>RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:</b>		
Interest received	<u>277</u>	<u>350</u>
<b>Net cash inflow from returns on investments and servicing of finance</b>	<b>277</b>	350
<b>CAPITAL EXPENDITURE</b>		
Payments to acquire tangible fixed assets	<b>(4,414)</b>	(5,799)
Receipts from sale of tangible fixed assets	<b>0</b>	4,613
<b>Net cash outflow from capital expenditure</b>	<b>(4,414)</b>	(1,186)
<b>DIVIDENDS PAID</b>		
	<b>(1,830)</b>	(3,460)
<b>Net cash inflow before financing</b>	<b>5,092</b>	<u>1,058</u>
<b>FINANCING</b>		
Public dividend capital received	<b>0</b>	0
Public dividend capital repaid	<b>0</b>	(1,341)
Other capital receipts	<b>157</b>	283
<b>Net cash inflow/(outflow) from financing</b>	<b>157</b>	<u>(1,058)</u>
<b>Increase in cash</b>	<b>5,249</b>	<u>0</u>

**INCOME AND EXPENDITURE ACCOUNT FOR THE SEVEN MONTHS ENDED  
31 OCTOBER 2007**

	<b>Seven Months to 31 October 2007 £000</b>	2006/2007 £000
<b>Income from activities</b>	<b>85,099</b>	132,685
<b>Other operating income</b>	<b>8,518</b>	15,573
<b>Operating expenses:</b>	<b>(91,572)</b>	(148,234)
<b>OPERATING SURPLUS</b>	<b>2,045</b>	24
(Loss)/Profit on disposal of fixed assets	<b>(19)</b>	3,081
<b>SURPLUS BEFORE INTEREST</b>	<b>2,026</b>	3,105
Interest receivable	<b>315</b>	370
Other finance costs – unwinding of discount	<b>(7)</b>	(8)
<b>SURPLUS FOR THE FINANCIAL YEAR</b>	<b>2,334</b>	3,467
Public Dividend Capital dividends payable	<b>(2,135)</b>	(3,460)
<b>RETAINED SURPLUS FOR THE YEAR</b>	<b>199</b>	7



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