
Annual Report and Accounts 2016/17



Living our values every day

Poole Hospital NHS Foundation Trust

Annual Report and Accounts 2016/17

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(a) of the National Health Service Act 2006.**

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SECTION A: PERFORMANCE REPORT

1.1 Welcome Statement

Welcome to our Annual Report for 2016-17 which shows that the Trust has once again had a very good year. Although we have continued to face challenges and ever increasing pressures on our services, our staff have worked tirelessly to ensure the ongoing delivery of safe, high quality care. It is good to see that the “Poole Approach” – our commitment to friendly, professional person-centred care - remains at the heart of everything we do, as this makes such a big difference to the experience of our patients.

One of the things that we know really matters to patients is swift access to treatment. We are therefore pleased to confirm that despite a significant increase in demand for many specialities, we have maintained short waiting times throughout the year and have again achieved the 18-week referral-to-treatment standard. Similarly, patients needing access to our flagship Dorset Cancer Centre, which provides excellent cancer services for the whole of Dorset, have benefitted from some of the shortest waiting times in the whole of the country.

In common with many other NHS hospitals, our emergency department has experienced a great deal of pressure throughout the year, with an increase in the number of patients requiring urgent treatment and frequent peaks in demand that have led to some very busy and challenging months. The Trust has also continued to experience problems in discharging patients once they are deemed to be medically fit, which has meant ongoing pressures on our hospital beds.

As a consequence, we had difficulty in meeting the four hour Accident and Emergency (A+E) waiting time standard during 2016/17. Whilst it is disappointing that we did not achieve the national 95% target overall, we are pleased to report that we have achieved the revised A+E trajectory agreed with our regulator, NHS Improvement, earlier in the year.

Again, like many other NHS organisations, we are working within a tough financial climate and the situation is not anticipated to change in the foreseeable future. Within Poole Hospital, we have managed our resources very carefully throughout 2016/17, and as such, have ended the year slightly better than planned. This is a significant achievement in itself, and to the credit of all staff and teams who have worked hard to deliver this position.

Despite all these challenges, the Trust has achieved a great deal during 2016/17, and we have listed just some of the highlights of the year in the next few pages. These include details of the first robotic procedure to be live-streamed directly via satellite, providing pioneering care for premature babies within our neo-natal unit and introducing innovative practice within our Department of Medicine for the Elderly, which is halving the time some patients spend in hospital. Poole Hospital staff have always been committed to innovation and improvement, and this continues to be a marked feature across our various teams.

Another very important development in 2016/17 was the appointment of Steve Erskine as Poole Hospital's new Chairman, from 17 May 2017. Steve is an experienced Non-Executive Director in the NHS and also has an executive background in information technology and service delivery. Angela Schofield, who has been Chairman of Poole Hospital for the past six years will be stepping down, having served two terms of office in this role.

In reflecting on 2016/17, it is clear that none of the achievements of the past year would have been possible without the hard work and dedication of our staff. As such, we would like to thank them for all their care, commitment and professionalism, which is demonstrated 24 hours per day, 365 days per year. We would also like to thank all our volunteers who have continued to make such a difference, across a wide range of wards/departments throughout the hospital. We are very grateful to each and every one of them.

We should also like to confirm how much we appreciate the support and guidance provided by our Council of Governors. They ensure that there is effective oversight of the work of the Board of Directors and that good communication is maintained with our members. A number of governors who have served for a period of nine years came to the end of their term of office in 2016/17 and we would like to say a particular thank you to them.

For the past three years, the Trust has been working to a three year operational plan, agreed with our regulator in 2014. Looking back, we are proud of the fact that we have delivered all that was expected of us during that period. Looking ahead, the challenge for the Trust will be to continue providing safe, high quality care in the face of rising demand and a “flat cash” contract for 2017/18.

In the longer term, the only way that we can ensure that we have sustainable services will be by delivering care differently, working in partnership with others across the whole health and social care system. It is for this reason that we are actively working with our partners to take forward the Dorset Clinical Services Review. Whilst this will represent significant change for the Trust, we remain confident that there is an exciting and positive future for Poole Hospital – both for its site and its services - whatever the outcome of the Review.

So, 2017/18 is expected to be another challenging year for the NHS, but we are confident that within Poole Hospital, we have the high calibre staff and strong leadership that will enable us to keep on delivering during these turbulent times. As always, we shall continue to work closely with our staff and partners to improve services and outcomes for the patients that we serve.

Angela Schofield, Chairman

Debbie Fleming, Chief Executive

1.2 Purpose and activities of the Foundation Trust

Poole Hospital NHS Foundation Trust is an acute general hospital based on the South coast of England. The hospital has a 24-hour major accident and emergency department and is the designated trauma unit for East Dorset, serving a population of over 500,000 people.

The Trust provides general hospital services to the population of Poole, Purbeck and East Dorset – around 280,000 people – as well as a range of additional services such as maternity and neonatal care, paediatrics, oral surgery and neurology to a wider population including Bournemouth and Christchurch.

In addition, the hospital's flagship Dorset Cancer Centre provides medical and clinical oncology services for the whole of Dorset, serving a total population of over 750,000.

The hospital had up to 716 beds open during 2016/17.

At the end of 2016/17, we employed in excess of 4,000 staff (excluding bank staff) in 3,455 whole-time equivalent (WTE) roles. The hospital was also supported by over 250 volunteers, who provide invaluable support to both patients and staff.

Our annual turnover for the financial year was £244million.

1.3 Brief history of the Foundation Trust

About Foundation Trusts

Poole Hospital became an NHS Foundation Trust on 1 November 2007 under the National Health Service Act 2006. NHS Foundation Trusts are not-for-profit, public benefit corporations. They provide and develop healthcare according to core NHS principles – free care, based on need and not ability to pay.

Foundation Trusts are regulated by NHS Improvement, whose main duty is to protect and promote the interests of patients. Foundation Trusts have greater freedom to develop services in the way that suits local communities and staff. They can decide how to spend their money, borrow capital and generate income, re-invest any surplus cash on developing new services and also own their assets.

As a Foundation Trust, Poole Hospital is run by a Board of Directors, made up of non-executive and executive directors. The Board of Directors is held to account by the Council of Governors, who represent the local community through a membership base made up of local people from the Trust's catchment area and staff.

Anyone who is over the age of 12 and resides in the UK may apply to be a public member of Poole Hospital NHS Foundation Trust. Staff are automatically members unless they choose to opt out.

Full details on the Board of Directors and Council of Governors can be found in the Accountability Report from page 38.

Poole Hospital NHS Trust Foundation Trust is licensed by NHS Improvement, the healthcare regulator, as an acute hospital to provide health services to its local population. These services are commissioned by a number of different bodies – that is, local commissioners known as Clinical Commissioning Groups (CCGs), local authorities (for some public health services) and NHS England, which commissions all specialised services across the country. The Trust is also registered with the Care Quality Commission (CQC), which has a specific interest in patient quality and safety issues. Both NHS Improvement and the CQC work closely together to ensure that the Trust is well regulated. The Trust's business is to provide excellent services to patients, in a way that is consistent with commissioner specifications and meets the standards of the CQC. Only in delivering all of the above can the Trust be assured that it will retain its licence to operate from NHS Improvement, formerly Monitor.

At the present time, the Trust provides a wide range of inpatient, day case and outpatient services for patients and these are predominately delivered from the main hospital site, with a small number of services delivered from the St Mary's site, situated nearby. However, over time and in line with changing commissioning intentions which reflect the changing demographics and health needs of the local population, Poole Hospital expects to change its business model, to deliver more services out of hospital, in a community setting or within patients' own homes.

The Trust Board and Governors are responsible for establishing and maintaining effective systems and process (that is, our governance arrangements) to ensure the effective delivery of all the Trust's objectives. In particular, these governance arrangements must demonstrate that the Trust can successfully manage any principal risks, which if left unmanaged could adversely affect the future wellbeing of the organisation. Central to the evidencing of this is the Trust's Annual Governance Statement (see page 100) which is produced every year and summarises any key issues and concerns.

Our Vision

Our vision is to provide excellent person-centred emergency and planned care to the people we serve, and the hospital has a unique philosophy which underpins that care.

The Poole Approach has been in place for more than 20 years and pledges that we will strive at all times to provide friendly, professional, person-centred care with dignity and respect for all. It is a unique set of values that guide staff every day. In 2015, we asked staff, patients and the public whether the underpinning values remained valid. Nearly 2,000 people took part and using this feedback, the Poole Approach was translated into five value themes:

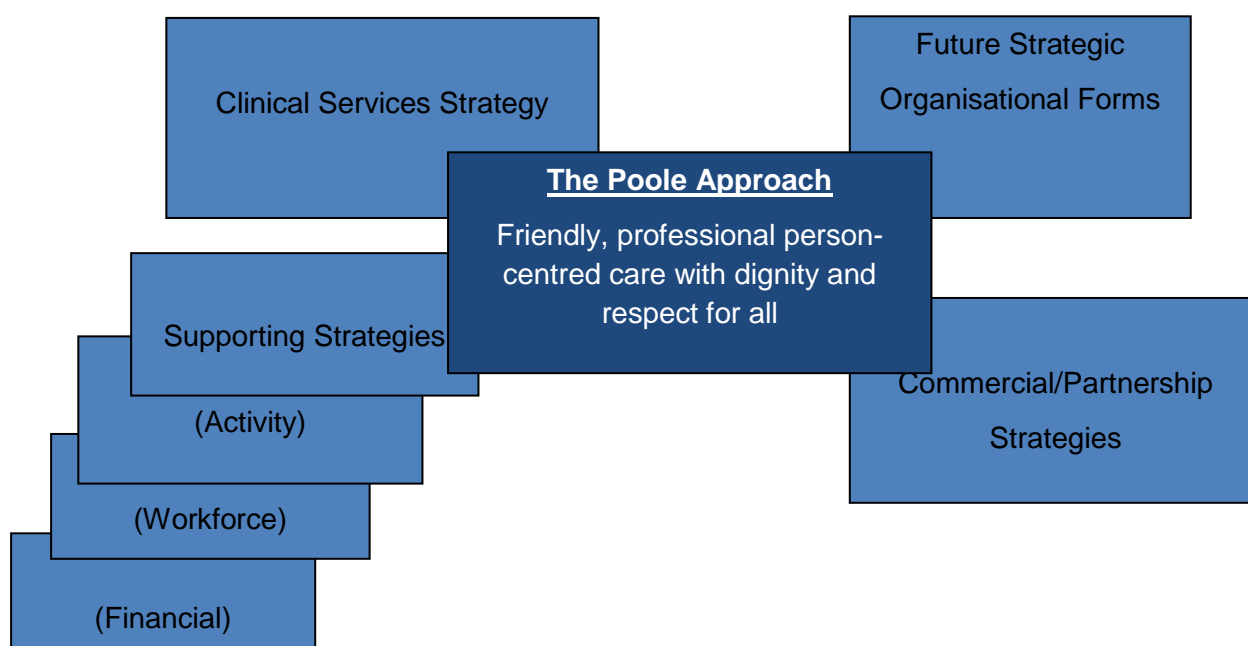
- Compassionate
- Open
- Respectful
- Accountable
- Safe

Our Strategic Framework

The Trust aligns its activity via a strategic framework which forms the basis of a five year strategic plan and which brings together its vision and values (focusing on quality and safety), clinical services, future organisational forms, its commercial strategy and its supporting resources strategies (including human resources and organisational development; estates; information technology; and finance).

The strategic framework is summarised in the five domains outlined below. The success of the Trust going forward is to align each domain in partnership with the other organisations in Dorset that make up our agreed planning system.

Poole Hospital NHS Foundation Trust Strategic Framework



Our Charitable Fund

The NHS Foundation Trust is the corporate trustee to Poole Hospital NHS Foundation Trust Charitable Fund. The Foundation Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Foundation Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The charity administers funds for the provision of patient care and staff welfare at Poole Hospital. Money is raised through a variety of activities, including fundraising events, individual donations, corporate support and legacies.

A total of £8,560k was donated in 2016/17 (including a large legacy of £7,007k). Thanks to the support of the local community, Poole Hospital's Charitable Fund has made a difference to the experience of thousands of patients, in wards and departments across the hospital.

More information about fundraising activities and events is available on our website at www.poole.nhs.uk/fundraising

1.4 Highlights of the year

A summary of the Trust's successes and achievements during 2016/17	
April 2016	<p>Staff celebrated in annual awards</p> <p>Our annual awards recognised staff and volunteers that go above and beyond to make the hospital a better place for patients and staff. One winner Karen Fernley, the acting Matron for Child Health, was named employee of the year. Karen was nominated by her colleagues for her exceptional contribution to the unit where she works long hours ensuring sick children receive great care and the staff that care for them have the support they need.</p>
May 2016	<p>CQC inspection - 31 of 39 areas 'good'</p> <p>Urgent and emergency care services, medical care, surgery, maternity and gynaecology, end of life care and outpatient services were rated as 'good' by the Care Quality Commission (CQC) following an inspection earlier this year. In total, inspectors found 31 of the 39 factors they assessed 'good', with the caring approach in Critical Care noted as 'outstanding'.</p>
June 2016	<p>World-leading surgery at Symposium</p> <p>A robotic operation to remove a patient's rectal cancer was streamed live to surgeons around the world, offering anyone with internet access the ability to witness robotic surgery first-hand. The operation, which is believed to be the first robotic procedure to be live-streamed directly via satellite, was conducted jointly by Mr Taz Qureshi, Consultant Surgeon and robotic lead at Poole Hospital, and Professor Parvaiz, Professor of robotic surgery at the Champalimaud Foundation.</p>
July 2016	<p>Sculpture recognises donors and families</p> <p>A special sculpture recognising the contribution made by organ donors and their families was unveiled this month. Portland Sculpture and Quarry Trust was commissioned by the Trust's Organ Donation Committee to supply the sculpture. A poem written by children at Lytchett Minster School is inscribed on one face, while butterfly, oak leaf and open hand motifs engraved into the sculpture are intended to evoke growth and giving.</p>
August 2016	<p>Shedding light on good hand hygiene</p> <p>Youngsters at Poole Hospital found out more about how good hand hygiene can reduce the spread of bugs in August 2016 as part of a national awareness raising initiative. Lyla Goodman, 10, was among children who found out just how clean their hands are after washing using a special UV light. The month of activities marked the hospital's turn to host the Infection Prevention Society's Hand Hygiene Torch Tour, an Olympic-inspired torch relay visiting every region in the UK and Ireland.</p>
September 2016	<p>Auction raises £3m for cancer care</p> <p>The sale of rare and highly collectable items including cars, motorcycles and watches took place at London auction house Bonhams. The lots originally belonged to local businessman Robert White, who was treated for cancer at the Dorset Cancer Centre, and lost his battle in November last year. Before his death, Robert had resolved to support the hospital and its county-wide cancer services. Proceeds from the sale are in addition to a huge £3.5m donation already made to the hospital.</p>
October 2016	<p>A new best friend for our babies</p> <p>Premature babies at Poole Hospital have a new best friend – a crochet octopus to cuddle up to in their incubators. Used on the neonatal unit, these octopi are linked to better health and wellbeing, with the tentacles reminding babies of being in their mother's womb. Kat Smith, with daughters Jasmine and Amber, were among the first to benefit from the project.</p>

November 2016	Helping to 'Build On The Best' end of life care The public were invited to help improve the care that Poole Hospital patients receive at the end of their lives. The 'Building on the Best' programme aims to improve end of life care, defined as all care received during the last year of life. Poole Hospital was one of just 10 Trusts in the country to be selected to be part of the national programme, aiming to improve this type of care nationally.
December 2016	Innovative unit halving length of stay Pioneering practice on the Kimmeridge elderly care ward is halving the time some patients spend in hospital. Its advanced nurse practitioner, Polly May, is part of the team of doctors looking after patients. Polly's advanced nursing skills mean she is able to assess, diagnose and put in place treatment plans, as well as providing doctors with the benefit of her 25 years' nursing experience at the hospital.
January 2017	New year, new career A range of job opportunities at Poole Hospital were highlighted in a series of new awareness-raising films. Nine short films were produced as part of the recruitment drive, featuring staff in a variety of roles talking about their experiences of the hospital, why they joined and why they would encourage others to. Among them is Blanca Caballero Garcia, from Spain, who is now a deputy sister on the stroke unit after joining the hospital as a band 4 nurse.
February 2017	New chairman appointed Steve Erskine was announced as the hospital's new Chairman. His appointment will commence in May 2017, after the current Chairman, Angela Schofield, steps down after six years in the role. Steve is an experienced Non-Executive Director in the NHS and also has an executive background in information technology and service delivery.
March 2017	Top 10 nationally as a place to receive care, say staff Poole Hospital is in the top 10 acute hospitals nationally as a place to receive care or treatment, according to a comprehensive national survey of staff views. The NHS Staff Survey also rated the Trust second highest in the country (91 per cent) for staff believing the hospital provides equal opportunities for career progression or promotion. Findings from the survey place the Trust in the top 20 per cent of hospitals in England in a range of areas.

2. **PERFORMANCE ANALYSIS**

2.1 **Overview: How the Trust measures performance**

Poole Hospital has a track record for strong performance against national and local standards, and we are very proud of the performance indicators we have again achieved this year. We continue to monitor performance against local targets and national standards through a balanced performance scorecard approach. The scorecard underpins the Integrated Quality and Performance Report that is submitted to the Trust Board each month and provides a rounded view of performance across the organisation, so we can assure ourselves that we are meeting external standards. Where we are not, this consistent monitoring enables us to address and resolve issues as they arise, as well as the actions that are in place to improve performance.

The information over the next few pages provides a snapshot of how we are performing; more detailed information on the Trust's performance is available on our website at www.poole.nhs.uk/about-us/our-performance.aspx

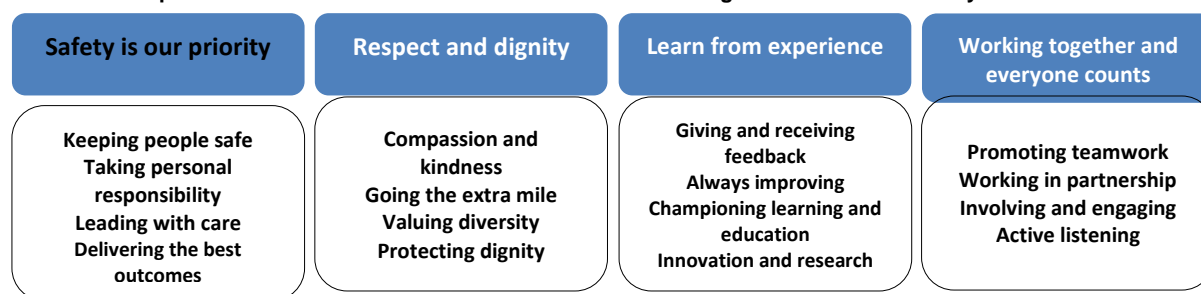
2.2 Clinical performance

The Trust and the NHS as a whole, has faced a very challenging year with increases in demand and increased costs. The increase in attendances and admissions seen over the year and particularly in the first six months, has challenged our performance against a number of key targets. We are working closely with partner organisations to ensure we provide this activity in the right place at the right time and expand or redesign services where possible to meet this demand.

The Trust achieved all (with one exception) of its regulatory performance indicators for the 2016/17 financial year. The exception was the 95% four hour access standard for the Emergency Department, against which the Trust achieved 91.55%, which includes the Minor Injury Unit (MIU) activity (the Poole site achieved 90.81%). Whilst this has been disappointing, the Trust has performed well in comparison to other hospitals and the Trust met the expectation of the regulator for the agreed 2016/17 trajectory and is pleased that more than nine out of 10 patients attending the Emergency Department and Minor Injuries Unit were treated, admitted or transferred within the four hour standard.

Our Values, Behaviours and Standards

How we serve patients and their families and how we work with colleagues in the Trust and beyond



Patient Activity

In 2016/17 we saw:

- 34,846 day case patients compared to 32,734 last year
- 37,025 non-elective patients compared to 35,198 last year
- 92,890 new outpatients compared to 88,835 last year
- 147,837 follow-up outpatients compared to 138,169 last year
- 66,833 (72,759 including MIU) patients in A&E compared to 65,888 last year

Table 1: Patient activity summary

Patient activity	2016/17	2015/16	2014/15
Number of inpatients and day cases treated (spells)			
Elective inpatients	3,593	3,560	3,677
Day cases (including RDAs)	34,846	32,734	30,090
Non-elective inpatients	37,025	35,198	33,005
Accident and Emergency Attendances	66,833	65,888	66,118

Minor Injuries Unit (1)	+5926		
Births	4,554	4,654	4,599
Number of outpatients seen			
New appointments	92,890	88,835	75,929
Follow-up appointments	147,837	138169	131292
Requests for medical imaging	19,8237	185814	178565
Radiotherapy attendances (2)	31,284	33,984	35,183
Operations			
Cancelled at short notice (within 1 day of TCI as % of admissions)	4.2%	5.0%	4.3%
Not re-arranged within the target time of 28 days	9	5	8

Note (1): Blandford, Swanage & Wimborne Minor injury units are reported through Poole Hospital from 1st November 2016

Note (2) The drop in attendances over the last 2 years is mostly due to the change in prostate fractionation from 37 attendances to 20 attendances for the majority of these patients.

2016/17: Fast Facts

More than **99%**
of patients waited
less than 6 weeks
for a diagnostic
test (DM01)

The quality of stroke care
reported through the
Sentinel Stroke National
Audit Programme (SSNAP)
has improved from a level D
to **level B** during the year

65%
uptake for bowel
cancer screening
services, one of the
highest uptakes in
the South



89.8%
of cancer patients treated
within 62 days from referral

91.6%
of A&E
patients seen
within four
hours

99.7% of breast
patients seen within
the first two weeks
after referral to first
outpatient
appointment

Breast screening
achieved over
90% for
screening to results
and assessments in
each of the 4
quarters

Over **92%** of patients received their 1st elective treatment
within 18 weeks (RTT)

Access to cancer care

The Trust is one of the country's leading Trusts for the proportion of cancer patients seen and treated within the expected time frames, based on figures from April 2016 to March 2017.

By providing high-quality cancer services we are ensuring our patients receive the care they need, and all staff involved in the delivery of cancer pathways are dedicated to meeting all national cancer standards, as shown by the national cancer patient experience survey (NCPES) results. Examples from the Executive summaries from NCPES rating PHFT and National Average can be seen in table 2.

Table 2: Samples from the National Cancer Patient Experience Survey results

Executive summary	PHFT rating	National rating
Patients asked to rate their care on a scale of zero (very poor) to 10 (very good),	8.9	8.7
respondents said that they were definitely involved as much as they wanted to be in decisions about their care and treatment	80%	78%
respondents said that they were given the name of a Clinical Nurse Specialist who would support them through their treatment	94%	90%
when asked how easy or difficult it had been to contact their Clinical Nurse Specialist respondents said that it had been 'quite easy' or 'very easy'	91%	87%
respondents said that, overall, they were always treated with dignity and respect while they were in hospital	90%	87%
respondents said that hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital	97%	94%
respondents said that they thought the GPs and nurses at their general practice definitely did everything they could to support them while they were having cancer treatment	65%	63%

The Trust has maintained its excellent track record of achievement against all the national cancer standards, as shown in table 3, against an increase in demand in some key areas, including an increase of 5.6% two-week referrals for suspected cancer compared to 2015/16. Poole performance exceeded national performance across all targets most notably the 62 day urgent referral which was 3.4% above national performance.

Table 3: Performance against national cancer standards

	Target	Poole performance					Comparison between Q4 16/17 and Q4 15/16	National performance
		Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17		Q4 16/17
Cancer Access urgent referral to 1st OPA - 14 days	93%	99.3	99.0	99.9	99.3	99.3	►	94.7
Symptomatic breast referral to 1st OPA - 14 days	93%	100.0	97.7	100.0	100.0	99.4	▼	92.9
Cancer Access first txs - 31 days	96%	99.0	98.7	99.1	99.4	99.2	▲	97.5
Cancer Access subsequent txs(surgery) - 31 days	94%	97.9	100.0	99.2	99.2	100.0	▲	95.4
Cancer Access subsequent txs(anti cancer) - 31 days	98%	100.0	100.0	99.7	100.0	100.0	►	99
Cancer Access subsequent txs(radiotherapy) - 31 days	94%	99.2	98.9	98.7	98.0	98.8	▼	97.2
Cancer Access urgent referrals - 62 days	85%	87.9	86.5	90.0	89.8	87.3	▼	80.9
Cancer Access screening patients - 62 days	90%	95.8	95.3	97.0	96.0	95.1	▼	91.2
Cancer Access consultant upgrade - 62 days	90%	92.5	98.2	93.6	97.1	100	▲	88.5

The Trust has created additional capacity across individual cancer sites and clinical support services, to ensure we continue to meet both demand and performance indicators for these vital services. In Quarter 3, 2016/17, 89.8% of patients who were referred to hospital by their GP with suspected cancer were seen, diagnosed and treated within 62 days. In comparison, the national average for the same period was 82.1% against an NHS England expectation of 85%.

The Trust also performed better than the national average for the percentage of patients who see a specialist within two weeks of an urgent GP referral (99.3% against a national average of 95.1% (Q3)). The number of patients first seen following a two week wait referral in 2016/17 was higher than 2015/16 (8897 compared with 8399).

Performance for the symptomatic breast referral target was maintained in 2016/17. There have been no breaches of this target for over two years. Recently published national comparative statistics of performance against the targets shows that Poole is performing exceptionally well in comparison to other organisations. In Quarter 3, Poole was ranked third place nationally with regard to performance against this standard (excluding those Trusts reporting less than 50 patients first seen in a quarter).

The percentage of patients who begin their first definitive treatment within 31 days of receiving their diagnosis was 99.2% against a national average of 95.4% (Q3). Overall, the number of patients starting first treatment showed a slight increase of 2.2% comparable to 2015/16.

Waiting times from referral to treatment (RTT)

Part of the NHS pledge to put patients at the centre of everything we do, involves making sure that patients are diagnosed and start treatment as soon as possible. The Trust has a strong track record of delivering the overall 18 week targets, with sustainable performance over the past five years. The standard that we are required to meet is 92% of patients on our total waiting list being treated within 18 weeks.

Table 4: Performance against the referral to treatment (RTT) standard at March 31st

	2016/17	2015/16	2014/15	Target
Incomplete pathways %	92.8%	92.3%	96.2%	92%
Waiting List Size	11,967	12,442	10,789	
No. of Patients waiting over 18 weeks	888	954	410	
Average RTT Performance per year against the 92% standard (unweighted average)	92.8%	94.4%	93.9%	

The Trust's performance against the RTT standard compares favourably with the national position, but there have been challenges during 2016/17 that have resulted in the backlog of patients waiting more than 18 weeks reaching its highest (999 patients) in January 2017. The position has improved during February and March as the result of a number of initiatives. The challenges have included;

- a rising number of outpatient referrals
- a backlog of cancelled treatments from winter of 2015-16 impacted on the first two quarters of 2016-17
- consultant vacancies that have been difficult to recruit to leading to reduced capacity in some specialties

Actions taken to address challenges faced:

- Additional treatment clinics and theatre lists;
- Demand and Capacity planning in conjunction with consultant job planning to ensure it had sufficient capacity to deliver the 18 week Referral to Treatment Time (RTT) target on a sustainable basis;
- Weekly patient pathway reviews of long waits at specialty level and validation of waiting lists;
- Developing outpatient metrics and a Dashboard to improve clinic utilisation and reduce DNA rates;
- Education and training programme for A+C and operational management teams to understand RTT rules and patient pathways;
- New ways of working such as direct rapid access clinic for Dermatology which allows high volume routine work to be managed efficiently and effectively;
- Theatre capacity planning during winter to reduce cancellations, known as elective pacing – this was undertaken in conjunction with planning patient flow and bed management to reduce elective cancellations.

Consequently the target was achieved consistently throughout the year on an aggregate basis. There remain certain specialties where it is not being achieved and these have action plans in place and progress is monitored weekly.

Care in our Emergency Department (ED)

This year was an incredibly challenging year for the Emergency Department. Overall 91.55% of patients were seen, treated, admitted or discharged within four hours, against the national four-hour standard of 95%, which includes MIU patients from November 2016. Whilst this has been disappointing, the Trust has performed well in comparison to other hospitals and is pleased that nine out of ten patients who attended the Emergency Department and Minor Injuries Unit were treated, admitted or transferred within the four hour standard.

Our staff have worked extremely hard to manage the pressures experienced through the year and the Trust remains committed to maintaining high standards and improving the experience of our patients. The commitment of our staff to ensuring patients continued to receive high-quality care was reflected in feedback in the Emergency Department's Friends and Family Test results, with 95% of patients who responded stating they would be 'extremely likely' or 'likely' to recommend the Trust to friends or family.

With increased demand comes expectation and we continue to focus on delivering against the expectations of our patients, and in the isolated areas where we have not been able to do this, we have apologised and put in place measures that will allow us to do so in the future.

Table 5: Performance against the four-hour standard

	2016/17	2015/16	2014/15
Emergency department	66,833 72,759 including MIU	65,909	66,118
Four-hour standard (95% target)	91.55% including MIU	91.66%	93.38%
Emergency admissions	37,025	35,198	33,005
Trust Occupancy	94.1%	95.3%	96.3%
Delayed Transfers of Care	3.81%	3.01%	6.60%

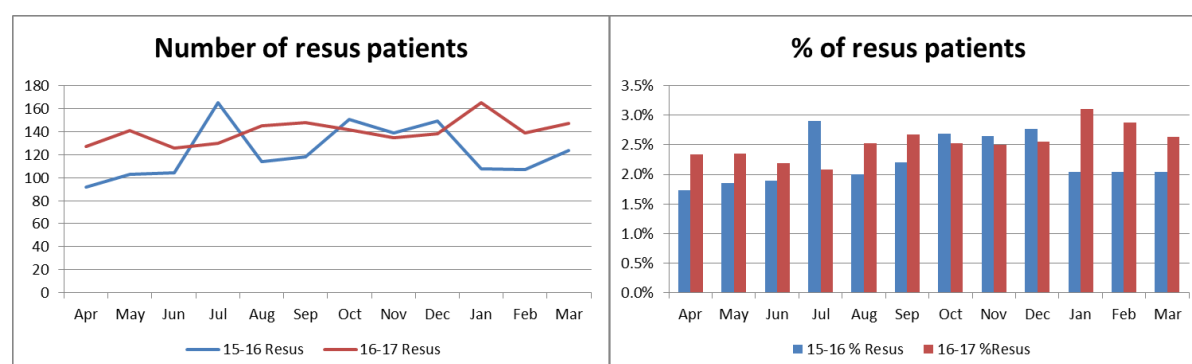
*Note: Blandford, Swanage & Wimborne Minor Injury Units are reported through Poole Hospital from 1st November 2016

Our under achievement against the four-hour standard was impacted by three features:

a) Admission numbers and Acuity of patients

During Quarter Two, 2016/17, the Trust started to see very significant growth in emergency admissions through the Emergency Department (ED) that significantly affected flow out of the Department as there was not always a timely (within 4 hours) inpatient bed available for patients who needed admission. Consequently performance against the Total Time in A+E target was affected and this target was only achieved in Quarter 1. This growth in admissions accelerated during Quarter 3 and then settled in Quarter 4 at 2015/16 levels when compared to the previous year.

In addition to the increase in demand, the increase in acuity (the level of clinical need) is also evident when looking at the number of patients requiring care in our resuscitation area which has shown an increase of nearly 1000 patients as compared to 2015/16. Higher acuity increased the demand for beds which in turn increased bed occupancy.



In addition Quarter 3 experienced an increase in the number of patients with a 'length of stay,' of more than seven days, further impacting flow or our ability to move patients out of the Emergency Department into a bed. The increase of emergency admissions and patients staying longer within the hospital was in the main due to an increase in the level of acuity.

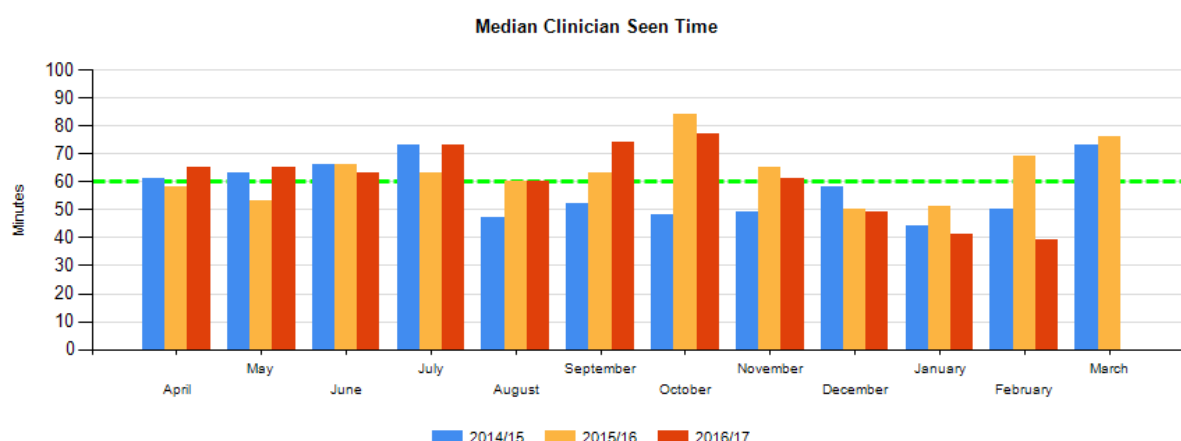
b) Workforce Capacity

Not only is bed capacity important for the four hour standard, but so is the capacity of nurses and doctors. We have faced challenges recruiting medical staff in ED and nursing staff across Poole. To help face what is a national challenge we have been developing and

extending the role of the Nurse Practitioners to work alongside doctors within the 'Majors,' area to help address gaps in the rota caused by an inability to recruit. In depth capacity and demand work has been carried out to understand where redistribution of current workforce could have a positive impact. This has supported the development of specific job plans for new members of staff.

Another significant positive to come from 2016/17 is the introduction of other professions into ED to improve patient experience and process patients in a timelier manner. This has included pilot projects for Phlebotomy, Majors Advanced Practitioners (Nurse practitioners working in majors) and enhanced Physiotherapists working in minors. There are also plans to look at developing other roles; for example, dedicated pharmacy support, radiographers and Consultant Geriatricians working from the Emergency Department.

There has been a great deal of focus on waiting times within the Department over the past twelve months. The table below highlights the recent improvements with the 'waiting to be seen time', with the February figure at the lowest recorded level in the last three years. This was due to improved recruitment and also additional investment in clinical workforce in ED.



c) Bed Capacity, efficient patient flow and delayed discharges

Our experience over the last year is a greater demand for beds and increasing pressures in discharging medically stable patients requiring packages of care or placement. Capacity in the Community is under significant pressure to continue to provide care for an increasingly elderly population with greater and more complex health and social care needs.

Performance against the Delayed transfers of care (DTOC) target has remained a challenge. The indicator is measured at a snapshot in time within the reporting month, and reports the number of acute patients (aged 18 and over) whose transfer of care was delayed, over the number of occupied beds at the month end.

The Trust has been consistently above the 3.5% standard. We have continued to work closely with our health and social care partners to reduce the time patients wait from when they become medically ready to leave hospital to when they are discharged home or to other settings in the community. However, there is limitation within the community in terms of both capacity and staffing and this has resulted in the level of DTOCs remaining high.

During 2016/17 significant attention, resource and energy has been invested in improving the efficiency and consistency of our ward processes and collaborative working to resolve flow and delayed transfers of care in the hospital and community.

Examples of the initiatives include:

- Starting to Implement and imbed the SAFER bundle of Care across the hospital. The SAFER bundle of care is a set of principles and best practise to ensure patients who are ready to leave hospital are discharged in a timely and supported manner. The SAFER bundle is operating across the Elderly Care wards and a trust wide campaign during 2016 has resulted in good levels of awareness across all wards, adopting elements of the bundle. The wider implementation of SAFER bundles continues to be a focus in 2017, to improve the quality and consistency across all areas of the Trust.
- The Trust has embraced a campaign known as 'There's No Place Like Home' emphasising the positive impact effective and timely discharge has on providing quality care and assisting patients to achieve their best possible outcomes. This campaign is designed to raise awareness among colleagues, patients, partners and the public and is welcomed and promoted by partners working in the Mid-Dorset System.
- Joint work with Health providers and Local Authorities in the design and launch of an integrated, co-located discharge bureau and a new joint leadership role to enable greater partnership working, by improving communication and streamlining processes.
- A commitment to Multidisciplinary Team working with primary care, community, social care and voluntary sector colleagues in Poole North to support admission avoidance and discharge planning.
- A scheme to test the impact of direct support for ambulance crews in making decisions to admit patients direct to the Rapid Access to Consultant Evaluation (RACE) unit.
- In line with the mandated initiatives of the A+E Improvement Plan, Discharge To Assess (D2A) is progressing at pace to ensure patients are supported to return into the community at the most appropriate time. The locally agreed D2A model encompasses three pathways where the default is 'to think home first' for all patients. In 2015 it was agreed that the most effective approach in Mid-Dorset is to focus on pathway two – enabling people to return home for appropriate assessment of their long-term care needs and during 2016/17 pilots and roll-out have commenced. Plans are being delivered to achieve expansion across the Trust during 2017/18.
- A Trusted Practitioner model has been designed and adopted between the Trust and three Local Authorities. Using Trusted Practitioners to carry out holistic assessment that avoids duplication and speeds up response times so that people can be discharged in a safe and timely way (High Impact Change Model "Managing transfers of Care" DOH").
- Developing a frailty service to increase the number of frail patients being seen faster and to ensure that our most frail and often elderly patients get access to expert care and treatment in the most appropriate environment. A designated frailty space was made available in March 2016.

6 Week Diagnostic Waits

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
% waiting more than 6 weeks for DM01 diagnostic investigations	1.16%	0.80%	1.72%	0.74%	0.50%	0.24%	0.30%	0.36%	0.83%	0.95%	0.53%	1.05%

Overall the Trust achieved the standard for the year. In the first quarter there were some challenges due to a number of factors that were addressed. These included booking processes and flexibility of sessions. A concentrated effort by all members of the various teams working together resulted in considerable improvement in performance throughout Quarter 2 and Quarter 3 where waiting times were reduced by several weeks in radiology. Despite issues with equipment throughout Quarter 4 the quarterly target was achieved. The installation of a new CT scanner will further improve the patient experience, as will the new ultrasound machines recently acquired. Constant scrutiny of patients wait times is ongoing.

Screening Programmes

Breast Screening

The aim of the Breast Screening Programme nationally is to identify early breast cancer and allow rapid treatment and reduce mortality rates from this disease. The National standards states that every woman between 50 and 70 (currently there is a pilot extending from 47 to 73) is invited to breast screening every three years. This is one of the standards for each unit.

Following screening ladies should receive their results or be invited to assessment within two weeks of screening. All images are double read by Radiologists and readers trained specifically in this field. All standards are 90% are set at a 90% minimum.

The Dorset Breast Screening Unit has achieved exceptional results against standards throughout the year and achieved all four quarters. The Unit is considered high performing nationally and leads its peers in the Wessex region in a number of areas. The dedicated team are flexible and resourceful in achieving the standards set nationally.

Screening Round Length

The percentage of women (aged 50-70) whose first offered appointment is within 36 months of their previous screen Minimum standard >90%, Achievable Standard 100%		Sept-Dec 2016			July-Sept 2016	Apr-Jun 2016	Jan-Mar 2016
Breast Screening Unit	Sub-region	Numerator	Denominator	Performance (%)	Performance (%)	Performance (%)	Performance (%)
Dorset	South (Sw)	8,206	8,301	98.86	97.05	97.81	98.93

Waiting Time for Result of Screening

The percentage of women who are sent their result within two weeks Minimum standard >90%, Achievable Standard 100%		Sept-Dec 2016			July-Sept 2016	Apr-Jun 2016	Jan-Mar 2016
Breast Screening Unit	Sub-region	Numerator	Denominator	Performance (%)	Performance (%)	Performance (%)	Performance (%)
Dorset	South (Sw)	8,505	8,598	98.92	98.52	98.89	99.11

The percentage of women who attend an assessment centre within three weeks of attendance for the screening mammogram Minimum standard >90%, Achievable Standard 100%		Sept-Dec 2016			July-Sept 2016	Apr-Jun 2016	Jan-Mar 2016
Breast Screening Unit	Sub-region	Numerator	Denominator	Performance (%)	Performance (%)	Performance (%)	Performance (%)
Dorset	South (Sw)	459	497	92.35	92.74	94.98	95.96

Cervical Screening Programme (NHSCSP)

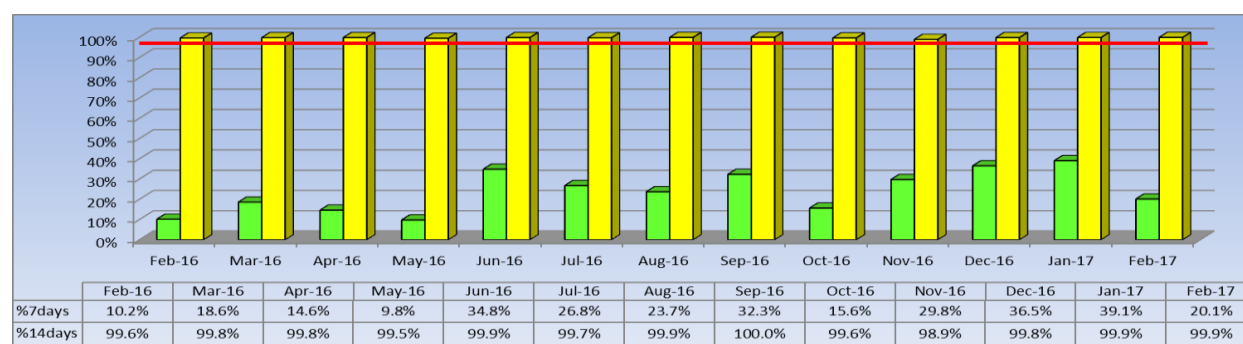
The aim of the Cervical Screening Programme is to reduce the incidence and mortality of

cervical cancer by regularly screening women aged 25-64 for abnormalities that if left untreated might develop into cervical cancer.

Poole Hospital Cytology Laboratory receives smear samples from GP practices in Bournemouth, Poole, Christchurch, East and North Dorset, South West Hampshire and MOD samples commissioned by the Wessex Area Team. It also receives samples from South Wiltshire commissioned by the Wiltshire Bath, Gloucestershire, Swindon and Wiltshire Area (BGSW) Area Team.

Key results

- Turnaround time was achieved for the whole period (>99% for 14 day turnaround) NHSCSP standard (>98% within 14 days)



- All parameters for reporting cervical cytology fell within national standards
- UKAS Accreditation against ISO 15189 standards was achieved following an inspection in June 2016

Bowel Screening Programme Cervical Screening Programme (NHSCSP)

Poole Hospital NHS Foundation Trust, in partnership with other local organisations, manages the Bowel Screening Programme across Dorset.

There are two separate but complimentary screening programmes managed by the Bowel Cancer Screening Programme (BCSP) team based at Poole Hospital, namely Bowel Cancer Screening (using FoBT+ followed by colonoscopy) and Bowel Scope Screening (using one off flexible sigmoidoscopy screening). The aim of both programmes is the early detection and ultimately prevention of bowel cancer within our local population. Participant feedback received is always extremely positive for both programmes.

Bowel Cancer Screening (FoBT)

The NHS Bowel Cancer Screening Programme offers screening every two years to all men and women aged 60 to 74. The programme invites the screening population to participate in an initial screening test, called the faecal occult blood (FOB) stool test, which aims to detect blood hidden in the faeces (stool). A positive FOB test does not diagnose bowel cancer but indicates that further investigations are needed at their local screening centre. The programme started at Poole Hospital on 3 March 2008 and from 1 April 2010, an age expansion programme commenced to include people up to the age of 74. People aged 75 or over can request a screening kit.

Description of target	Target	Actual
14 days from abnormal FOBt test result to Specialist Screening Nurse clinic appointment	100%	97.73%
14 days from Specialist Screening Nurse clinic appointment to first offered screening colonoscopy	100%	100%

Uptake for the period January 2016-December 2016 was 64.98% and we remain a centre with one of the highest uptakes in the South.

Bowel Scope Screening

Dorset was required, by the National Screening Office, to commence the Bowel Scope Screening Programme by 2016. This extension of the existing programme offers all 55 year olds a 'one off' flexible sigmoidoscopy (approximately 11,500-12,500 people per year in Dorset).

Bowel Scope Screening started in Dorset at Poole Hospital in January 2015 as part of the Wave 2 roll-out.

The first Bowel Scope Screening list was delivered in March 2015 at Poole Hospital. At the end of March 2017 we are delivering eleven lists per week across the County with 3.5 lists at Poole Hospital, 2.5 lists at Dorset Healthcare University Foundation Trust (2.0 at Wimborne Community Hospital and 0.5 at Swanage Hospital), 3 lists at Dorset County Hospital and 2 lists at Royal Bournemouth Hospital. At full rollout 13-14 lists per week will be delivered across the county.

The overall response rate is 59.16% and uptake is 49.09%. Conversion to colonoscopy is just under 4%. These figures are all in line with planning predictions.

Looking ahead 2017-18

Over the next 12 months we will continue to rollout the Bowel Scope Screening programme across the county with two additional lists per week taking us to 13 lists per week. The Trust is scheduled to host a visit by the Southern Quality Assurance Service (SQAS) who will undertake quality assurance checks in February 2018.

MRSA

It is now three years since the Trust had a case of hospital attributed MRSA bacteraemia (blood stream infection). It is also notable that there have been no community attributed cases in this last year. The Trust has maintained its zero tolerance to MRSA bacteraemia and continues with strategies to prevent infection including education of staff, screening and barrier nursing of patients who are found to be carriers of the bacterium and continued emphasis on the importance of hand hygiene.

Clostridium Difficile

The Trust objective for hospital attributed clostridium difficile associated disease (CDAD) was for no more than 15 cases. It has proved challenging to achieve this and the indicative end of year figure is 16 cases. This demonstrates a relatively stable position with a slight reduction in cases based on the previous year. It is important to note that there have been no outbreaks of CDAD or cases of cross transmission between patients. Work is ongoing to reduce the incidence of CDAD through antimicrobial stewardship, staff education and an ongoing commitment to hand hygiene and other principles of good infection prevention.

Emergency preparedness and resilience

Emergency preparedness and resilience remains at the forefront of the drive to maintain operational capability and provide an effective and efficient response to any critical incident.

Poole Hospital works hard to ensure that comprehensive and effective plans are in place in the event of a major incident.

A major incident might include a serious threat to the health of the community; disruption to our services, or cause a large number of casualties which would require special arrangements to be implemented not only by this Trust, but also by ambulance, police and fire services or primary care organisations.

We routinely review, update and test these plans to ensure we are prepared to care for patients in the event of a major emergency. Plans cover incidents including chemical, biological, radiological and nuclear (CBRN) as well as flu or other infectious disease outbreaks and internal incidents such as flood and infrastructure failure.

Poole Hospital has now completed the EPRR (Emergency Planning Response and Resilience) Core standards, audited by Dorset CCG. The following was noted:

- *Strong internal governance and reporting arrangements that have supported engagement with the EPRR agenda*
- *That engagement is reflected in the amount of internal training and exercising held within the Trust and we appreciate the opportunities that have been made to share learning from those with other NHS organisations in Dorset.*
- *Similarly, the sharing of learning from incident debriefs has been appreciated across the Local Health Resilience Partnership.*

Regular training took place throughout the year including awareness of major incidents, business continuity and CBRN when staff first join the Trust and on a three yearly basis for all staff. Specific training for Emergency Department staff and more in depth training for CBRN and major incident trainers is put in place.

The Trust has undergone an external audit of our CBRN equipment, training and planning arrangements; auditors commented as follows:

- *Top level management support for the EPRR programme is apparent and fully committed;*
- *Equipment checks and maintenance programme is dedicated and robust;*
- *Utilisation of Estates team and Porters who are trained in erecting the decontamination tent.*
- *A good number of trainers available to ensure resilience within the hospital.*
- *Excellent procedures and training in place*

The Hospital undertook three exercises this year as follows:

- A Table-top exercise with a scenario of a terrorist incident
- A live multi-agency Major Incident Exercise involving Casualty Union 'actors' (required every 3 years under EPRR Core Standards)
- A live CBRN exercise

Poole Hospital NHS Foundation Trust tests the communications cascade (which will call essential staff into the hospital should an incident occur) on a bi-monthly basis, alternately in and out of hours.

The Trust was required to respond to a number of incidents during 2016-17, these included:

- Junior Doctors industrial action in April 2016;
- Power outages in September 2016, December 2016 and January 2017;
- Electronic Patients Record outage in August 2016.

All of this is achieved with a focus firmly on normalisation of services and maintenance of business continuity, protecting critical and essential services across our three hospital sites.

We continue to provide a relevant training and development programme to staff, with an emphasis on preparedness and resilience and in conjunction with tests and exercises. We have participated in a number of planned communications tests and practice exercises in 2015/16 and continue to draw benefit and learning from real time live critical incidents and business continuity incidents, in areas such hostile threat, utilities failures, capacity pressures and IT infrastructure failures. These incidents provide an invaluable insight and affirmation of our response and business continuity capabilities, demonstrating our ability to effectively and efficiently respond to these incidents.

2.3 Financial Performance

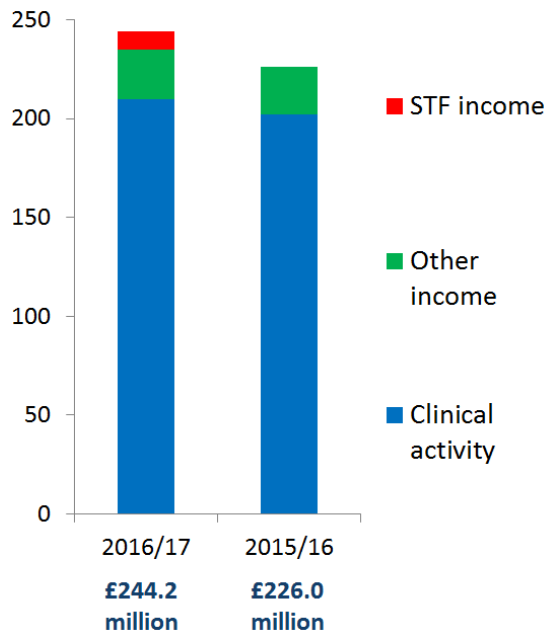
This section summarises the Trust's financial results for the 2016/17 financial year.

Income

During the twelve months to 31 March 2017, the Trust received £244 million in income. This represented an increase of just over 8% on the previous year and included £9.3 million in income earned from the national Sustainability and Transformation Fund (STF, not available in 2015/16) as follows:

Sustainability and Transformation Fund (STF)	2016/17 £m	
Financial: control total	5.5	70%
A&E performance: trajectory	1.0	12.5%
RTT performance: trajectory	1.0	12.5%
Cancer performance: trajectory	0.4	5%
STF Core (planned)	7.9	100%
STF Incentive (£ for £)	0.5	
STF Bonus (share of national balance)	0.9	
	9.3	

Comparative clinical income rose by 4% to £210 million (2015/16 £202 million). This income was directly related to the treatment of patients, with £205 million paid to the Trust by clinical commissioning groups and NHS England.

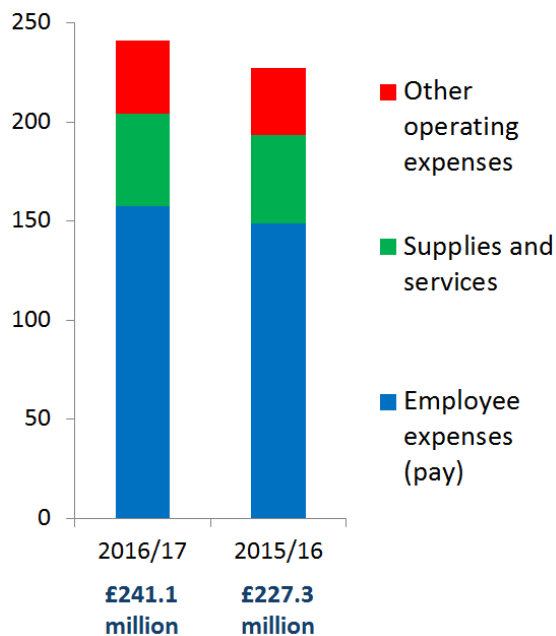


Expenditure

The Trust also saw an increase in expenditure during the year, with £241 million being spent. This was an increase of 6% when compared with the previous year.

Pay costs make up two thirds of operating expenditure and in year, £156 million was spent on pay (£149 million in 2015/16). Expenditure on agency staff reduced by 35% to £3.9 million (£6 million in 2015/16).

Expenditure associated with clinical services and supplies accounted for the second largest element of spend and during the year the Trust spent £47million on such items, of which £23 million was spent on drugs.



Financial Performance

The financial statements for the Trust report a £139,000 surplus (2015/16 £4.1 million deficit).

At the start of the year the Board of Directors agreed to deliver a 'control total' deficit of no more than £0.8 million, in return for the ability to earn up to £7.9m from the national Sustainability and Transformation Fund (STF).

The Trust reported a comparative £0.9 million surplus against the planned £0.8 million 'control total' deficit. A summary reconciliation between the financial statements and performance against the NHS Improvement control total parameters is provided in the table below.

Financial Statements	2016/17 £ million	2015/16 £ million
Income	244.2	226.0
Less: Operating Expenditure	(241.1)	(227.3)
Less: Finance costs	(3.0)	(2.8)
Surplus/(Deficit)	0.1	(4.1)

Performance against Control Total (2015/16 not applicable)	2016/17 £ million	2015/16 £ million
Surplus/(Deficit)	0.1	(4.1)
Add: Impairment	2.0	
Less: Donated capital	(1.2)	
Control Total comparator	0.9	
Planned Control Total	(0.8)	
Improvement against Control Total	1.7	
Of which:		
* Comparative performance	0.3	
* STF incentive and bonus income	1.4	

As a result of delivering an improvement against the agreed financial control total, in addition to all STF performance trajectories, the Trust earned a further £1.4 million from the final distribution of the national Sustainability and Transformation Fund (total STF income £9.3 million).

Discounting for the unplanned £1.4 million STF incentive and bonus income, the like-for-like performance against plan shows an improvement of £0.3 million, which compares to a similar level of improvement to that delivered in the previous two financial years - 2014/15 and 2015/16.

Underpinning this performance in 2016/17, the Trust ran a successful cost improvement programme focusing on increasing efficiency, which enabled the delivery of £9.2 million in savings (3.9% of operating expenses, planned £9.3 million). The Trust achieved these savings without compromising on the standards of care and maintained its track record for strong operational performance throughout the year.

Going Concern

Despite reporting a surplus for 2016/17, the Trust's trading position – excluding £9.3 million in income received from the national Sustainability and Transformation Fund – was an underlying deficit of £9.2 million.

2016/17	Control Total £m	Financial Statements £m
Surplus	0.9	0.1
Less: STF income	(9.3)	(9.3)
Underlying deficit excluding STF income	(8.4)	(9.2)

The Trust's cash balance at the end of March 2017 stood at just over £7 million.

Looking forward to 2017-19 the Trust is planning to operate within 'control total' deficits of no more than £3.1 million and £3 million respectively, after having assumed £6.5 million STF income in each year. Income from the Trust's main commissioner has been agreed at flat cash or 0% in return for no commissioned overall increase in service demand beyond 2016/17 levels. Cost improvement plans (CIPs) of 4.7% and 4% of operating expenses are required in order to bridge the gap between income and expenditure assumptions.

Due to the scale of efficiency and associated cash risk, limited investment has been earmarked in this period beyond that prioritised as being both urgent and essential for safety or business continuity.

The Trust has consistently reported that in the absence of continued STF income and further annual delivery of CIPs in excess of 4%, it may require access to the Department of Health's revolving working capital facility and/ or Interim Support in the form of a Department of Health revenue loan.

In concluding the annual accounts for 2016/17, the Board of Directors is required to formally consider whether it regards the Trust as a 'going concern', which for this purpose is defined as *"having enough cash to remain in operation for the twelve months following the auditor's signature on the annual accounts"*, that is, to June 2018.

The Board has concluded that it is appropriate to prepare the accounts on a going concern basis, based on:

- Delivery of planned financial results: In March 2014, the Trust Board approved a two year operational plan and five year strategic plan. This outlined planned income and expenditure deficits agreed with the regulator to allow Poole Hospital to operationally and strategically reposition itself, post the Competition Commission prohibited merger with the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust and pending the implementation of the Dorset Clinical Services Review. The Trust has over-achieved its plan in each of the three financial years from 2014-17.

Financial performance	Plan £m	Actual £m	Cost improvement Plan £m	
<u>Income and expenditure (I&E)</u>				
Year 1: 2014/15	(3.8)	(3.4)	6.6	3.0%
Year 2: 2015/16	(8.6)	(4.1)	6.7	2.9%
<u>I&E 'Control total'</u>				
Year 3: 2016/17	(0.8)	0.9	9.2	3.9%
Year 4: 2017/18	(3.1)	tbc	10.7	4.7%
Year 5: 2018/19	(3.0)	tbc	9.4	4.0%

- Financial plan: During 2017/18 the Trust is planning to deliver a £3.1 million 'control total' deficit, after having assumed a £10.7 million cost improvement plan (4.7% of operating expenses) and £6.5 million from the national Sustainability and Transformation Fund.
- Contract with commissioners: contracted activity levels agreed with NHS Dorset Clinical Commissioning Group (£154 million) require Poole Hospital to operate within flat resource envelopes based on forecast 2016/17 activity. This planning assumption aligns to the output of the Dorset Clinical Services Review and is consistent across all four Dorset NHS providers. All five parties have collectively agreed an initial plan to deliver effective demand management. Separately, the NHS England contract for 2017/18 (£43 million) ensures that the Trust will be reimbursed with income for any patient activity beyond indicative contracted levels. Poole Hospital continues to plan to achieve core access standards with the exception of the four hour operational standard for A+E waiting times, which is planned to achieve above 90% during each quarter of 2017/18.
- Consistency of ongoing dialogue with, and reporting to, the regulator in relation to the potential need for access to the Department of Health's revolving working capital facility and/ or Interim Support in the form of a Department of Health revenue loan, subject to actual income and expenditure phasing during 2017-19. During its most recent on-site financial review (February and March 2016) the regulator was able to observe good process, grip and control.

The Trust's cash dependency on delivering key operational planning assumptions is consistent with the Trust's operational and strategic plans agreed with the regulator and will continue until such time that a financially sustainable plan is implemented and the associated efficiency benefits realised, as part of the Dorset Clinical Services Review.

The Board of Directors acknowledge that there is a material uncertainty related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern and, that it may be unable to realise its assets and discharge its liabilities in the normal course of business. Specifically, an uncertainty exists around whether the Trust will continue to earn all planned income from the national Sustainability and Transformation Fund (£6.5 million during 2017/18) and continues cost improvement plans above nationally assumed minimum levels (£10.7 million or 4.7% in 2017/18, against a national tariff efficiency factor of 2%). However, these risks are well understood and action can and will be taken to ensure that the risks are managed. The table below summarises the risk and mitigating action that can be taken.

Risk	Mitigating action
Service demand/ activity growth beyond Dorset-wide planned capacity levels.	In the event of the aggregate of Dorset NHS 'control totals' not being delivered across the year, the sharing of financial risk will be determined by the Chief Executives and Directors of finance, working in conjunction with the Dorset senior leadership team and individual Boards of Directors, in order to maximise the receipt of STF income into the Dorset health. This will be informed by those programmes that have under-delivered against planned benefits.
Trust is unable to operate within its planned cost base.	<ul style="list-style-type: none"> • Action already taken in terms of resource and governance processes to ensure 2017/18 cost improvement plans are fully identified and delivered • If the cost base is demonstrably not achievable without risks to patient safety the mitigating action described above relating to the aggregate of Dorset NHS 'control totals' will apply.
Planned income levels not achieved.	<ul style="list-style-type: none"> • The Trust has entered into a Collaborative Agreement with NHS Dorset Clinical Commissioning Group, alongside all four Dorset NHS providers, which is designed to give all five parties confidence on the overall financial envelope available for contracted levels of activity • The NHS England contract for 2017/18 ensures that the Trust will be reimbursed with income for any patient activity beyond indicative contracted levels
Further delayed implementation and benefits realisation associated with the Dorset Clinical Services Review	<ul style="list-style-type: none"> • Negotiate non-recurrent transitional income to support continuity of services at agreed performance and quality levels • Delay planned capital expenditure programme • Delay urgent and essential developments approved during the budget setting process • Increase the cost improvement programme beyond planned levels • Agree advanced payment of contract income with commissioners • Obtain Interim Support funding from national bodies

The accounts do not contain the adjustments required should the Trust not be in a position to continue in operation.

2.4 Environmental Matters

Sustainability

Poole Hospital is committed to reducing its carbon footprint in line with the Climate Change Act (2008). This states that all organisations in the UK must reduce their carbon emissions by 80% by 2050 (against a 1990 baseline), with an interim target of 34% by 2020. The NHS seeks to lead the public sector in carbon reduction, and a new Sustainable Development Strategy for the Health and Care System was launched at the start of 2014 to support this¹.

A Sustainable Development Policy and accompanying Action Plan was published for the Trust in 2014 which outlines the strategy for managing this reduction programme, and delivering ongoing financial and environmental benefits from reduced spending in utilities and waste. This strategy has been separated into a number of different areas of focus. The sections below highlight these areas and outline future priorities and targets.

Energy, water and carbon management

The Trust has been working with British Gas since 2015 on an Energy Performance Contract (EPC) to make guaranteed energy, financial, and carbon savings through a number of measures. During 2016/17 the Trust has installed a new 850 kW Combined Heat and Power (CHP) unit which will supply heat and electricity to the Hospital and save us around £220,000 per year, and 1,900 tonnes of CO². We have also replaced almost 3,000 fluorescent light fittings to low-energy LED's during 2016/17, which will improve the clinical environment and save over £50,000 per year and 240 tonnes of CO².

British Gas will be working with the Trust in 2017/18 to replace our existing heating boiler and steam plant across the estate, upgrade the efficiency of our Air Handling Units (AHU's), and install a new backup generator which will provide complete resilience for the Hospital in an emergency loss of power from the grid. This will also benefit the Trust by taking part in the Government's Capacity Market² schemes such as Short Term Operating Reserve (STOR), and will save us money by reducing our power consumption during the Triad period³.

Smaller projects also include improving our insulation on plantrooms pipework to reduce heat losses, installing steam traps on our steam systems to reduce losses, and installing variable speed drives on pumps to save power.

The Trust continues to invest in energy efficiency improvements where possible, for example during all refurbishments low-energy LED lighting will be installed as standard.

Work has now been completed on the replacement of all lighting to low-energy LED's in the multi-storey car park. This has significantly reduced our energy consumption whilst making the area safer for visitors. The majority of this project was funded through a Salix Finance loan⁴ – which provides public sector organisations with a 100% interest-free source of capital funding to improve energy performance and reduce carbon emissions.

The performance data on page 32 shows the total energy consumption for the Trust and demonstrates the trend in consumption and spend over time. In addition to electricity and gas, the carbon emissions from waste and water are also shown in separate tables over the same period.

¹ This strategy and the supporting modules can be found on the Sustainable Development Unit's (SDU) website here: <http://www.sduhealth.org.uk/policy-strategy/engagement-resources.aspx>

² <http://nationalgridconnecting.com/keeping-the-lights-on/>

³ <http://nationalgridconnecting.com/triads-why-three-is-the-magic-number/>

⁴ More information on Salix Finance can be found on their website at: <http://salixfinance.co.uk/>

Priorities and targets for 2017/18:

- Creation of a Sustainable Development Management Plan (SDMP)
- Installation of new backup generator
- Installation of new heating and steam boilers
- Upgrade of various Air Handling Units (AHU's)
- Investigate & implement water-saving projects across estate

Procurement

The Trust is committed to reducing indirect environmental impacts associated with the procurement of goods and services. A Sustainable Procurement Strategy has been developed in co-operation with the Trust's Commercial Services department during 2016/17. This aims to influence buying patterns and achieve further carbon reduction through the holistic assessment of suppliers – for example awarding suppliers points during tender returns for sustainability criteria.

We have used the Procuring for Carbon Reduction (P4CR) toolkit to identify and understand our carbon reduction opportunities associated with procurement activities.

Priorities and targets for 2017/18:

- Continue to progress our Sustainable Procurement Policy and accompanying action plan
- Organise a training event for procurement and other relevant staff to introduce the concepts of sustainable procurement in practice

Transport and active travel

The Trust recognises the benefits of reducing the negative environmental, health and social impacts of transport and is committed to reducing its carbon footprint and the impact of commuting on the local community from employee-based car travel.

During 2016/17 we have further improved our staff changing facilities by increasing the number of showers available, and refurbishing the main changing/locker facilities for both males and females. We have also appointed a new bike maintenance provider that offers a range of repairs and services for staff whilst they work.

We have introduced a discount bus scheme for staff in 2016, which offers reduced prices on a variety of passes with our local bus company More Bus. This also helps to reduce carbon emissions by reducing the number of vehicles on the road.

Priorities and targets for 2017/18:

- Continue to promote and encourage sustainable forms of transport to staff, patients and visitors
- Continue to improve and maintain facilities for staff cyclists

Waste reduction and recycling

From January 2017 the Trust has achieved zero waste to Landfill, thanks to the appointment of a new clinical waste contractor and re-diverting all of our general/domestic waste to an Energy from Waste (EfW) facility.

A clinical waste segregation project has been launched during 2016/17 which aims to improve understanding about the different clinical waste streams that the Trust uses. This involved the introduction of the tiger-stripe waste stream across all clinical areas, and forms part of a strategy to reduce our annual clinical waste expenditure by over 10%.

The Trust continues to segregate mixed recycling from general waste, and introduce recycling bins into new areas where possible and during refurbishment projects. All household batteries are segregated and recycled for free, and the Trust also earns an income from selling cardboard bales and scrap metal on an on-going basis.

Priorities and targets for 2017/18:

- Further improve clinical waste segregation and awareness
- Continue to roll-out recycling bins across the Trust where possible

Staff engagement and communications

The Trust aims to ensure that all staff, patients, visitors and suppliers are able to effectively engage with and support the Trust's sustainability strategy. A Sustainability Officer was recruited in 2015 and will act as the key contact within the Trust for all related enquiries, as well as promoting actions that the Trust is taking to reduce carbon emissions.

Priorities and targets for 2017/18:

- Continued engagement with staff, patients, and visitors through internal and external communications, for example staff bulletins, magazines and external press releases;
- Take part in sustainability related events throughout the year, and other relevant local/national networks.

Performance data:

Greenhouse gas emissions and energy use:		2012/13	2013/14	2014/15	2015/16	2016/17
Non-financial indicators (tonnes CO ₂ e)	Total gross emissions:	8,027	9,038	8,888	8,566	8,292
	Gross emissions scope 1 (Gas)	3,568	3,324	3,297	3,453	3,190
	Gross emissions scope 2 (Electricity)	4,131	5,408	5,295	4,737	4,763
	Gross emissions scope 3 (Waste/water/business travel)	328	306	296	376	339
Related energy consumption (MWh)	Total consumption:	27,584	29,246	27,677	28,188	27,847
	Electricity	8,322	11,183	9,851	9,468	10,601
	Natural gas	19,262	18,062	17,826	18,720	17,246
Financial indicators (£1,000's)	Expenditure on energy	1,896	1,808	1,796	1,659	1,523
	CRC gross expenditure	96	107	142	130	130
	Expenditure on official business travel	228	176	187	197	194

Waste:		2012/13	2013/14	2014/15	2015/16	2016/17
Non-financial indicators (tonnes)	Total waste:	850	811	872	992	1,011
	High temp disposal waste	408	411	440	462	238
	Domestic incineration (with energy recovery)	-	-	-	-	109
	Landfill	361	310	347	361	290
	Recycled/reused	81	92	84	105	90
Financial indicators (£1,000's)	Total waste cost:	239	243	252	266	302
	Clinical waste	179	185	185	197	229
	Domestic waste	57	55	63	64	68
	Recycled/reused	3	3	4	5	5

Water:		2012/13	2013/14	2014/15	2015/16	2016/17
Non-financial indicators (1,000's m ³)	Water consumption	107	108	105	110	116
Financial indicators (£1,000's)	Water & sewerage costs	307	325	333	303	325
Water usage (m ³) per occupied floor area (m ²):		1.58	1.59	1.55	1.59	1.67

To find out more about the NHS sustainability strategy, or the Climate Change Act (2008) please visit:

NHS Sustainable Development Unit: <http://www.sduhealth.org.uk/>

UK Climate Change Adaptation: <https://www.gov.uk/government/policies/adapting-to-climate-change>

2.5 **Social, Community and Human Rights**

Equality and Diversity

Poole Hospital has a commitment to equality and diversity as a provider of healthcare services and as an employer. The provisions of the Equality Act 2010 are applied across the trust to progress equality and diversity in all services and the employment of our staff.

The Trust's positive approach to equality and diversity is supported by the values of the Poole Approach which promote behaviours that progress the delivery of inclusive services. The Trust's values also ensure equality and diversity are values which are present within the workplace. This was evidenced within the 2016 Staff Survey, with 91% of staff believing the Trust provides equal opportunities for career progression or promotion, placing Poole in the best 20% of acute Trusts nationally.

Equality and diversity training is delivered to all new staff on joining the Trust and within the Core Skills training which all staff attend on a regular basis. This training has a focus on how equality and diversity practice supports the delivery of patient care and secures best practice in employment.

The Trust has an active Equality and Diversity Group, led by an Executive Director, which works to progress equality across services and employment and provide assurances of active and best practice.

The Trust continues to progress the NHS Workforce Race Equality Standard (WRES). This national Standard enables the Trust to look at staff experience across nine workforce indicators to identify and compare the experience of employees from Black and Minority Ethnic backgrounds and White backgrounds. The Trust is positively mentioned within the national NHS Workforce Race Equality Standard 2016 data analysis report for NHS Trusts for practice in relation to equity within the formal employment process of discipline.

The Trust has welcomed and is prepared for the introduction of the NHS Workforce Disability Equality Standard (WDES) in 2017.

The regulators, the Care Quality Commission (CQC), National Trust Development Agency (NTDA) and NHS Improvement use data from the National NHS Staff Survey, the Equality Delivery System and the Workforce Race and Disability Equality Standards to help assess whether NHS organisations are well-led.

The standards are applicable to providers and are subject to the clinical commissioning group's assurance process.

A Fair Employer

The Trust is proud to hold the status of Disability Confident Employer. Awarded by the Department of Work and Pensions this replaced the previously held Jobcentre Plus 'disability symbol'. The award recognises a practical commitment to fairness in our recruitment process, including the Guaranteed Interview Scheme. It also acknowledges the Trust's commitment to both employing disabled people and delivering a range of support to ensure that staff with disability are developed and retained within the Trust.

2.6 Overseas Operations: None

2.7 Protecting patients' information

Information Governance is an important issue for the Trust and the Senior Information Risk Owner (SIRO) and Caldicott Guardian are both Board level appointments, leading the drive to achieve standards for Information Security, Confidentiality and Data Protection, Records Management and Secondary use of Information. The Trust is a signatory to the Dorset Information Sharing Charter (DISC) which highlights our commitment to working more collaboratively with our partners across Dorset. The Trust is also embarking on a major project with the creation of a Dorset Care Record, which will bring together vital information from all services which will assist in providing higher levels of care across Dorset. We take a positive approach to information rights, and protecting people's information rights is a frontline service and we ensure we conform to all legislation requirements by undertaking the following:

- All staff are expected to take a positive approach to their responsibilities, and ensure they understand the importance of information rights and their own responsibility for delivering them;
- Ensuring all staff receive information management/security training, annually by providing regular corporate training sessions, electronic training, ad hoc sessions, which include assessments where an acceptable level must be achieved and making guidance readily available in paper and electronically and also within the Trust library, achieving compliance level of 96.3%;
- Providing clear policies and guidance which are easily accessible to all staff;
- Conducting confidentiality audits throughout the Trust;
- Ensuring all Serious Incidents Requiring Investigation (SIRIs) are reported, investigated and managed in accordance with national requirements. The Trust is committed to monitoring incidents to ensure that they are robustly investigated, appropriate actions are taken which would include action to improve patient safety and that lessons are learned in order to minimise the risk of similar incidents occurring in the future.

Further information in relation to SIRIs can be found below.

The Information Governance (IG) toolkit is a mandatory performance tool consisting of 45 separate criteria covering various areas. The Trust must submit evidence against each criteria, which demonstrates compliance at either level 0 (insufficient), level 1 (limited), level 2 (sufficient) or level 3 (exceptional). The Trust must achieve a minimum of level 2 in all 45 criteria in order to achieve a satisfactory rating. The IG toolkit also gives a percentage score based on the levels achieved with in each criteria across the overall assessment. For 2016/17 the Trust achieved 84% satisfactory for our submission of the Information Governance toolkit to NHS digital.

In 2016/17 the Trust processed 1,667 requests for personal information made under the Data Protection Act 1998.

The number of Freedom of Information requests processed increased again this year to 674 which equated to 3,917 questions.

SUMMARY OF INFORMATION GOVERNANCE SERIOUS INCIDENTS REQUIRING INVESTIGATION (SIRI) INVOLVING PERSONAL DATA AS REPORTED TO THE INFORMATION COMMISSIONER'S OFFICE (ICO) IN 2016-17

During the financial year 2016/17, there was just one information governance related incident assessed as a Level 2 SIRI - an external investigation is still ongoing and it is expected that there will be no requirement placed upon the Trust to take any further action. Additional information is provided below.

Incident reference	IGCSI/8069
Date of incident (month)	October 2016
Status as at date of report publication	Closed
Number of data subjects potentially affected	665
Incident nature	Technical security failing (including hacking)
Format category	Unauthorised access to external electronic system.
Nature of data involved	PHFT staff numbers involved in security breach: <ul style="list-style-type: none"> - 261 current members of staff had information copied. <ul style="list-style-type: none"> o 17 of these had their names, radiation dose history and dates of birth copied.

	<ul style="list-style-type: none"> ○ 244 had only their names and dose history copied. - 404 past members of staff had information copied. <ul style="list-style-type: none"> ○ Of these 320 had only their names and dose history copied. ○ An additional 84 past members of staff had their name, dose history and dates of birth accessed. ○ Of the 84 identified above, 3 also had their national insurance numbers included.
Notification steps	<p>The Trust were notified that an unauthorised third party had gained access to one of Landauar's UK servers, and copied an amount of data. The Trust holds a contract with Landauer Europe Ltd, for the Provision of a Radiation Dosimetry Service. All 261 current staff and 84 past members have been contacted by letter to inform them of the incident and offered appropriate support.</p> <p>Reported to NHS digital / ICO and NHS England</p>
Further action on information risk	<p>This is a collaborative contract, so a number of other organisations were also involved, which is why the external investigation is still ongoing.</p> <p>The Trust has received assurances from Landauer that appropriate actions have been taken to try and prevent such a re-occurrence.</p> <p>A thorough internal investigation has been conducted, and assurances received regarding contractual processes.</p>

SUMMARY OF OTHER PERSONAL DATA RELATED INCIDENTS IN 2016-17

Assessed as level I

Category	Breach Type	Total incidents
A	Corruption or inability to recover electronic data	1
B	Disclosed in Error	25
C	Lost in Transit	0
D	Lost or stolen hardware	1
E	Lost or stolen paperwork	1
F	Non-secure Disposal – hardware	0
G	Non-secure Disposal – paperwork	0
H	Uploaded to website in error	0
I	Technical security failing (including hacking)	0
J	Unauthorised access/disclosure	6
K	Other	2

2.8 Looking ahead

During 2017/18, and as already noted, the Trust is planning to deliver a 'control total' deficit of no more than £3.1 million, after having assumed a £10.7 million cost improvement plan and £6.5 million income from the national Sustainability and Transformation Fund.

The work associated with the Dorset Clinical Services Review continues to be an important feature of planning forward, and the outcome of this work will be of prime importance for patients, staff and all those living in Poole, Bournemouth and the wider Dorset County.

As part of this work, our key priority continues to be developing a sustainable future for the services provided by Poole Hospital, whilst ensuring we continue to maintain the high standards of care that our hospital has a history of providing.

Performance report – signature
Signed by:



Date: 24/5/17
Debbie Fleming, Chief Executive

SECTION B: ACCOUNTABILITY REPORT

3. DIRECTOR'S REPORT

Introduction

As a Foundation Trust, Poole Hospital is run by a Board of Directors. This is made up of both Executive and Non-Executive Directors. The Board of Directors is responsible for setting and achieving the long term strategic goals and key objectives of the foundation trust and ensuring that it meets the terms of its licence.

3.1 Governance and Membership

Council of Governors

The Council of Governors is made up of the Trust Chairman, fourteen public Governors and four staff Governors, who are democratically elected respectively by the public members or the staff members of the Foundation Trust. There are also five appointed Governors from our major partnership organisations. The Council of Governors is responsible for holding the Non-Executive Directors to account for the performance of the Foundation Trust. Whilst not involved in the day-to-day running of the Trust, Governors provide an essential link between our Board of Directors, which is responsible for overseeing the delivery of services, its members (who are the local owners of the Trust) and the community we serve.

The Council of Governors has the powers to appoint the Chairman and Non-Executive Directors of the Trust and to approve the appointment of the Trust's Chief Executive. The Council of Governors also has the powers to remove the Chairman and Non-Executive Directors at a general meeting of the Council of Governors.

Board of Directors

The Board of Directors is made up of Executive Directors and Non-Executive Directors. The Board usually meets once a month (sometimes excluding December) and its role is to determine the overall corporate direction of the Trust and ensure delivery of our goals, contractual targets and regulatory requirements.

The Board has reserved powers to itself covering:

- Regulation and control;
- Appointments;
- Strategy, business plans and budgets;
- Direct operational decisions;
- Financial and performance reporting arrangements;
- Audit arrangements;
- General enabling provision to determine any matter within its statutory powers.

The Board delegates areas of its powers to its Sub-committees (not including executive powers unless expressly authorised). The schedule of delegation for the Board Sub-committees and for the executive committee of the Trust is set out in standing orders.

The Board has given careful consideration to the range of skills and experience required for the running of an NHS Foundation Trust and confirms that the necessary balance and completeness has been in place during the year under report. With regard to succession planning, the process of appointing a new Chairman was presented to the Nominations, Remuneration and Evaluation Committee (NREC), the Board and Council of Governors in April 2016 to ensure adequacy of handover when the current Chairman's tenure comes to an end. The Council of Governors also approved the appointment of an Associated Non-Executive Director with financial experience to enable a comprehensive handover before the departure of one of the Board's Non-Executive Directors who has a financial background. Discussions also took place in July 2016 regarding the future position of the Medical Director.

The Trust has various routes for resolving disagreements between the Board of Directors and the Council of Governors. These include the interventions of the senior independent director and the Deputy Chairman of Governors (who is a Governor). There is also a formal position for resolving any disagreements which can be found at:

[https://www.poole.nhs.uk/pdf/Dispute%20Resolution%20Procedure%20Final%20Version%20\(following%20CoG%201-5-14\).pdf](https://www.poole.nhs.uk/pdf/Dispute%20Resolution%20Procedure%20Final%20Version%20(following%20CoG%201-5-14).pdf)

Non-Executive Directors may have their tenure terminated by their own resignation, through the intervention of NHS Improvement or a decision by the Council of Governors based on the approval of three quarters of the members of the Council of Governors.

Role of the Chairman

The role of the Chairman is to:

- Build a well-balanced and effective Board
- Chair Board and Council meetings, and setting the Board and Council agendas
- Ensure annual review of the Board, Council and the Non-Executive Directors is undertaken
- Encourage constructive challenge at Board meetings
- Ensure appropriate induction and development programmes for the Board and Council
- Ensure effective two way communication between the Board and Council members
- Promote high standards of corporate governance.

Role of the Chief Executive

The role of the Chief Executive is to:

- Be the accounting officer for the Trust
- Develop and implement the Trust's strategic direction and vision statement
- Recommend the annual and strategic plans for the Trust
- Provide leadership to the trust
- Manage the Trust's risk register and establishing internal controls
- Review the Trust's organisational structure and developing the executive Directors
- Ensure that the chairman and Board are kept advised and up to date on Trust business and wider healthcare policy and developments
- Maintain relationships with the council of governors

- Chair the Hospital Executive Group (HEG) of Executive and Clinical Directors, responsible for delivering the Trust's strategic objectives, operational management, service planning and delivery and advising the Board of Directors.

The Trust has a formal statement regarding the division of responsibilities between the chairman and Chief Executive as required by Monitor's (now NHS Improvement's) code of governance and this can be found on our website:

<https://www.poole.nhs.uk/pdf/D23%20-%20Chairman%20v%20Chief%20Executive%20Responsibilities%20Statement.pdf>

Role of the Non-Executive Directors

The role of the Non-Executive Directors is to:

- Provide effective leadership and appropriate challenge at the Board
- Assist in the development of strategic focus for the Trust bringing individual expertise
- Serve on the Board Sub-committees
- Assist with senior clinical appointment panels for the Trust.

Role of the executive Directors

The role of the Executive Directors is to:

- Support the Chief Executive in implementing the Trust's strategic direction and vision
- Ensure that performance and quality targets are met
- Provide leadership for the day to day running of the Trust
- Implement the Trust's annual plan
- Mitigate risks within the Trust to ensure internal controls
- Review individual organisational structures to ensure succession planning.

Role of the Vice Chairman

The role of the Vice Chairman is to:

- Chair Board and Council of Governors meetings in the absence of the Chairman
- Support the Chairman on Board related matters as required
- Deputise for the Chairman's day to day role in times of absence.

Role of the Senior Independent Director

The role of the Senior Independent Director is to:

- Be available to Governors and members on matters which cannot be resolved by the Chairman or Chief Executive
- Be involved in the process for evaluating the performance of the Chairman
- Lead a meeting of the Non-Executive Directors to evaluate the Chairman's performance, as part of the process agreed with the Council of Governors for appraising the Chairman

- Liaise with the Chairman, and Company Secretary, in relation to setting the agenda of the Council of Governors.

Board evaluation

During the autumn of 2016 a well-led review following NHS Improvement's Well Led Framework was conducted by GE Healthcare, Finnamore (the Foresight Centre). The review also included the completion of a self-assessment by all Board members, following the Well-Led Framework. The Board approved the outcome of the Well-Led Review at its January 2017 meeting and the action plan arising from the review.

Board Development

The Board has continued its ongoing development through its Board seminars and externally facilitated events including:

- Board Assurance Framework
- Duty of Candour
- Control totals and the sustainability and transformation fund
- Outcome of the Well-Led self-assessment
- Charitable funds governance
- Stroke Services
- The outcome of the Well-Led Framework review
- Lord Carter review
- Colorectal services and surgical robotics
- Commercial Strategies
- The Leadership Improvement Framework and developing a People Strategy

The Board also engaged in joint development sessions with the Governors in June, November and December 2016, which included presentations on:

- End of life care and "building on the best"
- Dementia friends and carers
- Staff recruitment and retention and the agency cap
- Dorset Vanguard and the Dorset Clinical Services Review
- National Cancer Strategy
- Mandatory training

3.2 Key activities of the Board

The Board has continued to focus, as a key priority, on safety and quality of the services it provides whilst ensuring an effective response to the mounting in year pressures on services and resources. Visits to clinical and non-clinical areas for Non-Executive Directors have taken place during the year.

The financial statements for the Trust report a £139,000 surplus (2015/16 £4.1 million deficit). At the start of the year, the Board agreed to deliver a "control total" deficit of no more than £0.8 million against which the Trust has reported a comparative £0.9 million surplus. A summary reconciliation between the financial statements and performance against NHS Improvement control total parameters is provided on page 26.

Underpinning this performance in 2016/17, the Trust ran a successful cost improvement programme focusing on increased efficiency, which enabled the delivery of £9.2 million in savings (3.9% of operating expenses, planned £9.3 million). The Trust achieved these savings without compromising on the standards of care and maintained its track record for strong operational performance throughout the year. The Trust's cash balance at the end of March 2017 stood at just over £7 million.

The Board continues to engage fully with the Dorset Clinical Services Review and the Dorset acute care vanguard.

During the past year the Board has devoted time and received regular reports and updates from the Director of Nursing, the Medical Director, the Chief Operating Officer, the Director of Workforce and Organisational Development and the Finance Director, on key quality issues. The Board received its first reports from the Guardian of Safe Working and continues to receive quarterly Mortality Reports, alongside a number of additional quality focussed reports each month. There has been an increased focus on agency expenditure, following implementation of the agency cap by NHS Improvement, from a finance perspective and workforce perspective. A patient's story continues to be presented to the Board each month.

The Trust underwent its Care Quality Commission inspection in January 2016 and received the outcome in May 2016 as "requires improvement". The Trust was "good" for "Effective", "Caring" and "Well Led" with 31 out of 39 services assessed as "good" including one "outstanding".

The Board has carefully considered and reviewed the development of the Sustainability and Transformation Plan for Dorset in the interests of whole system working whilst ensuring robust plans are developed across the system to manage demand.

The Board has paid attention to updates to the regulatory regimes in relation to Monitor's Risk Assessment Framework and subsequently NHS Improvement's Single Oversight Framework and its regular bulletins.

The Board has also been fully cognisant of its own development needs and following the Well-Led Review in the autumn of 2016, an action plan was developed with the recommendations aligned to quality improvement, leadership culture, the development of a People Strategy and Strategy.

3.3 Working with Governors

The Trust has a formal engagement document which was updated in September 2016, that sets out how the Board of Directors works with the Council of Governors to ensure the Directors have an understanding of the views of Governors and members and Directors are invited to the Council of Governors meetings. The document underlines the importance of frequent informal communication in building a positive and constructive relationship, and outlines formal communication methods and can be found on our website:

<https://www.poole.nhs.uk/about-us/Board-of-Directors/Board-governance-arrangements.aspx>

Communications between the Council and the Board may occur with regard to, but shall not be limited to:

- The Board of Directors' proposals for the strategic direction of the Trust and the annual plan

- The Board of Directors' proposals for developments
- Trust performance
- Involvement in service reviews and evaluation relating to the Trust's services.

3.4 **Members of the Board of Directors and attendance at Board meetings**

Angela Schofield, Chairman

Date of appointment: 16 May 2011

Date of expiry: 15 May 2017



Angela joined the Trust from her previous position as Chairman of NHS Bournemouth and Poole. She also has close links with Bournemouth University where she was joint head of school at the Institute of Health and Community Studies. She has also previously been Vice-Chair of Bournemouth Teaching Primary Care Trust.

Angela has a professional background as a healthcare manager. Formerly Chief Executive of an NHS Trust in Yorkshire and general manager of Poole Bay Primary Care Group, she has also held academic posts at the Health Services Management Unit, at the University of Manchester.

Other Directorships and registered interests*

Trustee - Brendon Care

Other committee memberships

Appointments Committee

Council of Governors

Finance and Investment Committee

Nominations, Remuneration and Evaluation Committee

Remuneration Committee

Philip Green, Non-Executive Director; Vice Chairman and Chairman of the Audit and Governance Committee (from 1 December 2015)

Date of appointment: 25 April 2015

Date of expiry: 24 April 2018



Philip has more than 30 years' experience of working in the aerospace industry having spent 14 years at BAE Systems and more recently with Meggitt PLC, a FTSE100 company, initially in the role of group company secretary and now in the position of Executive Director, Commercial and Corporate Affairs.

He was appointed to the Board of Meggitt PLC in 2001 and is also president of Meggitt-USA Inc.

Other Directorships and registered interests*

Director - Meggitt PLC

Director - various subsidiaries of Meggitt PLC

Other committee memberships

Appointments Committee

Audit and Governance Committee

Quality, Safety and Performance Committee

Remuneration Committee

Hugh Marshall, Non-Executive director; Chairman of the Finance and Investment Committee

Date of appointment: 1 December 2016

Date of expiry: 30 November 2019



Hugh is an independent strategy and corporate finance advisor. He is currently Director of Vidijs Consulting which provides strategy, business development and corporate finance advisory services to central government departments and their agencies as well as large scale private sector companies - particularly those which have significant business activity with the public sector. He advises in the UK, Australia and New Zealand.

Other Directorships and registered interests*

Director – Vidijs Consulting Pty Ltd

Director – Curis Integrated Solutions Ltd with 20% ownership

Other Committee Memberships

Audit and Governance committee

Appointments committee

Remuneration committee

Ian Marshall, Non-Executive Director; Chairman of the Finance and Investment Committee (until 30 October 2016)

Date of appointment: 1 February 2011

Date of expiry: 30 October 2016



Ian is a chartered accountant and has worked in industry, banking and insurance for the past 40 years, moving to Non-Executive Director roles in the mid-1990s. He is currently Chairman of a Lloyds of London insurance syndicate which insures marine, energy, professional liability and other commercial risks. In 2008 he was appointed as a senior advisor to the Financial Services Authority, where he advises on Board and governance matters. Apart from commercial appointments, Ian is honorary treasurer and council member of the children's charity Barnardo's, and an active worker with two microfinance charities in Malawi, which he visits twice a

year.

Other Directorships and registered interests*

Director – Markel Capital Holdings
Director – Markel Syndicate Management Limited
Director – Markel International Insurance Company Limited
Director – Ian Marshall Limited
Director – Khama Design
Senior Advisor – Prudential Regulatory Authority of the Bank of England
Specialist Insurance Advisor – Treasury Select Committee
Director – Micro Enterprise Africa

Other Committee Memberships

Appointments Committee
Audit and Governance Committee (from 1 December 2015)
Finance and Investment Committee
Remuneration Committee
Workforce and Organisational Development Committee (until 30 November 2015)

Dr Calum McArthur, Non-Executive Director; Chairman of Quality, Safety and Performance Committee

Date of appointment: 1 November 2014

Date of expiry: 31 October 2017



Surgeon Rear Admiral Calum McArthur, who retired from the Royal Navy at the end of 2014, took up the role with Poole Hospital's Board of Directors on 1 November. He is the Head of Joint Medical Command for HM Forces and Royal Navy Medical Director General and also a practising GP.

Other Directorships and registered interests*

Medical examiner - Capita Medical Group
Sessional GP covering HMP IOW – Med Co Locum Agency
GP appraiser – Health Education Wessex
Co-opted Member – Combat Stress

Other committee memberships

Appointments Committee
Finance and Investment Committee (until 30 November 2015)
Quality, Safety and Performance Committee
Remuneration Committee
Workforce and Organisational Development (from 1 December 2015)

Caroline Tapster, Non-Executive Director; Chairman of Finance and Investment Committee (October to January 2017)

Date of appointment: 1 December 2015

Date of expiry: 30 November 2018



Caroline has spent the last 30 years working in local government and the NHS in Dorset, East Sussex and Kent. She joined Hertfordshire County Council in 1995 becoming Director of Adult Care Services in 2001, and was appointed Chief Executive in 2004. During this time she was a Governor of Oakland's FE College, President of Hertfordshire Agricultural Society, a Board member of Hertfordshire PCT, and was awarded an Honorary Doctorate from the University of Hertfordshire.

She has been a Board Member of SOLACE, a past Chairman of ACCE, a member of numerous National Advisory Groups and Government Reviews and has served as a Non-Executive director of the Disclosure and Barring Service and as a Trustee of the Terence Higgins Trust. She is currently Director of Health and Wellbeing System Improvement for the Local Government Association.

Other Directorships and registered interests*

Director - Health and Wellbeing by the Local Government Association.

Sister-in-law is employed as a secretary in Gastroenterology

Other committee memberships

Appointments Committee

Finance and Investment Committee

Quality, Safety and Performance Committee

Remuneration Committee

David Walden, Non-Executive Director

Date of appointment: 1 December 2015

Date of expiry: 30 November 2018



David Walden CBE was a Senior Civil Servant in the Department of Health from 1989 to 2004. Previous appointments also include: Director at the Social Care Institute for Excellence, Strategy Director at the Commission for Social Care Inspection, Transition Director establishing the Regulator of NHS Foundation Trusts (Monitor) and Director of Anchor Trust. In the early 1990s he was Director of Human Resources at Poole Hospital. David also sits on the Board of Affinity Trust, which provides services for learning disabled people, and the Barchester Foundation.

Other Directorships and registered interests*

Board member – Affinity Trust

Trustee – Barchester Healthcare Foundation

Occasional consultancy work for the Department of Health and the Local Government Association

Other committee memberships

Appointments Committee
Audit and Governance Committee
Remuneration Committee
Workforce and Organisational Development Committee

Nick Ziebland, Non-Executive Director; Senior Independent Director (from 1 December 2015) and Chairman of the Workforce and Organisational Development Committee

Date of appointment: 31 August 2011

Date of expiry: 30 August 2017



Nick is a former executive at the British Airports Authority (BAA), having previously worked for companies including J Sainsbury and Imperial Group. He has also served as a Non-Executive director for the South East Coast Strategic Health Authority and as an independent committee member for Dorset Community Health Services.

Other Directorships and registered interests*

Non-Executive director – Local Food Links
Mental Health Act Hospital Manager – Dorset Healthcare University NHS Foundation Trust
Trustee – Bridport Art Centre

Other committee memberships

Appointments Committee
Audit and Governance Committee
Remuneration Committee
Workforce and Organisational Development Committee

Debbie Fleming, Chief Executive

Date of appointment: 1 April 2014



Debbie brings with her over 30 years' experience in the NHS. She joined Poole Hospital from NHS England, where she served as area director for Wessex, and has also held a variety of other senior posts within the NHS including more than a decade in Chief Executive roles at Bournemouth & Poole and Hampshire primary care Trusts. Her appointment as Chief Executive marks a return to Poole Hospital for Debbie. She began her NHS management career at the hospital and enjoyed ten years as the Trust's general manager for medicine during the 1990s.

Other Directorships and registered interests*

Member – Wimborne Academy Trust

Other committee memberships

Appointments Committee
Finance and Investment Committee

Paul Miller, director of strategy (director of finance until 30 April 2015)

Date of appointment: 1 May 2015



Paul brings 20 years' NHS Board experience to the role, including 15 as a director of finance, and joins us from Avon and Wiltshire Mental Health Partnership NHS Trust, where he was employed as the director of business development and deputy Chief Executive. Paul was also the Chief Executive of Velindre NHS Trust in Wales for four years.

Other Directorships and registered interests*

Wife is deputy Director of Finance of NE Hampshire and Farnham CCG
Coach/mentor (part time) - Healthcare Financial Management Association

Other committee memberships

Mark Mould, Chief Operating Officer

Date of appointment: 7 April 2014



Mark joined us from University Hospital of North Staffordshire NHS Trust, where he has provided key operational leadership in a number of senior roles, including acting chief operating officer and deputy chief operating officer. Mark's extensive NHS experience also includes Salford Royal Hospital NHS Trust.

Other Directorships and registered interests*

50% share in property rental company
Trustee – Poole Africa Link
Wife owns Iskinicare Ltd (aesthetics business in Dorset)

Other committee memberships

Finance and Investment Committee
Quality, Safety and Performance Committee
Workforce and Organisational Development Committee

Tracey Nutter, Director of Nursing (Director of Nursing until 31 January 2017)

Date of appointment: 1 April 2014

Date of termination: 31 January 2017



Tracey has substantial experience as a clinical leader in the NHS and has been employed as the director of nursing at Salisbury NHS Foundation Trust for the last ten years. Her 30-year NHS career spans a number of large, complex organisations, including Southampton University Hospitals NHS Trust and Barts and The Royal London NHS Trust.

Other Directorships and registered interests*

None

Other committee memberships

Quality, Safety and Performance Committee
Workforce and Organisational Development Committee

Patricia Reid, Director of Nursing

Date of appointment: 6 February 2017



Patricia is a highly experienced nurse and senior manager with extensive NHS experience. She joins us from Luton and Dunstable University Hospital where she was chief nurse. She also has a wide variety of experience outside of the NHS, including serving as clinical editor of the Nursing Times and being on the Board of the British Medical Journal as their first ever nurse representative.

Other Directorships and registered interests*

None

Other committee memberships

Quality, safety and performance committee
Workforce and organisational development committee

Mark Orchard, Director of Finance

Date of appointment: 1 May 2015



Mark joined Poole Hospital as our Director of Finance in May 2015 having previously held finance director posts at NHS Bournemouth and Poole and more latterly, at NHS England (Wessex). Mark has also held the commissioning finance director role for Bristol, North Somerset and South Gloucestershire.

Mark is also the national president for the Healthcare Financial Management Association (HFMA) which is the professional body supporting healthcare finance skills development across the UK

Other Directorships and registered interests*

President - Healthcare Financial Management Association

Other committee memberships

Finance and Investment Committee

Workforce and Organisational Development Committee

Mr Robert Talbot, Medical Director

Date of Appointment: 1 April 2008



Robert is a consultant colorectal surgeon who established the department of colorectal surgery at Poole Hospital. Robert was visiting scientist at the Mayo Clinic, Rochester, Minnesota, and a fellow at St Mark's Hospital for Diseases of the Colon and Rectum. He was medical director of the Dorset Cancer Network from 2003 until 2008.

Other Directorships and registered interests*

Wife is matron in oncology at Poole Hospital

Other Committee Memberships

Quality, Safety and Performance Committee

Workforce and Organisational Development Committee

* Interests recorded as at 31 March 2017

In addition, during the year the following served on the Board in a non-voting capacity:

- Judy Saunders, Director of Human Resources and Organisational Development (to July 2016)
- Jacqueline Cotgrove, Director of Workforce and Organisational Development (August 2016)

Clinical members of the Hospital Executive Group also attend the Board of Director meetings as part of their on-going development.

In compliance with paragraph B.3.3 of the Monitor code of governance for NHS Foundation Trusts, no Executive Director holds more than one Non-Executive Directorship of an NHS Foundation Trust or another organisation of comparable size and complexity during 2016/2017.

All of the Non-Executive Directors are considered to be independent by the Board of Directors.

The Chairman has no other significant commitments

As far as each individual director of Poole Hospital NHS Foundation Trust is aware, there is no relevant audit information of which the Foundation Trust's auditors are unaware. Each Director has taken all steps that they ought to have taken as a Director in order to make themselves aware of any relevant audit information and to establish that the Foundation Trust's auditor is aware of that information.

A Director is regarded as having taken all the steps that they ought to have taken as a director in order to do the things mentioned above, and:

- Made such enquiries of his/her fellow Directors and of the company's auditors for that purpose; and
- Taken such other steps (if any) for that purpose, as are required by his/her duty as a director of the company to exercise reasonable care, skill and diligence.

The Board of Directors has approved a policy for the provision of any non-audit service that might be provided by the Trust's external auditor. This policy removes any unnecessary restrictions on the purchase of services from the external auditor but ensures that any non-audit service provided by them cannot impair or cannot be seen to impair the objectivity of their opinion on the financial statements. The Trust's current auditors, Deloitte, were appointed in October 2012 and have not provided any non-audit services to the Trust since appointment.

ATTENDANCE AT BOARD OF DIRECTORS' MEETINGS 2016/2017

NAME OF COMMITTEE	BOARD OF DIRECTORS											
	MEETING DATES											
Membership (Voting Members)	27 April 2016	25 May 2016	29 June 2016	27 July 2016	31 August 2016	28 September 2016	26 October 2016	30 November 2016	14 December 2016	25 January 2017	01 March 2017	29 March 2017
ANGELA SCHOFIELD Chairman	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
DEBBIE FLEMING Chief Executive	✓	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	✓
PHILIP GREEN Non-Executive Director	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓	✓
IAN MARSHALL ¹ Non-Executive Director	✓	✓	✓	x	✓	x	✓					
HUGH MARSHALL ² Non-Executive Director								x	x	✓	x	✓
CALUM MCARTHUR Non-Executive Director	✓	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
PAUL MILLER Director of Strategy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	✓
MARK MOULD Chief Operating Officer	✓	✓	✓	✓	✓	✓	x	x	✓	✓	✓	✓
TRACEY NUTTER ³ Director of Nursing	x	✓	✓	✓	x	✓	✓	✓	✓			

MARK ORCHARD Director of Finance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
PATRICIA REID ⁴ Director of Nursing												✓	✓
ROBERT TALBOT Medical Director	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	✓
CAROLINE TAPSTER Non-Executive Director	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓	✓
DAVID WALDEN Non-Executive Director	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓	✓
NICK ZIEBLAND Non-Executive Director	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	✓
Other Directors (non-voting members)													
JUDY SAUNDERS ⁵ Director of HR + Org. Development	✓	✓	x	✓									
JACQUELINE COTGROVE ⁶ Director of HR + Org. Development					x	✓	✓	✓	✓	✓	✓	✓	✓
Was the meeting quorate?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

¹ Ian Marshall's tenure ended on 30 October 2016

² Hugh Marshall began his tenure as Non-Executive Director on 1 December 2016

³ Tracey Nutter ended her role as Director of Nursing on 31 January 2017

⁴ Patricia Reid began her role as Director of Nursing on 6 February 2017

⁵ Judy Saunders ended her role as Director of HR and Organisational Development on 31 July 2017

⁶ Jacqueline Cotgrove began her role as Director of Workforce and Organisational Development on 1 August 2016

3.5 **Audit and Governance Committee**

Chairman : Philip Green, Non-Executive Director

The Audit and Governance Committee, which consists of four Non-Executive Directors of the Trust, other than the Chairman, has an important role to play in ensuring we conduct our financial affairs within an environment of honesty and integrity.

The main objectives of the 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 Board of Directors 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.

Full terms of reference for the committee can be found on our website:

<https://www.poole.nhs.uk/about-us/Board-of-Directors/Board-sub-committees/audit-and-governance-committee.aspx>

A full annual report of the committee is presented to the council of governors each July and can be found within the published agenda and papers on our website:

<https://www.poole.nhs.uk/about-us/council-of-governors/public-council-meetings.aspx>

The Audit and Governance Committee meets five times a year. Its governance cycle includes:

Reports for scrutiny:

- External Audit plans, investigations and findings
- Internal Audit plans, investigations and findings
- Counter Fraud Service plans and findings
- Authorisation of tenders
- Losses and special payments
- Information Governance
- Compliance with the Monitor's (NHSI's) terms of licence
- Compliance with the Monitor's (NHSI's) code of governance
- Standing Financial Instructions
- Reservation and delegation of powers
- Draft Board Governance Statement
- Draft Annual Governance Statement
- Quality Governance Framework
- Draft Annual Report and Accounts
- Going Concern review
- Organisational risks
- Board Assurance Framework
- Emergency preparedness and business continuity plans
- Raising Concerns policy
- Clinical audit system.

Additionally the committee has considered during the year:

- Non-Clinical Policies and Procedures Review
- Medical Devices Management
- Reference Cost Assurance Audit
- Estate Revaluation and asset lives
- Energy Performance Contract Review
- Private Patient's Office – assurance process
- Safe and secure storage of medicines
- Review of scheme of delegation

In scrutinising the 2016/2017 annual report and accounts the committee found it to be:

Fair – In representing a true representation of the issues encountered by the Trust

Balanced – In presenting a consistent view of the Trust and its performance

Understandable – in using straightforward language in an easy to read manner with defined and well linked sections.

Internal Audit

Internal auditors assist the audit and governance 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 and governance committee on such matters. The internal audit function is provided by TIAA.

Based on the work undertaken in the year, reasonable assurance' can be given that there is generally a sound system of internal control, designed to meet the organisation's objectives and that controls are generally being applied consistently. However, some weaknesses in the design and/or inconsistent application of controls put the achievement of particular objectives at risk.

The following audits were provided with a "substantial' assurance opinion:

- Data Quality
- Clinical Coding
- Board Assurance Framework and Risk Management
- Nurse Revalidation

The key areas where only a "reasonable assurance" opinion or a "limited assurance" opinion was provided are listed below. For all the recommendations made, actions have been agreed with management to address the weaknesses identified.

- Complaints Management
- NICE Guidance
- Theatre Safety
- Volunteer Service
- Financial Accounting and Payroll
- Energy Performance Contract
- Review of Agency Spend Controls
- Review of Medical Devices Management
- Review of IT Business Continuity and Network Security

External Auditors

The role of external auditors is to provide an independent audit opinion on the annual report and accounts, as well as providing a limited assurance opinion on the quality report. In January 2016 the council of governors, approved a two year extension for Deloitte as the external auditors. The assessment of the effectiveness of the external audit process is a matter for the Director of Finance.

The key elements for the framework of assessment of effectiveness of the external audit process employed by the Director of Finance include a review of performance in relation to the contracted service specification, the standard of audits conducted, the recording of any adjustments, the timeliness of reporting, the availability of the Auditor for discussion and meetings on key issues, and the quality of reporting to the Audit and Governance Committee, the Board of Directors and the Council of Governors. Using this framework the Director of finance as at 31 March 2017 is satisfied with the effectiveness of the external audit process.

Significant issues considered by the committee in receiving the accounts

The significant audit risks which were identified as part of the overall audit were:

1. Going concern due to the level of forecast deficit for 2017/18 and the significant Cost Improvement Plan programme required to deliver the plan;
2. Property valuations, with judgements relating to the assumptions used in performing the revaluations. The Trust is required to hold property assets within Property, Plant and Equipment at valuation which will be on a modern equivalent basis. The Trust has had an independent valuation carried out, which was carried out by a new external valuer.

3. Management override of controls due to a heightened risk across the NHS that management may override controls to fraudulently manipulate the financial statements of accounting judgements or estimates. External audit did not, however, identify any significant bias in the key judgements made by management.

AUDIT AND GOVERNANCE COMMITTEE ATTENDANCE REGISTER 2016/2017

NAME OF COMMITTEE:	AUDIT AND GOVERNANCE COMMITTEE					
REPORTS TO :	BOARD OF DIRECTORS					
Membership (as per Terms of Reference).	MEETING DATES					
	19 May 2016	25 May 2016 *	18 July 2016	19 October 2016	19 January 2017	15 March 2017
PHILIP GREEN Chairman / Non-Executive Director	✓	✓	✓	✓	✓	✓
IAN MARSHALL ¹ Non-Executive Director	✓	✓	✓	x		
HUGH MARSHALL ² Non-Executive Director					x	✓
DAVID WALDEN Non-Executive Director	✓	✓	✓	✓	✓	✓
NICK ZIEBLAND Non-Executive Director	✓	✓	✓	✓	✓	✓
In attendance:						
ANGELA SCHOFIELD Trust Chairman	x	✓	✓	x	x	x
<i>Executive Directors/Deputies</i>	4	6	5	6	3	3
<i>External Audit</i>	2	2	0	2	2	2
<i>Internal Audit</i>	1	1	1	1	1	1
<i>Counter Fraud</i>	1	0	1	1	1	1
Was the meeting quorate? Y/N	Y	Y	Y	Y	Y	Y

* Special meeting of the audit and governance committee and finance and investment committee with attendance of Mr Marshall and Mrs Tapster

¹ Ian Marshall's tenure ended on 30 October 2016

² Hugh Marshall joined the committee on 1 December 2016

3.6 Finance and Investment Committee

Chairman: Ian Marshall, Non-Executive Director - until 30 October 2016
 Caroline Tapster, Non-Executive Director – until 31 January 2017
 Hugh Marshall, Non-Executive Director – from 1 February 2017

The Finance and Investment Committee is a Sub-committee of the Board of Directors.

The committee receives detailed monthly financial reports so that it can ensure the use of our financial resources is robust. It sets the policy for and scrutinises cash investments, reviews detailed business cases, oversees the progress of agreed capital investments and reviews financial planning and budgeting processes.

Membership of the committee comprises of a Non-Executive Director (Chairman), Director of Finance, Chief Operating Officer, Chief Executive, Director of Strategy and two other Non-Executive Directors. Other senior managers may attend on an ad hoc basis as requested by the committee.

The committee meets at least monthly prior to the Board meeting or more frequently if required.

FINANCE AND INVESTMENT COMMITTEE ATTENDANCE REGISTER 2016/2017

NAME OF COMMITTEE	FINANCE AND INVESTMENT COMMITTEE											
REPORTS TO:	BOARD OF DIRECTORS											
Membership (as per Terms of Reference).	MEETING DATES											
	25 April 2016	25 May 2016	25 May 2016*	27 June 2016	25 July 2016	30 August 2016	26 September 2016	24 October 2016	28 November 2016	23 January 2017	27 February 2017	27 March 2017
IAN MARSHALL ¹ (Chairman) Non-Executive Director	✓	✓	✓	✓	x	✓	✓	✓				
HUGH MARSHALL ² (Chairman) Non-Executive Director									✓	✓	x	✓
DEBBIE FLEMING Chief Executive	✓	✓	x	✓	x	✓	x	✓	✓	✓	✓	✓
PAUL MILLER Director of Strategy	✓	x	x	✓	✓	✓	✓	✓	✓	✓	x	✓
MARK MOULD Chief Operating Officer	x	✓	x	✓	✓	✓	✓	x	✓	✓	✓	✓
MARK ORCHARD Director of Finance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
ANGELA SCHOFIELD Trust Chairman	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
CAROLINE TAPSTER Non-Executive Director	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

In attendance:												
Deputy Director of Finance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Was the meeting quorate? Y/N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

* Extraordinary finance and investment committee meeting

¹ Ian Marshall's tenure ended on 30 October 2016

² Hugh Marshall began his tenure as Non-Executive Director on 1 December 2016.

3.7 Quality, Safety and Performance Committee

Chairman: Calum McArthur, Non-Executive Director

The quality, safety and performance committee is a Sub-committee of the Board of Directors.

The committee receives detailed quality, safety and performance reports so that it can ensure that patient safety and quality of services meet registrations and compliance requirements.

Membership of the committee comprises two Non-Executive Directors (one of which chairs the committee), the Director of Nursing, Medical Director and Chief Operating Officer.

The committee meets bi-monthly, or more frequently if required.

QUALITY, SAFETY AND PERFORMANCE COMMITTEE ATTENDANCE REGISTER 2016/2017

NAME OF COMMITTEE:	QUALITY, SAFETY AND PERFORMANCE COMMITTEE					
REPORTS TO :	BOARD OF DIRECTORS					
Membership (as per Terms of Reference).	MEETING DATES					
	23 May 2016	25 July 2016	26 September 2016	28 November 2016	23 January 2017	27 March 2017
CALUM MCARTHUR (Chairman) Non-Executive Director	✓	✓	✓	✓	✓	✓
PHILIP GREEN Non-Executive Director	✓	✓	✓	✓	✓	✓
MARK MOULD Chief Operating Officer	✓	✓	✓	✓	✓	✓
TRACEY NUTTER ¹ Director of Nursing	✓	✓	✓	✓	x	

PATRICIA REID ² Director of Nursing						✓
ROBERT TALBOT Medical Director	✓	✓	✓	✓	✓	✓
CAROLINE TAPSTER Non-Executive Director	✓	✓	✓	✓	✓	✓
In attendance:						
DEBBIE FLEMING Chief Executive	x	x	x	✓	✓	✓
ANGELA SCHOFIELD Trust Chairman	x	x	✓	x	x	x
Assistant Director of Nursing	✓	x	x	✓	✓	✓
Chief Pharmacist	✓	✓	x	x	x	x
Internal Auditor	x	x	x	x	x	x
Was the meeting quorate?	Y	Y	Y	Y	Y	Y

¹ Tracey Nutter ended her role as Director of Nursing on 31 January 2017

² Patricia Reid began her role as Director of Nursing on 6 February 2017

3.8 Workforce and Organisational Development Committee

Chairman: Nick Ziebland, Non-Executive Director

The workforce committee is a sub-committee of the Board of Directors.

The committee receives detailed workforce related reports so that it can ensure that workforce capacity and capability is assured for the future strategic direction of the Trust.

Membership of the committee comprises of three Non-Executive Directors (one of which chairs the committee), the Director of Workforce and Organisational Development, Director of Nursing, Medical Director and Chief Operating Officer.

WORKFORCE AND ORGANISATIONAL DEVELOPMENT COMMITTEE ATTENDANCE REGISTER 2016/2017

NAME OF COMMITTEE:	WORKFORCE AND ORGANISATIONAL DEVELOPMENT COMMITTEE					
REPORTS TO :	BOARD OF DIRECTORS					
Membership (as per Terms of Reference).	MEETING DATES					
	25 April 2016	4 July 2016	30 August 2016	24 October 2016	12 December 2016	27 February 2017
NICK ZIEBLAND (chairman)	✓	✓	✓	✓	✓	✓

Non-Executive Director						
JACQUELINE COTGROVE ¹ Director of Workforce + Organisational Development				✓	✓	✓
CALUM MCARTHUR Non-Executive Director	x	x	✓	✓	✓	✓
MARK MOULD Chief Operating Officer	x	x	✓	✓	x	✓
TRACEY NUTTER ² Director of Nursing	x	✓	x	✓	✓	
PATRICIA REID ⁵ Director of Nursing						✓
JUDY SAUNDERS ³ Director of HR+Organisational Development	✓	✓				
MARK ORCHARD ⁴ Director of Finance				✓	✓	✓
ROBERT TALBOT Medical Director	x	x	✓	✓	x	x
DAVID WALDEN Non-Executive Director	✓	x	✓	✓	x	✓
In attendance:						
ANGELA SCHOFIELD Trust Chairman	x	✓	x	x	✓	x
DEBBIE FLEMING Chief Executive	x	✓	✓	x	x	✓
Was the meeting quorate? Y/N	Y	Y	Y	Y	Y	Y

¹ Jacqueline Cotgrove began her role as Director of Workforce & organisational development on 1 August 2016

² Tracey Nutter ended her role as Director of Nursing on 31 January 2017

³ Judy Saunders ended her role as Director of HR & organisational development on 31 July 2016

⁴ Mark Orchard, Director of Finance joined the committee on 1 October 2016

⁵ Patricia Reid, Director of Nursing began her role as Director of Nursing on 6 February 2017

3.9 Appointments Committee

The Appointments Committee makes the executive appointments to the Board of Directors. It is made up of the Chairman and Non-Executive Directors of the Board of Directors. The Chief Executive is a member except when an appointment of the Chief Executive is discussed. The Director of Workforce and Organisational Development attends except when his/her own appointment is discussed.

- The committee met on 25 May 2016 to approve the appointment of the Director of Workforce and Organisational Development
- The committee met on 27 July 2016 to approve the job description, person specification and advert for the Director of Nursing
- The committee met on 28 September 2016 to approve the appointment of the Director of Nursing

Appointments to Executive Director posts are made in open competition and can only be terminated by the Board of Directors.

APPOINTMENTS COMMITTEE ATTENDANCE REGISTER 2016/2017

NAME OF COMMITTEE:	APPOINTMENTS COMMITTEE		
REPORTS TO :	BOARD OF DIRECTORS		
Membership (all Non-Executive Directors as per terms of reference)	MEETING DATES		
	25 May 16	27 July 16	28 September 16
Angela Schofield, Chairman	✓	✓	✓
Philip Green, Non-Executive Director	✓	✓	✓
Ian Marshall, Non-Executive Director	x	x	x
Calum McArthur, Non-Executive Director	x	✓	✓
Caroline Tapster, Non-Executive Director	✓	✓	✓
David Walden, Non-Executive Director	✓	✓	✓
Nick Ziebland, Non-Executive Director	✓	✓	✓
Debbie Fleming, Chief Executive	✓	✓	x
In attendance			
Judy Saunders, Director of HR and Organisational Development	✓	x	x
Was the meeting quorate? Y / N	Y	Y	Y

3.10 Council of Governors

The Council is made up of the Trust Chairman, fourteen elected Public Governors, four elected Staff Governors, and five nominated by partner organisations Governors.

The Council plays 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. It also has specific responsibilities, set out in the National Health Service Act 2006 and the Health and Social Care Act 2012, in relation to the 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 met on five occasions in 2016/2017 with the individual attendance recorded in the table on page 64.

The Trust is committed to embedding transparency and accountability. The Trust recognises it has a specific responsibility to inform NHS Improvement of any potential breach of the provider licence at the earliest practicable opportunity. The Trust believes that its robust and effective engagement policy would ensure this is done should it be necessary. The Trust does not currently foresee any circumstances whereby it would be necessary for the governors to have to inform NHS Improvement of any possible breaches.

The Council is chaired by the Chairman of the Trust, and Nick Ziebland, Non-Executive Director was the senior independent director for the period of this report and was available to the Council of Governors if they had concerns about the performance of the Board of Directors, compliance with the provider licence or welfare of the Trust, which contact through the normal channels of Chairman or Chief Executive, failed to resolve or for which such contact is inappropriate.

The council's lead Governor is Sandra Yeoman (Vivien Duckenfield was lead Governor until 31 October 2016) Geoffrey Carleton is deputy Chairman of Governors (Elizabeth Purcell was deputy Chairman until 31 October 2016)

During 2016/17 the Council of Governors was made up as follows:

Elected representatives for Bournemouth:

- Terence Purnell (until 31 October 2016)
- Brian Newman (from 1 November 2016)
- Jan Hanlon (from 1 November 2016)

Elected representatives for Poole:

- Paul Chappell
- Christine Cooney (from 1 November 2016)
- John Daniels (from 1 November 2016)
- Vivien Duckenfield (until 31 October 2016)
- Sarah Holmes
- Carol Morgan
- Richard Negus
- Linda Nother
- Elizabeth Purcell (until 31 October 2016)
- Sandra Yeoman

Elected representatives for Purbeck, East Dorset & Christchurch:

- Geoffrey Carleton (from 1 November 2016)
- Rosemary Gould (until 31 October 2016)
- Marilyn Osner
- Subrata Sen

Elected representative for North and West Dorset, Weymouth, Portland and rest of England:

- James Myles

Elected staff representatives:

- Lynn Cherrett (clinical staff) (until 31 October 2016)
- Lucinda Parker (clinical staff) (from 1 April 2016)
- John Payne (clinical staff) (from 1 April 2016)
- Frances Rye (clinical staff) (from 1 April 2016)
- Graham Whittaker (non-clinical staff)

Nominated representatives from partner organisations:

- Cllr David Jones, Dorset County Council
- Cllr Bobbie Dove, Bournemouth Borough Council (from 1 May 2016)
- Prof Sonal Minocha, Bournemouth University
- Dr David Richardson, Dorset Clinical Commissioning Group
- Cllr Ann Stribley, Borough of Poole

Details of governors' declaration of interests which relate to the business of the Trust can be viewed on our public website: <https://www.poole.nhs.uk/about-us/council-of-governors.aspx> or contact the Committee and Membership Administrator, on 01202 442895.

Governor training and development

The Council of Governors set up in 2014/15 a reference group called the Governor Training and Development Reference Group. This is chaired by a Governor and supported by the Company Secretary. The group sets out the development of the Governors for the year and continue their focus of training and development sessions for the whole Governor body and provide individual training as required. They also agreed to continue the membership to the South West Governor Exchange Network and continue joint development sessions with the Board of Directors.

The Council of Governors held three development events during the period of the report with the Board members:

June 2016 the Governors had an away day with the Board of Directors: in the morning they had presentations on end of life care and building on the best and dementia friends and carers. In the afternoon presentations were provided on leading and supporting the changes needed in the workforce and discussion around the Dorset Clinical Services Review and the Acute Care Vanguard.

In November 2016 the Governors and Board had an away day: in the morning they had presentations on Diabetes and the 10 point training programme, social media and an externally facilitated session on what is being an effective Governor. There was networking and informal discussions over lunch between the Board and Council. In the afternoon there were presentations and discussion on the national cancer strategy and mandatory training elements.

December 2016 the Governors were joined by the Board of Directors to discuss the process by which the Board and Council of Governors would respond to the Dorset Clinical Services Review with facilitated discussion around the consultation questions.

The governors' development plan covers:

- developing membership engagement and growth
- developing the engagement with Directors
- developing the informal reference group
- developing the role of the governor
- developing resources.

The Council has sent representatives to the South West Governors Exchange Network enabling governors from each Foundation Trust to meet up to three times a year to discuss matters of mutual interest and network with colleagues.

All Governors are provided with an induction and receive appropriate updates on the publications; “Your Statutory Duties: A Reference Guide for NHS Foundation Trust Governors” and the “Guide to Monitor for NHS Foundation Trust Governors”. These documents are also supported by a Trust Governor reference manual.

The Council is kept fully informed through governor briefings and clinical presentations throughout the year, some of which members of the Trust are invited to.

The Council will continue to develop further the membership and its engagement with members through the overarching membership strategy and the Membership Engagement Reference Group.

The Chairman takes steps to ensure that governors have the skills and knowledge they require to undertake their role. This includes access to a comprehensive induction process and development training events.

Elections

A notice of election was published in August 2016 for five public seats, one in the Purbeck, East Dorset and Christchurch constituency, one in the Bournemouth constituency, three in the Poole constituency and two staff Governor seats, one in the clinical constituency and one in the non-clinical constituency. All seven seats are to commence a three year term of office.

- The public seat for the Purbeck, East Dorset and Christchurch constituency was uncontested on 5 September 2016 with Geoffrey Carleton taking the seat.
- The public seat for the Bournemouth constituency was uncontested on 5 September 2016 with Jan Hanlon taking the seat.
- The staff seat for clinical staff was uncontested on 5 September 2016 with Lucinda Parker taking the seat.
- The public seats for the Poole constituency closed on 13 October 2016 and Christine Cooney, John Daniels and Linda Nother were elected.
- The staff seat for non-clinical staff closed on 13 October 2016 and Graham Whittaker was elected.

All elections were held in accordance with the election rules set out in the Trust’s constitution.

Governor expenses

During the period of 2016/17 five Governors claimed expenses for mileage and related car parking charges to attend meetings or training events both locally and nationally, totalling £543.78

Wherever possible Governors will car share when attending events in the region.

COUNCIL OF GOVERNORS 2016/2017 ATTENDANCE REGISTER AND TERMS OF OFFICE

Name	Constituency	Type of Membership	Appointment Date	Appointment Expires	Meeting Dates				
					28 April 2016	28 July 2016	29 September 2016*	27 October 2016	19 January 2017
Mrs Angela Schofield	Chairman of the Council of Governors	n/a	n/a	n/a	✓	✓	✓	✓	✓
AVM Geoffrey Carleton	Purbeck, East Dorset and Christchurch	Elected 3 years	01.05.09 01.11.12 01.11.16	30.04.12 31.10.15 31.10.19					x
Mr Paul Chappell	Poole	Elected 3 years	28.07.14	27.07.17	✓	✓	x	✓	✓
Ms Lynn Cherrett	Clinical staff	Elected 3 years	01.11.07, 01.11.10, 01.11.13	31.10.16	✓	✓	✓	✓	
Mrs Christine Cooney	Poole	Elected 3 years	01.11.16	31.10.19					✓
Mr John Daniels	Poole	Elected 3 years	01.11.16	31.10.19					✓
Ms Bobbie Dove	Borough of Bournemouth	Appointed 3 years	09.05.16	08.05.19		x	✓	x	x
Mrs Vivien Duckenfield	Poole	Elected 3 years	01.11.07, 01.11.10, 01.11.13	31.10.16	✓	✓	✓	✓	
Mrs Rosemary Gould	Purbeck, East Dorset and Christchurch	Elected 3 years	01.11.07, 01.11.10, 01.11.13	31.10.16	✓	✓	✓	✓	
Mrs Jan Hanlon	Bournemouth	Elected 3 years	01.11.16	31.10.19					✓
Mrs Sarah Holmes	Poole	Elected 3 years	01.11.15	31.10.18	✓	✓	✓	✓	✓
Mr David Jones	Dorset County Council	Appointed 3 years	01.07.10 09.07.13	19.04.13 08.07.16	x	x	x	✓	x
Dr Sonal Minocha	Bournemouth University	Appointed 3 years	25.09.15	24.09.18	x	✓	x	✓	✓
Mrs Carol Morgan	Poole	Elected 3 years	26.06.14	25.06.17	✓	✓	✓	✓	✓
Mjr James Myles	North and West Dorset, Weymouth, Portland and rest of England	Elected 3 years	01.11.15	31.10.18	✓	x	x	x	✓

Name	Constituency	Type of Membership	Appointment Date	Appointment Expires	Meeting Dates				
					28 April 2016	28 July 2016	29 September 2016*	27 October 2016	19 January 2017
Mr Richard Negus	Poole	Elected 3 years	01.11.15	31.10.18	✓	✓	✓	✓	✓
Mr Brian Newman	Bournemouth	Elected 3 years	01.11.09, 01.11.12, 01.11.15	31.10.18	✓	✓	✓	✓	✓
Mrs Linda Nother	Poole	Elected 3 years	01.11.13, 01.11.16	31.10.19	✓	✓	✓	✓	✓
Ms Marilyn Osner	Purbeck, East Dorset and Christchurch	Elected 3 years	01.11.15	31.10.18	✓	✓	x	x	✓
Mr John Payne	Clinical- Staff	Elected 3 years	01.04.16	31.03.19	✓	✓	✓	x	✓
Ms Lucinda Parker	Clinical – Staff	Elected 3 years	01.11.16	31.10.19					✓
Mrs Elizabeth Purcell	Poole	Elected 3 years	01.11.07, 01.11.10, 01.11.13	31.10.16	✓	✓	✓	✓	
Mr Terence Purnell	Bournemouth	Elected 3 years	01.11.07, 01.11.10, 01.11.13	31.10.16	✓	✓	✓	✓	
Dr David Richardson	Dorset Clinical Commissioning Group	Appointed 3 years	09.10.15	08.10.18	✓	x	✓	✓	✓
Ms Frances Rye	Clinical - staff	Elected 3 years	01.4.16	31.03.19	x	✓	x	x	x
Dr Subrata Sen	Purbeck, East Dorset and Christchurch	Elected 3 years	01.05.15	30.04.18	x	x	✓	✓	✓
Mrs Ann Stribley	Poole Borough Council	Appointed 3 years	27.06.11, 27.06.14	26.06.17	✓	✓	✓	✓	✓
Mr Graham Whittaker	Non-Clinical Staff	Elected 3 years	01.11.13	31.10.16	✓	x	x	✓	✓
Mrs Sandra Yeoman	Poole	Elected 3 years	01.11.09, 01.11.12, 01.11.15	31.10.18	✓	✓	✓	✓	x

No. of Public Governors attending	13	12	11	13	12
No. of Appointed Governors attending	1	2	3	3	3
No. of Staff governors attending	3	3	2	2	3
Was the meeting quorate? Y/N	Y	Y	Y	Y	Y

*extraordinary private meeting

BOARD MEMBER ATTENDANCE AT THE COUNCIL OF GOVERNORS 2016/2017

	28 April 2016	28 July 2016	29 September 2016*	27 October 2016	19 January 2017
DEBBIE FLEMING Chief Executive	x	x	✓	✓	✓
PHILIP GREEN Non-Executive Director	x	x	x	x	✓
JACQUELINE COTGROVE ¹ Director of Workforce + Organisational Development			✓	x	x
IAN MARSHALL ² Non-Executive Director	x	x	x	x	
CALUM MCARTHUR Non-Executive Director	✓	x	x	x	✓
PAUL MILLER Director of Strategy	✓	✓	✓	x	
MARK MOULD Chief Operating Officer	x	x	x	x	
TRACEY NUTTER ³ Director of Nursing	x	✓	✓	✓	
MARK ORCHARD Director of Finance	✓	✓	x	x	✓
JUDY SAUNDERS ⁴ Director of HR + Organisational Development	x	x			
PATRICIA REID ⁵ Director of Nursing					
ROBERT TALBOT Medical Director	✓	✓	x	✓	✓
CAROLINE TAPSTER Non-Executive Director	x	x	x	x	✓
DAVID WALDEN Non-Executive Director	x	x	x	x	✓
NICK ZIEBLAND Non-Executive Director	✓	✓	✓	✓	✓
HUGH MARSHALL ⁶ Non-Executive Director				x	x

* Extraordinary private meeting of the Council

¹ Jacqueline Cotgrove began her role as Director of workforce and organisational development on 1 August 2016

² Ian Marshall's tenure ended on 31 October 2016

³ Tracey Nutter ended her role as Director of nursing on 31 January 2017

⁴ Judy Saunders ended her role as Director of human resource & organisational development on 31 July 2017

⁵ Patricia Reid began her role as Director of nursing on 6 February 2017

⁶ Hugh Marshall's tenure began on 1 December 2017

3.11 Nominations, Remuneration and Evaluation Committee (NREC)

The Council of Governors is required to establish a committee consisting of all or some of its members to assist in carrying out the specified functions relating to the appointment of the Chair and Non-Executive Directors; the review of the structure, composition and performance of the Board; and the remuneration of the Chairman and Non-Executive Directors. The committee is chaired by the Trust Chairman, and comprises two public members, one appointed member, and one staff member. Members during 2016/17 were the Trust Chairman and:

- Lynn Cherrett (elected staff governor, clinical) (to 31 October 2016)
- Linda Nother (elected public governor, Poole)
- John Payne (elected staff governor, clinical) (from 1 November 2016)
- Ann Stribley (appointed governor, Borough of Poole)
- Sandra Yeoman (elected public governor, Poole)

Business for the committee during 2016/2017:

On 28 April 2016 the committee considered:

- Annual report of the work of the Nominations, Remuneration and Evaluation Committee
- Recommendation to council on remuneration and allowances of Chairman and Non-Executive Directors
- Process for the appointment of a new Trust Chairman
- Absent Governor
- Non-Executive Director appointment update.

On 4 July 2016 the committee considered electronically:

- Chairman job description, job advert, person specification and remuneration.

On 28 July 2016 the committee considered:

- 2015/16 annual appraisal of Chairman and Non-Executive Directors
- Non-Executive Director appointment update
- Remuneration and allowance of Chairman and Non-Executive Directors
- Governor representation on NREC.

On 27 October 2016 the committee considered:

- Position regarding the Non-Executive Director role
- Process of stakeholder meetings with candidates for the position of Trust Chairman
- Absent governors.

On 19 January 2017 the committee considered:

- Governance cycle
- The process of performance evaluation for the Chairman and Non-Executive Directors for 2016/17
- Review of NREC Terms of Reference
- Absent governors.

During the year an interview panel consisting of members of the committee met to review applications, shortlist and undertake a formal interview for the recommendation of one new Non-Executive Director.

In addition, an interview panel consisting of members of the committee and the Senior Independent Director met to review applications, shortlist and undertake a formal interview for the recommendation of a new Trust Chairman.

During 2016/2017, on the recommendation of the NREC, the Council of Governors approved:

- The appointment of one new Non-Executive Director (H Marshall)
- The appointment of the new Trust Chairman (S Erskine)
- The remuneration and allowances of the Chairman and Non-Executive Directors
- The outcome of the 2015/2016 Chairman and Non-Executive Director appraisal.

NOMINATIONS, REMUNERATION & EVALUATIONS COMMITTEE ATTENDANCE 2016/2017

Name	Constituency	Meeting Dates				
		28 April 2016	4-11 July 2016 *	28 July 2016	27 October 2016	19 January 2017
Mrs Angela Schofield	Chairman	✓	✓	✓	✓	✓
Mrs Lynn Cherrett	Clinical staff	✓	✓	✓	✓	
Mrs Linda Nother	Poole	✓	✓	✓	✓	✓
Mr John Payne	Clinical staff					✓
Cllr Ann Stribley	Borough of Poole	✓	✓	x	✓	✓
Mrs Sandra Yeoman	Poole	✓	✓	✓	✓	x
<i>In attendance</i>						
Mr Nick Ziebland	Senior independent Director	✓	✓	x	✓	✓
Mrs Judy Saunders	Director of HR & OD	✓	x			
Mrs Jacqueline Cotgrove	Director of Workforce & OD				✓	x
Was the meeting quorate? Y/N		Y	Y	Y	Y	Y

*Electronically facilitated meeting

3.12 Membership

Poole Hospital NHS Foundation Trust has a public constituency and a staff constituency. The public constituency has four classes. These are based on geographical areas that reflect our general, emergency and specialist service catchment areas; local government boundaries; and population numbers. They are:

- Poole
- Purbeck, East Dorset and Christchurch
- Bournemouth
- North Dorset, West Dorset, Weymouth and Portland (including the rest of England)

The staff constituency is divided into two classes: clinical and non-clinical.

Anyone aged 12 and over who lives in England and is not employed by Poole Hospital can become a public member.

At 31 March 2017 the Trust had 6517 public members. The target was to achieve a year-end total of 6,700 members.

The Council's Membership Engagement and Recruitment Group have agreed a year-end target of 6,700 members for 2017/18. Governors are targeting recruitment to achieve a sign up of new members of 100 per quarter to achieve this target and will continue to work with the local college to promote membership to younger people.

The staff and volunteer members total was 4925. All staff and volunteers are members of the Trust automatically unless they choose to opt out.

The membership broadly reflects the populations the Trust serves in terms of diversity. However, as may be expected given the demographics of the local area, the Trust has proportionally slightly more members in the women and older age groups.

A breakdown by constituency is provided here for information

Public constituency	
Poole	3,388
Purbeck, East Dorset and Christchurch	1,799
Bournemouth	946
North and West Dorset, Weymouth, Portland and rest of England	366
	6,499

Staff constituency	
Clinical	3665
Non-clinical (including volunteers)	1260
	4925

Membership Development Strategy

The main aim of the Trust's Membership Development Strategy is to:

- have a meaningful membership that is interested in the future of the Trust and is representative of the community we serve;
- ensure that members have a say in helping us develop the future quality and type of services provided;
- use our membership base to strengthen our links with the community and all stakeholders.

In line with the strategy, the major membership activity has concentrated on the following areas:

- outsourcing part of the membership recruitment to an external agency to increase the membership of the hospital;
- increasing governor participation in the recruitment and engagement of members;
- organising membership events to increase opportunities for membership engagement and participation;
- working to increase overall public membership number in line with agreed annual targets;
- working to grow a representative membership.

Governors attended a number of public events and venues, including:

- Local Women's institutes and townswomen guilds
- WRVS Café
- Poole libraries
- Retirement clubs
- Yacht clubs
- Rotary clubs.

Elected Governors listen to and represent the opinion of the Trust members on a whole range of issues including the objectives, priorities and strategy within the Trust's forward plan. The listening takes place, throughout the year, on an informal basis with one to one governor member contact, clinical presentation events, focussed member event, a range of membership recruitment opportunities and the Trust's Annual Members' Meeting. The Governors are given the opportunity to communicate those opinions expressed by members directly or via the Council's Membership Engagement and Recruitment Group or the Council's Future Plans and Priorities Group to the Council of Governors.

Appointed Governors are able to present the views of their appointing bodies on the objectives, priorities and strategy within the Trust's forward plan directly or via the Council's Future Plans and Priorities Group to the Council of Governors.

The council reserves time in its future plans and priorities group and at formal Council of Governor meetings governance cycles to pay particular attention to the Trust's forward plan.

Those views expressed to the council of governors are communicated to the Board of Directors via the annual planning processes.

The Membership Engagement and Recruitment Reference Group of the Council of Governors had four meetings during the year. The group is chaired by a Governor and is supported by the company secretary team.

Recruitment and engagement events during the year took place in the hospital, local libraries and events. Links have continued with the Bournemouth and Poole College where promotion of membership is provided to existing and new students.

Contact with members has also taken place through individual contact, open events, public meetings and Trust literature.

The Trust held its Annual Members' Meeting on 19 September 2016. Members were invited via the membership newsletter, Foundation Talkback. The event was publicised in the local press, on our website and throughout the hospital. The event was well attended with presentations on robotic surgery and the Da Vinci surgical robot and looking to the future, both of which were very well received.

The Trust newsletter for members, Foundation Talkback, is published three to four times a year and as well as informing members of a range of activities and events taking place a column is provided for governors to give an overview of their role. This gives the Governors an opportunity to highlight the relevance of their role and to encourage membership engagement with the Trust.

The Trust held clinical presentations arranged to give the Governors an overview of a particular service. Members will be invited to these events each year in order to gain a broader understanding of the work of Poole Hospital.

The Staff Governors are available via email whereby staff members can express views on services and developments within the hospital. This is then anonymously fed back to the Chairman and Chief Executive of the Trust.

Members may contact the Council of Governors through the membership office by telephone 01202 448723, in writing, by email members.contact@poole.nhs.uk or via our website www.poole.nhs.uk. These details are publicised in Foundation Talkback, our membership newsletter, on membership application forms and on our website.

3.13 Code of Governance Compliance Statement 2016/17

Monitor, now NHS Improvement, the independent regulator of NHS foundation Trusts, has produced a Code of Governance, which consists of a set of principles and provisions which may be viewed on NHS Improvement's website:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/327068/CodeofGovernanceJuly2014.pdf

Poole Hospital NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

NHS Foundation Trusts are required to provide a specific set of disclosures to meet the requirements of the *NHS Foundation Trust Code of Governance*, which should be submitted as part of the Annual Report (as referenced in the *NHS Foundation Trust Annual Reporting Manual*). The relevant provisions and disclosures are set out here and include;

1. Provisions A.2.2, A 5.10, A.5.11, A.5.12, A.5.13, A.5.14, A.5.15, B.2.11, B.2.12, B.2.13, B.4.3, B.5.8, B.7.3, B.7.4, B.7.5, D.2.4, E.1.7 and E.1.8 are statutory requirements with which the Trust must comply. There is no requirement to report on these provisions but the Trust confirms that it is compliant with all the statutory requirements as identified in these provisions from the code of governance.
2. Provisions as set out in A below require a supporting explanation, even in the case that the Trust is compliant with the provision.
3. Provisions A.1.3, B.1.4, B.2.10, B.3.2, C.3.2, D.2.1, E.1.1 and E.1.4 require the relevant information to be made publicly available. Poole Hospital Foundation Trust can confirm that all the relevant information has been made publicly available and it is compliant with all the requirements of these provisions from the code of governance. Some of the information is available on request and some is made available on the Trusts website.
4. Provision B.7.1 requires that the Governors of the Trust have been given all relevant information in line with the code provisions. The Trust confirms that all Governors of the Trust have been provided with relevant information and it is compliant with all the requirements of this provision from the code of governance.
5. Provision B.7.2 requires that the members of Poole Hospital Foundation Trust have been given relevant information in line with the code. The Trust can confirm that the members have been provided with all relevant information and it is compliant with all the requirements of this provision from the code of governance.
6. Provisions as set out in B below require an explanation if the Trust has departed from them.
7. Provisions as set out in C below require an explanation as the Trust partially meets or does not meet the requirements of the listed provisions from the code of governance.

A. The provisions requiring a supporting explanation are listed below, even in the case that the Trust is compliant with the provision. Where the information is already contained within the annual report, a reference to its location has been supplied.

Relevant statutory requirements		Compliance Y/N	Evidence or Non Compliance Explanation
A.1.1.	The Board of Directors should meet sufficiently regularly to discharge its duties effectively. There should be a schedule of matters specifically reserved for its decision. The schedule of matters reserved for the Board of Directors should include a clear statement detailing the roles and responsibilities of the council of governors (as described in A.5). This statement should also describe how any disagreements between the council of governors and the Board of Directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the Board of Directors and the council of governors operate, including a summary of the types of decisions to be taken by each of the Boards and which are delegated to the executive management of the Board of Directors. These arrangements should be kept under review at least annually.	YES	All in place: <ul style="list-style-type: none"> • Disagreement statement- page 39 • Summary of decisions- page 41-42 • Board responsibility/ operating/ statement- pages 38 • Decision statement- pages 41-42
A.1.2.	The annual report should identify the chairperson, the deputy chairperson (where there is one), the Chief Executive, the senior independent Directors (see A.4.1) and the chairperson and members of the nominations, audit and remuneration committees. It should also set out the number of meetings of the Board and those committees and individual attendance by Directors.	YES	Meetings and attendance registers- Pages 51, 52, 55, 56, 57, 58, 59, 60

Relevant statutory requirements		Compliance Y/N	Evidence or Non Compliance Explanation
A.5.3.	The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor. A record should be kept of the number of meetings of the council and the attendance of individual governors and it should be made available to members on request.	YES	Council of Governors and supporting details- pages 60-65
B.1.1.	The Board of Directors should identify in the annual report each Non-Executive Director it considers to be independent, with reasons where necessary.	YES	Board of Directors - page 50
B.1.4.	The Board of Directors should include in its annual report a description of each Director's skills, expertise and experience. Alongside this, in the annual report, the Board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS Foundation Trust.	YES	Director's skills, expertise and experience – pages 43-50 Statement on balance, completeness and appropriateness - page 39
B.2.10.	A separate section of the annual report should describe the work of the nominations committee(s), including the process it has used in relation to Board appointments.	YES	NREC Committee- page 67-68 Appointments Committee – page 59-60
B.3.1.	A chairperson's other significant commitments should be disclosed to the council of governors before appointment and included in the annual report. Changes to such commitments should be reported to the council of governors as they arise, and included in the next annual report.	YES	The Chairman does not have any other significant commitments.

Relevant statutory requirements		Compliance Y/N	Evidence or Non Compliance Explanation
B.5.6.	Governors should canvass the opinion of the Trust's members and the public and for appointed governors the body they represent, on the NHS foundation Trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the Board of Directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	YES	Membership section – page 69-71
B.6.1.	The Board of Directors should state in the annual report how performance evaluation of the Board, its committees, and its Directors, including the chairperson, has been conducted.	YES	Evaluation of the Board- page 41 External facilitator review - page 41
B.6.2.	Where an external facilitator is used for reviews of governance, they should be identified and a statement made as to whether they have any other connection with the Trust.	YES	External facilitator review- page 41
C.1.1.	The Directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation Trust's performance, business model and strategy. There should be a statement by the external auditor about their reporting responsibilities. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report).	YES	Director's Statement- page 99 Auditor's Statement- page 54-55 Annual Governance Statement - pages 100-110

Relevant statutory requirements		Compliance Y/N	Evidence or Non Compliance Explanation
C.2.1.	The annual report should contain a statement that the Board has conducted a review of the effectiveness of its system of internal controls.	YES	Page 54
C.2.2.	A Trust should disclose in the annual report: (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.	YES	Page 53
C.3.5.	If the council of governors does not accept the audit committee's recommendation on the appointment, reappointment or removal of an external auditor, the Board of Directors should include in the annual report a statement from the audit committee explaining the recommendation and should set out reasons why the council of governors has taken a different position.	YES	N/A Would do so in the event.

Relevant statutory requirements		Compliance Y/N	Evidence or Non Compliance Explanation
C.3.9.	<p>A separate section of the annual report should describe the work of the audit committee in discharging its responsibilities. The report should include:</p> <ul style="list-style-type: none"> the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed; an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded. 	YES	Audit Committee- pages 52-55
D.1.3.	Where an NHS foundation Trust releases an executive Director, for example to serve as a Non-Executive Director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the Director will retain such earnings.	YES	<p>Currently N/A</p> <p>Refer to Remuneration Committee Terms of Reference. (Director of workforce and organisational development)</p>
E.1.4	Contact procedures for members who wish to communicate with governors and/or Directors should be made clearly available to members on the NHS foundation Trust's website.	YES	Contact processes on website, foundation talkback newsletter and within the annual report.

Relevant statutory requirements		Compliance Y/N	Evidence or Non Compliance Explanation
E.1.5	The Board of Directors should state in the annual report the steps they have taken to ensure that the members of the Board, and in particular the Non-Executive Directors, develop an understanding of the views of governors and members about the NHS foundation Trust, for example through attendance at meetings of the council of governors, direct face to face contact, surveys of members' opinions and consultations.	YES	Board engagement with council of governors policy statement- page 42
E.1.6.	The Board of Directors should monitor how representative the NHS foundation Trust's membership is and the level and effectiveness of member engagement and report on this in the annual report.	YES	Member engagement- pages 69-71

B. Departure from the code: The code requires that the provisions A.1.4, A.1.5, A.1.6, A.1.7, A.1.8, A.1.9, A.1.10, A.3.1, A.4.1, A.4.2, A.4.3, A.5.1, A.5.2, A.5.4, A.5.5, A.5.6, A.5.7, A.5.8, A.5.9, B.1.2, B.1.3, B.2.1, B.2.2, B.2.3, B.2.4, B.2.5, B.2.6, B.2.7, B.2.8, B.2.9, B.3.3, B.5.1, B.5.2, B.5.3, B.5.4, B.6.3, B.6.4, B.6.5, B.6.6, B.8.1, C.1.2, C.1.3, C.1.4, C.3.1, C.3.3, C.3.6, C.3.7, C.3.8, D.1.1, D.1.2, D.1.4, D.2.2, D.2.3, E.1.2, E.1.3, E.2.1 and E.2.2 require an explanation if the Trust has departed from the code. The relevant provisions and explanations regarding the code are included here.

Code Provisions		Compliance Y/N	Evidence or Non Compliance Explanation
D.2.3.	The council of governors should consult external professional advisers to market-test the remuneration levels of the chairperson and other Non-Executives at least once every three years and when they intend to make a material change to the remuneration of a Non-Executive.	PARTIAL	See Council of Governors/Nominations, Remuneration and Evaluations Committee papers. The salaries for the Chairman and NEDs have remained the same since November 2007, with minor amendments for equality taking place for the additional roles as Vice Chairman, SID and chairmen of subcommittees and has not commissioned external professional advisers.

C. Areas of Non Compliance with the Code

1) Explanation Re: Provisions; the Board considers the Trust has met the provisions of the code with the exception of the following areas where the Trust explains where has not met or has only partially met the provisions;

- a) **Provision D.2.3** of the code states that the Council of Governors should consult external professional advisers to market-test the remuneration levels of the Chairman and other Non-Executives at least once every three years and when they intend to make a material change to the remuneration of a Non-Executive.

***Explanation;** the salaries of the Chairman and NEDs have remained the same since November 2007 with minor amendments for equality taking place for the extra roles as Vice Chairman, SID and chairmen of subcommittees and has not commissioned external professional advisers.*

4. REMUNERATION REPORT

4.1 Annual Statement of Remuneration

Major decisions on senior managers' remuneration and terms of service, including salary arrangements for newly appointed Directors, changes to individual remuneration arrangements and amendments to salary ranges are made by the Trust's Remuneration Committee.

The Remuneration Committee reviews the remuneration arrangements for Executive Directors. It is made up of the Chairman of the Board of Directors and all the Non-Executive Directors of the Board.

The Director of Workforce and Organisational Development attends except when his/her own performance and/or salary are discussed. The Chief Executive attends to provide advice on issues concerning the performance of Directors and salary ranges, except when his/her own performance and/or salary are discussed.

2016/2017 saw changes to the executive team, which are summarised in the notes to the table on page 66.

During 2016/2017, the Remuneration Committee met to agree the following:

- on 27 April 2016 to consider the remuneration of the post of Director of Workforce and Organisational Development and;
- on 27 July 2016 to approve the minutes of the last meeting, receive and note the letter from the Secretary of State regarding very senior managers' pay, consider the remuneration of the post of Director of Nursing, receive the report of the Chief Executive on the performance of Executive Directors in 2015/16, receive the report of the Chairman on the performance of the Chief Executive in 2015/16 and consider the remuneration of Executive Directors.

The tables on page 85 provide details on the salaries and entitlements received by all Directors and incorporate the changes listed above. Further information on the context for changes that took place during the year is provided in the notes to those tables.

Further detail on attendance at the Remuneration Committee during 2016/2017 is outlined in the table on page 83

Chairman, Remuneration Committee

4.2 Senior manager's remuneration policy

All Executive Directors are employed on a Trust contract. Directors' remuneration packages do not include any additional components other than salary and entitlement to be part of the standard NHS pension scheme.

Executive Directors' remuneration is managed through a process of objective setting and annual appraisals. Salaries are reviewed by the Trust's remuneration committee following the executive appraisal cycle. Where a senior manager receives more than £142,500 the Trust satisfies itself that this remuneration is reasonable by reference to NHS Providers benchmarking data on Executive Directors' remuneration. The Trust does not consult with employees with regard to senior manager's remuneration policy.

All operational practice is in line with employment contracts and aligned to annual plan and delivery.

Service contract obligations

Executive Director Contracts do not contain Service obligations which could give rise to or impact on remuneration payments or loss of office.

Payments for loss of office

The Remuneration Committee, with regard to HM Treasury guidance, if appropriate, would agree termination payments.

Payments for loss of office for Executive Directors would be made in line with national NHS Policy. The Trust does not have a local policy for payments for loss of office for Directors.

Notice periods for Executive Directors are set in line with national NHS guidelines.

Consideration of general terms

Pay levels are determined by salary surveys conducted by independent consultants and comparisons with salary scales for similar posts in other NHS organisations, and from information provided by the Foundation Trust Network.

Senior managers' contracts

All executive Directors employed during 2016/17 were employed on a substantive (permanent) basis. (More details are available in the notes to the table on page 66).

More information on the appointment dates for senior managers can be found in the Board of Directors section from page 43

Directors' substantive contracts carry a six-month notice period.

Benefits policies

Accounting policies for pensions and other retirement benefits are set out in note 1 to the accounts and details of senior employees' remuneration can be found on page 85.

Expenses paid to Governors and Directors

With regards to expenses paid to governors, this information is all included on page 63 of the annual report. With regards to Directors' expenses, please see the salary entitlements table on page 85.

Non-Executive Directors

Non-Executive Directors' remuneration is set out in the 'salary and pension entitlements' table below; decisions on Non-Executive Directors' remuneration are made by the council of governors, advised by the nominations, recruitment and evaluation committee (see pages 67-68 for more details).

Off payroll arrangements: None

4.3 Remuneration Committee

The Remuneration Committee reviews the remuneration arrangements for Executive Directors. It is made up of the Chairman of the Board of Directors and all the Non-Executive Directors of the Board. The Director of Workforce and Organisational Development attends except when his/her own performance and/or salary is discussed. The Chief Executive attends only to provide advice on issues concerning the performance of Executive Directors and salary ranges, except when his/her own performance and/or salary is discussed. 2016/17 saw changes to the executive team, summarised in the notes to the table on page 66.

The Remuneration Committee met on 27 April 2016 to consider the remuneration of the post of Director of Workforce and Organisational Development and on 27 July 2016 to approve the minutes of the last meeting, receive and note the letter from the Secretary of State regarding very senior managers' pay, consider the remuneration of the post of Director of Nursing, receive the report of the Chief Executive on the performance of Executive Directors in 2015/16, receive the report of the Chairman on the performance of the Chief Executive in 2015/16 and consider the remuneration of Executive Directors.

NAME OF COMMITTEE:	REMUNERATION COMMITTEE	
REPORTS TO :	BOARD OF DIRECTORS	
Membership (all Non-Executive Directors as per terms of reference)	MEETING DATES	
	27 April 2016	27 July 2016
Angela Schofield, Chairman	✓	✓
Philip Green, Non-Executive Director	✓	✓
Ian Marshall, Non-Executive Director	✓	✓
Calum McArthur, Non-Executive Director	✓	✓
Caroline Tapster, Non-Executive Director	✓	✓
David Walden, Non-Executive Director	✓	✓
Nick Ziebland, Non-Executive Director	✓	✓
Debbie Fleming, Chief Executive *	✓	✓
Judy Saunders, Director of HR and organisational development *	✓	✓
Was the meeting quorate? Y / N	Y	Y

* left the meeting for items relating to their performance and pay.

Poole Hospital NHS Foundation Trust - Annual Report 2016/17								
Salary and pension entitlements of senior managers								
Remuneration								
Name and Title	2016-17				2015-16			
	Salary	Other Remuneration	Benefits in Kind	Total	Salary	Other Remuneration	Benefits in Kind	Total
	(bands of £5000) £000	(bands of £5000) £000	(bands of £100) £100 Note 2	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £100) £100 Note 2	(bands of £5000) £000
Mrs. Debbie Fleming- Chief Executive	170-175	-	-	170-175	170-175	-	-	170-175
Mr Mark Orchard- Director of Finance (Note 1)	125-130	-	-	125-130	115-120	-	-	115-120
Mr. Paul Miller- Director of Strategy	125-130	-	-	125-130	135-140	-	-	135-140
Mr. Mark Mould- Chief Operating Officer	125-130	-	-	125-130	130-135	-	-	130-135
Ms. Tracey Nutter- Director of Nursing (Note 2)	100-105	-	-	100-105	120-125	-	-	120-125
Mrs. Patricia Reid- Director of Nursing (Note 3)	15-20	-	-	15-20	-	-	-	-
Mr. Robert Talbot - Medical Director (Note 4)	140-145	35-40	-	175-180	140-145	35-40	-	175-180
Mrs. Judy Saunders- Director of Organisational Development and Workforce (Note 5)	30-35	-	-	30-35	85-90	-	-	85-90
Mrs. Jacqueline Cotgrove- Director of Organisational Development and Workforce (Note 6)	45-50	-	-	45-50	-	-	-	-
Mr. Peter Gill - Director of Informatics (Note 7)	50-55	-	-	50-55	45-50	-	-	45-50
Mrs. Angela Schofield - Chairman	35-40	-	-	35-40	35-40	-	-	35-40
Mr. Ian Marshall - Non Executive Director (Note 8)	5-10	-	-	5-10	10-15	-	-	10-15
Mr. Hugh Marshall - Non Executive Director (Note 9)	5-10	-	-	5-10	-	-	-	-
Dr. Calum McArthur- Non Executive Director	15-20	-	-	15-20	15-20	-	-	15-20
Mr. Nick Ziebland - Non Executive Director	10-15	-	-	10-15	10-15	-	-	10-15
Mr. Philip Green - Non Executive Director	10-15	-	-	10-15	10-15	-	-	10-15
Mrs. Caroline Tapster- Non Executive Director (Note 10)	10-15	-	-	10-15	0-5	-	-	0-5
Mr. David Walden - Non Executive Director (Note 11)	10-15	-	-	10-15	0-5	-	-	0-5
Note 1. Mr. Mark Orchard was appointed as Director of Finance on 1 May 2015.								
Note 2. Mrs. Tracey Nutter retired as Director of Nursing on 2 February 2017.								
Note 3. Mrs. Patricia Reid was appointed as Director of Nursing on 6 February 2017.								
Note 4. Other remuneration relates to clinical work undertaken during the year. The proportion of clinical work during the year was calculated at 20% (2015/16 20%).								
Note 5. Mrs. Judy Saunders retired as Director of OD and Workforce on 31 July 2016.								
Note 6. Mrs. Jacqueline Cotgrove was appointed as Director of OD and Workforce on 1 September 2016.								
Note 7. Mr. Peter Gill is a joint appointment with Royal Bournemouth and Christchurch Hospital NHS Foundation Trust (RBCH). 50% of Mr. Gill's costs have therefore been included in the pay bandings above.								
Note 8. Mr. Ian Marshall's tenure ended 31 October 2016								
Note 9. Mr. Hugh Marshall was appointed on 1 November 2016								
Note 10. Mrs. Caroline Tapster was appointed on 1 December 2015.								
Note 11. Mr. David Walden was appointed on 1 December 2015								

Poole Hospital NHS Foundation Trust - Annual Report 2016/17								
Salary and Pension entitlements of senior managers								
Pension Benefits								
Name and title	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2017	Lump sum at pension age related to accrued pension at 31 March 2017	Cash Equivalent Transfer Value at 1 April 2016	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2017	Employer's contribution to stakeholder pension
	(bands of £2500) £000	(bands of £2500) £000	(bands of £5000) £000	(bands of £5000) £000	£000	£000	£000	£000
Mrs. Debbie Fleming- Chief Executive (see Note 1)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mr. Mark Orchard- Director of Finance	2.5-5	0-2.5	25-30	75-80	362	33	395	n/a
Mr. Paul Miller- Director of Strategy (see Note 1)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mr. Mark Mould- Chief Operating Officer	2.5-5	2.5-5	45-50	120-125	662	59	721	n/a
Ms. Tracey Nutter- Director of Nursing	0-2.5	2.5-5	55-60	170-175	1,086	58	1,144	n/a
Mrs. Patricia Reid- Director of Nursing (Note 3)	0-2.5	5-7.5	25-30	80-85	589	n/a	589	n/a
Mr. Robert Talbot - Medical Director (see Note 1)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mrs. Judy Saunders- Director of Organisational Development and Workforce	7.5-10	17.5-20	35-40	100-105	487	93	580	n/a
Mrs. Jacqueline Cotgrove- Director of Organisational Development and Workforce	0-2.5	2.5-5	30-35	100-105	606	19	625	n/a
Mr. Peter Gill - Director of Informatics (see Note 2)	0-2.5	0-2.5	15-20	40-45	229	22	251	n/a
Note 1. Mrs. Debbie Fleming, Mr. Paul Miller and Mr. Robert Talbot are not members of the NHS pension scheme.								
Note 2. Mr. Peter Gill is a joint appointment with RBCH and therefore only 50% of his costs have been included above.								
Note 3. There is no CETV for the current year as the postholder is over the normal retirement age therefore CETV is not applicable.								
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.								

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4.4 Fair Pay Multiples

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid Director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid Director at Poole Hospital NHS Foundation Trust in the financial year 2016/17 was £170,000-£175,000 (2015/16 £170,000-£175,000). This was 6.6 times the median remuneration of the workforce which was £26,302 (2015/16 £26,041) (whole time equivalent). No employee received remuneration in excess of the highest paid Director.

Total remuneration includes salary, non-consolidated performance-related pay and benefits in kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

The median pay calculation is based on:

- Payments made to staff in post on 31 March 2017
- The reported salary used to estimate the median pay is the gross cost to the Trust, less employers Pension and employers Social Security costs. The reported annual salary for each whole time equivalent has been estimated by using contracted values.
- Payments made in March 2017 to staff who were part-time were pro-rated to a whole time equivalent salary.

Included in the calculation is an estimated average cost for agency staff. All agency staff expenditure is processed through dedicated account codes on the financial system. The total expenditure at 31 March 2017 on these codes was used to estimate an average salary. This was calculated by dividing the total expenditure by the estimated number of agency staff used during the year. There has been no deduction made for agency fees for the provision of these staff.

The median salary has been calculated as the middle salary if salaries were ranked in ascending order, and equates to £26,302 (2015/2016 £26,041).

The higher paid Director is excluded for the median pay calculation.

Signed by:



Date:

24/5/17

Debbie Fleming, Chief Executive

5. STAFF REPORT

5.1 National NHS Staff Survey 2016 findings

Poole Hospital NHS Foundation Trust is in the top 10 acute hospitals nationally which has been recommended as a place to receive care or treatment, according to the comprehensive 2016 national survey of staff views.

The survey also rated Poole as the second highest in the country (91 per cent) for staff believing the hospital provides equal opportunities for career progression or promotion.

Findings from the NHS Staff Survey, published in March 2017, place Poole in the top 20 per cent of acute hospitals in England in a range of areas. Asked about the standard of care if a friend or relative needed treatment, 82 per cent of staff said they would be happy with it. The national average is 70 per cent.

Findings from the survey, in which staff across the NHS are asked a series of work-related questions, place us in the top 20 per cent nationally in other important areas, including:

- recommending Poole Hospital as a place to work or receive treatment
- feeling able to contribute towards improvements at work
- believing the Trust provides equal opportunities for career progression or promotion
- being recognised and valued by managers and the organisation
- satisfaction with level of responsibility and involvement
- quality of non-mandatory training, learning or development
- staff engagement and overall survey response rate
- reporting the most recent experience of violence or harassment, bullying or abuse.

The Trust's overall staff engagement score of 3.90 in 2016 compares favourably to the 2016 national average of 3.81 and places the Trust within the best 20% of acute Trusts.

The positive feedback staff have given through their survey responses shows that the Trust has continued to build on the very positive results from the 2015 survey, and that staff really are living out our values of compassion, openness, respectfulness, accountability and safety on a day-to-day basis. It also reflects the hard work that has gone in to addressing the areas that we wanted to improve.

These findings are all the more impressive given that this is a period of significant uncertainty for the NHS locally.

As we work with partners to reshape and redesign services, it's good to see that we continue to be great place to work, with our high calibre staff committed to delivering great care for patients.

	2016	2016	2015	2015	
	Trust	National average	Trust	National average	Trust improvement or deterioration
Response rate *	51%	42.6%	41%	42%	Improvement.
Staff Experience Score *	3.90	3.81	3.91	3.79	Deterioration (of 0.01 score and remaining above the national average)

Top five ranking scores in 2016 survey (Key Findings in brackets)	2016 Trust	2016 National average	2015 Trust	2015 National Average	Trust improvement or deterioration
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion (Key Finding 21) *	91%	87%	90%	87%	Improvement
Percentage of staff able to contribute towards improvements at work (Key Finding 7) *	74%	70%	76%	69%	Deterioration (remaining above the national average)
Staff satisfaction with level of responsibility and involvement (Key Finding 8) *	3.99	3.92	4.00	3.91	Deterioration (of 0.01 score and remaining above the national average)
Percentage of staff/colleagues reporting the most recent experience of harassment, bullying or abuse *	50%	45%	49%	37%	Improvement
Percentage of staff/colleagues reporting the most recent experience of violence *	72%	67%	67%	53%	Improvement

Bottom five ranking scores in 2016 survey (Key Findings in brackets)	2016 Trust	2016 National average	2015 Trust	2015 National Average	Trust improvement or deterioration
Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months (Key Finding 22)	18%	15%	15%	14%	Deterioration
Percentage of staff witnessing potentially harmful errors, near misses or incidents in the past month (Key Finding 28)	35%	31%	34%	31%	Deterioration
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months (Key Finding 25)	30%	27%	27%	28%	Deterioration
Percentage of staff working extra hours (Key Finding 16)	73%	72%	74%	72%	Improvement
Staff satisfaction with the work and care they are able to deliver (Key Finding 2)	3.91	3.96	3.86	3.93	Improvement

* denotes Key Findings which are in the highest (best) 20% of acute Trusts in England

Additional information requested in relation to the Workforce Race Equality Standard	2016 Trust	2015 Trust	Trust improvement or deterioration
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months (Key Finding 25)	White 32% BME 24%	White 27% BME 24%	Deterioration (for white staff)
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months (Key Finding 26)	White 23% BME 24%	White 23% BME 26%	Improvement (for BME staff)
Percentage believing that Trust provides equal opportunities for career progression or promotion (Key Finding 21)	White 92% BME 86%	White 91% BME 80%	Deterioration (Remaining above national average)
Personally experienced discrimination at work from manager/team colleagues in last 12 months (Question 17b)	White 5% BME 10%	White 5% BME 11%	Improvement (for BME staff)

Measuring progress

In total 1910 staff participated in the 2016 Staff Survey, giving an increase of 499 views. The richer data available of how staff feel about key areas of working lives at Poole has enabled an enhanced local understanding of staff views in departments across the Trust.

For the first time, additional data has been secured from the survey provider, enabling a direct comparison of national, Trust, care group, Directorate and department survey data across the 32 Key Findings and also all the 82 potential question answers which make up the Key Findings.

This data has enabled action planning to be taken at Trust level to ensure all areas of concerns emerging from the staff survey data are acted upon. The Trust action plan, drawn up with the involvement of the Staff Partnership Forum, includes actions, both short and medium term, which address the specific areas of concern arising from the bottom five Key Finding results. It also evidences the care group and Directorate level action plans drawn up across the Trust which support the Trust action plan and respond to local areas of concern. This understanding and commitment to acting on staff views will support the continuation of positive changes in relation to survey areas. This activity will feature within the Quarterly Performance Review process, enabling Trust Board support and scrutiny of plans, ensuring performance review of plans to respond to views and the action taken. The Staff Survey report and action plan is available for view on the Trust website.

The Trust has a priority to improve staff feedback further within the 2017 Staff Survey being carried out as a full census. The structure of the survey will enable more departmental data to be available enhancing knowledge of staff views.

5.2 NHS Staff Friends and Family Test 2016/17

The Staff Friends and Family Test encourages staff and volunteers to give their views, enabling informed and empowered staff to celebrate and build on what is working well in their services and also quickly address areas in need of attention.

Three times a year, in quarters 1, 2 and 4, all Trust staff and volunteers are asked to answer the questions: 'How likely are you to recommend Poole Hospital NHS Foundation Trust to family and friends if they need care and treatment?' and 'How likely are you to recommend Poole Hospital NHS Foundation Trust to family and friends as a place to work?'

The Trust continues to demonstrate excellent results which are consistently higher than the national average. In Quarter 2 just six other Trusts from the 236 surveyed nationally had a higher percentage of staff recommending their hospital for care and treatment. The achievement, of 94% of staff recommending the hospital, was 14% higher than the national average and the highest score achieved by a Trust in the Wessex area.

The Friends and Family Test questions asked within the 2016 Staff Survey placed the Trust in the best 20% of acute Trusts nationally for recommending the Trust.

Question 1 How likely are you to recommend the Trust to friends and family if they needed care or treatment?	Trust Quarter 1	National Quarter 1	Trust Quarter 2	National Quarter 2	Quarter 3 – Staff Survey 3.94 score for care and work	Trust Quarter 4	National Quarter 4
Positive Score	91%	80%	94%	80%		Not yet known	Not yet known
Negative Score	3%	6%	2%	6%			
Question 2 How likely are you to recommend the Trust to friends and family as a place to work?	Trust Quarter 1	National Quarter 1	Trust Quarter 2	National Quarter 2		Trust Quarter 4	National Quarter 4
Positive Score	71%	64%	70%	64%			
Negative Score	11%	18%	13%	18%			

Results are made public through NHS England. In addition, comments made by staff when completing the survey are available to the Trust.

Staff comments made in the Friends and Family Test during 2016/17 include:

Question 1 - How likely are you to recommend Poole Hospital NHS Foundation Trust to family and friends if they needed treatment?

- 'I have recently been an inpatient and received excellent care.'
- 'Friendly hospital with high standards'
- 'Front line staff, nursing staff and medical staff go above and beyond for their patients and really care'
- 'There is a commitment to good care within the Trust and patients do matter'
- 'Caring, thoughtful, respectful and professional staff'

Question 2 - 'How likely are you to recommend Poole Hospital NHS Foundation Trust to family and friends as a place to work?'

- 'Great place to work'
- 'The Poole Approach is evident'
- 'I work in an amazing team and have very good management'
- 'I enjoy working here; feel respected and valued and everyone is so friendly'
- 'Staff care about their hospital and want the best for their patients'

Whistleblowing and Counter Fraud

Following the publication of "Freedom to Speak Up – A Review of Whistleblowing in the NHS" undertaken by Sir Robert Francis to provide independent advice and recommendations on creating a more open and honest report culture in the NHS, the Trust's current Whistleblowing Procedure was reviewed to ensure the recommendations of this report were included in the policy. The opportunity was taken to rename the Whistleblowing Procedure to "Raising Concerns" and the role of the Freedom to Speak up Guardian included. The principles of the policy are to provide an effective and confidential process to enable staff and others to challenge practices or behaviours if they believe others are acting in an unlawful and/or unethical way. In addition, the Trust has an approved counter fraud policy and a local counter fraud specialist.

5.3 Equality and Diversity

Poole Hospital has a commitment to equality and diversity as a provider of healthcare services and as an employer. The provisions of the Equality Act 2010 are applied across the Trust to progress equality and diversity in all services and the employment of our staff.

The Trust's positive approach to equality and diversity is supported by the values of the Poole Approach which promote behaviours that progress the delivery of inclusive services. The Trust's values also ensure equality and diversity are values which are present within the workplace. This was evidenced within the 2016 Staff Survey, with 91% of staff believing the Trust provides equal opportunities for career progression or promotion, placing Poole in the best 20% of acute Trusts nationally.

Equality and diversity training is delivered to all new staff on joining the Trust and within the Core Skills training which all staff attend on a regular basis. This training has a focus on how equality and diversity practice supports the delivery of patient care and secures best practice in employment.

The Trust has an active Equality and Diversity Group, led by an Executive Director, which works to progress equality across services and employment and provide assurances of active and best practice.

The Trust continues to progress the NHS Workforce Race Equality Standard (WRES). This national Standard enables the Trust to look at staff experience across nine workforce indicators to identify and compare the experience of employees from Black and Minority Ethnic backgrounds and White backgrounds. The Trust is positively mentioned within the national NHS Workforce Race Equality Standard 2016 data analysis report for NHS Trusts for practice in relation to equity within the formal employment process of discipline.

The Trust has welcomed and is prepared for the introduction of the NHS Workforce Disability Equality Standard (WDES) in 2017.

The regulators, the Care Quality Commission (CQC), National Trust Development Agency (NDTA) and NHS Improvement use data from the National NHS Staff Survey, the Equality Delivery System and the Workforce Race and Disability Equality Standards to help assess whether NHS organisations are well-led. The standards are applicable to providers and are subject to the clinical commissioning group's assurance process.

A fair employer

The Trust is proud to hold the status of Disability Confident Employer. Awarded by the Department of Work and Pensions this replaced the previously held Jobcentre Plus 'disability symbol'. The award recognises a practical commitment to fairness in our recruitment process, including the Guaranteed Interview Scheme. It also acknowledges the Trust's commitment to both employing disabled people and delivering a range of support to ensure that staff with disability are developed and retained within the Trust.

5.4 Occupational Health and Employee Assistance Provider (EAP)

The Trust's occupational health provision in 2016/17 has continued through a service level contract with the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCH). This agreement is monitored at the Trust's Workforce and Organisational Development Committee to ensure requirements are consistently met and any concerns are robustly addressed.

The service is staffed by a team of registered nurses, all with occupational health experience and a team of administrative staff. Medical expertise is provided by two occupational health physicians. Amongst the services offered by occupational health are pre-employment screening, individual casework such as return to work assessments and management referrals, support for 'needlestick' (hypodermic needle) injuries, workplace assessments, Control Of Substances Hazardous to Health (COSHH) assessments and surveillance.

The Trust were nominated and awarded national recognition as the most improved Trust in England for the 2016/17 flu fighter campaign, achieving 80.6% of frontline staff vaccinated. This success was attributable to the combined efforts of a multi-disciplinary Director led team from communications, HR and occupational health. Early preparation is underway for the 2017/18 campaign including Trust attendance and the presentation in Leeds at the NHS Employers conference to share the learning from 2016/17.

Support to staff is provided through the Trust's independent employee assistance provider (EAP). The service provides staff with free, 24/7 access to a wide range of expert support and guidance. This includes a confidential counselling service, with face-to-face counselling as standard, and telephone advice and information on a wider variety of issues including debt management, legal support and family issues. New online and app services support the aim for wider access to the EAP and staff can now access the enhanced website on health, work and home issues.

5.5 Breakdown of Staff and Directors by Gender

Directors	F	M	Total
Execs	3	3	6
Non-Execs	2	5	7
Snr Managers (i.e. Band >=8A)	F	M	Total
Add Prof Scientific and Technic	16	11	27
Administrative and Clerical	28	23	51
Allied Health Professionals	19	4	23
Estates and Ancillary	0	1	1
Healthcare Scientists	9	13	22
Nursing and Midwifery Registered	39	9	48
Grand Total	111	61	172
Other Employees	F	M	Total
Add Prof Scientific and Technic	124	65	189
Additional Clinical Services	965	154	1119
Administrative and Clerical	663	91	754
Allied Health Professionals	260	55	315
Estates and Ancillary	57	150	207
Healthcare Scientists	49	24	73
Medical and Dental	253	289	542
Nursing and Midwifery Registered	1151	94	1245
Students	12	2	14
Grand Total	3534	924	4458

5.6 Staff Sickness

The year-end turn out for sickness absence was 3.48% against a target of 3.50%. The greatest loss of calendar days for the period 2016/17 relate to mental health conditions such as anxiety/stress/depression and viral illnesses such as colds/coughs/influenza.

The average sickness rate for the regional benchmark group stands at 3.77%. Poole's rate for the 12 month reference period was at 3.52, 0.81% below the benchmark average.

In a wider benchmark exercise Poole's performance against sickness absence places the Trust at the 18th percentile, amongst all direct healthcare providers in England and Wales (i.e. excluding CCGs etc.), with an average rate for the total group of 4.33% and 4.10% for acute Trusts. A local benchmark for Dorset shows a rate of 3.89%.

Sickness Absence Rates	2016 03	2016 04	2016 05	2016 06	2016 07	2016 08	2016 09	2016 10	2016 11	2016 12	2017 01	2017 02	Rolling 12 Months
Poole Hospital NHSFT	3.60%	3.47%	3.30%	3.15%	3.21%	3.10%	2.88%	3.73%	4.03%	3.84%	3.79%	3.59%	3.48%

5.7 Analysis of staff costs and average staff numbers

Average number of employees (WTE basis) & Cost	2016/17	2016/17	2016/17	2016/17	2015/16	2015/16	2015/16
	Total Cost	Total	Permanent	Other	Total	Permanent	Other
	£'000	Number	Number	Number	Number	Number	Number
Medical and dental	43,006	384	384		380	380	
Ambulance staff	0	0			0		
Administration and estates	20,304	607	607		576	576	
Healthcare assistants and other support staff	4,073	174	174		169	169	
Nursing, midwifery and health visiting staff	53,907	1,445	1,445		1,377	1,377	
Nursing, midwifery and health visiting learners	0	0			0		
Scientific, therapeutic and technical staff	12,064	312	312		284	284	
Healthcare science staff	1,735	32	32		30	30	
Social care staff	0	0			0		
Agency and contract staff	3,885	172		172	137		137
Bank staff	5,832	75		75	181		181
Other	12,548	342	342		318	318	
Total average numbers	157,355	3,541	3,295	246	3,452	3,134	318

5.8 Exit packages

Reporting of other compensation schemes - exit packages	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
Exit package cost band (including any special payment element)	Number	£000s	Number	£000s	Number	£000s	Number	£000s
<£10,000	0	0	6	25	6	25		
£10,001 - £25,000	0	0	2	35	2	35		
£25,001 - £50,000	0	0	1	30	1	30		
£50,001 - £100,000					0	0		
£100,001 - £150,000					0	0		
£150,001 - £200,000					0	0		
>£200,000					0	0		
Total	0	0	9	90	9	90	0	0

5.9 Staff policies and actions applied

Applications for employment made by disabled persons

The Trust has an active commitment to both recruiting people with disability and developing and retaining staff with disability. This is informed by the Trust's commitment to equality for people with disability and also by the commitments of the Trust's Disability Confident status.

The Trust was awarded Disability Confident status in September 2016. This evidences and reflects the Trust's practical commitment to best practice in the employment of people with disability and in the Trust's recruitment process, which gives full and fair consideration to applications made by people with disability. This includes a guaranteed interview for people with disability who meet the selection criteria for the applied for role. The Trust considers reasonable adjustments when a suitable applicant has a disability, the effects of which may affect their new role.

The provisions of Disability Confident status are contained within the Trust's recruitment training process to further promote good practice in relation to applicants with disability and for staff within the Trust who are being interviewed for other roles, including those which may lead to promotion.

A wide range of advice, guidance and other practical support is available for staff with disability; including line managers, the human resources team, occupational health team, education team and the staff experience lead, which encompasses the responsibility of the workforce equality lead. .

The Trust actively supports staff with disability and staff who develop disability whilst working for the Trust. Reasonable adjustments are made to overcome the effects of the disability in terms of the role and also training and development within it. In rare circumstances where there may be a need to consider other employment, the Trust works to retain the talent of the member of staff by supporting this process; offering appropriate training and development to retain the skills and talent of the individual. In order to secure support for staff the Trust works successfully in partnership with Access to Work, to ensure the carrying out of this commitment.

In relation to training and development in general and that which may lead to promotion support is available within the education team and at local level to ensure that arrangements are made to take into account any additional support relating to the effects of the disability.

The Trust's practice in training and developing all staff takes account of any needs of individuals which arise from disability, to ensure fair access to Trust programmes and the development of all staff.

Provision of Information to employees on matters of concern

The Trust has a communication strategy which ensures that staff are kept up to date with information on matters of concern, interest and information, including the Trust's performance which covers a wide range of subjects such as health and safety. This includes team brief, staff bulletin and departmental team briefings.

The Trust has a Staff Partnership Forum and Local Negotiating Committee whose membership includes staff representatives, local and regional trade union representatives.

Occupational Health Services

Amongst the services offered by occupational health are pre-employment screening, individual casework such as return to work assessments and management referrals, support for 'needlestick' (hypodermic needle) injuries, workplace assessments, Control Of Substances Hazardous to Health (COSHH) assessments and surveillance. An example of the support provided to staff includes leading the "Flu Fighter Campaign" which during the 2016 campaign resulted in a significant take up by front line staff which was acknowledged by the National Award for the most improved Trust.

The Trust has an employee assistance provider that is available to all staff 24 hours every day online and by telephone providing confidential, impartial advice and support. This service is actively promoted by reference in Trust procedures and communications with staff.

Counter Fraud

The Trust has a well-established relationship with the local counter fraud team and the work of the Counter Fraud team is actively promoted through Trust procedures and communications with staff.

5.10 Expenditure on consultancy

During the year the Trust reported total consultancy expenditure of £290,924. No consultancy contracts were in excess of delegated limits and required regulatory approval.

5.11 Off payroll adjustments

Nil

6. THE DISCLOSURES SET OUT IN THE NHS FOUNDATION TRUST CODE OF GOVERNANCE

Public Sector Payment Policy

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.

	Volume	Value
Percentage of bills paid within target	60.9	56.3

7. REGULATORY RATINGS

NHS Improvement's Single Oversight Framework

NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well-led)

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A Foundation Trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

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

Segmentation

The Trust is in Segment 2, Targeted Support, where it has been since the initial formal segmentation in December 2016.

This segmentation information is the Trust's position as at April 2017. Current segmentation information for NHS Trusts and foundation Trusts is published on the NHS Improvement website.

Finance and use of resources

The finance and use of resources theme is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the Trust disclosed above might not be the same as the overall finance score here.

Area	Metric	2016/17 Q3 score	2016/17 Q4 score
Financial sustainability	Capital service capacity	1	1
	Liquidity	3	3
Financial efficiency	I+E margin	3	2
Financial controls	Distance from financial plan	1	1
	Agency spend	1	1
Overall scoring		2	2

8. STATEMENT OF ACCOUNTING OFFICER'S RESPONSIBILITIES

Statement of the Chief Executive's responsibilities as the accounting officer of Poole Hospital NHS Foundation Trust

The NHS Act 2006 states that the Chief Executive is the accounting officer of the NHS Foundation Trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Poole Hospital NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Poole Hospital NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements;
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance and;
- prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Signed



Debbie Fleming, Chief Executive

Date:

24/5/17

9. Annual Governance Statement 2016-2017

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Poole Hospital NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Poole Hospital NHS Foundation Trust for the year ended 31 March 2016 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The management of risk is led by the Board of Directors (BoD) overseen by the key Board assurance committee; Quality, Safety and Performance Committee which is chaired by a Non- Executive Director. The Trust's aim is to promote a risk awareness culture in which all risks are identified, assessed, understood and proactively managed. This promotes a way of working that ensures risk management is embedded in the culture of the organisation and remains an integral part of the Trust's objectives, plans, practices and management systems.

The Board recognises that there is a need for robust systems and processes to support continuous improvement, enabling staff to integrate risk management into their daily activities wherever possible and support better decision making through a good understanding of risks and their likely impact on patient and staff safety.

The success of any risk management plan is dependent on the defined and demonstrated support and leadership provided by the Board as a whole. The BoD has endorsed the Trusts risk management strategy in order to support the delivery of the Trust's strategic objectives through ensuring a robust risk management infrastructure is in place. This robust framework includes continued development of the Board Assurance Framework (BAF) closely aligned with the Trusts risk register.

The risk management structure is based on committees and groups which have key roles in the management of risk. This provides the assurance required by the Board that all areas of risk are being adequately managed, monitored and developed. The Audit and Governance Committee receives regular reports with regard to the risk register process including all new significant risks added to the risk register each month, annual risk register report with a 6 month update mid-year, draft annual governance statement, the BAF process for scrutiny, and Internal and external audit reports and audit view.

Risks are assessed using the standard NPSA 5 x 5 (National Patient Safety Agency) risk assessment tool/rating matrix which maps the likelihood of the risk occurring against the consequence and recorded on a risk assessment form that identifies the controls, mitigations and associated risk ratings. The process of risk assessment is clearly outlined in the risk assessment guidelines available to staff on the Trust intranet and is supported by the risk management team on an individual basis to ensure quality and accuracy of assessments.

The Trust have purchased a web based version of the risk register that will further improve the process and assurance of risks, this will be rolled out during 2017.

The BoD recognises that training is fundamental to the successful engagement in the risk management strategy and to staff understanding their roles and responsibilities for risk management across the organisation.

Risk management training for all staff forms part of the Trust's mandatory training requirements this includes; risk awareness and incident reporting via Datix web and health and safety. Additional risk related training around the risk assessment process and root cause analysis is available for staff as appropriate to their role. Regular BoD seminars and separate Board development sessions covering key risk and safety topics are provided. The Board seminars are held throughout the year to support the executive and Non-Executive Directors in their roles and have included; How the Board receives assurance through the Board assurance framework, Governance mapping with a focus on the quality, safety and risk management reporting processes from 'ward to Board' and NICE guidelines and clinical audit. There will be an increased focus on root cause analysis training for key staff across the Trust to improve and support the investigative process of incidents.

The risk management process is led by a nominated Director - the Director of Nursing, supported by supported by Executive Directors, Clinical Directors, General Managers, Matrons, Department Leads, and an assistant Director of Nursing.

Learning following a serious incident or complaint is extremely important to the Trust in ensuring that we constantly strive to improve the quality and safety of care and treatment to our patients. Sharing learning and actions taken is done through a variety of ways including; dissemination at key meetings, team briefings, Directorate and team performance review meetings, action plans, patient stories at Board meetings and review of significant complaints at senior Trust meetings. Serious incident learning panel reviews are now regularly held with learning and outcomes shared with staff. The Trust has improved the incident reporting process with the web based incident reporting system since December 2015; this has supported a more timely response and action to incidents. Improved reporting has been developed through the use of dashboards across key areas. Further improvements to the investigation and sharing outcomes and learning of serious incidents are planned for the coming year. Scrutiny from our Clinical commissioning Group (CCG) ensures we maintain a high standard of investigation.

The Trust also works closely with external scrutiny committees, internal and external auditors and our local Health Watch to review throughout the year progress against our quality account improvement topics and actions taken following any concerns that they have raised with us.

The risk and control framework

The Trust has a risk management strategy in place, the key elements of which include; the identification of risk, evaluating the impact of risk on patients, staff and visitors, and identifying control measures that can be put in place to minimise the risk. The risk

management strategy describes the key responsibilities of all staff including risk reporting. It sets out the risk management process and information requirements and risk appetite.

The Trust defines risk appetite as 'The amount of risk that an organisation is prepared to accept, tolerate or be exposed to at any one point in time' (HM Treasury – 'Orange Book' 2006). Risk appetite is a core consideration in any risk management approach and promotes a standardised approach to identifying acceptable or unacceptable risks for the Trust.

The Risk Management Strategy was updated during 2016 to include this approach and sets out a risk appetite that is both practical and pragmatic and that makes a difference to decision making and supports the decision makers to understand the risks in any assessment or proposal and to the degree of risk which they could expose the Trust to while encouraging innovation and improvement.

The risk strategy remains under review to ensure it reflects national changes.

The management of risk, locally and centrally, is underpinned by the following key components of the risk management cycle:

- Risk Identification
- Risk Assessment
- Risk Mitigation
- Risk Review and monitoring
- Risk Registers
- Board Assurance Framework – (BAF)
- Risk Management Education and Training
- Monthly and quarterly performance review process
- Review of Effectiveness
- Risk management annual plan

The key ways in which risk management has been embedded in the activity of the Trust are:-

Trust wide adverse incident reporting procedure applicable to all staff with the development and provision of Datix incident dashboards for all key staff. The dashboards allow live time review of incidents, trends and analysis on a daily basis and for local and Trust wide risk groups.

Risks (corporate, clinical and information governance) and action plans to mitigate risk are discussed at the monthly Clinical Care Group and Clinical Directorate performance meetings. Quarterly performance reviews (involving clinical and corporate Directorates) are led by the Executive Directors and focus on performance highlights and challenges.

Monthly Risk Management and Safety Group meetings, chaired by the Director of Nursing, with representation from Clinical Care Groups and Corporate Directorates where a wide range of risk issues are discussed and monthly incidents reviewed including the identification of Trust-wide trends and analysis. The Risk Management and Safety Group reports into the Quality, Safety and Performance Committee and HEG with escalation up to the Board as required using the SBAR escalation process (Situation, Background, Assessment and Recommendation)

Specialist area risk management groups are in place within each Care Group meeting regularly to discuss incidents that have occurred and agree actions to be taken. Clinical Directorate trends and analysis are reviewed. Care Groups/Directorates are also required to maintain risks on the Trusts risk register and review these on a regular basis. (Monthly for

significant risks and three-monthly for moderate risks). Any risks that cannot be managed at a local level and have the potential to affect the whole of the Trust and/or have a risk rating of 12 and above are considered for inclusion in the Trust strategic/corporate level risk register and are automatically included in the BAF.

The Risk Register Review Group has now been incorporated into the Risk Management Safety group to validate and approve new risks. The Board of Directors' Audit and Governance Committee receive a report on new significant risks rated 12 and above at each meeting. The Quality, Safety and Performance Committee discuss relevant clinical risks. A number of other committees and groups support the risk management process;

- Bi-monthly Health and Safety Group meetings;
- Recommendations from Serious Incidents are monitored by the Board of Directors and the Quality, Safety and Performance Committee;
- Hospital Executive Group (HEG);
- Key personnel sit on the Risk Management and Safety Group and the Quality, Safety and Performance Committee including executive and Non-Executive Directors and senior clinicians.
- Infection Control Group – of note there have been no hospital attributable cases of MRSA bacteraemia for 2 years;
- Datix web (incident reporting system) project implementation steering group. (Renamed the Datix web user group Feb 2016);
- High level risk register review group chaired by the Director of Nursing;
- Quarterly internal performance reviews of Clinical and Corporate Directorates where there is a requirement to report on risks, risk assessment and action to mitigate risks.

The Trust has an Information Risk and Security policy that relates to all IT Trust activities. It addresses data security and processes for protecting all Trust data, by providing a consistent risk management framework in which information risks are identified, considered and addressed. Any incident involving the actual or potential loss of personal or sensitive corporate information that could lead to identity fraud or has other significant impact on individuals is considered to be serious.

During the period 2016-2017 to date there has only been one case of serious data losses recorded, this was reported to the Information Commissioner's Office (ICO) and treated as a serious untoward incident. This still sits with the ICO for investigation.

The Board assurance Framework (BAF) is an integral part of the Trusts Risk Management Strategy. The Trust BAF provides the Board with significant assurance throughout the year that the key strategic risks are being managed effectively.

The BoD has overall responsibility for ensuring systems and controls are in place that are sufficient to mitigate any significant risks which may threaten the achievement of the Trusts strategic objectives.

NHSI has issued its Risk Assessment Framework (RAF) which ensures that all NHS foundation Trusts are able to demonstrate that they are remaining within their provider licence. It is therefore imperative that the Trust is aware of any risks (such as those associated with new business or service changes) which may impact on its ability to adhere to the RAF.

The BAF provides the BoD with the vehicle for satisfying itself that its responsibilities are being discharged effectively. It identifies through assurance where aspects of service delivery are being met to satisfy internal and external requirements. It informs the Board

where the delivery of principal objectives are at risk due to a gap in control and/or assurance. This allows the organisation to respond rapidly.

The BAF and related strategic risks are managed and monitored by the Trust Board key assurance committees on a quarterly basis. The Assurance Committees are: the Finance and Investment Committee (financial risks); the Quality, Safety and Performance Committee (quality, safety and performance risks), and the Workforce and Organisational Development Committee (workforce risks).

The Trust identified 5 strategic objectives and associated risks at the start of the year which formed the basis of the BAF. The key risks for 2016-2017 related to;

- The delivery of safe, responsive, compassionate high quality care
- To attract, inspire and develop staff
- Working with partners to develop new models of care and reconfigure services so that clinically and financially sustainable arrangements are in place across Dorset
- Ensuring all resources are used efficiently, effectively and economically to deliver key operational standards and targets
- Be a well governed and well managed organisation that operates collaboratively with local partners

The strategic objectives and principal risks are kept under review by the Trust Board via the Risk management and Safety Committee, the Finance and Investment Committee, the Audit and Governance Committee, the Workforce and Organisational Development Committee and the Quality, Safety and Performance Committee. Mitigating actions have included the following:

Strategic objectives and associated principal risks	Mitigation
<p>Deliver safe, responsive compassionate, high quality care:</p> <p>Failure to achieve a CQC Rating of good or outstanding by 2020</p>	<ul style="list-style-type: none"> • Clear lines of accountability; Medical Director and Director of Nursing appointed as responsible officers • Clear lines of reporting through the Quality, Safety and Performance Committee to the Trust Board • Development of the quality strategy to reflect the findings from the CQC inspection • Review and renewal of the risk management strategy • Creation and implementation of the quality account improvement plan • The Trust has embedded the 'Sign up to Safety' plan across all clinical areas • Development and monitoring of the CQC post inspection action plan • Introduction of peer review processes in all 5 CQC domains across the Trust • Risk management policies have been updated and disseminated to all staff via the Intranet. • A Local Safety Standards for Invasive Procedures (LocSSIPs) Implementation Group was created that monitored the development, implementation and embedding in practice of LocSSIPs across the Trust • Directorate LocSIPPs development groups continue to run to ensure that this work is sustained to assure

<p>Failure to deliver Local Safety Standards of Invasive Procedures (LocSSIPs)</p> <p>Failure to focus on key issues impacting on the quality of care and targeting resources effectively</p> <p>Failure to recruit and retain key staff against a backdrop of financial constraint and the impact on quality of care</p>	<p>the Trust that standards are maintained with existing procedures and to develop new LocSSIPs as new procedures are brought into practice.</p> <ul style="list-style-type: none"> • Annual reports and internal audit outcomes are used to inform the quality account and action plans for 2017/18 • Quality Account review meetings with external stakeholders and Trust Governors are held to monitor progress and scrutinise outcomes • The Sign up to Safety progress is mapped against the plan to ensure progress is as expected. • Proactive approach to understanding and managing areas where the expected standards are not being achieved • Continued participation in the monitoring and auditing of local quality metrics against the national data to inform where there are areas for concern • Recruitment and retention strategy is in place and monitored through the Workforce and Organisational Development Committee • Education, training and development strategy to support the recruitment and retention of staff by building resilience in the workforce • Development of a People Strategy for the Trust
<p>To attract, inspire and develop staff:</p> <p>Failure to maintain our position as an employer of choice resulting in difficulties to recruit and retain key skills</p> <p>Failure to create and maintain a positive environment and a healthy workforce and to design a structure around workforce supply (healthy organisations are responsive, high performing, effective and continually evolve, develop and improve.)</p>	<ul style="list-style-type: none"> • Clear lines of accountability through the Director of Human Resources being named as the responsible officer • Clear lines of reporting through the Workforce and Organisational Development Committee to the Trust Board • More integrated workforce planning in place. Work continues to progress the development of the Dorset-wide workforce, planning capacity and capability • New paperless recruitment tracking system developed and introduced to improve the efficiency of the recruitment process • Events to support the recruitment of newly qualified staff and overseas staff to work at the Trust • Development of a people strategy to encompass the behavioural requirements to deliver the Trust's organisational values is underway and will continue throughout 2017/18 • Involvement and monitoring of the healthy workforce through the national CQUIN programme for health and wellbeing of all NHS staff. Full compliance achieved in 2016/17 with this CQUIN

<p>Working with partners to develop new models of care and reconfigure services so that clinically and financially sustainable arrangements are in place across Dorset:</p> <p>Inability to agree new service models that are acceptable to Poole Hospital stakeholders which are both clinically and financially sustainable. Inability to agree to agree any sustainable new service models that are acceptable to the wider Dorset stakeholders, thereby blocking the implementation of the Dorset STP</p> <p>Meeting the future estate Poole Hospital development and capital financing needs; £150m for Emergency Hospital and Planned Hospital</p>	<ul style="list-style-type: none"> • Clear lines of accountability through the Director of Strategy as the named responsible officer • Oversight and review of key milestones by the Executive Team, Hospital Executive Group, the Finance and Investment Committee, the Trust Board and the Governors. • Full participation in the Dorset Clinical Services Review (CSR) and Sustainability and Transformation Plans (STP) planning and implementation processes. In addition work is progressed through the Trusts internal planning processes • The Trust are proactive members of the Dorset Senior Leadership Team and the Dorset operational communications group to support this work stream • Proactive working with the Mid Dorset Health and Social Care Accountable Partnership to mitigate the risks of strategic changes of this magnitude • Key members of the Dorset Acute Vanguard Programme • Trust estate strategy in place • Capital planning processes and long term financial plan modelling, including balance sheet strength are in place to support borrowing.
<p>Ensuring all resources are used efficiently, effectively and economically to deliver key operational standards and targets:</p> <p>Failure to deliver within planned financial parameters</p> <p>Failure to meet key operational standards</p>	<ul style="list-style-type: none"> • Clear lines of accountability through the Director of Finance and Chief Operating Officer who are the responsible officers • Clear lines of reporting through the Finance and Investment Committee to the Trust Board • The Trust has robust processes in place for planning and managing capital spend in line with available internal and external funding • For Cost Improvement Plans (CIPs), monitoring and control processes are in place to enable the delivery of agreed programmes and to ensure accurate reporting to the Trust Board through the Finance and Investment Committee so that remedial action can be taken if required • Performance from the Commissioning for Quality and Innovation (CQUIN) schemes is monitored through the Nursing Directorate • The Trust has a robust Demand and Capacity plan in place to support the delivery of key operational standards • Discharge planning and delay monitoring is key to the success of patient flow through the hospital and has enabled the Trust to reach key operational standards over 2016/17 • Integrated performance report and monitoring processes take place monthly for all care groups

	<p>within the Trust to support improvement in practice and to highlight issues as they arise</p> <ul style="list-style-type: none"> • Winter escalation plans are in place and have been shown to work effectively over the winter of 2016/17 • Daily monitoring of ED and operational breaches is undertaken • An operational escalation plan has been developed and used to mitigate the risk of not meeting key operational standards
<p>Be a well governed and well managed organisation that operates collaboratively with local partners:</p> <p>Lack of appropriate governance processes in the Trust to ensure the effective running of the Trust</p> <p>Lack of effective partnership working with key statutory partners e.g. CCG, LA's and NHS FT's -In relation to both national and local systems.</p>	<ul style="list-style-type: none"> • Clear lines of accountability through the Chief Executive and the Director of Strategy who are the named responsible officers • Clear lines of reporting to the Trust Board through the Audit and Governance Committee • Strategic objectives are set annually by the Trust Board and monitored quarterly through the Board Assurance Framework to ensure that they continue to be relevant and reflect the governance needs of the Trust • A revised governance structure was put in place in 2016/17 that provides robust assurance for the Trust Board and clear lines of reporting and scrutiny for all • The Trust takes part in both external and internal audit to monitor progress against national and internally set standards • The NHS Improvement (Monitor)- Well led framework is used within the Trust. The Trust participated in the 3 yearly national well lead review with a positive outcome and no red/amber rated issues raised during 2016/17 • The Trust actively engages with the Care Quality Commission (CQC) to improve the quality of the patients' journey at Poole Hospital. Issues raised in the inspection have been formulated into an action plan and improvement have been made across the Trust • The Dorset Senior Leadership Team provides leadership and oversight to both Sustainability and Transformation Plans and the Clinical Services Review. • In addition the Vanguard Chair and Chief Executive Board provide leadership and oversight to the Dorset Acute Vanguard programme.

With regard to overall performance the Trust has met the majority of the national standards for the first three quarters of 2016-17 including Cancer and has delivered the quarterly Sustainability and Transformation Fund (STF) trajectory targets agreed with NHS Improvement.

The Referral To Treatment (RTT) 92% standard has been achieved at aggregate level, despite seeing a rise in demand compared with the same period to date last year (7.18% total referrals to month 9), and some constraints in capacity which also made the 62 day cancer target challenging.

The Trust has sustained the zero rate in MRSA bacteraemias for the third year, which is highly commendable. However the Cdifficile target is extremely challenging reaching 17 against a target of no more than 15 at the end of March 2017.

The Trust has met the stroke 90% standard for every month from April to December, and January too. (80% of patients should spend at least 90% of their time on a stroke unit).

The Trust did not achieved the 4 hour standard in the first three quarters of 2016/17, but has maintained and improved its position nationally, delivering 91.3% in December compared with the National positional of 86.2%.

The 15 'key diagnostic tests' standard (DM01 return) of no more than 1% of patient waiting more than 6 weeks at month end has been delivered each month in the first 3 quarters of 2016-17 .

The Cytology Screening standard achievement (Wessex standard 98% in 10 days) was retrieved last year and has to date been sustained consistently which is to be commended.

Information Governance Toolkit Progress Report; The Trust is currently working towards meeting the 45 requirements of the IG Toolkit for Acute Trusts, Version 13 (2016/17). Our baseline position on 31 July 2016 was 55%, our performance update assessment (current position) was submitted on 31 October 2016 at 73%. At the end of 2016/17 the Trust achieved 84% satisfactory for our submission of the Information Governance toolkit to NHS digital. This target is consistent with last year's submission and was our projected position at the beginning of the financial year.

By achieving the minimum of Level 2 across all requirements, which we will achieve enables us to achieve an overall textual score of 'Satisfactory'.

The Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Foundation Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources

The Trust employs a number of internal mechanisms and external agencies to ensure the best use of resources.

Executive Directors and Managers have responsibility for the effective management and deployment of their staff and other resources to maximise the efficiency of their Clinical Care Groups and Corporate Directorates.

Board of Directors: - A Non-Executive Director chairs the Audit and Governance Committee at which representatives of the internal and external auditors attend. The committee reviewed and agreed the audit plans of both the internal and external auditors. The plans specifically include economy, efficiency and effectiveness reviews which have been reported on. A Non-Executive Director also chairs the Finance and Investment Committee which reviews the Trust's finance plans and performance and the Workforce and Organisational Development Committee is also chaired by a Non-Executive Director. The Board of Directors receives both performance and financial reports at each of its meetings and receives reports of its sub committees to which it has delegated powers and responsibilities.

The Trust also has a significant transformation programme to ensure the Trust maximises the use of all available resources and identifies and manages a number of cost improvement programmes to ensure that scarce resources are used in the most effective manner. As part of this process, the Trust is fully engaged with the productivity and efficiency workstreams arising from the Carter report.

A benefits realisation process is in place to review all investment decisions to ensure that resources are utilised effectively for the intended purpose. All investment decisions are reviewed on a monthly basis prior to approval to ensure value for money.

As stated in the performance report on page x of the annual report, the Board of Directors acknowledge that there is a material uncertainty related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern and, that it may be unable to realise its assets and discharge its liabilities in the normal course of business. The Trust was reliant on receipt of £9.3m of STF income to maintain sufficient liquidity throughout 2016/17, and is reliant on the receipt of £6.5m of STF income in 2017/18. These issues, which are not wholly within the control of the Trust, affect its ability to plan effectively for the sustainable delivery of its service obligations. On this basis, the Trust's external auditors have included a qualification in their report in relation to use of resources.

Information governance

During the period 2016/17 there has been one case of serious data losses recorded which was reported to the Information Commissioner's Office (ICO) and NHS digital and treated as a serious untoward incident. This incident still resides with the ICO for investigation and the details of the incident are summarised below;

- A contract was put in place from the 1 April 2015 with Landauer Europe Ltd, for the Provision of a Radiation Dosimetry Service.
- The contract was led by the University Hospital Southampton NHS Foundation Trust, and is a joint contract for a number of neighbouring Trusts including but not limited to Dorset County Hospital, Salisbury NHS Foundation Trust, Royal Bournemouth Christchurch NHS Foundation Trust, Poole Hospital NHS Foundation Trust and Royal Hampshire County Hospital.
- The data breach occurred on 6 October 2016 when an unauthorised third party gained access to one of Landauar's UK servers, and copied an amount of data.
- The Head of Nuclear Medicine here at PHFT was first notified of a potential data breach just before Christmas but they were not in a position to provide any further detail until a full investigation had been carried out.

- The Trust received formal notification in a letter dated 4 January 2017.

Poole Hospital Foundation Trust numbers involved in security breach were as follows:

261 current members of staff involved have now been informed by letter:

- 17 of these had their names, dose history and dates of birth involved and as agreed with Landauer they have been given the opportunity to register free of charge to Experian Protect MYID service for 24 months.
- 244 had only their names and dose history accessed. Given the limited information copied it was not felt that there was a requirement to offer the Experian Protect MYID service.

404 past members of staff were also involved.

- Of these 320 had only their names and dose history accessed, given the limited data involved is not felt that it is necessary to contact these individuals.
- An additional 84 past members of staff had their name, dose history and dates of birth accessed, we have been working with HR to obtain last known addresses to enable us to send out a letter informing them of the incident and also offering the Experian Protect MYID service for 24 months. We have to bear in mind that a certain number of these will have moved and therefore we will be unable to make contact with them.
- Of the 84 identified above, 3 also had their national insurance numbers included. They will be contacted in the same way.

As you will see staff were informed as soon as possible and have been provided with additional information as and when required. This also affected other Trust's, all with varying numbers involved.

Additional actions have been taken and each Trust involved has reported the incident to the Information Commissioner's Office, who will conduct an investigation. The incident has also been reported in accordance with NHS England guidance as a Serious Incident on STEIS. The reference has been added to Datix. NHS Digital are also conducting their own investigation and if any additional information is required contact will be made via IG leads.

The Trust has received assurances from Landauer that appropriate actions have been taken to try and prevent such a re-occurrence. The term of the contract is for a three year period which takes us to April 2018 with the option to extend. As this is a collaborative contract discussions will need to be held before any renewal/extension is considered.

Annual Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHS Improvement (in exercise of the powers conferred on Monitor) has issued guidance to NHS foundation Trust Boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the *NHS Foundation Trust Annual Reporting Manual*.

The production of the quality report is led by the Director of Nursing and reflects the discussions and decisions of the Board of Directors and the Quality, Safety and Performance Committee during the preceding year.

The Trust has engaged clinical staff, the Board, governors, Health Watch and local health scrutiny panels in the process of building the quality report.

The data used in the quality report has been reviewed and a number of data items are the subject of external audit scrutiny to check their validity.

Clinical quality and patient safety have been at the forefront of meetings of the Board of Directors and the Trust has continued to hold a regular Quality, Safety and Performance Committee to provide further assurance on the arrangements for maintaining clinical quality and patient safety. The Trusts governance structure has been updated during the year and the Board of Directors has undertaken a review of their effectiveness during March 2016.

Signed by:



Date: 24/5/17
Debbie Fleming, Chief Executive

SECTION C: QUALITY REPORT

PART 1 - STATEMENT ON QUALITY

Chief Executive's statement

Working within the NHS is not without its challenges and our Trust is certainly no exception. Over the past year, there has been an ever increasing demand on our already stretched services and I am proud of the way all our staff have addressed these challenges by continuing to be 'patient centred' in all that they do.

Our core values, 'The Poole Approach' were refreshed during the year to ensure that they continue to properly reflect our beliefs and remain relevant in delivering modern healthcare. Over 2000 of our staff took part in a Trust-wide consultation which strongly endorsed our Poole Approach. The resulting values - compassion, openness, respect, accountability and safety - built on the statements contained within the original Poole Approach and have been well received.

Our quality strategy, led by the Director of Nursing, supports the 'Poole Approach' and describes the quality governance arrangements in place to underpin the provision of high quality care to all our patients, ensuring that these values remain at the heart of everything we do.

The quality strategy was refreshed in 2016 to ensure it continues to support the Trust's key objectives and quality improvements, as set out in the organisation's operational plan and the quality account. Our quality goals have again been reviewed with our key local health partners, Health Watch, Borough of Poole, Bournemouth Borough Council and the Poole Hospital NHS Foundation Trust Governors. All local partners actively contribute throughout the year to the monitoring and development of the quality improvement goals outlined in this quality account. Progress against the quality improvement plan can be found in the following pages, with key achievements summarised below:

- an increase in the number of patients discharged before midday;
- a reduction in the number of patients receiving harm due to medication errors;
- the promotion and use of 'easy read' leaflets / documents for patients with a learning disability;
- a Trust-wide education plan to support end of life care decision making in line with the 'Building on the Best' project.

In January 2016, the Trust underwent a full CQC inspection. The results were received the following summer with the Trust being awarded an overall rating of 'requires improvement'. However, the Trust scored 'Good' for the responsive, caring and well-led dimensions. This CQC report was hugely encouraging, particularly when we consider the challenged financial position of the Trust, and all the organisational changes that have taken place over the past two and a half years. As always, there are areas where we have begun, and will continue to make, improvements (details of which can be found in section 3), but overall, I am so proud of the staff of Poole Hospital and delighted that the inspectors rated us 'good' in 31 out of the 39 indicators. I am particularly pleased that the CQC have assessed the Trust's services as being 'well-led', with a positive and open culture.

A number of the quality standards highlighted above are reflected in the contract we have with our key commissioner the Dorset Clinical Commissioning Group. These standards are

monitored on a monthly basis via a scorecard report and quarterly through a more detailed narrative report. The Trust has a positive and open relationship with our commissioner and the excellent communication channels in place assist the Trust in ensuring we continue to provide high quality and appropriate care to the residents of Dorset.

From the feedback we routinely receive, we know that our services are highly valued by our local community. As well as scoring well in national audits and surveys, our most recent Friends and Family results show that 96% of patients attending for treatment would recommend Poole Hospital to others.

I am also pleased to report that Poole Hospital staff continue to endorse Poole Hospital as a great place to work with 94% recommending our care in the latest NHS Staff Friends and Family Test. Our latest results, covering June-August, shows that 94% of staff here would recommend the hospital for care and treatment – 14 per cent higher than the national average and the best in the Wessex area. Only six other Trusts from the 236 surveyed nationally have a higher staff recommender score. We are also in the top 25 per cent of Trusts in the country for staff recommending us as a place to work.

These excellent results are reflected in the national NHS Staff Survey, published in March 2017. Findings from the recent NHS Staff Survey placed us in the top 20% of all Trusts nationally for the overall score for staff engagement, with nearly 2,000 of our staff taking part.

The Trust was placed in the top 20% for 8 other key findings:

- ability to contribute towards improvements at work
- equal opportunities for career progression or promotion
- recommendation as a place to work or receive treatment
- being valued and recognised
- satisfaction with level of responsibility and involvement
- quality of training, learning or development

Whilst results show that the hospital is a good place to work, we will continue to work hard to improve our performance in the areas where the results were less satisfactory.

Meanwhile the Trust has continued to offer patients swift access to care, having successfully achieved the performance standard of 92% of all patients being seen and treated within 18 weeks of referral throughout the year. This is admirable given the rise in referrals and system-wide demand pressures, which have caused the national position to decline.

Despite a continued increase in the number of “fast-track referrals”, our cancer services continue to perform well – much better than other Trusts across the country. We have again achieved the standard to treat 85% of patients within 62 days throughout the year.

Once again, I am delighted that the Trust has scored highly in latest cancer patient survey; Patients at the Dorset Cancer Centre, based in Poole Hospital, rate their care as better than the national average.

The latest National Cancer Patient Experience Survey results showed patients gave their care a score of 8.9, from a maximum 10. The national average is 8.7. Patients ranked the hospital highly in a range of key areas including:

- being involved in decisions about care
- getting support through their treatment
- treated with dignity and respect
- ease of contact with their Clinical Nurse Specialist

The Emergency Department constitutional performance standard of 95% of all patients being seen, treated and discharged within four hours has been supplemented nationally with a trajectory to improve individual Trust performance this year. Whilst the Trust has not achieved the constitutional standard of 95%, our teams have delivered against the Trust's trajectories throughout the year and as such we have delivered what was expected of us under very difficult times.

Another testament to our staff is the Trust's performance relating to the take-up of the flu vaccine. A total of 86% of all our frontline staff were vaccinated against flu by the end of December 2016, with our performance being recognised as being among the best in the country. Figures released by Public Health England show us in the top 10 Trusts out of 262 nationally. We are pleased that so many staff helped protect themselves, their families and our patients against the flu virus by having a vaccination this year. Last year, less than a third (31.3%) of our frontline staff at Poole Hospital had a flu vaccination and as such, our Flu Fighter team won the national award, for being the 'most-improved' Trust in the country.

The Trust continues to operate within a very challenging environment, facing a great deal of uncertainty due to the Clinical Services Review. However, irrespective as to the outcome of this review, staff at Poole Hospital remain focussed on the provision of safe, high quality patient care for all our patients.

To the best of my knowledge, the information contained within this report is accurate.

A handwritten signature in blue ink, appearing to read 'D M Fleming', with a stylized, flowing script.

D M Fleming (Mrs)
Chief Executive

PART 2 – PRIORITIES FOR IMPROVEMENT AND STATEMENTS OF ASSURANCE FROM THE BOARD

QUALITY IMPROVEMENT PLAN 2016-2017

The details of our plans for quality improvements in 2016-17 are detailed below. These are monitored via the Quality, Safety and Performance Committee. (page 16)

For the period 2017-2018 (in conjunction with external scrutiny bodies, Health Watch and the Trust governors) the Trust has agreed to continue to expand and develop the current improvement topics (2016-17) and will work to more closely align these improvement topics with the quality strategy and the patient safety plan.

2.1 Supporting patients to return home (effective discharge planning and communication)	
Quality priority	<p>During 2015/16 the Trust focussed on improving our internal processes including a comprehensive review of the discharge planning tools and the discharge policy.</p> <p>Supporting patients to return home is a complicated and multifactorial process. The Trust is working with partners to further develop effective discharge processes and improve communication both internally and externally to the organisation.</p> <p>A key focus is delivering personalised arrangements for discharge home to enable all patients to achieve their best possible outcomes.</p>
Aims	<ul style="list-style-type: none"> • To continue to improve discharge information and communication working in closer partnership with Poole Borough Council and local healthcare providers • To improve the transfer documentation between wards and departments to ensure all discharge planning and patient intelligence is not weakened or lost during transfer between wards prior to discharge • To work with patients/relatives and local bodies such as Health Watch to identify improvement opportunities to the discharge process • The Trust has adopted a 2016 campaign to enhance the quality safety and timeliness of discharge under the banner of “There’s No Place Like Home”, in line with national best practice and guidance. (picture below) • A series of initiatives have been timetabled, including specific weeks focusing on best discharge policy across the Trust, for example January 2016 - raising awareness, March - supporting patient choice and May - Expected Date of Discharge. Subsequently new practices have been adopted including regular audits (twice yearly and weekly)
Measure	<ul style="list-style-type: none"> • Increase in the number of patients leaving hospital by 10 am and 1pm (target as agreed in speciality areas i.e. Department of Medicine for the Elderly (DME) 23% of patients to leave prior to 1pm) • Reduce the number of patients with extended length of stay in line with national guidance (e.g. 3.5% or below) • Hospital wide compliance with the SAFER audit

	<ul style="list-style-type: none"> • Regular auditing of patients receiving estimated date of discharge (EDD) • Percentage of patients transferred between wards with a completed handover tool – better compliance to be evident over time • Progress against the discharge quality standard audit action plans (twice yearly) • Reduction in any complaints/ incidents/safeguarding issues relating to discharge process, communication and documentation etc. • Evidence of improved outcomes for patients, through improved Friends and Family Test, patient surveys and external scrutiny.
How will we achieve this	<ul style="list-style-type: none"> • Implement the discharge aspects from the 10 point action plan which has been developed during 2015/16. This plan reflects the national agenda for hospital flow, patient frailty, personalisation and person centred care and incorporates the discharge audit findings and capacity review recommendations • Continue to embed SAFER flow bundle across all relevant areas of the Trust. Including an additional question on the Wednesday ward watch monthly audit • Ensure that patients experience high quality communication throughout their journey within the hospital and back into the community to assist a seamless transfer of care • Embed and develop the My Ticket Home and Welcome Letter with patients, colleagues, and partners • Explore options to enable patients to appropriately return 'home for lunch' with a clear focus on discharge earlier in the day, for example preparation and timing of ward rounds • Expanding the scope of the 'There's No Place Like Home' campaign to help manage expectations and provide consistent messaging for patients and their families, staff and partners.
How did we do?	<p>This quality objective is a two year plan and we are pleased to have partially achieved our longer term objectives. We recognise that we have additional work to do and we will be continuing to monitor improvements over the next 12 months to ensure that we achieve full compliance with our objective by the end of the 2017/18 period. Key points to date are:</p> <ul style="list-style-type: none"> • The number of patients leaving the hospital before midday has steadily increased to 20.3% in December 2016 • Patients discharged before 1pm (Medicine for the Elderly) fluctuated between 19.8% and the target of 24% • The number of patients with a delayed transfer of care remained high in September at 6.94% but reduced to 2.52% in December below the target of 3.5%. However the year end results sit at 4.78% Feb 2017 (March 2016 4.40%) • Monitoring the percentage of patients transferred between wards with a completed handover tool is reliant on the introduction of the electronic care record- implementation has been delayed to the next financial year.

2.2 Quality improvement priority- Deterioration of patients (including sepsis and acute kidney injury (AKI))

Quality priority	<p>The 'deteriorating patient', has been identified as a key work area in the Trusts safety Plan supporting the Sign Up to Safety campaign. Work to increase staff awareness and the timely escalation of the deteriorating patient to clinical experts within the hospital will increase safety and reduce the risk of harm for all patients.</p> <p>National prioritisation of this work is also being driven through Commissioning for Quality and Innovation (CQUIN) targets for Acute Kidney Injury and Sepsis; two principle causes of deterioration in patients.</p>
Aims	<ul style="list-style-type: none"> • Reduction in the number of serious incidents where failure to escalate is a feature • Increased compliance with implementation in National Early Warning System (NEWS) track and trigger system for the deteriorating patient • For at least 95% of patients to have vital signs recorded in accordance with agreed plan of care • For at least one ward in each care group to be involved in a service improvement project • To increase the number of departments receiving 'simulation' training.
Measure	<ul style="list-style-type: none"> • Number of staff and departments having received simulation in practice training • Percentage compliance with implementation in NEWS track and trigger • Number of serious incidents relating to failure to escalate the deteriorating patient • Performance against CQUIN targets • Number of departments participating in service improvement projects and the measurement for improvement data collected • Percentage of patients having a full set of vital sign observations recorded within the agreed plan of care timescale.
How will we achieve this	<ul style="list-style-type: none"> • By appointing a Nurse Specialist for Sepsis/Acute Kidney Injury • By auditing and collecting data for analysis and submission in support of the AKI and Sepsis CQUIN • By evaluating the impact of the simulation trainer post on staff knowledge and clinical care and make recommendations for continued funding • By joining the Academic Health Science Network's 2016/7 work stream; 'the deteriorating patient', and implement active service improvement projects • Complete the full implementation of the National Early Warning Score track and trigger system in all clinical

	<p>wards and departments, including paediatrics, maternity and the Emergency Department</p> <ul style="list-style-type: none"> • By developing a video to support education on sepsis in practice • By sharing learning at the Trust annual patient safety conference.
How did we do?	<ul style="list-style-type: none"> • A consistently increasing number of staff have attended simulation in practice training- now totalling over 1000 staff. (Nov 2016 = 500) • The annual audit shows a consistent year on year improvement of compliance of implementation of the NEWS (National Early Warning Score) track and trigger system for the deteriorating patient; 2013 PEWS audit demonstrated 37% of patients escalated according to protocol. 2015 NEWS audit demonstrated 54% of patients that were 'High' or 'Critical' were escalated according to policy 2016 NEWS audit this has improved to 77%. • 99% of patients consistently have their observations recorded within the agreed plan of care timescales. (March 2016 99%) • Compliance against the CQUIN standards is closely monitored by the Dorset Clinical Commissioning Group and the Wessex area team – specialised commissioners. Compliance will be assessed at year end. <p>As part of a national CQUIN project, the Trust have been striving throughout 2016 and 2017 to improve the management of the life-threatening condition sepsis. It is vital that patients with a possible sepsis are identified quickly and treatment is started as soon as possible to secure the best outcomes for them. This project involved the designing of a unified algorithm to identify deteriorating patients that might be at risk of sepsis and should therefore be screened for the condition. This inpatient sepsis tool was launched in October 2016 together with a training and education strategy. Since its launch 364 staff have been trained in the use of the sepsis screening tool and it is now embedded in practice across the Trust. This has had a very positive impact on patient care as we have seen sepsis identification and screening rates improve from 65% in April 2016 to 91% in March 2017. This work is part of a two year project that will continue to improve outcomes for patients.</p>

2.3 Quality improvement priority – Medication errors

Quality priority	<p>The Trust has focussed on the number of medication errors occurring and the monitoring mechanisms in place during 2015/16.</p> <p>The electronic prescribing project has been initiated with a 12-18 month implementation plan.</p> <p>A new medication governance structure was introduced in August 2015, with all the medicine related groups reporting into the new Medicines Optimisation Group, and was fully implemented by December 2015. The new medicines governance policy was approved by the Hospital Executive Group in January 2016.</p> <p>A lead Pharmacist for Medication/Governance Safety has been appointed and the monitoring and management of medication errors has been a priority for 2016/17</p>
Aims	<ul style="list-style-type: none"> • To embed the medicines governance policy into daily working and to continue to improve the policies, procedure and systems in place to ensure the safe and effective administration of medication to patients • To improve the understanding of safe administration and management of medicines, analyse themes and ensure actions are delivered to address these • To improve learning and sharing from medication incidents – to publish 6 medication safety bulletins • To implement electronic prescribing across the Trust in phase 1 prescribing areas – this will be partially completed in some areas during 16/17 • Increase reporting of medication errors by 10% • Decrease severe and moderate harm errors by 5%
Measure	<ul style="list-style-type: none"> • Completion of the implementation of the electronic prescribing project in each key area. • Review and monitor the implementation of the new medicines governance structure • Continue to monitor, review and reduce missed doses • Improve and expand the use of the Medicine Optimisation dashboard • Include Medicine Optimisation into the Integrated Performance Reporting process (IPR) • Number of reported medication incidents causing severe or moderate harm.
How will we achieve this	<ul style="list-style-type: none"> • By monitoring the implementation of the Electronic Prescribing System • By sending medicines dashboard reports to Medicines Optimisation Group and Hospital Executive Group • By auditing programmes to monitor prescribing errors, incidents and controlled drugs related incidents • Through pharmacy intervention audits • By monitoring of the Medicines Optimisation work plan. • Through external audit of medication errors and action plan implementation.

How did we do?	<p>This quality objective is a two year plan and we are pleased to have partially achieved our longer term objectives. We will be continuing to monitor improvements over the next 12 months to ensure that we achieve full compliance with our objective by the end of the 2017/18 period. Key points to date are:</p> <ul style="list-style-type: none"> • The number of patients receiving severe harm is at zero Feb 2017 (2015/2016 = 1) • The number of patients receiving moderate harm has greatly reduced and sits at 4 (April 2, August 1, January 1) at Feb 2017(2015/2016 = 20) • Medicine Optimisation is now included as a separate section in the monthly Trust Integrated Performance Report.

2.4 Quality improvement priority – Pressure ulcers

Quality priority	<p>The numbers of hospital acquired pressure ulcers fluctuate each month but an increase in pressure ulcers in the autumn of 2015 prompted a full risk assessment and addition of a new risk onto the Trusts risk register alongside a detailed action plan.</p> <p>The Trust nursing standard is that all patients should be risk assessed within 6 hours of admission to hospital and an appropriate plan of care put in place.</p> <p>Pressure ulcers are monitored and reported monthly via the electronic incident reporting systems. Occurrence of pressure ulcers can be 'inherited' where a patient is admitted to hospital with a pressure ulcer or 'acquired' where a patient suffers a pressure ulcer while in hospital.</p>
Aims	<ul style="list-style-type: none"> • To reduce the number of avoidable hospital acquired pressure ulcers grade 3 and above • For all registered nurses and healthcare assistants in adult in-patient wards to have completed specific training on pressure ulcer prevention • To increase the number of patients risk assessed on admission to 100% currently 97%.
Measure	<ul style="list-style-type: none"> • Number of pressure ulcers of each grade occurring on each ward per month • Number of moisture lesions occurring on each ward per month • Percentage compliance with nursing assessments completed within 6 hours of admission • Percentage compliance with completion of the pressure ulcer care bundle • Percentage of healthcare assistants and registered nurses having completed specific training on pressure ulcer prevention.
How will we achieve this	<ul style="list-style-type: none"> ▪ By developing the 'Safety Pins' link staff group. (Safety Pins is the name given to the staff representatives to raise awareness of the Trusts safety work) ▪ Use of service improvement methodology to drive changes in practice ▪ Development and implementation of Electronic Nursing Assessment tool ▪ Revision to the Trust documentation and care planning tools for pressure ulcer risk assessment and care planning.

How did we do?	<p>The Trust is aware that the number of pressure ulcers is a concern and that whilst some wards have seen a low rate of pressure ulcers this is not consistent across the Trust. Additional work is underway to provide assurance that data collection and reporting is robust in order to provide meaningful comparisons in performance month on month.</p> <p>A number of actions have been taken and a revised comprehensive action plan supported by a Trust wide Quality Improvement Project has been launched in April 2017. The following actions have already been taken:</p> <ul style="list-style-type: none"> • Appointment of a Band 7 Lead Nurse for Tissue Viability • Development of Electronic Nursing Assessment to introduce a validated risk assessment tool (Waterlow). This is awaiting implementation from 1st May 2017 following suspension of the IT project in September 2016 • Introduction of heel suspension boots to provide protection to patients heels • Ongoing education to ward staff • There is an ongoing year on year increase in the number of patients being admitted with pressure ulcers A Dorset wide multi-provider group has been established to look at this • Acquired pressure ulcers grade 3 and above in the Trust has reduced. (as at end Jan) = 32 against 2015/16 comparison = 37 grade 3 above • 98% of patients had their nursing assessment completed within 6 hours as at March 2017.

2.5 Quality improvement priority – Nursing patient assessments including Learning Disabilities

Quality priority	<p>Nursing assessment forms a vital part of the patient's record whilst in hospital and ensures a personalised approach to the provision of care and treatment to each individual patient.</p> <p>Separate nursing assessment documentation is currently in use including assessment of patients with Learning Disabilities.</p> <p>Nursing documentation audit results show varied compliance with nursing assessment documentation with a significantly low number of</p>
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	patients with Learning Disabilities having a completed Learning Disabilities specific nursing assessment.
Aims	<ul style="list-style-type: none"> ▪ For all patients to have a nursing assessment of core care needs within 6 hours of admission ▪ For all patients with an identified Learning Disability to have a 'reasonable adjustment' assessment in addition to the standard nursing assessment ▪ For all elective admissions of patients with a Learning Disability the reasonable adjustment record should be completed prior to admission.
Measure	<ul style="list-style-type: none"> • Percentage of patients receiving the nursing assessment with 6 hours of admission • Percentage compliance with a reasonable adjustment assessment for patients with an identified learning disability.
How will we achieve this	<ul style="list-style-type: none"> ▪ Review the current nursing assessment priorities and standards ▪ Implement Electronic Nursing Assessment ▪ Workshops to raise awareness of Learning Disabilities ▪ Inclusion of reasonable adjustment into induction and mandatory update training.
How did we do?	<ul style="list-style-type: none"> • Newly appointed safeguarding lead with enhanced role in relation to Learning Disabilities. • Focussed work to enable staff to identify and record any patient's requiring reasonable adjustments to their plan of care. • The Trust continues to review and develop its approach to patients with Learning Disabilities including: <ul style="list-style-type: none"> ○ An "expert patient" presents to staff on induction and there has been excellent feedback from this session ○ Learning Disability awareness is included in mandatory training ○ Promotion of the completion Reasonable Adjustment Assessment and seeking patient permission to add a CPI flag to the Electronic Patient Record ○ Promotion of the use of easy read documents and leaflets ○ Continuing to develop links with Learning Disability nurse specialist in the community ○ Development of an intranet page dedicated to providing information for staff about the available support for patients with a Learning Disability whilst in Poole Hospital. • In June a CCG sponsored 'Mystery Shopper' exercise was completed by a group of experts by experience. The Trust received broadly positive feedback with some suggestions for further development of the services including access to more Easy Read leaflets and signposting • A 'Striving for Excellence in Learning Disability' project on has run in the Emergency Department.

	<p>The annual narrative assessment in relation to services for people with a learning disability (six criteria) demonstrates:</p> <ol style="list-style-type: none"> 1. The Critical Patient Information flag is in place. Links with the specialist Learning Disability services are being strengthened to proactively identify people before admission to hospital and offer the placement of a flag for those already registered as patients to the hospital. The Reasonable Adjustment Assessment enables staff to identify where care processes and pathways may need to be amended to suit the needs of people with Learning Disabilities 2. Information in easy read format is available Appointment letters can be provided in differing formats if requested or prior notification is given. 3. A carers advisor forms part of the Patient Advice and Liaison Service team 4. Training on caring for people with Learning Disabilities is included on induction and in specialist safeguarding training 5. The Trust has good links with Poole Forum 6. An audit of Learning Disability care will be completed as part of the 2017 safeguarding audit plan. <p>This quality objective is a two year plan and we are pleased to have partially achieved our longer term objectives. We recognise that we have additional work to do and we will be continuing to monitor improvements over the next 12 months to ensure that we achieve full compliance with our objective by the end of the 2017/18 period.</p>
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2.6 Quality improvement priority - Care of the dying pathways

Quality priority	<p>End of life care – care in the last days, weeks and months of life - forms a central service of Poole Hospital services, with 28% adult inpatients (excluding obstetrics) being in their last year of life, consistent with the national picture. End of life care is everybody's responsibility, as highlighted in the recent National Ambitions for Palliative and End of Life Care (2015), and is carried out throughout the Trust. The Trust End of Life Care Group oversees this work. The integrated Palliative Care Service based at Forest Holme Hospice includes the Hospital Palliative Care Team (HPCT), in-patient ward, and out-patient clinic. (The Community Specialist Palliative Care Team, previously based at Forest Holme, has been integrated into the District nursing teams under Dorset Healthcare University Foundation Trust (DHUFT), Lymphoedema and Counselling teams, all managed by the Trust. It is also a base for the Generalist Palliative Care Team (managed by DHUFT) and Forest Holme Hospice Charity. Poole Hospital is one of ten hospitals nationally to be selected to take part in a new national programme to improve end of life care, Building on the Best, led by the National Council for Palliative Care in partnership with Macmillan, from March 2016 – October 2018. This builds on the work of the Transform programme, Routes to Success, for which the Trust was a phase 1 site from 2010.</p>
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	<p>Current Position</p> <p>The Trust has recently refreshed its Palliative and End of Life Care Strategy and Action Plan.</p> <p>The Hospital Palliative Care Team has led on a number of initiatives to improve palliative and end of life care, not only for patients who are known to the HPCT for the management of more complex problems. These include:</p> <p><i>Treatment Escalation Plans</i></p> <p>Treatment Escalation Plans enable consistent, easily accessible documentation of discussions and decisions about what treatments may be appropriate for each individual patient. The electronic document is embedded in the Electronic Patient Record (EPR) for clinicians to complete. This means that decisions can be made, in discussion with the patient, by a senior member of the clinical team, reducing the need for decisions to be made by a more junior member of staff in the middle of the night. From July 2015 to January 2016, staff have created 269 Treatment Escalation Plans, with a significant impact on care.</p> <p><i>Planning Ahead for End of Life Care</i></p> <p>It is important that individuals have the opportunity to state their preferences and priorities, particularly as they approach the end of their life, so that these can be met where possible. When people have the opportunity to consider what their priorities are, they may choose to avoid further admission to hospital or intensive disease-focused treatments. Planning Ahead for End of Life Care, embedded in EPR, allows documentation of their preferences in a straightforward and accessible way following sensitive discussion with clinical staff. The Planning Ahead document has been available on EPR since July 2015 and is well used by the palliative care services (Poole and Bournemouth), with scope to expand its use across other teams.</p> <p><i>Personalised Care Plan for the Last Days of Life</i></p> <p>Following the Independent Review of the Liverpool Care Pathway (LCP), the Trust replaced the LCP with Personalised Care Plan for the Last Days of Life, developed jointly by the Palliative Care Team and Department of Medicine for the Elderly in August 2013. This has been available electronically in EPR since August 2015 and is very well used throughout the Trust, with 320 plans created between August 2015 and January 2016. Results of the National Care of the Dying Audit are awaited, but review of the plans suggests that they are well completed, with good documentation of sensitive discussions taking place and effective prescribing to ensure good symptom control.</p> <p><i>Rapid Discharge Home to Die Pathway</i></p> <p>The rapid discharge home to die pathway is one of the key enablers recommended as part of the Routes to Success programme and has been in use throughout Poole hospital since 2012.</p>
Aims	<p>To improve end of life care by:</p> <ul style="list-style-type: none"> • Improving shared decision making with patients – enabling people to have more control and choice over their care and treatment • Improving planning ahead for end of life care across all parts of the acute hospital, including out-patients • Optimising symptom control • Ensuring all patients have access to timely and effective palliative care when needed.

Measure	<ul style="list-style-type: none"> • Audit of Care of the Dying • Audit use of Treatment Escalation Plans • Audit use of Planning Ahead for End of Life Care • Surveys including bereavement survey. • Compliance with Building on the Best project aims
How will we achieve this	<ul style="list-style-type: none"> • By launching the Palliative and End of Life Care Strategy • Participation in Building on the Best (initial national meeting 23-24 March 2016). Poole Hospital is one of only ten Trusts across the country selected to participate in this programme • Through education and training relating to advance care planning, shared decision making and symptom control • Through continued work with commissioners and our partner organisations to improve timely access to effective palliative care seven days a week.
How did we do?	<p>This quality objective is again a two year plan and we are pleased to have made some solid progress towards achieving our longer term objectives. We will be continuing to monitor improvements over the next 12 months to ensure that we achieve full compliance with our objective by the end of the 2017/18 period. Key points to date are:</p> <ul style="list-style-type: none"> • A number of GP/Community partner engagement events held to date • Participation in National care of the dying audit and formal audit of treatment escalations records underway • OPD focus group consultation commenced • Active participant in the Wessex patient safety collaborative • Staff survey on pain and symptom control completed; Figures for both confidence and competence in managing symptoms were, encouraging. Less than 16% of all respondents (207) reported confidence and competence either low or very low relating to pain, nausea and vomiting, breathlessness, and anxiety • Trust-wide education plan to clarify the definition of end of life care/last year of life being developed • Nurse specialist for End of life care working alongside the Integrated Palliative Care service at Forest Holme, however this is a separate role supporting patients/families at end of life some of whom may not require input from the palliative care service.

2.7 GOVERNANCE ARRANGEMENTS - MONITORING OUR PROGRESS

Our quality progress and achievements are monitored via the Quality, Safety and Performance Trust Board sub-committee, chaired by a Non-Executive Director. The clinical care groups also produce a quarterly quality report that supports the achievement of our quality strategy and quality improvement goals.

These reports are created using a set template and cover a wide range of risk and safety topics such as; untoward incidents, infection control, clinical audit and research activity, patient experience, Friends and Family test, and quality improvements. Additional monitoring is achieved via care group and Directorate scorecards which are reviewed at monthly performance meetings with a number of Executive Directors. Any significant risk or safety

issues are escalated to the relevant Board sub committees and to the Board of Directors as appropriate.

The quarterly quality reports importantly also include innovations and key achievements, to ensure we celebrate our successes alongside managing any risk and safety challenges throughout the year. Details of a number of quality improvements and innovations can be found in section 2.8.

These important quality reports form the key assurance that patients are receiving good quality care across the Trust and are supported by relevant outcome measures and quality indicators. Where any shortfalls in the quality of care or treatment are identified actions are documented and progress monitored closely through the risk and governance processes that are in place.

External bodies, commissioners, members of overview and scrutiny committees including Health Watch and patients representatives have visited areas across the Trust accompanying the Director of nursing, the medical Director and matrons on rounds and visits. They have heard first-hand from patients, their families and friends about the care and treatment being given. They have also talked to staff about their views and experiences.

Progress following these discussions is monitored through the key quality improvements set out earlier in this report. During each year we engage regularly with our external Overview and Scrutiny bodies, Health watch and Trust Governors who all contribute to the quality monitoring process and identification of ongoing quality improvement goals.

A number of associated key risks have been identified on the Trust's risk register and the actions required in resolving these risks are also supported by the improvement topics above. These risks include;

Delayed transfers of care to external care settings

- Failure to achieve national targets for the Emergency Department
- Critically challenged patient flow and capacity within the Trust
- Insufficient nursing staff in some ward areas.
- IT security systems in some areas upgrade overdue
- Pressure Ulcer development and/or deterioration of existing ulcers

Detailed plans are in place to address these risks and all appear on the Trust's Board Assurance Framework which is monitored by the Board sub-committees.

The Trust is fully committed to complying with the national guidance with regard to the 'Duty of Candour'. The Trust has a policy which links the 'Duty of Candour' with the principles of 'being open' to provide a continuum of dialogue with patients and families in support of an open, honest and transparent culture. An internal audit of our compliance against the 'Duty of Candour' has been completed; the results are currently being analysed.

The Trust does not rely solely on its own monitoring processes to confirm progress against these significant improvement challenges. A number of internal and external audits are commissioned each year to provide external assurance and recommendations against our quality improvement plans. The Trust also participates in a considerable number of national clinical audits and has an active clinical research programme. Details can be found further on in this report.

2.8 OTHER QUALITY IMPROVEMENTS

During 2016-2017 Poole Hospital NHS Foundation Trust made progress on improving the quality of patients care in a number of ways, including:

2.8.1 Interactive Soundwall unveiled

A new interactive sound and vision installation has been unveiled in the children's unit. The 'Soundwall', in the play therapy room, allows younger patients to create and control their own light and sound shows simply by moving their bodies.

The device was funded by the Reverend Meachin, former Mayor of Poole, as one of his nominated charities while in office, the British Arts Council and the Co-operative Community Fund, supported by fundraising through a range of events by children's unit staff. Created as a collaboration between music production company DOsounds and creative studio Freak, the Soundwall serves as a way to help calm as well as entertain children in hospital.

2.8.2 Poole Hospital and Dorset Police working together

Poole Hospital is working with Dorset Police to help make Poole a dementia-friendly community. The collaboration sees Poole Hospital's expert dementia nurses provide training, as well as 'memory mitts' to support the police when interacting with people with dementia.

This is the first time Poole Hospital has worked with Dorset Police on dementia awareness. Nearly 2,500 people in the Poole area have dementia, and can come to the police's attention if they are lost, distressed or in need of support. A better understanding of dementia helps officers to recognise the signs and symptoms of the condition so they can respond sensitively and offer appropriate assistance.

2.8.3 Caring for our 'Carers'

Carer's week took place during June 2016. Here at Poole Hospital, we aim to support the estimated 1,600 carers that walk into our hospital daily. 11% of Dorset's population are informal carers and the Care Act 2014 highlights the importance of providing people with information and advice relating to care, support for adults and support for carers.

This year during Carers week we launched the Poole Hospital Carers' Commitment – our promise to carers. Staff showed their support by visiting the Dome where they received information about the commitment and support for carers on display. Also in June, an information event for carers at Forest Holme Hospice was held.

2.8.4 Robotic cancer treatment – a year on

Our new £3.5million surgical robot has begun operating on patients with gynaecological cancer. Poole Hospital's da Vinci robot system is one of only a handful in Europe to target this type of cancer. The system, operated by surgeons, links the robot with a state-of-the-art operating table to allow surgeons to carry out complex operations with more ease and precision.

A great grandmother from Hamworthy, was the first patient to be treated with the robotic system for this procedure in Dorset, undergoing a hysterectomy in March after cancer was detected. She said the machine was a 'life saver' for patients like her. "Everything went extremely smoothly and my recovery is going well. "I'm now looking forward to going home to my family - they think I'm a bit of a celebrity now."

The da Vinci surgical robot system enables the latest advanced keyhole surgery techniques to be used to treat a range of conditions. Two days after having the operation, she says she was ready to get 'up and about' - traditional gynaecological surgery would have meant a 4-5 day hospital stay, on average, with significantly more pain. A Gynaecological surgeon highlighted that the robot system brings real benefits to patients, and to surgical teams. "It's fantastic to be able to use this very advanced technology to improve the treatment of women with gynaecological cancers," he said. "Currently this surgery is performed in very long challenging procedures that require many days in hospital to recover from. "The robot allows the procedure to be performed both quicker and more accurately." The robot was funded by an incredible £3.5million gift from local businessman Robert Braithwaite CBE DL, founder of Sunseeker International.

2.8.5 Outpatients department listening events

The outpatients department (OPD) team, with the support of our service transformation team manager, joined together for the day to hold a 'listening event' for patients and staff. This proved a valuable forum for obtaining feedback from patients and staff on their experience whilst in the department.

The OPD team is keen to obtain feedback from patients, relatives, and staff on how they can improve their OPD experience, listening to their comments and informing them of service enhancements, for example how to use the self-check-in facility.

The feedback was very positive from patients and the staff found it empowering talking to patients, enabling them to respond to issues in a positive manner and be pro-actively involved with any changes which may be required.

This was the second listening event the department has held, with more planned in the future. A number of suggestions made by patients have been taken forward including;

- You said; "Need air conditioning as some areas very warm". We did; We have subsequently purchased a number of additional fans for this particular area.
- You said; "Signs not clear for red clinic". We did; the current signage is under review to ensure improvements and additional signs to direct patients to the correct area.
- You said; "Communication about cancelled appointments and delays in the clinic could be better". We did; We endeavour to inform patients of delays and cancellations in a timely way but appreciate that we don't always get this right - we will continue to monitor this closely.
- You said; "Not enough wheelchairs from carpark into the hospital and some chairs difficult to manoeuvre". We did; We are looking at obtaining additional wheelchairs for outpatients use to improve this service.

2.8.6 Unique dolls help children better understand their care

Younger patients at Poole Hospital are being offered cloth dolls to personalise to help them to understand their care. The calico dolls, made by volunteers, can be used to illustrate a medical procedure or condition.

Unlike the usual dolls and teddies used on the ward to help children understand the 'how' and 'why' of their treatment, the calico doll becomes an extension of the child, providing

opportunities for exploring and expressing their feelings associated with their condition or treatment.

The dolls can be used to help children learn about the medical procedures they will have, for example a blood test or how a general anaesthetic is given, and come in their own mini-hospital gown. Mum Emma says daughter Amber found her doll invaluable, “the minute Amber got the doll she gave it a pretend nasal gastric tube like hers so every time she gets fed, the doll gets fed - it even has its own syringe,” said Emma. “Amber’ was waiting for a gastric tube to be fitted and the doll really helped – you can explain what’s happening using the doll before she has it done.”

The aim is to give a doll to every age-appropriate child newly diagnosed with a chronic illness; the doll can then accompany them through their hospital experiences and be used as a procedural preparation doll, unique to each child.

2.8.7 Cool addition to ward’s sensory garden

Patients with neurological and acquired brain injuries are benefiting from the generosity of local businesses. Portland ward cares for people with conditions and injuries that often require a lengthy stay in hospital.

To help ensure their stay is as pleasant and varied as possible, the ward’s sensory garden has now been fitted with a novel sun awning, thanks to the generosity of Poole-based business Quay Sails.

The company was approached by our acquired brain injury nurse specialist to provide a quote for a sail-shaped awning to provide shade to garden users. Impressed with the plan - the Director of Quay Sails, agreed to provide the £500 sail free of charge.

2.8.8 Tentacles for Tinies- Premature babies at Poole have a new best friend

Our smallest patients are being provided with a crochet octopus to cuddle up to in their incubators. While they may seem like an unlikely bedfellow for the babies on the neonatal unit these octopi are linked to better health and wellbeing.

Research show the tentacles remind babies of the umbilical cord, and being in their mother’s womb, making them feel safe. Now the hospital is looking to catch more crochet octopi; enough for every baby on the unit to have one to snuggle and take home when they’re better. Each octopus will be packed into a special gift bag complete with a card about the project and offered to parents. They can be any colour and vary in size from small (for equally small babies) to large.

The unique idea originates from Denmark where they found the octopi comforted babies and calmed them. This leads to better breathing and more regular heartbeats as well as higher levels of oxygen in their blood. Babies cuddling an octopus were also less likely to try to pull out their monitors and tubes.

2.8.9 Kimmeridge marks first year as short stay unit

Staff on Kimmeridge ward, in the Philip Arnold Unit, recently celebrated one year as a designated short stay unit. The ward introduced the new short stay approach to support older patients requiring a stay of around three to five days.

The policy was developed by Dr Isabel Costello and Dr Freyja Brown, supported by a multidisciplinary team. Unusually for an NHS elderly care ward, the unit's advanced nurse practitioner, Polly May, is a member of the medical team and is able to assess, diagnose and put in place treatment plans.

Care is delivered by a multidisciplinary team including specialist nurses and consultants to therapists, pharmacists, nutritionists, discharge co-ordinators and social services. In the last year the ward has seen significant reductions in the average length of stay, with a corresponding increase in discharges.

2.8.10 Gardens receive some much needed TLC

A grateful patient has helped transform the garden spaces by Sandbanks ward with the help of a generous local businessman.

The patient treated for thyroid cancer as an inpatient last year, noticed during her stay the small garden area outside could use some TLC and spoke to one of her clients, the owner of grounds maintenance company Groundtel who was only too happy to help. Not only did Groundtel agree to makeover the smaller garden area, the team also improved the nearby larger outside space as well.

2.8.11 Call the midwife? Put her in your pocket instead!

A Community midwife has poured almost two decades of practical experience, advice and information gleaned from guiding mums-to-be and their families into a new book. Emma wrote 'A Midwife in My Pocket' after discovering that while there were many books on pregnancy available, few offered the depth of practical advice and insight that she could.

The book is intended to supplement the information mums-to-be receive from their own midwife, and answer many of the questions that can occur between midwife visits. It took author Emma a few years to pluck up the courage to put pen to paper. "It's such a thrill to know that my book is available for people to buy and that the practical knowledge and experience I've picked up along the way is out there for everyone to benefit from".

2.8.12 Hi tech help for Epilepsy

Innovative software developed in part by Poole Hospital to help patients with epilepsy and medical teams monitor the condition more easily. myCareCentric Epilepsy is a smart phone app that works with existing wearable technology and links to the patient's medical record. It has been piloted at Poole Hospital and due to the success of this trial, is now being expanded to larger groups of patients.

Epilepsy affects around 600,000 people in the UK and patients often have to visit hospital many times for tests and consultant appointments to discuss and amend their treatment. A seizure happens when there is a sudden burst of intense electrical activity in the brain and can affect a patient's short term memory making it difficult for them to recall details about the seizure when asked.

Patients using the myCareCentric Epilepsy app wear a Microsoft wristband that monitors their health, including during a seizure, which feeds back real time data to their consultant. The data collected includes sleep patterns, exercise, heart rate, temperature and sweat levels and can be used to identify when a seizure is taking place. Building a bigger picture of someone's seizures over a prolonged period means consultants are able to identify potential indicators or factors that cause them and tailor their treatment to match this.

Medical staff can also provide timely guidance and support to patients via the app rather than waiting for their next appointment. “This project is all about delivering better care for patients”, “It enables us to focus resources on those patients who need support as close as possible to their time and point of need.” “We can see important information at a glance, releasing more time to care.”

The technology is being further developed to incorporate an alert system that can notify medical staff, friends and family when a seizure has occurred. It will also be able to identify if a patient is at risk of increased seizures in the future based on existing data.

The software has been developed by the Epilepsy Care Alliance, a consortium which is led by healthcare software specialist Shearwater Systems and includes Graphnet Health, Poole Hospital and the University of Kent.

We are delighted that our Epilepsy Networks Project has been shortlisted in the ‘managing long term conditions category’ of the Patient Safety Awards 2017.

2.8.13 Alcohol screening programme reaches 20,000 patient milestone

The alcohol care and treatment service (ACTS) identifies patients who would benefit from advice and support in managing their drinking through a hospital wide ‘stop and screen’ programme. Last year alone 20,000 patients were screened.

The service is widely recognised for the innovative way it has dramatically reduced the number of days patients spend in hospital due to alcohol and ensures further help once the patient is discharged. Bespoke treatment is provided for those patients who are resistant to attending traditional addiction services.

Overall, the team is improving the health and wellbeing of patients as well as reducing the demand on the hospital.

2.8.14 Pooches to pamper Poole’s paediatric patients

Younger patients will soon be benefiting from some new members of our therapy team – canine carers. We’re extending our association with Caring Canines to include the children’s unit. Charity volunteers and their pooches already make regular well-received visits to older patients and those with acquired brain injuries or neurological conditions.

The dogs, which are all temperament tested, trained, vaccinated and insured, can help ease patients who may be anxious, or who may not be able to verbally communicate, by creating a sense of connection with the dogs sometimes not possible with staff or visitors. For other patients who may have dogs of their own, the animals can be a welcome reminder of home.

Caring Canines was founded in 2006 by Sue Dennett and Julie Lankshear. Sue, whose brings her own dog Sizzle to the hospital once a week, says the impact that the animals have had on patients has been immeasurable.

“The feedback we receive from patients and ward staff is so positive,” she said.

“It’s so rewarding for us and our volunteers to bring these dogs into hospital and to see the immediate effect they have on patients.”

Caring Canines begin their visits to the children’s unit at Poole Hospital in March 2017.

2.8.15 Our nationally-recognised suite for children requiring end-of-life care including unexpected or sudden death has picked up an award for excellence.



In March 2017 The team behind Gully's Place has been named winner in the excellence in patient care category of the NHS Thames Valley and Wessex Leadership Academy Awards. The team was recognised for its excellent patient experience where the patient is truly at the heart of the service and for the way they continue to work with families to develop the service further. They were praised for their collaborative leadership that united patients, parents and healthcare professionals.

Gully's Place provides a purpose-designed space, including overnight accommodation, for younger patients and their families. The aim is to make being in hospital as relaxing and calm as possible at one of the most difficult times a family can face by providing a dedicated space, away from busy wards or the emergency department.

Gully's Place. Opening in 2010, is named after benefactor Diane Gulliford, who raised the initial funds to help make the concept a reality and who remains an active fundraiser. Gully's Place has moved from strength to strength since then, enjoying national recognition as a runner-up in the compassionate care category of the prestigious HSJ Awards held late last year.

2.9 Sign up to Safety campaign – 2 years on

In October 2016 the Trust held its second annual Patient Safety Conference in the education centre. The event was well attended by staff in a wide range of roles as well as from external organisations. Examples of best practice as well as lessons learnt from safety incidents were shared.

A number of informative talks including; 'Is it safe to huddle', 'Simulation in practice' and 'Recognising and preventing acute kidney injury' were well received. There was also an exhibition providing the opportunity to learn more about safety campaigns and how to become actively involved.

Safety is a core part of our work as well as one of our 'Poole approach' values, so it is essential that we continue to work together to learn and improve constantly to make our hospital a safer place for staff and patients. Our patient safety plan for 2016/17 can be found overleaf;

Pressure Ulcer Prevention	Reducing the number of falls and falls with injury	Infection Prevention	Sepsis	AKI – Acute Kidney Injury	Nursing Handover	Maternity – Saving Babies Lives
Executive Lead: Tracey Nutter	Executive Lead: Tracey Nutter	Executive Lead: Tracey Nutter	Executive Lead: Robert Talbot	Executive Lead: Robert Talbot	Executive Lead: Robert Talbot	Executive Lead: Tracey Nutter
Patient Safety Lead: Denise Richards	Patient Safety Lead: Denise Richards	Patient Safety Lead: Denise Richards	Patient Safety Lead: Denise Richards	Patient Safety Lead: Denise Richards	Patient Safety Lead: Denise Richards	Patient Safety Lead: Denise Richards
Clinical Lead: Katie Murphy	Clinical Lead: Adam Wheldon / Julie Haddock	Clinical Lead: Liz Sheridan / Kate Crowther	Clinical Lead: Fran Haig / James Bromilow	Clinical Lead: Craig Prescott / Laura Smith	Clinical Lead: Jodie Uphill	Clinical Lead: Daniel Webster / Sandra Chitty
Patient Representative:	Patient Representative:	Patient Representative:	Patient Representative:	Patient Representative:	Patient Representative:	Patient Representative:
Working Group: Safety Pins	Working Group: Falls Prevention Steering Group.	Working Group: Infection Control Group	Working Group: Critical Care, Resuscitation and Outreach Group	Working Group: AKI Group / Critical Care, Resuscitation and Outreach Group	Working Group: Safety Pins	Working Group: Maternity Risk Group
Reporting Committee: Nursing and Midwifery Group Chair: Tracey Nutter	Reporting Committee: Risk Management and Safety Group Chair: Tracey Nutter	Reporting Committee: Risk Management and Safety Group Chair: Tracey Nutter	Reporting Committee: Clinical Governance Group Chair: Robert Talbot	Reporting Committee: Clinical Governance Group Chair: Robert Talbot	Reporting Committee: Nursing and Midwifery Group Chair: Tracey Nutter	Reporting Committee: Risk Management and Safety Group Chair: Tracey Nutter
Outcomes						
1. Reduce the number of avoidable hospital acquired pressure ulcers grade 2 and above. 2. Reduce the number of patients with hospital acquired moisture lesions.	3. Reduce the number of in-patient falls resulting in harm. 4. Improved compliance with post-falls management care bundle	5. Reduce the number of hospital attributable Clostridium difficile. 6. Improve compliance with infection prevention standard precautions.	1. Increase the number of patients having timely recognition of sepsis. 2. Increase the number of patients receiving timely treatment with antibiotics. 3. Increase the number of patients receiving a review of abx by day 3.	1. Reduce the number of patients developing AKI during the in-patient stay. 2. To increase the number of patients receiving appropriate care on recognition of AKI.	1. For all transfers of care to be supported by accurate transfer of patient information.	1. Halve the rate of stillbirths by 2030.
Key Measures for Safety Improvement						
a. Number of avoidable pressure ulcers b. Number of moisture lesions reported each month c. % Compliance with bundles (assessment and SSkin) d. Safety Thermometer metrics. e. Adverse Incident Reporting metrics. f. % compliance with nursing assessments completed within 6 hours of admission. g. % of nursing staff receiving training. h. Attendance at Safety Pins meetings.	a. Number of falls causing harm b. % Compliance with bundles (including assessment and care). c. % Compliance with post fall protocol care bundle. d. Safety Thermometer metrics. e. Adverse Incident Reporting metrics. f. Attendance at Safety Pins meetings.	g. Reduction in the number of hospital acquired CDI. h. % compliance with Saving Lives Care Bundles. i. % compliance with hand hygiene. j. % compliance with antimicrobial prescribing policy. k. Attendance at Safety Pins meetings.	a. % of patients meeting the criteria who were screened for sepsis. b. % of ED and assessment unit patients receiving abx within 1 hour of prescribing. c. % of patients who had a abx review within 3 days of initiation. d. % of existing in-patients who received abx within 90 minutes where relevant sepsis dx made.	a. % of relevant patients with a discharge summary that includes AKI and future testing required. b. % of patients with AKI who have a documented assessment and initiation of 'care bundle'.	a. % of patients transferred between wards with a complete handover tool.	a. Rate of stillbirths per 1000 deliveries. b. Rate of avoidable stillbirths per 1000 deliveries.

2.10 STATEMENTS OF ASSURANCE FROM THE BOARD OF DIRECTORS

As a provider of healthcare services, the Trust is required to make a number of statements. The Trust has reviewed that data and has satisfied itself that it covers the three dimensions of patient experience, clinical effectiveness and patient safety accurately and correctly.

2.10.1 Provision of clinical services

During 2016-2017, Poole Hospital NHS Foundation Trust provided a range of NHS services and did not sub-contract any services.

- The Trust has reviewed all the data available to us on the quality of care of these NHS services.
- The income generated by the NHS services reviewed in 2016-2017 represents 100 per cent of the total income generated from the provision of these services.
- During 2016-2017 37 national clinical audits and 2 national confidential enquiries covered the relevant health services that Poole Hospital NHS Foundation Trust provides.

2.11 CLINICAL AUDIT AND NATIONAL CONFIDENTIAL ENQUIRIES

Quality Accounts 2016/17: Participation in Clinical Audits

The following report provides information on national and local clinical audits as requested in the Quality Accounts reporting requirements for 2016/17 (gateway reference: 06251, dated 06 January 2017). The requirements are to utilise the Quality Account Toolkit for 2010/11 (4.31 page 26 to 4.56 page 31). The Clinical Audit department do not manage the national confidential enquiry process and therefore this information is not included in this section.

As per the Clinical Audit Policy, the Trust states its intent to participate in national audits as below:

“The Trust seeks as a priority to participate where applicable in all national audits approved by the National Advisory Group on Clinical Audit and Enquiries (NAGCAE)⁵. Where a national audit is not approved by the National Advisory Group on Clinical Audit and Enquiries (NAGCAE) participation is at the discretion of the specialty or the Lead Clinician for Clinical Audit”.

The above statement provides clarity regarding the Trust’s intention to undertake national clinical audit, clearly identifying the master list of national audits and enables quarterly reporting of participation rates. The following information is based on this master list of national audits.

2.11.1 Participation in Clinical Audits

- 1.1 During **2016/17**, **37** national clinical audits covered NHS services that Poole Hospital provides.

⁵ National clinical audits approved by NAGCAE include audits listed in the Quality Accounts as well as those listed within the National Clinical Audit Patient Outcome Programme.

1.2 During that period Poole Hospital participated in **97%** of the national clinical audits which it was eligible to participate in.

1.3 The national clinical audits that Poole Hospital was eligible to participate in during **2016/17** are as follows:

Eligible and participated	
1	Acute coronary syndrome or acute myocardial infarction (MINAP)
2	Adult asthma
3	Adult critical care: case mix programme (ICNARC CMP)
4	Asthma (paediatric and adult) care in emergency departments
5	Blood management in adults undergoing elective, scheduled surgery
6	Bowel cancer (NBOCAP)
7	Cardiac arrest (NCAA)
8	Cardiac rhythm management (CRM)
9	Diabetes (adult) (NADA)
10	Diabetes (paediatric) (NPDA)
11	Elective surgery (national PROMs programme)
12	Endocrine and thyroid national audit
13	Falls and fragility fracture audit programme (FFFAP): Fracture liaison service database
14	Falls and fragility fracture audit programme (FFFAP): Inpatient falls audit
15	Falls and fragility fracture audit programme (FFFAP): National hip fracture database (NHFD)
16	Head and neck cancer audit
17	Heart failure
18	Inflammatory bowel disease (IBD)
19	Lung cancer (NLCA)
20	Major trauma: the trauma audit and research network (TARN)
21	National audit of dementia
22	National chronic obstructive pulmonary disease (COPD): secondary care workstream
23	National comparative audit of transfusion associated circulatory overload (TACO)
24	National diabetes footcare audit (NDFA)
25	National diabetes inpatient audit (NADIA)
26	National diabetes transition
27	National emergency laparotomy audit (NELA)
28	National joint registry (NJR)
29	National pregnancy in diabetes audit (NPID)
30	Neonatal intensive and special care (NNAP)
31	Oesophago-gastric cancer (NOGCA)
32	Paediatric pneumonia
33	Prostate cancer
34	Sentinel stroke national audit programme (SSNAP)
35	Severe sepsis and septic shock – care in emergency departments

36	UK cystic fibrosis registry (adults and paediatrics)
Eligible but did not participate	
37	Rheumatoid and early inflammatory arthritis

1. The national clinical audits that the Trust participated in, and for which data collection was completed during **2016/17**, are listed below alongside the number of cases submitted to each audit as a percentage of the number of registered cases required by the terms of that audit.

Eligible and Participated		Data collection completed in 2016/17	% Cases Submitted	Comments
1	Acute coronary syndrome or acute myocardial infarction (MINAP)	Yes	No formal case ascertainment rates have been published as the number of Poole cases for this audit is small. However, any eligible cases for MINAP are submitted via Royal Bournemouth Hospital (RBH).	
2	Adult asthma	Yes	100%	
3	Adult critical care: case mix programme (ICNARC CMP)	Yes	Continual data submission process. Awaiting national report to confirm formal case ascertainment rate for 2016/17. Data on 696 cases submitted for 2015/16.	
4	Asthma (paediatric and adult) care in emergency departments	Yes	100%	
5	Blood management in adults undergoing elective, scheduled surgery	Yes	100%	
6	Bowel cancer (NBOCAP)	Yes	Awaiting 2017 national report to confirm formal case ascertainment rate for 2016/17. Case ascertainment rate was 114% within the 2016 national report.	
7	Cardiac arrest (NCAA)	Yes	84 cases submitted	Continual data submission process. No formal case ascertainment rate calculated / provided.
8	Cardiac rhythm management (CRM)	Yes	100%	
9	Diabetes (adult) (NADA)	Yes	100%	
10	Diabetes (paediatric) (NPDA)	Yes	222 cases submitted	No formal case ascertainment rate calculated / provided.
11	Elective surgery (national PROMs programme)	Yes	Continual data submission process via patient questionnaire. Awaiting finalised national data to confirm formal questionnaire completion rate for 2016/17. For 2014/15 (most	

			recently published finalised data) 53% of eligible patients completed a pre-operative questionnaire.	
12	Endocrine and thyroid national audit	Yes	100%	Contribution to the audit is a pre-requisite to performing any thyroid or endocrine surgery.
13	Falls and fragility fracture audit programme (FFFAP): Fracture liaison service database	Yes	329 cases submitted but only 69 cases included in the analysis due to diagnosis date not being recorded.	
14	Falls and fragility fracture audit programme (FFFAP): Inpatient falls audit	No	Timelines for this national audit have been amended with data collection planned for May 2017.	
15	Falls and fragility fracture audit programme (FFFAP): National hip fracture database (NHFD)	Yes	Awaiting 2017 national report to confirm formal case ascertainment rate for 2016/17. Case ascertainment rate was 96.5% (963 cases) within the 2016 national report.	
16	Head and neck cancer audit	No	Data collection for the first round of this new head and neck audit runs from November 2016 to October 2017.	
17	Heart failure	Yes	Awaiting national report to confirm formal case submission rate for 2016/17. Case ascertainment rate was 95% for 2014/15 (most recently published national report).	
18	Inflammatory bowel disease (IBD)	Yes	Awaiting national report to confirm formal case ascertainment rate but data has been submitted line with the requirements of the audit.	
19	Lung cancer (NLCA)	Yes	Awaiting 2017 national report to confirm formal case submission rate for 2016/17. Data on 169 cases submitted and reported within the 2016 national report.	
20	Major trauma: the trauma audit and research network (TARN)	Yes	85 – 100%	Banding as reported by TARN
21	National audit of dementia	Yes	100%	
22	National chronic obstructive pulmonary disease (COPD): secondary care workstream	No	Data collection started February 2017	
23	National comparative audit of transfusion associated circulatory overload (TACO)	No	Data submission deadline 30/04/2017	
24	National diabetes footcare audit (NDFA)	Yes	140 cases submitted	No formal case ascertainment rate calculated / provided.
25	National diabetes inpatient audit (NADIA)	Yes	100%	
26	National diabetes transition	No	Not applicable as this national is a data linkage audit.	
27	National emergency laparotomy audit (NELA)	Yes	100%	120 cases submitted. Estimated 10 cases per

				month.
28	National joint registry (NJR)	Yes	Awaiting 2017 national report to confirm formal case ascertainment rate for 2016/17. 115 cases were submitted and reported in the 2016 national report (formal case ascertainment rate not available).	
29	National pregnancy in diabetes audit (NPID)	Yes	18 cases submitted	Awaiting 2017 national report to confirm formal case ascertainment rate
30	Neonatal intensive and special care (NNAP)	Yes	100%	
31	Oesophago-gastric cancer (NOGCA)	Yes	Awaiting 2017 national report to confirm formal case ascertainment rate for 2016/17. Case ascertainment rate was 71 to 80% within the 2016 national report.	
32	Paediatric pneumonia	No	The deadline date for data submission for this national audit is 30/04/2017.	
33	Prostate cancer	Yes	MDS-1 (initial management) data submitted via the Urology MDT at RBH. MDS-3 (radiotherapy) data submitted by Poole Hospital (PHFT). 239 PHFT MDS-3 records reported on within the 2016 national report, but no formal case ascertainment rate provided.	
34	Sentinel stroke national audit programme (SSNAP)	Yes	Awaiting national report to confirm formal case submission rate for 2016/17. Case ascertainment rate was 90%+ (banding as reported by the Royal College of Physicians) in the 2015/16 annual results.	
35	Severe sepsis and septic shock – care in emergency departments	Yes	100%	
36	UK cystic fibrosis registry (adults and paediatrics)	Yes	Awaiting national report to confirm formal case submission rate for 2016/17. Case ascertainment rate was 100% within the 2016 national report. Note, all eligible cases are submitted via University Hospital Southampton.	

- The reports of **32** national clinical audits were reviewed by the provider in **2016/17** and Poole Hospital intends to take the following actions to improve the quality of healthcare provided.

National Clinical Audits Reviewed in 2016/17 and Local Action Plans

No	Title	Actions being taken
1	ICNARC: National Cardiac Arrest Audit (NCAA) (1st April 2015 to 31st March 2016)	No local action plan required.
2	Intensive Care National Audit and Research Centre (ICNARC): Case Mix Programme (1st April 2015 to 31st March 2016)	1 Implementation of CQUIN for Adult Critical Care.
3	Myocardial Infarction National Audit Project (MINAP) (1st April 2014 to 31st March 2015)	No local action plan required.
4	National Audit of Cardiac Rhythm Management Devices (1st April 2014 to 31st March 2015)	1 Develop Cardiology on-call service to improve the identification of patients for defibrillators and pacemakers
5	National Audit of Cardiac Rhythm Management Devices (1st April 2015 to 31st March 2016)	No local action plan required.
6	National Bowel Cancer Audit (1st April 2014 to 31st March 2015)	No local action plan required.
7	National British Thoracic Society (BTS) Paediatric Asthma Audit 2015/16	1 To produce new asthma guidance; 2 To establish together with the new asthma guidelines, formulation of discharge plan and documentation.
8	National Comparative Audit of Lower Gastrointestinal Bleeding and the Use of Blood	No local action plan advised.
9	National Comparative Audit of Red Cell and Platelet Transfusion in Haematology	No local action plan required.
10	National Diabetes Audit - Adults (ANDA) (1st April 2015 to 31st March 2016)	1 To review raw data to ascertain why there are differences between Type 1 diabetes and Type 2 diabetes attending the same clinic; 2 Present results at Diabetes Team meeting.
11	National Diabetes Audit of Footcare (NDAFA) (14th July 2014 to 31st July 2015)	1 Clinical Commissioning Group (CCG) to review service provision across Dorset.
12	National Diabetes Inpatient Audit (NADIA) September 2015	1 Business plan for 4th Diabetes Consultant; 2 10 point training for ward and medical staff.
13	National Diabetes Inpatient Audit (NADIA) September 2016	1 Continue 10-point training throughout Trust; 2 Repeat National Diabetes Inpatient Audit.
14	National Elective Surgery Patient Reported Outcome Measures (PROMs) (1st April 2014 to 31st March 2015)	No local action plan required.
15	National Emergency Laparotomy Audit (NELA) (1st December 2014 to 30th	1 To establish a referral pathway to Elderly Medicine consultants for patients >70 years old; 2 To agree job plan time with Elderly Medicine

	November 2015)	consultants if appropriate and required.
16	National End of Life Care Audit: Dying in Hospital (1st May 2015 to 31st May 2015)	<ol style="list-style-type: none"> 1. Trust Board to consider nominating a lay member of the Board with a role in End of Life Care; 2. Specialist Palliative Care availability – work towards seven day working; 3. Review of Personalised Care Plan for the Last Days of Life to identify potential improvements, forward to Trust End of Life Care group chair and implement agreed changes; 4. Training and education in care of the dying; 5. Training and education in symptom control for medical and nursing staff; 6. Training and education in care after death.
17	National Falls and Fragility Fractures Audit Programme (FFFAP)– Fracture Liaison Service Database (FLS-DB)	Action planning not deemed appropriate as facilitations report only available at this time.
18	National Joint Registry (NJR): 13th Annual Report (1st January 2015 to 31st December 2015)	No local action plan required.
19	National Lung Cancer Audit (1st January 2015 to 31st December 2015)	<ol style="list-style-type: none"> 1 Apply for Band 4 nurse for lung team; 2 Better documentation of lung clinical nurse specialist (CNS) patient contact / review; 3 To improve clinical awareness of need to inform lung CNS when breaking bad news; 4 The introduction of an endobronchial ultrasound (EBUS) service.
20	National Neonatal Audit Programme (NNAP) (1st January 2015 to 31st December 2015)	No local action plan required.
21	National Paediatric Diabetes Audit (NPDA) - (1st April 2014 to 31st March 2015)	<ol style="list-style-type: none"> 1 To improve staffing levels in line with the other units in Wessex. Business cases submitted; 2 To implement NICE 2015 guidance, (except continuous glucose monitoring) including carbohydrate counting from diagnosis and targeting lower blood glucose levels and HbA1c; 3 To continue discussion with the CCG for funding for glucose monitoring.
22	National Paediatric Diabetes Audit (NPDA) - (1st April 2015 to 31st March 2016)	No local action plan required.
23	National Pregnancy in Diabetes (NPID) 2015	No local action plan required.
24	National Prostate Cancer Audit (1st April 2014 to 31st March 2015)	No local action plan required.
25	National RCEM Procedural Sedation in Adults 2015 - 16 (1st January - 31st December 2015)	<ol style="list-style-type: none"> 1 To re-write the procedural sedation proforma to make it more user friendly; 2 To introduce a written discharge advice sheet for patients going home after sedation; 3 To encourage accurate documentation on the new

		proforma.
26	National Sentinel Stroke Audit Programme (Combined SINAP and SSNAP) (1st April 2015 to 31st March 2016)	<ol style="list-style-type: none"> 1 To secure funding for Stroke Outreach Team; 2 Present results to General Physicians Meeting regarding requesting CT Scans; 3 Train Emergency Department Senior Nurses to undertake water swallow screening; 4 Undertake a review of the Integrated Pathway documentation; 5 Undertake collaborative working and shared learning through Stroke Vanguard workstream.
27	Parkinson's UK: National Parkinson's Audit 2015	<ol style="list-style-type: none"> 1 To appoint two full-time Parkinson's nurses following retirement of previous staff.
28	The National Heart Failure Audit and Meeting National Standards (1st April 2014 to 31st March 2015)	<ol style="list-style-type: none"> 1 Employ a second Heart Failure Nurse to help with audit and in-patient Heart Failure management; 2 Develop a specialist Cardiology Ward; 3 Implement a Cardiology on-call service at Poole.
29	The National Hip Fracture Database: National Report 2016 (1st January 2015 to 31st December 2015)	<ol style="list-style-type: none"> 1 To present the audit results to the Quality Safety and Performance Committee and the Trauma and Orthopaedics Clinical Governance Meeting.
30	The Trauma Audit and Research Network (TARN) (1st January 2015 to 31st December 2015)	No local action plan required.
31	UK Cystic Fibrosis Registry (Adults and Paediatrics) 2015	No local action plan required.
32	Venous thromboembolism (VTE) Risk in Lower Limb Immobilisation RCEM National Audit 2015 -16 (1st January - 31st December 2015)	<ol style="list-style-type: none"> 1 Design leaflet to give to patients regarding VTE risk and the signs/symptoms to look for; 2 Educate and remind Emergency Nurse Practitioners (ENPs) and doctors about the VTE risk assessment form and leaflet.

National Clinical Audit Reports Currently Being Reviewed by the Local Clinical Teams

No.	Title
1	National Diabetes Footcare Audit (NDFA) (1st August 2015 to 31st July 2016)
2	National Diabetes Inpatient Audit (NADIA) September 2016

3. The reports of **130*** local clinical audits were reviewed by the provider in **2016/17** and Poole Hospital intends to take the following actions to improve the quality of healthcare provided:

*Of the 130 local clinical audits reviewed, 23 identified that change in practice was not required due to good performance.

Of the remaining 107, the Trust has undertaken the following actions to improve the quality of healthcare provided. The following are a number of examples:

3.1 Patient information and support

- Information booklet developed for patients receiving physiotherapy treatment for low back pain;
- Introduction of a 'Kick Count' app in maternity, designed to help expectant mothers to get to know their baby's regular pattern of movement;
- Introduction of a new patient diary for women undergoing an elective caesarean section under the enhanced recovery programme.

3.2 Staff education and training

- Development of a poster designed to raise staff awareness of the problems arising from the illegibility of signatures;
- Development and roll-out of a new education programme on acute kidney injury;
- Development and roll-out of a new education programme on sepsis;
- Extension of nutritional screening training to additional member of the multi-disciplinary team (MDT) e.g. physiotherapists and occupational therapists;
- Provision of education sessions on new guidelines for dosing for pharmacological venous thromboembolism (VTE) prophylaxis; in particular regarding dosing adjustments according to patient's body weight;
- Provision of education to medical staff on the topic of prescribing single dose tazocin to treat sepsis of unknown origin;
- Ensuring that junior doctors induction training includes training on warfarin prescribing on the prescription charts;
- Pre-planned and ad hoc training sessions on the safe insertion and delivery of gastrostomy tube feeding in adults being offered to ward staff;
- Development of alternative teaching methods, in addition to theatre experience, to support the improvement of airway management skills in junior anaesthetists;
- Teaching sessions for critical care medical and nursing staff on the transfusion of blood products delivered;
- GROW chart re-training provided to the community midwives team;
- New training in care after death provided to nursing teams within care of the elderly;
- Increase in the clinical hours allocated to the breast feeding support midwife in order to support the provision of teaching and support to staff in clinical areas.

3.3 Policy and guidance documents

- Production and dissemination of guidance to discharge teams on the process to follow if a 'do not attempt cardiopulmonary resuscitation' (DNACPR) decision is indefinite;

- Production and dissemination of guidance to medical teams on the process to follow if a patient is admitted with a DNACPR community order;
- Update physiotherapy guidelines for the treatment of patients post extensor tendon repair surgery;
- Formulation of guidelines for referring hospital emergency department regarding recognition of signs and symptoms of orofacial infection and procedure for onward referral to oral maxillofacial team;
- Updates made to the guidelines for the management post-partum haemorrhage;
- Revision of the induction of labour policy;
- Updates made to local dosing guidelines for the treatment of proven overactive bladder with botox.

3.4 Documentation: proformas / charts / forms

- Implementation of a new screening tool for alcohol misuse;
- Improvements made to the podiatry patient group direction (PGD) administration template;
- Updates made to the local personalised care plan for the last days of life (PCPLDL) document;
- Creation of a DNACPR critical information folder within the electronic patient record (EPR) system;
- Update made to prescription chart in order to incorporate dosing weight adjustments for pharmacological VTE prophylaxis;
- Update made to children's aquatic therapy referral form to enable improved documentation of the child's needs as well as the aim of the aquatic therapy;
- Introduction of standardised debrief prompt sheets in order to improve debriefs at the end of a surgical case;
- Introduction of a new paediatric appendicectomy booking card;
- Development and roll-out of e-documents within EPR to support end of life care, including; treatment escalation planning, planning ahead for end of life care, as well as the PCPLDL.

3.5 Clinical working practice

- Introduction of a 'meet the team' process on the care of the elderly wards in order to facilitate and ensure joint care planning;
- Successfully secured funding for an additional heart failure nurse for 1 year;
- Pneumatic compression devices are now available for use in patients at moderate to very high risk of VTE, but who have a contraindication for pharmacological intervention;

- Implementation of identification stamps for the use of foundation doctors within general medicine;
- Launch of a 1 hour protocol for CT brain scanning in suspected stroke patients;
- Nurse link established between the children's unit and the emergency department to support the safeguarding of children attending the emergency department;
- Dietetics written information provided to a patient is now noted within the EPR discharge note;
- New therapy technician staff have been appointed to enable increased therapy time for stroke patients;
- More group therapy sessions have been established on the stroke care unit;
- Routine implementation of immediate controlled active motion (ICAM) rehabilitation for zone 4-7 injury patients undergoing post extensor tendon repair surgery;
- Establishment of an oral maxillofacial trauma clinic;
- All patients with proven overactive bladder for potential treatment with botox now discussed at the MDT meeting.

2.11.1 National confidential enquiries

The national confidential enquiries that the Trust participated in during 2016-2017 are as follows;

- June 2016 - Treat the Cause- A review of the quality of care provided to patients with acute pancreatitis. The 'Treat the Cause' action plan has been reviewed and identifies action points which could be associated with the alcohol care and treatment service.
- January 2017 Treat as One - Bridging the gap between mental and physical healthcare in general hospitals Action plan and Trust compliance currently being assessed

A Trust clinical lead is appointed by the Medical Director for each NCEPOD report and a full self-assessment against the report recommendations is undertaken. A monitoring tool is maintained which records compliance against each element of the recommendations and outlines actions being taken where any gaps in compliance are apparent.

The monitoring tool is presented at each quarterly Clinical Governance Group, chaired by the medical Director; with the clinical lead providing an update.

From a total of 14 open NCEPOD action plans the Trust is currently 100% compliant with five and a further five have a compliance of 60% or higher. Outstanding partially completed action plans are reviewed annually. Cross reference with NCEPODs against new NICE Guidance is undertaken to identify any links to enable effective joint working.

Any exceptions in compliance against the recommendations are escalated to the relevant Board sub-committee and Board of Directors as appropriate.

Participation in Clinical Research

The following report provides information on participation in clinical research as requested in the Quality Accounts report requirement for 2016/17. The requirements are to utilise the Quality Account Toolkit for 2011/12 (4.57 page 31 to 4.63 page 33).

The following information is based on Poole Hospital recruitment figures due to the lag time in receipt of the National Institute of Health Research (NIHR) figures. All data is subsequently cross checked with the NIHR to ensure consistency in reporting.

- 1.1 The number of patients receiving NHS services provided or sub-contracted by Poole Hospital in 2016/17 that were recruited during that period to participate in research approved by a research ethics committee was 1291* (non-commercial and commercial).

*This recruitment figure was considerably less than in 15/16 and reflects the closure of one of our top recruiting questionnaire studies (After Francis) in May 16.

- 1.2 Participation in clinical research demonstrates Poole Hospital's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff, stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes.

- 1.3 Poole Hospital actively recruited to 87 clinical research studies during **2016/17** in the following specialities:

- | | |
|--|---------------------------|
| • Ageing | • Maternity |
| • Anaesthesia, perioperative medicine and pain management | • Metabolic and Endocrine |
| • Cancer: Breast/Colorectal/ Haematology/Head and Neck/Lung/Lymphoma/Melanoma/Palliative Care /Radiotherapy/ Urology | • Musculoskeletal |
| • Cardiovascular | • Neurology |
| • Critical care | • Orthopaedics |
| • Dementias and Neurodegeneration | • Paediatrics |
| • Dermatology | • Primary Care |
| • Diabetes | • Reproductive Health |
| • Emergency Medicine | • Respiratory |
| • ENT | • Rheumatology |
| • Gastroenterology | • Stroke |
| • Hepatology | • Surgery |
| • Health Service Research | |
| • Injuries and Emergencies | |

- 1.4 There was **17.13 whole time equivalent (WTE)** clinical staff participating in research approved by a research ethics committee at Poole Hospital during 2016/17. These staff participated in research covering **26 medical specialties**.

- 1.5 As well, in the last three years, several publications have resulted from our involvement in NIHR research, which shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS.

Multi-Site National Studies that Poole Hospital participated in:

- **ARTemis** – Breast Cancer Study published in the Lancet August 15
- **MOSAIC** – Colon Cancer published in the Journal of Clinical Oncology in November 15.
- **PROMISE** – Critical Care published in The New England Journal of Medicine in March 15.
- **STOPAH** – Gastroenterology published in the Health Technical Assessment journal August 15.
- **ILLUMINATE** - Lupus study and Poole Hospital had the first global patient recruited. Published in the British Medical Journal late 2015.
- **DELAY** – Rheumatoid Arthritis published in the BMJ March 2015.
- **PALACE 3and4**: Psoriatic Arthritis published in the American Journal of Rheumatology.
- **EXXELERATE**: Rheumatoid Arthritis published in the Lancet on 03 December 2016.
- **OPTTIRA Study**: Optimizing Treatment with TNF Inhibitors in Rheumatoid Arthritis: Is Dose Tapering practical in optimal responders published in Oxford University Press Vol 54 April 2015
- **TRACE RA**: Trial of Atorvastatin for the Primary Prevention of Cardiovascular events in Patients with RA (TRACE RA): A Randomized trial in 2986 RA Patients – published April 15 Rheumatoid Arthritis – Oxford University Press
- **PEMS**: Investigating the Psychological correlates of Multiple Sclerosis (MS) Pain: A cross sectional study published in the Disability and Rehabilitation Journal
- **ORBIT**; Optimal management of Rheumatoid Arthritis Patients who require biologic therapy Lancet (Vol. 388, No. 10041, p239–247 [May 2016]).
- **LEOPARDS** - Critical Care trial published: Gordon et al (Oct 2016) “Levosimendan for the prevention of acute organ dysfunction in sepsis” NEJM.

Poole Hospital’s own sponsored studies:

- **Developing a measure of self-identity following Traumatic Brain Injury (TBI). Dr John Burn and Dr Emily Thomas** - This study was presented as a poster at IBIA 2016 (International Brain Injury Association Conference) held in the Hague March 2016.
- **Mii-vitaliSe – Dr Sarah Thomas** – Development of a physiotherapist-supported Nintendo Wii™ intervention to encourage people with multiple sclerosis to become more active in the home. Abstract was published in the Multiple Sclerosis Journal 2015; 21 (S11) 654-779
- **Trust –Edd Carlton** - A novel diagnostic protocol to identify patients suitable for discharge after a single high-sensitivity troponin. Heart 2015; **101**: 1041–1046

1.6 Our engagement with clinical research also demonstrates the Trust’s commitment to testing and offering the latest medical treatments and techniques. One example of this was highlighted at the **CRN Wessex Awards 14th March 2017**. Poole submitted 13 nominations for the CRN Wessex Award and was shortlisted for two:-

- Consultant Paediatrician for Outstanding Principal Investigator
- Critical Care Research Team for Outstanding Clinical Research Team

Whilst we didn't win the awards we were shortlisted for, a final award was presented to the Critical Care Research Team for Outstanding Achievement. The award is an excellent well deserved recognition for the team.

2.12 GOALS AGREED WITH THE COMMISSIONERS (CQUIN)

A proportion of Poole Hospital NHS Foundation Trust's income in 2016-2017 was conditional on achieving quality improvement and innovation goals agreed between the Trust and its lead commissioner, NHS Dorset Clinical Commissioning Group. NHS Dorset Clinical Commissioning Group and Poole Hospital NHS Foundation Trust had a contract for the provision of NHS services that included a Commissioning for Quality and Innovation payment framework (CQUIN).

In 2016-2017 this was equivalent to £3.630 million, which was paid to the Trust as part of the contractual arrangements. This is in comparison to the monetary total for the previous year 2015-2016 of £3.45million. The value of CQUIN in the contract with Dorset CCG for 17/18 is £3.676 million. There is also a CQUIN value for the contract with Wessex Area Team for specialised services (£380k), secondary care dental (£121k), West Hampshire CCG (£74k) and public health (£165k).

Further details of the agreed CQUIN goals and outcomes for 2016-2017 and for the following twelve month period (2017-2018- combined contract values £4.416 million) are available from:

Director of Nursing,
Poole Hospital NHS Foundation Trust,
Longfleet Road,
Poole,
Dorset, BH15 2JB

2.14 REGISTRATION WITH THE CARE QUALITY COMMISSION (CQC)

- Poole Hospital NHS Foundation Trust is required to register with the Care Quality Commission
- The Trust is registered unconditionally with the Care Quality Commission since 1 April 2010.
- The Care Quality Commission has not taken any enforcement action against Poole Hospital NHS Foundation Trust during 2016-2017.
- Poole Hospital NHS Foundation Trust has not participated in any special reviews or investigations by the CQC in the reporting period.
- The Trust was subject to the new-style inspection in January 2016- summary results can be found below;

CQC inspection 2016 – 31 of 39 areas inspected were rated as 'good';

Inspectors assessed the eight clinical services in January and February last year as part of the CQC's planned inspection programme. In total, inspectors found 31 of the 39 factors assessed as 'good', with critical care's caring approach noted as 'outstanding'.

'Outstanding practice' was also found in a range of areas including the multi-disciplinary care provided on the award-winning Rapid Access Consultant Evaluation (RACE) unit, Gully's

Place children's and young people's palliative care suite, the hospital's unique philosophy of care – the Poole Approach - and the 'exceptionally well-led' nuclear medicine department.

"Poole Hospital was inspected at the height of winter, when the NHS nationally was facing unprecedented pressures. Given that the inspectors could not have visited the hospital at a busier time, their evaluation is all the more impressive.

Urgent and emergency care services, medical care, surgery, maternity and gynaecology, end of life care and outpatient services have been rated as 'good' by the CQC following the inspection.

Services for children and young people and critical care were rated as 'requiring improvement', providing the hospital with an overall rating of 'requires improvement' by the CQC, the independent regulator for health and social care in England.

CQC Rating

	Safe	Effective	Caring	Responsive	Well Led	Overall
Urgent & emergency services	Good	Good	Good	Good	Good	Good
Medical care	Requires improvement	Good	Good	Good	Good	Good
Surgery	Requires improvement	Good	Good	Good	Good	Good
Critical care	Requires improvement	Good	Outstanding	Requires improvement	Good	Requires improvement
Maternity & gynaecology	Requires improvement	Good	Good	Good	Good	Good
Children & young people	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
End of life care	Good	Good	Good	Requires improvement	Good	Good
Outpatient & diagnostic imaging	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement

"The CQC has rightly highlighted areas in which we must take further action, and many of these actions were completed very promptly. Our ambition is to deliver an 'outstanding' quality of service to our patients, and our first priority will be to focus on turning the 'requires improvement' ratings to 'good'.

All staff were encouraged that the inspectors found lots to be proud of here, highlighting exemplary practice in respect of our culture, and the kindness and compassion that our staff show to patients every day.

Areas that inspectors found the Trust should act on included a review of midwifery staffing, support for patients with Learning Disabilities and secure storage of patient records.

A full review of midwifery staffing and shift patterns followed, and a clearer way of reporting staffing levels has already been put in place. The Trust continues to regularly review nursing skill mix, and report these to the Trust Board of Directors. In addition a new 'patient champion' for patients with learning disabilities has been recruited who has already provided training and awareness sessions to more than 600 staff.

The Trust detailed action plan created after the inspection, has been regularly reviewed by the CQC and only a small number of recommendations remain outstanding. The outstanding areas listed below;

- Compliance with the '5 steps to safer surgery' check list below target
- Mandatory training and appraisal rates fall below 90% in some staff groups
- Unable to maintain the 4 hour national target in the Emergency Department

- Staff not always managing medicines in line with Trust policy
- Inability to meet referral to treatment targets in some areas within surgery
- Security upgrades in specific areas incomplete

2.15 DATA QUALITY TEXT

- Poole Hospital NHS Foundation Trust submitted records during 2016/17 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics. The following data quality comparisons are from the latest published data from SUS for the eleven months to February 2017.

- The percentage of records submitted which included the patient's valid NHS number was (national averages are shown in brackets):

99.7% (99.6%) for admitted care
 99.9% (99.8%) for outpatient care
 97.9% (96.4%) for accident and emergency care

- The percentage of records submitted data which included the patient's General Practitioner practice code was:

100% (100%) for admitted care
 100% (100%) for outpatient care
 99.9% (99.9%) for accident and emergency care

- Poole Hospital NHS Foundation Trust's Information Governance Assessment Report for 2015/16 showed the Trust compliance at 84% with a 'Satisfactory' rating, this is consistent with the previous year.

- Poole Hospital NHS Foundation Trust has not been subject to a full Payment by Results data assurance framework (clinical coding) audit this year. The SUS data quality dashboard confirms however that the accuracy and completeness of clinical coding within admitted patient care records submitted over the eleven months continues to compare favourably with national averages (shown in brackets) as follows:

- 99.5% (99.6%) for primary diagnosis

- 100% (100%) for primary procedure

- Poole hospital's SUS data quality is reviewed regularly and the Data Quality management Group, and appropriate action is taken as necessary to improve data quality and address issues as they occur.

-

2.16 WHAT OUR PATIENTS, THE PUBLIC AND STAFF SAID 2016/17

The Trust encourages feedback from patients, carers and families, using a variety of different methods:

- Friends and Family Test
- National Surveys
- Comment cards and suggestion boxes

- NHS choices/Patient Opinion/Trust website

Seeking and responding to patient feedback is an integral part of the Trust's quality improvement plan. We actively seek views from patients and the public to help develop and improve our services; and work with patients through the PALS and complaints service, when things haven't gone as well as they should.

Friends and Family test (FFT)

The national FFT is a comparable test which asks ***“How likely are you to recommend our services to friends and family if they needed similar care or treatment?”***

The percentage of eligible patients who have responded to the FFT survey during 2016/17 has been 29%. This compares favourably against the national average of 24%.

FFT Implementation has been extended to outpatient settings this year and actions taken specifically to improve response rates in this area include:

- An FFT reminder box has been added to the 'discharged' outcome to ensure more patients are offered the opportunity to complete the feedback card.
- FFT is used as part of the appraisal process to help raise staff awareness and therefore percentage completion rate and to also share any positive feedback comments that have named individual staff members.

This year we have improved the way we collect and report FFT data, managing the process in-house, using SNAP software. A new style of FFT collection card has been introduced, asking two additional questions:

Have staff introduced themselves before treating or caring for you?

Have staff listened to what you have to say?

The percentage of patients who would recommend Poole Hospital to their friends and family can be found in Table 1, indicating continued high levels of patient satisfaction with the care and treatment received at Poole Hospital NHSFT. Also included in Table 1 is patient feedback on the two new questions, designed to examine relational aspects of patient experience. Early indications suggest that results are extremely positive.

TABLE 1: FFT RESULTS	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
% patients who responded likely or extremely likely to recommend Poole Hospital	94%	96%	82%	95%	94%	95%	96%	95%	95%	96%	96%	97%
% patients who tell us all staff introduce themselves before treating or caring for them									88%	87%	89%	89%
% patients who respond, yes, definitely, all staff have listened to what I have to say									93%	94%	93%	94%

A new style of FFT report has also been developed, including graphs and free-text comments. The results are published by month, and distributed to ward level. They are also available for all staff to access on the intranet. This means that FFT results can more easily be utilised at ward level and more wards are now displaying the results and demonstrating to both patients and staff, how the feedback has been used to make changes at ward level.

[illegible]

The Trust fully participates in the NHS patient experience survey programme. This year the Trust has/is participating in the following surveys.

Results from these surveys will be used to review services and identify key areas for improvement for 2017/18.

Poole Hospital NHS Foundation Trust is in the top 10 acute hospitals nationally which has been recommended as a place to receive care or treatment, according to the comprehensive 2016 national survey of staff views.

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Findings from the NHS Staff Survey, published in March 2017, place Poole in the top 20 per cent of acute hospitals in England in a range of areas. Asked about the standard of care if a friend or relative needed treatment, 82 per cent of staff said they would be happy with it. The national average is 70 per cent.

Findings from the survey, in which staff across the NHS are asked a series of work-related questions, place us in the top 20 per cent nationally in other important areas, including:

- recommending Poole Hospital as a place to work or receive treatment
- feeling able to contribute towards improvements at work
- believing the Trust provides equal opportunities for career progression or promotion
- being recognised and valued by managers and the organisation
- satisfaction with level of responsibility and involvement
- quality of non-mandatory training, learning or development
- staff engagement and overall survey response rate
- reporting the most recent experience of violence or harassment, bullying or abuse.

The Trust's overall staff engagement score of 3.90 in 2016 compares favourably to the 2016 national average of 3.81 and places the Trust within the best 20% of acute Trusts.

The positive feedback staff have given through their survey responses shows that the Trust has continued to build on the very positive results from the 2015 survey, and that staff really are living out our values of compassion, openness, respectfulness, accountability and safety on a day-to-day basis. It also reflects the hard work that has gone in to addressing the areas that we wanted to improve.

These findings are all the more impressive given that this is a period of significant uncertainty for the NHS locally.

As we work with partners to reshape and redesign services, it's good to see that we continue to be great place to work, with our high calibre staff committed to delivering great care for patients.

NHS Staff survey 2016	2016	2016	2015	2015	
	Trust	National average	Trust	National average	Trust improvement or deterioration
Response rate *	51%	42.6%	41%	42%	Improvement.
Staff Experience Score *	3.90	3.81	3.91	3.79	Deterioration (of 0.01 score and remaining above the national average)

Top five ranking scores in 2016 survey (Key Findings in brackets)	2016 Trust	2016 National average	2015 Trust	2015 National Average	Trust improvement or deterioration
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion (Key Finding 21) *	91%	87%	90%	87%	Improvement
Percentage of staff able to contribute towards improvements at work			76%	69%	Deterioration (remaining above the national average)

(Key Finding 7) *	74%	70%			
Staff satisfaction with level of responsibility and involvement (Key Finding 8) *	3.99	3.92	4.00	3.91	Deterioration (of 0.01 score and remaining above the national average)
Percentage of staff/colleagues reporting the most recent experience of harassment, bullying or abuse * (Key Finding 27)	50%	45%	49%	37%	Improvement
Percentage of staff/colleagues reporting the most recent experience of violence * (Key Finding 24)	72%	67%	67%	53%	Improvement

Bottom five ranking scores in 2016 survey (Key Findings in brackets)	2016 Trust	2016 National average	2015 Trust	2015 National Average	Trust improvement or deterioration
Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months (Key Finding 22)	18%	15%	15%	14%	Deterioration
Percentage of staff witnessing potentially harmful errors, near misses or incidents in the past month (Key Finding 28)	35%	31%	34%	31%	Deterioration
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months (Key Finding 25)	30%	27%	27%	28%	Deterioration
Percentage of staff working extra hours (Key Finding 16)	73%	72%	74%	72%	Improvement
Staff satisfaction with the work and care they are able to deliver (Key Finding 2)	3.91	3.96	3.86	3.93	Improvement

* denotes Key Findings which are in the highest (best) 20% of acute Trusts in England

Additional information requested in relation to the Workforce Race Equality Standard	2016 Trust	2015 Trust	Trust improvement or deterioration
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months (Key Finding 25)	White 32% BME 24%	White 27% BME 24%	Deterioration (for white staff)
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months (Key Finding 26)	White 23% BME 24%	White 23% BME 26%	Improvement (for BME staff)
Percentage believing that Trust provides equal opportunities for career progression or promotion (Key Finding 21)	White 92% BME 86%	White 91% BME 80%	Deterioration (Remaining above national average)
Personally experienced discrimination at work from manager/team colleagues in last 12 months (Question 17b)	White 5% BME 10%	White 5% BME 11%	Improvement (for BME staff)

Measuring progress

In total 1910 staff participated in the 2016 Staff Survey, giving an increase of 499 views. The richer data available of what staff feel about key areas of working lives at Poole has enabled an enhanced local understanding of staff views in departments across the Trust.

For the first time, additional data has been secured from the survey provider, enabling a direct comparison of national, Trust, care group, Directorate and department survey data across the 32 Key Findings and also all the 82 potential question answers which make up the Key Findings.

This data will enable action planning to be taken to support action planning across the Trust. Using best practice action plans, a Trust action plan will be drawn up, with the involvement of the Staff Partnership Forum, and supported by action planning responding views at a local level within care groups, Directorates and departments. This understanding and commitment to acting on staff views will support the continuation of positive changes in relation to survey areas. This activity will feature within the Quarterly Performance Review process, enabling Trust Board support and scrutiny.

NHS STAFF FRIENDS AND FAMILY TEST 2016/17

The Staff Friends and Family Test encourages staff and volunteers to give their views, enabling informed and empowered staff to celebrate and build on what is working well in their services and also quickly address areas in need of attention.

Three times a year, in quarters 1, 2 and 4, all Trust staff and volunteers are asked to answer the questions: 'How likely are you to recommend Poole Hospital NHS Foundation Trust to family and friends if they need care and treatment?' and 'How likely are you to recommend Poole Hospital NHS Foundation Trust to family and friends as a place to work?'

The Trust continues to demonstrate excellent results which are consistently higher than the national average. In Quarter 2 just six other Trusts from the 236 surveyed nationally had a higher percentage of staff recommending their hospital for care and treatment. The achievement, of 94% of staff recommending the hospital, was 14% higher than the national average and the highest score achieved by a Trust in the Wessex area.

The Friends and Family Test questions asked within the 2016 Staff Survey placed the Trust in the best 20% of acute Trusts nationally for recommending the Trust.

Question 1 How likely are you to recommend the Trust to friends and family if they needed care or treatment?	Trust Quarter 1	National Quarter 1	Trust Quarter 2	National Quarter 2	Quarter 3 – Staff Survey 3.94 score for care and work	Trust Quarter 4	National Quarter 4 Not yet known
Positive Score	91%	80%	94%	80%		91%	
Negative Score	3%	6%	2%	6%		3%	
Question 2 How likely are you to recommend the Trust to friends and family as a place to work?	Trust Quarter 1	National Quarter 1	Trust Quarter 2	National Quarter 2		Trust Quarter 4	National Quarter 4 Not yet known

Positive Score	71%	64%	70%	64%		74%	
Negative Score	11%	18%	13%	18%		8%	

Results are made public through NHS England. In addition, comments made by staff when completing the survey are available to the Trust.

Staff comments made in the Friends and Family Test during 2016/17 include:

Question 1 - How likely are you to recommend Poole Hospital NHS Foundation Trust to family and friends if they needed treatment?

- 'I have recently been an inpatient and received excellent care.'
- 'Friendly hospital with high standards'
- 'Front line staff, nursing staff and medical staff go above and beyond for their patients and really care'
- 'There is a commitment to good care within the Trust and patients do matter'
- 'Caring, thoughtful, respectful and professional staff'

Question 2 - 'How likely are you to recommend Poole Hospital NHS Foundation Trust to family and friends as a place to work?'

- 'Great place to work'
- 'The Poole Approach is evident'
- 'I work in an amazing team and have very good management'
- 'I enjoy working here; feel respected and valued and everyone is so friendly'
- 'Staff care about their hospital and want the best for their patients'

PART 3 – OTHER INFORMATION and ANNEXES

REPORTING AGAINST CORE INDICATORS

The Trust has selected a number of measures to indicate the progress made during 2016-2017 in three key areas: patient safety, clinical effectiveness and patient experience. The reported areas have remained the same as in the previous years' quality reports, to provide the reader with a view of performance over several years. They remain unchanged as the Board of Directors consider them to be appropriate measures and wished to ensure continuity of measurement year on year.

The data presented here is derived from nationally collected data (MRSA; Mortality; Cancelled Operations; Patient Experience; PLACE and Privacy and Dignity) or locally collected data presented to the Board of Directors. In the final column of each table the data source is identified. Where information is collected from national data the information is governed by standard national definitions;

3.1 Patient safety

MEASURE	2016-2017	2015-2016	2014-2015	2013-2014	2012-2013	Data Source
Hospital acquired MRSA bacteraemia	0 as at Feb	0	0	2	4	National
Hospital acquired pressure ulcer Grade 3 or Grade 4	51	37	16	4	12	Local
Patient falls from bed or trolley (Note 8)	3	16	4	7	15	Local

- The absence of MRSA bacteraemia in 2015/16 and 2016/17 continues to be a laudable improvement on previous years.
- The rise in hospital acquired pressure ulcers and inpatient falls is of concern to the Trust and both are subject to a focussed review, education and monitoring via the sign up to safety plan or the quality improvement plan outlined within this report for the coming year.

3.2 Clinical effectiveness

MEASURE	2016-2017	2015-2016	2014-2015	2013-2014	2012-2013	Data Source
Hospital mortality rate (figure in brackets is expected levels) (Note 9)	91 (83-98) Period 12 months to Jan 2017	91.71% (85.49 – 98.27) April to Nov 15 benchmarked against 2014-15	104.5% (98.8-110.5)	90.8% (100%)	92.1% (100%)	National
Cancelled operations not readmitted within 28 days	0% (9)	0% (7 as at Jan 2016)	0%	0%	0%	National
Stroke high risk patients treated in 24 hours (60%% target)	77% as at March 2017	61% as at March 2016)	65%	63% (average) Target 45%	43%	National

Note 9: Expected and actual figures now derived from CHKS data and standardised for a number of factors. The rate is the latest available for 2016/17 which is January 2017.

Mortality rates continue below national averages which is positive. Work continues to ensure sustainability of rapid treatment for patients with the diagnosis of stroke.

3.3 Patient experience

MEASURE	2016-2017	2015-2016	2014-2015	2013-2014	Data Source
Overall patient satisfaction rated excellent or very good	88%	94%	Not provided with national survey results	82%	National
Patient led assessment of the care environment (PLACE) Inspection Report 2016 (2016 National Average in Brackets)	Cleanliness 98% (98%) Food 84% (88%) Condition and appearance 94% (93%) Privacy Dignity and Wellbeing 92% (84%) Dementia 88% (75%) New - Disability 87% (79%)	Cleanliness 99% (97%) Food 95% (97%) Condition and appearance 93% (90%) Privacy, Dignity and Wellbeing 90% -New Dementia 86% -New	Cleanliness 99% Food 92% Condition, appearance maintenance 94%	Cleanliness; 96% Food; 87% Condition, appearance and maintenance 93%	National

Patient rating of always being treated with privacy and dignity	Results not available Until June 2017	84%	94%	91%	National
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The 2016-17 Trust scores will be compared to national trends when the report is published in June 2017. Scores where the Trust has seen an improved will be celebrated and best practice shared. Where scores show a downward trend, further work will be undertaken to aid understanding and set targets for improvement.

Enquires, concerns and complaints

The Trust takes a linear approach to the management of enquires, concerns and complaints; from enquires that require simple assistance, through to more complex or serious complaints. This process is supported by the newly appointed Patient Experience Facilitators, who work closely with clinical teams to resolve concerns as soon as possible and at the source of the problem, where this is feasible. Work has also begun to ensure that themes that emerge from feedback, concerns and complaints are reported back to the Care Groups in a more timely way.

Improving the patients experience: key projects 2016/7

Patient Stories in part one (public part) of the Trust Board meetings

Interviews with patients and/or relatives, where they describe their experience of care, are recorded and presented at the beginning of each Board meeting. This helps the Board to stay connected with patients and to really understand the impact on patients, of service, process or system changes.

Real time patient feedback research study (Picker Institute)

This real time study explored patients experiences of relational aspects of care such as being treated with kindness, dignity and respect. The results of this study were detailed in the 2015/16 Annual Quality Account. During 2016/17 further actions taken include:

- Observational call bell audit to appraise compliance with a 5 minute maximum response time undertaken and target of 90% target set, to be measured in quarterly audits going forward.
- Promoting and encouraging the use of English at the point of care delivery/patient's bedside, in staff whose first language is not English.
- Planned roll-out of 'Meet the Team' initiative
- Trial on two wards, of 'my usual life before admission to hospital' document.
- Use of 'Ticket Home' document as part of the Trust discharge planning project.

Carers Support Services.

The Trust Carers Commitment was developed with the involvement of carers and staff using an online survey. This was launched in June, 2016 to coincide with National Carers Week.

Carers Commitment

- Working together, with clear communication and respect
- Supporting carers, with advice and information
- Training staff, to understand carer's needs and their role as experts

The Trust is currently developing on-going plans for local implementation of the Joint Pan Dorset Carers Strategic Vision 2016-20.

Initiatives in place this year include Carer Awareness Training and a pilot across three wards introducing 'Active Carers' where carers who want to participate in the care of the cared for person whilst an inpatient, will be supported to do so.

Patient Questionnaires

A total of 15 questionnaires have been approved through the Trust's Questionnaire Review Panel, including surveys in diabetes, oncology, gynaecology, palliative care, information governance and aural care

Patient engagement and collaborative working

Engaging and supporting patients to contribute to the development of services is an area of work that the Trust is currently developing and expanding. Currently in place:

- The Care Group for Medicine run an active Patient and Public Engagement Group. This has been running for approximately 13 years. More recently a ward round Patient and Public Involvement group has also been developed.
- Critical Care Follow Up. The team see patients following discharge from critical care, to offer information and support and to also assess ex-patients for possible signs of Post-Traumatic Stress Disorder. ICU steps is usually held monthly and an ex-patient helps to run the meetings. Critical Care also run a patient's reunion meeting once a year.
- The Oncology Patient Experience Group is well established but has recently been reviewed and now aims to provide a clear pathway to review patient feedback, to follow up agreed action plans and share learning following complaints and serious incidents. The Trust has also been actively involved in the Dorset-wide Cancer Patient Experience Group.
- Children's Services are well underway with their plans to set up a Parent/Carer Council.

In addition to setting up service-specific patient groups, the Trust also has plans to develop ways to engage patients and the public to support short-term or task-specific projects. For example: to understand the needs of specific service users; or to ensure the patient's voice is heard in a service development project.

This year, a group of ten sixth form students who have a Learning Disability were supported by their tutors to come into hospital to undertake a mystery shopper survey to assess accessibility, including hospital signage, use of 'My Care Passport' and easy-read patient information.

3.4 PERFORMANCE AGAINST NATIONAL TARGETS

The following table details the performance of Poole Hospital NHS Foundation Trust against the national priorities as defined by the Department of Health and declared to the Care Quality Commission. The figures are taken from the March 2017 integrated performance report or, where the latest data is available. The Trust has tried to replicate its reporting year on year to provide readers with a consistent view. Other key indicators are described in section 8.2. All these data items are nationally collected and to prescribed national definitions.

Target Description	2016-2017	2015-2016	2014-2015	2013-2014	Target Figure (2013-2014)
Care Quality Commission Standards/Regulated Activities – intelligence monitoring reports	N/A	Band 6 Lowest risk	Band 6 (Lowest risk)	16/16	16
C. difficile – meeting the C. difficile objective. (16/17- Clostridium Difficile Infections)	16	21	9	10	25
All cancers: 62-day wait for first treatment from: <ul style="list-style-type: none"> Urgent GP referral for suspected cancer NHS Cancer Screening Service referral. (15/16 -Maximum 62 day cancer treatments (note 12 month average)	88.87% (to mnh 11)	87.9%	88.0%	88.4%	85%
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate-patients on an incomplete pathway (% of patients waiting less than 18 weeks)	Incomplete pathways as at 31/3/17 92.6%	Incomplete pathways as at 31/3/16 92.3%	94.0%	95%	90%

% of incomplete RTT pathways at 18 weeks or less (New 2015/16)	92.6%	92.3%	N/A	N/A	N/A
A+E: maximum waiting time of four hours from arrival to admission/transfer/discharge (Less than 4 hour wait in A+E)	91.55% (including type 3 MIUs since Nov 2016) Poole type 1 ED only 90.81%	91.67%	93.38%	95.2%	95%

3.5 National target performances:

62 Day Cancer Wait. The indicator is expressed as a percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer

An urgent GP referral is one which has a two week wait from date that the referral is received to first being seen by a consultant (see

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_103431.pdf)

The indicator only includes GP referrals for suspected cancer (i.e. excludes consultant upgrades and screening referrals and where the priority type of the referral is National Code 3 – Two week wait) The clock start date is defined as the date that the referral is *received* by the Trust. The clock stop date is the date of first definitive cancer treatment as defined in the NHS Dataset Set Change Notice (A copy of this DSCN can be accessed at:

<http://www.isb.nhs.uk/documents/dscn/dscn2008/dataset/202008.pdf>). In summary, this is the date of the first definitive cancer treatment given to a patient who is receiving care for a cancer condition or it is the date that cancer was discounted when the patient was first seen or it is the date that the patient made the decision to decline all treatment.

3.6 Performance against Nationally Prescribed Indicators

PRESCRIBED INDICATOR	PHT POSITION 2016/2017	COMPARISON WITH OTHER TRUSTS 2016/2017	PHT POSITION 2015/2016	COMPARISON WITH OTHER TRUSTS	NATIONAL AVERAGE 2015/2016	PHT POSITION 2014/2015	COMPARISON WITH OTHER TRUSTS 2014/2015	NATIONAL AVERAGE 2014/15
a) The value and banding of the summary hospital-level mortality indicator ('SHMI') for the Trust for the reporting period;	82 12 months to Sept 2016		93.82 12 months to Sept 2015			98.85	Data not yet available	Data not available
Poole Hospital NHS Foundation Trust considers that this data is as described because of the excellent work of clinical staff								
Poole Hospital NHS Foundation Trust will continue the work on improving mortality that it already undertakes								
b) Percentage of	28%	Peer value	29.3%	Peer value	YTD Sept		Highest	

PRESCRIBED INDICATOR	PHT POSITION 2016/2017	COMPARISON WITH OTHER TRUSTS 2016/2017	PHT POSITION 2015/2016	COMPARISON WITH OTHER TRUSTS	NATIONAL AVERAGE 2015/2016	PHT POSITION 2014/2015	COMPARISON WITH OTHER TRUSTS 2014/2015	NATIONAL AVERAGE 2014/15
patient deaths with palliative care coded at either diagnosis or specialty level for the Trust for the reporting period.	12 months to Jan 2017 (CHKS)	26% (CHKS small acute Trusts)	12 months to Jan 2016 (CHKS)	25.3% (CHKS small acute Trusts)	2015 26.59%	30.52%	50.85% Lowest 12.5%	25.7%
Poole Hospital NHS Foundation Trust considers that this data is as described because of the excellent work of clinical staff. The data is presented as available from the national database.								
Poole Hospital NHS Foundation Trust will continue the work on improving mortality that it already undertakes								
1. Patient reported outcome score for groin hernia	89.50%		98.13%	N/A	N/A	85.25%	N/A	N/A

PRESCRIBED INDICATOR	PHT POSITION 2016/2017	COMPARISON WITH OTHER TRUSTS 2016/2017	PHT POSITION 2015/2016	COMPARISON WITH OTHER TRUSTS	NATIONAL AVERAGE 2015/2016	PHT POSITION 2014/2015	COMPARISON WITH OTHER TRUSTS 2014/2015	NATIONAL AVERAGE 2014/15
surgery								
*Poole Hospital NHS Foundation Trust considers that this data is as described because of the very small numbers of patients having this procedure at the Trust.								
Poole Hospital NHS Foundation Trust will continue to seek to improve patients responding to the questionnaire on their satisfaction.								
Percentage of patients readmitted to hospital within 28 days of being discharged: <ul style="list-style-type: none"> 0 to 15 years old 16 and over 	12.7% 7.9% 8.7%		11.75% 11.8% 11.6%			10.4% 10.5% 10.5%		

PRESCRIBED INDICATOR	PHT POSITION 2016/2017	COMPARISON WITH OTHER TRUSTS 2016/2017	PHT POSITION 2015/2016	COMPARISON WITH OTHER TRUSTS	NATIONAL AVERAGE 2015/2016	PHT POSITION 2014/2015	COMPARISON WITH OTHER TRUSTS 2014/2015	NATIONAL AVERAGE 2014/15
	(CHKS)							
Poole Hospital NHS Foundation Trust considers that this data is as described because the data has been internally validated.								
Poole Hospital NHS Foundation Trust will be working across the health and social care community to reduce unnecessary patient readmissions								
2. Percentage of patients who were admitted to hospital and who were risk assessed for venous thrombo-embolism	97.17%		97.40% as at Q4			98%		96%
Poole Hospital NHS Foundation Trust considers that this data is as described because of the good work being								

PRESCRIBED INDICATOR	PHT POSITION 2016/2017	COMPARISON WITH OTHER TRUSTS 2016/2017	PHT POSITION 2015/2016	COMPARISON WITH OTHER TRUSTS	NATIONAL AVERAGE 2015/2016	PHT POSITION 2014/2015	COMPARISON WITH OTHER TRUSTS 2014/2015	NATIONAL AVERAGE 2014/15
undertaken by clinical staff.								
Poole Hospital NHS Foundation Trust will continue the work on improving VTE assessment that it already undertakes								
3. Rate per 100,000 bed days of cases of C.difficile reported within the Trust amongst patients aged 2 or over.	16		N/A 18			5.2 9		
Poole Hospital NHS Foundation Trust considers that this data is as described because of the excellent work in preventing infections in the Trust. There were no cases of C.Difficile cross contamination in either year.								

PRESCRIBED INDICATOR	PHT POSITION 2016/2017	COMPARISON WITH OTHER TRUSTS 2016/2017	PHT POSITION 2015/2016	COMPARISON WITH OTHER TRUSTS	NATIONAL AVERAGE 2015/2016	PHT POSITION 2014/2015	COMPARISON WITH OTHER TRUSTS 2014/2015	NATIONAL AVERAGE 2014/15
Poole Hospital NHS Foundation Trust will continue the work on improving infection prevention that it already undertakes.								
4. Number and, where available, rate of patient safety incidents and;	4929		4484			4236	N/A	N/A
The rate of patient safety incidents	50.94		49.29 Per 1000 bed days			49.34 Per 1000 bed days	N/A	N/A
Number and, Percentage rate of patient safety incidents that resulted in severe harm or death	0.8%		0.1% 0.0%			0.0472%	N/A	
Poole Hospital NHS Foundation Trust considers that this data is as described because of the open reporting culture and								

PRESCRIBED INDICATOR	PHT POSITION 2016/2017	COMPARISON WITH OTHER TRUSTS 2016/2017	PHT POSITION 2015/2016	COMPARISON WITH OTHER TRUSTS	NATIONAL AVERAGE 2015/2016	PHT POSITION 2014/2015	COMPARISON WITH OTHER TRUSTS 2014/2015	NATIONAL AVERAGE 2014/15
encouragement to staff in the Trust. The degree of harm caused to patients is very low. It should be noted that this data is for the six month period April to September each year.								

Note 13: Patient safety incidents resulting in severe harm or death

The National Reporting and Learning Service (NRLS) was established in 2003. The system enables patient safety incident reports to be submitted to a national database on a voluntary basis designed to promote learning. It is mandatory for NHS Trusts in England to report all serious patient safety incidents to the Care Quality Commission as part of the Care Quality Commission registration process. To avoid duplication of reporting, all incidents resulting in death or severe harm should be reported to the NRLS who then report them to the Care Quality Commission. Although it is not mandatory, it is common practice for NHS Trusts to report patient safety incidents under the NRLS's voluntary arrangements.

As there is not a nationally established and regulated approach to reporting and categorising patient safety incidents, different Trusts may choose to apply different approaches and guidance to reporting, categorisation and validation of patient safety incidents. The approach taken to determine the classification of each incident, such as those 'resulting in severe harm or death', will often rely on clinical judgement. This judgement may, acceptably, differ between professionals. In addition, the classification of the impact of an incident may be subject to a potentially lengthy investigation which may result in the classification being changed. This change may not be reported externally and the data held by a Trust may not be the same as that held by the NRLS. Therefore, it may be difficult to explain the differences between the data reported by the Trusts as this may not be comparable

3.7. STATEMENTS FROM EXTERNAL BODIES

This quality report was sent to:

- Dorset Clinical Commissioning Group (Lead Commissioner)
- Borough of Poole, Overview and Scrutiny Committee
- Borough of Bournemouth, Overview and Scrutiny Committee
- Health Watch Dorset

The following comments have been made:

3.8 Dorset Clinical Commissioning Group

“NHS Dorset Clinical Commissioning Group is pleased to comment on the Quality Accounts for Poole Hospital NHS Foundation Trust. We have reviewed the information contained within the Account and can confirm that the information is accurate where available to us as part of existing contract/performance monitoring discussions.

The CCG acknowledges the achievements of the Trust during this year. Areas worthy of particular mention are the improvement in stroke performance and the culture of continuous striving for excellence for mothers and babies within maternity services. The Trust also demonstrated exceptional performance in relation to the national staff flu vaccination programme.

In addition to the successes identified, 2016/17 has been a challenging year for the Trust in relation to hospital acquired pressure ulcers and Never Events. Robust action plans are in place and Commissioners expect to see improvement in these areas in the coming year. As Commissioners we look forward to working with the Trust during 2017/18 and we commend the fact that there is a willingness to work collaboratively to improve the experience for the population of Dorset. We look forward to the Trust demonstrating the improvements in patient care they will be applying over the coming year.”

3.9 People Overview and Scrutiny Committee (Health and Social Care) response to Poole Hospital NHS Foundation Trust’s Quality Account 2016/17

Members of Borough of Poole’s People Overview and Scrutiny Committee (Health and Social Care) would like to thank Poole Hospital NHS Foundation Trust for their professional and open approach to meeting with Cllrs Jane Newel and Jennie Hodges (representatives of the committee) throughout the year. Some very productive discussions have been held around the progress made in key quality improvement areas. We would like to thank the hospital for allowing members the opportunity to comment on this account regarding the achievements and areas for improvement detailed in the Quality Report for 2016/17. The Report gives a clear outline of how Poole Hospital is meeting its requirements for delivering high quality healthcare.

The HSCOSC note the volume and pace of change that the Trust has been through over the past year including the progress on the vanguard programme, the outcome of the Clinical Services Review and actions arising from the CQC inspection in January 2016. Even through this time of change it is encouraging to note that the Trust is one of the highest performers in staff recommending the Trust as a place to work and that 94% of staff would recommend the hospital for care and treatment.

We are encouraged that the Trust set out some challenging priority areas for improvement during 16/17 and what it has achieved regarding improving performance around six of its key quality improvement measures:

Supporting patients to return home- the committee are fully aware of the complex and multifactorial issues that lead to a good discharge. Representatives of the committee are encouraged by the work that has been undertaken over the year especially in relation to increasing the numbers of patients being discharged home in time for lunch and reducing extended stays in hospital. It is really encouraging that extended stays had reduced during the winter pressure months and although the proportion of patients getting home for lunch was variable, progress had been made. Representatives of the committee note the ongoing commitment for Council services to continue to work closely with the hospital to ensure timely discharge whilst meeting the ongoing challenges of people living longer with more complex needs.

Deterioration of patients- representatives of the committee note that progress has been made in identifying deteriorating patients before a serious incident occurs using the track and trigger system. It is also encouraging to note that the Trust have beaten their 95% target in ensuring vital signs observations are recorded in line with agreed care plans as they have achieved 99% compliance.

Medication errors- the committee note that the Trust fully expects the implementation of the electronic prescribing system, currently underway, to reduce medication related errors. However it is encouraging to note the significant reduction in medication errors resulting in significant or moderate harm.

Pressure ulcers- it is reassuring to note that the Trust has taken action in an attempt to reduce the risk of hospital acquired pressure ulcers when there was an increase in the autumn of 2015. The steps taken to appoint a tissue viability nurse, introduce the use of protective boots and earlier assessments and provide further education to staff have all been introduced in an attempt to decrease the numbers of grade 3 pressure sores. It is noted that the acuity of illness for inpatients continues to increase which has meant that the desired decrease has not been achieved. It would be helpful for representatives of the committee to receive further updates on this priority improvement area and understand what further measures the Trust can take in order to address this.

Nursing patient assessments including Learning Disability- members were really pleased to understand that the quality of nursing patient assessments were being prioritised to ensure that they were person centred. It is also positive to note that a particular focus was being given to those patients with a Learning Disability to ensure they receive a holistic assessment including the use of easy read documents and leaflets so that they are not disadvantaged during their stay in hospital.

Care of the dying pathways- the committee noted that the Trust was one of ten selected to take part in a new national programme to improve end of life care. It is heartening to note that discussions with patients about planning for end of life is more open and person centred allowing them to express their wishes and priorities pragmatically, considering whether further intensive treatment and hospitalisation is what they would wish for.

The members representing the committee would also like to commend the Trust for its work over the year on the many other improvement projects such as working with Dorset Police in building dementia friendly communities; working with the public to promote their commitment to carers; receiving the award of excellence in care for children at the end of their lives and the advances in surgical treatment through the da Vinci robot system in the treatment of gynaecological cancer.

Moving forward the committee it is pleasing to note that the quality improvement areas for the coming year are being carried forward and look forward to receiving a mid-year update in the autumn.

Thank you for the opportunity to comment on an interesting Quality Review and Account. We look forward to reading the published version but please take this letter as Borough of Poole's response to that document based on the draft version sent to the Council on 16th March 2017.

3.10 Borough of Bournemouth, Overview and Scrutiny Committee

No comments received.

3.11 Health Watch Dorset comment on Poole Hospital NHS Foundation Trust Quality Account 2016/17

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

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

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

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

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

3.12 Governor Response to the 2016/2017 Quality Report as prepared and agreed by the Council of Governor's Quality Reference Group

The Council of Governors welcomes the ability to continue to comment on the Trust Quality report. Although the Trust has faced significant challenges from increased activity and

financial pressures the report shows the Trust achieves high quality care. This is further supported by the report written by the CQC with 31 out of the 39 areas scoring a rating of “Good”.

The Council of Governors would like to highlight the following notable achievements and improvements made by the Trust within the last year:

- Successful implementation of the “deteriorating patient” initiative
- Marked reduction in serious medication errors following the “medication error initiative”
- The NHS staff survey placing Poole in the top 20% nationally for “recommending Poole Hospital as a place to work or receive treatment”
- The Trust being within the top 10 nationally for vaccinating its staff against Flu and the most improved Trust in the country

Due to the transparent nature of the document and the involvement of the quality reference group, the Governors feel they are aware of the areas of concern and are reassured that the Trust Board is working on areas highlighted in the quality report to address them. Some of the key issues identified by the Quality Reference group are highlighted below:

- Being below the national average on the staff satisfaction survey for “staff satisfaction with the work and care they are able to deliver”
- NHS staff survey showing an increase in staff witnessing potentially harmful errors or near misses
- Patient experience measures being lower than the 2015-2016 period
- The Trust’s overall CQC rating of “requires improvement”
- Rise in Hospital acquired pressure ulcers

The Council of Governors previously has approved the Quality Reference Group’s recommendation that pressure ulcers should be externally audited.

The Governors have been involved in discussions during the drafting of this report and as Governors have been able to put forward their recommendations on the priorities going forward. These have been included in this report.

In conclusion, the Council of Governors has reviewed this comprehensive report and would like to endorse the progress and achievements outlined and the recommendation recorded to ensure the Trust continues to deliver first class care.

ANNEX 1 to QUALITY REPORT 2016-2017

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE QUALITY REPORT

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare quality accounts for each financial year.

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

In preparing the quality report, Directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2016-2017;
- the content of the quality report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2016 to May 2017
 - papers relating to Quality reported to the Board over the period April 2016 to May 2017
 - feedback from commissioners dated 15/5/2017
 - feedback from governors dated 27/04/2017
 - feedback from local Health Watch organisations dated 28/03/2017
 - feedback from Poole Overview and Scrutiny Committee dated 05/04/2017
 - feedback from the Bournemouth Overview and Scrutiny Committee – no comments received.
 - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 27 July 2016
 - the national patient survey 2016
 - the national staff survey 2016
 - the Head of Internal Audit's annual opinion over the Trust's control environment dated 17/5/2017
 - CQC inspection report dated 25/05/ 2016
- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and

- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the Board

NB: sign and date in any colour ink except black

24/05/17 Date *Steenbikne* Chairman

24/5/17 Date *Duffenup* Chief Executive

ANNEX 2 to QUALITY REPORT 2016-2017

Independent auditor's report to the council of governors of Poole Hospital NHS Foundation Trust on the quality report

We have been engaged by the council of governors of Poole Hospital NHS Foundation Trust to perform an independent assurance engagement in respect of Poole Hospital NHS Foundation Trust's quality report for the year ended 31 March 2017 (the 'Quality Report') and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the council of governors of Poole Hospital NHS Foundation Trust as a body, to assist the council of governors in reporting Poole Hospital NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2017, to enable the council of governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Poole Hospital NHS Foundation Trust for our work on this report, except where terms are expressly agreed and with our prior consent in writing.

Scope and subject matter

The indicators for the year ended 31 March 2017 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period; and
- Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge.

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual' and supporting guidance issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation trust annual reporting manual' and supporting guidance;
- the quality report is not consistent in all material respects with the sources specified in section 2.1 of the NHS Improvement 2016/17 Detailed guidance requirements for external assurance on for quality reports for foundations trusts 2016-17; and
- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual' and supporting guidance and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports'.

We read the quality report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the quality report and consider whether it is materially inconsistent with

- board minutes for the period April 2016 to May 2017;
- papers relating to quality reported to the board over the period April 2016 to May 2017;
- feedback from the governors;
- feedback from local Healthwatch organisations;

- feedback from Poole Overview and Scrutiny Committee, dated 5th April 2017;
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 30th July 2016;
- the 2015 national patient survey;
- the 2016 national staff survey;
- Care Quality Commission reports; and
- the Head of Internal Audit's annual opinion over the trust's control environment dated April 2016.

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

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

Assurance work performed

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

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the 'NHS foundation trust annual reporting manual' and supporting guidance to the categories reported in the quality report; and
- reading the documents.

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

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual' and supporting guidance.

The scope of our assurance work has not included testing of indicators other than the two selected mandated indicators, or consideration of quality governance.

Basis for Qualified Conclusion

The "Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period" indicator relies on Referral-To-Treatment ('RTT') data. The Trust identified that the RTT

data for 2016/17 contained outpatient pathways where the clock had been stopped prior to treatment but should have continued for longer. Consequently, the RTT data for incomplete pathways at the end of the reporting period was incomplete. Management have performed an exercise of validating the RTT data to assess the impact of the issue on the reported indicator based on a detailed analysis of the data for one month. From this analysis management are satisfied that it is unlikely that there is a significant error in the reported indicator; they therefore consider it unlikely that Poole Hospital NHS Foundation Trust breached this indicator in 2016/17. However, extrapolating these results across the whole period requires significant assumptions to be made and there is too much uncertainty for the purposes of our report. The information available to us was therefore limited and we were unable to quantify the impact on the reported indicator.

Qualified conclusion

Based on the results of our procedures, with the exception of the possible effects of the matter reported in the basis for qualified conclusion paragraph above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2017:

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation trust annual reporting manual' and supporting guidance;
- the quality report is not consistent in all material respects with the sources specified in 2.1 of the NHS Improvement Detailed requirements for external assurance for quality reports for foundations trusts 2016-17; and
- the indicators in the quality report subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual' and supporting guidance.

Deloitte LLP

Deloitte LLP
Chartered Accountants
Reading, UK
24 May 2017

SECTION D: ANNUAL ACCOUNTS

Opinion on financial statements of Poole Hospital NHS Foundation Trust

In our opinion the financial statements:

- **give a true and fair view of the state of the Group and Trust's affairs as at 31 March 2017 and of the Group and Trust's income and expenditure for the year then ended;**
- **have been properly prepared in accordance with the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts; and**
- **have been prepared in accordance with the requirements of the National Health Service Act 2006.**

The financial statements that we have audited comprise:

- the Group and Trust Statements of Comprehensive Income;
- the Group and Trust Statements of Financial Position;
- the Group and Trust Statements of Changes in Taxpayers' Equity;
- the Group and Trust Statements of Cash Flows; and
- the related notes 1 to 25.

The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts.

Emphasis of Matter – Going Concern

We have reviewed the directors' statement in Note 1 of the financial statements in respect of the Group's ability to continue as a going concern.

The Trust received Sustainability and Transformation Fund (STF) income of £9.3m in 2016/17, without which a substantial deficit would have been recorded. The Trust has forecast receipt of £6.5m of STF income in 2017/18, without which the Trust will have insufficient working capital to meet liabilities as they fall due. Receipt of STF income is dependent on the trust achieving a control total deficit of no more than £3.1m and achieving the 4 Hour A&E trajectory set by the Department of Health. To achieve this control total, the Trust must implement Cost Improvement Plans (CIPs) amounting to £10.9m. It is not certain that the Trust will be able to achieve all of the necessary savings. If the Trust did not receive STF income, it would have to apply for alternative funding from the Department of Health. The outcome of this application is currently uncertain.

In response to this, we:

- reviewed and challenged the Trusts plan for 2017/18, to understand the cash needs of the Trust;
- reviewed the STF offer for the Trust and understood the requirements for receipt of funding; and
- assessed the Trust's high level forecasts and CIP plans, including challenging key judgements. As part of this exercise we have considered the historical accuracy of the budgeting process used by the Trust.

Whilst we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate, these conditions indicate the existence of a material uncertainty which may give rise to significant doubt over the Group's ability to continue as a going concern. The financial statements do not include the adjustments that would result if the Group was unable to continue as a going concern. Our opinion is not modified in respect of this matter.

Certificate



We certify that we have completed the audit of the accounts in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Summary of our audit approach

Key risks

The key risks that we identified in the current year were:

- *Valuation of the Group's property assets*
- *Management override of controls*
- *Going Concern – see emphasis of matter above*

Within this report, any new risks are identified with  and any risks which are the same as the prior year identified with .

We included a key risk in relation to management override controls in our report for the current year owing to the increased pressure on management to report results in line with their agreed control total in order to unlock the Sustainability and Transformation Funding (STF) for the year.

Last year our report included a key risk on NHS revenue and provision, however due to the change in the contractual agreement with Dorset CCG to a flat rate contract, we no longer consider a key risk.

Materiality	The materiality that we used in the current year was £3.5m which was determined on the basis of 1.5% of incoming resources.
Scoping	The focus of our audit work was on the Trust. We performed specified audit procedures on the Trust's subsidiary, Poole Hospital NHS Foundation Trust Charitable Fund, where the extent of our testing was based on our assessment of the risks of material misstatement and the materiality of the charity to the Group. Our audit therefore covered all the entities within the Group, which account for 100% of the Group's net assets, revenues and surplus.
Significant changes in our approach	Other than the changes to key risks as reported above, there were no other significant changes in our approach in the current year.

Independence

We are required to comply with the Code of Audit Practice and Financial Reporting Council's Ethical Standards for Auditors and confirm that we are independent of the group and we have fulfilled our other ethical responsibilities in accordance with those standards.

We confirm that we are independent of the group and we have fulfilled our other ethical responsibilities in accordance with those standards. We also confirm we have not provided any of the prohibited non-audit services referred to in those standards.

Our assessment of risks of material misstatement

In addition to the matter described in the emphasis of matter – going concern section, we have determined the matters described below to be the assessed risks of material misstatement that had the greatest effect on our audit strategy, the allocation of resources in the audit and directing the efforts of the engagement team.

Property valuations

Risk description



The Group holds property assets within Property, Plant and Equipment at a modern equivalent use valuation of £95.4m, as shown in Note 8 to the Financial Statements and disclosed as a critical accounting judgment in note 1.21. This risk is also discussed by the Audit Committee on page 54. The valuations are by nature significant estimates which are based on specialist and management assumptions (including the floor areas for a Modern Equivalent Asset, the basis for calculating build costs, the level of allowances for professional fees and contingency, and the remaining life of the assets) and which can be subject to material changes in value.

In addition, the methodology used in the revaluation has changed in the current year with regards to the method used to assess the remaining useful life of buildings. This has led to an overall increase in the value of the Trusts estate by £0.5m.

How the scope of our audit responded to the risk



Manipulation of accounting estimates

Our work on accounting estimates included considering each of the areas of judgement identified by NHS Improvement. In testing each of the accounting estimates included in the NHS Improvement letter, we considered their findings in the context of the identified fraud risk. Where relevant, the recognition and valuation criteria used were compared to the specific requirements of IFRS.

We tested accounting estimates (including in respect of property valuations discussed above), focusing on the areas of greatest judgement and value. Our procedures included comparing amounts recorded or inputs to estimates to relevant supporting information from third party sources.

We evaluated the rationale for recognising or not recognising balances in the financial statements and the estimation techniques used in calculations, and considered whether these were in accordance with accounting requirements and were appropriate in the circumstances of the Group.

Manipulation of journal entries

We used data analytic techniques to select journals for testing with characteristics indicative of potential manipulation of reporting focusing in particular upon manual journals, and on looking for any journals between capital and revenue expenditure.

We traced the journals to supporting documentation, and evaluated the accounting rationale for the posting. We evaluated individually and in aggregate whether the journals tested were indicative of fraud or bias.

We tested the year-end adjustments made outside of the accounting system between the general ledger and the financial statements and consolidation adjustments and journals.

Accounting for significant or unusual transactions

We considered whether any transactions identified in the year required specific consideration and did not identify any requiring additional procedures to address this risk.

Key observations



We have not identified any significant bias in the key judgements made by management. In addition to the depreciation adjustment noted above, we also identified an adjustment to provisions and other creditors which would have the impact of increasing the surplus in the year by £520k. This would offset the adjustment to depreciation highlighted above. The financial statements again have not been adjusted to reflect this as the directors also did not believe this to be material.

These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

Our application of materiality

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality both in planning the scope of our audit work and in evaluating the results of our work.

Based on our professional judgement, we determined materiality for the financial statements as a whole as follows:

Group materiality	£3.5m (2016: £2.1m)
Basis for determining materiality	1.5% of incoming resources (2016: 1% of incoming resources), see diagram below. We reassessed the percentage used in the context of our cumulative knowledge and understanding the audit risks at the Trust and our assessment of those risks for this year.
Rationale for the benchmark applied	Incoming resources was chosen as a benchmark as the Trust is a non-profit organisation, and revenue is a key measure of financial performance for users of the financial statements.



We agreed with the Audit & Governance Committee that we would report to the Committee all audit differences in excess of £175,000 (2016: £105,000), as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds. We also report to the Audit & Governance Committee on disclosure matters that we identified when assessing the overall presentation of the financial statements.

An overview of the scope of our audit

Our group audit was scoped by obtaining an understanding of the Group and its environment, including group-wide controls, and assessing the risks of material misstatement at the Group level.

The focus of our audit work was on the Trust, with work performed at the Trust's head offices in Poole directly by the audit engagement team, led by the audit partner.

We performed specified audit procedures on the Trust's subsidiary, Poole Hospital NHS Foundation Trust Charitable Fund, where the extent of our testing was based on our assessment of the risks of material misstatement and the materiality of the charity to the Group.

Our audit covered all of the entities within the Group, and account for 100% (2016: 100%) of the Group's net assets, revenue and surplus.

Our audit work was executed at levels of materiality applicable to each individual entity which were lower than group materiality and range from £1.7m to £3.4m (2016: £1.05m to £2.1m).

At the Group level we also tested the consolidation process and carried out analytical procedures to confirm our conclusion that there were no significant risks of material misstatement of the aggregated financial information.

The audit team included integrated Deloitte specialists bringing specific skills and experience in Information Technology systems and property valuations.

Opinion on other matters prescribed by the National Health Service Act 2006

In our opinion:

- the parts of the Directors' Remuneration Report and staff report to be audited have been properly prepared in accordance with the National Health Service Act 2006; and
- the information given in the Performance Report and the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Use of resources

We are required to report to you if, in our opinion, the NHS Foundation Trust has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Basis for qualified conclusion

The Group and Trust has described the following matters in its Annual Governance Statement which we consider to be relevant to the Group and Trust's arrangements to secure economy, efficiency and effectiveness: the Trust was reliant on receipt of £9.3m of STF income to maintain sufficient liquidity throughout 2016/17, and is reliant on the receipt of £6.5m of STF income in 2017/18. The forecast for 2018/19 (when no STF income is expected to be available) shows a shortfall in funding. These issues, which are not wholly within the control of the Trust, affect its ability to plan effectively for the sustainable delivery of its service obligations.

These issues are evidence of weaknesses in proper arrangements for planning finances effectively to support the sustainable delivery of strategic priorities and maintain statutory functions.

Qualified conclusion

On the basis of our work, having regard to the guidance issued by the Comptroller & Auditor General in November 2016, with the exception of the matters reported in the basis for qualified conclusion paragraph above, we are satisfied that, in all significant respects, Poole Hospital NHS Foundation Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2017.

Annual Governance Statement, and compilation of financial statements

Under the Code of Audit Practice, we are required to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading, or is inconsistent with information of which we are aware from our audit; or
- proper practices have not been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

Reports in the public interest or to the regulator

Under the Code of Audit Practice, we are also required to report to you if:

- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit; or
- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

We have nothing to report in respect of these matters.

Our duty to read other information in the Annual Report

Under International Standards on Auditing (UK and Ireland), we are required to report to you if, in our opinion, information in the annual report is:

- materially inconsistent with the information in the audited financial statements; or
- apparently materially incorrect based on, or materially inconsistent with, our knowledge of the Group acquired in the course of performing our audit; or
- otherwise misleading.

We confirm that we have not identified any such inconsistencies or misleading statements.

In particular, we are required to consider whether we have identified any inconsistencies between our knowledge acquired during the audit and the directors' statement that they consider the annual report is fair, balanced and understandable and whether the annual report appropriately discloses those matters that we communicated to the audit committee which we consider should have been disclosed.

Respective responsibilities of Accounting Officer and auditor

As explained more fully in the Accounting Officer's Responsibilities Statement, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law, the Code of Audit Practice and International Standards on Auditing (UK and Ireland). We also comply with International Standard on Quality Control 1 (UK and Ireland). Our audit methodology and tools aim to ensure that our quality control procedures are effective, understood and applied. Our quality controls and systems include our dedicated professional standards review team.

This report is made solely to the Board of Governors and Board of Directors ("the Boards") of Poole Hospital NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Boards as a body, for our audit work, for this report, or for the opinions we have formed.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Group's and the Trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant

accounting estimates made by the Accounting Officer; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

A handwritten signature in blue ink, reading "Susan Barratt". The signature is fluid and cursive, with a large, stylized 'A' at the end.

Susan Barratt, BA, ACA (Senior statutory auditor)
for and on behalf of Deloitte LLP
Chartered Accountants and Statutory Auditor
Reading, United Kingdom
24 May 2017

FOREWORD TO THE ACCOUNTS

Poole Hospital NHS Foundation Trust

These accounts for the year ended 31 March 2017 of Poole Hospital NHS Foundation Trust have been prepared in accordance with paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006 and comply with the annual reporting guidance for NHS foundation trusts within the NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual) for the financial period.

Signed  Chief Executive and Accounting Officer

Name: Debbie Fleming

Date: 24 May 2017

Statement of Accounting Officer's responsibilities

Statement of the Chief Executive's responsibilities as the Accounting Officer of Poole Hospital NHS Foundation Trust

The National Health Service Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Poole Hospital NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Poole Hospital NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the Department of Health Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements;
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance; and
- prepare the financial statements on a going concern basis.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

 Signature

Debbie Fleming, Chief Executive

Date: 24 May 2017

**STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED
31 March 2017**

		Group (see Note a)	Foundation Trust (see Note b)	Group	Foundation Trust
	NOTE	2016/17 £000	2016/17 £000	2015/16 £000	2015/16 £000
Operating income	2	250,381	244,193	230,125	225,996
Operating expenses	3	<u>(242,219)</u>	<u>(241,147)</u>	<u>(227,840)</u>	<u>(227,280)</u>
OPERATING SURPLUS/(DEFICIT)		8,162	3,046	2,285	(1,284)
Finance Costs					
Finance income	5	81	34	81	67
Finance costs - financial liabilities	6	(171)	(171)	(160)	(160)
Finance costs - interest expense - unwinding of discount	15	(8)	(8)	(11)	(11)
Public Dividend Capital dividends payable		<u>(2,829)</u>	<u>(2,829)</u>	<u>(2,755)</u>	<u>(2,755)</u>
Net Finance Costs		<u>(2,927)</u>	<u>(2,974)</u>	<u>(2,845)</u>	<u>(2,859)</u>
Gains/(losses) of disposal of assets		67	67	0	0
SURPLUS/(DEFICIT) FOR THE YEAR (See Note b below)		<u>5,302</u>	<u>139</u>	<u>(560)</u>	<u>(4,143)</u>
Other comprehensive income					
Impairments/Revaluations to Revaluation Reserve (Note c.)		2,505	2,488	3,416	3,405
TOTAL COMPREHENSIVE INCOME/(EXPENSE) FOR THE YEAR		<u>7,807</u>	<u>2,627</u>	<u>2,856</u>	<u>(738)</u>

Note a. Group figures include Poole Hospital NHSFT Charitable Fund (registered charity number 1058808).

Note b. 2016/17 Control Total (not applicable in 2015/16)		£000
Surplus for the year (above)		139
Add back impairment		2,024
Less donated capital/fixed asset disposal adjustment		(1,218)
Control total surplus		<u>945</u>

Note c. The Impairments/Revaluation movement in the year relates to property, plant and equipment following the revaluation of the estate by the Trust's Valuer (GVA) as at 31 March 2017. This Impairment/Revaluation movement will not be reclassified subsequently to the Profit and Loss.

Note d. Comparative 2015/16 figures for operating income and expenditure have been restated to reflect the reclassification of the profit on reversal of impairments (refer to Notes 2 and 3).

The notes on pages 5 to 38 form part of these accounts.

All income and expenditure is derived from continuing operations.

STATEMENT OF FINANCIAL POSITION AS AT
31 March 2017

		Group	Foundation Trust	Group	Foundation Trust
		31 March 2017	31 March 2017	31 March 2016	31 March 2016
	NOTE	£000	£000	£000	£000
NON CURRENT ASSETS					
Intangible assets	7	2,391	2,391	2,911	2,911
Property, plant and equipment	8	123,204	123,014	114,621	114,444
Trade and other receivables	11	937	937	874	874
		<u>126,532</u>	<u>126,342</u>	<u>118,406</u>	<u>118,229</u>
CURRENT ASSETS					
Inventories	10	2,439	2,439	2,190	2,190
Trade and other receivables	11	13,377	13,140	9,482	9,519
Cash and cash equivalents	16	<u>17,869</u>	<u>7,484</u>	<u>15,518</u>	<u>9,998</u>
TOTAL CURRENT ASSETS		33,685	23,063	27,190	21,707
CURRENT LIABILITIES					
Trade and other payables	12	(25,826)	(25,779)	(22,027)	(21,952)
Other liabilities	12	(640)	(640)	(657)	(657)
Borrowings	13	(1,348)	(1,348)	(1,172)	(1,172)
Provisions	15	<u>(886)</u>	<u>(886)</u>	<u>(591)</u>	<u>(591)</u>
TOTAL CURRENT LIABILITIES		(28,700)	(28,653)	(24,447)	(24,372)
TOTAL ASSETS LESS CURRENT LIABILITIES		131,517	120,752	121,149	115,564
NON CURRENT LIABILITIES					
Borrowings	13	(10,557)	(10,557)	(8,115)	(8,115)
Provisions	15	<u>(800)</u>	<u>(800)</u>	<u>(681)</u>	<u>(681)</u>
TOTAL NON CURRENT LIABILITIES		(11,357)	(11,357)	(8,796)	(8,796)
TOTAL ASSETS EMPLOYED		120,160	109,395	112,353	106,768
FINANCED BY:					
TAXPAYERS' EQUITY					
Public dividend capital		88,661	88,661	88,661	88,661
Revaluation reserve		19,831	19,831	24,887	24,887
Income and expenditure reserve		903	903	(6,780)	(6,780)
Charitable Funds reserves		<u>10,765</u>	<u>0</u>	<u>5,585</u>	<u>0</u>
TOTAL TAXPAYERS' EQUITY		120,160	109,395	112,353	106,768

The financial statements on pages 1 to 38 were approved and authorised for issue by the Board on 24 May 2017 and signed on its behalf by:

Signed:  Chief Executive

Date: 24 May 2017

Name: Debbie Fleming

Signed:  Director of Finance

Date: 24 May 2017

Name: Mark Orchard

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY (GROUP)

	Public dividend capital (PDC)	Revaluation reserve	Income and Expenditure Reserve	Charitable Fund Reserves	Total
	£000	£000	£000	£000	£000
Balance at 1 April 2016	88,661	24,887	(6,780)	5,585	112,353
Changes in taxpayers' equity for 2016/17					
Retained surplus/(deficit) for the year	0	0	(2,232)	7,534	5,302
Impairments/Revaluations charged to the Revaluation Reserve (refer to Notes 8.1 and 8.2)	0	2,492	0	0	2,492
Revaluations and impairments- charitable funds	0	0	0	17	17
Transfer of the excess of current cost depreciation over historical cost depreciation to the Income and Expenditure Reserve	0	(911)	911	0	0
Other reserve movements - charitable funds consolidation adjustment	0	0	2,371	(2,371)	0
Other reserve movements	0	(6,637)	6,633	0	(4)
Balance at 31 March 2017	88,661	19,831	903	10,765	120,160
Balance at 1 April 2015	88,661	22,716	(3,871)	1,991	109,497
Changes in taxpayers' equity for 2015/16					
Retained surplus/(deficit) for the year	0	0	(6,688)	6,128	(560)
Impairments/Revaluations charged to the Revaluation Reserve (refer to Notes 8.3 and 8.4)	0	3,405	0	0	3,405
Revaluations and impairments- charitable funds	0	0	0	10	10
Transfer of the excess of current cost depreciation over historical cost depreciation to the Income and Expenditure Reserve	0	(1,235)	1,235	0	0
Other reserve movements - charitable funds consolidation adjustment	0	0	2,544	(2,544)	0
Other reserve movements	0	1	0	0	1
Balance at 31 March 2016	88,661	24,887	(6,780)	5,585	112,353

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY (FOUNDATION TRUST)

	Public dividend capital (PDC)	Revaluation reserve	Income and Expenditure Reserve	Total
	£000	£000	£000	£000
Balance at 1 April 2016	88,661	24,887	(6,780)	106,768
Changes in taxpayers' equity for 2016/17				
Retained surplus/(deficit) for the year	0	0	139	139
Impairments/Revaluations charged to the Revaluation Reserve (refer to Notes 8.5 and 8.6)	0	2,492	0	2,492
Transfer of the excess of current cost depreciation over historical cost depreciation to the Income and Expenditure Reserve	0	(911)	911	0
Other Reserve movements	0	(6,637)	6,633	(4)
Balance at 31 March 2017	88,661	19,831	903	109,395
Balance at 1 April 2015	88,661	22,716	(3,872)	107,505
Changes in taxpayers' equity for 2015/16				
Retained surplus for the year	0	0	(4,143)	(4,143)
Impairments/Revaluations charged to the Revaluation Reserve (refer to Notes 8.7 and 8.8)	0	3,405	0	3,405
Transfer of the excess of current cost depreciation over historical cost depreciation to the Income and Expenditure Reserve	0	(1,235)	1,235	0
Other Reserve movements	0	1	0	1
Balance at 31 March 2016	88,661	24,887	(6,780)	106,768

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED

31 March 2017

	Group 2016/17 £000	Foundation Trust 2016/17 £000	Group 2015/16 £000	Foundation Trust 2015/16 £000
CASH FLOWS FROM OPERATING ACTIVITIES				
Operating surplus/(deficit) from continuing operations	8,162	3,046	2,285	(1,284)
Non-cash income and expense:				
Depreciation and amortisation	8,144	8,144	9,305	9,305
(Reversal of impairments)/impairments	2,024	2,024	(50)	(50)
(Increase)/decrease in trade and other receivables	(2,019)	(3,684)	(1,315)	(1,320)
Decrease/(increase) in inventories	(249)	(249)	15	15
Increase/(decrease) in trade and other payables	1,141	1,141	1,332	1,332
Increase/(decrease) other liabilities	(17)	(17)	91	91
Increase in provisions	406	406	243	243
NHS Charitable Funds - net adjustment for working capital movements, non-cash transactions and non-operating cash flows	(251)	0	(44)	0
Other movements in operating cash flows	(1,669)	(4)	114	1
Net cash generated from operations	15,672	10,807	11,976	8,333
Cash flows from investing activities				
Interest received	34	34	67	67
Purchase of property, plant and equipment	(12,687)	(12,687)	(9,825)	(9,825)
Purchase of intangible assets	(375)	(375)	(556)	(556)
Sales of property, plant and equipment	85	85	0	0
NHS Charitable Funds - net cash flows from investing activities	0	0	0	0
Net cash generated generated used in investing activities	(12,943)	(12,943)	(10,314)	(10,314)
Cash Flows from financing activities				
Public dividend capital received	0	0	0	0
Loans received from the Department of Health	3,000	3,000	3,950	3,950
Other loans received	664	664	777	777
Other loans repaid	(18)	(18)	0	0
Loans repaid to the Department of Health	(954)	(954)	(439)	(439)
Capital element of finance lease rental payments	(73)	(73)	(69)	(69)
Interest paid to Department of Health on loans	(163)	(163)	(147)	(147)
Interest element of finance lease	(9)	(9)	(13)	(13)
PDC Dividend paid	(2,825)	(2,825)	(2,744)	(2,744)
Net cash used in financing activities	(378)	(378)	1,315	1,315
Increase/(decrease) in cash and cash equivalents	2,351	(2,514)	2,977	(666)
Cash and Cash equivalents at 1 April 2016 (1 April 2015)	15,518	9,998	12,541	10,664
Cash and Cash equivalents at 31 March 2017 (31 March 2016)	17,869	7,484	15,518	9,998

NOTES TO THE ACCOUNTS

1 ACCOUNTING POLICIES

NHS Improvement, in exercising the statutory functions conferred on Monitor, is responsible for issuing an accounts direction to NHS foundation trusts under the NHS Act 2006. NHS Improvement has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the Department of Health Group Accounting Manual (DH GAM) which shall be agreed with the Secretary of State. Consequently, the following financial statements have been prepared in accordance with the DH GAM 2016/17 issued by the Department of Health. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's FRM to the extent that they are meaningful and appropriate to NHS foundation trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Going Concern

The accounts have been prepared on a going concern basis as the Trust currently has access to continued income from the national Sustainability and Transformation Fund conditional on the implementation of the annual cost improvement plan delivery.

This dependency on delivering key planning assumptions is consistent with the Trust's operational and strategic plans agreed with the regulator, and will continue until such time that a financially sustainable plan is implemented, and the associated efficiency benefits realised, as part of the Dorset Clinical Services Review.

The Board of Directors acknowledge that there is a material uncertainty related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern and, that it may be unable to realise its assets and discharge its liabilities in the normal course of business. Specifically, an uncertainty exists around whether the Trust will continue to earn all planned income from the national Sustainability and Transformation Fund (£6.5 million during 2017/18) and continue cost improvement plans above nationally assumed minimum levels (£10.7 million or 4.7% in 2017/18, against a national tariff efficiency factor of 2%). However, these risks are well understood and action can and will be taken to ensure that the risks are managed. In the absence of continued income from the national Sustainability and Transformation Fund, the Trust may require access to the Department of Health's revolving working capital facility and/ or Interim Support in the form of a Department of Health revenue loan. The outcome of this application is currently uncertain.

The accounts do not contain the adjustments required should the Trust not be in a position to continue in operation.

Further detail is provided within the Annual Report.

1.1 Consolidation

Poole Hospital NHS Foundation Trust Charitable Fund

The NHS Foundation Trust is the corporate trustee to Poole Hospital NHS Foundation Trust Charitable Fund. The Foundation Trust has assessed its relationship to the Charitable Fund and determined it to be a subsidiary because the Foundation Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The Charitable Fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the Charity's assets, liabilities and transactions to:

- * recognise and measure them in accordance with the Foundation Trust's accounting policies; and
- * eliminate intra-group transactions, balances, gains and losses.

The reserves of the Charity at 31 March 2017 amounted to £9,042k. For consolidation purposes grants amounting to £1,723k awarded by the Charity to the Foundation Trust but unspent at 31 March 2017 have been added back to the Charity reserves in the Group Accounts. The Charity reserves shown in the Group Accounts therefore amount to £10,765k. These funds are comprised of restricted funds of £10,754k and unrestricted funds of £11k. Restricted funds were donated for specified purposes for a ward or department and the Trustee may only use these funds for the specified purpose. Unrestricted funds may be used at the discretion of the Trustee for any purpose throughout the Hospital.

The reported reserves of the Charity at 31 March 2016 amounted to £4,558k. Consolidation adjustments amounted to £1,027k. The Charity reserves shown in the Group Accounts therefore amounted to £5,585k.

The Charity has adopted the Charity 2015 SORP during 2016/17. Legacy receipts that are considered 'probable' are now accrued as income in the Accounts. 2015/16 comparative figures have not been restated.

NOTES TO THE ACCOUNTS (continued)

1.2 Income

Income in respect of services provided is recognised when, and to the extent that performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Trust is contracts with commissioners in respect of healthcare services. Other income includes funding from the NHS South of England in respect of training and education for training posts (primarily junior doctors) and also recharges of clinical staff to local foundation trusts..

Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred. When a patient is admitted and treatment begins, then the income for that treatment or spell can start to be recognised. Income relating to those spells which are partially completed at the financial year end is therefore accrued for. In respect of March activity actual activity is not known before the accounts are closed. A judgement is therefore made on the level of income to accrue for this activity. Income from the sale of non-current assets is recognised only when all material conditions of sale have been met and is measured as the sums due under the sale contract.

1.3 Expenditure on Employee Benefits *Short-term Employee Benefits*

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of scheme liability as at 31 March 2017, is based on valuation data as 31 March 2016, updated to 31 March 2017 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers. The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

NOTES TO THE ACCOUNTS (continued)

Pension costs continued

NHS Pension Scheme

c) Scheme provisions

The NHS Pension Scheme provides defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained:

The Scheme is a "final salary" scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as "pension commutation".

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011-12 the Consumer Price Index (CPI) has been used and replaced the Retail Prices Index (RPI).

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement is payable.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the employer and is fully provided for in the Accounts.

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVC's run by the Scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

The Trust paid £14,990k employer contributions to the NHS Pension Scheme in 2016/17 and the contributions for 2017/18 are forecast to be approximately £15,348k.

NOTES TO THE ACCOUNTS (continued)

1.4 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.5 Property, Plant and Equipment

Recognition

Property, Plant and Equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust;
- it is expected to be used for more than one financial year; and
- the cost of the item can be measured reliably.

Property, Plant and Equipment assets are capitalised if they are capable of being used for a period which exceeds one year and they:

- individually have a cost of at least £5,000; or

- collectively have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or

- form part of the initial equipping and setting-up cost of a new building or refurbishment of a ward or unit irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

NOTES TO THE ACCOUNTS (continued)

1.5 Property, Plant and Equipment continued

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. They are measured subsequently at valuation.

Non-current assets are stated at the lower of replacement cost and recoverable amount. The carrying values of property, plant and equipment are reviewed for impairment in periods if events or changes in circumstances indicate the carrying value may not be recoverable. The costs arising from the financing of the construction of fixed assets are not capitalised but are charged to the Statement of Comprehensive Income in the year to which they relate.

All land and buildings are revalued using professional valuations in accordance with International Accounting Standard 16 every five years. A three yearly interim valuation is also carried out. Additional valuations are carried out as appropriate.

Professional valuations are carried out by the Foundation Trusts appointed external Valuer. The valuations are carried out in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual.

A full asset valuation (excluding Assets Under Construction/ Work In Progress) was undertaken as at 30 September 2016; and this value, together with indexation applied to buildings in line with the Valuers advice has been included in the closing Statement of Financial Position.

The valuations are carried out primarily on the basis of Modern Equivalent for specialised operational property and Existing Use Value for non-specialised operational property.

The value of land for existing use purposes is assessed at Existing Use Value. For non-operational properties including surplus land, the valuations are carried out at Open Market Value.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably.

Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is derecognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful economic lives on a straight line basis in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

The estimated useful lives of assets are summarised below:

Buildings and dwellings	40-90 years
Plant & Machinery	5-15 years
Transport Equipment	1-7 years
Information Technology	5-10 years
Furniture & Fittings	1-10 years

The estimated useful life of buildings has changed during the year following the findings of the new Trust Valuer (GVA).

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

NOTES TO THE ACCOUNTS (continued)

1.5 Property, Plant and Equipment Continued

Impairments

In accordance with the FT ARM, impairments that are due to a loss of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e.:
 - management are committed to a plan to sell the asset;
 - an active programme has begun to find a buyer and complete the sale;
 - the asset is being actively marketed at a reasonable price;
 - the sale is expected to be completed within 12 months of the date of classification as 'Held for Sale'; and
- the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not re-valued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met. Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated, government grant and other grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

NOTES TO THE ACCOUNTS (continued)

1.6 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
 - the Trust intends to complete the asset and sell or use it;
 - the Trust has the ability to sell or use the asset;
 - how the intangible asset will generate probable future economic or service delivery benefits e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
 - adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset;
- and
- the Trust can measure reliably the expenses attributable to the asset during development.

Software

Software which is integral to the operation of hardware e.g. an operating system is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management. Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluation gains and losses and impairments are treated in the same manner as for Property, Plant and Equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5. Intangible assets held for sale are measured at the lower of their carrying amount or "fair value less costs to sell".

Amortisation

Intangible assets are amortised over their expected useful economic lives (between five and ten years) in a manner consistent with the consumption of economic or service delivery benefits.

1.7 Government grants

Government grants are grants from Government bodies other than income from primary care trusts or NHS trusts for the provision of services. Where the Government grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

NOTES TO THE ACCOUNTS (continued)

1.8 Inventories

Inventories are valued at the lower of cost and net realisable value. The material management stock system values the stock at latest invoice price. Pharmacy stock is valued at average price.

1.9 Financial instruments and financial liabilities

Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made. Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

De-recognition

All financial assets are de-recognised when the rights to receive cashflows from the assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership. Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and Measurement

Financial assets are categorised as loans and receivables. Financial liabilities are classified as 'Other Financial liabilities'.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets. The Trust's loans and receivables comprise: current investments, cash and cash equivalents, NHS debtors, accrued income and 'other debtors'. Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset. Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income. Loans from the Department of Health are not held for trading and are measured at historic cost with any unpaid interest accrued separately.

Other financial liabilities

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability. They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities. Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to Finance Costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Impairment of financial assets

At the Statement of Financial Position date, the Trust assesses whether any financial assets, other than those held at 'fair value through income and expenditure' are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cashflows of the asset.

NOTES TO THE ACCOUNTS (continued)

1.10 Leases

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the NHS foundation trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expired.

Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

1.11 Provisions

The NHS foundation trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the NHS Foundation Trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the NHS Foundation Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the NHS Foundation Trust is disclosed at Note 15 but is not recognised in the NHS Foundation Trust's accounts.

Non-clinical risk pooling

The NHS Foundation Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the NHS Foundation Trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

NOTES TO THE ACCOUNTS (continued)

1.12 Contingencies

Contingent liabilities are not recognised, but are disclosed in note 19, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.13 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS Trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the cost of capital utilised by the NHS Foundation Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the NHS Foundation Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loan Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

1.14 Value Added Tax

Most of the activities of the NHS Foundation Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.15 Corporation Tax

The NHS Foundation Trust has carried out a review of corporation tax liability on its non-healthcare activities. At present all activities are either ancillary to the Trust's patient care activity or are below the de minimus level at which corporation tax is due.

1.16 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Foundation Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

1.17 Description of Reserves

Revaluation Reserve relates to revaluation gains on the estate following valuations by the District Valuer. Income and Expenditure Reserve relates to accumulated surpluses by the Foundation Trust.

1.18 Losses and Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the NHS Foundation Trust not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

Losses and Special Payments are disclosed in Note 25 and relate mainly to the NHSLA policy excesses on third party and employer's liability claims against the Trust.

1.19 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

NOTES TO THE ACCOUNTS (continued)

1.20 Accounting Standards issued but not adopted

The DH GAM does not require the following Standards and Interpretations to be applied in 2016/17. These standards are still subject to HM Treasury FReM adoption, with IFRS 9 and IFRS 15 being for implementation in 2018/19, and the Government implementation date for IFRS 16 still subject to HM Treasury consideration.

- IFRS 9 Financial Instruments – Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted
- IFRS 15 Revenue from Contracts with Customers – Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted
- IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRIC 22 Foreign Currency Transactions and Advance Consideration – Application required for accounting periods beginning on or after 1 January 2018.

The directors do not expect that the adoption of these standards and interpretations will have a material impact on the financial statements in future periods. All other revised and new standards have not been listed here as they are not considered to have an impact on the Foundation Trust.

1.21 Critical accounting estimates and judgements

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experiences and other factors, considered to be relevant. Actual results may differ from these estimates. The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

Critical judgements in applying accounting policies

The following are the critical judgements, apart from those involving estimations that management have made in the process of applying the Trust's accounting policies and that have made the most significant effect on the amounts recognised in the financial statements:

Impairments, estimated asset lives and revaluations

The Trust is required to review property, plant and equipment and investment properties for impairment. Between formal valuations by qualified surveyors, management make judgements about the condition of assets and review their estimated lives. Estimates are used to assess the fair value of land and buildings assets at each year end, in comparison to the carrying values, which may result in revaluation surpluses or deficits being recognised.

Provisions

A provision is recognised when the Trust has a legal or constructive obligation as a result of a past event and it is probable that an outflow of economic benefits will be required to settle the obligation. In addition to widely used estimation techniques, judgement is required when determining the probable outflow of economic benefits relating to early voluntary retirement pension and injury benefit liabilities.

Provision for impairment of receivables

Management will use their judgement to decide when to write off revenue or to provide against the probability of not being able to collect debt.

Key sources of estimation uncertainty

Management has made the following critical judgements in the process of applying the entity's accounting policies where this has had a significant effect on the amounts recognised in the accounts:

- 1) The use of estimated asset lives in calculating depreciation (see Notes 1.5 and 8) and professional valuations that can result in increases and decreases to property values.
- 2) Provisions covering items for contractual disputes, impairment of receivables, early voluntary retirement pension contributions and injury benefit obligations (which are estimated using expected life tables and discounted at the pensions rate of 0.24%, see Note 15).

In the view of the Trust there are no further estimates or judgements which if wrong could materially affect financial performance. Final contract sums have been agreed with all Commissioners in respect of activity undertaken during 2016/17. This income is included in the Accounts.

1.22 Cash and Cash Equivalents

The Foundation Trust's cash is held primarily in the Government Banking Service. Small balances are maintained in a current account at Barclays plc.

The Poole Hospital Charitable Fund aims to spend all funds within a 2-3 year period and the Trustee has therefore decided to invest all of the charitable funds in short term fixed and instant access deposit accounts. The cash at the year-end is held primarily in a deposit account at CCLA and the balance is held in a deposit/current account at Barclays plc.

2 Operating Income

2.1 Operating Income Income from Activities	Group		Foundation Trust	
	2016/17	2016/17	2015/16	2015/16
	£000	£000	£000	£000
Elective income	27,007	27,007	25,593	25,593
Non elective income	59,811	59,811	59,848	59,848
Outpatient income	29,586	29,586	26,428	26,428
A & E income	6,954	6,954	6,364	6,364
Other NHS Clinical Income	83,057	83,057	78,532	78,532
Additional income for delivery of healthcare services (Note 1)	-	-	1,479	1,479
Private patient income	2,011	2,011	2,415	2,415
Other types of activity income	1,354	1,354	1,330	1,330
	209,779	209,779	201,988	201,988
Other Operating Income	2016/17	2016/17	2015/16	2015/16
	£000	£000	£000	£000
Education and training	7,140	7,140	6,752	6,752
Sustainability and Transformation Fund income (Note 2)	9,318	9,318	-	-
Additional income for delivery of healthcare services (Note 1)	1,153	1,153	-	-
Charitable and other contributions to expenditure	741	3,112	506	3,050
Non-patient care services to other bodies	6,791	6,791	7,940	7,940
NHS income for staff costs accounted on a gross basis	2,359	2,359	2,350	2,350
Research income	411	411	292	292
Income generation (Note 3)	1,929	1,929	1,931	1,931
NHS Charitable Funds: Incoming Resources excluding Investment Income	8,559	0	6,673	0
Other income	2,201	2,201	1,693	1,693
	40,602	34,414	28,137	24,008
Total Operating Income	250,381	244,193	230,125	225,996

Note 1. This income relates to funding for the approved 'Developing One NHS in Dorset' (Vanguard Project) provided by the Department of Health via Dorset CCG. The income has been reclassified as Other Operating Income in 2016/17

Note 2. This income relates to funding from NHS England for the delivery of an agreed financial control total position and the delivery of agreed performance trajectories. Core funding was £7,900k, incentive funding was £483k and bonus funding was £935k

Note 3. Income generation relates mainly to restaurant income and car park income received by the Trust

Note 4. For comparative purposes profit on reversal of impairment amounting to £50k for 2015/16 has been transferred to operating expenditure -see Note 3.1

2.2 Mandatory and Non-Mandatory Income from Activities

	2016/17	2016/17	2015/16	2015/16
	£000	£000	£000	£000
Mandatory	206,415	206,415	198,243	198,243
Non-Mandatory	3,364	3,364	3,745	3,745
Actual	209,779	209,779	201,988	201,988

2.3 Income from Activities by Source

	Group	Foundation Trust	Group	Foundation Trust
	2016/17	2016/17	2015/16	2015/16
	£000	£000	£000	£000
CCGs and NHS England	205,196	205,196	196,211	196,211
Local Authorities (see Note 1)	120	120	120	120
NHS Other	1,219	1,219	2,032	2,032
Non NHS: Private patients	2,011	2,011	2,415	2,415
Non-NHS: Overseas patients non-reciprocal (Note 2)	186	186	136	136
NHS injury scheme (see Note 3)	967	967	985	985
Non NHS: Other	80	80	89	89
	209,779	209,779	201,988	201,988

Note 1. Local authority income relates mainly to the reimbursement of costs associated with delayed patient discharges.

Note 2. Overseas patient income for the year amounted to £186k (2015/16 £136k). Cash received amounted to £133k (2015/16 £95k) in respect of current and previous years' income. The amount added to the provision for impairment of receivables in respect of current and prior years amounted to £24k (2015/16 £12k). The amounts written off in respect of current and prior years amounted to £45k (2015/16 £22k)

Note 3. NHS injury scheme income is subject to a provision for doubtful debts of 22.94% (2015/16 21.99%) to reflect expected rates of collection.

3 Operating Expenses and Operating Lease Costs

3.1 Operating Expenses (by type):

	Group	Foundation	Group	Foundation
	2016/17	Trust	2015/16	Trust
	£000	£000	£000	£000
Services from other Foundation Trusts	6,197	6,197	5,593	5,593
Services from NHS trusts	106	106	140	140
Services from other NHS bodies	144	144	110	110
Purchase of healthcare from non NHS bodies	292	292	241	241
Employee Expenses - Executive Directors' costs (Note 4)	1,190	1,190	1,202	1,202
Employee Expenses - Non Executive Directors' costs	136	136	133	133
Employee Expenses - Staff (Note 4)	156,164	156,164	147,604	147,604
NHS Charitable funds - employee expenses (Note 4)	55	0	3	0
Redundancy - net charge after provisions (Note 4)	60	60	31	31
Supplies and services - clinical drugs	23,391	23,391	22,363	22,363
Supplies and services - clinical other	17,495	17,495	16,668	16,668
Supplies and services - general	5,975	5,975	5,499	5,499
Establishment	1,699	1,699	1,849	1,849
Transport	262	262	275	275
Rentals under operating leases - minimum lease payments	190	190	183	183
Premises	7,233	7,233	6,771	6,771
Increase in bad debt provision	197	197	292	292
Depreciation and amortisation	8,148	8,144	9,310	9,305
Impairment of property, plant and equipment (note b below)	2,024	2,024	(50)	(50)
Audit fees - statutory audit (see Note a below)	87	83	90	85
Consultancy Costs	468	468	99	99
Internal Audit and Local Counter Fraud Services	94	94	94	94
Clinical negligence Insurance Costs	5,818	5,818	5,111	5,111
Other Services including External Payroll	2,119	2,119	1,854	1,854
Training and course fees etc.	669	669	618	618
Legal Fees	137	137	98	98
NHS Charitable Funds - Other resources expended	1,009	0	546	0
Other	860	860	1,113	1,112
	242,219	241,147	227,840	227,280

Note a. The Council of Governors has appointed Deloitte LLP as external auditors of the Trust with effect from 1 October 2012.

The professional fees (excluding Vat) earned by Deloitte in the 2015/16 Audit of the Trust and Charity are as follows:

	2016/17	2015/16
	£000	£000
Financial Statement audit - Foundation Trust	47	46
Consolidation of Trust's Charitable Fund	3	3
Whole of Government Accounts	3	3
Quality Accounts work	13	13
Going Concern work/enhanced audit report	2	6
Charity Accounts	4	4
Vat	15	15
Total Audit Fee	87	90

Note b. For comparative purposes reversal of impairment amounting to £50k for 2015/16 has been transferred from other operating income -see Note 2.1

3.2 Arrangements containing an operating lease

	Group	Foundation	Group	Foundation
	2016/17	Trust	2015/16	Trust
	£000	£000	£000	£000
Minimum lease payments	190	190	183	183
	190	190	183	183
	2016/17	2016/17	2015/16	2015/16
	£000	£000	£000	£000
Future minimum lease payments due (see Note a and b below):				
Not later than one year	140	140	146	146
Later than one year and not later than five years	278	278	439	439
Later than five years	0	0	0	0
	418	418	585	585

Note a.: The operating lease payments in excess of one year relate to TOPS Day Nursery and the Staff Residences (see Note 21).

Note b.: All arrangements containing an operating lease relate to the Foundation Trust.

3.3 Segmental Reporting

IFRS 8 defines the term of Chief Operating Decision Maker (CODM) as a group or individual whose 'function is to allocate resources to and assess the performance of the operating elements of the entity'. For the Trust, the most appropriate interpretation is that the Board of Directors represents the CODM. Operational performance is monitored at the monthly board meetings and key resource allocation decisions are agreed there.

Information is presented to the Board as a single operating segment and is under full IFRS. This mirrors the information that is submitted to Monitor and enables the Board to make strategic decisions on the Annual Plan.

This information for the years ending 31st March 2017 and 31st March 2016 is shown in the table to this note.

The Trust generates the majority of its income from healthcare and related services. The information as displayed in the accounts reflects that which is submitted to the Board.

The Trust had two major customers during the year 2016/17 as follows: Dorset CCG and NHS England - Wessex Local Area Team, representing 62% and 24% of its total income respectively.

The comparative figures for 2015/16 were as follows: Dorset CCG and NHS England - Wessex Local Area Team, representing 65% and 16% of its total income respectively.

Summary of Key Financial Information (Foundation Trust)

	Year to 31 March 2017			Year to 31 March 2016		
	Actual	Original Plan	Variance	Actual	Original Plan	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Income	244,193	240,437	3,756	226,046	216,329	9,717
Operating Expenditure	230,884	227,244	(3,640)	218,025	210,667	(7,358)
EBITDA (Excl Charitable Income)	10,263	8,597	1,666	4,920	4,752	168
EBITDA % (Excl. Charitable Income)	4.26%	3.64%		2.21%	2.21%	
(Deficit)/Surplus before impairment	2,163	1,882	281	(4,193)	(6,722)	2,529
Impairment	(2,024)	0	(2,024)	50	0	50
(Deficit)/Surplus after impairment	139	1,882	(1,743)	(4,143)	(6,722)	2,579
Cost Improvement Savings	7,412	7,396	16	5,572	5,907	(335)
Cost Improvement Savings (Incl. income)	9,201	9,285	(84)	6,668	7,148	(480)
Cash Balance	7,484	4,763	2,721	9,998	7,099	2,899
Capital Expenditure	15,744	20,298	(4,554)	10,595	16,130	(5,535)
Single Oversight Framework 2016/17 (COSRR 2015/16)	2	2		2	2	

4 Employee costs and numbers

4.1 Employee Expenses

	Group	Foundation Trust	Group	Foundation Trust
	2016/17 Total	2016/17 Total	2015/16 Total	2015/16 Total
	£000	£000	£000	£000
Salaries and wages	126,397	126,397	119,605	119,605
Social Security Costs	12,083	12,083	9,043	9,043
Employer contributions to NHS Pension Scheme	14,990	14,990	14,161	14,161
Termination Payments	60	60	31	31
Agency/Contract Staff	3,884	3,884	5,997	5,997
NHS Charitable funds staff	55	0	3	0
	157,469	157,414	148,840	148,837

4.2 Average Number of Employees

	Group	Foundation Trust	Group	Foundation Trust
	2016/17 Total Number	2016/17 Total Number	2015/16 Total Number	2015/16 Total Number
Medical and dental	384	384	380	380
Administration and estates	607	607	576	576
Healthcare assistants and other support staff	174	174	169	169
Nursing, midwifery and health visiting staff	1,445	1,445	1,377	1,377
Scientific, therapeutic and technical staff	312	312	284	284
Healthcare Scientists	32	32	30	30
Bank and Agency Staff (see Note 1)	246	246	318	318
Other	342	342	318	318
Total	3,541	3,541	3,452	3,452

Note 1. Bank and agency staff numbers are estimated based on the average equivalent cost of similar NHS staff positions. All staff numbers relate to the Foundation Trust. All staff working for the NHS Charity have contracts of employment with the Foundation Trust.

4.3 Employee Benefits

No additional benefits were paid to staff in the financial periods.

4.4 Retirements due to ill-health

During 2016/17 there were nil (2015/16 five) early retirements on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £0k (2015/16 £214k). The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division. This information has been supplied by NHS Pensions.

4 Employee costs and numbers - continued
4.5 Staff Exit Packages (Group and Foundation Trust - see Notes a and b))

	2016/17					2015/16				
Exit package cost band	Number of Compulsory Redundancies	Cost of Compulsory Redundancies £000	Number of Other Departures Agreed	Cost of Other Departures Agreed £000	Total Number of Exit Packages	Total Cost of Exit Packages £000	Number of departures where special payments have been made	Cost of special payment element included in Exit Packages £000	Total Number (see Note a)	Total Cost (see Note a) £000
Less than £10,000	0	0	6	25	6	25	6	25	17	64
Between £10,000 and £25,000	0	0	2	35	2	35	2	35	4	60
Between £25,001 and £50,000	0	0	1	30	1	30	1	30	0	0
Between £50,001 and £100,000	0	0	0	0	0	0	0	0	0	0
Between £150,001 and £200,000	0	0	0	0	0	0	0	0	0	0
Total	0	0	9	90	9	90	9	90	21	124

Note a: The cost of departures shown above includes staff who have left the Trust under the MARS scheme, which has been approved by the Department of Health.

Note b: All Charity staff have contracts of employment with the Foundation Trust. There were no exit packages in the Charity Account and all the figures above relate to the Foundation Trust.

4.6 Remuneration of Directors - Foundation Trust (see Notes c and d)

	2016/17				2015/16			
Total	Benefits in Kind	Employer's Pension Contributions	Employer's National Insurance	Remuneration	Benefits in Kind	Employer's Pension Contributions	Employer's National Insurance	Remuneration
£000	£000	£000	£000	£000	£000	£000	£000	£000
Executive Directors	1,190	0	73	128	989	0	125	1,003
Non Executive Directors	136	0	0	10	126	0	9	124
Total	1,326	0	73	138	1,115	0	134	1,127

Note c: The detail of the Directors' remuneration has been disclosed in the 2016/17 remuneration report within the Annual Report of the Foundation Trust. The above sums reflect actual payments made in the year.

Note d: All the costs in respect of the Remuneration of Directors above relate to the Foundation Trust. No additional sums were paid by the Charity to the Directors.

5 Finance Income	Group 2016/17 £000	Foundation Trust 2016/17 £000	Group 2015/16 £000	Foundation Trust 2015/16 £000
Interest on Loans and Receivables	34	34	67	67
NHS Charitable Funds Investment Income	47	0	14	0
	<u>81</u>	<u>34</u>	<u>81</u>	<u>67</u>

6 Finance Costs - Interest Expense	Group 2016/17 £000	Foundation Trust 2016/17 £000	Group 2015/16 £000	Foundation Trust 2015/16 £000
Capital loans from the Department of Health	162	162	147	147
Finance Leases	9	9	13	13
	<u>171</u>	<u>171</u>	<u>160</u>	<u>160</u>

7 Intangible Assets	Group 2016/17		Foundation Trust 2016/17	
	Software licences £000	Total £000	Software licences £000	Total £000
Gross cost at 1 April 2016	5,130	5,130	5,130	5,130
Additions - Purchased	375	375	317	317
Additions - Donated	0	0	58	58
Gross cost at 31 March 2017	<u>5,505</u>	<u>5,505</u>	<u>5,505</u>	<u>5,505</u>
Amortisation at 1 April 2016	2,219	2,219	2,219	2,219
Charged during the year	895	895	895	895
Amortisation at 31 March 2017	<u>3,114</u>	<u>3,114</u>	<u>3,114</u>	<u>3,114</u>
Net book value				
- Purchased at 1 April 2016	2,643	2,643	2,643	2,643
- Donated at 1 April 2016	268	268	268	268
- Total at 1 April 2016	<u>2,911</u>	<u>2,911</u>	<u>2,911</u>	<u>2,911</u>
- Purchased at 31 March 2017	2,183	2,183	2,183	2,183
- Donated at 31 March 2017	208	208	208	208
- Total at 31 March 2017	<u>2,391</u>	<u>2,391</u>	<u>2,391</u>	<u>2,391</u>

Note: No intangible assets are held by the Charity and all the figures quoted relate to the Foundation Trust

Intangible Assets	Group 2015/16		Foundation Trust 2015/16	
	Software licences £000	Total £000	Software licences £000	Total £000
Gross cost at 31 March 2015	4,574	4,574	4,574	4,574
Additions - Purchased	556	556	510	510
Additions - Donated	0	0	46	46
Reclassification	0	0	0	0
Gross cost at 31 March 2016	<u>5,130</u>	<u>5,130</u>	<u>5,130</u>	<u>5,130</u>
Amortisation at 31 March 2015	1,395	1,395	1,395	1,395
Charged during the year	824	824	824	824
Amortisation at 31 March 2016	<u>2,219</u>	<u>2,219</u>	<u>2,219</u>	<u>2,219</u>
Net book value				
- Purchased at 1 April 2015	2,840	2,840	2,840	2,840
- Donated at 1 April 2015	339	339	339	339
- Total at 1 April 2015	<u>3,179</u>	<u>3,179</u>	<u>3,179</u>	<u>3,179</u>
- Purchased at 31 March 2016	2,643	2,643	2,643	2,643
- Donated at 31 March 2016	268	268	268	268
- Total at 31 March 2016	<u>2,911</u>	<u>2,911</u>	<u>2,911</u>	<u>2,911</u>

Note: No intangible assets are held by the Charity and all the figures quoted relate to the Foundation Trust

8.1 Property, Plant and Equipment 2016/17 Group

Property, Plant and Equipment at the Statement of Financial Position date comprise the following elements:

	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and machinery	Transport equipment	Information technology	Furniture & fittings	NHS Charitable Fund Assets	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2016	8,955	84,849	1,707	1,262	47,027	17	15,577	467	177	160,038
Additions purchased	0	2,290	0	6,903	5,304	0	854	18	0	15,369
Additions donated	0	0	0	0	0	0	0	0	0	0
Revaluations (Note 2)	0	2,489	0	0	0	0	0	0	0	2,489
Reclassifications	0	0	0	0	0	0	0	0	0	0
Impairments (Note 2)	(15)	(4,864)	(40)	0	0	0	0	0	13	(4,906)
Disposals	0	0	0	0	(1,877)	0	0	0	0	(1,877)
Cost or Valuation at 31 March 2017	8,940	84,764	1,667	8,165	50,454	17	16,431	485	190	171,113
Depreciation at 1 April 2016	0	0	0	0	33,922	17	11,018	460	0	45,417
Charged during the year	0	2,843	55	0	3,279	0	1,066	6	4	7,253
Impairments	0	2,024	0	0	0	0	0	0	0	2,024
Revaluations	0	(4,867)	(55)	0	0	0	0	0	(4)	(4,926)
Disposals	0	0	0	0	(1,859)	0	0	0	0	(1,859)
Depreciation at 31 March 2017	0	0	0	0	35,342	17	12,084	466	0	47,909
Net book value	8,955	78,169	1,707	1,262	9,203	0	4,537	7	177	104,017
- Purchased at 31 March 2016	0	6,680	0	0	3,707	0	22	0	0	10,409
- Donated at 31 March 2016	0	0	0	0	195	0	0	0	0	195
- Finance Lease at 31 March 2016	0	0	0	0	0	0	0	0	0	0
- Total at 31 March 2016	8,955	84,849	1,707	1,262	13,105	0	4,559	7	177	114,621
- Purchased at 31 March 2017	8,940	78,964	1,667	6,834	11,278	0	4,339	19	190	112,231
- Donated at 31 March 2017	0	5,800	0	1,331	3,712	0	8	0	0	10,851
- Finance Lease at 31 March 2017	0	0	0	0	122	0	0	0	0	122
- Total at 31 March 2017	8,940	84,764	1,667	8,165	15,112	0	4,347	19	190	123,204

8.2 Analysis of Property, Plant and Equipment at 31 March 2017

Net book value (Note 1)

8,940	84,764	1,667	0	8,165	0	0	0	0	190	95,561
0	0	0	8,165	15,112	0	0	4,347	19	0	27,643
- NBV - Protected assets at 31 March 2017										
- NBV - Unprotected assets at 31 March 2017										
- Total at 31 March 2017	8,940	84,764	1,667	8,165	15,112	0	4,347	19	190	123,204

Note 1. Of the totals at 31 March 2017, £960k related to land valued at open market value and £1,667k related to buildings valued at open market value.

Note 2. The Impairments/Revaluation movement in the year relates to property, plant and equipment following the revaluation of the estate by the Trust's Valuer (GVA) as at 31 March 2017.

8.3 Property, Plant and Equipment 2015/16 Group

Property, Plant and Equipment at the Statement of Financial Position date comprise the following elements:

	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and machinery	Transport equipment	Information technology	Furniture & fittings	NHS Charitable Fund assets	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2015	8,861	82,875	1,633	52	42,266	17	14,524	467	172	150,867
Additions purchased	0	2,969	0	1,256	4,761	0	1,053	0	0	10,039
Impairments	0	(3,404)	0	0	0	0	0	0	0	(3,404)
Reclassifications	0	46	0	(46)	0	0	0	0	0	0
Revaluations	94	2,363	74	0	0	0	0	0	5	2,536
Cost or Valuation at 31 March 2016	8,955	84,849	1,707	1,262	47,027	17	15,577	467	177	160,038
Depreciation at 1 April 2015	0	546	0	0	30,548	17	9,702	451	0	41,264
Charged during the year	0	3,716	66	0	3,374	0	1,316	9	5	8,486
Reversal of Impairments	0	(50)	0	0	0	0	0	0	0	(50)
Revaluations	0	(4,212)	(66)	0	0	0	0	0	(5)	(4,283)
Depreciation at 31 March 2016	0	0	0	0	33,922	17	11,018	460	0	45,417

Net book value

- Purchased at 31 March 2015	8,861	75,766	1,633	52	9,537	0	4,786	16	172	100,823
- Donated at 31 March 2015	0	6,563	0	0	1,914	0	36	0	0	8,513
- Finance Lease at 31 March 2015	0	0	0	0	267	0	0	0	0	267
- Total at 31 March 2015	8,861	82,329	1,633	52	11,718	0	4,822	16	172	109,603
- Purchased at 31 March 2016	8,955	78,169	1,707	1,262	9,203	0	4,537	7	177	104,017
- Donated at 31 March 2016	0	6,680	0	0	3,707	0	22	0	0	10,409
- Finance Lease at 31 March 2016	0	0	0	0	195	0	0	0	0	195
- Total at 31 March 2016	8,955	84,849	1,707	1,262	13,105	0	4,559	7	177	114,621

8.4 Analysis of Property, Plant and Equipment at 31 March 2016

Net book value (Note 1)

- NBV - Protected assets at 31 March 2016	8,955	84,849	1,707	0	0	0	0	0	177	95,688
- NBV - Unprotected assets at 31 March 2016	0	0	0	1,262	13,105	0	4,559	7	0	18,933
- Total at 31 March 2016	8,955	84,849	1,707	1,262	13,105	0	4,559	7	177	114,621

Note 1. Of the totals at 31 March 2016, £791k related to land valued at open market value and £1,707k related to buildings valued at open market value.

8.5 Property, Plant and Equipment 2016/17 Foundation Trust

Property, Plant and Equipment at the Statement of Financial Position date comprise the following elements:

	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2016	8,955	84,849	1,707	1,262	47,027	17	15,577	467	159,861
Additions purchased	0	2,251	0	5,572	4,642	0	854	18	13,337
Additions donated (Note 1)	0	39	0	1,331	662	0	0	0	2,032
Revaluations (Note 2)	0	2,489	0	0	0	0	0	0	2,489
Reclassifications	0	0	0	0	0	0	0	0	0
Impairments (Note 2)	(15)	(4,864)	(40)	0	0	0	0	0	(4,919)
Disposals	0	0	0	0	(1,877)	0	0	0	(1,877)
Cost or Valuation at 31 March 2017	8,940	84,764	1,667	8,165	50,454	17	16,431	485	170,923
Depreciation at 1 April 2016	0	0	0	0	33,922	17	11,018	460	45,417
Charged during the year	0	2,843	55	0	3,279	0	1,066	6	7,249
Impairments	0	2,024	0	0	0	0	0	0	2,024
Revaluations	0	(4,867)	(55)	0	0	0	0	0	(4,922)
Disposals	0	0	0	0	(1,859)	0	0	0	(1,859)
Depreciation at 31 March 2017	0	0	0	0	35,342	17	12,084	466	47,909
Net book value	8,955	78,169	1,707	1,262	9,203	0	4,537	7	103,840
- Purchased at 31 March 2016	0	6,680	0	0	3,707	0	22	0	10,409
- Donated at 31 March 2016	0	0	0	0	195	0	0	0	195
- Total at 31 March 2016	8,955	84,849	1,707	1,262	13,105	0	4,559	7	114,444
- Purchased at 31 March 2017	8,940	78,964	1,667	6,834	11,278	0	4,339	19	112,041
- Donated at 31 March 2017	0	5,800	0	1,331	3,712	0	8	0	10,851
- Finance Lease at 31 March 2017	0	0	0	0	122	0	0	0	122
- Total at 31 March 2017	8,940	84,764	1,667	8,165	15,112	0	4,347	19	123,014

8.6 Analysis of Property, Plant and Equipment at 31 March 2017

Net book value (Note 3)

	8,940	84,764	1,667	8,165	15,112	0	4,347	19	123,014
- NBV - Protected assets at 31 March 2017	0	0	0	8,165	15,112	0	4,347	19	27,643
- NBV - Unprotected assets at 31 March 2017	8,940	84,764	1,667	0	0	0	0	0	95,371
- Total at 31 March 2017	8,940	84,764	1,667	8,165	15,112	0	4,347	19	123,014

Note 1. The value of donated assets purchased during the year is similar to the fair value of these assets. There were no restrictions imposed by the donor in respect of these assets.

Note 2. The Impairments/Revaluation movement in the year relates to property, plant and equipment following the revaluation of the estate by the Trust's Valuer (GVA) as at 31 March 2017.

Note 3. Of the totals at 31 March 2017, £960k related to land valued at open market value and £1,667k related to buildings valued at open market value.

8.7 Property, Plant and Equipment 2015/16 Foundation Trust

Property, Plant and Equipment at the Statement of Financial Position date comprise the following elements:

	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2015	8,861	82,875	1,633	52	42,266	17	14,524	467	150,695
Additions purchased	0	2,969	0	1,256	2,521	0	1,053	0	7,799
Additions donated (Note 1)	0	0	0	0	2,240	0	0	0	2,240
Impairments	0	(3,404)	0	0	0	0	0	0	(3,404)
Reclassifications	0	46	0	(46)	0	0	0	0	0
Revaluations	94	2,363	74	0	0	0	0	0	2,531
Cost or Valuation at 31 March 2016	8,955	84,849	1,707	1,262	47,027	17	15,577	467	159,861
Depreciation at 1 April 2015	0	546	0	0	30,548	17	9,702	451	41,264
Charged during the year	0	3,716	66	0	3,374	0	1,316	9	8,481
Reversal of Impairments	0	(50)	0	0	0	0	0	0	(50)
Revaluations	0	(4,212)	(66)	0	0	0	0	0	(4,278)
Depreciation at 31 March 2016	0	0	0	0	33,922	17	11,018	460	45,417
Net book value									
- Purchased at 31 March 2015	8,861	75,766	1,633	52	9,537	0	4,786	16	100,651
- Donated at 31 March 2015	0	6,563	0	0	1,914	0	36	0	8,513
- Finance Lease at 31 March 2015	0	0	0	0	267	0	0	0	267
- Total at 31 March 2015	8,861	82,329	1,633	52	11,718	0	4,822	16	109,431
- Purchased at 31 March 2016	8,955	78,169	1,707	1,262	9,203	0	4,537	7	103,840
- Donated at 31 March 2016	0	6,680	0	0	3,707	0	22	0	10,409
- Finance Lease at 31 March 2016	0	0	0	0	195	0	0	0	195
- Total at 31 March 2016	8,955	84,849	1,707	1,262	13,105	0	4,559	7	114,444

8.8 Analysis of Property, Plant and Equipment at 31 March 2016

Net book value (Note 2)

- NEBV - Protected assets at 31 March 2016	8,955	84,849	1,707	0	0	0	0	0	95,511
- NEBV - Unprotected assets at 31 March 2016	0	0	0	1,262	13,105	0	4,559	7	18,933
- Total at 31 March 2016	8,955	84,849	1,707	1,262	13,105	0	4,559	7	114,444

Note 1. The value of donated assets purchased during the year is similar to the fair value of these assets. There were no restrictions imposed by the donor in respect of these assets.

Note 2. Of the totals at 31 March 2016, £791k related to land valued at open market value and £1,707k related to buildings valued at open market value.

8.9 The net book value of Property, Plant and Equipment at 31 March 2017 comprises:

	Group 31 March 2017	Foundation Trust 31 March 2017	Group 31 March 2016	Foundation Trust 31 March 2016
	£000	£000	£000	£000
Freehold				
Protected	95,561	95,371	95,688	95,511
Unprotected	27,643	27,643	18,933	18,933
TOTAL	123,204	123,014	114,621	114,444

9 Net book value of assets held under finance leases - Group and Foundation Trust

Property, Plant and Equipment at the Statement of Financial Position date held under finance leases:

	Plant and machinery	Total
	£000	£000
Cost or valuation at 1 April 2016	303	303
Cost or Valuation at 31 March 2017	303	303
Depreciation at 1 April 2016	108	108
Charged during the year	73	73
Depreciation at 31 March 2017	181	181
Net book value		
- Purchased at 1 April 2016	195	195
- Total at 1 April 2016	195	195
- Purchased at 31 March 2017	122	122
- Total at 31 March 2017	122	122

Finance leases relate to medical equipment assets. All finance leases relate to the Foundation Trust.

10 Inventories	Group 31 March 2017 £000	Foundation Trust 31 March 2017 £000	Group 31 March 2016 £000	Foundation Trust 31 March 2016 £000
Consumables	2,439	2,439	2,190	2,190
TOTAL	2,439	2,439	2,190	2,190

Note: all inventories relate to the Foundation Trust

11 Trade receivables and other receivables (Group)

	Total 31 March 2017 £000	Financial Assets 31 March 2017 £000	Non- financial Assets 31 March 2017 £000	Total 31 March 2016 £000	Financial Assets 31 March 2016 £000	Non- financial Assets 31 March 2016 £000
11.1 Current						
NHS Receivables	6,662	6,662	0	4,159	4,159	0
Other receivables with related parties	0	0	0	26	26	0
Provision for impaired receivables	(605)	(230)	(375)	(620)	(255)	(365)
Prepayments	1,004	0	1,004	1,575	0	1,575
Accrued income	895	895	0	1,229	1,229	0
NHS Charitable Funds: Trade and other receivables	1,944	1,944	0	5	5	0
Other receivables	3,477	1,546	1,931	3,108	1,250	1,858
Total Current Trade and Other Receivables	13,377	10,817	2,560	9,482	6,414	3,068
11.2 Non-Current						
Provision for impaired receivables	(279)	0	(279)	(247)	0	(247)
Other receivables	1,216	0	1,216	1,121	0	1,121
Total Non Current Trade and Other Receivables	937	0	937	874	0	874

11.3 Provision for impaired receivables

	2016/17 £000	2015/16 £000
At 1 April 2016 (1 April 2015)	867	687
Increase in provision	197	292
Amounts utilised	(180)	(112)
Unused amounts reversed	0	0
At 31 March 2017 (31 March 2016)	884	867

11.4 Analysis of receivables by age (see note):

Ageing of impaired receivables:	2016/17 £000	2015/16 £000
0-30 Days	0	0
30-60 Days	0	0
60-90 Days	0	0
90-180 Days	0	0
Over 180 Days	349	409
At 31 March 2017 (31 March 2016)	349	409

Ageing of non impaired receivables:	2016/17 £000	2015/16 £000
0-30 Days	9,509	5,201
30-60 Days	268	273
60-90 Days	149	231
90-180 Days	287	193
Over 180 Days	255	107
At 31 March 2017 (31 March 2016)	10,468	6,005

Note: The definition of 'Ageing of impaired and non impaired receivables' has changed during the year. For comparative purposes 2015/16 figures have been restated to comply with the new definition.

11.5 Trade receivables and other receivables (Foundation Trust)

	Total 31 March 2017 £000	Financial Assets 31 March 2017 £000	Non- financial Assets 31 March 2017 £000	Total 31 March 2016 £000	Financial Assets 31 March 2016 £000	Non- financial Assets 31 March 2016 £000
Current						
NHS Receivables - revenue	6,662	6,662	0	4,159	4,159	0
Other receivables with related parties	1,707	1,707	0	68	68	0
Provision for impaired receivables	(605)	(230)	(375)	(620)	(255)	(365)
Prepayments	1,004	0	1,004	1,575	0	1,575
Accrued income	895	895	0	1,229	1,229	0
Other receivables	3,477	1,546	1,931	3,108	1,250	1,858
Total Current Trade and Other Receivables	13,140	10,580	2,560	9,519	6,451	3,068
Non-Current						
Provision for impaired receivables	(279)	0	(279)	(247)	0	(247)
Other receivables	1,216	0	1,216	1,121	0	1,121
Total Non Current Trade and Other Receivables	937	0	937	874	0	874

11.6 Provision for impaired receivables

	2016/17 £000	2015/16 £000
At 1 April 2016 (1 April 2015)	867	687
Increase in provision	197	292
Amounts utilised	(180)	(112)
Unused amounts reversed	0	0
At 31 March 2017 (31 March 2016)	884	867

11.7 Analysis of receivables by age (see note):

Ageing of impaired receivables:	2016/17 £000	2015/16 £000
0-30 Days	0	0
30-60 Days	0	0
60-90 Days	0	0
90-180 Days	0	0
Over 180 Days	349	409
At 31 March 2017 (31 March 2016)	349	409
Ageing of non impaired receivables:	2016/17 £000	2015/16 £000
0-30 Days	9,272	5,238
30-60 Days	268	273
60-90 Days	149	231
90-180 Days	287	193
Over 180 Days	255	107
At 31 March 2017 (31 March 2016)	10,231	6,042

Note: The definition of 'Ageing of impaired and non impaired receivables' has changed during the year. For comparative purposes 2015/16 figures have been restated to comply with the new definition.

12 Current and Non Current Liabilities

12.1 Trade and other payables (Group)

Current	Total 31 March 2017 £000	Financial Liabilities 31 March 2017 £000	Non-financial Liabilities 31 March 2017 £000	Total 31 March 2016 £000	Financial Liabilities 31 March 2016 £000	Non-financial Liabilities 31 March 2016 £000
Receipts in advance	739	0	739	776	0	776
NHS payables - capital	18	18	0	400	400	0
NHS payables - revenue	2,198	2,198	0	2,136	2,136	0
PDC payable	29	0	29	25	0	25
Amounts due to other related parties	2,089	2,089	0	2,001	2,001	0
Trade payables - capital	3,775	3,775	0	711	711	0
Other trade payables	7,065	7,065	0	6,505	6,505	0
Taxes payable	3,255	0	3,255	2,883	0	2,883
Other payables	1,251	1,251	0	1,224	1,224	0
Accruals	5,360	5,360	0	5,291	5,291	0
NHS Charitable Funds - trade and other payables	47	47	0	75	75	0
Total Current Trade and Other Payables	25,826	21,803	4,023	22,027	18,343	3,684

12.2 Trade and other payables (Foundation Trust)

Current	Total 31 March 2017 £000	Financial Liabilities 31 March 2017 £000	Non-financial Liabilities 31 March 2017 £000	Total 31 March 2016 £000	Financial Liabilities 31 March 2016 £000	Non-financial Liabilities 31 March 2016 £000
Receipts in advance	739	0	739	776	0	776
NHS payables - capital	18	18	0	400	400	0
NHS payables - revenue	2,198	2,198	0	2,136	2,136	0
PDC payable	29	0	29	25	0	25
Amounts due to other related parties	2,089	2,089	0	2,001	2,001	0
Trade payables - capital	3,775	3,775	0	711	711	0
Other trade payables	7,065	7,065	0	6,505	6,505	0
Taxes payable	3,255	0	3,255	2,883	0	2,883
Other payables	1,251	1,251	0	1,224	1,224	0
Accruals	5,360	5,360	0	5,291	5,291	0
Total Current Trade and Other Payables	25,779	21,756	4,023	21,952	18,268	3,684

12.3 Other Liabilities (Group and Foundation Trust)

	Group 31 March 2017 £000	Foundation Trust 31 March 2016 £000	Group 31 March 2016 £000	Foundation Trust 31 March 2016 £000
Deferred Income	640	640	657	657
TOTAL	640	640	657	657

13 Borrowings

	Group 31 March 2017 £000	Foundation Trust 31 March 2017 £000	Group 31 March 2016 £000	Foundation Trust 31 March 2016 £000
Current				
Capital loans from Department of Health (Note a.)	1,125	1,125	923	923
Other loans (Note b.)	166	166	180	180
Obligations under finance leases	57	57	69	69
Total Other Current Liabilities	1,348	1,348	1,172	1,172
Non-current				
Capital loans from Department of Health (Note a.)	9,231	9,231	7,388	7,388
Other loans	1,257	1,257	597	597
Obligations under finance leases	69	69	130	130
Total Other Non- Current Liabilities	10,557	10,557	8,115	8,115

Note a. During 2014/15 the Trust agreed a loan facility of £20 million with the Department of Health to fund capital schemes over a three/four year period. £10.9m of this facility is repayable within 10 years from the date of drawdown at an annual interest rate of 1.93%. The remaining £9.1m is repayable over 20 years from the date of drawdown at an annual interest rate of 2.63%. £3.0 million of this facility was drawn down during the year to fund 2016/17 capital schemes. £3.95 million was drawn down in 2015/16 and £4.8 million of this facility was drawn down in 2014/15. The remaining facility amounts to £8.25 million and it is anticipated that this will be drawn down to fund capital schemes in 2017/18 and subsequent years. £954k of this loan facility was repaid in 2016/17 (2015/16 £439k).

Note b. During 2015/16 the Trust agreed an interest free loan facility of £1,441k with Salix, which is capital available to the public sector to fund energy efficient schemes, such as lighting upgrades, CHP etc. The loan is repayable over a five year period. £664k of this facility was drawn down during the year (2015/16 £777k) to fund 2016/17 capital schemes. £18k of this facility was repaid in 2016/17.

Details of the phasing of repayments on borrowings shown above are as follows: due within one year £1,348k; due within two to five years £5,825k; over five years £4,732k

All borrowings relate to the Foundation Trust.

14 Finance Lease Obligations - Group and Foundation Trust

	Minimum Lease Payments		Present Value of Minimum Lease Payments	
	At 31 March 2017 £000	At 31 March 2016 £000	At 31 March 2017 £000	At 31 March 2016 £000
Gross lease liabilities				
of which liabilities are due:				
not later than one year;	57	82	57	82
later than one year and not later than five years;	78	135	78	135
later than five years;	0	0	0	0
Finance charges allocated to future periods	(9)	(18)	(9)	(18)
Total Gross Lease Liabilities	126	199	126	199
Net lease liabilities				
not later than one year;	57	69	57	69
later than one year and not later than five years;	69	130	69	130
later than five years;	0	0	0	0
Total net lease liabilities	126	199	126	199

Note: Finance Leases relate mainly to medical equipment assets. All finance leases relate to the Foundation Trust.

15 Provisions for Liabilities and Charges (see Note a)

	Group 31 March 2017 £000	Foundation Trust 31 March 2017 £000	Group 31 March 2016 £000	Foundation Trust 31 March 2016 £000
Current				
Pensions - early departure costs	44	44	44	44
Other legal claims	150	150	119	119
Redundancy	242	242	278	278
Other	450	450	150	150
Total Current Provisions for Liabilities and Charges	886	886	591	591
Non-current				
Pensions- Early departure costs	800	800	681	681
Total Non-current Provisions for Liabilities and Charges	800	800	681	681

Note a: All provisions relate to the Foundation Trust and the Charity had no provisions in its accounts.

Provisions for liabilities and charges

	31 March 2017 Pensions - early departure costs £000	Other legal claims Note 1 £000	Redundancy £000	Other £000	Total £000
At 1 April 2016	725	119	278	150	1,272
Change in the discount rate	89	0	0	0	89
Arising during the period	82	83	275	450	890
Utilised during the period	(60)	(22)	(122)	0	(204)
Reversed unused	0	(30)	(189)	(150)	(369)
Unwinding of discount	8	0	0	0	8
At 31 March 2017	844	150	242	450	1,686
At 1 April 2015	651	67	300	0	1,018
Change in the discount rate	29	0	0	0	29
Arising during the period	77	99	278	150	604
Utilised during the period	(43)	(34)	(31)	0	(108)
Reversed unused	0	(13)	(269)	0	(282)
Unwinding of discount	11	0	0	0	11
At 31 March 2016	725	119	278	150	1,272
Expected timing of cashflows at 31 March 2017:					
Not later than one year	44	150	242	450	886
Later than one year and not later than five years	177	0	0	0	177
Later than five years	623	0	0	0	623
Total	844	150	242	450	1,686

Note 1. Legal claims relate to employer and third party liability claims against the Trust.

Clinical Negligence Liabilities:

£107,790k is included in the provisions of the NHS Litigation Authority at 31 March 2017 in respect of clinical negligence liabilities of the NHS Trust (31 March 2016 £93,610k).

Non Clinical Liabilities

Refer to Note 19 re Contingent Liabilities for Non Clinical claims.

16 Cash and Cash Equivalents

	Group 31 March 2017 £000	Foundation Trust 31 March 2017 £000	Group 31 March 2016 £000	Foundation Trust 31 March 2016 £000
Balance at 1 April 2016 (1 April 2015)	15,518	9,998	12,541	10,664
Net change in year - Foundation Trust	(2,514)	(2,514)	(666)	(666)
Net change in year - Charitable Funds	4,865	0	3,643	0
Balance at 31 March 2017 (31 March 2016)	17,869	7,484	15,518	9,998
Broken down into:				
Cash at commercial banks and in hand - Foundation Trust	145	145	298	298
Cash at commercial banks and in hand - Charitable Funds	10,385	0	5,520	0
Cash with the Government Banking Service - Foundation Trust	7,339	7,339	9,700	9,700
Cash and Cash Equivalents as in SoFP and SoCF at 31 March 2017 (31 March 2016)	17,869	7,484	15,518	9,998

17 Contractual Capital Commitments

	Group 31 March 2017 £000	Foundation Trust 31 March 2017 £000	Group 31 March 2016 £000	Foundation Trust 31 March 2016 £000
Property, Plant and Equipment	887	887	1,070	1,070
Total at 31 March 2017 (31 March 2016)	887	887	1,070	1,070

18 Events after the Reporting Period

There were no events after the reporting period having a material effect on the accounts.

19 Contingent Liabilities

	Group 31 March 2017 £000	Foundation Trust 31 March 2017 £000	Group 31 March 2016 £000	Foundation Trust 31 March 2016 £000
Gross value of contingent liabilities	(57)	(57)	(67)	(67)
Total Contingent Liabilities	(57)	(57)	(67)	(67)

The above contingency relates to the Liabilities to Third Party Scheme (LTPS) administered by the NHS Litigation Authority (NHSLA) on behalf of the Trust. The NHSLA is currently resolving a total of 27 claims made against the Trust and the above represents their view of the net amount the Trust would have to pay if cases provided for were to be settled in favour of the claimant.

20 Related Party Transactions (Foundation Trust)

Poole Hospital NHS Foundation Trust is a body corporate established by order of the Secretary of State for Health.

During the year none of the Board Members or members of the key management staff or parties related to them has undertaken any material transactions with Poole Hospital NHS Foundation Trust, with the exception of the contractual pay which has been disclosed in the Remuneration Report within the Directors' Report.

The Department of Health and any other body within the Whole of Government Accounts is regarded as a related party. During the year Poole Hospital NHS Foundation Trust has had a significant number of material transactions with the Department and with other entities as follows:

The Foundation Trust is anticipating similar levels of income from Dorset and NHS England CCG's for 2017/18 and would expect to carry out similar services for this level of income.

There were no significant transactions or debtor/creditor balances between the Poole Hospital Charity and the related parties of the Foundation Trust.

	2016/17		2015/16	
	Income £'000	Expenditure £'000	Income £'000	Expenditure £'000
20.1 Value of Transactions with Other Related Parties (Foundation Trust)				
NHS Dorset CCG	152,557	176	147,273	181
NHS England	57,847	4	45,913	4
Royal Bournemouth and Christchurch NHS FT	4,744	3,580	5,549	4,711
Dorset County Hospital FT	1,008	1,172	1,038	831
Dorset Healthcare FT	2,301	1,025	2,370	487
West Hampshire CCG	3,103	0	2,818	0
Public Health England	191	173	893	161
Health Education England	7,183	15	6,916	10
University Hospital Bristol FT	2	24	9	18
University Hospital Southampton FT	2,048	597	2,264	638
NHS Litigation Authority	0	5,952	0	5,111
Dept. of Health	142	6	157	6
NHS Blood and Transport	0	1,117	0	0
NHS Pension Scheme	0	14,990	0	14,161
HM Revenue & Customs - Employer NI Contributions	0	12,083	0	9,043
Other NHS/WGA Bodies	2,754	1,358	2,359	1,099
Total Value of Transactions with Other Related Parties	233,880	42,272	217,559	36,461

Note: The Trust paid income tax of £17,642k (2015/16 £16,815k); National Insurance of £9,128k (2015/16 £7,659k) on behalf of its employees to HMR&C and recovered net VAT amounting to £2,611k (2015/2016 £2,932k). These amounts have not been included in the schedule above as income or expenditure. De minimis rules apply to disclosure whereby only expenditure or income in excess of £0.5 million is disclosed.

	31 March 2017		31 March 2016	
	Receivables £000	Payables £000	Receivables £000	Payables £000
20.2 Balances with Other Related Parties (Foundation Trust)				
Royal Bournemouth and Christchurch NHS FT	1,201	1,129	1,105	1,485
NHS Dorset CCG	29	610	322	676
NHS England	4,117	0	1,138	67
Dorset County Hospital NHS FT	168	404	85	122
Dorset Healthcare NHS FT	595	250	397	248
University Hospital Southampton NHS FT	118	210	485	336
NHS Pension Scheme	0	2,089	0	2,001
Dept. of Health	0	0	0	13
Charitable Funds	1,707	0	42	0
HM Revenue & Customs - National Insurance and Income Tax	0	3,255	0	2,883
HM Revenue & Customs - VAT	297	0	199	0
Other NHS/WGA Bodies	434	252	841	234
Total Balances with Other Related Parties	8,666	8,199	4,614	8,065

21 Private Finance Transactions

PFI schemes deemed to be off-SoFP

Staff Residences

£110k (£116k 2015/16) is included within operating expenses in respect of PFI transactions deemed to be off SoFP.

The Trust is committed to make a payment of £110k (during the next year) and £266k (later than one year but not later than five years) in respect of a PFI scheme that is expected to expire in approximately 4 years.

The estimated capital value of the PFI scheme is £3.5 million.

The scheme started on 1 April 1996 and is contracted to end on 31 August 2021.

Western Challenge Housing Association (now Sovereign) acquired the staff residences from the Trust in September 1996 on a 99 year lease with a break clause after 25 years. The Trust is committed to pay £28k rent subsidy per annum (fixed through the period of the lease) and also a management fee of £56k (increased annually by the Retail Price Index) for the duration of the lease.

Nursery

£30k (£30k 2015/16) is included within operating expenses in respect of PFI transactions deemed to be off SoFP.

The Trust is committed to make a payment of £30k (during the next year) and £13k (later than one year but not later than five years) in respect of a PFI scheme that is expected to expire in approximately 2 years.

The estimated capital value of the PFI scheme is £0.4 million.

The scheme started on 1 September 2004 and is contracted to end on 31 August 2019.

The Trust entered (in August 2004) into a 15 year lease with BDL Systems Ltd. Retirement Benefit Scheme (now assigned to Blackhill Investments) in respect of the rental of a building at Denmark Lane, Poole for the purpose of providing a nursery, mainly for Poole Hospital staff. The nursery is managed by TOPS Day Nursery. The Trust leased back the building to TOPS on the same terms and conditions as the original lease. The Trust will pay Blackhill Investments Limited a sum of £30k per annum for the remainder of the 15 year period. TOPS will pay a similar amount to the Trust over the same period.

22 Financial Instruments (Foundation Trust)

Financial reporting standard IFRS7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Foundation Trust has with local Primary Care Trusts and the way those Primary Care Trusts are financed, the NHS Foundation Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies to which the financial reporting standards mainly applies. The NHS Foundation Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Foundation Trust in undertaking its activities.

The Foundation Trust's financial assets and liabilities are valued at amortised cost and these are the only type of financial instrument held.

Market Risk

Market risk is the possibility that financial loss might arise as a result of changes in such measures as interest rates and stock market movements. Market risk comprises three types of risk, where the fair value or future cash flows could fluctuate because of movements in the underlying Interest rate risk, Currency risk; and Price risk

Interest rate risk:

The Foundation Trust invests surplus funds with Barclays Bank plc and the Government Banking Service (GBS). There were no short term investments held at the year end. Therefore the Foundation Trust's financial assets and liabilities carry nil or fixed rates of interest and the Foundation Trust's income and operating cash-flows are substantially independent of changes in market interest rates.

Currency risk

The Foundation Trust's transactions are all undertaken in sterling and so it is not exposed to foreign exchange risk.

Price risk

The Foundation Trust has got a number of contractual arrangements which are linked to the UK Retail Price Index (RPI). As such the Foundation Trust is exposed to price risk in line with movements in the UK economy.

Credit Risk

Credit risk is the possibility that other parties might fail to pay amounts due to the Foundation Trust. Credit risk arises from deposits with banks as well as credit exposures to the Foundation Trust's debtors. The Foundation Trust's cash assets are held with Barclays Bank plc and the Government Banking Service (GBS).

As set out in Note 16 - £7,339k (31 March 2016 £9,700k) of the Trust's cash deposits is held with the Government Banking Service (GBS). At the end of the financial year there were no sums held in the form of short term investments (2015/16: £nil).

An analysis of the ageing of receivables and provision for impairment can be found at Note 11.1 "Receivables". The majority of the outstanding debt relates to other NHS bodies, related parties and the Compensation Recovery Unit (CRU) in respect of Road Traffic Act (RTA) income. Receivables from other NHS bodies and related parties is considered to be fully recoverable. A bad debt provision of 22.94% (2015/2016 21.99%) is made against the CRU (i.e. mainly RTA income) receivables.

Liquidity risk

The NHS Foundation Trust's net operating costs are incurred under annual service agreements with local Clinical Care Groups (previously Primary Care Trusts), which are financed from resources voted annually by Parliament. The Foundation Trust also largely finances its capital expenditure from funds generated from its activities in addition to loans from the Department of Health and Salix (see Note 16). Capital commitments at 31 March 2016 amounted to £887k (£1,070k at 31 March 2016) - see Note 17 and Finance Lease commitments amounted to £126k (£199k at 31 March 2016) - see Note 14. The NHS Foundation Trust is not, therefore, exposed to significant liquidity risks.

23 Financial Assets and Liabilities by Category

Set out below are the Group and Foundation Trust's financial assets and liabilities as at 31 March 2017. There are no material differences between the book value and fair value.

	Loans and Receivables			
	Group 31 March 2017 £000	Foundation Trust 31 March 2017 £000	Group 31 March 2016 £000	Foundation Trust 31 March 2016 £000
Financial assets				
Cash	17,869	7,484	15,518	9,998
NHS Receivables	6,662	6,662	4,159	4,159
Accrued Income	895	895	1,229	1,229
Other Receivables	1,316	3,023	1,021	1,063
Other Receivables - Charitable Funds	1,944	0	5	0
Total	28,686	18,064	21,932	16,449

Note a. The following are not considered to be financial instruments and therefore have been excluded from the above table (Group and Foundation Trust):

- The NHS Injury Cost Recovery Scheme amounting to £2,851k (2015/16 £2,779k).
- Prepayments amounting to £1,004k (2015/16 £1,575k).
- Vat recoverable amounting to £297k (2015/16 £200k).

	Other Financial Liabilities			
	31 March 2017 Group £000	31 March 2017 Foundation Trust £000	31 March 2016 Group £000	31 March 2016 Foundation Trust £000
Financial liabilities				
Trade and Other Payables				
NHS payables	2,198	2,198	2,136	2,136
Accruals	5,360	5,360	5,291	5,291
Capital payables	3,793	3,793	1,111	1,111
Other payables	10,405	10,405	9,730	9,730
Other payables - Charitable Funds	47	0	75	0
Total Trade and Other Payables	21,803	21,756	18,343	18,268
Other Financial Liabilities				
Borrowings excluding finance lease obligations (Note 1)	11,779	11,779	9,088	9,088
Finance lease obligations (Note 2)	126	126	199	199
Provisions under contract (Note 3)	844	844	725	725
Total Other Financial Liabilities	12,749	12,749	10,012	10,012
Total	34,552	34,505	28,355	28,280

The following are not considered to be financial instruments and therefore have been excluded from the above table:

- Other tax payables amounting to £3,255k (2015/16 £2,883k).
- Provisions not under contract amounting to £842k (2015/16 £547k).
- Receipts in advance amounting to £739k (2015/16 £777k).
- Deferred Income amounting to £640k (2015/16 £657k).
- PDC payable amounting to £29k (2015/16 £25k).

Note 1 - Borrowings excluding finance leases have been reclassified as financial instruments in 2016/17 and for comparative purposes 2015/16 figures have been restated.

Note 2 - Fair value is not significantly different from book value, in the calculation of book value, the expected cash flows have been discounted by the discount rate of 6.0% in real terms.

Note 3 - Fair value is not significantly different from book value, in the calculation of book value, the expected cash flows have been discounted by HM Treasury pension discount rate of 0.24% (2015/16 1.37%) in real terms.

24 Third Party Assets

The Trust held £2k cash at bank and in hand at 31 March 2017 (£1k - at 31 March 2016) which relates to monies held by the NHS Trust on behalf of patients. This has been excluded from cash at bank and in hand figure reported in the accounts.

25 Losses and Special Payments

	2016/17 Total number of cases Number	2016/17 Total value of cases £000's	2015/16 Total number of cases Number	2015/16 Total value of cases £000's
1. LOSSES:				
<i>Losses of cash due to:</i>				
Overpayment of salaries etc.	0	0	0	0
<i>Bad debts and claims abandoned in relation to:</i>				
Private patients	207	100	0	0
Overseas visitors	41	45	28	22
Other	142	34	210	19
<i>Damage to buildings, property etc. (including stores losses) due to:</i>				
Stores losses	1	99	1	57
Other	0	0	0	0
TOTAL LOSSES	391	278	239	98
2. SPECIAL PAYMENTS:				
<i>Ex gratia payments in respect of:</i>				
Loss of personal effects	19	9	25	9
Personal injury with advice	1	5	7	55
TOTAL SPECIAL PAYMENTS	20	14	32	64
TOTAL LOSSES AND SPECIAL PAYMENTS	411	292	271	162

There were no cases exceeding £300k in the current year (2015/16 no cases).

These amounts are included on an accruals basis and exclude provisions for future losses.

