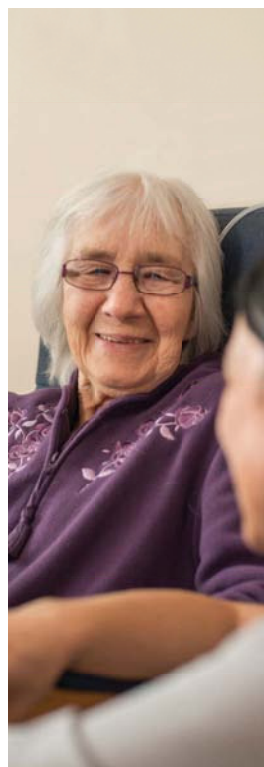
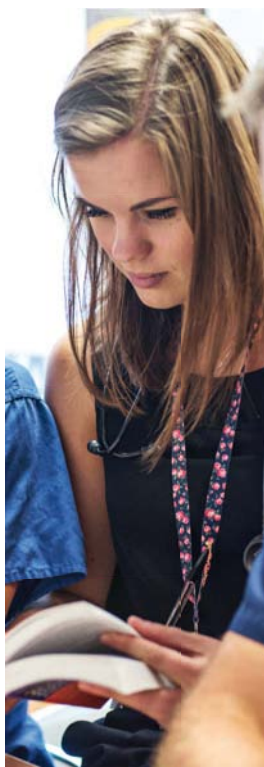




# Annual report and accounts 2013-14





Poole Hospital NHS  
Foundation Trust

Annual report and  
accounts 2013-14

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



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# Chairman's welcome

## Welcome to Poole Hospital's NHS Foundation Trust's annual report and accounts for 2013/14.

This report presents an account of our trust's clinical and financial performance throughout the year, as well as information about our future plans and strategic objectives. Throughout the document you will find data about the year's activities, and evidence of our commitment to clinical excellence and high-quality patient care.

However, at its heart this is not a report about facts and figures – it is a report about people. The Poole Approach, our unique philosophy of care, pledges that we will provide 'friendly, professional, patient-centred care with dignity and respect for all', and that commitment is fundamental to all our work.

The compassion and dedication of our 4,500 staff and volunteers are the foundations upon which our high standards are achieved. It is our staff who deserve credit for the strong clinical performance you will read about later in this report, and our staff who provide the exceptional care that leads to the positive patient feedback you will also find reported here.

An unannounced inspection from the Care Quality Commission (CQC) in May 2013 underlined this point. The CQC received over 30 comments from patients during their three-day visit and every one of these was positive. The inspectors noted that the staff they observed '*spoke with warmth and kindness to people*' and were '*professional*

*in their approach and knowledgeable about the people they were caring for*'. Those high standards were again reflected later in early 2014 when the CQC made another planned visit, as a result of which they confirmed that Poole is fully compliant with all the standards for acute hospitals - a significant achievement and one our staff can be very proud of.

Success in a range of national awards over the year provided well-deserved recognition to individuals and teams from across the organisation. The NHS medical director recognised the patient-centred care provided on our RACE unit at a high profile national seven-day care conference; our specialist physiotherapists were highly commended in the NHS Innovation Challenge prize for a new model of care for pelvic floor problems; a pioneering epidural research project won a prestigious IT award for innovation; our medical investigations unit was named a runner-up at the British Journal of Nursing awards; and three of our maternity staff were recognised for their services to midwifery in the national Royal College of Midwife awards.

It is of particular credit to staff that all this was achieved against a backdrop of tightening financial constraints and changes to our long-term strategy during 2013/14. The decision by the Competition Commission to prohibit the proposed merger with the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust in October 2013 – which you will read about later in this report – was disappointing and has required a shift in our long-term plans.



**Angela Schofield, Chairman**

Following the Competition Commission's decision, the board of directors took immediate steps to refocus on our future as a standalone trust and ensure Poole Hospital remained financially sustainable. A transformation director was appointed to develop a robust programme focusing on cost improvement and service redesign, in order to deliver more efficient and responsive services whilst maintaining the high standards of care quality that Poole Hospital is renowned for.

Our new chief executive, Debbie Fleming, took up post on 1 April 2014, and will be leading the delivery of these plans as we now look to the future. Debbie brings with her over 30 years' experience in the NHS and has the qualities needed to steer Poole Hospital through the challenges ahead.

Debbie replaces our former chief executive Chris Bown, who left the trust at the end of March 2014. Chris joined Poole Hospital in April 2010 and led the trust through a critical period of development, and his hard work, energy and commitment to patients have been a driving force in ensuring that Poole remains a hospital we can all be proud of.

Very many individuals and organisations support the hospital through fundraising activities. Some of them are daredevils who abseil, trek, cycle and skydive to help us to further enhance our services. Others take a more sedate approach but are equally successful and appreciated. They give their time and creativity freely and have an enormous impact on what we are able to achieve.

Finally, I would like to thank the governors of Poole Hospital for their continuing support. They play an essential role in ensuring that the trust has sound governance and are champions of the hospital within local communities. I am most grateful to them for their advice both through the merger process and now as we consider new options.

Thank you for taking the time to look at our report and for your interest in our hospital.

**Angela Schofield**  
Chairman, Poole Hospital NHS Foundation Trust

*"I've been here for 33 years and I enjoy coming in as much now as I always did - it still excites me"*

SHELLEY PASAMAR  
SENIOR SISTER FOR MEDICINE





## About Poole Hospital

**Poole Hospital NHS Foundation Trust is an acute general hospital with 635 beds. The hospital has a 24-hour major accident and emergency department and is the designated trauma centre 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.

Poole Hospital provides pioneering services across a range of clinical specialties. The hospital is a centre of excellence and training in keyhole surgery; our elderly care unit has received national acclaim for its pioneering model of multidisciplinary care; and the nurse-led medical investigations unit has been highlighted as a benchmark in nursing innovation. You can

read much more about Poole Hospital's clinical excellence and expertise later in this report.

At the end of 2013/14, Poole Hospital employed in excess of 4,200 staff including bank staff (3,125 whole-time equivalent staff) and some 300 volunteers.

Our annual turnover for the financial year was over £210m.

During the year we gave care to:

- **46,886** inpatients
- **28,672** day patients
- **74,680** new outpatients
- **129,286** follow-up outpatients
- **61,310** patients attending our emergency department
- **4,604** babies delivered by our maternity staff, including 132 home births

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 has the power to govern the

Poole Hospital provides paediatric care to children within the hospital and in the local community



financial and operating policies of the charitable fund so as to obtain benefits from its activities for itself, its patients or its staff.

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.

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 at [www.poole.nhs.uk/fundraising](http://www.poole.nhs.uk/fundraising)

## Our vision

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

The Poole Approach pledges that we will strive at all times to provide friendly, professional, patient-centred care with dignity and respect for all, by:

- Listening to our staff, patients and the public
- Giving information that is relevant and accessible
- Safeguarding patient privacy, confidentiality and choice
- Welcoming and involving families, carers and friends to participate in care
- Treating each other with respect and consideration
- Valuing and benefiting from diversity in beliefs, cultures and abilities
- Continually improving the quality of our services by learning from what we do

- Taking responsibility and being accountable for our own actions
- Expecting staff and patients to take their share of responsibility for their own health
- Working with and supporting all organisations that are committed to promoting the health of local people.

## Our business model

Poole Hospital NHS Trust Foundation Trust is licensed by Monitor, 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 Monitor and the CQC work closely together to ensure that the trust is well regulated.

The trusts' 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 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, 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 principle 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 152) which is produced every year and summarises any key issues and concerns.

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*“The Poole Approach pledges that we will provide friendly, professional, patient-centred care”*

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## 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 are part of the NHS and provide over half of all NHS hospital, mental health and ambulance services. They were created to devolve decision making from central government to local organisations and communities. 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 Monitor, 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. Foundation trust boards of directors are 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 Dorset may apply to be a public member of Poole Hospital NHS Foundation Trust. Staff are automatically members unless they choose to opt out.

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 gives strategic leadership to the trust and develops its direction and culture whilst ensuring it complies with its terms of authorisation.

The board of directors works closely with senior clinical and non-clinical managers and with the council of governors. The council is made of 14 public and four staff governors, who are democratically elected by members of the foundation trust.

There are also five appointed governors from our major partnership organisations. The council of governors' responsibilities include representing the interests of our members, the appointment and removal of the chairman and non-executive directors, influencing the plans and priorities of the trust and monitoring the performance of the trust against its strategic direction and targets.

The chairman chairs both the board of directors and the council of governors. Full details on the board of directors and council of governors can be found in the governance and membership section of the annual report on page 105.

## Statement of directors' responsibilities

The directors are required under the National Health Service Act 2006 to prepare and submit an annual report and accounts, and to ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance. The Act lays down three main statutory requirements for an NHS foundation trust in relation to its accounts:

- To keep proper accounts and proper records in such form as the regulator may, with the approval of the Secretary of State, direct
- To prepare in respect of each financial year annual accounts in such a form as the regulator may, with the approval of the Secretary of State, direct
- To comply with any directions given by the regulator with the approval of the Secretary of State as to the methods and principles according to which the accounts are to be prepared; and the content and form to be given in the accounts

In determining the form and content of the annual accounts, Monitor, as the regulator, must aim to ensure that the accounts present a true and fair view and comply with International Financial Reporting Standards.

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

In scrutinising the 2013/14 annual report and accounts the directors found them 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.

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*“Anyone who is over 12 and lives in Dorset can become a member of Poole Hospital NHS Foundation Trust”*

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# HIGHLIGHTS OF THE YEAR



*The newly refurbished Haven Suite provides families with a calm, non-clinical environment for birth*

## A BETTER ENVIRONMENT FOR BABIES AND MUMS-TO-BE

Work began in July 2013 on a £4m building programme at St Mary's maternity unit.

The investment will provide an additional 13 maternity beds and three additional birthing pools. The work will include a complete refurbishment and relocation of the midwife-led birthing unit with new en-suite facilities, a new antenatal ward layout and a self-contained bereavement suite.

The neonatal unit will also be refurbished and modernised to include new intensive care equipment as well as the creation of two extra parent rooms, a kitchen and rest facilities for families.

Sandra Chitty, head of midwifery, said: "The increase in capacity at St Mary's is extremely



welcome and supports us in our aims of offering the very best birth experience possible."

The first phase of the work, to complete the Haven Suite, was finished in March 2014; the remaining work is expected to be completed in May 2014.

# HEALTH MINISTER PRAISES INNOVATIVE NURSING CARE AT POOLE

Health minister Dr Dan Poulter visited Poole Hospital in May 2013 to learn more about the innovative roles nurses are undertaking in caring for patients with a range of medical conditions.

Dr Poulter visited the nurse-led medical investigations unit (MIU) at the hospital, and described what he saw as “fantastic in terms of a patient-focused approach”. He added: “The way patients can influence and give feedback is a very good model of how things should be, and is what we want to see elsewhere in the country.”

The health minister spent time talking with the MIU’s team of specialist nursing staff before moving on to the Rapid Assessment Consultant Evaluation (RACE) unit to learn more about the pioneering model of elderly care provided there.



## POOLE HOSPITAL'S 'FANTASTIC' MATRONS RECOGNISED BY MAYOR



Poole Hospital’s matrons received the Mayor of Poole’s first ever recognition award in August 2013, for their role in improving local health services.

The award recognised the matrons’ hard work in changing the way the hospital cares for patients. This includes supporting nurses to make decisions about clinical care, creating

treatment plans and working to reduce unnecessary overnight stays and hospital admissions.

Martin Smits, former director of nursing and patient services, said: “This group of matrons represent the wider ethos of the matron model at Poole – putting the patient and their wellbeing at the heart of all we do.”



## £350K MAKEOVER FOR EDUCATION AND TRAINING

Newly refurbished education and learning facilities were officially opened at Poole Hospital by Bournemouth University's vice-chancellor in October 2013.

Professor John Vinney cut a ceremonial ribbon as staff from across the hospital helped mark the launch of the new £350,000 facilities at an event held to mark the occasion.

Improvements include the relocation to the main hospital site of training rooms to a purpose built clinical skills suite. Refurbished office space, three new interactive classroom touch-screens as well as whiteboards, electronic information screens and a remodelled lecture theatre with audience participation keypads are included in this development.

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*"I had great support from all the midwives I met, who were lovely"*

TIFFANY LOUISE WILSON, NEW MUM

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## EDEN TEAM CELEBRATES 100TH HOME BIRTH

Poole Hospital's innovative home birth midwifery team celebrated the delivery of their 100th baby in January 2014.

The team of midwives, formed in early 2013, is dedicated to women who choose to give birth at home. The team's working days are dictated by the needs of the women in their care, rather than a structured rota.

New mum Tiffany Louise Wilson gave birth to baby Maisie, supported at home by midwife Jo Heath. Tiffany said: "I knew I wanted to have the baby in my home with Jo there to reassure me. I had great support from all the midwives I met, who were lovely. It all happens from home from the beginning so it's more natural and relaxing, and you can even have a few cups of tea in your own surroundings."





# INNOVATIVE OLDER PEOPLE’S UNIT RECOGNISED BY NHS MEDICAL DIRECTOR

In November 2013, Professor Sir Bruce Keogh singled out Poole Hospital’s consultant-led elderly care unit for national praise at a major event highlighting seven day NHS services.

The Rapid Assessment Consultant Evaluation (RACE) unit opened in 2010 to support faster and more senior medical input in the care of acutely ill elderly patients. Patients are referred directly by their GP or from the hospital’s emergency department. On the unit, consultant ward rounds take place seven days a week, backed up by skilled therapists, pharmacists and social services staff.

Since opening, the unit has contributed to an overall reduction in the average time older patients spend at Poole Hospital, nearly halving from 14 days to 8. More than half of patients on the RACE unit go home with a comprehensive care plan within 48 hours of admission.

The unit’s submission was named winner of the patient-centred care category in the national ‘Delivering NHS Services, Seven Days A Week’ conference in Birmingham.



## EPIDURAL SIMULATOR PROJECT WINS PRESTIGIOUS AWARD



A medical device developed by Bournemouth University (BU) and Poole Hospital to make epidural injections safer and more effective received a prestigious innovation award in December 2013.

The epidural simulator uses software to predict where a patient’s epidural space will be, and

helps doctors electronically measure the loss of pressure that occurs when they reach the space to prevent errors.

It won in the information technology category at the Institution of Engineering and Technology (IET) Innovation Awards, which received more than 400 entries from over 30 countries.

The outstanding work of three Poole maternity staff was recognised at a national level in 2014



## MATERNITY STAFF RECOGNISED FOR OUTSTANDING CONTRIBUTION TO MIDWIFERY

Three maternity staff from Poole Hospital won national awards in recognition of their outstanding work in the field of midwifery in January 2014.

The annual Royal College of Midwives' (RCM) awards are a national initiative that rewards and celebrates outstanding achievement in midwifery across the UK.

Emma Cook, community midwife at St Mary's Maternity Hospital, part of Poole Hospital, won 'mentor of the year', an award that goes to an individual who has demonstrated outstanding support, supervision and clinical practice skills towards a student or learner. Jillian Ireland, midwife and Sara Fripp, maternity support worker, jointly won the 'members' champion' award, which is given to RCM workplace representatives for their work on behalf of other members.

## MEDICAL INVESTIGATIONS UNIT RECEIVES NATIONAL ACCLAIM

The medical investigations unit (MIU) at Poole Hospital was named runner up in the innovation category British Journal of Nursing's national award, in recognition of its innovative and unique approach to care.

The hospital's MIU is one of only a handful in the UK, and was among the first places in England where nurses can authorise blood and blood products.

The unit is led entirely by specialist trained nurses offering patient-focused treatments for a range of conditions including intravenous therapies and procedures, haematological conditions as well as pacemaker and cardioversion pre-assessment and after care.

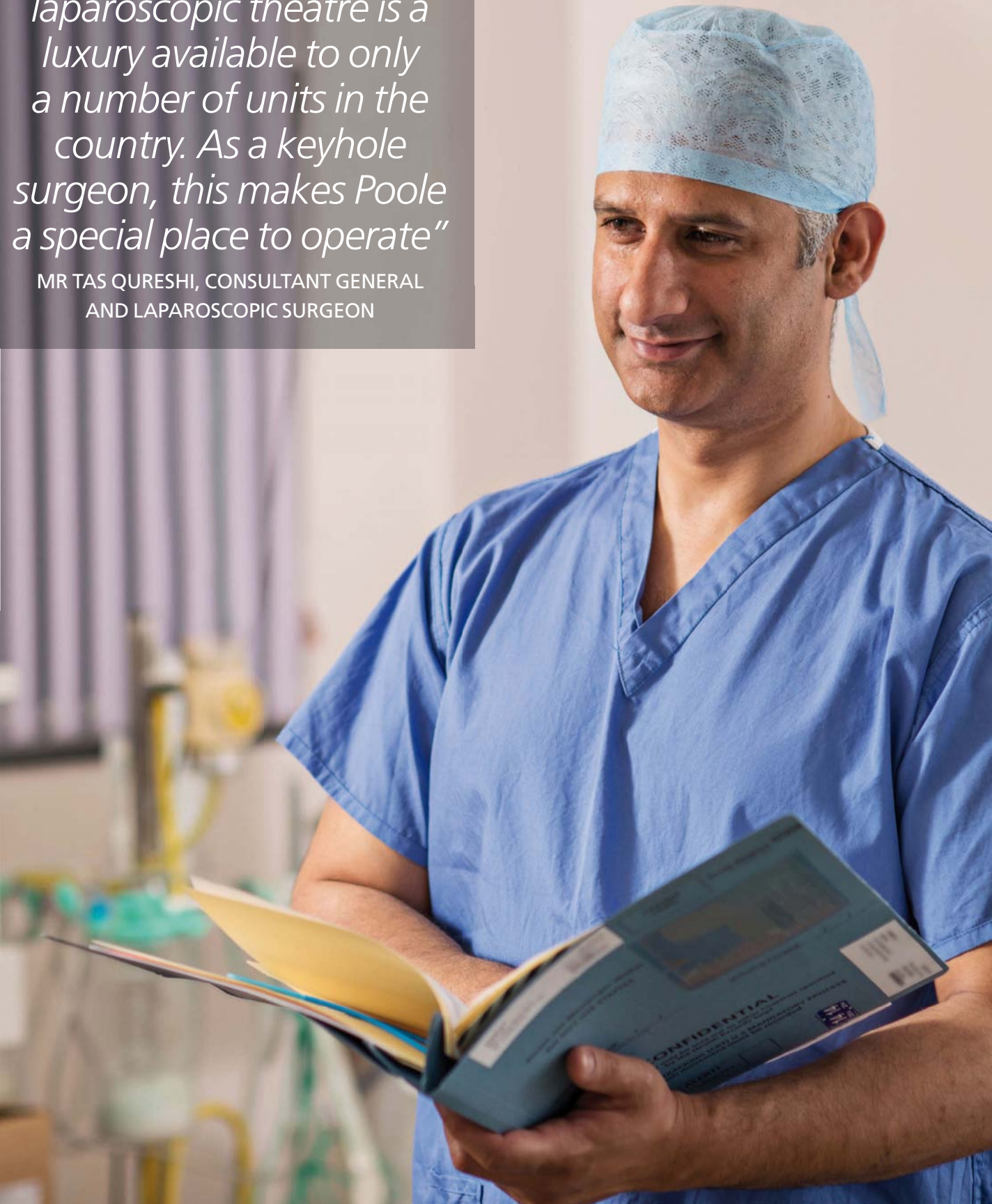
On arrival patients are assessed by nurses, who then deliver the clinical care needed, including the prescribing of medications, delivering complex treatment regimens and supporting patients throughout the treatment.



*Our medical investigations unit has been celebrated for its innovative approach to nurse-led care*

*“Poole’s state-of-the-art laparoscopic theatre is a luxury available to only a number of units in the country. As a keyhole surgeon, this makes Poole a special place to operate”*

MR TAS QURESHI, CONSULTANT GENERAL  
AND LAPAROSCOPIC SURGEON



## Business review

Our patients expect and deserve safe, appropriate and effective care. In common with all NHS hospitals, we are monitored at a local and national level to ensure we are providing high-quality, safe care. Data is collected on a wide range of measurements and targets, and is used by our regulators to assess individual hospital performance and enable comparison against other hospitals across the country.

Poole Hospital has maintained its track record for strong performance against local and national targets during 2013/14. An increase in activity was seen in many clinical areas over the year, with 7.6% more referrals to the hospital this year compared to last. In spite of this, many of our services continued to make improvements for patients, which can be seen in the performance indicators the trust has achieved.

### Waiting times and access to care

We achieved the majority of the waiting time targets set by our regulator, Monitor, during 2013/14, as well as key standards set at a local level.

Poole Hospital's flagship Dorset Cancer Centre provides cancer services to patients throughout the county, and achieved all quarterly targets

for access to cancer care over the year, including standards relating to surgery, radiotherapy and chemotherapy. These critical targets relate to patients with suspected cancer or a definitive diagnosis of cancer, and will continue to remain a key focus for the hospital during 2014/15.

We worked extremely hard throughout the year to ensure patients moved through their care pathways at the right pace, and met the 18-week referral-to-treatment standard for admitted and non-admitted patients throughout the year. Within this target, all diagnostics tests must be completed within six weeks, and due to a significant increase in demand, this was not achieved for all patients during the busy winter months. However, a number of measures were taken to address this and the trust was again achieving its key targets for diagnostic waits by the end of the year.

In common with many other NHS hospitals, our emergency department has experienced consistent pressures since December 2013, with an increase in the number of patients requiring urgent medical or surgical opinion, and peaks in demand that led to some busy and challenging months. The target of ensuring at least 95% of patients do not wait any longer than four hours in the emergency department was met in the first three quarters of the year, but due to significant pressure on services during the early months of 2014, the overall percentage figure for the final quarter was 94.0%.

We are disappointed that the final quarter's performance did not meet the 95% four hour wait target and have taken immediate steps to address this. Our continuing focus will be on providing optimum medical staffing levels in the emergency department across the seven-day period, as well as ensuring clinically appropriate discharges take place as early in the day as possible, and enabling escalation plans to be delivered at peak times to manage surges in patient activity.

We continued to provide high-quality specialist care to patients who have suffered a stroke during 2013/14. At least 80% of patients received 90% of their care within a specialised stroke ward over the year – an important target which ensures patients are receiving the right care in the best environment – and the number of beds available for specialist stroke care was increased by reconfiguring two wards to create one comprehensive stroke unit.

## Achievements in trauma care

*The high standard of care provided to trauma patients at Poole Hospital was reflected in the National Hip Fracture Database's 2013 annual report, which noted that patients with broken hips at Poole receive some of the fastest access to emergency surgery and shortest hospital stays in the country.*

*Thanks to an innovative approach to care in which a senior doctor specialising in elderly care is attached to the trust's trauma team seven days a week, almost two thirds of patients are admitted to the trauma ward within four hours, compared to just over half of patients nationally.*

*In addition, patients spend on average just over 12 days in hospital, compared to the national average of nearly three weeks.*

Our busy trauma department saw exceptionally high levels of activity during the year. The hospital admits 850 patients with broken hips every year – higher than any other unit in the country. In spite of this, we operated on 95% of patients or more within 48 hours of admission over the year, and are currently taking steps to further improve access to hip surgery and increase the number of patients who receive surgery within 36 hours.

We worked hard to keep delayed discharges to a minimum during the year, in spite of some challenging months, and worked closely with our partners in community and social care to ensure patients can leave hospital safely, without delay and with the right support.

You can read more about our performance against key national targets and indicators in the quality report on page 53.

## Patient safety

Poole Hospital has an excellent track record in the provision of high quality, safe services.

The trust continued its strong performance on the prevention and control of hospital-acquired infections during 2013/14, with low rates of infections compared to national averages. Ten cases of *c. difficile* were reported, well within Monitor's measure for the year, and two cases of MRSA. The hospital's robust infection control measures were also reflected in low rates of norovirus over the winter months.

The Care Quality Commission ('CQC') assesses the hospital against key indicators relating to the safety of patients, and confirmed full compliance with all the standards for acute hospitals following an inspection carried out in January 2014.

The CQC also introduced a new intelligent monitoring system in 2013. It analyses a range of key indicators to rate trusts according to risk (band 1 is highest risk, band 6 is lowest risk). The first intelligent monitoring report in October 2013 placed Poole Hospital in a band 5; the second, in March 2014, placed the trust in band



4. This slight increase in risk rating was partly due to high rates of elective caesarean section rates, and a full report and details of the trust's ongoing audit results have been provided to the CQC in response.

You can read more about our performance against key quality standards and patient safety measures, as well as our performance against key CQC indicators, in the quality report on page 53.

## Human rights disclosures

The Poole Approach pledges that we will strive to provide care with dignity and respect for all, and we are committed to protecting our patients' right to privacy.

We achieved the mixed sex accommodation standard throughout 2013/14, and took steps to further improve patients' access to single sex bathrooms on our wards.

We are committed to protecting patients' rights through adherence to the Mental Capacity Act 2005.

## What our patients said

The hospital received positive feedback in three national patient surveys during 2013/14.

Poole Hospital's cancer services were again rated highly by patients in the 2013 National Cancer Patient Experience Survey, commissioned by NHS England.

The trust performed at or above the national average in the overwhelming majority of the 70 questions put to patients. More than 500 respondents who had been treated at Poole Hospital completed the questionnaire, with 93 per cent rating their care as excellent or very good, five per cent higher than the national average. Confidence in doctors and nurses and promotion of dignity and respect were amongst the other areas where the trust performed particularly well.

The Care Quality Commission published its national maternity services survey in December 2013. For the overwhelming majority of questions asked, mums said they found the quality of Poole Hospital's maternity services satisfactory when compared with those provided by other trusts.

The trust was particularly encouraged to see that mums rated highly the importance our midwives place on skin-to-skin contact between mum and baby shortly after birth, underlining the hospital's commitment to attaining UNICEF's Baby Friendly unit status. The report also highlighted that some mums reported they felt left on their own by staff, and this feedback has been reviewed in detail. The unit's staffing levels meet those required, but changes in practice have been introduced to allow midwives to spend even more time in the same room as new mums.

Findings from the national inpatient survey, carried out between September 2013 and January 2014 and published in April 2014, also showed that Poole Hospital continues to perform well for patients.

More than 400 patients who had been admitted to the trust completed the detailed questionnaire as part of the Care Quality Commission survey, and rated the hospital as 'better performing' in several important areas, including quality of food and choice of food, help with eating, information given about care and treatment, and consideration of pain control.

In all other areas the hospital ranked within the national average, with the exception of the use of mixed bathroom facilities. Work is already underway to make improvements in this area, including improved signage on the doors of bathroom/shower rooms to enable them to be designated to either sex depending on the patient mix.

Patients also gave extremely positive feedback to inspectors from the Care Quality Commission

(CQC) during a routine unannounced inspection in May 2013. Inspectors spent time in areas including A&E, main and day case operating theatres, respiratory, cancer, children's and elderly medicine wards during the course of the three-day unannounced visit, and every patient spoken to by inspectors was positive about their experience.

## Friends and Family Test

In common with all other NHS hospitals, from the beginning of April 2013 we began asking all inpatients and emergency department attendees to complete a Friends and Family Test (FFT). The test was also introduced in our maternity unit in October 2013.

FFT is a national initiative in which patients are invited to give their feedback by answering one simple question – 'How likely are you to recommend our ward/A&E department to friends and family if they needed similar care or treatment?'

We use the feedback to improve standards and quality, and to address any specific issues on particular wards or departments.

Patients are also invited to provide further written comments. Over the course of 2013/14, we received 5,193 such comments, 88% of which were positive.

Our performance in the Friends & Family Test during 2013/14 is set out in the table below:

## FRIENDS AND FAMILY TEST PERFORMANCE 2013-14

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
ED	3%	9%	4%	3%	7%	5%	8%	6%	2%	2%	6%	19.80%
Inpatients	21%	13%	17%	20%	29%	51%	65%	39%	45%	53%	58%	34%
Maternity	n/a	n/a	n/a	n/a	n/a	n/a	27%	20%	14%	23%	18%	16%
Response rates	8.00%	9.80%	10.80%	7.58%	12.87%	13.45%	17.17%	15.77%	14.35%	17.49%	19.68%	25.22%
'Extremely likely'	73%	69%	69%	72%	79%	80%	79%	83%	82%	84%	80%	80%



*“The staff and hospital are a credit to the NHS and Poole – nothing was too much trouble for anyone”*

– PATIENT FEEDBACK, FRIENDS & FAMILY TEST



## Financial performance

Despite the financial challenges facing the sector the trust has achieved its key financial objectives:

- Delivered a surplus prior to revaluation effects of £890k before the impact of the revaluation of the estate (this impairment of £742k reflects the re-valuation of the estate by the District Valuer. The surplus after this impairment was £148k compared to a plan of £200k)
- Increased income from £201.0m in 2012/13 to £210.4m in the current year
- Maintained a sound liquidity position with a closing cash balance of £10.1m (last year £15m)
- Invested £13.2m in the hospital and its equipment
- Achieved a continuity of services risk rating (CoSRR) of 3 at the end of the year

In common with the rest of the NHS, the trust faces significant financial challenges in the coming years. Over the next two years, the trust will need to make significant efficiency savings in order to deliver both a year on year balanced income and expenditure position, as well as ensure it has sufficient cash to finance its operation going forward. However there are some specific local challenges that need to be taken into account by the trust. The trust:

- Is already a relatively low cost provider with a reference cost of 93 compared to a national average of 100
- Is primarily a provider of emergency services which offer limited opportunities for profitable growth. The hospital has an unusual case-mix with a relatively high proportion of non-elective activity. Under the current tariff structure it is difficult to achieve a financial surplus for the trust as a whole.

It is a matter of public record that during 2013/14 the planned merger with The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCH) did not receive approval from the Competition Commission (October 2013). This merger had been planned since 2011/12 and it was seen as one way of addressing the future financial challenges facing the trust. Given the Competition Commission's decision not to support a merger, the trust is now reviewing other future medium and long term options.

The trust is redefining its medium term strategy (two years) and long term strategy (five years) to maintain clinical and financial viability. You can read more about this in the 'Looking Ahead' section on page 31.

## Consolidated accounts

Poole Hospital NHS Foundation Trust is the corporate trustee of Poole Hospital Charitable Fund. The foundation trust considers that the charitable fund represents a subsidiary due to the following:

- It has control over the charitable fund (as determined by IAS 27 (revised))
- It benefits from the charitable fund which is determined by the consideration of the charitable fund's objectives. These objectives are directly aligned with those of the foundation trust.

HM Treasury previously granted dispensation to the application of IAS 27 (revised) by NHS foundation trusts solely in relation to the consolidation of NHS charitable funds.

From 2013/14, this treasury dispensation is no longer available and the foundation trust was therefore required to consolidate the charitable fund which it considered to be material. This represents a change in accounting policy and in accordance with IAS 8 prior year comparatives and the opening balance sheet have been restated.

## Regulatory ratings

Since 1 April 2013 all NHS foundation trusts need a licence from Monitor, the independent regulator, stipulating specific conditions that they must meet to operate. Key among these are financial sustainability and governance requirements. The Risk Assessment Framework document sets out the approach taken to assess compliance. This replaces the financial and governance regulatory ratings from 1 October 2013.

The aim of the assessment is to show when there is:

- A significant risk to the financial sustainability of a provider of key NHS services which endangers the continuity of those services; and/or
- Poor governance at an NHS foundation trust.

The continuity of services risk rating (CoSRR) shows Monitor's view of the risk facing a provider of key NHS services. It therefore identifies the level of risk to the ongoing availability of key services. There are four rating categories ranging from 1, which represents the most serious risk, to 4, representing the least risk.

The governance rating is assessed across a number of measures such as achievement of performance targets, staff and patient metrics, and rigorous assessments of governance. There are three categories to the new governance rating ranging from green, where no concerns exist, to red where enforcement action has begun.

Monitor notified the trust in June 2013 (Q1) that it was investigating financial sustainability concerns at the trust, following a forecast deterioration in financial performance and this is illustrated in the table below, with the trust reporting a financial risk rating (FRR) of 2 in Q1. From June 2013 the trust undertook a detailed review of financial sustainability, including the implementation of agreed actions. As a result the Monitor investigation was positively concluded in March 2014.

The risk ratings for the year-to-date at each quarter end during 2013/14 are as follows:

	Q1	Q2	Q3	Q4
Financial risk rating (FRR)	2	2	n/a	n/a
CoSRR	n/a	n/a	4	3
Governance	Red	Red	Red	Green

Note: The FRR was a 5 point rating scale, with 1 being highest risk and 5 being lowest risk of compliance failure. The new CoSRR rating is a 4 point scale with 1 being the highest risk of breaching the provider license and 4 being the lowest risk.

The risk ratings for the previous year (2012/13) under the old metrics are as follows:

	Q1	Q2	Q3	Q4
Financial risk rating (FRR)	3	3	3	3
Governance risk rating	Green	Green	Green	Amber/Red



*Our busy outpatients department saw over 70,000 new patients during 2013-14*

## Going concern

The board is required to formally consider whether it regards the trust as a 'going concern' as part of the annual accounts process. The board of directors has concluded that it is appropriate to prepare the accounts on this basis, based on the following:

### (a) Compliance with authorisation:

The Monitor investigation into the trust's financial sustainability which commenced in June 2013 was concluded in March 2014. Monitor has accepted that the trust is taking all the appropriate steps to ensure the trust's financial and clinical sustainability and the trust's continuity of service risk rating (CoSRR) is a 3 as at 31 March 2014. In addition, the trust's governance rating is green at 31 March 2014. The trust is therefore fully compliant with relevant legislation.

### (b) Financial results 2013/14:

- The trust has achieved a surplus prior to revaluation effects for the year to March 2014 of £0.9m before the impact of revaluation of the estate

- The trust has maintained a healthy liquidity position with cash balances of £10m at the end of the year
- The trust has a continuity of service risk rating (CoSRR) of 3, which is a satisfactory rating.

### (c) Financial forecast 2014/15 – 2015/16:

- Poole Hospital NHS Foundation Trust is licensed by Monitor to provide health services. These health services are commissioned under contract by the local Clinical Commissioning Groups (CCGs) Dorset CCG and NHS England for specialised services.
- The trust's financial forecasts of both income and expenditure demonstrate that it will remain in a positive cash position up to March 2016 as a minimum. These forecasts reflect decisions made by the trust as part of the operational planning process and key decisions being: (a) pursue a loan from the Independent Trust Financing Facility, (b) the trust's 2014/15 and

2015/16 Cost Improvement Programmes are achieved, (c) the trust does not have to incur any unplanned material in-year cost pressures eg additional nursing and other clinical costs arising from quality or activity pressures.

- The trust has agreed contracts with all of its CCG commissioners for 2014/15 under risk share agreements. There is therefore minimal risk to the achievement of planned income levels in 2014/15. Note, the NHS contract is a one-year contract, therefore negotiations on the 2015/16 contract have not yet commenced.

### Risks to going concern

The board acknowledges that there are risks to the going concern status of the trust but 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 the mitigating action that can be taken.



Risk	Mitigating action
Trust is not successful in agreeing loans to support the capital expenditure programme	<ul style="list-style-type: none"> <li>• Major items of capital expenditure will not be committed until finance is in place</li> <li>• Explore alternative sources of finance including leasing, managed equipment service contracts and private sector partnerships</li> <li>• Negotiate additional income from commissioners to support essential capital expenditure</li> <li>• Delay planned expenditure</li> <li>• Agree advanced payment of contract income with commissioners</li> </ul>
Trust does not deliver planned cost improvement programme	<ul style="list-style-type: none"> <li>• Action already taken in terms of resource and governance processes to ensure achievable savings will be delivered</li> <li>• If savings are demonstrably not achievable without risks to patient safety the trust will be in a stronger position to negotiate additional income</li> </ul>
Additional cost pressures in year from increased activity or quality issues, not reimbursed by commissioners because of the nature of the contract	<ul style="list-style-type: none"> <li>• If significant and justified additional income will be negotiated with commissioners</li> </ul>

## Relationships

Poole Hospital enjoys an excellent working relationship with Dorset Clinical Commissioning Group (CCG), our main commissioners, as well as NHS England's Wessex Area Team, who commission specialised health services within Dorset and the wider area.

The trust relates to three local authorities – the Borough of Poole, Bournemouth Borough Council and Dorset County Council. Each authority has a health overview and scrutiny committee and the hospital has established good relationships with each.

We also have a strong network of patient groups, particularly for cancer, cardiac and respiratory care, child health and diabetes, and we continue to develop a positive and constructive relationship with Healthwatch, the new national consumer champion for health and care.

Poole Hospital has a close working relationship with Bournemouth University, which supports our education and research functions. The trust aims to use its links with the university to work towards becoming a university hospital in the future. This will help to support the delivery of high-quality services through a culture of excellence, where learning, practice development and research are actively encouraged.

Each of the three local authorities, Dorset CCG and Bournemouth University have had an appointed governor to the council of governors during 2013/14.

The trust has worked closely with other local healthcare providers for many years, including the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCH). In the first half of 2013/14, work continued towards a merger with RBCH, but the proposed merger was prohibited by the Competition Commission in October 2013. However, the two trusts (and other providers in Dorset) will continue to work together within the terms set out by the Competition Commission following the prohibition of merger, to ensure local people receive the best possible hospital care.

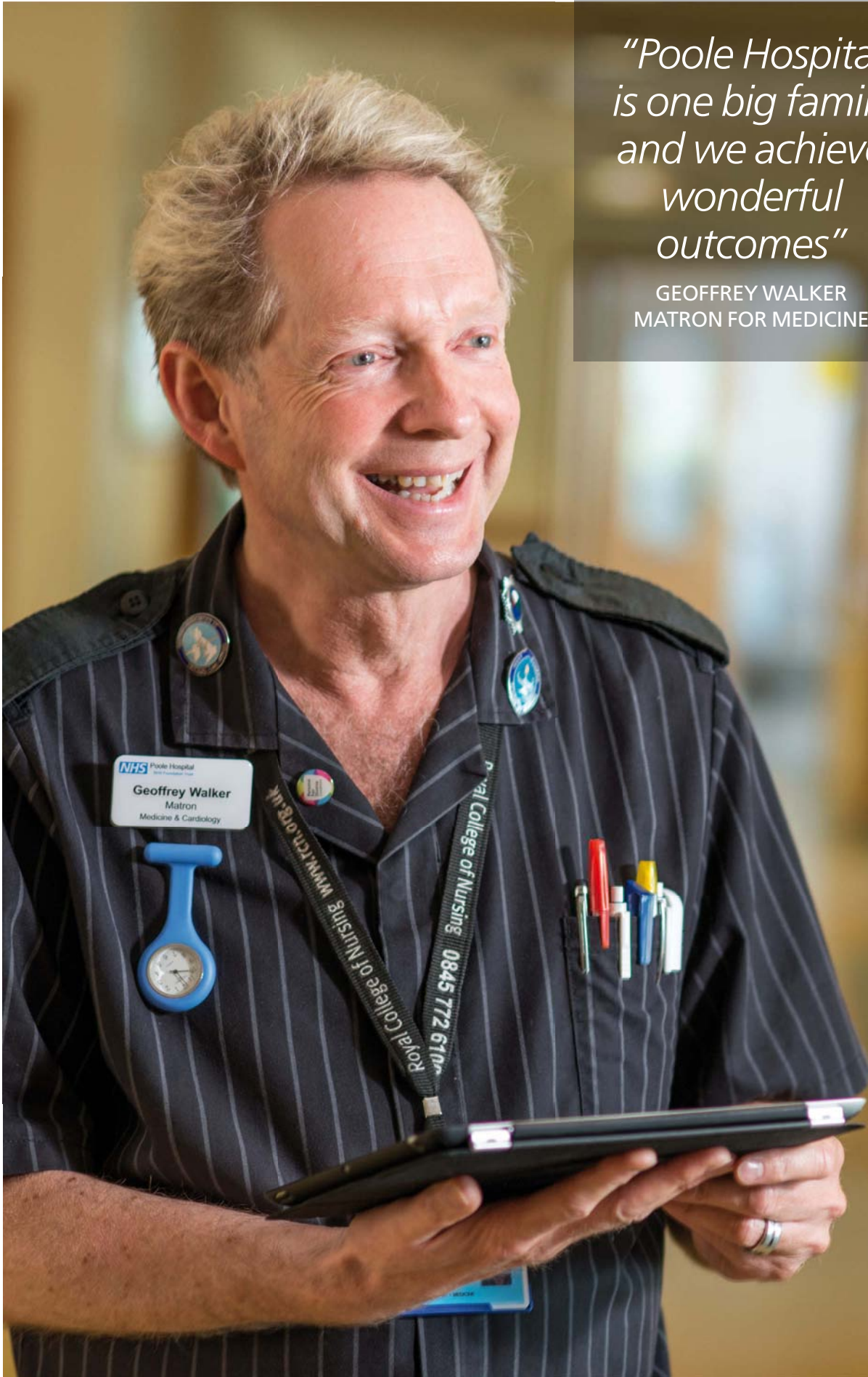
The trust also enjoys close working relations with other NHS organisations, the voluntary sector and our local politicians.

## Protecting patients' information

The trust takes a positive approach to information rights. Protecting people's information rights is a frontline service and we ensure we conform with 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, by providing regular corporate training sessions, electronic training, ad hoc sessions and making guidance readily available electronically and within the trust library
- Providing clear policies and guidance made available to all staff
- Conducting confidentiality audits throughout the trust
- Assessing patients' confidence by undertaking a patient questionnaire
- Undertaking project to implement Electronic Document Management System.

During the financial year 2013/14 there were no cases of data loss categorised as serious, and no cases reported to the Information Commissioner's office. Our information toolkit final submission was 41%, which is not satisfactory; however, a great deal of work and effort had been undertaken to ensure all information was relevant and up to date, and this now gives us a much better baseline to achieve a satisfactory position by the end of 2014/15.



*“Poole Hospital  
is one big family  
and we achieve  
wonderful  
outcomes”*

GEOFFREY WALKER  
MATRON FOR MEDICINE

## Looking ahead

Poole Hospital's board of directors is committed to maintaining high-quality healthcare services that meet the needs of the local community in a changing NHS landscape.

On a national, regional and local level, healthcare services are evolving, and the work of the hospital is influenced in particular by the following trends, factors and challenges:

National drivers for change:

- People are living longer, increasingly with acute, chronic and long-term conditions. These people use health services the most and account for one in three hospital bed stays. The NHS can be better organised to treat people with long-term illnesses in their homes and in the community to keep them well and out of hospital, and healthcare funding is changing nationally to reflect this.
- Healthcare is becoming increasingly specialised, with teams of doctors and nurses able to treat more and more people through the development of specialist skills and the use of specialist equipment.
- The NHS needs to do more with less. The small annual rise in NHS funding cannot keep pace with the costs of providing such services. Efficiencies achieved through implementing new models

of care and new ways of working are needed in order to continue to offer the services our communities' need.

- Hospital trusts must make savings of around 4% per annum each year for at least the next three years to support improved efficiency across the NHS. This equates to around £8 million in savings each year for Poole Hospital.

Clinical drivers for change:

- NHS England's National Medical Director Sir Bruce Keogh has set out a plan to drive seven day services across the NHS over the next three years, starting with urgent care services and supporting diagnostics. The plan is supported by a set of recommendations to improve seven day services and support patient safety.
- Guidance from the Royal Colleges and other professional bodies has established the need for increasing direct consultant input out-of-hours seven days a week, and in some specialties 24/7 consultant-delivered patient care.
- In many areas of acute care, it is clear that the more quickly specialist treatment is initiated, the better the clinical outcome for patients.
- Workforce trends and a need to adhere to EU working hours directives present challenges for rotas.



- Increases in the quality of care expected by regulators such as the Care Quality Commission (CQC).
- Workforce supply challenges in some clinical specialties.
- Consolidation of some clinical specialties where population size and critical mass has been proven to improve safety, effectiveness and clinical outcomes.

#### Local drivers for change:

- Poole Hospital has an unusual case-mix with a relatively high proportion of non-elective activity. Under the current tariff structure it is difficult to achieve a financial surplus for the trust as a whole. This has a serious impact on the trust's ability to fund capital investments.
- The trust is already operating efficiently, with 7% lower costs than the average hospital, but further efficiencies must be made to meet the financial challenges ahead.
- The hospital is located in a region with a large and increasing proportion of older

patients compared to the UK average, which presents particular challenges for the local health economy. These challenges are felt across the region but leave Poole Hospital particularly exposed because of its unusual case mix.

- Work is underway to consider the future configuration of services across Dorset and ensure local residents are treated by the right clinician, at the right time, in the right place. However, these are long-term plans and in the short-term, the hospital must make further efficiencies to support the sustainability of acute services in their current configuration.

## Future strategy

The trust's long-term strategic focus shifted during 2013/14 when, in October, the Competition Commission announced its decision to prohibit the proposed merger with The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust.



The merger represented an opportunity to increase financial resilience and develop clinical care in the future, and the prohibition decision was a disappointment for both trusts. However, the board of directors took immediate steps to refocus on our future as a standalone trust, ensuring our priority remained, as always, the provision of safe, high-quality care to patients.

Poole Hospital has many strengths that provide the foundations of our future strategy including:

- A history and tradition of providing innovative, high quality, patient-centred care
- A motivated workforce which includes extremely talented clinicians and support staff
- A strong commitment from staff to improve services and achieve better outcomes for patients
- Excellent relationships with local stakeholders and other partners
- Services that are highly valued by patients and local people.

In developing plans to maintain clinical and financial viability, the trust will be focusing on the following:

- The rapid development and implementation of a robust and sustainable transformation programme that will significantly increase efficiency and reduce costs, whilst at the same time improving quality
- Involving staff, stakeholders, patients and the public in the development of a future strategy that will meet the needs of the local community
- Participating in the Dorset-wide review of clinical services, led by the Dorset Clinical Commissioning Group, which will deliver long term clinical and financial sustainability for healthcare services in Dorset from 2016/17 onwards.

## New leadership

*On 1 April 2014, Poole Hospital welcomed Debbie Fleming as chief executive. Debbie brings with her over 30 years' experience in the NHS, including more than a decade in chief executive roles at Bournemouth & Poole and Hampshire primary care trusts, and is an exceptional leader who has all the attributes required to steer our hospital through the challenges ahead.*



*Debbie is also joined on the board by newly appointed chief operating officer Mark Mould, who joined the trust from University Hospital of North Staffordshire NHS Trust, where he has provided key operational leadership in a number of senior roles; director of nursing Tracey Nutter, who brings with her thirteen years' experience as director of nursing at Salisbury NHS Foundation Trust; and director of finance Paul Miller, who has 20 years' NHS board experience, most recently gained at the Avon & Wiltshire Mental Health Partnership NHS Trust.*

*Angela Schofield, chairman of Poole Hospital NHS Foundation Trust, said: "I am confident that Debbie and the exceptional leadership team we now have in place have the experience, passion and drive to secure a sustainable future for healthcare services locally."*

*Debbie replaces former chief executive Chris Bown, who left the trust on 31 March. The hospital's former finance director Paul Turner retired on 28 March, and director of nursing Martin Smits retired at the end of February.*

*An interim transformation director, Mark Friedman, was also appointed in November 2013 to lead the development of a detailed improvement programme.*

## Capital investments

To ensure the trust continues to provide high-quality, safe services, the board of directors has agreed key capital investments for 2014/15 including:

- Ongoing refurbishment of wards and departments
- Improvements in IT to support delivery of patient care
- A new radiotherapy bunker to allow the implementation of a fifth Linear accelerator (LINAC) machine
- Replacement of existing medical equipment
- An investment in maintenance to ensure the hospital's engineering and electrical infrastructure is updated to meet modern standards

To ensure the trust has the cash to finance these essential capital improvements the trust will be making a loan application to the Independent Trust Financing Facility during 2014/15.

## Transformation programme

Critical to Poole Hospital's clinical and financial viability is the need to achieve savings in the short term, whilst longer term plans are developed that will secure a sustainable future for healthcare services across the county.

The implementation of a detailed transformation programme will begin in June 2014, and is anticipated to deliver additional savings of £9.5m during 2014-16.

In developing the programme, the transformation director has utilised internal and external resources to validate the trust's financial position and identify potential cost-improvement opportunities. The process is underpinned by robust governance to ensure compliance with key reporting controls, and maintain the quality and safety of care provided by the hospital.

The programme will look at every aspect of our work to develop and implement effective and efficient models of care.

## Managing risk

Poole Hospital has a well-developed risk management and safety structure with a designated executive director lead, the director of nursing and patient services. The executive lead chairs a risk management and safety group that reports to the quality, safety and performance committee and is scrutinised by the audit and governance committee.

The hospital's risk management team includes leads for health and safety, and clinical risk. Across the trust there are risk management leads in each clinical and corporate directorate. There is a robust assessment of risks to the organisation, which are recorded on a 'live' risk register which is reviewed regularly by a risk review group. The risk register is reported to the board of directors, audit and governance committee and the quality, safety and performance committee on a regular basis.

The key strategic risks are reported to and reviewed by the board of directors at each of their meetings. All new risks to the organisation are reviewed by a high-level risk review group and, once validated, red and amber risks reported to either the audit and governance committee or, if they are clinical risks, the quality, safety and performance committee. The risk management and safety group reviews all new risks on a monthly basis. Risks to our strategic objectives are highlighted in our assurance framework and any gaps in assurance identified.

The trust maintained the highest level of accreditation with the National Health Service Litigation Authority (NHSLA Level 3) for its approach to risk management during 2013/14.

The trust identified 13 strategic risks at the start of the year, with one additional risk added mid-year and resolved relating to failure to fill executive director vacancies in a timely manner. At the time, four were identified as having no resolution (financial stability, absence of merger, sustainability of clinical services and unforeseen issues affecting trust reputation).

At the end of March 2014 of the remaining nine risks, three risks are improving but are not fully



resolved (performance targets, funding of capital expenditure and disenfranchisement of staff) and six expect to be fully resolved at the end of year (financial targets, failures of care due to pressures, CIP not delivered, workforce/recruitment and governance arrangements do not satisfy Monitor and breach of Monitor licence).

## Emergency preparedness

The trust 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, as well as flu outbreaks.

In 2013/14, clinical staff and senior managers took part in a number of exercises to test emergency plans during the year, including Exercise Blackstart and Exercise Open All Hours, as well as carrying out several regular communication cascades in and out of hours. We also continued to work with partners to create a pan-Dorset fuel plan to mitigate the impact that any potential shortages may have on the hospital.

The hospital continues to play an active role in the local health resilience group, working alongside other key organisations including the police, fire service, ambulance service and councils to ensure robust plans are in place for dealing with major incidents. The trust's emergency preparedness group also met regularly through the year to review activities and plan for the future.

In addition, to develop our resilience in the event of a major incident, representatives from the hospital took part in a multi-agency major incident exercise at Poole Harbour in March.

*"I like my job  
because it's  
challenging,  
there's always  
something  
different"*

DAVID SMITH, CHEF



## Supporting staff

At Poole Hospital, we recognise that people are our greatest asset, and we work hard to ensure staff across the organisation have a voice. Our unique philosophy, the Poole Approach, underpins our values both as a provider of care and an employer, and pledges that we will strive to always listen to our staff, patients and the public and give information that is relevant and accessible.

### Communication and engagement

The values embedded in the Poole Approach are supported by a wide-ranging set of communication activities that enable ongoing engagement with staff.

During the first half of 2013/14, the trust continued to work toward the proposed merger with the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCH) and carried out a range of activities to support and involve staff as we moved towards a period of transition.

The trust worked with The Kings Fund to support organisational development, and engaged staff in sharing their views on values, services and culture. A variety of events were held throughout the year and across

all staff groups trust-wide. These included medical engagement events, major listening events called 'The Big Conversation'; and appreciative enquiry exercises, allowing staff across all professions to help shape the future organisation.

In addition to this, the trust's ongoing programme of internal communication activities continued throughout the year. A variety of tools and forums are employed to ensure staff are informed about the trust's activities, development and performance, and can raise questions and provide feedback should they wish to. These include:

#### Face-to-face communications

- Monthly Team Brief sessions with the chief executive, attended by managers and incorporating an open Q&A session. Information from these sessions is cascaded by managers to staff, with an opportunity to submit feedback via the Team Brief Toolkit
- Quarterly open briefing sessions for all staff with the chief executive, offering an opportunity to ask questions in advance or at the event
- Regular team meetings, held by all directorates, care groups and professional groupings

- Staff Partnership Forum (Agenda for Change staff) and Joint Local Negotiating Committee (medical staff) - these promote proactive working relationships with staff representatives and union colleagues on a wide range of issues. The trust has worked closely with these groups throughout the year and revised operating practices to maximise earlier input, involvement, feedback, consultation and engagement in order to best support change projects and service redesign work
- New and bespoke health and wellbeing events and workshops trust-wide

### Newsletters and publications

- Weekly staff bulletin, sent to all email users each week and circulated in printed form. The bulletin welcomes content from staff across the organisation
- Grapevine, the trust quarterly staff magazine, which focuses on the staff behind the trust's success stories and welcomes contributions from staff across the organisation

### Electronic communications

- Staff intranet, including a frequently updated 'front page' carrying the latest news
- All-user emails, governed by global email guidelines that ensure emails to all staff are only used to share information that is urgent or of appropriate significance to the organisation

### Feedback mechanisms

- Participation in the NHS staff survey
- Team Brief Toolkit feedback form, which allows managers to submit questions raised by their teams during meetings
- Promotion of a centralised communications email, which provides staff with an additional route to raise questions and concerns on specific issues; answers are then provided via the most appropriate means

In addition to this, a series of listening events were held in response to the Francis Report during 2013/14, providing a further forum for all staff to share their views and thoughts about the trust. Staff from across the trust also took the opportunity to have their say in The Big Ask, a Dorset-wide research project conducted to understand more about the local population's views and experiences of healthcare (see page 48 for more information).

A report on staff communication and engagement is provided on a bi-monthly basis to the workforce committee, a sub-committee of the board of directors, by the trust's head of communications.

## NHS staff survey: summary of performance

Overall, the survey has seen a significant improvement in results, with the trust featuring in the top 20% in seven key areas, including overall staff engagement and staff reporting good communication between senior management and staff, as well as our response rate.

Details of the key findings from the 2013 national NHS staff survey are outlined in the tables opposite. These include comparisons between the trust's results for the previous year, and national average for acute trusts. Comparison against the top and bottom five ranking scores is included along with key areas where we have seen real improvement. The lowest scoring areas form part of the trust's programme of action to achieve and sustain improvements in these areas.

## NHS staff survey 2013 findings

Response rate (compared to national average for acute trusts)	Trust	National Average	Trust	National Average	Trust improvement or deterioration
Response rate (compared to national average for acute trusts)	51%	51%	<b>63%</b>	<b>49%</b>	Improvement by 12%

Top five ranking scores in 2013 survey (Key Finding in brackets)	Trust	National Average	Trust	National Average	Trust improvement or deterioration
Percentage of staff believing the trust provides equal opportunities for career progression or promotion (Key finding 27)	91%	88%	<b>95%</b>	<b>98%</b>	Improvement by 4%
Percentage of staff experiencing physical violence from staff in last 12 months (Key Finding 17)	4%	3%	<b>1%</b>	<b>2%</b>	Improvement by 3%
Percentage of staff saying hand washing materials are always available (Key finding 12)	60%	60%	<b>68%</b>	<b>60%</b>	Improvement by 8%
Percentage of staff able to contribute towards improvements at work (Key Finding 22)	72%	68%	<b>73%</b>	<b>68%</b>	Improvement by 1%
Staff motivation at work (Key Finding 25)	3.77 score	3.84 score	<b>3.93 score</b>	<b>3.86 score</b>	Improvement by 0.16 score

Bottom five ranking scores in 2013 survey	Trust	National Average	Trust	National Average	Trust improvement or deterioration
Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months (Key Finding 16)	17%	15%	<b>20%</b>	<b>15%</b>	Deterioration by 3%
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months (Key Finding 18)	33%	30%	<b>33%</b>	<b>29%</b>	No change
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months (Key Finding 19)	26%	24%	<b>27%</b>	<b>24%</b>	Deterioration by 1%
Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month (Key Finding 13)	39%	34%	<b>35%</b>	<b>33%</b>	Improvement by 4%
Percentage of staff feeling pressure in last 3 months to attend for work when feeling unwell (Key Finding 20)	33%	29%	<b>29%</b>	<b>28%</b>	Improvement by 4%

## Future priorities and targets

Key overall priority areas and targets for improvement have been identified in response to the 2013 staff survey results in the form of an agreed trust-wide high-level action plan. This work involved the staff partnership forum and the workforce committee. The action plan serves to highlight areas for further improvement based on the findings listed above, and includes specific and measurable actions. Staff involvement through the staff side will continue to be a key element of this work.

This work is set at board of director level through the workforce committee. In addition to the trust-wide action plan, specific targets and related actions and priorities are also set at directorate and divisional level as part of a proactive response to respond to results available at directorate level. This involves directors and their teams.

## Measuring progress

By agreeing 'high level' priority areas as well as directorate actions, appropriate targets can be set and actions taken which take account of differences in staff views across different parts of the organisation.

Actions arising from the staff survey are embedded as part of ongoing reviews and quarterly performance reviews carried out by the executive team. In addition, managers work with their teams, with support from HR, to address areas of commitment and those outlined in the action plan.

Communication on our staff survey results and actions taken to respond to these increased in 2013. This will continue during the coming year to enable the trust to demonstrate to staff that their views have been heard – and acted on. This work will support the measurement of actions, which is co-ordinated by the directorate of human resources.

Reports on survey results, action planning and activity against targets are made to the board of directors through the workforce committee.

## Health and wellbeing

The trust has an active multidisciplinary wellbeing at work group, led by the HR director. This group identifies and positively responds to staff health and wellbeing issues across the organisation.

Of note in this work is the resilience workshop programme, which has enabled teams across the trust to develop an understanding of personal and team wellbeing and agree joint actions to promote resilience. The programme has been successful and extended in order to respond to demand.

The trust took part in a second audit with the Health at Work Development Unit at the Royal College of Physicians into the implementation of NICE public health guidance.

### Wellbeing work recognised nationally

*The trust's workforce wellbeing strategy, leadership and delivery was recognised nationally in 2013 when the trust was named as a finalist at the People Management Awards of the Chartered Institute of Personnel and Development awards. The hospital also received a commendation at the Workplace Savings and Benefits Awards.*

*This was a significant achievement for the trust's HR and communication teams, led by the HR director, and the multidisciplinary staff across the hospital who have worked to embed new ways of working and support the wellbeing of the trust's workforce.*





## Occupational health and employee assistance

Following a major review of the trust's occupational health provision in 2012/13, the hospital now has a service level contract in place for the provision of occupational health services from the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCH).

This agreement is monitored at the trust's workforce committee to ensure requirements are consistently met and any concerns are robustly addressed.

Occupational health staffing levels at Poole have been increased both for clinical and support staff. This has resulted in key benefits for service users including extended hours of service. 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 'needle-

stick' (hypodermic needle) injuries, workplace assessments, control of substances hazardous to health (COSHH) assessments and surveillance.

The annual flu vaccination programme was a notable success for the trust, with Poole Hospital named by NHS Employers as one of the most improved trusts in the country, and this was achieved through a combination of innovative efforts by the communications team, HR and the occupational health nurses.

Additional support to staff is provided through the trust's appointed independent employee assistance provider (EAP). The service provides staff with free and 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.

## Equality and diversity

Poole Hospital is committed to equality and diversity, both as a healthcare organisation and as an employer. We work on a variety of fronts to implement the provisions of the Equality

Act 2010 across services and for our staff, by ensuring our general public duties under the Equality Act are met and form part of our good practice. We do this through implementation of the NHS Equality Delivery System.

Equality, diversity, and human rights are also promoted through the work of the equality and diversity group and through the Poole Approach and the Golden Rules, which set out our values and philosophy of care and are widely known and embedded across the trust.

In line with the NHS Constitution, Poole Hospital is committed to providing equal access to services that do not discriminate on any of the protected characteristics of: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. The trust opposes all forms of unlawful and unfair discrimination, and is also firmly committed to equality of employment (see 'A fair employer' section below).

The trust is involved in a range of activities aimed at promoting and monitoring equality and diversity. The director of HR provides leadership of this agenda, supported by the equality and diversity group, which has a broad membership of representatives.

The trust works closely with Stonewall and has taken part in the workplace equality index initiative.

### A fair employer

Poole Hospital is proud to have been re-awarded the Jobcentre Plus 'disability symbol' in recognition of our commitment to equality and fairness for prospective and current employees with disability.

The trust also operates the guaranteed interview scheme (GIS), established by the Department for Work and Pensions. This means we offer all disabled job applicants who meet the minimum qualifying criteria a guaranteed interview. The aim of this commitment is to encourage people with disabilities to apply for jobs by offering an assurance that should they meet the minimum

criteria they will be given the opportunity to demonstrate their abilities at interview.

As the commitment is related to abilities, the minimum criteria will be the essential aspects of the person specification for the position relating directly to an individual's abilities, for example, educational qualifications, skills and abilities. Normal eligibility requirements of a post will need to be fulfilled first before minimum criteria apply, for example to apply for internal positions you must be an existing trust employee.

A range of support is available both for staff with disability and those who develop a disability during their employment. This includes dedicated support from line managers, human resources and occupational health staff. This is underpinned by human resources procedures, including those in the areas of managing attendance, recruitment and also capability. Reasonable adjustments may be made as part of this work, which may include referral to the access to work scheme.

## Breakdown of staff and directors by gender

As of 31 March 2014, Poole Hospital had:

- Six female directors (including executive and non-executive directors, acting executive directors, and the chairman) and eight male directors
- 107 female senior managers (band 8 and above) and 51 male senior managers
- 2964 female staff (substantive posts) and 762 male staff

## Staff sickness

The cumulative year end figure for staff sickness was 3.63%, against a stretch target of 3.5%. Although the 3.5% target was narrowly missed, the hospital's sickness rates remain low in local benchmarking and compare favourably to many other trusts.

We aim to ensure our patients' experience is positive in every way



The trust has pursued a range of positive work programmes in 2013/14 relating to the management of sickness absence, supported by HR and line managers. These include comprehensive reviews of the trust's Bradford Score sickness reports (a measure of employee sickness levels), occupational health assessments, reviews of

incidents of sickness, preventative measures and supporting return-to-work interviews. Case conferences with occupational health teams are held, and there are jointly planned reviews.

The table below shows the rates experienced month by month during 2013/14:

**STAFF SICKNESS RATES DURING 2013-14**

Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
3.83%	3.21%	3.38%	3.28%	3.16%	3.53%	3.53%	3.88%	3.82%	4.08%	4.04%	3.77%

*"I'm a Poole  
person - I love  
Poole and I love  
my hospital"*

SONIA DODD, POST ROOM



## Sustainability

The trust is committed to reducing its carbon footprint in line with the NHS carbon reduction strategy, and has a carbon management plan in place which outlines the hospital's strategy for managing this reduction programme, and delivering ongoing financial and environmental benefits from reduced spending in utilities and waste.

The national target reduction for the NHS has been set by central government at 10% by 2015, against a 2007/08 baseline. However, the trust has set an initial target reduction of 18% by 2015, underlining our commitment to carbon reduction and reflecting the key role public sector organisations must play in setting standards for reducing environmental damage. Furthermore, the Sustainable Development Unit has also set a carbon reduction target of 34% by 2020 on behalf of the NHS, Public Health, and social care system.

The trust is registered with the Good Corporate Citizenship scheme to continually assess progress towards sustainable development each year.

The sections below highlight the progress which has already been achieved within the trust, and outline future priorities and targets.

### **Good Corporate Citizenship model**

The key areas for action are energy, water and carbon management, sustainable procurement & food, low carbon travel, transport and access, waste reduction and recycling, green spaces, staff engagement and communication, buildings and site design, organisational and workforce development, partnership and networks, governance, IT and finance.

## Energy, water and carbon management

The trust has undergone an investment grade audit as part of an Energy Performance Contract (EPC), working with British Gas & Breathe Energy. This contract identifies a basket of measures to reduce energy consumption by 25% and achieve carbon emission reductions towards the 2015 target. These reductions would be implemented through a number of projects, which fit into a long term financial strategy.

The trust continues to invest in energy improvements as part of a long term plan, and to meet carbon reduction targets. For example, LED lighting has been installed in the newly refurbished St Mary's Maternity Unit and other areas of the trust; and there are also plans to install it within car parks. Variable speed drives have been installed across all theatre plant, and a recent investment has been made in a more energy efficient chiller plant for theatres. In addition, plate heat exchangers have been installed across the majority of the site. These measures are examples of what the trust has implemented to improve energy efficiency and subsequently reduce consumption.

The Building Management System (BMS) has been reviewed and improved where necessary to ensure accurate control and management of heating levels within the site.

Priorities and targets for 2014/15:

- Revision of the Carbon Management Plan
- Development of a Sustainability & Good Corporate Citizenship Action Plan
- Investigation & implementation of relevant energy reduction projects as they arise
- The continual review of the impact that the Carbon Reduction Commitment (CRC) will have on the trust's activities both financially and operationally in terms of priorities.

## Sustainable procurement and food

The trust is also committed to reducing indirect environmental and social impacts associated with the procurement of goods and services. Purchasing procedures are continually being refined to help minimise waste and enable packaging to be returned to suppliers where practicable. During 2013 a Sustainable Procurement Policy was produced to influence buying patterns and achieve further carbon reduction through the holistic assessment of suppliers – for example, investigating their environmental policies and credentials.

Priorities and targets for 2014/15:

- Continue to engage procurement staff within sustainable procurement training events and refresher courses
- Implement the Sustainable Procurement Policy, and continually work to improve this where necessary
- Investigate suppliers and place greater pressure upon them to adopt sustainable practices within their supply chain.

## Low carbon travel, transport and access

The trust recognises the benefits of reducing the negative environmental, health and social impacts of car travel and is committed to reducing its carbon footprint and the impact of commuting on the local community from employee-based car travel. We have a dedicated car-share scheme which enables staff to share lifts to and from work, and is designed to reduce the travel costs for staff, as well as congestion in the area.

Priorities and targets for 2014/15:

- Further promote the car share scheme to all staff
- Continue to promote and encourage the most sustainable form of transport to staff, patients and visitors, whenever possible
- Update the trust's Green Travel Plan
- Investigate improvements of facilities for cyclists and the introduction of other

initiatives such as a bicycle users group and a loan bike scheme.

### Waste reduction and recycling

A combination of better recycling and waste management at Poole Hospital ensures we operate full-site recycling in conjunction with Poole Borough Council, to help actively reduce the amount of waste going to landfill sites. Our main theatres have an enhanced waste stream achieving a higher recycling rate.

A cardboard compactor was purchased during early 2013 which allows larger volumes of cardboard to be baled and recycled. An agreement has been established for the collection and reimbursement of the bales which is estimated to generate an annual income for the trust of approximately £3,000.

Priorities and targets for 2014/15:

- Increase recycling awareness to encourage further uptake in recyclable waste segregation
- Investigate the introduction of a food waste stream for the catering department.

### Staff engagement and communication

The trust is committed to ensuring that staff, patients, visitors and suppliers/contractors are able to effectively engage with, and support, the trust's carbon reduction plan.

Priorities and targets for 2014/15:

- Continued engagement with all staff, patients, visitors and suppliers/contractors through regular articles about sustainability and energy awareness included within staff magazines and publications
- Investigate introduction of Green Impact scheme to engage staff with sustainability and form teams of "green champions" across the trust.

### Governance

The trust routinely reports on energy consumption through the Department of Health's 'Estates Returns Information Collection mechanism' (ERIC) and is included within the mandatory reporting under the CRC Energy Efficiency Scheme.

Priorities and targets for 2014/15:

- Identify a board-level lead for sustainability, this ensures that sustainability issues have visibility and ownership at the highest level of the organisation
- Compile a Sustainable Management Plan
- Establishment of sustainability working groups to ensure engagement and embedding of carbon management into all areas of work and operations
- The continual review of the impact that the CRC will have on the trust's activities both financially and operationally in terms of priorities.

## Strategic report – signature

Signed by:



Date: 29 May 2014

**Debbie Fleming**  
Chief executive

# Additional information

## Handling complaints

Poole Hospital received 467 formal complaints between 1 April 2013 and 31 March 2014. At the time of preparing this report 449 had been concluded: 33% were not upheld, 37% were upheld partially, 22% were upheld in their entirety, 5% received reimbursement for the loss of property and 3% of complaints were withdrawn.

One complaint was referred to the Parliamentary and Health Service Ombudsman and subsequently not upheld.

It is critical that we learn from patients' experiences of our services, and examples of learning from complaints included:

- Lead cardiac physiologist to discuss report pathway with paediatricians to ensure appointments requested in a timely manner
- Failure to diagnose DVT in emergency department – case presented to ensure lesson that should remove plaster cast discussed
- Patient experienced anaesthetic awareness – discussed with ward team and individual anaesthetist – reminded of failed intubation guidelines
- Information leaflet in ED to be written following lack of post injury advice provided
- Process for arranging outpatient appointments in trauma orthopaedics reviewed to ensure appointment changes can be initiated in a timely manner
- Clinical director in surgery to review arrangements for day case overnight stay patients to ensure patient has allocated consultant.
- Daily and weekly audits of commodes
- Delay in diagnosis in emergency department discussed with the doctor concerned and at a junior doctor teaching session to highlight the indications for obtaining lower back x-rays in patients who have fallen from a height
- Delayed discharge from radiotherapy department resulted in a new work instruction being written with details for all staff to follow for booking ambulances out of hours
- Information leaflet written for parents following lack of information provided regarding meningitis follow-up
- Review of care pathway for children to ensure improved communication from the Royal Bournemouth Hospital to Poole Hospital
- Job plan review to allow one consultant to specialise in osteotomy and facial deformity cases underway

For more details on how we respond to complaints, and more information on actions taken in response to complaints, visit [www.poole.nhs.uk](http://www.poole.nhs.uk) and search on 'complaints'.

## Public consultations and engagement

The trust did not take part in any formal public consultations during 2013/14.

In 2013, the hospital's communications team worked with colleagues from other local healthcare organisations to develop and implement the biggest health research project ever undertaken in the region – The Big Ask.

Over 6,100 members of the public took up the challenge to have their say on local health services, sharing their views and experiences through a postal survey, online survey and 12 focus groups.

The project provided a valuable insight into the views of the local community on healthcare and generated wide-ranging feedback covering hospital care, GP services, how people access healthcare information and the location of services. The feedback will be reviewed by the boards of directors at all the organisations involved and developed into key actions, which will be shared with the public during 2014.



## Counter fraud and security

Poole Hospital embraces and complies fully with the NHS Protect standards for providers on counter fraud and security management arrangements

The accountable officer is the director of finance, who is responsible for all operational matters such as authorising investigations, including the arrest, interviewing and prosecution of subjects and the recovery or write-off of any sums lost to fraud.

We have a nominated local counter fraud specialist (LCFS) who is responsible for the investigation of any allegations of fraud and corruption and for the delivery of a programme of proactive counter fraud work, as detailed in the annual work-plan approved by the audit and governance committee. Where fraud is established or improvements to systems or processes identified, the LCFS will recommend appropriate action to the trust.

The LCFS works closely with the human resources department when investigating cases involving members of staff and provides evidence to the trust's investigating officer for disciplinary matters.

Monitoring of the trust's counter fraud arrangements is undertaken by the audit and governance committee. The LCFS attended committee meetings to report progress against the agreed counter fraud work-plan and advise the outcome of any completed investigations or proactive exercises.

We have approved a fraud response plan which sets out these roles and responsibilities and the steps to be taken by the trust if fraud is suspected. All staff are required to report any suspicions of fraud or corruption that they may have either to the LCFS or the director of finance.

Since 2001 the LCFS has been provided by Secure (Fraud and Security Solutions) hosted by Dorset Healthcare University NHS Foundation Trust.

Over the last 12 years a number of cases have been successfully investigated at the trust, leading to the application of a range of disciplinary, professional and criminal sanctions and financial recovery where appropriate.

An assessment of the trust's counter fraud arrangements is undertaken as part of the NHS Protect quality assurance programme. The LCFS submits an annual assessment of the trust's compliance with the standards to NHS Protect. In 2013/14 the LCFS assessed the trust as being a low-risk organisation (green rating).

## A future strategy for IT

The informatics services for Poole Hospital joined with the Royal Bournemouth and Christchurch Hospitals (RBCH) service to form a single integrated informatics function for the two trusts in June 2013. Staff were transferred to the employment of RBCH and the consolidation of operational processes is underway.

The two trust boards signed off an informatics strategy in May 2013 with the following vision:

*RBCHFT and PHFT will make patient care safer and more efficient and improve the working lives of staff by using modern Informatics. The trusts will achieve paperless patient journeys by the development, purchase and implementation of linked clinical computer systems presenting all appropriate clinical information and functionality at the point of care, seamlessly integrated with primary care systems.*

And

*RBCH and PHFT will implement digital channels to help patients and carers feel more connected with the trusts, take less effort in their healthcare transactions, respond to their concerns and improve their control of their care options.*

In pursuit of this vision the following major clinical IT developments have been achieved in 2013/14:

- A new Digital Radiology Systems (RIS) which benefits from the latest in technical advances
- Installation of a new PACS system, including the migration of the PACS data off the national data centre
- New version of the Electronic Patient Record put into service
- Successful pilot of the new Digital Dictation system along with its voice recognition component
- Expansion of the Data Warehouse to assist the streamlining of clinical information provision and reporting
- Replacement of the Video Conferencing equipment in the DCC Seminar Room for improved MDT conferences.

## Estates round-up

During the past year the trust has invested a total of £13.2m and made commitments for further significant expenditure in 2014/15 to ensure that patient safety and services are protected and developed. The main estates schemes comprise:

### Refurbishment of maternity and neonatal intensive care services - £4m

The existing St Mary's maternity unit dates back to 1930. This building was extended in 1961 with the addition of the central delivery suite and neonatal intensive care unit, including the special care baby unit, and extended further in 1984 with the addition of a post-natal ward and antenatal clinic. The trust invested £700,000 in 2011/12 in the upgrade of its two maternity theatres in the central delivery suite, but further investment was required immediately to ensure the sustainable delivery of high quality and safe services until a new building can be achieved. For more details, see page 14.

### Aseptic suite refurbishment - £0.5m

The board approved a major refurbishment of the trust's aseptic suite in order to replace the air handling plant and provide a new unit that meets all current and proposed national standards. It also provides an APU of sufficiently high quality to allow full licensing by the Medicines and Healthcare Products Regulatory Agency ('MHRA') which provides other commercial opportunities. The unit now has sufficient capacity to meet the needs of both Poole and Bournemouth hospitals and it is likely that their work will transfer to the new unit during 2014.

### Endoscopy - £0.5m

A major redesign of endoscopy was agreed in 2013/14 to address deficiencies in the current department. The investment has provided:

- A separate and larger reception area to ensure greater privacy when patients arrive for their procedure, with a self-service check-in to improve patient flow in the reception area, and to avoid queues of patients at the reception desk
- The addition of separate female/male sub waiting areas and recovery areas
- Improved toilet facilities
- The establishment of additional interview rooms as an area for private discussion
- Automatic control doors to ensure that patient's confidentiality is maintained as well as privacy. This will ensure the department remains secure and also act as a means of infection control
- Improved furnishings.

### Estates maintenance and infrastructure - £1m

The trust has invested £1m in a range of engineering projects to improve the resilience of the hospital. The maintenance and improvement of our estate has included investment in water distribution systems to safeguard against legionella and other infections, a rolling programme of maintenance and refurbishment



*The £4m refurbishment of our maternity unit is due to be completed in May 2014*

of the hospital's lifts, replacement of the theatre chiller plant and removal of asbestos.

## Research and innovation

Poole Hospital is committed to research, development and innovation.

We strive to provide evidence-based care of the highest standard possible, and are committed to participating in clinical research. Clinical trials offer the best way to compare different approaches to preventing and treating illness and health problems. Health professionals, and by extension patients, need the evidence from trials to know which treatments work best.

At Poole, we were involved in 300 clinical research studies during 2013/14, and continued to promote the 'OK to ask' campaign, which is designed to ensure patients have the information and confidence to bring up clinical research with their care teams. To support this,

we developed a new area of our public website about clinical research, which contains contact details and guidance for patients interested in taking part in clinical studies.

We have also taken part in pioneering work with colleagues at Bournemouth University, including the development of an innovative epidural simulator, which you can read more about on page 17.

## Cost allocation and charging guidance

The trust can confirm with regard to the preparation of reference costing and other reported costs that it is compliant with the recent Monitor Approved Costing Guidance updated as at February 2014

*"I really enjoy meeting different people the most in this job"*

MANDY SYDENHAM  
SENIOR RADIOGRAPHER



# QUALITY REPORT

## PART 1 – Chief executive's statement

Within Poole Hospital, quality really is at the heart of everything we do, and as such, maintaining and improving the quality of patient care is the top priority for the board of directors. Every year, we include a quality report within the overall annual report of the organisation, in order to help our patients, members of the public and all our stakeholders understand how well Poole Hospital is meeting their expectations regarding high quality healthcare.

The quality report looks at how well Poole Hospital has performed against a number of key priorities relating to patient safety, clinical effectiveness and patient experience. Last year was a very challenging year, given all the uncertainty associated with the proposed merger with The Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust – a development which subsequently was unable to proceed. Nevertheless, despite this turbulent environment, we are delighted to confirm that 2013/14 was once again an excellent year for Poole Hospital in terms of achievement against its quality standards.

- We were particularly pleased to receive a very positive endorsement from patients reporting on their experience of care within the trust during the course of the year, in that patients told us that we had improved on our excellent performance of the previous year.
- We were encouraged that the Care Quality Commission (CQC) declared us fully compliant with all their standards following two unannounced inspections during May 2013 and January 2014.

The board of directors is particularly proud of the achievements of staff in maintaining the highest standards in the fundamentals of care – particularly in improving nutrition, preventing harm from falls and preventing infections. Further evidence of our commitment to patient safety was provided by the National Reporting and Learning Service which, in a recent publication, showed that staff at Poole Hospital are encouraged to report incidents posing a threat to patient safety. This in turn enables us to learn lessons and reduce risk. It was

also reassuring to note that over 80% of all reported incidents resulted in no harm to patients, compared with a national average of 69% for similar trusts.

It is testament to all our staff and their ongoing hard work that patients once again rated Poole Hospital the best acute hospital in Dorset. When the CQC spent three days on an unannounced inspection last May, they were unable to find a single patient, member of the public, relative or member of staff with a negative comment about the trust. We believe that this very positive outcome is due to an ongoing commitment across the organisation to the Poole Approach, which makes the delivery of truly patient-centred care “the norm” within our organisation, and encourages staff to reflect on their practice and continually seek to improve services. This positive culture - which is embedded across our organisation - is one to which many other organisations still aspire, and we know that it is one of the key contributing factors explaining how our services come to be so highly rated by patients.

Despite our excellent results, we are not at all complacent. We know that there are some areas within the hospital where services need to be improved, and even in those areas where we are already doing well, we want to do even better! Delivering these ambitions will be no mean feat in 2014/15 given the financial challenge that the hospital is facing and the very turbulent environment in which we must operate. However, the board of directors and all staff within the hospital really mean it when we say that quality comes first, and as such, we expect to continue to improve on the standards of care delivered to our patients over the coming year, as you will see from reading this report.

Finally, I should like to take this opportunity to thank all those who routinely provide feedback to us regarding the quality of our services – that is, individual patients and their families, external partners and stakeholders, Healthwatch, members of the public, and representatives of voluntary organisations. This feedback is really important to us, as we seek to assess how well we are doing in meeting the needs of our patients and developing plans to bring about further improvements. Therefore, an important development for the hospital in 2014/15 will be to further strengthen the way in which feedback is obtained, analysed and acted upon by the organisation.

As chief executive, I am very proud of all our achievements, and would like to take this opportunity to pass on my thanks to all staff for their ongoing commitment, care, dedication and high standards. It is the high calibre of our staff that results in the delivery of such great services.

To the best of my knowledge, the information contained within this report is accurate, and I hope that you enjoy reading about all the progress that has been made to date, and our plans to improve things further.



**DEBBIE FLEMING**  
Chief executive

## PART 2 – Priorities for improvement

### 1. OVERVIEW

Improving the quality of care is at the centre of everything we do at Poole Hospital. The desire to drive up quality standards is clearly articulated in the Poole Approach, our unique philosophy of care, which states that we will provide ‘friendly professional, patient-centred care with dignity and respect for all’.

During 2013-2014, we made good progress against four out of five of our key quality improvement measures. We fully achieved what we set out to achieve in last year’s quality report in two key areas – care of people with dementia and preventing venous thromboembolism – and partially achieved our target regarding day theatre rates. We fully achieved the target relating to emergency department waits from April to December but missed the target for the final quarter at the end of March. We did not achieve the improvement target to increase the number of patients placed in the specialist area they require and reduce the number of patients outlying in other wards (right patient, right place, right time), principally because of the pressures on hospital admissions throughout the winter. Details of what we have achieved and of where we did not achieve what we planned can be found later in this report.

Alongside these quality improvement measures, there has also been an improvement against key measures relating to the fundamentals of care – in particular, preventing harm from patient falls and preventing hospital-acquired infections. The trust has been particularly successful in managing patients presenting with diarrhoea and vomiting (norovirus), in spite of plenty of cases of the illness in the community. Clinical staff worked really hard to achieve this significant improvement over the position last year. The trust reported two cases of MRSA against an annual target of zero, but cases of *c. difficile* (*c-diff*) were very low – 10 cases against a challenging target of 19 – and the overall picture on infection prevention is very positive, with most *c-diff* cases unavoidable.

We improved waiting times for our patients by meeting the 18-week target for referral to admission ahead of the agreed target date, maintaining it throughout the year. While this is an important quality improvement for our patients, we do recognise that there is more work to be done, especially in getting people who have broken bones to theatre as speedily as possible.

The trust maintained its registration as a healthcare provider with the Care Quality Commission. Throughout 2013-2014 the trust has been registered, without conditions, to provide:

- nursing care
- accommodation for persons who require nursing or personal care
- diagnostic and screening procedures
- treatment of disease, disorder and injury
- surgical procedures
- maternity and midwifery care
- personal care
- termination of pregnancies
- management of supply of blood and blood derived products

- assessment or medical treatment for persons detained under the Mental Health Act
- family planning.

The Care Quality Commission has risk assessed the trust through its Quality Risk Profile in the first half of the year for quality and safety and these assessments show a consistent pattern of achievement against patient safety and quality outcomes. In October the CQC published its first Intelligent Monitoring Report and the trust received a banding of Band 5 (Band 1 very high risk to Band 6 very low risk). The trust rating for the second CQC Intelligent Monitoring Report published in March 2014 was Band 4. This slight increase in risk rating was partly due to high rates of elective caesarean section rates, and a full report and details of the trusts ongoing audit results have been provided to the CQC in response. Feedback in the 2013 National Maternity Survey concerning patients being left alone when worried also contributed, and a detailed action plan is in place to address this.

The Care Quality Commission undertook unannounced inspections of the trust in May 2013 and January 2014. The trust was pleased to have the Care Quality Commission confirm full compliance with all the standards for acute hospitals in the last inspection following work undertaken after the May inspection.

Topics covered by the CQC inspections were;

- Consent to care and treatment
- Care and welfare of people who use the services
- Assessing the quality of service provision
- Safety, availability and suitability of equipment
- Staffing.

The trust was criticised during the year for the percentage of staff trust-wide who remained non-compliant with the higher levels of safeguarding training. The trust has taken action in this area and achieved the targets set during the year. The focus on improvement in this area will continue.



## 2. QUALITY IMPROVEMENTS IN 2013-2014

The trust set out five quality improvements for 2013-2014 in its quality report for 2012-2013. These key targets were identified in close consultation with governors and staff. The trust has worked hard to achieve these improvements with success. In summary the areas we set to improve quality improvement areas were:

### **1 Care of people with dementia**

The trust is committed to improving the care of patients who have a diagnosis of dementia. Improvements have been made to ward environments and the training of staff. A 'Carers' pack has been introduced to provide carers of people with Dementia with information and support. The next step in this journey is to ensure that patients have a dementia assessment on admission.

### **2 Increase the right patient in the right place at the right time**

Increasing the number of patients placed in the specialist area they require and reducing the number of patients outlying in other wards.

### **3 Venous Thrombo Embolism (VTE)**

Increasing the percentage of patients who have a VTE assessment on admission so that those patients who are at risk can receive appropriate care and treatment.

### **4 Accident and emergency**

Increasing the percentage of people who are seen and treated within four hours in the emergency department of Poole Hospital in 2013-2014.

### **5 Use of day theatres**

Increasing the use of day theatres to maximise patient benefit and throughput

The detail of our progress on our quality improvements in 2013-2014 is set out overleaf:

## 2.1 Care of people with dementia

We set ourselves the target of: 90% of eligible patients to receive dementia screening on admission.

The trust appointed additional staff to join the dementia team in November 2013 and subsequently the percentage of patients screened on admission has risen from 52% to 98% in January and February and 99% in March.

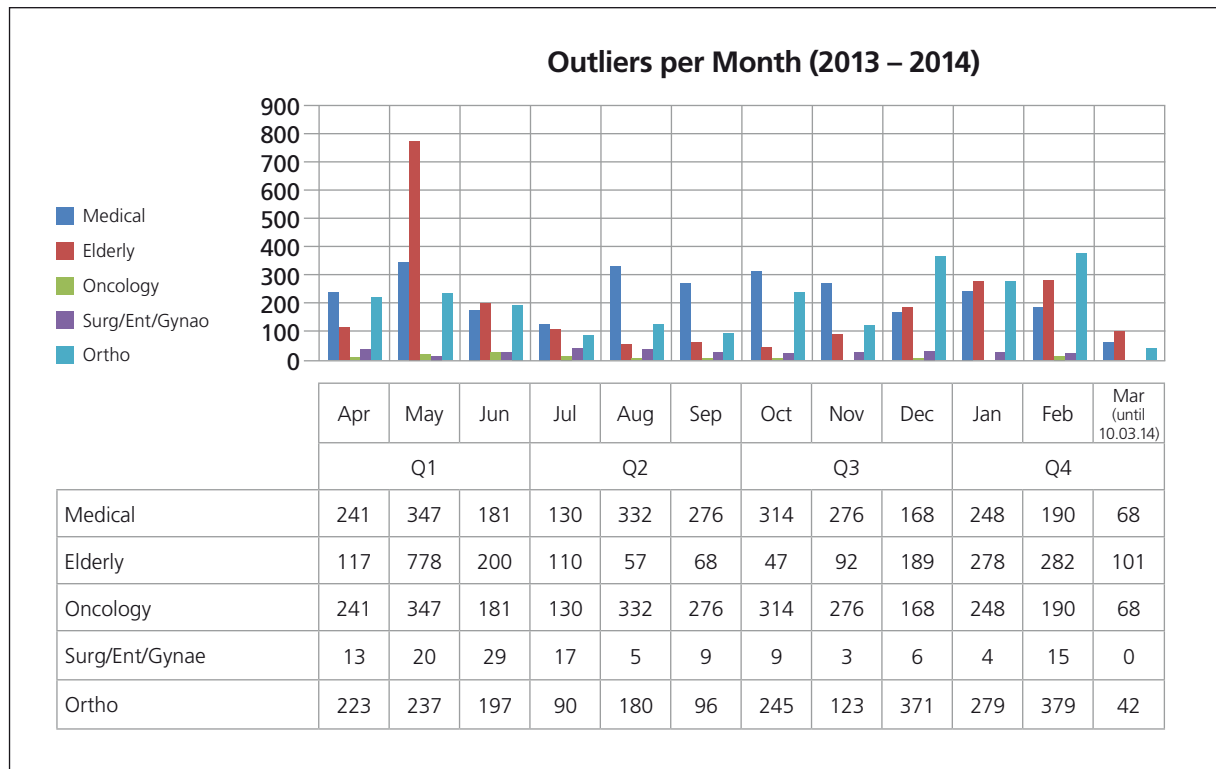
The trust achieved 99% at year end. This represents a significant improvement throughout the year and reflects the excellent work of the newly recruited dementia team in post since November 2013 and a further band 5 post is currently being recruited to further support and develop this important work alongside our patients and carers in 2014-15.

### Improvement target achieved

## 2.2 Increase the right patient in the right place at the right time

We set ourselves the target of seeking to place patients in a ward whose specialty matches their medical diagnosis. This ensures that the right expertise is more readily available and that patients do not have to move so often from one area to another. Table 1 below shows the number of patients per day outlying in a ward outside their specialty;

TABLE 1



The table shows that the trust has not achieved this target in May despite its best endeavours. The aim was to improve month on month by reducing the number of outlying patients. In May the two bank holidays often cause capacity reduction in beds outside the hospital but this situation improved during the summer months.

Average bed occupancy at the end of March remained high at 98%, this is above the trust’s internally set target of 95%. This quality improvement standard will be carried forward into 2013-14 quality report. As part of this ongoing work the data collection and analysis system is to be reviewed to enable effective auditing of right patient right place.

**Improvement target not achieved** - progress on this target was hindered by a very busy winter where bed occupancy levels were very high.

### 2.3 Venous Thrombo Embolism (VTE)

We set ourselves a target of at least 95% of patients have a VTE risk assessment on admission. The trust has consistently met this target during each quarter during the year with an average per quarter of 96%, reaching 97% in March 2014.

### VTE Risk Assessment Audit Results Apr 2013 – March 2014

TABLE 2

Month	No. Inpatients Audited	No. Risk Assessments Completed	No. Day Case Patients Audited	No. Risk Assessments Completed	No. Maternity Inpatients Audited	No. Risk Assessments Completed	Total Percentage of Completed Risk Assessment
April	1371	1260	509	509			94.1%
May	1416	1325	564	564			95.4%
June	1273	1190	478	478	431	425	95.9%
July	1473	1385	624	624	424	417	96.2%
August	1461	1373	518	518	454	442	95.9%
September	1399	1343	561	561	399	394	97.4%
October	1448	1394	572	572	444	430	97.2%
November	1395	1332	528	528	386	396	96.9%
December	1425	1355	504	504	408	395	96.4%
January	1399	1325	538	538	386	375	96.3%
February	1048	976	420	410	378	375	95.4%
March	1207	1159	517	514	419	412	97.3%
<b>April</b>	<b>1345</b>	<b>1304</b>	<b>529</b>	<b>523</b>	<b>424</b>	<b>417</b>	<b>97.7%</b>

**Improvement target achieved**

## 2.4 Accident and emergency

We set ourselves the target of increasing the percentage of people who are seen and treated within four hours in the emergency department in order to further reduce waiting times for patients.

**Improvement target achieved in quarters 1, 2 and 3 but not achieved in quarter 4** - the quarter 4 performance achieved 94% which falls short of the 95% minimum target.

Achieving the target in quarter 4 on a daily basis was a challenge for a number of reasons including patient flow, lack of bed capacity due to delayed transfers of care and acuity of patients. In order to make further improvements in this area, the following have been put in place: review of medical staffing and rotas to provide maximum cover across the 24 hour period, recruitment of more medical staff to ensure continuity and quality, including two new consultants who took up post in April 2014, and implementation of an ED task and finish group chaired by the medical director.

## 2.5 Use of day theatres

We set ourselves the target of 80% day theatre utilization.

**Improvement target partially achieved** – At the end of March 2014 the percentage reached was 79%. This represents a sustained improvement but was below the target of 80%.

### 3. QUALITY IMPROVEMENTS FOR THIS COMING YEAR 2014-2015

The board of directors considers issues relating to patient care and safety, quality and clinical performance in detail at the meetings of its quality, safety and performance committee and during the public part of every monthly board meeting. In reviewing patient care, patient safety, clinical effectiveness and patient experience the board has targeted five key areas for improvement in this year (April 2014-March 2015). In selecting the areas for this year's quality improvements, the board has sought the views of patients, the public and staff through the council of governors. The council of governors has a task group to advise the trust on which areas should be targets for quality improvements in 2014-2015. In consultation with the council of governors, the board has deliberately continued to target one area from the improvement targets in 2013-2014 to seek improvements in areas where the trust did not succeed in the past year. Quality improvement remains a top priority for the board of directors.

The areas for improvement in 2014-2015 are:

#### 3.1 The Poole Approach – culture and care

The Poole Approach pledges that the trust will strive to provide 'friendly, professional, patient-centred care with dignity and respect for all'.

This unique philosophy of care continues to be a focus for the new executive team as the trust develops its strategies and quality plans for the coming year following the prohibition of the planned merger with RBCH and the recent appointment of three new executive directors and a new chief executive.

This work will continue to build on the successful Golden Rules programme and will involve further education, audit and monitoring to ensure staff trust-wide continue to embrace the culture and care ethos through the Golden Rules and the Poole Approach.

#### 3.2 Right patient right place/bed occupancy/patient moves

Increase the number of the right patients in the right bed, unnecessary patient moves and reduce the overall bed occupancy rates, working closely with partner agencies to improve discharge planning and reduce our delays.

#### 3.3 Clinical staffing

The trust will formalise outcomes from the most recent detailed Nursing and Midwifery establishment review undertaken in the autumn of 2013. This is particularly important in response to the findings of the Francis Report 2013 and CQC Hard Truths 2013 new board reporting requirements. This staffing review will enable the trust to identify both the changing needs of patients and the changing nature of the workforce to ensure that patients are cared for by appropriately qualified and experienced staff in safe environments.

### 3.4 Seeking patients' views – Friends and Family Test

Increasing the number of opportunities for patients to provide feedback and comments on the services, care and treatment that they receive remains a key target for the coming year. This will involve increasing the patient response rate to the Friends and Family Test (FFT) across the trust, including the introduction of FFT for outpatients during 2014, responding to patient feedback, and increasing the number of patients who are 'extremely likely' to recommend Poole Hospital to friends and family.

### 3.5 Mandatory training

Increase the trust-wide compliance against mandatory (essential) training requirements within the year to support the ongoing delivery of high quality care for our patients. This will involve a review of all mandatory training including a review of training availability and capacity, as well as further developments in the successful e-learning packages already available to staff.

## 4. QUALITY IMPROVEMENTS FOR 2014-2015 IN DETAIL

### 4.1 PRIORITY 1 – The Poole Approach – culture and care

#### 4.1.1 Description of the Issue

The trust must continue to maintain and build on the Poole Approach and the Golden Rules throughout the challenging months ahead.

#### 4.1.2 Aim

To ensure our patients and relatives continue to receive high quality, consistent care and treatment, with dignity and respect, in line with the Poole Approach and the Golden Rules.

#### 4.1.3 Current position

The trust is experiencing a great deal of change in response to the ongoing financial challenges. The new executive directors will be in post by April 2014. The trust then needs to review and develop services for patients into the future that both protect and enhance the Poole approach.

#### 4.1.4 Actions to deliver this improvement

1. Ensure the ethos of the Poole Approach is continually refreshed and referred to in training events and key trust documents and reports
2. Further develop our Golden Rules in partnership with patients and help community colleagues to embrace this approach
3. Ensure effective staff engagement across the trust that enables any changes to value and reflect on the Poole Approach and Golden Rules.

#### 4.1.5 Measurement, monitoring and reporting

Monitoring will include Friends and Family Test reports, patient and staff survey results reported to the board of directors.

**Board sponsor:** Chief executive

**Implementation leads:** Head of communications, assistant director of nursing- governance, clinical directors and matrons, general managers and heads of service.

### 4.2 PRIORITY 2 – Right patient, right place, right time including bed occupancy

#### 4.2.1 Description of Issue

The trust continues to experience a high level of bed occupancy and a high number of outlying patients.

#### 4.2.2 Aim

To increase the number of the right patients in the right place and reduce the bed occupancy figures, ensuring that the right patient is in the right place at the right time.

#### 4.2.3 Current position

Bed occupancy is consistently running at 98% and Outliers range from between 20 and 30 patients a day.

#### 4.2.4 Actions to deliver this improvement

1. Bed meeting and supporting information is currently being reviewed. The right patient in the right place will be factored into bed demand to enable firm plans to be put into place to ensure patients are cared for in the right specialty.
2. Specialty bed capacity and demand study to determine correct footprint.
3. Agree a planned implementation for 'winter pressure' beds.
4. Continue to review and improve discharge planning.
5. Continue to work with our partner organisations with regard to delayed discharges and admission avoidance.

#### 4.2.5 Measurement, monitoring and reporting

The latest available data will be reported on a monthly basis as part of the integrated performance report, scrutinised by the quality, safety and performance committee and reported to the board of directors.

**Board Sponsor:** Chief operating officer

**Implementation leads:** Head of performance, matrons, general managers and clinical directors

### 4.3 PRIORITY 3 – Clinical staffing

To undertake a more detailed piece of work following the Nursing and Midwifery Establishment Review undertaken in November 2013 in line with RCN guidelines and taking into account the subsequent findings and recommendations of the NICE guidance (July 2014) and to support the recommendations of the CQC 'Hard Truths' report March 2014.

#### 4.3.1 Description of Issue

Nursing and Midwifery establishments need to be reviewed regularly to identify both the changing needs of patients and the changing nature of the workforce; patients have a right to be cared for by appropriately qualified and experienced staff in safe environments.

#### 4.3.2 Aim

To ensure staffing levels are in accordance with nationally agreed parameters.

#### 4.3.3 Current Position

An establishment review was completed in November 2013 and was submitted to the board in February 2014. Further work needs to be completed with a further report to the board in May 2014.

#### 4.3.4 Actions to deliver this improvement

1. Director of nursing to review the work to date on commencing post in April 2014
2. Review and revise the reporting process to support the national Hard Truths board reporting requirements
3. Agree a phased introduction of supervisory status for ward sisters/charge nurses

#### 4.3.5 Measurement, monitoring and reporting

The latest available data will be reported to the board in May 2014. The implications of the NICE guidance to be assessed in due course.

**Board sponsor:** Director of Nursing

**Implementation leads:** Assistant director of nursing, matrons and ward managers



## 4.4 PRIORITY 4 – Seeking patients views – Friends and Family Test

### 4.4.1 Description of Issue

The trust currently participates in the national patients surveys and the Friends and Family Test (FFT) for inpatients, ED, and maternity

During 2014/15 the FFT will extend to outpatients and staff.

### 4.4.2 Aim

To increase the feedback from patients in line with national requirements and above where possible by implementing the FFT for outpatients.

### 4.4.3 Current position

The trust achieved an FFT response rate of 25.2% at the end of March. This is above the national target of 20% by the end of March 2014.

Patients reported to be 'extremely likely' to recommend the hospital to a family member reached a consistent 80% (range 69% (June 13) – 84% (Jan 14) at the end of March 2014. The annual reported performance per the Monitor guidance is 76. The FFT response rate in the emergency department has significantly improved since the introduction of a text/telephone call back service in mid-March

### 4.4.4 Actions to deliver this Improvement

1. Identify electronic systems to support the introduction of FFT in outpatients
2. Implement the actions identified from the National Inpatient and Maternity Surveys 2103

### 4.4.5 Measurement, monitoring and reporting

Performance data will be recorded for patients and reported on a monthly basis as part of the integrated performance report to the board of directors and scrutinised by the quality, safety and performance committee.

**Board sponsor:** Director of nursing

**Implementation leads:** Head of patient experience, clinical director, matron, general manager and ward managers

## 4.5 PRIORITY 5 – Mandatory training

### 4.5.1 Description of Issue

Mandatory (essential) training compliance falls short of the required level in some areas. Overall trust-wide compliance figures sit at 76% with the highest scoring element at 88% for child protection level 1 and the lowest of 64% for blood transfusion training.

### 4.5.2 Aim

In order to ensure the delivery of high quality care to our patients it is essential that the Trust has in place a training programme that supports all staff to undertake their individual roles.

Ensuring the appropriate staff attend the mandatory (essential) training that supports their roles requires an increase in the percentage compliance with an aim to achieve higher than the required level within the year.

### 4.5.3 Current position

Overall mandatory training compliance as at March 2014 stands at 76%.

### 4.5.5 Actions to deliver this improvement

1. Monitoring figures should be included within the monthly integrated performance reports
2. Ensure that there is compliance with the policy for those who do not attend
3. Monitoring should be included with education group meetings and workforce committee

### 4.5.6 Measurement, monitoring and reporting

Compliance against the mandatory training requirements will continue to be monitored via the monthly performance review processes and monthly contract reports to the Dorset Clinical Commissioning Group. This monitoring will also be reported via the trust's education group.

**Board sponsor:** Medical director

**Implementation leads:** Associate director of education, clinical directors, general managers and matrons

## 4.6 Other quality improvements

Although this report identifies five key improvement targets for the trust, there are over 50 other areas in which the trust has set quality targets with the aim of improving the care and treatment that patients will receive. All of these targets are monitored on a monthly basis.

## 5. 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.

### 5.1 Provision of clinical services

- During 2013-2014, 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 2013-2014 represents 100 per cent of the total income generated from the provision of these services.

### 5.2 Clinical audits and national confidential enquiries

The following report provides information on national and local clinical audits. 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 & Enquiries (NAGCAE). Where a national audit is not approved by the National Advisory Group on Clinical Audit & 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.

#### 5.2.1 Participation in clinical audits and national confidential enquiries

The following report provides information on national and local clinical audits.

- During 2013/14, 31 national clinical audits covered NHS services that Poole Hospital provides.
- During that period Poole Hospital participated in 97% of the national clinical audits which it was eligible to participate in.
- The national clinical audits that Poole Hospital was eligible to participate in during 2013/14 are as follows:

<b>Eligible and participated</b>	
1	Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)
2	Adult Critical Care (ICNARC CMP)
3	Bowel cancer (NBOCAP)
4	Cardiac Arrest (NCAA)
5	Cardiac Arrhythmia (HRM)
6	Chronic Obstructive Pulmonary Disease (COPD)
7	Diabetes (Adult) (ANDA)
8	Diabetes (Paediatric) (PNDA)
9	Elective surgery (National PROMs Programme)
10	Emergency use of oxygen (BTS)
11	Epilepsy 12 (Childhood Epilepsy)
12	FFFAP – National Hip fracture database (NHFD)
13	Head and neck oncology (DAHNO)
14	Heart failure (HF)
15	Inflammatory bowel disease (IBD)
16	Lung cancer (NLCA)
17	Moderate or severe asthma in children (CEM)
18	National audit of seizure management (NASH2)
19	National Diabetes Inpatient Audit (NADIA)
20	National Emergency Laparotomy Audit (NELA)
21	National Joint Registry (NJR)
22	Neonatal intensive and special care (NNAP)
23	Oesophago-gastric cancer (NOGCA)
24	Paediatric asthma (BTS)
25	Paracetamol overdose (CEM)
26	Patient information and consent (Blood and Transplant)
27	Sentinel Stroke National Audit Programme (SSNAP)
28	Severe sepsis and septic shock (CEM)
29	Trauma (TARN)
30	Use of Anti-D
<b>Eligible and did not participate</b>	
31	Rheumatoid and early inflammatory arthritis

The national clinical audits that Poole Hospital participated in, and for which data collection was completed during 2013/14, 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 2013/14	% 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, anything appropriate for MINAP is submitted via Royal Bournemouth Hospital.
2	Adult community acquired pneumonia (BTS)	Yes	100%	
3	Adult Critical Care (ICNARC CMP)	Yes		Not appropriate to calculate case ascertainment rates due to the nature of the project.
4	Bowel cancer (NBOCAP)	Yes		Awaiting national report to confirm formal case ascertainment rate.
5	Cardiac Arrest (NCAA)	Yes		Not appropriate to calculate case ascertainment rates due to the nature of the project.
6	Cardiac Arrhythmia (HRM)	Yes		Awaiting national report to confirm formal case ascertainment rate.
7	Chronic Obstructive Pulmonary Disease (COPD)	No		Deadline for data submission is 31 <sup>st</sup> May 2014.
8	Diabetes (Adult) (ANDA)	Yes		Awaiting national report to confirm formal case ascertainment rate.
9	Diabetes (Paediatric) (PNDA)	Yes		Awaiting national report to confirm formal case ascertainment rate.
10	Elective surgery (National PROMs Programme)	Yes		Awaiting national report to confirm formal case ascertainment rate.
11	Emergency use of oxygen (BTS)	Yes	7 wards	The minimum cohort for this project was 1 ward.
12	Epilepsy 12 (Childhood Epilepsy)	No		Deadline date for data submission is 12 <sup>th</sup> May 2014.
13	FFFAP – National Hip fracture database (NHFD)	Yes	95.6%	
14	Head and neck oncology (DAHNO)	Yes		Awaiting national report to confirm formal case ascertainment rate.
15	Heart failure (HF)	Yes	88%	Calculation of case ascertainment rate is estimated against HES data. 271 cases submitted of the estimated 308 HES cases.
16	Inflammatory bowel disease (IBD)	Yes		Awaiting national report to confirm formal case ascertainment rate.
17	Lung cancer (NLCA)	Yes	99%	
18	Moderate or severe asthma in children (CEM)	Yes	100%	
19	National audit of seizure management (NASH2)	Yes	77%	23 of the required 30 cases were submitted.
20	National Diabetes Inpatient Audit (NADIA)	Yes		No denominator figure available to be able to calculate % case ascertainment. Data for 58 cases was submitted.
21	National Emergency Laparotomy Audit (NELA)	No		Data submission started 7 <sup>th</sup> January 2014. Submission deadline date for 1 <sup>st</sup> annual report to be confirmed.

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22	National Joint Registry (NJR)	Yes	47%	47% reported based on HES/ PEDW data. TAC Team has robust data collecting / reporting systems in place therefore true case ascertainment rate is thought to be significantly higher.
23	Neonatal intensive and special care (NNAP)	Yes	Awaiting national report to confirm formal case ascertainment rate.	
24	Non-invasive ventilation (BTS)	Yes	100%	
25	Oesophago-gastric cancer (NOGCA)	Yes	Awaiting national report to confirm formal case ascertainment rate.	
26	Paediatric asthma (BTS)	Yes	100%	
27	Paracetamol overdose (CEM)	Yes	100%	
28	Patient information and consent (Blood and Transplant)	No	Deadline date for data submission is 19 <sup>th</sup> May 2014.	
29	Sentinel Stroke National Audit Programme (SSNAP)	Yes	Awaiting national report to confirm formal case ascertainment rate.	
30	Severe sepsis and septic shock (CEM)	Yes	100%	
31	Trauma (TARN)	Yes	Awaiting national report to confirm formal case ascertainment rate.	
32	Use of Anti-D	Yes	Awaiting national report to confirm formal case ascertainment rate.	

The reports of 28 national clinical audits were reviewed by the provider in 2013/14 and Poole Hospital intends to take the following actions to improve the quality of healthcare provided.

## National clinical audits reviewed in 2013/14 and local action plans

No	Title	Actions being taken
1	National British Thoracic Society (BTS) Adult Asthma Audit (1st September 2012 to 31st October 2012)	<ol style="list-style-type: none"> <li>1. To present the audit findings at a departmental meeting</li> <li>2. To discuss with management ways to increase available nurse time</li> </ol>
2	National Audit of Bronchiectasis (1st October 2012 to 30th November 2012)	<ol style="list-style-type: none"> <li>1. To present the audit findings at departmental meeting</li> <li>2. Await institution of plans to increase physiotherapy time</li> </ol>
3	National Audit of Dementia - Spring 2012 (1st September 2011 to 29th February 2012)	<ol style="list-style-type: none"> <li>1. To development a trust-wide continence assessment tool</li> <li>2. To implement the 'This is me' initiative</li> <li>3. To improve documentation of discharge planning utilising the discharge support tool</li> <li>4. To develop a visual marker which will signify cognitive impairment (encompassing delirium and dementia).</li> </ol>
4	National Cardiac Rhythm Management UK Clinical Audit (1st January 2011 to 31st December 2011)	<ol style="list-style-type: none"> <li>1. To appoint an Arrhythmia and Heart Failure Nurse</li> <li>2. Out of hours urgent pacing to go to RBH</li> <li>3. To increase consultant cardiology numbers</li> </ol>
5	National British Thoracic Society (BTS) Paediatric Asthma Audit (1st November 2012 to 30th November 2012)	<ol style="list-style-type: none"> <li>1. To update the asthma hospital guidelines when the updated BTS national guidelines are published (Due 2013)</li> </ol>
6	National British Thoracic Society (BTS) Paediatric Pneumonia (1st November 2012 to 31st January 2013)	No local action plan required.
7	National Diabetes Inpatient Audit (NADIA) - September 2012	<ol style="list-style-type: none"> <li>1. To consider diabetes management sheet for all in-patients with diabetes</li> <li>2. To produce guidelines on referral to inpatient diabetes nurse specialist</li> <li>3. To pilot care planning on one ward to see how it can work</li> </ol>
8	National Audit of Non Invasive Ventilation (Adults) (1st February 2013 to 31st March 2013)	<ol style="list-style-type: none"> <li>1. To present results to a Clinical Governance meeting</li> <li>2. To participate in the 2013 round of the BTS Oxygen audit and to act against the results as required</li> </ol>
9	National Audit of Adult Community Acquired Pneumonia (1st December 2012 to 31st January 2013)	<ol style="list-style-type: none"> <li>1. To present the audit findings at a Clinical Governance meeting with review of microbiology guidelines</li> <li>2. To undertake a case analysis of patients who died of pneumonia</li> </ol>
10	Re-audit Fractured Neck of Femur - College of Emergency Medicine (CEM) 1st August 2012 to 30th November 2012	<ol style="list-style-type: none"> <li>1. Development of Emergency Nurse Practitioner's (ENPs) leading on patients with fractured hip</li> <li>2. To train ENPs and doctors for Fascia Iliaca Nerve Blocks</li> <li>3. To implement a new fractured hip proforma with emphasis on pain assessment and management</li> </ol>

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11	National Re-audit of Feverish Children (CEM) College of Emergency Medicine - 1st August 2012 to 30th November 2012	No local action plan required.
12	National Paediatric Diabetes Audit (NPDA) - (1st September 2010 to 31st August 2011)	No local action plan required.
13	Intensive Care National Audit and Research Centre (ICNARC): Case Mix Programme (1st April 2011 to 31st March 2012)	No local action plan required.
14	ICNARC: National Cardiac Arrest Audit (NCAA) (1st April 2012 to 31st March 2013)	1. PEWS adherence and compliance is on the risk register. To continue to train all groups. Recognition that an electronic system would improve the compliance. 2. DNAR form completion is below 100%. To continue to audit this area.
15	National Elective Surgery Patient Reported Outcome Measures (PROMs) (1st April 2010 to 31st March 2011)	No local action plan required.
16	National Bowel Cancer Audit: 2013 Annual Report (1st April 2011 to 31st March 2012)	1. To change method of documentation to meet requirements of national audit data collection.
17	National Head and Neck Cancer Audit (DAHNO): 8th Annual Report (1st November 2011 to 31st October 2012)	No local action plan required.
18	British Thoracic Society (BTS) Emergency Oxygen Audit (15th August 2013 to 1st November 2013)	1. To try and identify centres of excellence and learn from them 2. To discuss the audit results with the oxygen steering group 3. Continue use of current measures 4. To present the audit results at a respiratory departmental meeting
19	Myocardial Infarction National Audit Project (MINAP) (1st April 2012 to 31st March 2013)	No local action plan required.
20	National Diabetes Audit (NDA) - Adults (1st September 2011 to 31st August 2012)	No local action plan required.
21	TARN Severe Trauma (1st April 2012 to 31st March 2013)	1. To ensure that data from 1st January 2013 is added to the TARN database as a priority and then kept updated 2. To ensure that data for 2012 is added to the TARN database, working backwards from December 2012. 3. To employ a band 3, to take on the day to day data input for TARN 4. To develop a formal reporting programme for TARN
22	National Comparative Audit of the Medical Use of Blood (1st September 2011 - 30th November 2011)	1. To ensure reason for transfusion is documented in the notes. The patient should be consented and given the option of alternatives to transfusion if indicated
23	National Comparative Audit of the Labelling of Blood Samples for Transfusion (1st May 2012 to 31 July 2012)	No local action plan required.
24	National Joint Registry (NJR): 10th Annual Report (1st January 2012 to 31st December 2012)	1. To discuss with Consultant Orthopaedic Surgeons the new requirement to submit data to the NJR for applicable shoulder cases.

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25	The National Hip Fracture Database: National Report 2013 (1st April 2012 to 31st March 2013)	<p>1. To develop a 'good news' piece for publication in the local news publicising Poole's good performance within the NHFD, with particular reference to the mortality rate.</p> <p>2. Within the DME Orthogeriatric service review meeting to raise compliance against standard 1 "All patients with hip fracture should be admitted to an acute orthopaedic ward within 4 hours of presentation" and to agree if this warrants any further action.</p> <p>3. To undertake a local re analysis of the data pertaining to standard 1 "All patients with hip fracture should be admitted to an acute orthopaedic ward within 4 hours of presentation" in order to determine the rates individual elements (inpatient admission within 4 hours, admission to an orthopaedic ward) contribute to the overall level of non-compliance.</p>
26	National Lung Cancer Audit: 2013 Annual Report (1st January 2012 to 31st December 2012)	No local action plan required.
27	Parkinson's UK: National Parkinson's Audit (1st July 2012 to 30th November 2012)	No local action plan required.
28	National Elective Surgery Patient Reported Outcome Measures (PROMs) (1st April 2011 to 31st March 2012)	<p>1. Fluctuation in response rates / returns to be addressed: within substantive staff by heightening awareness and importance of PROMS.</p> <p>2. Fluctuation in response rates / returns to be addressed by: asking patients at varying stages of their pathway to ensure forms are completed and returned.</p> <p>3. To discuss PROMS at CG meetings to ensure clinicians are also encouraging returns.</p>

**National clinical audit reports currently being reviewed by the local clinical teams**

No.	Title
1	National Audit of Seizure Management in Hospitals 2 (from 1st January 2013)
2	National Neonatal Audit Programme (NNAP) (1st January 2012 to 31st December 2012)
3	National Diabetes Inpatient Audit (NADIA) - 16/09/13 to 20/09/13

The reports of 152 local clinical audits were reviewed by the provider in 2013/14.

Of the 152 local clinical audits reviewed, 30 identified that change in practice was not required due to good performance.

Of the remaining 122, Poole Hospital has undertaken actions to improve the quality of healthcare provided. The following are a number of examples:

**5.2.2 Develop new and improve existing patient information**

- Discharge planning leaflet updated incorporating feedback from patient user groups.

**5.2.3 Improve the education and training of new as well as existing staff**

- Training undertaken at Bath Hospital for staff on information requirements for female anal cancer patients undergoing radiotherapy.
- Established induction programme to ensure training for junior medical staff and nursing staff regarding need for timely analgesia.
- Weekly training established for the acute medical team to improve awareness of importance to treat patients with neutropenic sepsis within the required time frame.
- Ongoing education programme in place for ANT nurses (link nurses in nutrition and tissue viability) to provide skills to enable them to educate ward staff regarding the Malnutrition Universal Screening Tool (MUST).
- Education sessions for ward staff to facilitate accurate fluid balance monitoring.
- Education sessions for critical care staff to enable improved sepsis surveillance / sepsis screening.
- Training programme is in place to enable correct use of the Poole Early Warning System in order to promptly identify and manage acutely unwell / deteriorating patients.
- Education sessions delivered on warming intravenous fluids for intraoperative use.
- Educational program has been delivered to non-medical theatre staff in order to raise awareness of the 'Stop before you block' campaign.
- Acute pain management training provided to staff on the children's unit.
- Fetal fibronectin (fFN) testing education provided to junior medical staff.
- Education on expected standards of medical record keeping now included as part of the gynaecology medical staff induction.
- New training system in place to ensure midwives have contemporary training for the use of aromatherapy in labour and birth.
- Teaching sessions undertaken with junior doctors on the appropriate volumes for blood cultures in children.
- Provision of training to the physiotherapy team on pressure ulcer management which will be repeated as a regular training session.
- Training posters have been made available on the local intranet concerning the correct assembly technique for sharps boxes.

#### **5.2.4 Develop new and update existing local policy and guidance documents**

- A new acute urinary retention (AUR) pathway has been approved and included in the junior doctor’s handbook.
- A sedation EEG protocol has been developed to improve documentation of consent and sedation method and improve efficiency of sedation to EEG recording.
- A nasogastric tube (NGT) insertion policy has been introduced, in accordance with NPSA guidelines and DoH – Saving Lives – High Impact Interventions (HII).
- Critical care unit guidelines have been updated on the routine post-operative management of patients who have undergone Oral Maxillofacial free flap surgery.
- Local guidelines have been updated for patients that have undergone Oral Maxillofacial free flap surgery, so that nasogastric feeding is now started from 8am the day after surgery unless specific contraindications have been documented.
- Updates made to the local policy document for the management of diabetes in pregnancy.
- Updates made to the local protocol for the formal assessment of oesophageal mobility following nasogastric tube insertion.
- Local policy on the use of midazolam has been reviewed and updated.

#### **5.2.5 Develop new and improve existing local proforma / charts / forms**

- Red stickers introduced for the drug chart to prompt compliance with the expected standards for oxygen.
- Hyperparathyroid checklist used for all patients with primary hyperparathyroidism.
- Introduction of a new analgesia sticker for the drug charts used for patients admitted with a fractured neck of femur, which does not include NSAIDs as standard medication.
- A PDF version of the critical care discharge document is now emailed to the general practitioners for patients admitted to the critical care unit.
- Development and introduction of a new care pathway for patients undergoing laparotomy.
- New proforma designed to enable improved follow-up of obstetric patients post anaesthetic procedure.

- Introduction of a new SNAP form in the emergency department to facilitate improved documentation of analgesia and monitoring of pain relief in patients presenting with suspected hip fractures.
- Introduction of a new admission sheet on the children's ward.
- Updates made to the shoulder dystocia proforma and updated proforma now to be used for all cases of shoulder dystocias.
- The prescription record for blood transfusions has been updated to include more detailed indications. In addition, a consent 'crib sheet' has been introduced to aid the process of consenting patients for blood transfusion.
- Updates made to the local discharge planning tool.
- Tools to support and enable local sharps risk assessments have been created.

#### **5.2.6 Updates to local clinical working practice**

- New fracture liaison nurse specialist service in emergency department established which will run alongside the fracture follow up clinic.
- Arrhythmia and heart failure nurse appointed.
- Increase in the number of physiotherapy sessions to support non-CF bronchiectasis
- End of life care trust facilitator appointed to ensure implementation of AMBER (assessment, management, best practice, engagement when recovery is uncertain).
- Monthly data collection for enteral feeding (saving lives high impact intervention) care bundle introduced and undertaken by all ward leads.
- New process in place whereby the cooling process, post cardiac arrest, is now started in the emergency department for patients initially presenting to the emergency department.
- New intravascular cooling devices have been purchased which allows the induction of moderate hypothermia fast, reliably and accurately for patients admitted to critical care post cardiac arrest.
- Weighing scales provided to all wards to enable wards to meet requirements for accurate fluid balance monitoring.
- A new order set has been designed on the computerised clinical information system on the critical care unit which automatically populates the patient's drug chart with the correct standard prescription for patients admitted to who have undergone Oral Maxillofacial free flap surgery. The doctor completing the admission is required to verify that there are no contraindications to this standard order set. The new

order set also includes reminders for the nursing staff regarding flap observations and other routine care needs relevant to this patient set.

- New process established whereby the recovery area act as the final exit point check for the completion of venous thromboembolism (VTE) risk assessment in surgical patients.
- Introduction of a new trust-wide approach to fluid balance monitoring, which will standardised this clinical process hopefully leading to improved completion of the charts together with improved recognition of oliguria.
- Establishment of a specific long-term clinic for the continued follow-up of paediatric oncology patients.
- Introduction of 'green bags' within the emergency department for patients to store any of their own medication in, that they may bring in to the hospital with them. It is hoped that this will facilitate the patient's retaining their own medication on transfer / discharge from the emergency department.
- Appointment of discharge co-ordinators to support discharge planning on all medical wards.
- Appointment of a band 3 healthcare assistant within the tissue viability team to assist in more collaborative working with the therapy team.
- Establishment of a new bed store area to support the storage of clean mattresses.
- New longer sharp's bins have been introduced in theatres.

### 5.3 Clinical research 2013-2014

Poole Hospital encourages all staff to get involved in research as part of a commitment to continuous improvement. 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.

The following report provides information on participation in clinical research, the 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.

The number of patients receiving NHS services provided or sub-contracted by Poole Hospital in 2013/14 that were recruited during that period to participate in research approved by a research ethics committee was 1396 (non-commercial, commercial and educational studies).

Poole Hospital was involved in conducting 300 clinical research studies during 2013/14 in the following specialties:

- Age and ageing
- Maternity
- Anaesthetics
- Medicines for children
- Blood
- Mental Health
- Cancer: brain; breast; colorectal; gynaecology; head and neck; lung; lymphoma; melanoma; renal; upper GI; urology; paediatrics; haematology; thyroid
- Musculoskeletal
- Neurology
- Occupational therapy
- Orthopaedics
- Cardiovascular
- Paediatrics
- Critical care
- Physiotherapy
- Dermatology
- Radiology
- Diabetes
- Reproductive Health
- Emergency Medicine
- Respiratory
- ENT
- Rheumatology
- Gastroenterology
- Stroke
- Health Service Research
- Surgery
- Hepatology

There were 17 whole time equivalent (WTE) clinical staff participating in research approved by a research ethics committee at Poole Hospital during 2013/14. These staff participated in research covering 28 medical specialties.

#### 5.4 Goals agreed with commissioners

A proportion of Poole Hospital NHS Foundation Trust's income in 2013-2014 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 2013-2014 this was equivalent to £4 million, which was paid to the trust in full as part of the contractual arrangements. The value of CQUIN in the contract with Dorset CCG for 14/15 is £4.4 million. There is also a CQUIN value for the contract with Wessex Area Team for specialised services which has yet to be agreed.

Further details of the agreed CQUIN goals and outcomes for 2013-2014 and for the following twelve month period (2014-2015- contract value £4.4 million) are available on request from:

Director of nursing,

Poole Hospital NHS Foundation Trust,  
Longfleet Road,  
Poole,  
Dorset, BH15 2JB

#### 5.5 Registration with the Care Quality Commission

- Poole Hospital NHS Foundation Trust is required to register with the Care Quality Commission
- The trust is registered unconditionally with the Care Quality Commission from 1 April 2010.
- The Care Quality Commission has not taken any enforcement action against Poole Hospital NHS Foundation Trust during 2013-2014.
- Poole Hospital NHS Foundation Trust has not participated in any special reviews or investigations by the CQC in the reporting period.
- The trust had an unannounced inspection by the CQC in May 2013. Five outcome areas were considered and the trust was found to be compliant in four areas and the CQC found a further area where the trust was not meeting an element (implementing learning and actions from some incidents) of the standard which they said had a minor impact on patients. Following the implementation of a detailed action plan the trust was re-inspected in January 2014 and the CQC found that the trust had completed all the identified actions and was now fully compliant.

## 5.6 Data quality text

- Poole Hospital NHS Foundation Trust submitted records during 2013-14 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 2014.
- The percentage of records submitted which included the patient's valid NHS number was (national averages are shown in brackets):
  - 99.5% (99.1%) for admitted care
  - 99.8% (99.3%) for outpatient care
  - 96.2% (95.8%) for accident and emergency care
- The percentage of records submitted data which included the patient's General Practitioner practice code was:
  - 100% (99.9%) for admitted care
  - 99.9% (99.7%) for outpatient care
  - 99.9% (99.1%) for accident and emergency care
- Poole Hospital NHS Foundation Trust's Information Governance Assessment Report for 2013-14 showed the trust compliance as achieving 37%, this follows an in-depth evidence based review of trust compliance against all the information governance standards. It is anticipated that compliance against these standards will significantly increase over the coming year to the required level.
- Poole Hospital NHS Foundation Trust will be taking action in the areas of equipment support and the security of mobile devices to improve data quality through compliance with IG Toolkit Action Plan to obtain level 3 in all criteria.
- Poole Hospital NHS Foundation Trust has not been subject to a full Payment by Results data assurance framework (clinical coding) audit this year as quality is regarded as high given the results of previous audits. 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% (98.6%) for primary diagnosis
  - 100% (99.8%) for primary procedure

Notes regarding section 5.6

Note 5 - These results should not be extrapolated further than the actual sample audited.

Note 6 - All services have been reviewed within the sample.

Note 7 - Data quality is subject to regular audits and any identified actions to improve data quality will be taken by the Trust



## PART 3 – Review of quality performance

### 6. WHAT OUR PATIENTS AND THE PUBLIC SAID

The trust participated in three national surveys during the course of the year – the National Inpatient Survey, the National Maternity Survey and the National Cancer Survey.

- The **National Inpatient Survey** sought the views of 850 inpatients of the trust in the autumn of 2013, 420 patients responded. Results (which were published in April 2014) indicated a strong overall performance.

Patients rated the hospital as ‘better performing’ in several important areas, including quality of food, help with eating, information given about care and treatment and consideration of pain control.

In all other areas the hospital ranked ‘about the same’ as other trusts, with the exception of the use of single sex bathroom facilities – work is underway to make improvements in this area.

The **National Cancer Survey** was published in August 2013:

93% of patients in the latest National Cancer Patient Experience Survey rated their care at PHT as ‘excellent’/‘very good’. This places Poole in the top 20% of trusts in the country for the second year in succession.

The **National Maternity Survey** results were published in December 2013:

For the overwhelming majority of questions asked, mums said they found the quality of Poole Hospital’s maternity services satisfactory when compared with those provided by other trusts. We were very encouraged to see that mums rated highly the importance our midwives place on skin-to-skin contact between mum and baby shortly after birth, and underlines our commitment to attaining UNICEF’s Baby Friendly unit status.

The report also notes that some mums reported that they felt left on their own by staff, giving rise to worry. We work hard to promote a calming and relaxed environment, and know that staffing levels meet the levels recommended for our maternity service. Recent changes in practice allow our midwives to spend even more time in the same room as new mums, so we will be looking at how we may be able to better arrange our staffing to ensure our midwives and doctors are there to reassure mums when they’re needed.

### 7. PERFORMANCE AGAINST SELECTED MEASURES

- The trust has selected a number of measures to indicate the progress made during 2013-2014 in three key areas: patient safety, clinical effectiveness and patient experience. The reported areas have remained the same as in the last three 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 & Dignity) or locally collected data presented to the board of directors. In the final column of each table the data source is identified.

## 7.1 Patient safety

MEASURE	2013-2014	2012-2013	2011-2012	2010-2011	2009-2010	Data Source
Hospital acquired MRSA bacteraemia	2	4	1	4	0	National
Hospital acquired pressure ulcer Grade 3 or Grade 4	4	12	4	7	16	Local
Patient falls from bed or trolley (Note 8)	7	15	28	18	46	Local

The number of MRSA bacteraemias was disappointing but within the tolerance limit of the foundation trust regulator. Of the two cases both were potentially avoidable, full investigations were recorded and actions were taken resulted in review of practices and shared learning across the trust. Acquired pressure sores reflect the increasing sickness of admitted patients and it is worth noting that there were no grade 4 acquired pressure ulcers. Falls from bed or trolley has considerably improved.

## 7.2 Clinical effectiveness

MEASURE	2013-2014	2012-2013	2011-2012	2010-2011	2009-2010	Data Source
Hospital mortality rate (figure in brackets is expected levels) (Note 9)	90.8% (100%)	92.1% (100%)	75.6% (100%)	108.2% (100%)	101.6% (100%)	National
Cancelled operations not readmitted within 28 days	0%	0%	0%	0%	0%	National
Stroke high risk patients treated in 24 hours (45% target)	63% (average)  Achieved in 8/12 mths	43%	80%	80%	85%	National

Note 9: Expected figure derived from Dr Foster data and is standardised for a number of factors. Reporting from 2013-14 is by relative risk compared to national figures rather than the actual rate. The rate is the latest available for 2013/14 which is April 2013 - February 2014

Mortality rates continue below national averages which is positive. There is work to be done in rapid treatment of patients with the diagnosis of stroke.

### 7.3 Patient experience

MEASURE	2013-2014	2011-2012	2010-2011	2009-2010	Data Source
Overall patient satisfaction rated excellent or very good	82%	83%	81%	81%	National
Patient led assessment of the care environment (PLACE) Inspection Report 2013	Cleanliness; 96%	Excellent (environment)	Excellent (environment)	Excellent (environment)	National
	Food; 87%	Good (food)	Good (food)	Excellent (food)	
	Condition, appearance and maintenance 93%	Excellent (privacy & dignity)	Excellent (privacy & dignity)	Excellent (privacy & dignity)	
Patient rating of privacy and dignity (inpatient)  (Note 9)	91%	92%	84%	84%	National

Patients’ rating of privacy and dignity has significantly improved.

## 8. 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

2014 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.

## National target performances

	Target Description	2013-2014	2012-2013	2011-2012	2010-2011	Target Figure (2013-2014)
8.1.1	Care Quality Commission Standards/Regulated Activities	<b>16/16</b>	16/16	16/16	16/16 (regulated activities)	16
8.1.2	Clostridium Difficile Infections	<b>10</b>	27 (5 samples on 2 patients)	24	42	25
8.1.3	MRSA bacteraemias (bloodstream infections)	<b>2</b>	4	1	4	1
8.1.4	Maximum 31 day cancer first treatments	<b>99.4%</b>	100%	100%	100%	96%
8.1.5	Maximum 62 day cancer treatments (note 12 month average)	<b>88.4%</b>	88%	90%	94%	85%
8.1.6	18 week maximum wait (admitted patients)	<b>95%</b>	98%	93%	95%	90%
8.1.7	18 week maximum wait (non-admitted patients)	<b>96%</b>	97%	97%	98%	95%
8.1.8	Less than 4 hour wait in A&E	<b>94%</b>	95%	96%	99%	95%
8.1.9	31 days to subsequent treatment for all cancers	<b>Surgery 97.9%</b>  <b>Anti-cancer 99.9%</b>  <b>Radiotherapy 98.5%</b>	100%	99%	95%	94%
8.1.10	62 days urgent referral to treatment for all cancers	<b>95.2%</b>	100%	90%	94%	90%
8.1.11	Thrombolysis within 60 minutes	<b>44 %*</b>	65%	36%	-	68%
8.1.13	Cancer two week wait all cancers	<b>95.7%</b>	97%	96%	97%	93%
8.1.14	Cancer two week wait breast cancer	<b>93.9%</b>	94%	100%	100%	93%

\*this is due to unforeseen reduction in consultant resource resulting in a reduction in the hours available to support this service.

Note 12: A bacteraemia is defined as a positive blood sample test for MRSA on a patient (during the period under review). Reports of MRSA cases include all MRSA positive blood cultures detected in the laboratories, whether clinically significant or not, whether treated or not

The indicator excludes specimens taken on the day of admission or on the day following the day of admission. Specimens from admitted patients where an admission date has not been recorded, or where it cannot be determined if the patient was admitted, are also attributed to the trust. Positive results on the same patient more than 14 days apart are reported as separate episodes, irrespective of the number of specimens taken in the intervening period, or where they were taken.

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](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.

## 8.2 Performance against Nationally Prescribed Indicators

PREScribed INDICATOR	PHT POSITION 2013/2014	COMPARISON WITH OTHER TRUSTS 2013/14	NATIONAL AVERAGE 2012/2013	PHT POSITION 2012/2013	COMPARISON WITH OTHER TRUSTS
<b>1. Summary hospital level mortality indicator (SHM1)</b>	Data not yet available for 13/14	Data not yet available for 13/14	1.00	0.91	Better than average Highest 1.21 Lowest 0.76
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>2. Percentage of patient deaths with palliative care coded at either diagnosis or specialty level</b>	38.4%	Highest 44.2% Lowest 4.9%	N/A	24.4%	Highest 41.9% Lowest 7.9%
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					
<b>3. Patient reported outcome score for groin hernia surgery</b>	76.39%	N/A Highest 95% Lowest 69%	N/A	81.5%	N/A Highest 94% Lowest 65%
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					
<b>4. Percentage of patients readmitted to hospital within 28 days of being discharged</b>		N/A	N/A		N/A
<b>4.1 0 to 14 years old</b>	11.1%			10.4%	
<b>4.2 15 years old and over</b>	10.1%			10.5%	
<b>4.3 Total</b>	10.4%			10.5%	
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					

continued...

continued...

<b>5. Percentage of staff who would recommend the trust as a provider of care to their family or friends</b>	74%	National average for acute trusts 64%	71%	66%	About the same as average Highest N/A Lowest N/A
Poole Hospital NHS Foundation Trust considers that this data is as described because the question is doubled barrelled and asks about both staff and patients.					
Poole Hospital NHS Foundation Trust will be asking both staff and already selected patients about whether they recommend the trust as part of the Friends and Family test.					
<b>6. Percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism</b>	97.3%	N/A	N/A	94%	N/A
Poole Hospital NHS Foundation Trust considers that this data is as described because of the good work being undertaken by clinical staff.					
Poole Hospital NHS Foundation Trust will continue the work on improving VTE assessment that it already undertakes					
<b>7. Rate per 100,000 bed days of cases of c.difficile infection amongst patients aged 2 or over</b>	16.3	Significantly better than others Highest 50.9 Lowest 7.2	N/A	N/A Highest N/A Lowest N/A	N/A
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.Diff cross contamination in either year.					
Poole Hospital NHS Foundation Trust will continue the work on improving infection prevention that it already undertakes.					
<b>8. Number of patient safety incidents</b>	<b>3,722</b>	N/A	N/A	4,062	N/A
<b>Percentage rate of patient safety incidents per 100 admissions</b>	<b>10.8%</b>	Highest 10.47% Lowest	N/A	11.05%	Highest 14.44% Lowest 3.11%
<b>Percentage rate of severe harm or death</b>	<b>0.4%</b>	Highest 1.9% Lowest 0.0%	0.9%	0.2%	Highest 3.6% Lowest 0.1%
Poole Hospital NHS Foundation Trust considers that this data is as described because of the open reporting culture and 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.					
Poole Hospital NHS Foundation Trust will continue to promote and support an open reporting culture in the trust					

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. The figure for incident reports to the NRLS for 2013-2014 reporting period (March – Sept 2014) is 3,722. Of these 10 were rated severe this is a reduction on the previous period by 11.

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.

## 9. OTHER QUALITY IMPROVEMENTS

During 2013-2014 Poole Hospital NHS Foundation Trust made progress on improving the quality of patients care in a number of ways, including:

### 9.1 Ward refurbishment

The trust's ward refurbishment programme has continued through the year with the completion of the refurbishment of the Forest Holme Hospice, and the remodelling of the endoscopy unit to improve patient's privacy and dignity including single sex waiting areas.

### 9.2 Maternity and neonatal unit upgrade

Maternity and Neonatal units are undergoing a significant upgrade programme including the low-risk Haven Birthing Suite which reopened in March 2014. The neonatal unit is due to reopen in May 2014 after a major refurbishment and development project.

### 9.3 Nutrition

The trust is very conscious of national reports concerning issues around mealtimes for patients and the potential for people to become malnourished. We have seen a number of initiatives during the year to help improve the



nutrition of patients in the trust. The mealtime companion scheme has continued through the year, and new finger food menu has been implemented to help patients manage food and encourage them to eat.

#### 9.4 Privacy and dignity for older people

To improve the privacy and dignity of older people in the trust's medicine for the elderly wards, we completed an upgrade programme that has reduced the number of beds in each bay and created an en-suite facility in each bay. Patients can now use toilet and washing facilities in their bay without the need to venture across the ward's main corridor. The en-suites are suitable for people with limited mobility and are readily accessible.

#### 9.5 Patient discharge

There have also been improvements to the quality and safety of patients discharge. Foremost amongst this has been the ground breaking assisted discharge scheme where the trust has worked in partnership with the Red Cross. Vulnerable people are now accompanied home with someone there to make sure they are safe and provided for at home.

#### 9.6 Trust and individual staff recognition

During 2013-2014 across the trust a number of members of have been recognised as leaders in their fields through national awards and award nominations. The awards have ranged from national nursing awards, to research awards and innovation awards. This continues a proud tradition of the trust being recognised nationally for its high quality care and staff.

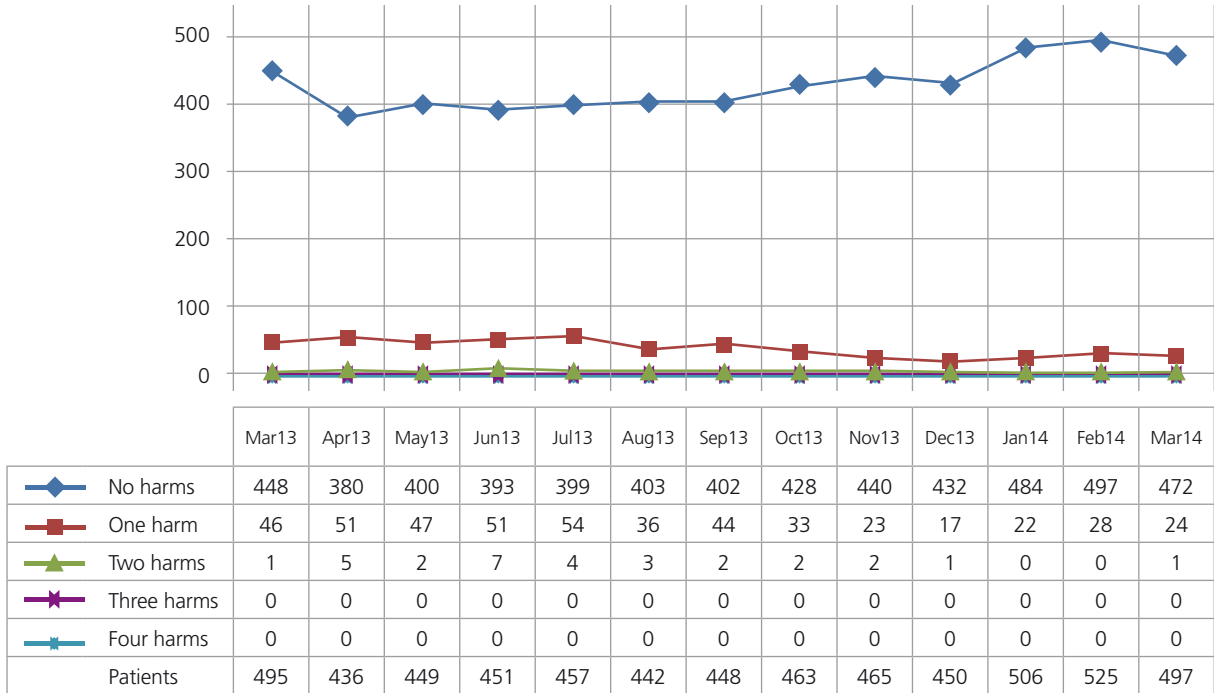
#### 9.7 Keeping patients and staff safe

The trust implemented the National Harm Free Care (Patient Safety Thermometer audit) in November 2012, and this has been administered and reported in accordance with national guidelines since then, thus achieving 100% compliance with CQUIN requirements. This monthly snapshot audit monitors four categories of patient 'harms': pressure ulcers (inherited prior to admission and acquired after admission to hospital), patient falls, catheter-associated infections and venous thrombo-emboli (pre- and post- admission). Audit results are uploaded monthly to a national database and can be viewed via the NHS Observatory, open to other healthcare professionals and general public alike. Results are also reported internally via shared drive folders open to matrons and ward leaders, with a view to guiding and informing quality improvement work at ward level.

The proportion of patients deemed within the terms of the audit to have experienced no new 'harms' during their in-patient stay has never been below 93% and has been consistently at or above 95% since July 2013, as shown in the following graph. The number of patients audited each month varies according to bed occupancy, but always comprises 100% of eligible patients. Data collection and collation in the trust has been observed and endorsed by a representative of the CCG, who has expressed confidence in our robust validation and verification processes.

**Harm Free: Patients with Harm Free Care**

POOLE HOSPITAL NHS FOUNDATION TRUST, All wards, All settings, All services, All ages, All sexes



In conjunction with the Patient Safety Thermometer audit, the trust has also implemented a monthly Ward Watch audit. This has replaced the previously-used Essence of Care audit, and monitors a broad range of facets of patient care including safety assessments, equipment provision, documentation and aspects of comfort, privacy and dignity. In addition to the core questions, it includes a variable 'Hot Topic' question which changes monthly in response to any patient-centred issue identified and suggested by staff members. The Ward Watch audit provides a means for senior staff to measure and monitor the quality of care experienced by patients in all wards. Specialised Ward Watch questions have been developed for maternity and theatres, as it is acknowledged that different clinical areas pose different risks and challenges for patients and staff.

**9.8 Golden Rules**

At Poole Hospital we are justly proud of the service we provide, but there is always room for improvement. The Golden Rules and associated Human Touch awareness campaign is a revitalisation of the Poole Approach, to ensure that trust staff do not lose sight of our primary purpose – safe, high-quality care of patients. Report after report (Care Quality Commission, Ombudsman’s report, Francis enquiry) has shown that the NHS is not always giving patients and their families the care and support they deserve. The Golden Rules is our response to these concerns - our aim is to promote the ideals of dignity, privacy and respect for all patients. We recognise this is not just an issue for nursing staff. The campaign applies to all members of staff; clinical and non-clinical, including the chief executive and medical director. The trust will continue as part of its ongoing quality improvement processes to focus on the Poole Approach and Golden Rules.

## 9.9 Improvements in cancer care

Patients continue to rate Poole Hospital's cancer care highly - 93% of patients in the latest National Cancer Patient Experience Survey rated their care as 'excellent'/'very good'. This places Poole in the top 20% of trusts in the country, for the second year in succession. The trust remains committed to improving services further. The various cancer multi-disciplinary teams have reviewed the survey results together with the detailed patient comments received, and appropriate actions have been identified. The 2014 survey is currently underway with results anticipated in summer 2014.

## 10. INVOLVEMENT IN QUALITY

This quality report will be presented for approval to the board of directors of Poole Hospital NHS Foundation Trust at their May 2014 meeting. At each meeting the board of directors receives a comprehensive scorecard containing 45 indicators related to the quality of patients' clinical care. The board also considers matters related to care and safety as the first part of its meeting agenda. One part of this consideration is the report of the in-depth work on quality, safety and patient experience carried out by the quality, safety and performance committee, chaired by the vice chairman.

The quality, safety and performance committee has invited clinical staff from throughout the trust to present their work and the challenges they face at committee meetings.

Members of the board and, on a regular basis, the quality, safety and performance committee have undertaken visits to clinical and non-clinical areas of the trust to see and hear at first-hand what patients and the public experience. The board members recognise that these visits do not take place as often as needed and a formalised programme of ward and departmental visits by the executive directors is planned for 2014-15.

The board of directors has approved the areas for quality improvement identified in this quality report following detailed discussion at the quality, safety and performance committee and the council of governors.

Supporting the board of directors are clinical staff throughout the trust who are involved in discussions, planning and action around quality improvements.

Care Quality Commission inspectors, commissioners, members of overview and scrutiny committees 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.

During the year a number of face-to-face meetings have been held with patients and relatives about their issues with care and treatment. These meetings have helped answer questions and provided the trust with understanding of how it might improve care and treatment in the future.

Discussions have also taken place with patients and the public concerning quality improvements. Of particular importance has been the work done in conjunction with HealthWatch (previously LINks) in a variety of areas. As a result improvements in services to patients have been made in areas such as maternity and patient discharge. Input into approaches to care and to quality have also been sought and given from NHS commissioners, local authorities and various patient groups.

A proposed merger of Poole Hospital NHS Foundation Trust with the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust was prohibited by the Competitions Commission in October 2013.

## 11. 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
- Dorset County Council, Overview and Scrutiny Committee
- Health Watch Dorset

The following comments have been made:

### 11.1 Dorset Clinical Commissioning Group

*"NHS Dorset Clinical Commissioning Group is pleased to comment on the Quality Accounts for Poole Hospital NHS Foundation Trust.*

*From reviewing the Quality Accounts and from the ongoing monitoring of the trust throughout 2013/14, the CCG has seen a number of improvements in the provision of care, evidenced within the quality account. These improvements have included the increase in Dementia screening rates and the CCG is pleased to note the Trust's intention to expand this screening process across the organisation. The rate of people who are risk assessed to prevent venous thromboembolism is above the expected standard and has been at this high level for the majority of 2013/14, which is a significant achievement.*

*The CCG recognises the areas that have presented challenges during 2013/14 in relation to bed moves and waiting times in Emergency Department and support the Trust intentions to continue to focus on these areas to improve in 2014/15.*

*During the year the CCG asked the Trust to increase the levels of Safeguarding training as reflected in the Quality Account. The Trust responded promptly to this enquiry and has put in place additional training sessions which have led to many more members of clinical staff trained to safeguard vulnerable adults and children. The improvement is to the extent that they have met and exceeded the improvement trajectory they set themselves.*

*The CCG has not been actively engaged in the development of the Quality Improvement Priorities the Trust has set for 2014/15 but is in support of these. In particular the CCG recognises the importance the Trust places on the “Poole Approach” and is in support of this featuring as a key priority area for 2014/15. The CCG is also pleased to note the emphasis in 2014/15 on staffing issues, both in relation to staff training and ensuring safe staffing levels across the organisation.*

*Finally the CCG acknowledge that 2013/14 was a challenging year for the organisation in terms of the proposed merger and a significant change in the Executive team, despite this the Trust have remained focussed on ensuring that quality, safety and openness is a priority within the organisation. The CCG looks forward to working with Poole Hospital NHS Foundation Trust over the coming year.”*

## **11.2 Borough of Poole, Overview and Scrutiny Committee**

*Health and Social Care Overview and Scrutiny Committee (HSCOSC) response to Poole Hospital NHS Foundation Trust’s Quality Account 2013/14*

*Members of Borough of Poole’s Health and Social Care Overview and Scrutiny Committee would like to thank Poole Hospital NHS Foundation Trust for the opportunity to comment on the comprehensive account of the achievements and areas for improvement detailed in the Quality Report for 2013/14. The Report gives a good account of how Poole Hospital is meeting our citizens’ expectations for high quality healthcare, now and in the future.*

*The HSCOSC are impressed to learn of the Trust’s achievements against quality standards despite the “distractions” faced regarding proposals for pursuing a merger with Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust which subsequently proved unsuccessful.*

*Members are very encouraged that once again patients have rated Poole Hospital the best acute Hospital in Dorset. This was reinforced by two unannounced CQC inspections in the year, both of which had very positive outcomes, demonstrating that Poole Hospital is banded is a lower risk hospital and meeting full compliance with all CQC standards inspected.*

*We commend the Trust in achieving the majority of what it had planned regarding improving performance around 5 of its key quality improvement measures:*

*a) care of people with dementia: through improving the ward environment, staff training, improving dementia screening on admission, and efforts to improve dementia screening during the later months of the financial year*

*b) whilst the aim of increasing the number of patients being in the appropriate ward at the right time, was again not met this year, the HSCOSC are pleased to see that this will be taken forward as a priority for next year; we are keen to receive detailed information of the plans in place to meet the aim.*

c) increasing the percentage to 95% of patients who had a Venous Thrombo Embolism assessment on admission: we are pleased to note that this has successfully been achieved

d) increasing the percentage to 95% of people seen and treated within 4 hours in the Emergency Department, the HSCOSC note that this dipped in Quarter 4 but are encouraged to note that the hospital are reviewing and recruiting extra medical staff to address this

e) increasing the use of day theatres to 80% was almost achieved

Moving forward for the coming year we are pleased to note that the Poole Approach to providing 'friendly, professional, patient-centred care with dignity and respect for all' continues to be a focus endorsed by the new executive team and that work will continue to build on the Golden Rules programme through education, audit and monitoring.

We are also pleased to note that increasing the number of patients being in the appropriate ward at the right time is again a priority. As noted earlier the HSCOSC would appreciate a mid-year update from the Trust on progress made in this area and also more detailed information of the measures taken.

We are heartened that the Trust is reviewing clinical staffing in response to the Francis Report and Hard Truths 2013 as a further priority. Again the HSCOSC would welcome a mid-year update with more detailed information about how the Trust plan to undertake this piece of work including any progress made.

It is encouraging that the Trust have also prioritised extending how it collects patient feedback by planning to roll out the Friends and Family Test to both the outpatients department and staff. The HSCOSC will be interested to understand what the feedback tells the Trust and any learning or changes made as a result of this feedback.

It is good that the Trust is addressing mandatory training as its final priority area and members feel this must link with a review of clinical staff. Patients need the reassurance that the care they receive is being delivered by competent and well-trained staff, so again we would like to see a mid-year update to assure the HSCOSC that the Trust is meeting its obligations in ensuring mandatory training is delivered.

In other areas we are pleased that you have listened to patients and revised the Trust's discharge leaflet accordingly based on feedback received from them. We are also pleased to see that you have improved patient recording mechanisms in a number of different areas. We also note that you have recruited specialist staff in areas you have identified through the Trust's performance measures as needing further resource to improve your service delivery and performance.

Regarding patient satisfaction, it is good to see that you have maintained your performance from last year as well as maintaining the self-reported measure of privacy and dignity. We note and commend you on your

*exemplary cancer care services with 93% of patients rating their care as ‘excellent’/‘very good,’ placing Poole in the top 20% of trusts in the country for a second year in a row.*

*The HSCOSC would like to thank you once again for the opportunity to comment on a particularly comprehensive, informative, well set out and interesting Quality Report. We look forward to receiving an update on progress midway through the year.*

### **11.3 Borough of Bournemouth, Overview and Scrutiny Committee**

No comments received

### **11.4 Dorset County Council Health Scrutiny Committee**

*The Dorset Committee does not usually comment on Poole’s Account, concentrating instead on those belonging to Dorset County Hospital and Dorset HealthCare Trust. (Comment received from Dorset County Council)*

### **11.5 Healthwatch Dorset**

*Commentary on Poole Hospital NHS Foundation Trust*

*Quality Report 2013-2014*

*Healthwatch Dorset welcomes the opportunity to comment on the quality of services provided by Poole Hospital NHS Foundation Trust.*

*In terms of the targets the Trust set itself for 2013-14, we commend it for having achieved those targets in respect of two of the identified five improvement areas – care of people with dementia and Venous Thrombo Embolism assessments – and for very nearly having achieved the targets in respect of Accident & Emergency and the use of day theatres. The remaining target, in respect of increasing “the right patient in the right place at the right time” was not met. We welcome the fact that this is being taken forward as a priority for the coming year and we look forward to seeing improvements.*

*We welcome the fact that the Trust has chosen as two of its five improvement areas for the coming year “the Poole approach” (which focuses on patient-centred care and continuous service improvement) and “seeking patients’ views”. In terms of the latter, the priority is focusing on increasing feedback from patients through the Friends and Family Test (FFT), which asks people how likely they would be to recommend the hospital to their family and friends. While acknowledging that the Trust is required to implement the FFT, it is our view that as a way of gauging and responding to patient feedback it is a very blunt instrument. The FFT is only one of a number of ways in which the Trust collects patient feedback and we would welcome the opportunity to work with the Trust in the coming year to ensure that their priority of “seeking patients’ views” is pursued not only through the FFT but also by building on a number of other different and complementary methods.*

*The Quality Report includes sections on “what patients and the public have said” and “patient experience”, outlining information from national data sets. In future Quality Reports we would welcome a dedicated section about how the Trust learns from concerns and complaints that people have raised, and an account of improvements that have been made as a result of learning from complaints. The Trust should be aiming to increase the number of complaints received, for complaints are “gold dust” in the sense that they are one of the best ways of understanding the true quality of services and driving forward improvements.*

*Healthwatch Dorset is one of around 150 local Healthwatch organisations that were established throughout England in 2013. The dual role of local Healthwatch is to champion the rights of users of health and social care services and to hold the system to account for how well it engages with the public. We collect feedback on services through our attendance at community events and our contact with community groups; through the 10 Citizens Advice Bureaux in our area; through our comment cards and feedback forms which people send to us in the post; online, including through our web site and social media; and from callers to our telephone helpline.*

*Of the comments we have recorded about the Trust in the period covered by this Quality Report, 35% are positive, 46% are negative and 19% are mixed. The topics on which people have commented include quality of treatment, staff attitudes and waiting times.*

*The positive feedback we hold covers a number of specific services and topics with no particular obvious standout trends, with comments such as “Poole hospital gave me back my quality of life after having a stroke”, “staff were caring and efficient when I had cancer treatment”, “the back pain clinics at Poole are great”, “I had to have some rather unpleasant treatment in Gastroenterology but the consultant, nurse and staff were excellent” and one patient advising that the self-check-in for an outpatient clinic “worked really well and I was in and out so quick”.*

*In terms of negative comments, we have received a number of comments about Accident & Emergency services with comments such as “A&E staff attitudes to mental health patients need to change – we don’t self-harm for fun” and “I had to attend A&E for a knee injury. I felt like I was on a conveyor belt with no real care”.*

*There is some concern about self-medicating whilst in hospital especially for patients with Parkinson’s disease. Patients need to be assessed on an individual level and where possible allowed to continue self-medicating.*

*Communication and access to information is also an issue with patients reporting that they are not informed about their condition or medication, or left waiting for scans/x-rays/treatments/visits from staff such as consultants or occupational therapists, with no updates or explanations when things don’t happen. One patient commented “if someone had just spent 5 minutes talking to me it would have prevented so much worry”. Communication and sharing of patient details between services/wards and even hospitals still seems to be a concern.*



*There is still concern over discharge planning with some patients reporting being discharged on, for example, a Saturday afternoon with no care plan and nothing prepared at home. One comments states “the eagerness to send people home as soon as possible is chilling and worrying”.*

*As it states in its Quality Report, the Trust is rightly proud of its “Poole approach”. Nevertheless, it acknowledges itself that there is no cause for complacency. That is borne out by the feedback we have noted above.*

*We look forward to working with the Trust in the coming year as their “critical friend”, supporting them in their stated aim of achieving “friendly, professional, patient-centred care with dignity and respect for all”.*

## **12. INVOLVEMENT OF COUNCIL OF GOVERNORS**

The quality report was also provided to the council of governors of Poole Hospital NHS Foundation Trust for their comments.

### **12.1 Council of Governors feedback**

*We thank you for the opportunity to comment on the Trust’s Quality Report setting out what the Trust seeks to achieve and reflecting on what has actually been achieved: it does not shy away from some areas where improvements could be made.*

*The Council of Governors have read this very comprehensive report and feel reassured where action is necessary it is being taken and are therefore happy to endorse this quality report.*

# ANNEX 1 to QUALITY REPORT 2013-2014

## 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.

Monitor 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 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:

1) the content of the quality report meets the requirements set out in the NHS

Foundation Trust Annual Reporting Manual 2013-2014;

2) 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 2013 to March 2014
- Papers relating to quality reported to the Board/Board sub-committee over the period April 2013 to March 2014
- Feedback from the commissioners dated; 20 May 2014
- Feedback from governors dated; 21 May 2014 date
- Feedback from Heath Watch dated; 16 May 2014
- The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 22/07/2013
- The national patient survey autumn 2013
- The national staff survey autumn 2013
- The head of internal audit's annual opinion over the trust's control environment dated; 28<sup>th</sup> April 2014
- CQC quality and risk profiles dated; April, June, July and August 2013
- CQC Intelligence monitoring (replaced the risk profiles) dated; October 2013 and March 2014

3) the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered;

4) the performance information reported in the quality report is reliable and accurate;

5) 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;

6) the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed 106 definitions, is subject to appropriate scrutiny and review; and the quality report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the quality accounts regulations) (published at [www.monitornhsft.gov.uk/annualreportingmanual](http://www.monitornhsft.gov.uk/annualreportingmanual)) as well as the standards to support data quality for the preparation of the quality report (available at [www.monitornhsft.gov.uk/annualreportingmanual](http://www.monitornhsft.gov.uk/annualreportingmanual))).

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

Date: 29 May 2014

*Angela Scudlark*

Chairman

Date: 29 May 2014

*D McKenna*

Chief executive

## ANNEX 2 to QUALITY REPORT 2013 - 2014

### 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 2014 (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 2014, 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 or 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 2014 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- 28 day emergency readmissions (Page 87); and
- 62 day cancer wait times from urgent referral until treatment (Page 84).

We refer to these national priority indicators collectively as the "indicators".

## Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* issued by Monitor.

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*;
- the quality report is not consistent in all material respects with the sources specified in *Detailed Guidance for External Assurance on Quality Reports*; and
- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual* and the six dimensions of data quality set out in the *Detailed 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 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 2013 to the date of signing of the limited assurance opinion;
- papers relating to quality reported to the board over the period April 2013 to the date of signing of the limited assurance opinion;
- feedback from the Commissioners dated 20 May 2014;
- feedback from local Healthwatch organisations dated 16 May 2014;
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 22 July 2013;
- the latest national patient survey dated autumn 2013;
- the latest national staff survey dated autumn 2013;
- Care Quality Commission quality and risk profiles dated April, June, July and August 2013;
- the Head of Internal Audit's annual opinion over the trust's control environment dated 28 April 2014; and
- any other information included in our review.

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

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

## 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* to the categories reported in the quality report.
- 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*.

The scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Poole Hospital NHS Foundation Trust.

### Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014:

- the quality report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the quality report is not consistent in all material respects with the sources specified in here; 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*.



Deloitte LLP  
Chartered Accountants  
Southampton  
29 May 2014



*“Every member of staff here feels like it’s their responsibility to be helpful... the Poole Approach is so evident”*

JILLIAN IRELAND  
COMMUNITY MIDWIFE

# DIRECTORS' REPORT

## Quality governance

Our key focus at Poole Hospital is quality of care, and the trust has robust processes in place to govern service quality.

Quality is a standing agenda item at board meetings, and quality and safety elements are discussed ahead of finance and performance issues. Quality performance is the key agenda for the quality safety and performance committee, which is chaired by a non-executive and attended by key executive board members and senior managers.

The board receives a significant amount of quality and performance information including the integrated performance reports, complaints reports and Care Quality Commission compliance reports.

The board promotes a quality culture through the ongoing commitment to the Poole Approach and other quality-focused initiatives. Quality is led by the chief executive and supported by all directors and is a key feature of team briefing sessions from board to ward.

A new quality strategy is being developed to ensure the delivery of quality improvements throughout the coming year.

The trust's transformation programme is underpinned by detailed governance to ensure quality is not compromised. The

quality impact assessment committee provides robust assurance to the trust board around patient safety and quality of all CIP plans. The committee is chaired by the director of nursing, with the medical director deputising, supported by a senior clinical and non-clinical membership.

The quality report on page 53 contains more detailed information on our performance against key improvement measures. The report also highlights a range of initiatives that have supported our continued commitment to quality of care and sets out areas for improvement in the coming year, as well as providing information on feedback from the Care Quality Commission (CQC) and our performance against national and local quality indicators.

The annual governance statement on page 152 also provides more detailed information on our quality governance and standards.



*The new Learning Resource Centre offers a modern, comfortable space in which to study or read*

### Audit information

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 auditor is unaware. Each director has taken all of the 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.

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.

### Remuneration and benefits policies

Accounting policies for pensions and other retirement benefits are set out in note 1.3 to the accounts and details of senior employees' remuneration can be found on page 130 of the remuneration report.



# Governance and membership report

## Introduction

As a foundation trust, Poole Hospital is run by a board of directors. This is made up of 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.

## Council of governors

The council of governors (CoG) is made up of 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. NHS councils of governors are responsible for holding the non-executive directors to account for the performance of foundation trusts. 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 CoG.

## 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 August and 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, other than that during periods when vacancies have arisen. 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.pdf>

Non-executive directors may have their tenure terminated by their own resignation, through the intervention of Monitor 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 is:

- Building a well-balanced and effective board
- Chairing board and CoG meetings, and setting the board and CoG agendas
- Ensuring annual review of the board, council and the non-executive directors is undertaken
- Encouraging constructive challenge at board meetings
- Ensuring appropriate induction and development programmes for the board and council
- Ensuring effective two way communication between the board and council members
- Promoting high standards of corporate governance.

Role of the chief executive is;

- Being the accounting officer for the trust
- Developing and implementing the trust's strategic direction and vision statement
- Recommending the annual and strategic plans for the trust
- Providing leadership to the trust
- Managing the trust's risk register and establishing internal controls
- Reviewing the trust's organisational structure and developing the executive directors
- Ensuring that the chairman and board are kept advised and up to date on trust business and wider healthcare policy and developments
- Maintaining relationships with the CoG
- Chairing 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 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 is:

- Providing effective leadership and appropriate challenge at the board
- Assisting in the development of strategic focus for the trust bringing individual expertise
- Serving on the board sub-committees
- Assisting with senior clinical appointment panels for the trust.

Role of the executive directors is:

- Supporting the chief executive in implementing the trust's strategic direction and vision
- Ensuring that performance and quality targets are met
- Providing leadership for the day to day running of the trust
- Implementing the trust's annual plan
- Mitigating risks within the trust to ensure internal controls
- Reviewing individual organisational structures to ensure succession planning.

Role of the vice-chairman is:

- Chairing board and CoG meetings in the absence of the chairman
- Supporting the chairman on board related matters as required
- Deputising for the chairman's day to day role in times of absence.

Role of the senior independent director is:

- Being available to governors and members on matters which cannot be resolved by the chairman or chief executive
- Being involved in the process for evaluating the performance of the chairman
- Leading a meeting of the non-executive directors to evaluate the chairman's performance, as part of the process agreed with the CoG for appraising the chairman
- Liaising with the chairman, and company secretary, in relation to setting the agenda of the CoG.

## Board evaluation

During the summer of 2013 the board engaged D Amos (an independent healthcare HR and public services management consultant) to undertake an external evaluation and produce an assessment of the effectiveness of the board of directors and its committees, especially in relation to NHS quality drivers.

The assessment was guided by lines of enquiry which established:

- How effective the board of directors has been in acknowledging and implementing previous evaluations and recommended actions
- How the board ensures a robust integrated governance system in relation to NHS quality drivers (Monitor's Quality Good Practice Guide/ PWC Governance Report/ Francis Report) which identifies key priorities and risks and gives assurance that they are being delivered
- How the board of directors considers its agenda and business cycle; receives reports; and gets assurance on supporting processes
- How well the committee structure has been working
- How capable the board of directors is for handling the challenges during 2013/14.

As a result of the work undertaken by the consultants the board received reports at its October and November 2013 part 2 meetings. A set of nine recommendations was made and these were considered by the board and subsequently installed in the board of directors governance action plan which was published with the public board papers in March 2014.

## Board development

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

- Merger, including the role of the Competition Commission and prohibition of merger
- Monitor red risk concerns
- Transformation, recovery and cost improvement plans
- Quality governance including the Francis Report and Keogh publication
- Monitor's licence and governance regime
- Local commissioner's priorities
- Strategic position for the trust
- Board development plans
- Mandatory training for the board.

The board also engaged in a joint workshop with the governors in December 2013 facilitated by an external consultancy which focused on developing appropriate and robust ways for the board and council to work together in the wake of the Health and Social Care Act 2012 and the decision on merger.

In January 2014 the board agreed its development plan for 2014/15

## Key activities of the board

For the first six months of the financial year a considerable focus for the board was the proposed merger with the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust. The board held discussions on key issues particularly those with regards to the Competition Commission's processes and procedures. The board received regular reports on the proposed merger processes from the chief executive and the merger programme director.

Since the prohibition of the proposed merger by the Competition Commission the board of directors has been working with commissioners and regulators to construct a robust submission for the 2014-2016 forward planning round with the ambition of producing a sustainable clinical and financial plan for the trust.

In spite of the significant amount of work put into the merger process the board has ensured effective financial management of the trust and has continued its focus on safety and quality as a key priority. The board has devoted time, receiving regular reports and updates from the director of nursing and patient services, to consider the key quality issues in particular the Care Quality Commission's inspection regime, the Francis Report and the government's response and its own governance action plans.

The board has also paid attention to effects of the changing regulatory regime with the introduction of Monitor's Licence, Risk Assessment Framework and a revised Code of Governance.

During the winter of 2013 the non-executives, supported by the director of human resources and external consultancy, were involved in the appointment of a new chief executive, chief operations officer, director of nursing and patient services and director of finance.

### Working with governors

The trust has a formal engagement document that sets out how the boards of directors works with the CoG to ensure the directors have an understanding of the views of governors and members and

directors are invited to the CoG meetings. The document underlines the importance of frequent informal communication in building a positive and constructive relationship, and outlines formal communication methods. It can be found on our website:

<https://www.poole.nhs.uk/pdf/D7%20-%20Board%20Policy%20for%20engagement%20with%20CoG%20Nov%202013.pdf>

Communications between the CoG 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.

## Members of the board of directors



### Angela Schofield, chairman

Date of appointment: 16 May 2011  
Date of expiry: 15 May 2014 (reappointed May 2014 to 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  
Step-son works for Deloitte (non-audit services)

#### **Other committee memberships**

Appointments committee  
Council of governors  
Finance and investment committee  
Nominations, remuneration and evaluation committee  
Remuneration committee



### Dame Yvonne Moores, non-executive director; vice-chairman, chairman of the quality, safety and performance committee

Date of appointment: 1 November 2006  
Date of expiry: 31 October 2014

From 1982 to 1999, Yvonne was the chief nursing officer for Wales, Scotland and England. In the last of these three posts, she was also a director of the NHS executive with particular responsibility for quality issues. She chaired the council of Southampton University for a six year period, and is currently pro-chancellor of Bournemouth University. She is also the chair of the National House Building Council's pensions board. She is an international adviser to Thailand's Princess Srinagarindra Foundation and a patron of the Poole Africa Link charity.

#### **Other directorships and registered interests\***

Pro-chancellor – Bournemouth University  
Chair – National House Building Council pensions board  
Patron – Poole Africa Link  
Non-majority shareholder in Glaxo SmithKline  
Non-majority shareholdings in Source BioServices

#### **Other committee memberships**

Appointments committee  
Audit and governance committee  
Quality, safety and performance committee  
Remuneration committee



**Jean Lang DL, non-executive director;  
chairman of the audit and governance  
committee**

Date of appointment: 1 December 2006  
Date of expiry: 30 November 2014

Jean was a solicitor in private practice in Dorchester. She was a non-executive director of the South West Dorset Primary Care Trust from 2001 to 2006. She was also a member of the Dorset Police Authority between 1996 and 2007 and chairman of its audit and performance review committee since 1998. Since retiring from private practice Jean sits as a tribunal judge in the Social Entitlement Chamber.

**Other directorships and registered interests\***

Director - Voluntary Sector Support and Training Limited  
Trustee - The Roberts Trust  
Trustee - Dorchester Child Contact Centre  
Trustee – Charities Support & Training CIO  
Trustee – Poole Africa Link  
Trustee – Bunbury Charitable Trust  
C, S & T Secretarial Limited

**Other committee memberships**

Appointments committee  
Audit and governance committee  
Remuneration committee  
Workforce committee



**Ian Marshall, non-executive director**

Date of appointment: 1 February 2011  
Date of expiry: 31 January 2017

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\***

Non-executive director – Barnardo's (honorary treasurer)  
Non-executive director – Micro Enterprise Africa Limited  
Director – Markel Syndicate Management Limited  
Director – Markel International Insurance Company Limited  
Director – Ian Marshall Limited  
Director – Khama Design

**Other committee memberships**

Appointments committee  
Audit and governance committee  
Finance and investment committee  
Remuneration committee



**Michael Mitchell, non-executive director; chairman of the finance and investment committee**

Date of appointment: 1 November 2010  
Date of expiry: 31 October 2016

Michael was chief executive of the department store group Beale plc from 1982 to 2002. Since 2002 he has been a non-executive director and consultant in both the private and public sectors. Currently he is a Poole Harbour Commissioner, a director of Old and Campbell Ltd, and Chairman of Goulds (Dorchester) Ltd.

***Other directorships and registered interests\****

Director – Goulds (Dorchester) Ltd  
Director – Old & Campbell Ltd  
Poole Harbour Commissioner  
General management consultancy

***Other committee memberships***

Appointments committee  
Finance and investment committee  
Remuneration committee



**Guy Spencer, non-executive director; senior independent director; chairman of the workforce committee**

Date of appointment: 25 April 2008  
Date of expiry: 24 April 2014

Guy was environmental services director at Dorset County Council from 1996-2001. He has been a board member of Bournemouth and Poole College since 1999 and an independent transportation consultant since 2001.

***Other directorships and registered interests\****

Board member – Bournemouth & Poole College  
Daughter is a finance manager at The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust  
Son is coordinator with Borough of Poole drug and alcohol action team  
Son-in-law is chief officer of NHS Fareham and Gosport CCG and NHS South Eastern Hampshire CCG

***Other committee memberships***

Appointments committee  
Audit and governance committee  
Remuneration committee  
Workforce committee





**Nick Ziebland, non-executive director**

Date of appointment: 31 August 2011  
 Date of expiry: 30 August 2014

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 manager – Dorset Healthcare University Foundation Trust

**Other committee memberships**

Appointments committee  
 Quality, safety and performance committee  
 Remuneration committee  
 Workforce committee



**Chris Bown, chief executive**

Date of appointment: 1 April 2010  
 Date of termination: 31 March 2014

Chris has a wealth of experience in the management of NHS acute hospitals. Prior to taking up his appointment at Poole Hospital, he was chief executive at West Suffolk Hospital NHS Trust in Bury St Edmunds. Previously Chris worked as director of operations at Birmingham Children’s Hospital and in London teaching hospitals. He has board-level experience in the management and development of clinical services, organisational turnaround, business, strategic development and change, capital planning, commissioning and human resource management.

**Other directorships and registered Interests\***

Nil

**Other committee memberships**

Appointments committee  
 Finance and investment committee



**Jackie Nicklin, acting joint chief operating officer**

Date of appointment: 1 November 2013

Date of termination: 6 April 2014

Jackie commenced her career as a diagnostic radiographer in 1986, specialising in CT and MRI, and working at a senior level in both general and tertiary acute healthcare in Truro, Edinburgh and Oxford. Jackie joined Poole Hospital in 2004 as radiology manager and soon expanded her general management skills to lead all clinical support, maternity and children's services before becoming deputy chief operating officer.

***Other directorships and registered interests\****

Nil

***Other committee memberships***

Finance and investment committee

Quality, safety and performance committee

Workforce committee



**Barbara Peddie, acting joint chief operating officer**

Date of appointment: 1 November 2013

Date of termination: 6 April 2014

Barbara joined the NHS as a graduate management trainee in Wessex. She then spent time in management posts in Luton and Dunstable Hospital, and Crawley Hospital, before she moved to a senior management role at Harrogate District Hospital. On return to Dorset after 10 years in Harrogate, Barbara was part of the new primary care groups at their inception, moving to the Poole Primary Care Trusts to gain further experience in primary care, before taking up a post at Poole Hospital. Barbara has taken on several senior management roles across the trust in the last 12 years, and is currently one of the two deputy chief operating officers.

***Other directorships and registered interests\****

On finance committee of the parish council of St Joseph's Church, Branksome. Parish priest is part of chaplaincy service at Poole Hospital NHS Foundation Trust.

Brother employed as bank porter at Poole Hospital NHS Foundation Trust

***Other committee memberships***

Finance and Investment committee

Quality, safety and performance committee

Workforce committee



### **Mary Sherry, chief operating officer**

Date of appointment: 10 January 2011

Date of termination: 7 October 2013

Mary joined the NHS in 1986, working in general management across a range of specialties at Kingston Hospital and St George's Hospital over the following 10 years. She went on to undertake a number of corporate roles at Surrey & Sussex NHS Trust and Portsmouth Hospitals NHS Trust, focusing on service redesign, reducing waiting times, working closely with hospital clinicians, GPs and partner organisations to review and improve pathways for patients. At Portsmouth as head of operations, and subsequently associate director, she led the operational planning of the three sites into one reconfiguration and new build project which was completed in 2009. She was subsequently appointed as director at Queen Victoria Hospital Foundation Trust, leading the development of their transformation plan.

#### ***Other directorships and registered interests\****

Nil

#### ***Other committee memberships***

Finance and Investment committee

Quality, safety and performance committee

Workforce committee



### **Mandy Baker, acting director of nursing and patient services**

Date of appointment: 1 March 2014

Date of termination: 31 March 2014

Mandy has a substantial amount of experience in the NHS, with over 35 years' service. Her experience includes four years at East Sussex Hospital NHS Trust as deputy chief nurse before taking up her role as assistant director of nursing (for governance) at Poole Hospital.

#### ***Other directorships and registered interests\****

Nil

#### ***Other committee memberships***

Quality, safety and performance committee

Workforce committee



**Martin Smits, director of nursing and patient services**

Date of appointment: 6 January 2003

Date of Termination: 28 February 2014

Martin trained as a nurse in London following completion of a degree in geology and economics. He was 'sister' of a large medical ward at St George's Hospital and then moved to St Thomas' Hospital as a senior nurse. He completed his master's degree in 1984 and published his first book in 1988. He then moved south to work as assistant chief nurse in Brighton, becoming director of nursing there in 1990. Martin moved to Worthing as matron/ deputy chief executive in 1994 followed by a secondment to Eastbourne Hospitals in 2001 to re-establish nursing after a period of difficulty. He took up post at Poole Hospital at the beginning of 2003.

***Other directorships and registered interests\****

Wife is a nurse at The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

***Other committee memberships***

Quality, safety and performance committee  
Workforce 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 committee



### **Paul Turner, director of finance**

Date of appointment: 13 September 2010

Date of Termination: 31 March 2014

Paul joined the trust in September 2010. He is a qualified chartered accountant (FCA) who has been an executive director within the NHS for 18 years, including 13 years as director of finance of four different acute trusts and five years as chief executive of a community trust/primary care trust. Before joining the NHS, Paul worked in the private sector, including six years as a management consultant for one of the major international accountancy firms.

#### ***Other directorships and registered interests\****

Nil

#### ***Other committee memberships***

Finance and investment committee

## Future appointments

Below are the details of the directors who were appointed in 2013/14 but did not take up their employment with the trust until the 2014/15 financial year.

### **Debbie Fleming, chief executive**

Date of appointment: 1 April 2014

#### ***Other directorships and registered interests\****

Nil

#### ***Other committee memberships***

Appointments committee

Finance and investment committee

### **Tracey Nutter, director of nursing and patient services**

Date of appointment: 1 April 2014

#### ***Other directorships and registered interests\****

Nil

#### ***Other committee memberships***

Quality, safety and performance committee

Workforce committee

### **Mark Mould, Chief Operating Officer**

Date of appointment: 7 April 2014

#### ***Other directorships and registered interests\****

Nil

#### ***Other committee memberships***

Finance and investment committee

Quality, safety and performance committee

Workforce committee

### **Paul Miller, director of finance**

Date of appointment: 7 April 2014

#### ***Other directorships and registered interests\****

Nil

#### ***Other committee memberships***

Finance and investment committee

In addition, Sarah-Jane Taylor, director of human resources and organisational development, Peter Gill, director of informatics and Mark Friedman, transformation director served on the board in a non-voting capacity.

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 2013/14.

All of the non-executive directors are considered to be independent by the board of directors. This includes Dame Yvonne Moores and Mrs Jean Lang who have served on the board of directors for more than six years and have been reappointed by the council of governors for a further period of one year beginning on 1 November 2013 and 1 December 2013 respectively. These two reappointments were viewed as necessary in order to provide continuity for the board of directors in light of the prohibition of the proposed merger with Bournemouth and Christchurch Hospitals NHS Foundation Trust and the subsequent resignations of the chief executive and three other board executive directors.

In determining their independence, the board of directors considered whether their previous tenure as non-executive directors of the trust might affect their independence. The board's conclusion, based on a number of factors including their experience and knowledge from their roles elsewhere and the fact that they have always exercised a strongly independent judgment during the preceding period of tenure as non-executive directors, was that the independence of their character and judgement was not compromised. For these reasons the board of directors considers each non-executive director to be independent in character and in judgement.

The chairman has no other significant commitments.

\*Interests recorded as at 31 March 2014

## ATTENDANCE AT BOARD OF DIRECTORS' MEETINGS 2013/2014

NAME OF COMMITTEE:	BOARD OF DIRECTORS												
	MEETING DATES												
	25 April 2013	29 May 2013	26 June 2013	24 July 2013	25 September 2013	30 October 2013	27 November 2013	8 January 2014 <sup>1</sup>	29 January 2014	26 February 2014	12 March 2014 <sup>2</sup>	26 March 2014	
Membership (Voting Members)													
Angela Schofield Chairman	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mandy Baker <sup>3</sup> Acting director of nursing												✓	✓
Chris Bown Chief executive	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jean Lang Non-executive director	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓
Ian Marshall Non-executive director	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗
Michael Mitchell Non-executive director	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Yvonne Moores Non-executive director/ vice chairman	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✓	✓
Jacqueline Nicklin <sup>4</sup> Acting joint chief operating officer							✗	✓	✓	✗	✓	✓	✓
Barbara Peddie <sup>5</sup> Acting joint chief operating officer							✓	✓	✗	✓	✗	✗	✗
Mary Sherry <sup>6</sup> Chief operating officer	✓	✗	✓	✓	✓								
Martin Smits Director of nursing and patient services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
Guy Spencer Non-executive director/ senior independent director	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Robert Talbot Medical director	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓
Paul Turner Director of finance	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓
Nick Ziebland Non-executive director	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓
<b>Other Directors/ Senior managers in attendance</b>	3	3	3	3	4	4	3	4	3	5	5	2	
Was the meeting quorate? Y / N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

<sup>1</sup> Extraordinary Part 2 meeting

<sup>2</sup> Extraordinary Part 2 meeting

<sup>3</sup> Mandy Baker joined the board from 1 March 2014

<sup>4</sup> Jacqueline Nicklin was appointed from 1 November 2013

<sup>5</sup> Barbara Peddie was appointed from 1 November 2013

<sup>6</sup> Mary Sherry tenure terminated 7 October 2013

## Audit and governance committee

Chairman: Jean Lang, 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.

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 terms of licence*

*Compliance with the Monitor's code of governance*

*Reservation and delegation of powers*

*Draft Board Governance Statement*

*Draft Annual Governance Statement*

*Draft Annual Report and Accounts*

*Organisational risks*

*Trust Assurance Framework*

*Emergency preparedness and business continuity plans*

Minutes for scrutiny from;

*Hospital Executive Group*

*Risk Management Group*

Additionally the committee has considered;

*Monitor's quality governance framework assurance*

*Position re the new medical device database*

*Evidence process for certification of reports to Monitor*

*information governance implementation training plan*

*Report on income from research*

*Update on safeguards to protect whistle blowers*



In scrutinising the 2013/14 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. The overall assessment opinion was a 'significant assurance' which took into account:

the relative importance of the areas audited, and in particular the continuing positive results from core annual audit work on the trust's key financial systems, CQC compliance processes and Assurance Framework; and the number of risk-based reviews where a 'significant assurance' opinion was provided.

The following audits were provided with a 'significant' assurance opinion:

- Data quality
- Assurance framework & risk management
- Compliance framework
- Francis report outcomes
- Local finance & payroll controls
- Revalidation
- CQC outcome 12: requirements relating to workers
- Management of abnormal test results.
- T Systems – digital dictation
- Benefits realisation – private patient unit & oncology management system.

The key areas where only 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.

- Controlled drug & drug fridge management
- Critical care unit (CCU)
- Clinical information system and MRI & CT scanners
- Cost improvement programme
- Information governance (IG) toolkit
- Policies & procedures.

## 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. Having followed an agreed tendering process the council of governors, in October 2012, approved the appointment of Deloitte as the external auditors for a three year period. 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 2014 is satisfied with the effectiveness of the external audit process.

## Significant issues considered by the committee in receiving the accounts

The committee has received and reviewed the final report and note that there were no significant issues or risks raised beyond those stated in the planning report.

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

1. Recognition of NHS revenue
2. Going concern
3. Property valuations and the treatment of fixed asset additions
4. Provisions
5. Manager override of controls

## ATTENDANCE AT AUDIT AND GOVERNANCE COMMITTEE 2013/2014

NAME OF COMMITTEE:	AUDIT AND GOVERNANCE COMMITTEE						
REPORTS TO:	BOARD OF DIRECTORS						
Membership (as per terms of reference)	MEETING DATES						
	15 May 2013	29 May 2013 Special	18 September 2013	5-6 November 2013 <sup>1</sup>	13 November 2013	8 January 2014	12 March 2014
Jean Lang Chairman	✓	✗	✓	✓	✓	✓	✓
Ian Marshall Non-executive director	✓	✓	✗	✓	✗	✓	✗
Yvonne Moores Non-executive director	✗	✓	✓	✓	✓	✗	✗
Guy Spencer Non-executive director	✓	✓	✓	✓	✓	✓	✓
<b>In attendance:</b>							
Angela Schofield Trust chairman	✓	✓	✗	n/a	✗	✗	✗
Michael Mitchell <sup>2</sup> FIC Chairman		✓					
<b>Executive Directors/others;</b>	3	5	4	n/a	5	4	6
<b>External Audit</b>	0	3	1	n/a	2	1	1
<b>Internal Audit</b>	1	1	1	n/a	2	1	1
<b>Counter Fraud</b>	1	0	0	n/a	1	1	1
Was the meeting quorate? <b>Y / N</b>	Y	Y	Y	Y	Y	Y	Y

<sup>1</sup> Electronic meeting

<sup>2</sup> Michael Mitchell attended special meeting as finance and investment committee chairman

## Finance and investment committee

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 is made up of a non-executive director (chairman), director of finance (vice- chairman), chief operating officer, chief executive 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 2013/2014

NAME OF COMMITTEE:	FINANCE AND INVESTMENT COMMITTEE											
REPORTS TO:	BOARD OF DIRECTORS											
Membership (as per terms of reference)	MEETING DATES											
	22 April 2013	24 May 2013	24 June 2013	22 July 2013	27 August 2013	23 September 2013	28 October 2013	25 November 2013	16 December 2013	27 January 2014	24 February 2014	24 March 2014
Michael Mitchell Chairman	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chris Bown Chief executive	✗	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✗
Ian Marshall Non-executive director	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗
Jackie Nicklin Acting joint chief operating officer									✓	✗	✗	✗
Barbara Peddie Acting joint chief operating officer									✓	✗	✗	✗
Angela Schofield Trust chairman	✗	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✓
Mary Sherry Chief operating officer	✓	✗	✗	✓	✓	✗	✗					
Paul Turner Director of finance	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓
<b>In attendance</b>												
Mark Friedman <sup>1</sup> Transformation director									✓	✓	✓	✓
Andrew Goodwin Deputy director of finance	✗	✗	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓
<b>Other directors/ senior managers in attendance</b>	2	0	2	2	1	1	1	1	2	0	0	1
Was the meeting quorate? Y/N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

<sup>1</sup> Mark Friedman was appointed from 27 November 2013

## Quality, safety and performance committee

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 three non-executive directors (one of which chairs the committee), the director of nursing and patient services, medical director and chief operating officer. The committee meets bi-monthly, or more frequently if required.

### QUALITY, SAFETY AND PERFORMANCE COMMITTEE ATTENDANCE REGISTER 2013/2014

NAME OF COMMITTEE:	QUALITY, SAFETY & PERFORMANCE COMMITTEE					
REPORTS TO:	BOARD OF DIRECTORS					
Membership (as per terms of reference)	MEETING DATES					
	28 May 2013	22 July 2013	23 September 2013	25 November 2013	27 January 2014	25 March 2014
Yvonne Moores Chairman	✓	✓	✓	✓	✓	✓
Mandy Baker Acting director of nursing						✓
Jackie Nicklin Acting joint chief operating Officer				✓	✓	✓
Mary Sherry <sup>1</sup> Chief operating officer	✓	✓	✓			
Martin Smits Director of nursing and patient services	✓	✓	✓	✓	✓	
Robert Talbot Medical director	X	✓	✓	✓	✓	✓
Nick Ziebland Non-executive director	X	✓	✓	✓	✓	✓
<b>In attendance</b>						
Mandy Baker Assistant director of nursing	✓	✓	✓	✓	✓	
Angela Schofield Trust chairman	✓					✓
Mark Stabb Internal audit	✓	✓	✓	✓	✓	✓
<b>Other directors/senior managers in attendance</b>	1	0	0	2	1	0
Was the meeting quorate? Y/N	Y	Y	Y	Y	Y	Y

<sup>1</sup> Mary Sherry resigned 7 October 2013

## Workforce committee

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 three non-executive directors (one of which chairs the committee), the director of human resources and organisational development, director of nursing and patient services, medical director and chief operating officer.

### WORKFORCE COMMITTEE ATTENDANCE REGISTER 2013/2014

NAME OF COMMITTEE:	WORKFORCE COMMITTEE					
REPORTS TO :	BOARD OF DIRECTORS					
Membership (as per Terms of Reference).	MEETING DATES					
	22 April 2013	24 June 2013	19 September 2013	28 October 2013	16 December 2013	24 February 2014
Guy Spencer Chairman	✓	✓	✓	✓	✓	✓
Mandy Baker Deputy director of nursing				✓		
Jean Lang Non-executive director	✓	X	X	✓	X	X
Barbara Peddie Joint acting chief operating officer				✓	✓	✓
Martin Smits Director of nursing and patient services	✓	✓	✓	X	✓	✓
Robert Talbot Medical director	✓	X	X	✓	X	X
Sarah Jane Taylor Director of human resources and organisational development	✓	✓	✓	✓	✓	✓
Nick Ziebland Non-executive director	✓	✓	✓	✓	✓	✓
<b>Other directors/senior managers in attendance</b>	6	5	6	8	7	7
Was the meeting quorate? Y / N	Y	Y	Y	Y	Y	Y

## Appointments committee

The appointments committee makes the executive appointment 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 human resources and organisational development attends except when his/her own appointment is discussed.

- The committee met on 26 June 2013 to approve the appointment of the director of informatics jointly with the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCH).
- The committee met on 30 October 2013 to approve the appointment of the interim director of transformation and two interim deputy chief operating officers.
- The committee met on 18 December 2013 to approve the appointment of the chief executive.
- The committee met on 8 January 2014 to approve the appointment of the acting director of nursing and transfer of director of informatics to RBCH.
- The committee met on 29 January 2014 to approve the appointment of the chief operating officer, director of nursing and director of finance.
- Appointments to executive director posts are made in open competition and can only be terminated by the board of directors.

### APPOINTMENTS COMMITTEE ATTENDANCE REGISTER 2013-14

NAME OF COMMITTEE:	APPOINTMENTS COMMITTEE				
REPORTS TO :	BOARD OF DIRECTORS				
Membership (all non-executive directors as per terms of Reference)	MEETING DATES				
	26 June 2013	30 October 2013	18 December 2013	8 January 2014	29 January 2014
Angela Schofield, trust chairman	✓	✓	✓	✓	X
Michael Mitchell, non-executive director	✓	✓	✓	✓	✓
Yvonne Moores, non-executive director	✓	✓	X	X	✓
Jean Lang, non-executive director	✓	✓	✓	✓	X
Ian Marshall, non-executive director	✓	✓	✓	✓	✓
Nick Ziebland, non-executive director	✓	✓	✓	✓	✓
Guy Spencer, non-executive director	X	✓	✓	✓	✓
Chris Bown, chief executive	✓	✓	X	X	X
In attendance					
Sarah-Jane Taylor, HR director	✓	✓	✓	✓	✓
Was the meeting quorate? Y / N	Y	Y	Y	Y	Y

# Remuneration report

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. Executive directors' remuneration is managed through a process of objective setting and annual appraisals. All operational practice is in line with employment contracts and aligned to annual plan and delivery.

Directors hold substantive contracts with six-month notice periods. The remuneration committee, with regard to HM Treasury guidance, if appropriate, would agree termination payments.

## Remuneration committee

The remuneration committee reviews the remuneration arrangements for executive directors and the company secretary. It is made up of the chairman of the board of directors and all the non-executive directors of the board. The director of human resources and organisational development attends except when his/her own performance and/or salary is discussed. The chief executive attends only to advise on issues concerning the performance of directors.

The committee met on 26 June 2013 to approve the remuneration for the medical director, informatics director and acting chief operating officers.

The committee met on 30 October 2013 to approve the remuneration for the company secretary and director of transformation. It also considered the potential resignation of the chief executive.

The committee met on 5 November 2013 to approve the remuneration arrangements for the chief executive.

The committee met on 12 December 2013 to approve the maximum remuneration for the new chief executive post

The committee met on 18 December 2013 to approve the remuneration for the appointed chief executive.

The committee met on 8 January 2014 to approve the maximum remuneration for the chief operating officer, director of nursing and director of finance posts.

The committee met on 29 January 2014 to approve the remuneration for the appointed chief operating officer, director of nursing and director of finance.

The committee met on 26 March 2014 to approve that the remuneration for the executive director removal expenses be considered by the chief executive.



## REMUNERATION COMMITTEE ATTENDANCE REGISTER 2013-14

NAME OF COMMITTEE:	REMUNERATION COMMITTEE							
REPORTS TO:	BOARD OF DIRECTORS							
Membership (all non-executive directors as per terms of reference)	MEETING DATES							
	26 June 2013	30 October 2013 <sup>1</sup>	5 November 2013 <sup>2</sup>	12 December 2013 <sup>3</sup>	18 December 2013	8 January 2014	29 January 2014	26 March 2014
Angela Schofield, chairman	✓	✓	✓	✓	✓	✓	✗	✓
Michael Mitchell, non-executive director	✓	✓	✓	✓	✓	✓	✓	✓
Yvonne Moores, non-executive director	✓	✓	✓	✓	✗	✗	✓	✓
Jean Lang, non-executive director	✓	✓	✓	✗	✓	✓	✗	✓
Ian Marshall, non-executive director	✓	✓	✓	✓	✓	✓	✓	✗
Nick Ziebland, non-executive director	✓	✓	✓	✓	✓	✓	✓	✓
Guy Spencer, non-executive director	✓	✓	✓	✓	✓	✓	✓	✓
In attendance								
Chris Bown, chief executive	✓	✓	-	-	-	-	-	-
Sarah-Jane Taylor, HR director	✓	✓	-	-	✓	✓	✓	-
Frank McKenna, Harvey Nash Recruitment representative part of the meeting	-	✓	-	-	-	-	-	-
Anna George, Beachcroft Solicitors (legal advisor) representative part of the meeting	-	✓	-	-	-	-	-	-
Was the meeting quorate? Y / N	Y	Y	Y	Y	Y	Y	Y	Y

<sup>1</sup> Mr McKenna, senior partner with Harvey Nash, attended to provide advice to the committee on the recruitment of a new chief executive and three executive directors. His very strong advice was that it was essential to recruit a chief executive in advance of seeking to recruit executive directors.

Harvey Nash were appointed as recruitment advisers as a result of the appropriate procurement process. The committee was satisfied that the advice received was objective and independent, and recognise that Harvey Nash have significant experience in this field.

<sup>2 + 3</sup> - Electronic Meetings

### Expenses paid to governors and directors

With regards to expenses paid to governors, this information is all included on page 136 of the annual report. With regards to directors' expenses, please see note 2 in the salary entitlements table that follows.

# ANNUAL REPORT & ACCOUNTS 2013-14

## SALARY AND PENSION ENTITLEMENTS OF SENIOR MANAGERS – REMUNERATION

Name and Title	2013-14				2012-13				
	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Benefits in Kind (bands of £100) £100 Note 2	Pension -related benefit (Note 11) (bands of £2500) £000	Total (bands of £5000) £000	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Benefits in Kind (bands of £100) £100 Note 2	Pension -related benefit (Note 11) (bands of £2500) £000
Mr. Christopher Bown - Chief Executive (Note 1)	155-160	75-80	-	7.5-10	240-245	145-150	-	0-2.5	145-150
Mr. Paul Turner - Director of Finance	125-130	-	-	12.5-15	140-145	120-125	-	0-2.5	120-125
Mr. Peter Gill - Director of Informatics (Note 4)	45-50	-	-	42.5-45	90-95	15-20	-	17.5-20	35-40
Mrs. Mary Sherry - Chief Operating Officer (Note 6)	60-65	-	-	45-47.5	105-110	105-110	-	0-2.5	105-110
Mr. Martin Smits - Director of Nursing (Note 8)	90-95	-	-	0-2.5	90-95	95-100	-	20-22.5	115-120
Mr. Robert Talbot - Medical Director (Note 5)	85-90	85-90	-	0-2.5	170-175	85-90	-	-	170-175
Mr. Gareth Corser - Director of Strategy and Business Development (Note 3)	0	-	-	-	0	45-50	-	30-32.5	75-80
Mrs. Sarah-Jane Taylor - Director of HR and Organisational Development	90-95	-	-	7.5-10	100-105	90-95	-	350-352.5 (note 12)	445-450
Miss. Barbara Peddie - Joint Acting Chief Operating Officer (Note 7)	35-40	-	-	35-37.5	75-80	-	-	-	-
Ms. Jacqueline Nicklin - Joint Acting Chief Operating Officer (Note 7)	35-40	-	-	50-52.5	85-90	-	-	-	-
Mrs Mandy Baker - Acting Director of Nursing (Note 9)	5-10	-	-	2-2.5	5-10	-	-	-	-
Mr Mark Friedman - Director of Transformation (Note 10)	175-180	-	-	-	175-180	-	-	-	-
Mrs. Angela Schofield - Chairman	35-40	-	-	-	35-40	35-40	-	-	35-40
Mrs. Jean Lang - Non-Executive Director	10-15	-	-	-	10-15	10-15	-	-	10-15
Mr. Ian Marshall - Non Executive Director	10-15	-	-	-	10-15	10-15	-	-	10-15
Mr. Michael Mitchell - Non Executive Director	10-15	-	-	-	10-15	10-15	-	-	10-15
Dame Yvonne Moores - Non Executive Director	10-15	-	-	-	10-15	10-15	-	-	10-15
Mr. Guy Spencer - Non Executive Director	10-15	-	-	-	10-15	10-15	-	-	10-15
Mr. Nick Ziebland - Non Executive Director	10-15	-	-	-	10-15	10-15	-	-	10-15

See opposite for explanatory notes on this table

Note 1. Other remuneration relates to payment in lieu of notice as agreed by the trust remuneration committee

Note 2. Benefits in kind relate to the profit element on business mileage claimed. All expenses are reimbursed in line with agreed rates and relate to travel and subsistence incurred in undertaking Trust business.

Note 3. Mr. Gareth Corser resigned as Director of Strategy and Business Development on 14 September 2012

Note 4. Mr. Peter Gill was appointed Director of Informatics on 19 November 2012 as 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 5. Other remuneration relates to clinical work undertaken during the year.

Note 6. Mrs Mary Sherry resigned as Chief Operating Officer on 6th October 2013.

Note 7. Miss Barbara Peddie and Ms Jackie Nicklin jointly held the post of Chief Operating Officer from 1st November 2013.

Note 8. Mr Martin Smits resigned as Director of Nursing on 28th February 2014

Note 9. Mrs Mandy Baker held the post of Acting Director of Nursing from 1st March 2014

Note 10. Mr Mark Friedman started as Interim Director of Transformation on 13th November 2013. He is not on the Trust payroll and is paid off-payroll. Contractual clauses give the Trust the right to request assurance in relation to income tax and National Insurance obligations. Assurance has been gained.

Note 11. Pension related benefit refers to the annual increase in the pension entitlement in the year (net of employee contributions) as determined in accordance with the 'HMRC method'.

Note 12. The pension related benefit reflects the transfer of previous pension membership into the NHS Pension Scheme during this year.

#### SALARY AND PENSION ENTITLEMENTS OF SENIOR MANAGERS – PENSION BENEFITS

Name and title	Real increase in pension sum at age 60  (bands of £2500) £000	Real increase in pension lump sum at age 60  (bands of £2500) £000	Total accrued pension and related lump sum at age 60 at 31 March 2014  (bands of £5000) £000	Cash Equivalent Transfer Value at 31 March 2014  £000	Cash Equivalent Transfer Value at 1 April 2013  £000	Real Increase in Cash Equivalent Transfer Value  £000
Mrs. Christopher Bown - Chief Executive	0-2.5	2.5-5	235-240	1,162	1,082	57
Mr. Peter Gill - Director of Informatics (see Note 1)	0-2.5	5-7.5	45-50	193	150	40
Mr. Martin Smits - Director of Nursing	(0-2.5)	(0-2.5)	170-175	n/a	931	n/a
Mrs. Mary Sherry - Chief Operating Officer	0-2.5	5-7.5	135-140	762	676	72
Mr. Robert Talbot - Medical Director	n/a	n/a	n/a	n/a	n/a	n/a
Mrs. Sarah-Jane Taylor - Director of HR and Organisational Development (see Note 2)	0-2.5	n/a	50-55	540	503	17
Mr. Paul Turner - Director of Finance	0-2.5	2.5-5	140-145	n/a	n/a	n/a
Miss. Barbara Peddie - Joint acting Chief Operating Officer	0-2.5	5-7.5	65-70	800	673	65
Ms. Jacqueline Nicklin - Joint Acting Chief Operating Officer	2.5-5	7.5-10	40-45	464	346	64
Mrs Mandy Baker - Acting Director of Nursing	0-2.5	0-2.5	5-10	612	552	4

See next page for explanatory notes on this table

Note 1. Mr. Peter Gill is a joint appointment with RBCH and therefore only 50% of his costs have been included above.

Note 2. Mrs. Sarah-Jane Taylor is a member of the 2008 Pension Scheme and the pension lump sum is not applicable. An accrued pension from a former employer was transferred into the NHS Pension Scheme during 2012\_13

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.

## Remuneration report – pay multiples

The Hutton Review of Fair Pay Implementation required that a pay multiple be calculated as part of the remuneration report. 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 2013/14 was £170,000-£175,000. This was 6.5 times the median remuneration of the workforce which was £26,822 (whole time equivalent).

The median pay calculation is based on:

- Payments made to staff in post on 31 March 2014
- 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 2014 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<sup>st</sup> March 2014 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 £26,822 (2011/12 £23,589).

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

The higher paid director's remuneration is based on their total remuneration which includes all salaries and allowances (including director's fee), bonus payments and other remuneration.

## Remuneration report - signature

Signed by:



Date: 29 May 2014

Debbie Fleming  
Chief executive

## 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 six occasions in 2013/14 with the individual attendance recorded in the table on page 137.

The trust is committed to embedding transparency and accountability throughout. The trust recognises it has a specific responsibility to inform Monitor 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 Monitor of any possible breaches.

The council is chaired by the chairman of the trust, and Guy Spencer, non-executive director, is the senior independent director who is available to the council of governors if they have concerns about the performance of the board of directors, compliance with the provider license or welfare of the trust which contact through the normal channels of chairman or chief executive has failed to resolve or for which such contact is inappropriate.

The council's lead governor is Vivien Duckenfield, and Geoffrey Carleton is deputy chairman of governors.

### **During 2013/14 the council of governors was made up as follows:**

Elected representatives for Bournemouth:

- Terence Purnell
- Brian Newman

Elected representatives for Poole:

- Andrew Creamer
- Vivien Duckenfield
- Barry Faith (until 19 November 2013)
- Geof Hermsen (until 22 October 2013)
- Richard King (until 31 October 2013)
- Linda Nother (from 1 November 2013)
- James Pride
- Elizabeth Purcell
- Sandra Yeoman

Elected representatives for Purbeck, East Dorset & Christchurch:

- Geoffrey Carleton
- Rosemary Gould
- Barbara Hooper

Elected representative for North Dorset, West Dorset, Weymouth and Portland:

- Isabel McLellan

Elected staff representatives:

- Lynn Cherrett (clinical staff)
- Kris Knudsen (clinical staff)
- Sylvia Lowrey (clinical staff)
- Canon Jane Lloyd (non-clinical staff)
- Graham Whittaker (non-clinical staff) (from 1 November 2013)

Nominated representatives from partner organisations:

- John Adams, Bournemouth Borough Council (until 9 January 2014)
- Chris McCall, NHS Dorset (from 1 April 2013)
- Colette Cherry, Bournemouth University (from 11 July 2013)
- Cllr David Jones, Dorset County Council
- Cllr Ann Stribley, Borough of Poole

### Governor training and development

The council of governors held a development event in December 2013 which was facilitated by professional external support. This event was immediately followed by a development session with the board of directors and council of governors. Again, this event was externally facilitated and took the form of a workshop to review the roles and requirements of the council of governors and the board of directors in light of recent legislative changes and Francis and other key reports. Subsequently in January 2014 the council of governors approved a revised development plan to reflect the learning from these development events.

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 trust has continued to support governors in obtaining an understanding of the impact of the new Health Bill by providing briefings and reports on the changes.

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 2013 for five public seats and two staff seats, all to commence a three year term of office on 1 November 2013:

- The public seat for the Purbeck, East Dorset and Christchurch constituency closed on 15 October and Rosemary Gould was re-elected for another three year term of office
- The four public seats for the Poole constituency closed on 15 October 2013 resulting in Vivien Duckenfield, James Pride and Elizabeth Purcell being re-elected for another three year term of office. Linda Nother was elected
- The clinical staff seat closed on 15 October 2013 and Lyn Cherrett was elected.
- The non-clinical staff seat closed on 15 October 2013 and Graham Whittaker was elected.

A notice of election was published in March 2014 for two vacant public seats in the Poole constituency both to commence a three-year term of office.

All elections were held in accordance with the election rules set out in the trust's constitution.

## Governor expenses

The council of governors is made up of 23 governors. During the 2013/14 reporting period 25 individuals held office as a governor, eight governors claimed expenses for mileage and related car parking charges to attend meetings or training events both locally and nationally, totalling £1310.

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

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/pdf/E4%20Register%20of%20Interests%20report%20November%202013.pdf> or contact the board and council administrator, on 01202 442895.



## COUNCIL OF GOVERNORS 2013 - 2014 ATTENDANCE REGISTER

Name	Constituency	Type of Membership (three year term)	Appointed Date	Re Appointed Date	Appointment Expires	Meeting Dates					
						25 April 2013	25 July 2013	26 September 2013	19 November 2013 <sup>1</sup>	18 December 2013 <sup>2</sup>	16 January 2014
John Adams <sup>3</sup>	Bournemouth Borough Council	Appointed	26.11.12		09.01.14	✓	✓	✓	✗	✗	✗
Geoffrey Carleton <sup>4</sup>	Purbeck, East Dorset & Christchurch	Elected	01.11.12		31.10.15	✓	✓	✓	✓	✓	✗
Lynn Cherrett	Clinical staff	Elected	01.11.07	01.11.10 01.11.13	31.10.16	✓	✓	✓	✓	✓	✓
Colette Cherry	Bournemouth University	Appointed	11.07.13		10.07.16	✓	✓	✓	✗	✓	✓
Andrew Creamer	Poole	Elected	01.11.07	01.11.09 01.11.12	31.10.15	✓	✓	✓	✓	✓	✗
Vivien Duckenfield <sup>5</sup>	Poole	Elected	01.11.07	01.11.10 01.11.13	31.10.16	✓	✓	✗	✓	✓	✓
Barry Faith <sup>6</sup>	Poole	Elected	01.11.12		19.11.13	✓	✓	✓	✗		
Rosemary Gould	Purbeck, East Dorset & Christchurch	Elected	01.11.07	01.11.10 01.11.13	31.10.16	✓	✓	✓	✗	✓	✗
Geof Hermesen <sup>7</sup>	Poole	Elected	01.11.12		22.10.13	✓	✓	✓			
Barbara Hooper	Purbeck, East Dorset & Christchurch	Elected	01.05.12		30.04.15	✓	✓	✓	✓	✓	✓
David Jones	Dorset County Council	Appointed	09.07.13		08.07.16	✓	✓	✓	✗	✗	✓

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Name	Constituency	Type of Membership (three year term)	Appointed Date	Re Appointed Date	Appointment Expires	Meeting Dates						
						25 April 2013	25 July 2013	26 September 2013	19 November 2013 <sup>1</sup>	18 December 2013 <sup>2</sup>	16 January 2014	
Richard King <sup>8</sup>	Poole	Elected	01.11.10		31.10.13	✓	✗	✗				
Kris Knudsen	Clinical staff	Elected	01.11.09	01.11.12	31.10.15	✓	✗	✓	✓	✓	✓	✓
Jane Lloyd <sup>9</sup> <sup>10</sup>	Non-clinical staff	Elected	01.11.07	01.11.10	31.10.13	✓	✓	✓				
Sylvia Lowrey	Clinical Staff	Elected	01.11.12		31.10.15	✓	✗	✓	✓	✓	✗	✗
Chris McCall	NHS Dorset CCG	Appointed	01.4.13		31.03.16	✓	✓	✗	✓	✗	✓	✓
Isabel McLellan	N Dorset, W Dorset, Weymouth & Portland	Elected	01.05.09	01.05.12	30.04.15	✓	✓	✗	✗	✓	✓	✓
Brian Newman	Bournemouth	Elected	01.11.09	01.11.12	31.10.15	✓	✓	✗	✓	✓	✓	✓
Linda Nother	Poole	Elected	01.11.13		31.10.16						✗	✓
James Pride <sup>11</sup>	Poole	Elected	01.11.07	01.11.10 01.11.13	31.10.16	✓	✓	✓	✓	✓	✗	✓
Elizabeth Purcell	Poole	Elected	01.11.07	01.11.10 01.11.13	31.10.16	✓	✓	✗	✓	✓	✓	✓
Terence Purnell	Bournemouth	Elected	01.11.07	01.11.10 01.11.13	31.10.16	✓	✓	✓	✓	✓	✓	✓

# DIRECTORS' REPORT – COUNCIL OF GOVERNORS

Name	Constituency	Type of Membership (three year term)	Appointed Date	Re Appointed Date	Appointment Expires	Meeting Dates					
						25 April 2013	25 July 2013	26 September 2013	19 November 2013 <sup>1</sup>	18 December 2013 <sup>2</sup>	16 January 2014
Ann Stribley	Poole Borough Council	Appointed	27.06.11		26.06.14	✓	✓	✓	✓	✓	✗
Graham Whittaker	Non-clinical staff	Elected	01.11.13		31.10.16				✓	✓	✓
Sandra Yeoman	Poole	Elected	01.11.09	01.11.12	31.10.15	✓	✓	✓	✓	✓	✓
No. public governors attending						14	13	9	9	12	8
No. appointed governors attending						2	5	4	2	2	3
No. staff governors attending						4	2	4	4	4	3

<sup>1</sup>Extraordinary Meeting

<sup>2</sup>Extraordinary Meeting

<sup>3</sup>Resigned 09.01.14

<sup>4</sup>Deputy Chairman from 16.01.14

<sup>5</sup>Lead Governor from 15.11.13

<sup>6</sup>until 19.11.13

<sup>7</sup>until 22.10.13

<sup>8</sup>Term Ended 31.10.13

<sup>9</sup>Term Ended 31.10.13

<sup>10</sup>Lead Governor until 19.10.13

<sup>11</sup>Deputy Chairman until 05.01.14

## BOARD MEMBER ATTENDANCE AT THE COUNCIL OF GOVERNORS 2013 - 2014

Name	25 April 2013	25 July 2013	26 September 2013	19 November 2013 <sup>1</sup>	18 December 2013 <sup>2</sup>	16 January 2014
Chris Bown Chief executive	✓	✓	✓	X	X	✓
Jean Lang Non-executive director	X	X	X	X	✓	X
Ian Marshall Non-executive director	X	X	X	X	X	X
Michael Mitchell Non-executive director	X	X	X	X	X	X
Yvonne Moores Non-executive director/vice chairman	✓	X	✓	✓	X	✓
Jackie Nicklin Acting joint chief operating officer				X	X	X
Barbara Peddie Joint acting chief operating officer				X	X	X
Angela Schofield Chairman	✓	✓	✓	X	✓	✓
Mary Sherry <sup>3</sup> Chief operating officer	X	X	X			
Martin Smits Director of nursing and patient services	✓	X	✓	X	X	✓
Guy Spencer Non-executive director/ senior independent director	✓	✓	✓	X	✓	✓
Robert Talbot Medical director	X	X	✓	X	✓	X
Sarah-Jane Taylor Director of human resources and organisational development	X	X	X	X	✓	X
Paul Turner Director of finance	✓	X	✓	X	X	✓
Nick Ziebland Non-executive director	X	X	X	X	✓	X
<b>In attendance</b>						
Michael Beswick Company secretary	✓	✓	✓	X	✓	✓
Matthew Hepenstal Deloitte LLP			✓			
A Martin Solicitor DAC Beachcroft LLP				✓		
J Roper Solicitor DAC Beachcroft LLP				✓		
Debbie Fleming Chief executive elect						✓

<sup>1</sup> Extraordinary Meeting <sup>2</sup> Extraordinary Meeting <sup>3</sup> Mary Sherry Resigned 7 October 2013

## 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 nominated member, and one staff member. Members during 2013/14 were the trust chairman and:

- Kris Knudsen (elected clinical staff governor)
- James Pride (elected governor for Poole constituency)
- Elizabeth Purcell (elected governor for Poole constituency)
- Ann Stribley from June 2013 (appointed governor for Poole Borough Council)

The committee met on four occasions during the course of 2013/14:

*On 25 April 2013 the committee considered:*

- The annual council of governors assessment of collective performance
- Annual report of the work of the Nominations, remuneration and evaluation committee
- Future re-appointment or appointment of non-executive directors (J Lang, M Mitchell and Y Moores)
- Absent governors.

*On 25 July 2013 the committee considered:*

- The 2012/13 annual appraisal of chair and non-executive directors
- Remuneration and allowances for chair and non-executive directors payable from 1 April 2013 for recommendation to the council of governors for approval.

*On 26 September 2013 the committee considered:*

- The future reappointment or appointment of non-executive directors.

*On 14 January 2014 the committee considered:*

- The non-executive director reappointments or new appointments
- The future reappointment or new appointment of the chairman & non-executive directors
- Review the chairman/non-executive appraisals process for 2013/14 evaluation
- Review terms of reference of NREC
- NREC transitional arrangements for tenure of membership
- Review NREC governance cycle
- Absent governor.

During 2013/14, on the recommendation of the NREC, the council of governors approved:

- The chairman's and non-executive directors' remuneration and allowances.
- The processes for the annual appraisal of the chairman and non-executives
- The re-appointment of five non-executive directors (J Lang, M Mitchell and Y Moores, I Marshall and G Spencer).

The five non-executive director re-appointments were made following; a review of the individual non-executive director's performance, recognition of the individual non-executive director's current length of tenure, consideration and nomination of the individual non-executive director's re-appointment by NREC and the consideration and approval of the re-appointment of the individual non-executive director by the council of governors.

#### NOMINATIONS, REMUNERATION & EVALUATIONS COMMITTEE ATTENDANCE 2013 - 2014

Name	Constituency	Type of Membership	Meetings			
			25 April 2013	25 July 2013	26 September 2013	14 January 2014
Mrs Angela Schofield	Chairman		✓	✓	✓	✓
Cllr Ann Stribley	Poole Borough Council	Appointed		X	✓	✓
Ms Kris Knudsen	Clinical staff	Elected 3 years	✓	X	✓	✓
Mr Jamie Pride	Poole	Elected 3 years	✓	✓	✓	X
Mrs Elizabeth Purcell	Poole	Elected 3 years	✓	✓	X	✓
<b><i>In attendance</i></b>						
Mr Michael Beswick	Company secretary		✓	✓	✓	X
Mr Guy Spencer	Senior independent director		X	✓	✓	✓

Was the meeting quorate according to its terms of reference?	Y	Y	Y	Y
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## 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

The staff constituency is divided into two classes: clinical and non-clinical. Anyone aged 12 and over who lives in Dorset and is not employed by Poole Hospital can become a public member. At 31 March 2014 the trust had 5,647 public members. The target was to maintain membership focusing recruitment to younger people. The trust achieved 198 new members for the period; however, we also lost 425 members.

Governors recognise that the work, over a two year period between Nov 2011 and October 2013, relating to the merger including the creation of a framework for a shadow new membership for the proposed new organisation has been a competing priority for securing new members for Poole Hospital. The council's membership engagement and recruitment group have determined that in the absence of merger during 2014/15 priority will be given to a new member recruitment drive.

The staff and volunteer members total was 3858. 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.

Public constituency	
Poole	2,864
Purbeck, East Dorset and Christchurch	1,691
Bournemouth	830
North Dorset, West Dorset and Weymouth and Portland	262
	5647

Staff constituency	
Clinical	3135
Non-clinical (including volunteers)	723
	3858

## 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:

- 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 by engaging younger demographics in particular.

Governors attended a number of public events, including:

- Branksome Residents Association
- Broadstone church coffee morning
- WRVS Café
- Broadstone Library
- Local family health event in Gillingham
- Freshers' Week at Bournemouth University, Talbot campus
- Health and Social Care induction day for students at Bournemouth University, Lansdowne campus
- Lewis Manning conference

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, governor surgeries, clinical presentation events, a range of membership recruitment events 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 three meetings during the year. The group is chaired by a governor and is supported by the company secretary function. During the year the new group reviewed progress against the membership strategy.



The website has been updated and the membership pages included. This enables members to apply online and is a useful tool for recruitment.

Recruitment and engagement events during the year took place in the hospital and Bournemouth University. 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 4 October 2013. Members were invited via the membership newsletter, Foundation Talkback, and letters to individuals who expressed an interest in attending. The event was publicised in the local press, on our website and throughout the hospital. The event was well attended and Dr Simon Crowther provided a presentation on respiratory care which was very well received.

The trust newsletter for members, Foundation Talkback, is published three 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.

As part of the strategy to engage members it was decided from January 2014 that a series of clinical presentation workshops would be arranged to give the governors an overview of a particular service. Members will be invited to every alternate workshop 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](mailto:members.contact@poole.nhs.uk) or via our website [www.poole.nhs.uk](http://www.poole.nhs.uk). These details are publicised in Foundation Talkback, our membership newsletter, on membership application forms and on our website.

## Code of governance compliance statement 2013-14

Monitor, 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 Monitor's website:

<http://www.monitor-nhsft.gov.uk/sites/default/files/publications/CodeofGovernance13Jan14.pdf>

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, C.1.4, 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 will 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.

8. Provisions as set out in B below require an explanation if the trust has departed from them.

9. 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.

**B. 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.	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.	YES	All in place: <ul style="list-style-type: none"> <li>Disagreement Statement- Page 105-6</li> <li>Summary of Decisions- Page 105-6</li> <li>Board Responsibility/ Operating/ Statement- Pages 105-6</li> <li>Decision Statement- Pages 105-9</li> </ul>
A.1.2.	The annual report should identify the chairperson, the deputy chairperson (where there is one), the chief executive, the senior independent director (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 119
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.	YES	Council of Governors and supporting details - Pages 134-5
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 105
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- Page 110-117 Statement on balance, completeness and appropriateness- Page 105
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	Nomination Committee - Page 141-142
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	Chairman's Commitments - Pages 110 and 118
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	Trust Member Engagement- Page 144-145
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 107  External Assessor Evaluation- Page 107

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 107
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 13 Auditor's Statement- Page 121 Annual Governance Statement - Page 152
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 98
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 121
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.
C.3.9.	A separate section of the annual report should describe the work of the audit committee in discharging its responsibilities. The report should include: <ul style="list-style-type: none"> <li>• the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed;</li> <li>• 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</li> <li>• 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.</li> </ul>	YES	Audit Committee- Page 120-123

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	Refer to Remuneration Committee Terms of Reference. (director of human resources and organisational development)  Currently N/A
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 - Pages 108-109
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 144-145

**B. Departure from the code:** The code requires that the provisions A.1.10, A.5.6, B.2.2, B.6.3 and D.2.3 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 trust has frozen the remuneration for the chairman and non-executive director for the past four years 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 B.6.6** of the code states that there should be a clear policy and a fair process, agreed and adopted by the council of governors, for the removal from the council of any governor who consistently and unjustifiably fails to attend the meetings of the council of governors or has an actual or potential conflict of interest which prevents the proper exercise of their duties. This should be shared with governors. In addition, it may be appropriate for the process to provide for removal from the council of governors where behaviours or actions of a governor or group of governors may be incompatible with the values and behaviours of the NHS foundation trust. Where there is any disagreement as to whether the proposal for removal is justified, an independent assessor agreeable to both parties should be requested to consider the evidence and determine whether the proposed removal is reasonable or otherwise.

**Explanation of partial non-compliance;** The trust has a clear policy and a fair process, agreed and adopted by the council of governors, for the removal from the council of any governor who consistently and unjustifiably fails to attend the meetings of the council of governors or has an actual or potential conflict of interest which prevents the proper exercise of their duties. This has been shared with governors. The process also provides for removal from the council of governors where behaviours or actions of a governor or group of governors may be incompatible with the values and behaviours of the NHS foundation trust.

The trust does not have an express provision in its Constitution or in its Code of Conduct for Governors that provides for requesting an independent assessor where there is a disagreement as to whether the proposal to remove a governor is justified.

Whilst there were two occasions of governor removal during 2013/14, there was no disagreement amongst the governors as to whether the removals were justified as in both cases the decisions were unanimously supported by the council of governors. The grounds in both cases were sufficiently self-evident so that no useful purpose would have been served by seeking an independent assessment in the particular circumstances.

However, the Trust, in conjunction with its council of governors is taking steps to review its Code of Conduct for Governors and/or its Constitution to consider expressly including a provision allowing for independent assessment in appropriate circumstances in future.

**b) 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 trust has frozen the remuneration for the chairman and non-executive director for the past four years and has not commissioned external professional advisers.

# Financial performance

Poole Hospital ended the year with a surplus of £890k before the impact of an estate revaluation (referred to as impairment). This impairment of £742k reflects the re-valuation of the estate by the District Valuer. The surplus after this impairment was £148k compared to a plan of £200k.

The trust had a closing cash balance of £10.1m and a continuity of services risk rating of 3.

The trust continues to face significant financial challenges in the future, caused in part by the hospital's unique case mix, which is heavily skewed to non-elective (unplanned) care. In order to address these challenges, a major transformation programme is in place.

## Charitable income

For financial reporting purposes the trust's charitable accounts are now consolidated within the main trust accounts. However, both the foundation trust and the charity are shown separately in the full accounts. With specific reference to the charitable fund accounts in 2013/14, £1,157k of charitable income was received and £1,595k was spent ie £438k more.

However the balance of charitable funds held at 31 March 2014 still totalled £1,897k. This sum includes £172k in tangible fixed assets, which relates to the Health Information and Resource Centre.

## 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	77.1	71.2

# Annual governance statement

## 1. Scope of responsibility

1.1 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.

## 2. The purpose of the system of internal control

2.1 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 whole of year ended 31 March 2014 and is up to the date of approval of the Annual Report and Accounts.

## 3. Capacity to handle risk

- 3.1 The risk management process is led by a nominated Director for Risk, supported by Directors, Clinical Directors, General Managers, Matrons, Department Leads and an Assistant Director who heads a small team of risk managers
- 3.2 The trust defines its risk appetite as the amount of risk it is prepared to accept at any point in time and is intended to guide staff in their actions and ability to accept and manage risks as either; Acceptable risks, Unacceptable risks or Significant unacceptable risks including serious Incidents.
- 3.3 Staff have been trained or equipped to manage risk in a way appropriate to their authority and duties. This has been done by risk management sessions on induction, risk assessment and root cause analysis training sessions, bi-yearly health and safety training and access to the Risk Management Team for advice. There has been a monthly Risk Management and Safety Group meeting whereby lessons learnt and good practice are submitted for disseminating down through the organisation.

## 4. The risk and control framework

4.1 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 Strategy describes the key responsibilities of all staff including risk reporting. It sets out the risk management process and information requirements and includes links to audits and external reviews of the process.



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

- 4.2.1 Trust wide Adverse Incident Reporting procedure for all staff. The NRLS national reporting and learning service shows the Trust continues to be a top performer in reporting incidents;
- 4.2.2 Risks (corporate, clinical and information governance) and action plans to mitigate risk are discussed at the monthly Clinical Directorate performance meetings. Quarterly performance reviews (involving clinical and corporate directorates) are led by the CEO and focus on performance highlights and challenges.
- 4.2.3 Monthly Risk Management and Safety Group meetings with representation from all Clinical Directorate 'clusters' and Corporate Directorates where a wide range of risk issues are discussed and Trust-wide trends and analysis are reviewed;
- 4.2.4 Regular specialist risk management groups meet and discuss incidents that have occurred and recommendations made. Clinical Directorate trends and analysis are reviewed;
- 4.2.5 Risk being discussed at monthly Clinical Directorate risk, clinical governance and business meetings;
- 4.2.6 Risk assessments being performed throughout the Trust and risks added to the Risk Register. A Risk Review Group validates risks and red risks are reported to the Risk Management and Safety Group on a monthly basis. The Board of Directors' Audit and Governance Committee receive a report on new red and amber risks at each meeting. The Quality, Safety and Performance Committee discuss relevant clinical risks.
- 4.2.7 Bi-monthly Health and Safety Committee meetings are held;
- 4.2.8 Recommendations from Serious Untoward Incidents are monitored by the Board of Directors and the Quality, Safety and Performance Committee;
- 4.2.9 Key personnel sit on both the Risk Management and Safety Group and the Quality, Safety and Performance Committee including executive and non-executive directors and senior clinicians.
- 4.2.10 Quarterly internal performance reviews of Clinical and Corporate Directorates where there is a requirement to report on risks, risk assessment and action to mitigate risk.
- 4.2.11 The Board of Directors reviewed the key strategic risks during the year and received a monthly report on the changes to these risks during the year.
- 4.2.12 The Trust has an active Council of Governors which includes representatives of all the key public stakeholders. The Council and individual governors are involved in taking action to manage risks which impact on both the Council and stakeholder organisations.
- 4.2.13 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 will be 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 2013-2014 there were no cases of serious data losses recorded.

#### 4.3 The Trust has an Assurance Framework which includes:-

- 4.3.1 Principal corporate objectives, whereby the Trust's key objectives have been taken from the following key documents: NHS Operating Framework, Annual Accountability Agreement with NHS Dorset Clinical Commissioning Group, Service Level Agreements with other organisations and The Trust's Annual Plan;
- 4.3.2 The trust identified 13 strategic risks at the start of the year, with 1 additional risk added mid-year and resolved relating to failure to fill executive director vacancies in a timely manner, 4 were identified as having no resolution (financial stability, absence of merger, sustainability of clinical services and unforeseen issues effecting trust reputation). At the end of March 2014 of the remaining 9 risks; 3 risks are improving but unresolved (performance targets, funding of capital expenditure and disenfranchisement of staff) and 6 expect a resolution at the end of year (financial targets, failures of care due to pressures, CIP not delivered, workforce/recruitment and Governance arrangements do not satisfy Monitor and Breach of Monitor Licence)
- 4.3.3 Principal risks were identified against each corporate objective, focusing on both risks that would prevent the Trust from attaining the objective and the principal risks identified in implementing the objective. A simple risk assessment was then conducted against each risk, assisting the Board to recognise threats and prioritise risk treatment plans;
- 4.3.4 Key controls & systems are identified and systems and processes are listed that currently help control the risks identified;
- 4.3.5 The Assurance Framework has been linked to the relevant entries to the Trust Risk Register and controls and systems exist that are as effective as possible. Assurance is provided to the Board of Directors on this via the meetings of Sub Committees of the Board of Directors who receive minutes of the Hospital Executive Group and other key executive groups for scrutiny.
- 4.4 The Trust had identified 1 gap in the Assurance Framework at the beginning of the year around the planned merger not gaining approval which became the case in the autumn when the merger was prohibited by the Competition Commission. The trust now faces severe financial challenges for the future.
- 4.4.1 Meeting the majority of the national targets for the first 3 quarters including Cancer standards, RTT at aggregate level (despite seeing a 10% rise in demand compared with the same period last year) a substantial reduction in C-Diff and MRSA. The trust has met the stroke target for every month from April to January. The Trust consistently achieve the Monitor A&E targets during of 95% for the first 3 quarters but fell short of this target in quarter 4 reaching 94%. There continues to be challenges meeting the 15 'key diagnostic tests' which are currently above 1%. Delayed transfers of care are running slightly above the expected target.
- 4.4.2 At the end of year a gap in the assurance around the information governance toolkit has been identified where the Trust was non-compliant. The end of year score is expected to be 35-40% = level 1. A considerable amount of work has been undertaken including training for key staff to ensure the trust compliance improves.
- 4.5 The Trust's Quality, Safety and Performance Committee has provided assurance on quality governance issues including compliance with the Care Quality Commission's registration requirements, the production of the annual quality report and quality standards.

- 4.6 The foundation trust is fully compliant with the registration requirements of the Care Quality Commission.
- 4.7 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.
- 4.8 Control measures are in place to ensure that all the Trust's obligations under equality, diversity and human rights legislation are complied with.
- 4.9 The 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 the Trust's obligations under the Climate Change Act and the Adaptation Reporting Requirements are complied with.

## 5. Review of economy, efficiency and effectiveness in the use of resources

- 5.1 The Trust employs a number of internal mechanisms and external agencies to ensure the best use of resources
- 5.1.1 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 and Corporate Directorates.
- 5.1.2 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. 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.

## 6. Annual Quality Report

- 6.1 The directors are required under the Health Act 2009 and the National Health Service (Quality accounts) Regulations 2010 to prepare Quality Accounts (known as Quality Reports) for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of the annual Quality Reports which incorporates the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.
- 6.2 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.
- 6.3 The Trust has engaged clinical staff, the board, governors, Healthwatch and health scrutiny panels in the process of building the quality report.
- 6.4 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.

6.5 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.

## 7. Review of effectiveness

7.1 As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audits and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Quality Report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the Audit and Governance Committee, Quality, Safety and Performance Committee, Workforce Committee, Information Group and Risk Management and Safety Group and a plan to address weaknesses and ensure continuous improvement of the system is in place.

## 8. Conclusion

8.1 Based upon available Department of Health guidance, and the Trust's internal and external auditors' views, the Board of Directors has not identified any significant internal control issues at this time.

Signed



Debbie Fleming  
Chief Executive

Date: 29 May 2014



# Independent auditor's report

## **INDEPENDENT AUDITOR'S REPORT TO THE BOARD OF GOVERNORS AND BOARD OF DIRECTORS OF POOLE HOSPITAL NHS FOUNDATION TRUST**

We have audited the financial statements of Poole Hospital NHS Foundation Trust for the year ended 31 March 2014 which comprise the Consolidated and Trust Income Statement, the Consolidated and Trust Statements of Comprehensive Income, the Consolidated and Trust Balance Sheets, the Consolidated and Trust Cash Flow Statements, the Consolidated and Trust Statements of Changes in Taxpayers' Equity and the related notes 1 to 26. The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by Monitor – Independent Regulator of NHS Foundation Trusts.

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.

### **Respective responsibilities of the 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 Audit Code for NHS Foundation Trusts and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

### **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.

### Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the group's and the trust's affairs as at 31 March 2014 and of the group's and the trust's income and expenditure for the year then ended;
- have been properly prepared in accordance with the accounting policies directed by Monitor – Independent Regulator of NHS Foundation Trusts; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

### Opinion on other matters prescribed by the National Health Service Act 2006

In our opinion:

- the part of the Directors' Remuneration Report to be audited has been properly prepared in accordance with the National Health Service Act 2006; and
- the information given in the Strategic Report and the Directors' 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

We have nothing to report in respect of the following matters where the Audit Code for NHS Foundation Trusts requires us 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 inconsistent with information of which we are aware from our audit. 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;
- proper practices have not been observed in the compilation of the financial statements; or
- the NHS foundation trust has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

### Certificate

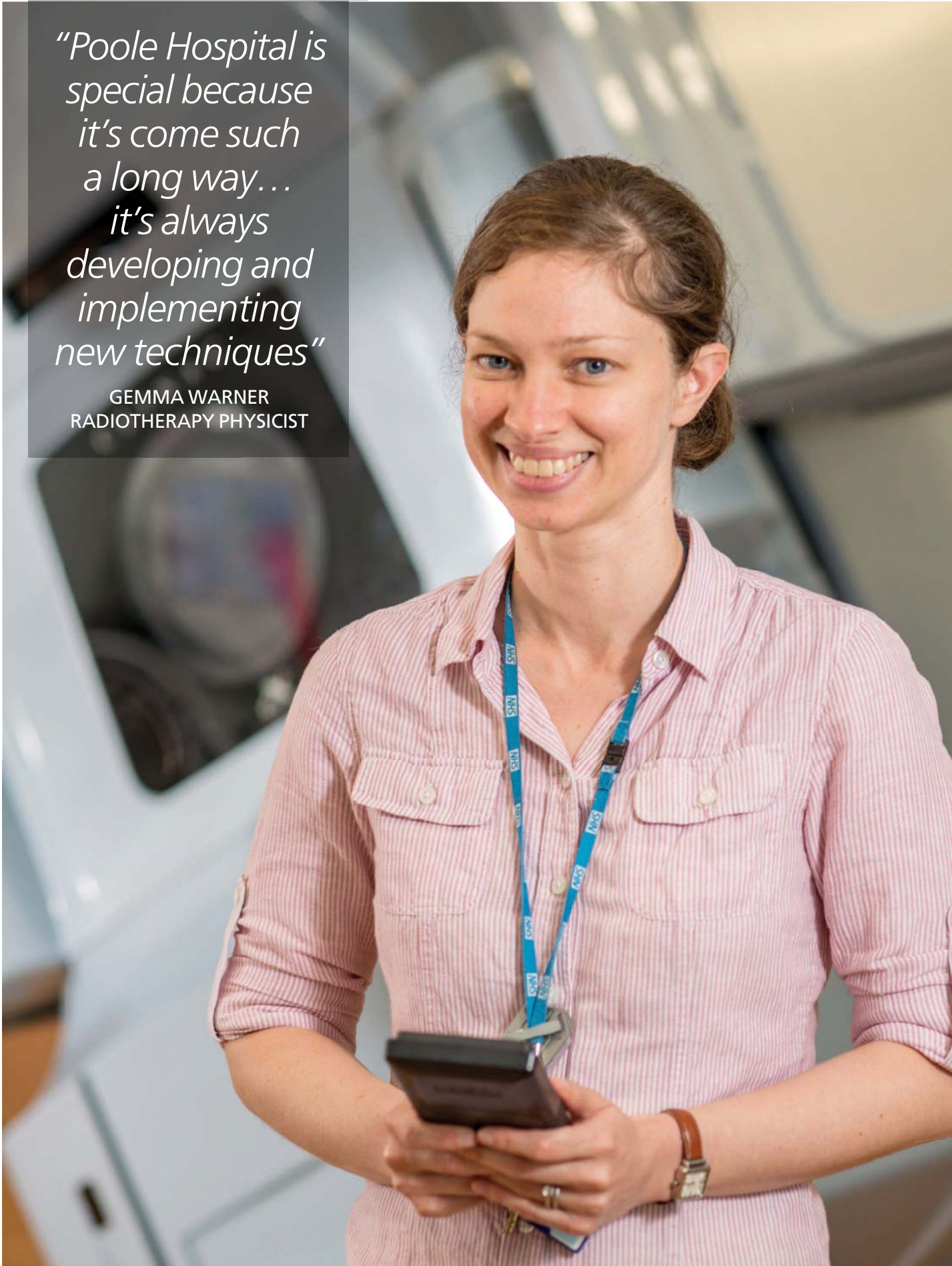
We certify that we have completed the audit of the accounts in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts.



Susan Barratt, BA ACA (Senior Statutory Auditor)  
for and on behalf of Deloitte LLP  
Chartered Accountants and Statutory Auditor  
Southampton, UK  
29 May 2014

*“Poole Hospital is special because it’s come such a long way... it’s always developing and implementing new techniques”*

GEMMA WARNER  
RADIOTHERAPY PHYSICIST





# ANNUAL ACCOUNTS 2013-14

## Foreword to the accounts

Poole Hospital NHS Foundation Trust

These accounts for the year ended 31 March 2014 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 (FT ARM) for the financial period.

Signed



Debbie Fleming  
Chief Executive and Accounting Officer

Date: 29 May 2014





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